



# 2021/2022 Quality Improvement Plan

## Year End Report

The purpose of this Quality Improvement Plan is to provide a framework for Ornge initiatives that are designed to improve patient experience and care, clinical practice, and operational service delivery to meet the transport needs of Ontario residents within a broader healthcare system.



## Quality Improvement Plan

Each year, Ornge prepares and publishes its annual Quality Improvement Plan (QIP) as prescribed by the Performance Agreement with the Ministry of Health. The QIP is a framework for monitoring key aspects and metrics in Ornge's delivery of its critical care service to the patients of Ontario and focusses on clinical practice and operational service delivery.

QIP indicators are chosen each year and reflect organizational priorities, including some identified areas for improvement. The indicators are aligned with Ornge's strategic priorities, and Health Quality Ontario's six quality elements for healthcare organizations. Additionally, our patient and healthcare partner surveys help to inform the QIP.

QIP indicators change from one year to the next so that the organization's areas of focus remain current. Progress is measured on a quarterly basis and reviewed internally with our quality groups and our Board of Directors.

By monitoring QIP results and other key performance indicators, Ornge maintains a steady watch over organizational quality with an overall goal of improving the effectiveness of our service delivery.

Attached are Ornge's 2021/22 Year End Report and our 2022/23 QIP Targets.

A high-quality health system is defined as “a health system that delivers world-leading safe, effective, patient-centred services, efficiently and in a timely fashion, resulting in optimal health status for all communities.” This definition includes six elements of quality and forms the basis of Health Quality Ontario’s framework for quality improvement.

Objective	Measure/ Indicator	Target 2021/22	Fourth Quarter FY 2022	Trend	Year End Result
<b>Quality Element: Patient-Centred Care</b>					
<b>Improve patient and stakeholder satisfaction</b>	<p><b>Timely Acknowledgement of External Complaints and Inquiries:</b></p> <p>(i) investigation, where necessary, will be completed and assigned for review by Ornge department within 15 business days of receipt</p> <p>(ii) closed within 45 business days of receipt</p>	<p>90% investigated and assigned for review within 15 business days where an investigation is necessary</p> <p>By Q4, 70% closed within 45 days**</p>	<p>92%</p> <p>48%</p>	<p>Quarterly Trend of Timely Acknowledgement of External Complaints and Inquiries</p> <p>**Revised measure - changed from previous 30 days to now 45 days. This graph represents historical performance over time reflecting new measure at the 45 days</p>	<p>Target achieved and exceeded for (i) investigation, where necessary, will be completed and assigned for review by Ornge department within 15 business days of receipt.</p> <p>We remain below target for closure of investigations. There are some aspects of investigation closure that require external stakeholder involvement and/or front line staff interviews which can delay the process.</p> <p>This indicator has been removed for QIP FY 2023 however will be monitored internally through our Quality, Risk and Safety Management meetings.</p>
<b>Improve patient and stakeholder satisfaction</b>	<b>% patients delayed for transport in whom OCC staff obtain updates every 6h</b>	60% of emergent/urgent patients delayed for inter-facility transport OCC staff will obtain updates every 6h.	65%	<p>Quarterly Trend of Patient Updates Acquired</p>	<p>Target achieved and exceeded.</p> <p>This indicator has been removed for QIP FY 2023 but will be monitored through Corporate Performance indicators.</p>



Objective	Measure/ Indicator	Target 2021/22	Fourth Quarter FY 2022	Trend	Year End Result
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**Quality Element: Effective Care**

<b>Improve Clinical Quality</b>	<b>Responsiveness to Mental Health Patients</b> <b>90<sup>th</sup> percentile time from first call received (T0) to arrival at sending facility for Urgent (OTAS 3) transports.</b> <b>NEW</b>	90 <sup>th</sup> Percentile (Minute)			Targets achieved and exceeded. This indicator will continue to be monitored for QIP FY 2023.
	<b>LHIN 13</b> PCP LOC Baseline: 1660 Target: 1490  ACP/CCP LOC Baseline: 2434 Target: 2190	1065  2182			
	<b>LHIN 14</b> PCP LOC Baseline: 1151 Target: 1035  ACP/CCP LOC Baseline: 1465 Target: 1315		1084  2787		

Objective	Measure/ Indicator	Target 2021/22	Fourth Quarter FY 2022	Trend	Year End Result																											
<p><b>Improve Clinical Quality</b></p>	<p><b>Definitive Airway Sans Hypotension/Hypoxia on 1<sup>st</sup> Attempt (DASH-1A) and Peri-intubation vitals</b></p> <p>(i) % of patients with first pass intubation success that have documented SaO2 and BP within 5 min prior to and after intubation</p> <p>(ii) % of patients with vital signs documented above and SaO2 &gt;90% AND SBP &gt; 90 mmHg prior to intubation that do NOT have a SaO2 &lt; 90% OR a SBP &lt; 90 mmHg post intubation.</p> <p><b>NEW</b></p>	<p>Peri-intubation 5 min vital sign documentation rate</p> <p>Baseline: 45.3% Target: 60%</p> <p>Dash 1A achieved for patients with documented vital signs within 5 minutes peri-intubation</p> <p>Baseline: 64% Target: 75%</p>	<p>73.7%</p> <p>85.7%</p>	<p>Quarterly Trend of DASH 1A Airway and Peri Intubation Vitals</p> <table border="1"> <caption>Quarterly Trend of DASH 1A Airway and Peri Intubation Vitals</caption> <thead> <tr> <th>Quarter</th> <th>Peri 5 min Documentation Rate</th> <th>Dash 1A</th> </tr> </thead> <tbody> <tr> <td>FY21-22 Q1</td> <td>44.4%</td> <td>47.0%</td> </tr> <tr> <td>FY21-22 Q2</td> <td>48.1%</td> <td>44.4%</td> </tr> <tr> <td>FY21-22 Q3</td> <td>48.0%</td> <td>62.5%</td> </tr> <tr> <td>FY21-22 Q4</td> <td>73.7%</td> <td>85.7%</td> </tr> </tbody> </table>	Quarter	Peri 5 min Documentation Rate	Dash 1A	FY21-22 Q1	44.4%	47.0%	FY21-22 Q2	48.1%	44.4%	FY21-22 Q3	48.0%	62.5%	FY21-22 Q4	73.7%	85.7%	<p>Targets achieved and exceeded but only in Q4.</p> <p>This indicator will continue to be monitored for QIP FY 2023.</p>												
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<p><b>Improve Clinical Quality</b></p>	<p><b>HCO3 Guided Ventilation Strategy</b></p> <p>% of ventilated adult and pediatric patients with HCO3 documented on the EPCR</p>	<p>90% of all adult and pediatric patients will have a HCO3 documented.</p> <p>Adult</p> <p>Baseline: 75.7% Target: 90%</p> <p>Paediatric</p> <p>Baseline: 66.7% Target: 90%</p>	<p>78.6%</p> <p>69.6%</p>	<p>Quarterly Trend of HCO3 Documented on Ventilated Patients</p> <table border="1"> <caption>Quarterly Trend of HCO3 Documented on Ventilated Patients</caption> <thead> <tr> <th>Quarter</th> <th>Adult</th> <th>Paediatric</th> </tr> </thead> <tbody> <tr> <td>FY20-21 Q1</td> <td>68.8%</td> <td>62.5%</td> </tr> <tr> <td>FY20-21 Q2</td> <td>63.5%</td> <td>70.6%</td> </tr> <tr> <td>FY20-21 Q3</td> <td>77.7%</td> <td>66.7%</td> </tr> <tr> <td>FY20-21 Q4</td> <td>71.2%</td> <td>78.9%</td> </tr> <tr> <td>FY21-22 Q1</td> <td>78.9%</td> <td>50.0%</td> </tr> <tr> <td>FY21-22 Q2</td> <td>77.7%</td> <td>77.8%</td> </tr> <tr> <td>FY21-22 Q3</td> <td>86.0%</td> <td>74.3%</td> </tr> <tr> <td>FY21-22 Q4</td> <td>78.6%</td> <td>69.6%</td> </tr> </tbody> </table>	Quarter	Adult	Paediatric	FY20-21 Q1	68.8%	62.5%	FY20-21 Q2	63.5%	70.6%	FY20-21 Q3	77.7%	66.7%	FY20-21 Q4	71.2%	78.9%	FY21-22 Q1	78.9%	50.0%	FY21-22 Q2	77.7%	77.8%	FY21-22 Q3	86.0%	74.3%	FY21-22 Q4	78.6%	69.6%	<p>Below Target.</p> <p>This indicator has been removed for QIP FY 2023 however will continue to be monitored through clinical metrics (auditing) and reviewed at the Medical Advisory Committee.</p>
Quarter	Adult	Paediatric																														
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<b>Quality Element: Patient and Staff Safety</b>																																
<b>Improve Patient Safety</b>	<b>% of time pre-determined areas are cleaned below the relative light units (RLU) threshold on monthly audits</b>	90% compliance with results equal to or below the RLU reading on monthly checks	91%	<p style="text-align: center;">Quarterly Trend of RLU Readings</p> <table border="1"> <caption>Quarterly Trend of RLU Readings</caption> <thead> <tr> <th>Year</th> <th>Q1</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> </tr> </thead> <tbody> <tr> <td>FY20-21</td> <td>85%</td> <td>81%</td> <td>82%</td> <td>95%</td> </tr> <tr> <td>FY21-22</td> <td>91%</td> <td>92%</td> <td>94.0%</td> <td>91.0%</td> </tr> </tbody> </table> <p><small>*Ottawa Air and CCLA, and London are showing no data for December 2021. Kenora, Thunder Bay, and Peterborough have no data for November 2021.</small></p>	Year	Q1	Q2	Q3	Q4	FY20-21	85%	81%	82%	95%	FY21-22	91%	92%	94.0%	91.0%	<p>Target achieved and exceeded.</p> <p>This indicator has been removed for QIP FY 2023 however it is an required organizational practice (ROP) for Accreditation and will continue to be monitored through the Accreditation process.</p>												
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FY20-21	85%	81%	82%	95%																												
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<b>Improve Staff Safety</b>	<b>Soft Tissue/MSK Injury Rate:</b>  # incidents per 100 paramedic and pilot employees resulting in soft tissue and musculoskeletal injuries from loading/unloading/ carrying patient or lifting/pushing/pulling medical equipment	3.5/100 employees	0.65	<p style="text-align: center;">Quarterly Trend of Soft Tissue/MSK Injury</p> <table border="1"> <caption>Quarterly Trend of Soft Tissue/MSK Injury</caption> <thead> <tr> <th>Year</th> <th>Q1</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> </tr> </thead> <tbody> <tr> <td>FY 20-21</td> <td>1.89</td> <td>4.58</td> <td>1.91</td> <td>0</td> </tr> <tr> <td>FY 21-22</td> <td>4.83</td> <td>2.62</td> <td>0.66</td> <td>0.65</td> </tr> </tbody> </table> <p style="text-align: center;">Breakdown by Group FY20-21 vs FY21-22</p> <table border="1"> <caption>Breakdown by Group FY20-21 vs FY21-22</caption> <thead> <tr> <th>Group</th> <th>Q4 FY20-21</th> <th>Q4 FY21-22</th> </tr> </thead> <tbody> <tr> <td>Land</td> <td>0</td> <td>0</td> </tr> <tr> <td>FW</td> <td>0</td> <td>0</td> </tr> <tr> <td>RW</td> <td>1</td> <td>0</td> </tr> </tbody> </table>	Year	Q1	Q2	Q3	Q4	FY 20-21	1.89	4.58	1.91	0	FY 21-22	4.83	2.62	0.66	0.65	Group	Q4 FY20-21	Q4 FY21-22	Land	0	0	FW	0	0	RW	1	0	<p>Target achieved and exceeded.</p> <p>This indicator has been removed for QIP FY 2023 and will be monitored through the Occupational Health &amp; Safety dashboard.</p>
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FY 20-21	1.89	4.58	1.91	0																												
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<b>Quality Element: Timely Care</b>																							
<b>Improve Timeliness</b>	<b>Length of Stay at Sending Hospital After Handover to Ornge:</b>  Package time for patients intubated <i>BEFORE</i> Ornge arrival	40 minutes by end of FY22	45	<p style="text-align: center;">Quarterly Trend of Timely Care</p> <table border="1" style="margin-top: 10px;"> <caption>Quarterly Trend of Timely Care Data</caption> <thead> <tr> <th>Year/Quarter</th> <th>Value</th> </tr> </thead> <tbody> <tr><td>FY20-21 Q1</td><td>50</td></tr> <tr><td>FY20-21 Q2</td><td>44</td></tr> <tr><td>FY20-21 Q3</td><td>46</td></tr> <tr><td>FY20-21 Q4</td><td>49</td></tr> <tr><td>FY21-22 Q1</td><td>51</td></tr> <tr><td>FY21-22 Q2</td><td>45</td></tr> <tr><td>FY21-22 Q3</td><td>44</td></tr> <tr><td>FY21-22 Q4</td><td>45</td></tr> </tbody> </table>	Year/Quarter	Value	FY20-21 Q1	50	FY20-21 Q2	44	FY20-21 Q3	46	FY20-21 Q4	49	FY21-22 Q1	51	FY21-22 Q2	45	FY21-22 Q3	44	FY21-22 Q4	45	Below target.  This indicator has been removed for QIP FY 2023 but will be monitored through Corporate Performance indicators.
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Improve Efficiency	<b>E1 Responsiveness</b> 90 <sup>th</sup> percentile time from patient details complete (PDC) to aircraft moving towards sending hospital  Exclusions - Weather Delays excluded; Moosonee (793) transports excluded; Negative response times and missing times excluded; Excludes Teams and Organ  <b>NEW</b>			<p><b>Quarterly Trend of E1 Responsiveness - Interfacility</b></p> <table border="1"> <thead> <tr> <th>Quarter</th> <th>RW</th> <th>FW</th> </tr> </thead> <tbody> <tr> <td>FY21-22 Q1</td> <td>74</td> <td>121</td> </tr> <tr> <td>FY21-22 Q2</td> <td>85</td> <td>134</td> </tr> <tr> <td>FY21-22 Q3</td> <td>81</td> <td>208</td> </tr> <tr> <td>FY21-22 Q4</td> <td>73</td> <td>159</td> </tr> </tbody> </table>	Quarter	RW	FW	FY21-22 Q1	74	121	FY21-22 Q2	85	134	FY21-22 Q3	81	208	FY21-22 Q4	73	159	Below Target.  This indicator will continue to be monitored for QIP FY 2023.
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<b>Inter-facility</b>  Ornge Rotor Wing Baseline: 72 min Target: 60 min  Ornge Fixed Wing Baseline: 132 min Target:120 min	73	159																		
<b>Scene</b>  Ornge Rotor Wing Baseline: 49 min Target: 40 min	59		<p><b>Quarterly Trend of E1 Responsiveness - RW Scene</b></p> <table border="1"> <thead> <tr> <th>Quarter</th> <th>RW</th> </tr> </thead> <tbody> <tr> <td>FY21-22 Q1</td> <td>43</td> </tr> <tr> <td>FY21-22 Q2</td> <td>60</td> </tr> <tr> <td>FY21-22 Q3</td> <td>57</td> </tr> <tr> <td>FY21-22 Q4</td> <td>59</td> </tr> </tbody> </table>	Quarter	RW	FY21-22 Q1	43	FY21-22 Q2	60	FY21-22 Q3	57	FY21-22 Q4	59							
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<b>Quality Element: Efficient Care</b>																																									
Improve Efficiency	<p><b>OCC Time to First Response</b></p> <p>The Time to First Response represents the 90<sup>th</sup> percentile that it takes a stakeholder to make their first contact (answered phone call) with an OCC representative</p>	<p>From 1100 - 1859: 0 min 39 seconds (Scene/Emergent ONLY)</p> <p>Overall: 0 min 34 sec</p>	<p>20</p> <p>2</p>	<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center;">SCENE/EMERGENT CISCO Call Response Times (90th Percentile) - Breakdown by Time of Day (consolidated 11:00-18:59 Interval) <i>Includes Handled and Abandoned Calls</i></p> <table border="1"> <caption>Scene/Emergent Cisco Call Response Times (90th Percentile)</caption> <thead> <tr> <th>Quarter</th> <th>Response Time</th> </tr> </thead> <tbody> <tr><td>FY20/21 - Q1</td><td>68</td></tr> <tr><td>FY20/21 - Q2</td><td>29</td></tr> <tr><td>FY20/21 - Q3</td><td>30</td></tr> <tr><td>FY20/21 - Q4</td><td>29</td></tr> <tr><td>FY21/22 - Q1</td><td>24</td></tr> <tr><td>FY21/22 - Q2</td><td>38</td></tr> <tr><td>FY21/22 - Q3</td><td>41</td></tr> <tr><td>FY21/22 - Q4</td><td>20</td></tr> </tbody> </table> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center;">OVERALL CISCO Call Response Times (90th Percentile) - Breakdown by Time of Day (consolidated 11:00-18:59 Interval) <i>Includes Handled and Abandoned Calls</i></p> <table border="1"> <caption>Overall Cisco Call Response Times (90th Percentile)</caption> <thead> <tr> <th>Quarter</th> <th>Response Time</th> </tr> </thead> <tbody> <tr><td>FY20/21 - Q1</td><td>33</td></tr> <tr><td>FY20/21 - Q2</td><td>24</td></tr> <tr><td>FY20/21 - Q3</td><td>26</td></tr> <tr><td>FY20/21 - Q4</td><td>18</td></tr> <tr><td>FY21/22 - Q1</td><td>19</td></tr> <tr><td>FY21/22 - Q2</td><td>21</td></tr> <tr><td>FY21/22 - Q3</td><td>22</td></tr> <tr><td>FY21/22 - Q4</td><td>21</td></tr> </tbody> </table> </div>	Quarter	Response Time	FY20/21 - Q1	68	FY20/21 - Q2	29	FY20/21 - Q3	30	FY20/21 - Q4	29	FY21/22 - Q1	24	FY21/22 - Q2	38	FY21/22 - Q3	41	FY21/22 - Q4	20	Quarter	Response Time	FY20/21 - Q1	33	FY20/21 - Q2	24	FY20/21 - Q3	26	FY20/21 - Q4	18	FY21/22 - Q1	19	FY21/22 - Q2	21	FY21/22 - Q3	22	FY21/22 - Q4	21	<p>Target achieved and exceeded.</p> <p>This indicator has been removed for QIP FY 2023 however will continue to be monitored on Corporate Performance Indicators.</p>
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# 2022/2023 Quality Improvement Plan

## Targets

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## Ornge Quality Improvement Plan – Targets – FY 2022/23

September 2022

A high-quality health system is defined as “a health system that delivers world-leading safe, effective, patient-centred services, efficiently and in a timely fashion, resulting in optimal health status for all communities.” This definition includes six elements of quality and forms the basis of Health Quality Ontario’s framework for quality improvement.

Objective	Measure/ Indicator	Target 2022/23	Trend	Target Justification	
<b>Improve Clinical Quality</b>	<b>Responsiveness to Mental Health Patients</b>  90 <sup>th</sup> percentile time from first call received (T0) to arrival at sending facility for Urgent (OTAS 3) transports	90 <sup>th</sup> Percentile (Minute)	<b>LHIN 13</b> PCP LOC Baseline: 1660 Target: 1490  ACP/CCP LOC Baseline: 2434 Target: 2190	<b>Quarterly Trend of Responsiveness to Mental Health LHIN 13</b> 	<p>This measure is intended to benchmark our current level of responsiveness to patients with mental health emergencies who require two levels of paramedic certification and scope of practice: Primary Care Paramedics (PCP) and Advanced Care (ACP(f))/Critical Care (CCP(f)) level of care. The rationale for this division is that Ornge has more access to PCP aircraft vs ACP(f)/CCP(f) and that ACP(f)/CCP(f) are often subject to triage. With an organizational focus specifically targeting mental health emergencies in northern communities, we aim to improve our responsiveness and prioritize this vulnerable population from a health equity standpoint.</p> <p>We will measure the 90<sup>th</sup> percentile response time calculated by T0 (time of first call received from the sending facility) to time to arrive the sending facility for urgent responses (OTAS 3) serviced by PCP and ACP(f) or CCP(f) within LHIN 13 and 14. The 90<sup>th</sup> percentile indicates the time it takes Ornge to arrive at the sending facility for 90% of this transport request.</p> <p>Our goal for FY23 is to reduce our response times by 10%.</p>
			<b>LHIN 14</b> PCP LOC Baseline: 1151 Target: 1035  ACP/CCP LOC Baseline: 1465 Target: 1315	<b>Quarterly Trend of Responsiveness to Mental Health LHIN 14</b> 	



Ornge Quality Improvement Plan – Targets – FY 2022/23

Objective	Measure/ Indicator	Target 2022/23	Trend	Target Justification												
<p><b>Improve Clinical Quality</b></p>	<p><b>Definitive Airway Sans Hypotension/Hypoxia on 1<sup>st</sup> Attempt (DASH-1A) and Peri-intubation vitals</b></p> <p>(i) % of patients with first pass intubation success that have documented SaO2 and BP within 5 min prior to and after intubation</p> <p>(ii) % of patients with vital signs documented above and SaO2 &gt;90% AND SBP &gt; 90 mmHg prior to intubation that do NOT have a SaO2 &lt; 90% OR a SBP &lt; 90 mmHg post intubation.</p>	<p>Peri-intubation 5 min vital sign documentation rate Baseline: 45.3% Target: 60%</p> <p>Dash 1A achieved for patients with documented vital signs within 5 minutes peri-intubation Baseline: 64% Target: 75%</p>	<p>Quarterly Trend of DASH 1A Airway and Peri Intubation Vitals</p> <table border="1"> <caption>Quarterly Trend of DASH 1A Airway and Peri Intubation Vitals</caption> <thead> <tr> <th>Year/Quarter</th> <th>Peri 5 min Documentation Rate (%)</th> <th>Dash 1A (%)</th> </tr> </thead> <tbody> <tr> <td>FY21-22 Q1</td> <td>44.4%</td> <td>47.0%</td> </tr> <tr> <td>FY21-22 Q2</td> <td>44.0%</td> <td>48.1%</td> </tr> <tr> <td>FY21-22 Q3</td> <td>48.0%</td> <td>62.5%</td> </tr> </tbody> </table>	Year/Quarter	Peri 5 min Documentation Rate (%)	Dash 1A (%)	FY21-22 Q1	44.4%	47.0%	FY21-22 Q2	44.0%	48.1%	FY21-22 Q3	48.0%	62.5%	<p>Ornge has placed considerable focus upon improving our advanced airway success with targeted CME, simulation, protocols, medical directives, and CMAC video laryngoscopes. With this focus we have observed significant improvement in overall intubation success rates to &gt; 90%. Now that we have achieved this success we must continue to refine and improve our airway management strategies. A key goal in airway management is to secure a definitive airway on the first attempt and avoiding new fall in oxygenation (hypoxia) and new negative impacts to blood pressure (hemodynamics). This measure is known as the DASH 1A (definitive airway sans hypoxia/hypotension on first attempt) and is reported by peer critical care transport organizations. Ornge submits data to the Ground Air Medical Quality Transport (GAMUT) collaborative database which enables benchmarking of transport specific quality metrics of which DASH 1A is a key measure. Due to various root causes such as lack of peri-intubation vital sign documentation, our DASH 1A values have been low.</p> <p>The rationale for inclusion is to improve our DASH 1A performance and mitigate root causes limiting accurate reporting.</p> <p>For this measure we assess our compliance with peri-intubation vital sign documentation (defined as 5min before and 5min following intubation) of all first pass success intubations, then of those first pass success intubations with peri-intubation vitals documented (excluding initially unstable patients BP&lt;90mmHg and SAO2&lt;90% and vital signs absent (VSA) patients) we will assess and present our DASH 1A values.</p> <p>Our goal is to improve documentation of VS around intubation to 60%, and improve our first pass intubation without hypoxia or hypotension to 75%.</p>
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<p><b>Improve Clinical Quality</b></p> <p><b>NEW</b></p>	<p><b>TMP E1 Inter-facility Patients</b></p> <p><b>90<sup>th</sup> Percentile</b></p> <p>Patients Serviced and Transported</p> <p>First Review Needed time to First TMP Status time (based on TMP review status)</p> <p><b>Excludes: Teams and Scene Requests</b></p>	<p><b>Requested By</b></p> <p>Criticall Baseline: 13 Target: 9.75 minutes</p> <p>Ornge Baseline: 17 Target: 12.75 minutes</p>	<p>Quarterly Trend of TMP E1 Interfacility Patients</p> <table border="1"> <caption>Quarterly Trend of TMP E1 Interfacility Patients</caption> <thead> <tr> <th>Year/Quarter</th> <th>Criticall (Minutes)</th> <th>Ornge (Minutes)</th> </tr> </thead> <tbody> <tr> <td>FY21-22 Q3</td> <td>13</td> <td>17</td> </tr> </tbody> </table>	Year/Quarter	Criticall (Minutes)	Ornge (Minutes)	FY21-22 Q3	13	17	<p>The time required from when the patient details are complete to when the Transport Medicine Physician (TMP) assigns Level of Care (LOC) and OTAS Acuity contributes to the overall timeliness of response. It is possible that changes to TMP workflow may shorten the time required to dispatch an appropriate asset.</p> <p>In review of baseline data, while the Mean (7min) and Median (5min) times remain quite low, the 90<sup>th</sup> percentile values at 17min and 13min may reflect an opportunity to improve.</p> <p>For the FY23 QIP, Ornge will target a 25% reduction in the 90<sup>th</sup> percentile time for the TMP to process and assign LOC and OTAS Acuity for E1 transport requests.</p>						
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<p><b>Improve Efficiency</b></p>	<p><b>E1 Responsiveness</b></p> <p>90<sup>th</sup> percentile time from patient details complete (PDC) to aircraft moving towards sending hospital</p> <p>Exclusions - Weather Delays excluded; Moosonee (793) transports excluded; Negative response times and missing times excluded; Excludes Teams and Organ</p>	<p><b>Inter-facility</b></p> <p>Ornge Rotor Wing Baseline: 72 min Target: 60 min</p> <p>Ornge Fixed Wing Baseline: 132 min Target:120 min</p> <p><b>Scene</b></p> <p>Ornge Rotor Wing Baseline: 49 min Target: 40 min</p>	<p>Quarterly Trend of E1 Responsiveness - Interfacility</p> <table border="1"> <caption>Quarterly Trend of E1 Responsiveness - Interfacility</caption> <thead> <tr> <th>Year/Quarter</th> <th>RW</th> <th>FW</th> </tr> </thead> <tbody> <tr> <td>FY21-22 Q1</td> <td>74</td> <td>121</td> </tr> <tr> <td>FY21-22 Q2</td> <td>85</td> <td>134</td> </tr> <tr> <td>FY21-22 Q3</td> <td>81</td> <td>208</td> </tr> </tbody> </table> <p>Quarterly Trend of E1 Responsiveness - RW Scene</p> <table border="1"> <caption>Quarterly Trend of E1 Responsiveness - RW Scene</caption> <thead> <tr> <th>Year/Quarter</th> <th>RW Scene</th> </tr> </thead> <tbody> <tr> <td>FY21-22 Q1</td> <td>43</td> </tr> <tr> <td>FY21-22 Q2</td> <td>60</td> </tr> <tr> <td>FY21-22 Q3</td> <td>57</td> </tr> </tbody> </table>	Year/Quarter	RW	FW	FY21-22 Q1	74	121	FY21-22 Q2	85	134	FY21-22 Q3	81	208	Year/Quarter	RW Scene	FY21-22 Q1	43	FY21-22 Q2	60	FY21-22 Q3	57	<p>When time is of the essence, when it is literally “Life or Limb”, the measure our patients and stakeholders value is how fast can we consistently launch an aircraft to transport the patient to definitive care. In Ontario, we are often challenged with long distances to centres capable of providing specialized care (lead trauma hospitals, dedicated stroke centres capable of endovascular therapy, interventional cardiology sites capable of percutaneous coronary interventions as examples). Simply put, our mission is to save lives, restore health, create capacity and preserve dignity and when minutes matter, we must be responsive. Many variables impact our timeliness of response: asset availability, maintenance, staffing, weather, proximity of the scene to our bases.</p> <p>This measure will focus on how quickly (90<sup>th</sup> percentile) we can launch or turn a rotor/fixed wing asset towards a patient with an absolute time sensitive emergency known as an Emergent 1/Life or Limb. This calculation will exclude weather precluding launch and eliminates the data confounder of variable distance to each scene from the based tasked with response.</p> <p>Our goal is to reduce the time to launch an aircraft by 10%.</p>
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FY21-22 Q1	74	121																						
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<p><b>Improve Efficiency</b></p>	<p><b>E1 Responsiveness – T-0 to PDC</b>  90<sup>th</sup> percentile time from ticket creation to Patient Details Complete (PDC) time stamp</p>	<p>FW Interfacility Baseline: 20.5 minutes Target: 15 minutes</p>	<p>Quarterly Trend of E1 Responsiveness - T-0 - PDC</p> <table border="1"> <caption>Quarterly Trend of E1 Responsiveness - T-0 - PDC</caption> <thead> <tr> <th>Quarter</th> <th>FW Interfacility</th> <th>Target</th> <th>Baseline</th> </tr> </thead> <tbody> <tr> <td>FY22-23 Q1</td> <td>15</td> <td>15</td> <td>20.5</td> </tr> <tr> <td>FY22-23 Q2</td> <td>15</td> <td>15</td> <td>20.5</td> </tr> <tr> <td>FY22-23 Q3</td> <td>15</td> <td>15</td> <td>20.5</td> </tr> <tr> <td>FY22-23 Q4</td> <td>15</td> <td>15</td> <td>20.5</td> </tr> </tbody> </table>	Quarter	FW Interfacility	Target	Baseline	FY22-23 Q1	15	15	20.5	FY22-23 Q2	15	15	20.5	FY22-23 Q3	15	15	20.5	FY22-23 Q4	15	15	20.5	<p>The medical intake is the first step in initiating an Ornge response. Patient information is collected by our agents and reviewed by the Transport Medicine Physician (TMP) for priority and level of care. Once assigned, the OCC can dispatch an appropriate resource. The lengthy process can prove to be a source of frustration for our stakeholders and may delay asset assignment until completion.</p> <p>Our goal is to reduce time on task from a baseline of 20.5 to 15mins. We will measure 90<sup>th</sup> percentile calculated by T0 to Patient Details Complete time stamp.</p>
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<p><b>Improve Efficiency</b></p>	<p><b>E1 Responsiveness – Weather Check</b>  Exclusions - Weather Delays excluded; Moosonee (793) transports excluded; Negative response times and missing times excluded; Excludes Teams and Organ</p>	<p>Fixed Wing Baseline: 37 minutes Target: 33.3 minutes</p>	<p>Quarterly Trend of E1 Responsiveness - Weather Check</p> <table border="1"> <caption>Quarterly Trend of E1 Responsiveness - Weather Check</caption> <thead> <tr> <th>Quarter</th> <th>FW</th> <th>Target</th> <th>Baseline</th> </tr> </thead> <tbody> <tr> <td>FY22-23 Q1</td> <td>33.3</td> <td>33.3</td> <td>37</td> </tr> <tr> <td>FY22-23 Q2</td> <td>33.3</td> <td>33.3</td> <td>37</td> </tr> <tr> <td>FY22-23 Q3</td> <td>33.3</td> <td>33.3</td> <td>37</td> </tr> <tr> <td>FY22-23 Q4</td> <td>33.3</td> <td>33.3</td> <td>37</td> </tr> </tbody> </table>	Quarter	FW	Target	Baseline	FY22-23 Q1	33.3	33.3	37	FY22-23 Q2	33.3	33.3	37	FY22-23 Q3	33.3	33.3	37	FY22-23 Q4	33.3	33.3	37	<p>A timely weather check process allows the OCC to efficiently assign appropriate assets and reduce notification times with stakeholders. There is variability in weather check times associated with day of weather phenomena and specific airport weather and runway condition reporting capabilities. The lengthy process can prove to be a source of frustration for our stakeholders and may delay asset assignment until completion.</p> <p>Our goal is to reduce the 90th percentile weather check time by 10% by reducing procedural deviations and inefficiencies in the weather check process, including its recording, tracking, and reporting.</p>
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September 2022

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<p><b>Improve Efficiency</b></p>	<p><b>E1 Responsiveness – % CCP Level of Care targets</b></p>	<p><b>%CCP Level of Care Targets</b></p> <p>System Overall Baseline: 56% Target: 75%</p> <p>Dedicated Fixed-Wing Baseline: 47% Target: 80%</p> <p>RW South Baseline: 93% Target: 90%</p> <p>RW North (YQK/YQT/YMO) Baseline: 28% Target: 30%</p>	<p>Quarterly Trend of E1 Responsiveness – % CCP Level of Care Targets</p> <p>The chart displays four data series: Overall (blue solid line), FW (orange solid line), RW South (grey solid line), and RW North (yellow solid line). Each series is accompanied by a dashed target line and a dotted baseline line. The y-axis represents the percentage of CCP Level of Care, ranging from 0% to 100% in 10% increments. The x-axis shows four quarters: FY22-23 Q1, FY22-23 Q2, FY22-23 Q3, and FY22-23 Q4. The Overall series shows a steady increase from approximately 56% in Q1 to 75% in Q4. The FW series increases from 47% to 80%. The RW South series remains high, starting at 93% and ending at 90%. The RW North series starts at 28% and reaches 30% by Q4.</p>	<p>As Ornge works toward the goal of single level of care at the CCP level through ambitious recruitment and training efforts, targets should reflect current realities and strategic training plans. An overall target of 75% CCP system-wide reflects the targets established in the performance agreement while also providing a meaningful expansion target to include all bases (versus the current exclusion of Kenora and Moosonee). A higher target value of 80% is set for fixed-wing bases in view of their role in supporting health equity in northern Ontario, especially remote communities. A target of 25% is set for northern rotor wing bases which includes Kenora, Thunder Bay and Moosonee. This represents a reasonable target with CCP training expanding to those bases for this year and Thunder Bay staffing CCP preferentially on fixed wing aircraft.</p>