Access and Flow

Measure - Dimension: Timely

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
90th percentile ambulance offload time	P	Minutes / Patients	CIHI NACRS / For ERNI hospitals: Dec 1, 2023, to Nov 30, 2024 (Q1 and Q2)	50.00	30.00	Provincial target	

Change Ideas

Change Idea #1 Emergency Department Nursing Specialty Training Courses

Methods	Process measures	Target for process measure	Comments
Increase knowledge and skills of emergency department nurses to create capacity in the workforce to address surges in activity.	Education plan complete (Y/N)	Established education plan be completed by the end of the 2025-26 fiscal year (Y)	

Measure - Dimension: Timely

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
90th percentile emergency department wait time to inpatient bed	O	Hours / ED patients	CIHI NACRS / For ERNI hospitals: Dec 1, 2023, to Nov 30, 2024 (Q1 and Q2)	26.65	8.00	Provincial target	

Change Ideas

Change Idea #1 Create efficiencies in the flow of out-of-province patients requiring transfer to Québec for admission.			
Methods	Process measures	Target for process measure	Comments
Establish formal agreed upon process through collaboration with Quebec CIUSS regions for out-of-province patients requiring admission.	Implementation of new formalized process in the 2025-26 fiscal year (Y/N)	New process is implemented by the end of the 2025-26 fiscal year.	

Change Idea #2 Increase and facilitate timely discharges by further leveraging existing Remote Care Monitoring Program.			
Methods	Process measures	Target for process measure	Comments
Increase usage of Remote Care Monitoring Program to facilitate earlier discharges or admission avoidance for COPD and CHF patients.	Usage of remote care monitoring program usage	20% usage increase in 2025-26 from 2024-25	

Change Idea #3 Dedicated role for Emergency Department Flow			
Methods	Process measures	Target for process measure	Comments
A review and restructure of Emergency Department management roles and responsibilities has resulted in the creation of a Emergency Department Flow manager role dedicated to day-to-day management of flow issues and monitoring.	Successful implementation of new structure (Y/N)	Implementation of new roles and responsibilities complete within Q1 of 2025-26 fiscal year.	

Change Idea #4   Post-discharge follow-up phone calls to recently discharged patients.

Methods	Process measures	Target for process measure	Comments
Post-discharge follow-up phone calls by nurse to discharged patients or caregiver within 72 hours of discharge to ensure understanding discharge information (follow-up care, medications, home support, etc.), to ensure positive discharge experience and identify themes in any reported gaps. The themes of questions addressed during these calls are documented to identify any potential gaps in discharge process.	Review of post-discharge phone call trends and development of appropriate action plan (Y/N)	Development of action plan to address post-discharge phone call issue trends by the end of Q2 F2025-26(Y).	

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)	8.88	4.00	Provincial target	

Change Ideas

Change Idea #1   Expand Nurse Practitioner coverage in the Emergency Department.

Methods	Process measures	Target for process measure	Comments
Expand hours and days of nurse practitioner coverage in the ED. NPs initiate investigations and treatment to expedite clinical diagnosis and disposition decisions. NPs also provide assessment, treatment and discharge of CTAS 3-5.	Expansion of Nurse Practitioner coverage in 2025-26 (Y/N)	Succesful expansion of Nurse Practitioner coverage (Y)	

Change Idea #2   Review ED workflow when Nurse Practitioners are not present.

Methods	Process measures	Target for process measure	Comments
Engage physician group in a comprehensive review of ED workflows when nurse practitioners are not present to improve physician initial assessment time during these hours.	Workflow reviewed and recommendations implemented (Y/N)	Successful review of ED workflow outside of nurse practitioner coverage (Y), Successful implementation of recommendations (Y)	

Equity

Measure - Dimension: Equitable

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education	O	% / Staff	Local data collection / Most recent consecutive 12-month period	0.00	100.00	Internal HGH target	

Change Ideas

Change Idea #1 Review demographic and equity information from patient experience survey data.			
Methods	**Process measures**	**Target for process measure**	**Comments**
A report summarizing relevant information to be prepared by the Quality Office and shared with relevant services via Program Councils.	Presentation and review of summary report presented at the Emergency Department Program Council, FBC Program Council and Inpatient Unit Program Council twice in the 2025-26 calendar year (Y)	Creation of demographic and equity report by end of Q1 2025-26 (Y), presentation and review of report at program councils prior to end of Q2 2025-26 and prior to end of Q4 2025-26 (Y)	

Change Idea #2 DEI Education to management staff			
Methods	**Process measures**	**Target for process measure**	**Comments**
Launch CultureAlly education modules to management staff.	Percentage of management level staff who have completed DEI fundamentals education in the 2025-26 fiscal year.	Training provided to 100% of HGH management staff prior to the end of 2025-26 fiscal year.	

Change Idea #3   DEI education for HGH staff and physicians

Methods	Process measures	Target for process measure	Comments
Launch CultureAlly DEI education modules to HGH staff and physicians	Percentage of HGH staff and physicians who have completed DEI fundamentals education in the 2025-26 fiscal year.	Training provided to 30% of HGH staff prior to the end of 2025-26 fiscal year.	

Safety

Measure - Dimension: Safe

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Rate of workplace violence incidents resulting in lost time injury	O	% / Staff	Local data collection / Most recent consecutive 12-month period	CB	CB	Target to be identified once additional data has been gathered.	

Change Ideas

Change Idea #1 Education to staff on new centralized electronic reporting platform.			
Methods	Process measures	Target for process measure	Comments
Continue education to managers and staff on reportable workplace violence incidents and electronic platform.	Completion of education sessions, % of reports completed electronically.	Target is to complete education sessions (Y), and reach 90% of reports completed electronically.	

Change Idea #2 Provide education to all new hires as part of the mandatory General Orientation session.			
Methods	Process measures	Target for process measure	Comments
Provide education to all new hires on workplace violence, reportable incidents and where to access/how to complete the electronic form.	% of new hires trained at HGH General Orientation	100% of new hires trained at HGH General Orientation in the 2025-26 fiscal year.	

Change Idea #3   Provide education on workplace violence through different avenues and leverage the Canadian Health and Safety Week.

Methods	Process measures	Target for process measure	Comments
Host an occupational health and safety showcase during the 2025 annual Canadian Health and Safety Week.	Completion of Canadian Health and Safety Week showcase for HGH staff (Y/N)	Completion of Canadian Health and Safety week showcase for HGH staff (Y)	