Access and Flow

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 / ERNI hospitals: Dec 1, 2023, to Nov 30, 2024/Non-ERNI hospitals: Apr 1, 2024, to Sept 30, 2024 (Q1 and Q2)	5.78	4.60	Goal to reach provincial target of 4.0 hrs by end of Q4. Incremental improvement targets for Q1-3	St. Mary's General Hospital

Change Ideas

Change Idea #1 Refine surge plans to address the volume of admitted patients waiting for beds while in the ED

Methods	Process measures	Target for process measure	Comments
Identify targets for activating the various levels of the surge protocol; harmonize surge protocols and practices across sites	Percent of volume targets identified; Percent of protocols harmonized	100% of volume targets identified; 100% of protocols harmonized	

Change Idea #2 Develop processes for priority diagnostic imaging for ED patients			
Methods	Process measures	Target for process measure	Comments
Identify options for open test slots; develop workflows for prioritizing ED patients in diagnostic imaging; streamline processes for patients waiting for imaging tests	Percent of options identified, percent of workflows developed; percent of processes streamlined	100% of options identified; 100% of workflows developed; 100% of processes streamlined	

Change Idea #3 Launch the ED wait time innovation challenge			
Methods	Process measures	Target for process measure	Comments
Invite innovators, solution developers and industry partners to share their innovative solutions for managing ED patient flow	Number of innovation challenge applications received; Percent of innovation challenge applications evaluated against criteria; Percent of vendor(s) selected for design and prototype phase; Percent of solutions designed and prototyped	100% of applications evaluated, 100% of vendors meeting criteria selected; 100% of solutions designed and prototyped	

Equity

Measure - Dimension: Equitable

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Completion of sociodemographic data collection	C	% / Patients	In house data collection / Not applicable	CB	80.00	Baseline data started to be collected in February 2025, maintain target from 24/25. Definition of 80% completion: out of patients who consent=Yes, = 70% of questions are answered, including 'prefer not to answer' responses.	St. Mary's General Hospital

Change Ideas

Change Idea #1 Continue implementation of data collection within Cerner using the Ontario Health data set

Methods	Process measures	Target for process measure	Comments
Identify priority areas for implementation; customize workflow for data collection as required; provide training to staff on purposes and methods of data collection	Percent of priority areas identified; Percent of workflows customized; Percent of staff trained	100% of priority areas identified; 100% of workflows customized; 80% of staff trained	

Experience

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Communication with physicians and nurses (%) - composite metric	C	% / Survey respondents	Local data collection / YTD Q3 24/25 (April 2024 - Dec 2024)	65.90	68.00	1 percentage point improvement for GRH/SMGH	St. Mary's General Hospital

Change Ideas

Change Idea #1 Expand patient communication boards implementation to additional pilot area(s)

Methods	Process measures	Target for process measure	Comments
Identify units for expansion; engage staff, patients and families on design and components of board; refine processes for updating and auditing boards; include "What Matters to You" as a component of board/staff scripting	Percent of units identified; Percent of engagement completed; Percent of processes updated; Percent of "What Matters to You" inclusion	100% of units identified; 100% of engagement completed; 100% of processes updated; 80% of "What Matters to You" inclusion	

Change Idea #2 Enhance bedside shift report processes to include patients and families in select areas

Methods	Process measures	Target for process measure	Comments
Identify areas of focus; develop standard bedside shift report workflows; co-design shift report processes with patients and families	Percent of focus areas identified; Percent of workflows developed; percent of shift report processes co-designed	100% of focus areas identified; 100% of workflows developed; 100% of processes co-designed	

Safety

Measure - Dimension: Safe

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Rate of delirium onset during hospitalization	O	% / Hospital admitted patients	CIHI DAD / April 1 to September 30, 2024 (Q1 and Q2), based on the discharge date	0.78	1.11	Maintain target (hold at GRH/SMGH current performance)	St. Mary's General Hospital

Change Ideas

Change Idea #1 Incorporate delirium prevention and management strategies into select clinical program areas

Methods	Process measures	Target for process measure	Comments
Provide education to teams on delirium screening; implement strategies to encourage cognitive activities and mobilization for delirium prevention; create a delirium PowerPlan (order set) that incorporates medication management and sleep strategies	Percent of staff provided with education; Percent of strategies implemented; Percent completion of PowerPlan	90% of staff trained; 100% of strategies implemented; 80% of PowerPlans completed	