

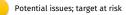
2024-25 Quality Improvement Plan

	Measure		Description	2023-24		2	ce		Year End	2024-25	
Priority				Performance	Q1	Q2	Q3	Q4	YTD	Forecast	Target
Patient Safet	у										
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 (0.52)	0.26 (0.39)	0.77	0.77		0.67
Access											
Provide Timely Access to Care			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	63% 1672 patients	63% 1672 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	672 min 90th percentile	672 min 90th percentile		546 min 90th percenti
Infection Pre	vention & Co	ontrol									
Reduce Healthcare Acquired Infections		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: 86% Moment #4: 83%	Moment #1: 84% Moment #4: 81%		Moment #7 85% Moment #4 85%
		CLABSI	Central Line-Associated Bloodstream Infections per 1,000 central line-days	2.62	1.65	1.45	0.87	1.66	1.41		1.07
Safe & Health	ıy Workplace	9									
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	0.31	0.53		1.00
Patient Expe	rience										
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)	NA	84% (21/25)		85%
Patient / Qua	lity Outcom	es									
Quality Improvement	QPS Committees with (and achieving) quality improvement priorties 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 survery completed in February 2025 Act				With targets: 81% Achieving: 61%	N/A	With target 100% Achieving 60%

Patient Safety & Risk, IPAC



Tracking to meet target





Target not anticipated to be met