

## Access and Flow

### Measure - Dimension: Timely

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
90th percentile physician initial assessment (PIA) time	C	Hours / ED patients	CIHI NACRS / Dec. 1/22 - Nov. 30/23	5.90	3.20	Based on external targets (H-SAA and provincial P4R targets)	

### Change Ideas

Change Idea #1 Modify physician scheduling to ensure more consistent coverage in Zone C at the OTMH ED.

Methods	Process measures	Target for process measure	Comments
a) Establish working group to revamp physician zone assignments b) Conduct environmental scan / SWOT analysis looking at PIA best practices in physician scheduling c) Redesigning physician assignments d) Implementing e) Monitoring / evaluation	90th percentile Physician Initial Assessment (PIA) Zone C Hours / OTMH ED Zone C patients (current performance 6.5h)	Zone C time to PIA 5.5 hours	15% PIA time reduction in Zone C would decrease overall PIA by 30 minutes.

## Measure - Dimension: Timely

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Average Acute Length of Stay (excludes the Obstetrics Adults and Newborn patient days and discharges)	C	Days / All acute patients	DAD,CIHI,OHI P-CHDB,CAPE,C PDB / 24/25	12.30	8.83	Internal target	

## Change Ideas

Change Idea #1 Ensure patients receive early communication of their estimated discharge date to enable timely discharge.

Methods	Process measures	Target for process measure	Comments
<p>Design process for communicating EDD to patients and families by day 3 of a medicine admission on OTMH 3 South.</p> <p>a) Establish working group b) Conduct a current state analysis of process c) Redesign process with input from patients and families d) Determine how communication of EDD to patients will be documented in medical record. e) Pilot new process on 3 South medicine inpatient unit. f) Evaluate and monitor including using post discharge phone calls for 3 South. g) Spread project to the remainder of Acute Medicine units at OTMH. h) Begin to align work with other sites</p>	<p>The percentage of patients/families on 3 South with an EDD communicated by Day 3 of a medicine admission as documented in the medical record.</p> <p>Percentage of all OTMH Acute Medicine Program (3S, 5S, 5C, 6S, 6C) patients who have had EDD communicated by Day 3 of admission.</p>	<p>60% of patients / families in acute medicine with an Estimated Date of Discharge communicated by Day 3 of admission.</p>	

## Equity

### Measure - Dimension: Equitable

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of staff (identified groups) who have completed relevant EIDA-R (Equity, Inclusion, Diversity, and Anti-Racism) and FNIMUI (First Nations, Inuit, Métis, and Urban Indigenous) Cultural Safety education	C	% / Other	Hospital collected data / 24/25	CB	100.00	100% of identified groups. Based on external targets (SAA Local Obligations)	

### Change Ideas

Change Idea #1 Implement mandatory education for identified groups focusing on EIDA-R (Equity, Inclusion, Diversity, and Anti-Racism) and FNIMUI (First Nations, Inuit, Métis, and Urban Indigenous) Cultural Safety.

Methods	Process measures	Target for process measure	Comments
a) Conduct a comprehensive review and external scan of peer hospitals in Ontario b) Consult with Ontario Health on recommended courses. c) Determine identified groups to be included d) Determine required courses for education e) Roll out education to identified groups f) Evaluate and monitor results via pre- and post-surveys and patient experience measure	Completion of pre-course surveys Percentage of method steps completed	The process measure target for the completion of pre-course surveys is 60% The process measure target for the percentage of method steps completed is 100%	