

## Access and Flow

### Measure - Dimension: Timely

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
90th percentile emergency department length of stay for nonadmitted patients with low acuity	P	Hours / ED patients	CIHI NACRS / December 1, 2024, to November 30, 2025, in alignment with the Pay for Results program	5.85	5.56	Realistic 5% improvement from baseline of 5.85 hours, particularly in the context of year over year volume growth.	Connected Care Halton Ontario Health Team (CCHOHT)

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 Strengthen access to timely community-based follow-up for low-acuity conditions to reduce ED length of stay

Methods	Process measures	Target for process measure	Comments
Expand e-referral enabled ambulatory clinics and standardize ED referral workflows.	# of internal hospital e-referrals to ambulatory care from ED	Increase the number of Meditech e-referrals received by ambulatory care by 5%.	

## Change Idea #2 Reduce ED volume for low-acuity patients through SCOPE

Methods	Process measures	Target for process measure	Comments
Increase SCOPE activations to support patient care management.	Number of SCOPE activations initiated per week.	5% year over year increase.	

**Measure - Dimension: Timely**

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
90th percentile emergency department length of stay for nonadmitted patients with high acuity	P	Hours / ED patients	CIHI NACRS / December 1, 2024, to November 30, 2025, in alignment with the Pay for Results program	7.40	7.00	Meeting OH target.	Ontario Health atHome

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 Improve early disposition for high-acuity non-admit patients through earlier activation of transitional services.

Methods	Process measures	Target for process measure	Comments
In partnership with OH@Home increase real-time access to coordinators in the ED to support timely disposition planning.	# of ED/CDU patients sent with home supports or enhanced OH@H home supports	Increase the number of non-admitted ED patients discharged with home supports or enhanced support from OH@Home by 5%.	

Change Idea #2 Improve early disposition through earlier activation of transitional services

Methods	Process measures	Target for process measure	Comments
Enhance use of Halton@Home transitional supports including RCM for eligible patients to support faster ED discharge and reduce length of stay	# of Patients discharged from ED/CDU with Halton@Home Services	Increase the number of patients discharged with Halton@Home and/or RCM by 5%.	

Change Idea #3 Improve ED flow for high-acuity non-admitted patients through faster diagnostic reporting.

Methods	Process measures	Target for process measure	Comments
Revise advanced imaging CT diagnostic imaging protocols to reduce order-to-result time for non-admitted ED patients.	Time from order to availability of report	Reduce the average time from diagnostic imaging order to availability of report by 5%.	

**Measure - Dimension: Timely**

Indicator #4	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 / December 1, 2024, to November 30, 2025, in alignment with the Pay for Results program	4.80	4.56	Realistic 5% improvement that considers year over year increase in volumes and complexity.	

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

**Change Ideas****Change Idea #1** Accelerating physician assessment through introduction of physician navigators

Methods	Process measures	Target for process measure	Comments
Introduce a pilot OTMH Physician Navigator role to accelerate early medical decision-making and prompt reassessment.	% increase in patients seen by provider per shift under the navigator model	Increase the average number of patients seen per hour per providers under the Navigator Model by 5%.	Initiative related to Executive Compensation

## Change Idea #2 Improve standardization of practice for ED consultations and referral

Methods	Process measures	Target for process measure	Comments
Adopt standardized Consultation and Most Appropriate Service Guidelines to streamline consult-related workflows and support timely and accurate referrals	Complete and approved by MAC	Complete	Initiative related to Executive Compensation

**Measure - Dimension: Timely**

Indicator #5	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 8 a.m.	P	Number / ED patients	CIHI NACRS / April 1, 2024, to March 31, 2025 (i.e., FY 2024)	28.04	26.64	Realistic 5% improvement in the context of year over year increase in volumes and complexity.	

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 Improve inter-facility transfer process to reduce the number of 8am NBA

Methods	Process measures	Target for process measure	Comments
Create transfer protocol for inter-site flow & transport between Georgetown, Milton, and Oakville sites	Complete and approved	Complete	Initiative related to Executive Compensation

## Change Idea #2 Reducing 8am No Bed Admits by strengthening discharge planning through ALC process and EDD identification

Methods	Process measures	Target for process measure	Comments
Formalizing the process and procedure for enhanced discharge planning & ALC processes. Improve the use of EDD as a method to direct discharge planning.	Total number of ALC patients with documented EDD.	Number of ALC patients below 64. Increase the number of patients with a documented EDD by 5% above baseline by December 31, 2026.	

## Change Idea #3 Optimize the use of short stay units to reduce the volume of 8am NBA in ED

Methods	Process measures	Target for process measure	Comments
Spread, standardize, and sustain Short Stay Units (SSU) at all sites, including opening SSU in Georgetown	# of patients cared for in SSU.	Increase the number of patients cared for by SSU model by 5%.	Initiative related to Executive Compensation

## Change Idea #4 Reduce volume of NBA by leveraging Virtual Ward model

Methods	Process measures	Target for process measure	Comments
Pilot Acute Virtual Wards to decompress beds requirements for medical and surgical patients	Number of patients enrolled Virtual Ward patient.	Enroll 50 patients into the Virtual Ward.	

## Safety

### Measure - Dimension: Safe

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Rate of Stage 3, 4 and unstageable Hospital Acquired Pressure Injury per 1,000 Inpatient Days	C	Rate per 1,000 patient days / All inpatients	In house data collection / Most recent consecutive 12-month period	0.31	0.29	Moving away from survey measures we will collect baseline data on % of stage 3, 4, and unstageable injury as a measure of 1000 inpatient days. Following this baseline we will set a target of 5% reduction as an achievable measure of improvement to theoretical goal of 0.	

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 Reduce incidence of Hospital Acquired Pressure injury by improving access to preventative equipment

Methods	Process measures	Target for process measure	Comments
Standardize prevention by increasing the number of therapeutic surfaces available at each site.	Number of therapeutic surfaces per site.	Increase the number of therapeutic surfaces per site by 25%.	

## Change Idea #2 Improve communication and care planning related to patients at risk of developing or progressing of hospital acquired pressure injury

Methods	Process measures	Target for process measure	Comments
Pilot unit-based safety huddles with a focus on at risk and current patients with identified wounds.	Rate of huddle adherence # of patients escalated to Wound Care referral	Target 90% huddle completion on pilot units, 10% increase in Wound Care referral for wound management.	