

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)	4.45	4.45	We are aiming to achieve equal or lower than 4.45	

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 2025	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	74.49	78.20	We are aiming to improve by 5%	

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	0.00	0.00	We wish to maintain zero incidence 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 measure will be tied 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	73.50	80.00	We are aiming to achieve 80% or higher	

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 will be 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	