

## 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)	25.00	25.00	TADH performs better than the provincial value of 55 minutes. Over the past year our highest wait time has been 33 minutes and our lowest wait time was 23 minutes. We have established a target of 25 minutes for 2025/2026, which remains above the provincial value and will align with some of our best time of 2024/2025. We feel this target is achievable.	

### Change Ideas

Change Idea #1 Development of Mobile Outreach Clinic with Emergency Medical Services and the TADH Liver Health Team.

Methods	Process measures	Target for process measure	Comments
This Mobile Outreach team will provide point of care medical testing and diagnostics, wound management and follow up care for hard to reach patients who may otherwise present to the ED for health related visit. To be live Q1 of 2025/2026.	Number of patients seen by Mobile Outreach Team - quarterly.	Establishing baseline for this year as this is a new service.	Collaborative partnership between TADH and EMS/CDSB.

**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)	4.47	4.47	We will maintain our current performance of 4.47 hours as we are currently meeting the provincial value of 4.47 hours.	

**Change Ideas**

**Change Idea #1** Utilize P4R funding to increase physician staffing hours in the ED to improve access and flow for patients presenting to the ED as CTAS 4 or 5 in the Fast Track zone. We are currently providing Fast Track 2 days a week 8 hours a day.

Methods	Process measures	Target for process measure	Comments
Estimated 16 hour increase per week to support the Fast Track Zone with a designated physician 8 hours/day for 4 days/week. Initiative to be measured beginning Q2 of 2025/2026	Time from preregistration to physician initial assessment	Maintain PIA times of 4.47 in this upcoming fiscal year.	Initiative to begin July 1, 2025 with reporting at the end of Q2 and every quarter beyond.

**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 / Apr 1 to Sep 30, 2024 (Q1 and Q2)	1.69	1.69	OH recommends 20% reduction from our baseline as an absolute target. However, since TADH's performance continues to be a top performer for P4R we will maintain our current performance of 1.69. We will continue to support strategies internally to reduce the number of patients waiting in the emergency department for an in-patient bed.	

**Change Ideas**

Change Idea #1 Update Surge Plan to improve patient flow across the organization.

Methods	Process measures	Target for process measure	Comments
We will add 2 Patient Flow nurses to cover 7 days/week 12 hours/day. Increase Bed Allocation Team hours from 5 days/week 8 hour shifts to 7 days/week 12 hour shifts.	Reduction of time to inpatient beds. Reduction of ED length of stay for admitted patient.	Maintain existing performance of 1.69 for this fiscal year	We are currently performing better than the provincial average. We are hoping this change will lock and stabilize our on going performance.Home First Operational Direction and Hospital to Home funding will support this change idea.

## Experience

### Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
The TADH Senior Leadership team will participate in Quality/Safety/Privacy/Wellness huddles which will inform action plans to address any gaps related to Quality/Safety/Privacy and Wellness. We will participate in 6 huddles annually to support our action plans	C	% / Other	In house data collection / April 1, 2025 to March 31, 2026	6.00	6.00	The Executive Team will participate in 6 annual huddles to support patients and staff improvement opportunities related to quality/safety/privacy and wellness. While strengthening and reporting our action plans to ensure accountability of these key areas is at the forefront of our work	

### Change Ideas

**Change Idea #1** We have been doing Safety and Privacy huddles in 2024-2025, this year we would like to add Wellness to the huddles to get a pulse on how staff are feeling in the workplace

Methods	Process measures	Target for process measure	Comments
Complete Executive Leadership Privacy/Safety/Wellness huddles with targeted questions to include measures for staff wellness in the workplace	complete 6 Leadership huddles for this fiscal year.	The Leadership team is committed to achieving 100% of the process measure for this fiscal year.	Wanting to focus on Wellness as an added component of the Leadership huddles will permit the Executive Team to meet face to face with front line teams and garner a real time understanding of wellness in the workplace as well as on going safety and privacy concerns.

## Safety

### Measure - Dimension: Safe

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Ensure Barthel Index for Activities of Daily Living is not just completed on discharge but also completed on admission to ensure we are measuring level of risk for patients over the age of 65 on the Integrated Medical Unit.	C	% / ALC patients	In-home audit / measure rate of Barthel completed for all patients over the age of 65 on the integrated medical unit	CB	80.00	Barthel currently being added to Expanse at admission. The requirement beginning in Q1 will be to have nursing completing the Barthel on all patients 65 years of age or older. We will perform quarterly audits to determine if staff are completing. Our expectation for this first year is to ensure staff are completing the Barthel 80% of the time. This work supports our ALC Leading Practices priorities.	

### Change Ideas

Change Idea #1 Implementation of Barthel at admission for all patients age 65 or older admitted to the Integrated Medical Unit.

Methods	Process measures	Target for process measure	Comments
Adding the Barthel in Meditech Expanse at admission is complete. Training of all staff to occur in March 2025 with launch April 1, 2025.	Number of Barthels completed on patients aged 65 or older on admission/Total number of patients aged 65 admitted to Integrated Medical.	Our target is to achieve 80% of completed Barthels at admission. This will be audited quarterly.	This measure aligns with our ALC Leading Practice work and will support on going efforts to identify patients at risk to ensure we provide them with an appropriate care plan to reduce functional decline in hospital.