



2024-25 Quality Improvement Plan

Updated: March 11, 2025

Priority	Measure	Description	2023-24 Performance	2024-25 Performance					Year End Forecast	2024-25 Target
				Q1	Q2	Q3	Q4	YTD		
Heart icon Patient Safety										
Provide Safe, High Quality Care	Serious Safety Event Rate (SSER)	Rolling 12 month Serious Safety Events expressed per 10,000 adjusted patient days	0.68	0.67	0.39	0.26		0.34		0.67
House icon Access										
Provide Timely Access to Care	Surgical Long Waiters	The percentage of patients waiting more than the recommended time based on the patients assigned priority level	70% 2,063 patients	67% 1,976 patients	68% 1,906 patients	65% 1730 patients		65% 1730 patients		15% or less
	Length of stay (LOS) in the ED for admitted patients	Length of stay (triage time to ED departure) in the ED for admitted patients -90th percentile, measured in minutes-	646 min 90th percentile	726 min 90th percentile	674 min 90th percentile	617 min 90th percentile		700 min 90th percentile		546 min 90th percentile
Plus icon Infection Prevention & Control										
Reduce Healthcare Acquired Infections	Infection Prevention and Control Measures	Hand Hygiene Compliance (Moments #1 and #4)	% Hand hygiene audit samples compliant for Moment #1 (before patient/patient environment contact) and Moment #4 (after patient/patient environment contact)	Moment #1: 86% Moment #4: 88%	Moment #1: 93% Moment #4: 93%	Moment #1: 80% Moment #4: 77%	Moment #1: 82% Moment #4: 77%	Moment #1: 85% Moment #4: 82%		Moment #1: 85% Moment #4: 85%
		CLABSI	Central Line-Associated Bloodstream Infections per 1,000 central line-days	2.62	1.65	1.45	0.87		1.32	
Lightbulb icon Safe & Healthy Workplace										
Keeping Our People Safe	Lost Time Incident Rate	Number of recordable incidents per 100 employees that resulted in lost or restricted days or job transfer, due to work related injury or illness	0.05	0.81	0.17	0.80		0.6		1.00
Person icon Patient Experience										
Improve Health Centre Wayfinding	Wayfinding Quick Survey Results	% of favourable responses to question "Did you have any trouble finding your way through the health center today?"	84% (41/49)	71% (5/7)	78% (7/9)	100% (9/9)		84% (21/25)		85%
Bar chart icon Patient / Quality Outcomes										
Advance Improved Quality Improvement Outcomes	QPS Committees with (and achieving) quality improvement priorities and targets	% of QPS Committees meeting requirements to have quality improvement efforts with clearly defined timelines, accountability & follow up, and % of QPS Committees meeting or exceeding QI efforts	With targets: Achieving:	annual self-assessment survey completed in February 2025				With targets: Achieving: 81% 61%	N/A	With targets: 100% Achieving: 60%

Source: Performance Analytics, Occ. Health & Safety, Patient Safety & Risk, IPAC



Tracking to meet target



Potential issues; target at risk



Target not anticipated to be met