

Access and Flow

Measure - Dimension: Timely

| Indicator #5 | Type | Unit / Population | Source / Period | Current Performance | Target | Target Justification | External Collaborators |
|---|------|-------------------|---|---------------------|--------|--|------------------------|
| Percent of patients who visited the ED and left without being seen by a physician | O | % / ED patients | CIHI NACRS / Apr 1 to Sept 30, 2024 (Q1 and Q2) | 9.33 | 9.33 | We aim to achieve equal or lower than 9.33 | |

Change Ideas

Change Idea #1 Implement eCTAS as per Pay for Results (P4R) requirements

| Methods | Process measures | Target for process measure | Comments |
|---|----------------------|---|----------|
| eCTAS will enhance the triage process to prioritize more critical patients while addressing less urgent cases more efficiently. This ensures timely assessment and reduces wait times for non-urgent cases. | % project completion | 100% of project will be implemented by October 2025 | |

Change Idea #2 Review and consider increasing staffing during peak times

| Methods | Process measures | Target for process measure | Comments |
|---|--------------------|--|----------|
| Work in collaboration with the Patient Care Manager and Health Records department to better understand where bottlenecks are occurring. | % review completed | 100% review will be completed by June 2025 | |

Change Idea #3 Improved Patient Communication

| Methods | Process measures | Target for process measure | Comments |
|---|---|--|----------|
| Nurses to communicate waiting times and status updates to patients waiting in the ED. This helps set expectations and reduces frustration, which can lower the likelihood of patients leaving without being seen. | % education for nurses regarding the importance of communicating wait times to patients | 80% ED nurses will have received education by October 2025 | |

Change Idea #4 Improved Patient Communication

| Methods | Process measures | Target for process measure | Comments |
|--|----------------------------|--------------------------------|----------|
| TV monitors/screens to be installed in ED waiting room. Information on screen will educate patients on the expected wait time and the process they will go through, potentially reducing the likelihood of patients leaving due to misunderstandings or frustration. | % installation of monitors | 100% installed by January 2026 | |

Equity

Measure - Dimension: Equitable

| Indicator #1 | Type | Unit / Population | Source / Period | Current Performance | Target | Target Justification | External Collaborators |
|--|------|-------------------|---------------------------------|---------------------|--------|---------------------------------------|------------------------|
| Percentage of new hires who have completed relevant equity, diversity, inclusion, and anti-racism education upon orientation | C | % / Staff | Local data collection / Jan-Dec | 0.00 | 80.00 | We aim to achieve 80% completion rate | |

Change Ideas

Change Idea #1 Provide Equity, Inclusion, Diversity and Belonging (including Anti-Racism) education to increase awareness and support equity planning

| Methods | Process measures | Target for process measure | Comments |
|---|--|---|----------|
| Education Lead to coordinate delivery of education for new hires. Monitor compliance and share results with Program Leads | % new hires who have completed EDIB education upon orientation | 80% of active staff will receive EDIB education | |

Experience

Measure - Dimension: Patient-centred

| Indicator #2 | Type | Unit / Population | Source / Period | Current Performance | Target | Target Justification | External Collaborators |
|---|------|-------------------|--------------------------------------|---------------------|--------|---|------------------------|
| Percentage of ED respondents who responded "completely" to the following question: "Did you receive enough information from hospital staff about what to do if you were worried about your condition or treatment after you left the hospital?" | C | % / ED patients | Local data collection / Jan-Dec 2025 | 30.00 | 45.00 | Strategies will be focused on improving response rate | |

Change Ideas

Change Idea #1 Review survey administration process and leverage technology to support this

| Methods | Process measures | Target for process measure | Comments |
|--|----------------------|---|----------|
| Design "business card" type of handout with QR code which links experience survey in both French and English language. Define process for distributing the cards and provide education on same | % project completion | 100% project to be completed by June 2025 | |

Change Idea #2 Promote survey awareness

| Methods | Process measures | Target for process measure | Comments |
|---|------------------------------------|--------------------------------------|----------|
| Train staff to encourage patients to fill out surveys and to remind patients to complete the survey when appropriate. Promote survey in waiting rooms by updating posters and promotional materials. Send out regular announcements and reminders on social media platforms and hospital website. | # of announcements to social media | Announcements will be made quarterly | |

Safety

Measure - Dimension: Safe

| Indicator #3 | Type | Unit / Population | Source / Period | Current Performance | Target | Target Justification | External Collaborators |
|--|------|-------------------|---|---------------------|--------|---|------------------------|
| Rate of workplace violence incidents resulting in lost time injury | O | % / Staff | Local data collection / Most recent consecutive 12-month period | 1.00 | 0.00 | We aim to achieve no incidents of workplace violence resulting in lost time | |

Change Ideas

Change Idea #1 Conduct Environmental Risk Assessments

| Methods | Process measures | Target for process measure | Comments |
|--|---|--------------------------------|----------|
| Evaluate areas where workplace violence is most likely to occur. Use data on past incidents to identify patterns (e.g., specific departments, shifts, or situations where violence is more common) and address these risks through targeted interventions. | % environmental risk assessment completed | 80% risk assessments completed | |

Change Idea #2 Implement Personal Safety Response System (PSRS) policy

| Methods | Process measures | Target for process measure | Comments |
|---|---|---|---|
| We plan to purchase PSRS devices for the whole organization. Once received, we will provide education to all staff regarding use of personal alarms. Regular audits will be performed regarding use of personal alarms and shared with staff. | % In-Patient and Emergency Department staff and Inpatient unit staff with education on the use of personal alarms | 80% of active staff will have received education by December 2025 | This change idea will be linked to Executive Compensation |

Change Idea #3 Provide post-incident medical and psychological support to staff involved

| Methods | Process measures | Target for process measure | Comments |
|--|---------------------------------|--|----------|
| After an incident, provide immediate medical attention (if needed)and psychological support to employees involved in violent incidents. This can help reduce the physical and mental toll of the experience, leading to fewer lost-time injuries. | % staff who are offered support | 100% of staff who are involved in a workplace violence incident will offered medical support | |

Measure - Dimension: Safe

| Indicator #4 | Type | Unit / Population | Source / Period | Current Performance | Target | Target Justification | External Collaborators |
|--------------------------------------|------|-------------------|--------------------------------------|---------------------|--------|--|------------------------|
| Rate of scanning of patient armbands | C | % / Staff | Local data collection / Jan-Dec 2025 | 91.20 | 91.50 | We aim to maintain our current performance in this range | |

Change Ideas**Change Idea #1 Education and Training**

| Methods | Process measures | Target for process measure | Comments |
|--|---------------------------------|---|---|
| Provide regular, mandatory training on the importance of scanning armbands during medication administration. This ensures staff are aware of the latest procedures and the risks associated with neglecting the scans. | % nurses who received education | 80% of nurses will receive education on the importance of scanning patient armbands | This indicator is attached to chief of staff compensation |

Change Idea #2 Audit and Feedback

| Methods | Process measures | Target for process measure | Comments |
|---|--------------------|---|----------|
| Implement regular audits or spot checks to ensure scanning protocols are being followed and provide feedback to staff on their performance. | # audits performed | Audits to be performed on a quarterly basis | |