

## 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 / April 1, 2024, to March 31, 2025 (i.e., FY 2024)	3.58	3.20	We are aiming to reduce our performance by 10%.	

Is this indicator related to:	
Emergency Department Return Visit Audits	No
Executive Compensation	No
Pay-for-Results Action Plan	Yes

### Change Ideas

Change Idea #1 Implement a dedicated Fast-Track area for less acute patients.

Methods	Process measures	Target for process measure	Comments
1. Identify target patients (e.g., CTAS 4–5 / low acuity ambulatory) 2. Determine hours of operation based on peak low-acuity arrival times. 3. Decide on staffing model (MD + RN, or RN-driven protocols). 4. Assign dedicated space (rooms/chairs) near triage if possible.	% project completion	Complete 80% of the low-acuity patient flow project by December 2026.	

## Experience

### Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of 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?	O	% / Survey respondents	Local data collection / Most recent consecutive 12-month period	65.00	78.00	We are aiming to improve our compliance by 20%.	

Is this indicator related to:	
Emergency Department Return Visit Audits	No
Executive Compensation	No
Pay-for-Results Action Plan	No

### Change Ideas

Change Idea #1 Conduct ED return visits chart audits as per Emergency Department Return Visit Quality Program (EDRVQP).

Methods	Process measures	Target for process measure	Comments
Follow EDRVQP protocol to conduct ongoing chart audits and ensure to complete at least the minimum number per facility. Collaborate with ED physician to complete.	% minimum chart audits completed.	100% of minimum audits will be completed on a quarterly basis.	Total Surveys Initiated: 100

## Change Idea #2 Conduct "patient callback sampling".

Methods	Process measures	Target for process measure	Comments
Introduce calling a small sample of discharged patients weekly (5–10 calls): “Did you understand your discharge instructions?” “Do you know what symptoms would bring you back?”	% of contacted patients who report understanding their discharge instructions.	100% in selected sample will receive a post discharge phone call.	

## Change Idea #3 Monitor complaint themes via the Patient Relations Process.

Methods	Process measures	Target for process measure	Comments
Monitor patient complaints and incident reports related to lack of understanding and lack of information provided at discharge via the Patient Relations Process.	% of total ED complaints that are discharge-information related.	100% of complaints related to lack of information at discharge will be managed and reported to the Quality Committee.	

## Safety

### Measure - Dimension: Effective

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of admitted patients who have a Best Possible Medication History (BPMH) completed within 24 hours of admission	C	% / All inpatients	Hospital collected data / January-December	82.00	86.10	We are aiming to improve by 10%.	

Is this indicator related to:	
Emergency Department Return Visit Audits	No
Executive Compensation	Yes
Pay-for-Results Action Plan	No

## Change Ideas

Change Idea #1 Provide education to nursing staff on BPMH process.

Methods	Process measures	Target for process measure	Comments
Work with Education Lead and CNO to determine how education will be provided, timelines to complete and method of delivery.	% nurses who received education.	80% of nursing staff will receive BPMH education by January 2027.	This measure is attached to executive compensation.

## Change Idea #2 Audit and Feedback.

Methods	Process measures	Target for process measure	Comments
Share regional BPMH audits from Expanse with PCMs on a quarterly basis. PCMs to share with staff and post on quality boards.	% audits shared with nursing leaders.	100% audit results will be shared with nursing leaders by February 2027.	This measure is attached to executive compensation.

**Measure - Dimension: Safe**

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Medication reconciliation at discharge: Total number of discharged patients for whom a Best Possible Medication Discharge Plan was created as a proportion the total number of patients discharged.	O	% / Discharged patients	Local data collection / Most recent consecutive 12-month period	70.00	77.00	We are aiming to improve by 10%. Note, this indicator is attached to Chief of Staff Compensation.	

## Is this indicator related to:

Emergency Department Return Visit Audits	No
Executive Compensation	Yes
Pay-for-Results Action Plan	No

**Change Ideas**

## Change Idea #1 Pharmacy and Clinical Informatics Involvement.

Methods	Process measures	Target for process measure	Comments
Introduce Pharmacist and Clinical Informatics-supported discharge med rec during regular business hours.	% of ED discharge medication reconciliations completed with pharmacist involvement.	80% of ED physicians who request support with medication reconciliation will receive timely assistance.	

## Change Idea #2 Audit and Feedback.

Methods	Process measures	Target for process measure	Comments
Conduct quarterly random chart audits (ex: 20 charts) for: med list accuracy, documentation of med changes, patient education noted. Share regional medication reconciliation audits from Expanse with physician group (individual physician performance) on a quarterly basis and include in MAC meetings.	% of audited charts with medication reconciliation completed at discharge.	100% of audits shared with clinical staff on a quarterly basis by February 2027.	

## Change Idea #3 Offer training refresher to physician group.

Methods	Process measures	Target for process measure	Comments
Involve clinical informatics to develop and deliver training refreshers for physicians who need support.	% of physicians who received education.	80% will receive refresher training by July 2026.	

**Measure - Dimension: Safe**

Indicator #4	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 our current performance of "zero", while focusing our strategies on strengthening staff education and responses to incidence of workplace violence.	

Is this indicator related to:	
Emergency Department Return Visit Audits	No
Executive Compensation	No
Pay-for-Results Action Plan	No

**Change Ideas**

Change Idea #1 Conduct risk assessments.

Methods	Process measures	Target for process measure	Comments
Collaborate with OH&S Lead and Patient Care Managers to conduct environmental risk assessments patient care areas if not already completed.	% environmental risk assessments completed.	80% environmental risk assessments will be completed by December 2026.	

## Change Idea #2 Personal Safety Device Training.

Methods	Process measures	Target for process measure	Comments
Conduct scenario-based drills incorporating devices in realistic WPV situations (e.g., aggressive patient or visitor).	% staff participation in education.	80% staff will participate in scenario based education by December 2026.	

## Change Idea #3 Review Code White Protocol.

Methods	Process measures	Target for process measure	Comments
Review code white protocol to ensure staff know how Team Members will respond when a device is activated.	% review completed.	100% code white will be reviewed by January 2027.	

## Change Idea #4 Conduct debrief post safety device activation.

Methods	Process measures	Target for process measure	Comments
Conduct debrief after incidents where a device is used with team and share the learnings.	% debriefs completed when personal safety devices used.	Debriefs will be completed 80% of the time when personal safety devices are used.	

## Change Idea #5 Provide personal safety device training during the onboarding process.

Methods	Process measures	Target for process measure	Comments
Coordinate with OH&S Lead and Education Lead to include personal safety device use in onboarding for new staff in high-risk areas.	% new hires who have completed personal safety device education during orientation.	80% of new hires will complete personal safety device education during orientation.	