Access and Flow

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 low acuity	P	Hours / ED patients	CIHI NACRS / December 1, 2024, to November 30, 2025, in alignment with the Pay for Results program	10.85	9.76	Target represents a 10% reduction which is ambitious but achievable for this year - will reassess for next year.	

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 ED re-design of physical space, staffing and supplies to better meet patient needs and maintain gains in ambulance offload time			
Methods	Process measures	Target for process measure	Comments
1) Maintain ambulance offload processes to sustain performance 2) Re-zone ED care areas to better align to patient needs/demand – specify and agree on criteria for which patient goes where 3) Physician staffing/scheduling realignment to zones and patient demand patterns 4) Nursing staff re-allocation to zones and physician scheduling 5) Equipment/ supplies – align to zones and develop standard work	a) Ambulance offload time; b) Progress to plan; c) PIA by zone; d) ED LOS for non-admitted high acuity by zone; e) ED LOS for non-admitted low acuity by zone; f) Time from arrival to disposition by zone	a) Maintain AOT < 30 min; b) Changes to space and scheduling implemented by end of Q1; c-f) 10% improvement	This initiative is expected to also affect other ED access & flow metrics.

Change Idea #2 Triage of imaging orders using performing priority tool in Epic			
Methods	Process measures	Target for process measure	Comments
1) Review feasibility of adding performing priority to Epic to help identify priority ED cases 2) Customize and pilot tool	a) Progress to plan b) Time from order to scan complete for highest-priority cases	a) Selection of key factors to use for priority score determination by end of Q2; ED ordering workflow enhancement by end of Q2 b) Time from order to scan complete for highest-priority cases trending down	

Change Idea #3 Expand ambient listening (AI Scribe) program access and embed in Emergency Department (ED) operations

Methods	Process measures	Target for process measure	Comments
1) Implement phased rollout to remaining physicians 2) Provide onboarding, quick-start guides, coaching 3) Reinforce use through peer-to-peer and unit leadership support 4) Align with ED clinical practice standards. 5) Continue regular ED leadership review. 6) Incorporate additional P4R and EDRV audit indicators 7) Expand to include real-time Epic Dashboard monitoring	a) % of ED physicians actively using ambient listening b) Time spent in notes c) Time from initial assessment to disposition d) % of CTAS 3-5 encounters leveraging Ambient AI e) Timeliness of dashboard updates f) Inclusion of key QI measures (ED LOS segments, documentation burden).	a) 60% active use by end of FY 26-27 b) 5% reduction in documentation time c) Average 25min reduction in PIA to disposition time d) 65% of CTAS 3-5 encounters leveraging Ambient AI e) Updates completed on schedule. f) Dashboards reflect operational metrics in FY26-27.	A trial has demonstrated strong adoption, reduced provider documentation burden, and improved time-to-disposition despite partial uptake. Expanding access and moving to operations will promote sustainability of gains and impact.

Measure - Dimension: Timely

Indicator #4	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	13.40	12.06	Target represents a 10% reduction which is ambitious but achievable for this year - will reassess for next year.	

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 ED re-design of physical space, staffing and supplies to better meet patient needs and maintain gains in ambulance offload time			
Methods	Process measures	Target for process measure	Comments
1) Maintain ambulance offload processes to sustain performance 2) Re-zone ED care areas to better align to patient needs/demand – specify and agree on criteria for which patient goes where 3) Physician staffing/scheduling realignment to zones and patient demand patterns 4) Nursing staff re-allocation to zones and physician scheduling 5) Equipment/ supplies – align to zones and develop standard work	a) Ambulance offload time; b) Progress to plan; c) PIA by zone; d) ED LOS for non-admitted high acuity by zone; e) ED LOS for non-admitted low acuity by zone; f) Time from arrival to disposition by zone	a) Maintain AOT < 30 min; b) Changes to space and scheduling implemented by end of Q1; c-f) 10% improvement	This initiative is expected to also affect other ED access & flow metrics.

Change Idea #2 Triage of imaging orders using performing priority tool in Epic			
Methods	Process measures	Target for process measure	Comments
1) Review feasibility of adding performing priority to Epic to help identify priority ED cases 2) Customize and pilot tool	a) Progress to plan; b) Time from order to scan complete for highest-priority cases	a) Selection of key factors to use for priority score determination by end of Q2; ED ordering workflow enhancement by end of Q2; b) Time from order to scan complete for highest-priority cases trending down	

Change Idea #3 Expand ambient listening (AI Scribe) program access and embed in Emergency Department (ED) operations			
Methods	Process measures	Target for process measure	Comments
1) Implement phased rollout to remaining physicians 2) Reinforce use through peer-to-peer and unit leadership support 3) Align with ED clinical practice standards. 4) Continue regular ED leadership review 5) Incorporate additional P4R and EDRV audit indicators 6) Expand to include real-time Epic Dashboard monitoring	a) % of ED physicians actively using ambient listening program; b) Time spent in notes; c) Time from initial assessment to disposition; d) % of CTAS 3-5 encounters leveraging Ambient AI; e) Timeliness of dashboard updates; f) Inclusion of key QI measures on dashboard (ED LOS segments, documentation burden)	a) 60% active use by end of FY 26-27; b) 5% reduction in documentation time; c) Average 25min reduction in time from initial assessment to disposition; d) 65% of CTAS 3-5 encounters leveraging Ambient AI; e) Updates completed on schedule; f) Dashboards reflect operational metrics in FY26-27	A trial has demonstrated strong adoption, reduced provider documentation burden, and improved time-to-disposition despite partial uptake. Expanding access and moving to operations will promote sustainability of gains and impact.

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 / December 1, 2024, to November 30, 2025, in alignment with the Pay for Results program	7.60	6.84	Target represents a 10% reduction which is ambitious but achievable for this year - will reassess for next year.	

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 ED re-design of physical space, staffing and supplies to better meet patient needs and maintain gains in ambulance offload time			
Methods	Process measures	Target for process measure	Comments
1) Maintain ambulance offload processes to sustain performance. 2) Re-zone ED care areas to better align to patient needs/demand – specify and agree on criteria for which patient goes where. 3) Physician staffing/scheduling realignment to zones and patient demand patterns 4) Nursing staff re-allocation according to zones and physician scheduling 5) Equipment & supplies – align to zones and develop standard work	a) Ambulance offload time; b) Progress to plan; c) PIA by zone; d) ED LOS for non-admitted high acuity by zone; e) ED LOS for non-admitted low acuity by zone; f) Time from arrival to disposition by zone	a) Maintain AOT < 30 min; b) Changes to space and scheduling implemented by end of Q1; c-f) 10% improvement	This initiative is expected to also affect other ED access & flow metrics.

Measure - Dimension: Timely

Indicator #6	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 6 a.m.	C	Number / Patients	In house data collection / Jan 1 to Dec 31, 2025	58.70	53.00	Target represents a 10% reduction which is a reasonable stretch target for this year - will reassess for next year.	

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 compliance with EDD visibility on inpatient care boards			
Methods	Process measures	Target for process measure	Comments
1) Clinical tactics education refresh to frontline staff 2) Leader rounding auditing of clinical care boards 3) Monitor and reinforce compliance with leader rounding	a) % compliance of EDD completion on care boards b) % compliance with leader rounding (i.e. % of patients rounded on)	a) 70% b) 60%	

Change Idea #2 Centralize patient flow to palliative care			
Methods	Process measures	Target for process measure	Comments
1) Centralize bed offers for palliative care to Elizabeth Bruyere. 2) Enhance process for bed offers on weekends.	a) % discharges between 7am to 11am b) # of palliative care bed offers sent from command centre	a) 10% increase in discharges between 7am and 11am b) 10 palliative care bed offers per month (on average) sent from command centre	Centralizing palliative care bed offers through the Command Centre leverages established capacity, capability and positioning to improve timely coordination of workflows and support earlier discharges.

Change Idea #3 Enhance corporate surge protocol			
Methods	Process measures	Target for process measure	Comments
1) Standardize command centre surge plan actions in response to varying levels of occupancy, capacity and pressure. 2) Revise surge protocol Standard Operating Procedure.	a) SOP published. b) Number of days in major surge	a) SOP published by the end of Q2 b) Reduce by 10%	

Equity

Measure - Dimension: Equitable

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Number of staff who have completed relevant cultural safety training	C	Number / Staff	In house data collection / April 1st to March 31st	513.00	5700.00	This figure represents ~ 45% of our staff which is a reasonable stretch target.	

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 Expand cultural safety learning program to all TOH staff

Methods	Process measures	Target for process measure	Comments
1) Continue offering in-person training sessions throughout the year. 2) Finalize e-modules, upload to Learning Management system and enroll staff. 3) Embed e-modules within expectations of new staff orientation.	a) Upload e-modules and enroll staff. b) Embed e-modules into new staff orientation.	a) Upload e-modules and enroll staff by end of Q1. b) Embed e-modules into new staff orientation by end of Q2.	

Experience

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of respondents who responded "always" to the following question: "During this hospital stay, did you get all the information you needed about your condition and treatment?"	C	% / Survey respondents	Local data collection / Jan to Dec 2025	64.00	68.00	Range over the past year has been +/- 3% so should see a minimum of 4% improvement with this initiative.	

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 Refresh leader rounding and clinical tactics

Methods	Process measures	Target for process measure	Comments
1) Launch audit tool on all inpatient areas. 2) Develop & release dashboard. 3) Define leader accountability at the integrated system of care and unit-level. 4) Monitor & provide feedback to reinforce practices (rounding, clinical tactics, bedside shift report).	a) Progress to plan b) % compliance with leader rounding c) % of compliance with bedside shift report	a) Dashboard and SOP released by end of Q1 b) Leader rounding on 60% of patients by end of Q4 c) 80% compliance with bedside report by end of Q4	This initiative is expected to have wide-reaching impacts on patient experience (i.e. improving more than this specific indicator).