Access and Flow

Measure - Dimension: Timely

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
90th percentile ambulance offload time	O	Minutes / Patients	CIHI NACRS / ERNI hospitals: December 1st 2022 to November 30th 2023. Non-ERNI hospitals: April 1st 2023 to September 30th 2023 (Q1 and Q2)	57.00	51.00	Decreasing by 10 % at the 90 th percentile will position CMH with one of the lowest AOT in the east region.	

Change Ideas

Change Idea #1 Implement Offload delay nurse based on funding allocation			
Methods	Process measures	Target for process measure	Comments
Increase the number of staff in the ED to fill the Offload delay nurse position	Number of vacancies	By Q2 , 90 % of posted vacancies for ED RN's will be filled	

Change Idea #2 Educate the ED team on current state and the quality initiative			
Methods	**Process measures**	**Target for process measure**	**Comments**
Provide education and information including regular updates on the metrics tied to the overall goal(AOT)	80 % of the team will be educated	By Q1 the ED team will have established a process for the offload delay nurse and understand the metric and targets associated with the initiative	

Change Idea #3 Create quality improvement cycle to provide the team with real time feedback re accuracy of AOT data			
Methods	**Process measures**	**Target for process measure**	**Comments**
Audit and communication	12 audits completed re AOT	80 % of AOT will be documented accurately by Q3	

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 1st 2023 to September 30th 2023 (Q1 and Q2)	5.65	5.00	> 5 % LWBS will position CMH with a realistic target and below our regional comparators	

Change Ideas

Change Idea #1 Education on LWBS current state and quality improvement initiative			
Methods	**Process measures**	**Target for process measure**	**Comments**
Provide information on P4R and the metric to the ED team inclusive of Physicians	80 % of staff will have awareness of the P4R initiative and the target of LWBS by Q3	> 5 % will position CMH below our regional comparators	

Change Idea #2   Monitor LWBS rate daily

Methods	Process measures	Target for process measure	Comments
Communicate report to appropriate stakeholders	Data reported daily to leadership	Report sent 100 % of time	

Change Idea #3   Improve accuracy of LWBS ED disposition

Methods	Process measures	Target for process measure	Comments
Education and implementation of left without treatment completion disposition	Educate the ED Team on the difference between LWBS, LTNC, and LAMA	80 % of the team will receive education	

Change Idea #4   Create quality improvement cycle to provide the team with real time feedback re accuracy of ED Disposition

Methods	Process measures	Target for process measure	Comments
Audit and communication	12 audits completed re: ED Disposition	80% of ED Disposition will be documented accurately by Q3	

Equity

Measure - Dimension: Equitable

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education	O	% / Staff	Local data collection / Most recent consecutive 12-month period	CB	50.00	50 % of the leadership team will start to create the knowledge sharing related to EDI	

Change Ideas

Change Idea #1   Leadership team will continue to attend educational opportunities around 2SLGTBQ+, Indigenous, Mental Health and Ethnically diverse education

Methods	Process measures	Target for process measure	Comments
Justice, Equity, Diversity and Inclusion (JEDI) committee will recommend opportunities through CCO, OHA, TALENT, and other organizations for education. Leaders will identify areas of interest and attend education opportunities and present back learnings to team to enhance overall knowledge.	Number of courses attended by individuals on the leadership team	10 courses over the year	

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	CB	90.00	CMH has been consistently performing well on this indicator and wants to continue to improve on this indicator	

Change Ideas

Change Idea #1 Increase uptake of patient survey completion utilizing the new Qualtrics platform.			
Methods	Process measures	Target for process measure	Comments
Increase survey response by sending the patient experience survey via email or text to patients recently seen in ED or admitted to the IPU	completed surveys	By Q4, CMH will receive survey results from 20% of discharged ED patients and inpatients.	

Change Idea #2 Target specific areas for improvement for ED and IPU			
Methods	Process measures	Target for process measure	Comments
Identify themes within the survey and prioritize those for small tests of change	Analyze themes post Q1 and determine areas of focus	1 - 2 areas of focus will be identified by QTR 2	

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	CB	0.00	CMH is collecting baseline data in 2024/25. We previously measured the total number of workplace violence incidents. This will be our first year measuring the rate of workplace violence incidents that result in lost time.	

Change Ideas

Change Idea #1   Implement Mini workplace violence's risk assessment

Methods	Process measures	Target for process measure	Comments
Develop new section on employee incident form	Implementation of the form	Form will be implemented Q1	

Change Idea #2   NVCI and GPA Training will be part of the core mandatory education for staff

Methods	Process measures	Target for process measure	Comments
Education planned and included as part of onboarding and continuing education	Education will be available to staff and reported as a monthly update at JOHSC	80% of clinical staff will be educated in NVCI and GP training	