2024/25 Sault Area Hospital Quality Improvement Plan
Improvement Targets and Initiatives

AIM		Measure									Change				
Issue	Quality dimension	Measure/Indicator	Type	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	External Collaborators	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments
Access and Flow	Efficient	Alternate level of care (ALC) throughput ratio	O	Ratio (No unit) / ALC patients	WTIS / July 1 2023 - September 30, 2023 (Q2)	965	1.01	1.01	There is a slight trend towards decreasing performance; the projected overall F2023/2024 Throughput ratio is 1.00. Currently (F2023/24 YTD), Sault Area Hospital is performing better than comparisons/ benchmarks (Northeast and Ontario). There is commitment by SAH to support improvement and collaboration wtih AOHT. Given factors listed above, reasonable target (1% improvement) is proposed.	Algoma Ontario Health Team (AOHT), Home and Community Care, Ontario Health, Red Cross, March of Dimes, District of SSM Social Services Administration Board, Long Term Care and Retirement Home Partners	Early identification of discharge planning barriers in collaboration with care team, patients, and families. Streamline ALC process and communication with internal/external stakeholders.	Enhanced interdisciplinary rounds with key focus on discharge barriers. Early engagement of community partners. Ensure accurate discharge plan is documented on all patients with Estimated Date of Discharge (CRUM) Shorten the ALC process to minimize delays to an accurate ALC designation	All patients designated ALC have a documented Discharge Disposition Number of days to discharge disposition	100% ALC patients have documented ALC plans The formal discharge disposition will be determined in 3 days.	
											Implementation of post-fall pathway in Emergency Department	Revisit implementation of pathway with key internal (Geriatric Emergency Medicine nurses, Inpatient Rehabilitation team, Allied Health team and Transitional Support Team) and external (Algoma- Ontario Health Team) partners.	% of project completion	100% completion and program restarted	
											Increase access to Community Geriatric Rehab Services	Continue the development of community geriatric rehab services through Algoma Geriatric Clinic	% outpatient geriatric rehab clinic operational	100% clinic operational	
											Re-Implementation of Direct Access Priority Pathway from the Algoma Geriatric Clinic to Inpatient Rehabilitation programs.	Refresh DAPP process with input from Post Acute programs and Algoma Geriatric Clinic teams. Ensure previous barriers are outline and strategizes develop to mitigate issues.	# of patients admitted to Post Acute programs through DAPP process.	5-7 patients in first year.	
	Timely	90th percentile ambulance offload time	O	Minutes / Patients	CIHI NACRS / ERNI hospitals: December 1st 2022 to November 30th 2023. Non-ERNI hospitals: April 1st 2023 to September 30th 2023 (Q1 and Q2)	965	74.4 minutes	70 minutes	The recommended F2024/25 Target is 70.0 minutes based on SAH F2022/23 (83.5) the current year-to-date (74.4) as well as the provincial benchmarking data (69.3).	SSM District Social Services Administration Board (DSSAB) - Emergency Medical Services and Ontario Health	SAH will continue with a dedicated ambulance offload for 2024/25. SAH will continue work identified in joint workplan with external partners (Ontario Health & Emergency Medical Services). Key pieces of work include; -Engage community partners to explore Right Place of Care opportunities -Development of joint EMS Offload escalation protocol -Advocate for continued extension of funding/hours for non-urgent patient transportation	Ambulance offload time reporting	% of improved ambulance offload time	Improved ambulance offload time by 25%.	

M = Mandatory (all cells must be completed) P = Priority (complete ONLY the comments cell if you are not working on this indicator) O= Optional (do not select if you are not working on this indicator) C = Custom (add any other indicators you are working on)

		(Average or 90th percentile) Emergency Department (ED) wait time to physician initial assessment (PIA)	C	Hours / ED patients	CIHI NACRS / ERNI hospitals: December 1st 2022 to November 30th 2023. Non-ERNI hospitals: April 1st 2023 to September 30th 2023 (Q1 and Q2)	965	5.7 hours (Nov.)	5 hours	The recommended target for F2024/25 is 5 hours, which aligns with the Northeast Sub-Region peer benchmarking (5.1) and SAH year-to-date performance (5.7).	Primary care (Group Health Centre, Superior Family Health Team, Algoma Nurse Practitioner-Led Clinic, Westend Clinic) and Home and Community Care.	Detailed concept mapping has begun to appreciate all areas that contribute to PIA improvement. A focus will be placed on areas that have the largest potential impact for improvement, and are reasonably achievable in the short and intermediate term.	Detailed review of physician compensation models, with the hope that alternative (additional) funding pathways can be identified to assist with increase demand on the ED to service for chronic disease management. Examine opportunities to provide in-kind support (IT/admin/mentorship) for smaller community partners to service patents with chronic medical concerns, and assist with diversion of these presentations to the ED altogether. Closely work with the Medicine Leadership, Home and Community Care, and SSM DSSAB/Voyago to examine opportunities to increase discharges and reduce occupancy. Explore the concept of patient navigators in the department to assist with challenges around patient flow, especially in the See and Treat.	Creation of an ED Physician Subgroup to examine compensation, recruitment and retention, and scheduling. Meeting with the leads of the community partners (namely Westend Clinic to explore what is required to increase capacity for chronic / lower acuity care). Increase frequency of meetings with ED / Medicine Leadership with a focus on strategies to reduce the barriers to discharge from hospital. ED Medical / Administrative Directors will examine the role of patient navigators at other ED's in Ontario, determine if this could be feasible in our own department.	All action items in place by end of fiscal 2024/25 year end.	
Safety		Reported Incidents of Workplace Violence	C	Number of Incidents Overall per year	Local data collection / Most recent consecutive 12-month period	965	56	161 (20% reduction) of F2023/24 target	This indicator for 2023/24 has seen a significant improvement; we have not experienced a count this low since 2014. There is potential that this is an anomaly and there is also potential that training and education has had a positive effect. We propose a stretch target (20% improvement) based on F2023/24 Target (201 incidents). This results in 161 incidents (13.4/months) as the F2024/25 Recommended Target. The stretch target accounts for historical performance and the current year-to-date record low.		Consistently review and enhance our response and proactive work specific to workplace violence.	Continued education, checking and reinforcement of existing programs and practices aimed at reducing and/or preventing injury from workplace violence. Support the leadership of our high priority areas in developing department specific action plans to reduce Employee Incidents of workplace violence. The top 3-5 departments will be identified using F23/24 data.	Action plans in place for each identified high priority department. Education and reinforcement completed for 3 existing priority programs and practices.	100% of identified department action plans in place. 100% of planned education and reinforcement for 3 existing programs and practices completed.	SAH is taking a collaborative and innovative approach to the OHQ priority issue of Safety. This is a custom indicator that links patient and worker safety by using a monitoring indicator related to delirium.
											Implement 3 high priority initiatives that focus on delirium reduction.	Through the work of the Senior Friendly Care Quality Council, identify and expand 3 priority initiatives including: Caregiver ID, Hospital Elder Life Program (HELP) and Delirium Order Set.	Expansion of Caregiver ID across all areas of the hospital	100% of areas onboard caregivers into the program.	
													Creation and implementation of the HELP program at SAH	# of patients referred to HELP program	
													Implementation of Delirium order set into Meditech	100% complete	
													Monitor use of order set after implementation.	% compliance	
													Monitor proper coding of delirium.	15% reduction in rate of delirium	