

Access and Flow

Measure - Dimension: Timely

Indicator #1	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)	100.00	43.00	Average of benchmarked peer hospital performance	

Change Ideas

Change Idea #1 Develop and hardwire standardized roles and accountabilities for all roles involved in ambulance offload

Methods	Process measures	Target for process measure	Comments
ED Department leadership to develop standardized role descriptions; Implement with frontline staff; Monitor adherence; Explore barriers when deviation occurs; Modify	% of standardized roles developed exploration of barriers when deviation from standardized roles occurs	100% of all roles involved in ambulance offload time will have a documented standardized role by March 31, 2026	

Measure - Dimension: Timely

Indicator #2	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)	7.40	4.60	average of benchmark peer hospitals	

Change Ideas

Change Idea #1 Evaluate the arrival patterns of patients vs. current emergency department physician and nurse practitioner schedules related to provider initial assessment (PIA) performance. If required, modify schedules to maximize PIA performance.

Methods	Process measures	Target for process measure	Comments
Analyze current state scheduled hours vs. PIA performance by hour of the day; if required modify to maximize PIA performance	current state analysis completed analytical modeling of options explored if required, implement changes to maximize PIA performance	If indicated by current state analysis and analytical modeling, implement schedule changes to maximize PIA performance by March 31, 2026.	

Measure - Dimension: Timely

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
90th Percentile time (in hours) from Triage to Provider Initial Assessment (PIA) for Canadian Triage & Acuity Screening (CTAS) levels 1 & 2	C	90th percentile / ED patients	In house data collection / P4R Year	6.90	4.00	average performance from benchmark peer hospitals	

Change Ideas

Change Idea #1 Develop and Implement an electronic escalation process for CTAS 1&2 patients

Methods	Process measures	Target for process measure	Comments
Develop an electronic escalation process for notifying medical staff when CTAS 1&2 have arrived in the emergency department; test; modify;	Electronic escalation process developed; implemented; test for impact on PIA for CTAS 1&2 times	Develop, implement and test an electronic escalation process for CTAS 1&2 patients by March 31, 2026.	