

## 2025/26 Quality Improvement Plan

### "Improvement Targets and Initiatives"

This is a temporary excel workplan template for planning purposes, there is no upload function to Navigator  
Navigator will be open for hospitals in mid-January after pre-population of administrative data takes place

AIM		Measure									Change				
Issue	Quality dimension	Measure/ Indicator	Type	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	External Collaborators	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments
Access and flow	Timely	90th percentile emergency department wait time to physician initial assessment (PIA)	Priority	Hours/ED	CIHI NACRS / ERNI	959*	Nov_24 =7.7  Feb 20, 2025: 6.8 hrs	5.8 hrs	15% reduction from 6.8 hrs (current performance)		1. Additional triage RN / nurse during peak hours  2. ED MD expanse optimization rapid improvement events.  3. Additional physician hours during peak hours  4. RIE specific to time stamp data/zone specific flow barriers	1. Review of peak registration times and delays, metric monitoring for time to triage.  2. ED MD expanse optimization leads and champions leading rapid improvement events  3. Physician leadership enhanced ED MD hours to be schedules during peak demand  4. Monthly Data review of time stamps for opportunity for RIE to focus on time to PIA reduction	Daily and monthly Time to PIA, ERNI time stamps, zone specific ED LOS data	4 hrs  15% reduction from 6.8 hrs (current performance)	The selection of this indicator will support the integration of the ED return visit quality improvement plan with the hospital's quality improvement plan. There is a focus on reducing PIA to avoid our high number ofLeft without being seen patients
	Timely	90th percentile emergency department wait time to inpatient bed (TTIB)	Optional	Hours/ED	CIHI NACRS / ERNI	959*	As of Feb 20, 2025 month to date: 40.7 hrs	35.5 hrs by March 31, 2026	Target remains the same as prior year due to performance not yet achieving desired outcome.		1. Standardization of discharge planning with EMR  2. Environmental Services  3. Inpatient Units	1. Implement discharge workflow in Expanse. ED Diversion/Admission Avoidance Remote Care Monitoring (RMC) Hospital to Home Program (H2H) ALC Discharge Funding.  2. Data driven performance monitoring to ensure beds are cleaned within 90 minutes of discharge.  3. Inpatient units will enhance discharge planning, monitor and action length of stay. LOS monitoring and metric availability via PAM and Power BI.	1. EDDs entered / EDDs entered within 5 hrs: Discharges by time of day (30% by 11:00h, 90% by 14:00h) H2H Program: number of patients onboarded, how many complete program and successfully transition, how many return to ED.  2. Beds are cleaned within 90 minutes of discharge  3. RCM Program metrics will be sent quarterly: - we are tracking how many patients are referred - length of stay	35.5 hrs by March 31, 2026	1. With Expanse now in the optimization phase, efforts have shifted to assessing the current state and identifying opportunities to enhance system functionality and streamline discharge planning and workflows. Key metrics, including Time to Inpatient Bed (TTIB), discharge times, Expected Date of Discharge (EDD), and occupancy metrics, have been restored, improving monitoring and data-driven decision-making. However, there are still gaps remaining in critical analytics, limiting full transparency and opportunities to drive further improvement.  2. This is new improvement work in which challenges and barriers have not yet been captured.  3. Focus on TTIB through our community referral patterns and community transitions supervisor to divert admissions, reduce demands and create capacity.
Experience	Patient-centered	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?	Optional	%survey respondents	Local data collection	959*	Jan. 2025 - 69%	68%	3% increase from performace of 65%	Futurebenchmarking across other Ontario hospitals	Patient experience surveys	Onboard 2 additional OHA patient experience surveys	Implement the Canadian Patient Experience Survey - Inpatient Medical and Surgical (short form)  Implement the Emergency Department Patient Experience Survey	by Q1	Monitor benchmarking through to Q4
												Share results from the 3 OHA surveys across the organization to inform unit level improvement work	# of emails being sent monthly to leadership tied to inpatient medical and surgical units, and the ED # of quality boards posting survey results	by Q2	
												Develop and include custom questions in the outpatient patient experience surveys to ensure collaborative focus when surveying patients	# of outpatient patient experience surveys including custom questions	by Q3	
											Patient Relations rounding	Obtain real-time feedback from patients to inform the patient relations process and patient experience prior to discharge	# of rounding opportunities # of rounding opportunities that resulted in a patient complaint	10 rounding opportunities/month by Q4	