

Caring for our Patients

We will provide high quality patient and family-centred care.

- Provide exceptional care for all who come through our doors.
- Monitor and measure our performance using quality metrics.
- Be laser-focused about caring for our patients, their families and our community.

EMBRACING EQUITY, DIVERSITY, AND INCLUSION IN EVERYTHING WE DO

ANNUAL INITIATIVES (WHAT WE WILL ACHIEVE)		SUCCESS METRICS (HOW WE WILL MEASURE SUCCESS)	LEADERSHIP ACCOUNTABILITY (WHO DRIVES RESULTS)
1	90 th percentile ambulance offload time (QIP)	<ul style="list-style-type: none"> • Target quarterly audits to identify and correct data discrepancies. • Collect baseline accuracy in recorded offload times. • Target 95% of relevant staff trained on data entry protocols. • Target quarterly meetings to review offload time performance. • Ability to implement data interface opportunity. 	VP of Patient Care Services/CNE
2	90 th percentile emergency department wait time to physician initial assessment (QIP)	<ul style="list-style-type: none"> • Collect baseline accuracy in recorded ED wait times to physician initial assessment. • Target quarterly audits to review and correct data entry issues. • Target 95% of ED staff and physicians trained on accurate data documentation. • Target 2 educational sessions for physicians. 	VP of Patient Care Services/CNE
3	Daily average number of patients waiting in the emergency department for an inpatient bed at 8 a.m. (QIP)	<ul style="list-style-type: none"> • Target monthly review and optimization of overnight admission processes. • Target activation of surge protocol within 4 hours of identifying high patient volume. • # of SW Situational Surge and repatriation 	VP of Patient Care Services/CNE

Strategic Plan Quality Goals & Objectives 2025-26

		<p>meeting touch bases with regional partners.</p> <ul style="list-style-type: none"> • Target quarterly audits to ensure accurate data. • Target 95% of relevant staff training on data entry protocols. 	
4	Implementation/collecting baseline of delirium onset during hospitalization. (QIP)	<ul style="list-style-type: none"> • Collect the baseline rate of hospital-acquired delirium among inpatient hospitalization in acute care (as proportion of all hospitalizations). • Target 95% of relevant clinical staff trained on the DASH program and delirium identification. • Target quarterly audits of delirium screening and documentation practices to identify gaps and ensure consistency. 	VP of Patient Care Services/CNE
5	Did patients feel they received adequate information about their health their and their care at discharge? (QIP)	<ul style="list-style-type: none"> • Achieve a rating of 95% of patients who responded positively to the 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?” • Review 100% of handouts used to provide patient information. 	VP of Patient Care Services/CNE

Valuing our People & Teams

We will continue to value, invest in and recognize our teams.

- Continue to value, invest in and recognize our people and teams.
- Prioritize the growth and well-being of our people and teams.
- Strategically use our resources to achieve our goals.

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ANNUAL INITIATIVES (WHAT WE WILL ACHIEVE)		SUCCESS METRICS (HOW WE WILL MEASURE SUCCESS)	LEADERSHIP ACCOUNTABILITY (WHO DRIVES RESULTS)
1	95% of executive and management who have completed relevant equity, diversity, inclusion, and antiracism education (QIP)	<ul style="list-style-type: none"> • 95% of executive-level and management staff to complete Cultural Mindfulness Training and Challenging Stigma Training. 	All
2	Maintain/improve staff and physician overall satisfaction scores on the Accreditation Global Workforce Survey.	<ul style="list-style-type: none"> • Increase the positive % responses by 5% from staff and physicians for the question, “I would recommend this organization as a place to work.” 	All
3	Foster an open reporting culture that transforms incidents into learning opportunities with the goal of increasing opportunities and incident reporting.	<ul style="list-style-type: none"> • Increase the positive % responses by 5% for the question, “If I make a mistake, it will not be held against me” from the Global Workforce Survey. • # of opportunities implemented • Increase incident reporting from prior year 	All
4	Increase staff rounding for full-time and part-time staff in order to maintain a culture of listening and implementing staff initiated ideas for improvement.	<ul style="list-style-type: none"> • 95% of full-time and part-time staff will be rounded on quarterly by the management team. 	All

Innovating for a Sustainable Future

We will advance a forward-thinking culture into our operations to ensure our sustainability.

- Ensure fiscal responsibility and financial stability.
- Identify innovative solutions to ensure our sustainability.
- Advocate for enhanced resources to strengthen our ability to care for our patients and community.

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ANNUAL INITIATIVES (WHAT WE WILL ACHIEVE)		SUCCESS METRICS (HOW WE WILL MEASURE SUCCESS)	LEADERSHIP ACCOUNTABILITY (WHO DRIVES RESULTS)
1	Align financial performance with planned operational budget.	<ul style="list-style-type: none"> • Report actual budget compared to planned budget. 	VP of Finance and Operations
2	Increase cybersecurity awareness and improve incident management response.	<ul style="list-style-type: none"> • Completion of cybersecurity education/tabletop and implement learning outcomes. 	VP of Finance and Operations
3	Endeavour to align H-SAA financial indicators.	<ul style="list-style-type: none"> • Report back on progress of this initiative as completed. 	VP of Finance and Operations
4	Continue to advance the trajectory of the ED Renovation Project.	<ul style="list-style-type: none"> • Report back on progress of this initiative as completed. 	VP of Finance and Operations
5	Explore one-time funding opportunities.	<ul style="list-style-type: none"> • Report back on opportunities. (HIRF etc.) 	VP of Finance and Operations

Anticipating & Responding

We will actively engage with our community and partners to understand and address community needs.

- Lead with purpose.
- Align our efforts with those of Ontario Health and our local health care partners.
- Anticipate and respond to the needs of our community through active engagement and partnerships.

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ANNUAL INITIATIVES (WHAT WE WILL ACHIEVE)		SUCCESS METRICS (HOW WE WILL MEASURE SUCCESS)	LEADERSHIP ACCOUNTABILITY (WHO DRIVES RESULTS)
1	Monitor and improve Pay for Results (P4R) metric scorecard.	<ul style="list-style-type: none"> • 90th percentile ED length of stay for admitted patients • 90th percentile ED length of stay for nonadmitted patients with high acuity • 90th percentile ED length of stay for nonadmitted patients with low acuity • 90th percentile ED wait time to inpatient bed • % of patients who visiting the ED and left without being seen by a physician 	VP of Patient Care Services/CNE
2	Integrate Patient & Family Advisors into hospital projects.	Report back on involvement/interaction	VP of Patient Care Services/CNE