

Access and Flow

Measure - Dimension: Timely

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
90th percentile emergency department wait time to physician initial assessment	P	Hours / ED patients	CIHI NACRS / ERNI hospitals: Dec 1, 2023, to Nov 30, 2024/Non-ERNI hospitals: Apr 1, 2024, to Sept 30, 2024 (Q1 and Q2)	7.25	6.16	Stretch target	

Change Ideas

Change Idea #1 Continuous quality improvement at both EDs (Civic, General)

Methods	Process measures	Target for process measure	Comments
At the Civic campus, meet regularly with working group to assess the current state, identify root causes, determine potential interventions, and test & trial solutions. At the General campus, continue to optimize workflows, including physician-at-triage and ambulance offload processes.	Time to PIA for CTAS 4-5; Time to PIA for CTAS 1-3; LWBS; AMA	Time to PIA for CTAS 4-5 – reduce; Time to PIA for CTAS 1-3 – reduce; LWBS – maintain or reduce; AMA – maintain or reduce	

Measure - Dimension: Timely

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Daily average number of patients waiting in the emergency department for an inpatient bed at 6 a.m.	C	Number / ED patients	Local data collection / Sep 2024 to Feb 2025 (seasonal surge period)	61.00	55.00	Stretch target	

Change Ideas**Change Idea #1 Flow Forward Initiative**

Methods	Process measures	Target for process measure	Comments
Expand expedited movement from ED to inpatient unconventional spaces	Time for a patient to be placed in an inpatient bed	Reduce the time for a patient to be placed in an inpatient bed by 20%	Fiscal year 2024-25 90th percentile: 1675 minutes; target set at 1340 minutes

Change Idea #2 Maximize surge spaces

Methods	Process measures	Target for process measure	Comments
Increase hospital capacity through establishing conventional surge spaces	Total Conventional Capacity	Increase corporate capacity by 40 conventional spaces	Bed planning exercise to right size allotment and reclaim historical clinical spaces for conventional surge capacity

Change Idea #3 Discharge Level Up Project

Methods	Process measures	Target for process measure	Comments
Implement Epic Discharge Level Up	Compliance (%) in Expected Discharge Date (EDD) input; EDD accuracy (%)	EDD compliance - increase to 80%; EDD accuracy (%) - increase to 40%	Stretch targets based on project projections; current performance 63% for compliance and 22% for accuracy

Change Idea #4 Optimize flow using the ALOS-to-ELOS Ratio

Methods	Process measures	Target for process measure	Comments
Implement ALOS:ELOS action plan initiatives developed for General Internal Medicine (GIM), Neurosurgery, and Maternal Fetal Medicine (MFM).	Acute LOS to Expected LOS ratios	ALOS:ELOS ratios of 1.1 for GIM, 1.15 for Neurosurgery, and 1.4 for MFM	All targets include outliers.

Measure - Dimension: Timely

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Throughput of spinal surgery cases	C	Number / Other	Local data collection / April to March	829.00	942.00	Volume required to meet funded targets (based on current trends of funded vs. non-funded spine activity)	

Change Ideas

Change Idea #1 Centralized caseload management for spinal surgery

Methods	Process measures	Target for process measure	Comments
Re-allocate dedicated OR time for spinal surgery cases at the patient pathway level. Establish oversight committee for performance monitoring.	Target number and Progress to plan	236 elective spine cases per quarter; Oversight committee established by end of Q1; Dedicated time re-allocated in OR grid by end of Q1; OR grid monitoring established for spine pathway by end of Q1	

Equity

Measure - Dimension: Equitable

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of leaders who have completed relevant cultural safety training	C	% / Other	Local data collection / Jan 2024	3.50	90.00	Reasonable stretch target based on planned milestones	

Change Ideas

Change Idea #1 Cultural Safety Learning Program

Methods	Process measures	Target for process measure	Comments
Deliver training to Board of Governors at retreat in May. Deliver training to management-level leaders at Leadership Development Institute in June.	Progress to plan	Board training complete by end of Q1; Manager training complete by end of Q1.	

Measure - Dimension: Equitable

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Improving the care and safety of patients, in particular transgender (trans) and non-binary patients	C	Other / All patients	Local data collection / Apr to Mar	CB	CB	n/a	

Change Ideas

Change Idea #1 Adoption of the Organ (Anatomic) Inventory tool in the Electronic Medical Record within the Department of Medical Imaging (DMI)

Methods	Process measures	Target for process measure	Comments
Promote education and training tools including ELM module and training guide. Evaluate the adoption of the organ inventory in Epic.	% of DMI staff who complete ELM module; # of MyChart questionnaires completed by patients; DMI clinical staff satisfaction on survey	% of DMI staff who complete ELM module - target 75% of DMI staff by end of fiscal year; # of MyChart questionnaires completed by patients - increase over time; % DMI clinical staff satisfaction on survey - majority are satisfied	

Experience

Measure - Dimension: Patient-centred

Indicator #3	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?	C	% / Other	Local data collection / Jan to Dec 2024	65.50	66.00	Based on anticipated impact of outlined initiatives	

Change Ideas

Change Idea #1 Patient Education resource(s) targeted to Transitional Care Units (TCUs)

Methods	Process measures	Target for process measure	Comments
Develop and release new/revised patient education resources targeted to specific patient areas (Transitional Care Units).	Progress to plan; Responses to optional resource-specific feedback surveys; % top-box response to the question in TCUs specifically	Release materials on transitions of care by end of Q1; Responses to optional resource-specific feedback surveys - ratings trending up; By end of Q3, improved % top-box response to the question in TCUs specifically	

Change Idea #2 Develop standard practice and provide teaching at discharge for ortho surgery

Methods	Process measures	Target for process measure	Comments
Consolidate best practice around incisional wounds for common surgeries (e.g. hips, spines). Update nursing education resources to reflect the best practices. Conduct in-services with nurses to teach best practices to patients at discharge.	Progress to plan; % of nurses trained; % top-box response to the question on ortho units	Best practices consolidated by end of Q2; Discharge summary package updated by end of Q4; In-services conducted with 70% of nurses by end of Q3; % top-box response on ortho units trending up by end of Q4	

Safety

Measure - Dimension: Safe

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Rate of workplace violence incidents resulting in reportable injury (healthcare or lost time)	C	% / Staff	Local data collection / 2023 and 2024 calendar years	8.80	8.00	Meaningful and achievable; 2-year baseline period compensates for variability stemming from fluctuating patient populations	

Change Ideas

Change Idea #1 Risk-based matrix for Workplace Violence Prevention Training

Methods	Process measures	Target for process measure	Comments
Develop a risk-adjusted matrix based on role and department to inform training requirements. Reassess designation of units considered high-risk.	Progress to plan	Develop a risk-adjusted matrix based on role and department to inform training requirements by end of Q2; Reassess designation of units considered high-risk by end of Q2	

Change Idea #2 Awareness of prevention program

Methods	Process measures	Target for process measure	Comments
Provide in-services on requirement and mechanisms for incident reporting. Promote on TOH's Violence Prevention Program Toolkit.	Progress to plan & Target number	Twenty in-services per month by end of Q4; Average of 30 unique users per month, measured each quarter	

Change Idea #3 Proactive reporting

Methods	Process measures	Target for process measure	Comments
Launch communication campaign. Evaluate impact of campaign.	Progress to plan and target number	Launch campaign by end of Q2; Average of 40 reports per quarter by end of Q4	