SAH QUALITY IMPROVEMENT PLAN WORKPLAN

MARCH 2026



QIP INDICATORS AND TARGETS FOR 2026 – 2027

Strategic Focus	Priority Area	Indicators	Baseline 2025 – 2026	Target 2026 - 2027	Target Justification
Compassionate Person-Centred Care	**Access and Flow**	**Ambulance Offload Time** (90th Percentile)	**41** Minutes	**30** Minutes	Performance improved steadily in F2025/26, reaching a 90th percentile of 14 minutes by December—well below the 30-minute provincial target and supporting its use for 2026–2027.
		ED Wait Time to Physician Initial Assessment	**6.2** Hours	**5.3** Hours	Performance has improved steadily, with the year-to-date 90th-percentile ED PIA at 6.2 hours (December 2025) and a 2026–2027 target of 5.3 hours, aligned with ongoing improvement efforts.
	Safety	**Rate Of Hospital-Acquired Clostridioides Difficile Infections (C.Diff)**	**0.35** per 1,000 patient days	**0.38** per 1,000 patient days	Same target as the previous year
		Delirium Recognition LMS Training Completion RN/RPN Staff ≥100 Days	**N/A**	**87%**	The Year 1 DASH indicator was achieved through the development and rollout of educational and training programs. Year 2 target will focus on implementation.
	Patient Experience	**Rate of Patient Positive Experience**	**N/A**	**CB**	Collecting Baseline (CB)

SAULT AREA HOSPITAL
HÔPITAL DE SAULT-SAINTE-MARIE

AMBULANCE OFFLOAD TIME

Indicator	Unit of Measure	Data Source Period of Time	Baseline	Target 2026/27	Target Justification
Ambulance Offload Time	**90th** percentile	**Data Source** National Ambulatory Care Reporting System (NACRS) **Reporting Period** Dec 2025 to Nov 2026 (P4R cycle)	**41** Minutes	**30** Minutes	Performance has steadily improved in F2025/26, with a 90th percentile of 14 minutes as of December 2025—well below the 30-minute provincial target, supporting its use for 2026–2027.

Change Ideas	Methods	Measure	Target
Sustaining change ideas implemented over the past year: Horizontal waiting room	Progress will be monitored through monthly data reviews within the governance structure, ongoing review of staff feedback captured in the communication book, regular leadership rounding with staff to identify issues and support continuous improvement and monthly meetings with our Paramedic Services partners.	% of ambulance arrivals offloaded within 30 minutes of ED arrival	**90%**
Multidisciplinary 9 am rounds with the Patient Flow Team to identify barriers. Added a responsibility nurse duties policy to prioritize offload and patient flow		% of shifts with a dedicated Horizontal Waiting Room nurse assigned	**100%**
Implement monthly quality improvement cycles and ongoing structured communication with staff and Paramedic Services to identify and address barriers early, ensuring continued performance and staff engagement.		% of days with multidisciplinary ED flow huddle completed	**95%**

TIME TO PHYSICIAN INITIAL ASSESSMENT [PIA] (1/2)

Indicator	Unit of Measure	Data Source Period of Time	Baseline	Target 2026/27	Target Justification
ED Wait Time to PIA	**90th** percentile	**Data Source** National Ambulatory Care Reporting System (NACRS) **Reporting Period** Dec 2025 to Nov 2026 (P4R cycle)	**6.2** Hours	**5.3** Hours	Performance has improved steadily, with the year-to-date 90th percentile ED time to Physician Initial Assessment at 6.2 hours as of December 2025. The 2026–2027 target of 5.3 hours reflects ongoing process-improvement initiatives and aligns with our Performance Improvement Plan (PIP).

Change Ideas	Methods	Measure	Target
Optimization of Physician Scheduling	Adjust Physician Scheduling: Align physician coverage with peak patient volumes to improve timely Physician Initial Assessment (PIA) during high-demand periods.	% of eligible CTAS* 4–5 patients registering through the Virtual Home Waiting Room	**50%**
Cross-Hospital Learning and Best Practice Review	Peer Collaboration: Engage similar-sized EDs to share successful workflow strategies, including NP/PA-led triage or early assessment teams.	% of shifts with a dedicated Flow Nurse assigned to support front-end patient flow	**100%**
Continued Collaboration with Mental Health and Addictions Services	Mental Health Pathways**:** Strengthen collaboration with Mental Health Crisis and Addiction Medicine teams to provide earlier specialized support, improving flow and reducing length of stay.	% of CTAS* 3–5 patients assessed by a provider within 5.3 hours	**90%**

*Canadian Triage and Acuity Scale (CTAS)

SAULT AREA HOSPITAL
HÔPITAL DE SAULT-SAINTE-MARIE

TIME TO PHYSICIAN INITIAL ASSESSMENT [PIA] (2/2)

Indicator	Unit of Measure	Data Source Period of Time	Baseline	Target 2026/27	Target Justification
ED Wait Time to PIA	**90th** percentile	**Data Source** National Ambulatory Care Reporting System (NACRS) **Reporting Period** Dec 2025 to Nov 2026 (P4R cycle)	**6.2** Hours	**5.3** Hours	Performance has improved steadily, with the year-to-date 90th percentile ED time to Physician Initial Assessment at 6.2 hours as of December 2025. The 2026–2027 target of 5.3 hours reflects ongoing process-improvement initiatives and aligns with our Performance Improvement Plan (PIP).

Change Ideas	Methods	Measure	Target
Ongoing Collaboration with Diagnostic Imaging	Optimize Imaging: Work with Diagnostic Imaging to shorten turnaround times, enabling faster clinical decisions and earlier physician assessments.	% of eligible CTAS* 4–5 patients registering through the Virtual Home Waiting Room	**50%**
Expansion of Advanced Practice Provider Roles	Expand Nurse Practitioner (NP) and Physician Assistant (PA) Roles: Assess the feasibility of additional NP and PA roles to support early assessment, ease physician workload, and sustain PIA improvements.	% of shifts with a dedicated Flow Nurse assigned to support front-end patient flow	**100%**
		% of CTAS* 3–5 patients assessed by a provider within 5.3 hours	**90%**

*Canadian Triage and Acuity Scale (CTAS)

SAULT AREA HOSPITAL
HÔPITAL DE SAULT-SAINTE-MARIE

HOSPITAL ACQUIRED CLOSTRIDIOIDES DIFFICILE [C. DIFF]

Indicator	Unit of Measure	Data Source Period of Time	Baseline	Target 2026/27	Target Justification
Rate of Hospital-Acquired Clostridioides Difficile (C. Diff)	**Rate** per 1,000 patient days	**Data Source** Local data collection **Reporting Period** April 2026 to March 2027	**0.35** per 1,000 patient days	**0.38** per 1,000 patient days	Same target as the previous year

Change Ideas	Methods	Measure	Target
Targeted CDI Prophylaxis for Highest-Risk Patients	A joint Antimicrobial Stewardship Program and Infection Prevention and Control initiative to identify high-risk patients (recent C. Diff Infection, high-risk antibiotics, immunocompromise) and implement targeted prophylaxis (e.g., oral vancomycin) to reduce incident and recurrent C. Diff Infection.	**Hand Hygiene Coaching** frequency: 5-10 documented feedback moments per month	**100%** for occurrences
Enhanced Hand Hygiene Strategy	Managerial Hand Hygiene (HH) coaching with 5–10 documented feedback moments per month. Strengthened monitoring of the WHO 4 Moments.		
Reporting	Unit-level reporting with links to C. Diff Infection rates and Hospital-Acquired Infections.		

SAULT AREA HOSPITAL
HÔPITAL DE SAULT-SAINTE-MARIE

DELIRIUM RECOGNITION LMS TRAINING COMPLETION

Indicator	Unit of Measure	Data Source Period of Time	Baseline	Target 2026/27	Target Justification
Delirium Recognition LMS Training Completion	**RN/RPN Staff** ≥100 Days	**Data Source** Local data collection **Reporting Period** April 2026 to March 2027	**76.8%**	**87%**	The Year 1 indicator for the Delirium Aware Safer Healthcare (DASH) campaign was achieved. Over the course of the year, a course was developed and rolled out across nursing units, enhancing staff awareness and confidence in recognizing delirium. Year 2 target will focus on implementation.

Change Ideas	Methods	Measure	Target
Increase nursing staff confidence and awareness of delirium	Promotion of the Learning Management System module to nursing staff and consolidation of learning through huddles.	Knowledge/confidence change % of learners reporting improved confidence post-training	**0.9** point increase
	Confidence survey pre and post LMS course completion.	Completion rate Completion rate /month	TBD

SAULT AREA HOSPITAL
HÔPITAL DE SAULT-SAINTE-MARIE

PATIENT EXPERIENCE

Indicator	Unit of Measure	Data Source Period of Time	Baseline	Target 2026/27	Target Justification
Rate of Patient Positive Experience	**TBD**	**Data Source** Local data collection **Reporting Period** April 2026 to March 2027	**N/A**	**Collecting Baseline**	New indicator

Change Ideas	Methods	Measure	Target
Development of a comprehensive Patient Experience Dashboard that provides a holistic, data-informed view of patient experience across the organization, beyond traditional patient survey metrics.	The dashboard would integrate the following patient experience inputs: Patient relations compliments and concerns, patient experience surveys, Remote care monitoring surveys, ED Virtual Home Waiting Room Survey, compliments received via indirect means, social media sentiment, and patient and family advisor-led rounding.	Volume of Sent Surveys	**TBD**
	Addition of standardized patient experience questions. To strengthen comparability and trend analysis across multiple patient feedback channels, a future-state enhancement would be to introduce a small set of standardized patient experience questions embedded in select data collection tools.	Survey Response Rate	**33%**