

## Access and Flow

### Measure - Dimension: Timely

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
90th percentile ambulance offload time	P	Minutes / Patients	CIHI NACRS / December 1, 2024, to November 30, 2025, in alignment with the Pay for Results program	36.00	30.00	There has been great success achieved with this metric over the past year and periods where target of 30 minutes has been achieved. Fiscal 2026/27 will solidify processes and work on sustainability.	

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 Escalation pathways for prolonged offload times including early activation of internal surge protocols

Methods	Process measures	Target for process measure	Comments
Develop formal escalation pathways with involved stakeholders, Review internal surge protocols, Develop a process to review situations when escalation pathway has been activated	Number of EMS offload delays greater than 60 minutes per week	10% improvement by March 31, 2027	

**Measure - Dimension: Timely**

Indicator #3	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	7.40	4.50	Average performance of regional partners	

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 Review and Implement recommendations from external review

Methods	Process measures	Target for process measure	Comments
Multi-stakeholder review of the recommendations from an external review, prioritize, select which recommendations to implement	Recommendations implemented	Implement minimum of 2 recommendations September 30, 2026	

**Measure - Dimension: Timely**

Indicator #4	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 / April 1, 2024, to March 31, 2025 (i.e., FY 2024)	11.56	9.15	25% reduction from actual performance at the time target was set (January/February)	

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 Medical Staff participation in interprofessional Medicine rounds**

Methods	Process measures	Target for process measure	Comments
Medical staff to attend and participate in interprofessional rounds within the Medicine program (3 units, 13 rounds per week)	% of time medical staff attend and participate in interprofessional rounds within the 3 units on the Medicine program	6.5 out of 13 or 50%	

**Measure - Dimension: Timely**

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Conservable Bed Days	C	Average Number of Bed Days/Day / Acute Medical Inpatients	Hospital collected data / 2025-26	34.20	27.00	Target areas with the highest contribution towards conservable bed days to focus efforts	

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 Focused effort on conservable bed days for patients with CHF and COPD

Methods	Process measures	Target for process measure	Comments
Review and analyze care delivery/pathways for patients admitted with CHF and COPD	Reduction in average Length of Stay for CHF and COPD patients	10% reduction from fiscal 2025-26	

**Measure - Dimension: Timely**

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
90th percentile emergency department wait time to physician initial assessment for CTAS-1 patients	C	90th percentile / ED patients	Hospital collected data / 2025-26	31.00	30.00	A substantial amount of work/effort has occurred in fiscal 2025-26 to address the PIA time for the sickest patients (CTAS-1). Fiscal 2026-27 will solidify processes and sustainability efforts, especially as we transition from a paper-based emergency department to a fully electronic healthcare information system (HIS) in Fall 2026.	

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 Alerts in the new HIS system to trigger immediate provider response

Methods	Process measures	Target for process measure	Comments
Build electronic/automatic CTAS1 alerts in the new HIS system to trigger immediate provider response	Number of CTAS1 cases exceeding 30 minutes per month	10% reduction from fiscal 2025-26	

## Experience

### Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of respondents who responded "completely" to the following question: Did you receive enough information from hospital staff about what to do if you were worried about your condition or treatment after you left the hospital?	O	% / Survey respondents	Local data collection / Most recent consecutive 12-month period	58.42	74.27	25% improvement from baseline when the target was set (Jan/Feb 2026)	

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 Patient Portal with new Healthcare Information System (HIS)

Methods	Process measures	Target for process measure	Comments
Implement patient portal with new HIS	Number of patients who subscribe to the patient portal	Collect baseline and compare to regional partners (same HIS instance)	Total Surveys Initiated: 101