



Quality Improvement Plan

2019/2020



2019/2020 Quality Improvement Plan - Targets

Objective	Measure/Indicator	Target	Comments
Quality Element: Patient-Centred Care			
Improve patient satisfaction	% Satisfied Patients on Standing Agreement (SA) Carriers using NRC Picker Data NOTE: Reporting to begin in Q3	70% positive response to the question on quality of care received *Note: the target may be adjusted based on preliminary results.	SA carriers are separate for-profit air carriers contracted by Ornge to provide air ambulance services, largely for low acuity patients. SA carriers employ their own pilots and paramedics. As such, Ornge is only partially able to effect change. These companies represent Ornge and any issues during transport are important to Ornge.
Improve patient and stakeholder satisfaction	% external complaints/inquiries (patient and stakeholder): (i) acknowledged within 2 business days of receipt (ii) investigation, where necessary, within 7 business days of receipt (iii) closed within 30 business days of receipt	99% acknowledged within 2 business days 70% investigated within 7 business days where investigation is necessary By Q4, 53% closed within 30 days	Ornge has a robust incident reporting system. However, reporting only translates into improved quality of care when there is trending and timely closure. Ornge recently introduced indicators for external complaints/inquiries. In Q4 2018/19 the rate of acknowledgement of incident reports was 94% within two business days, and the rate of closures within 30 days was 43%. Closure of complaints/inquiries within 30 days is aspirational as multiple departments may be involved. We are aiming for a 10% improvement in closure within 30 days by end of 2019/20.
Quality Element: Effective Care			
Improve Clinical Quality	% Documentation of temperature in: (i) Stroke patients (ii) Trauma patients (iii) ROSC patients	90% 90% 90%	Monitoring temperature is part of vital signs monitoring. Monitoring and documenting temperature is important in these 3 clinical areas, as hyper or hypothermia may have a negative clinical effect on the patient condition.

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Improve Clinical Quality	% non-intubated trauma patients with adequately controlled pain	80% non-intubated trauma patients with a pain score of <4	Increased pain in trauma patients can be a sign that fractures are inadequately immobilized, leading to worse outcomes. Increased pain is also associated with worse patient perception of the quality of care provided. Of documented pain scores for non-intubated trauma patients transported in 2018/19, 73% were <4. We aim to improve to 80%.
Quality Element: Patient and Staff Safety			
Improve Patient Safety	% charts of SA PCP transports with medical deterioration audited, where no medical escort was present	Review 90% of SA PCP charts with documented clinical deterioration	SA carriers transport 50% of Ornge patient volumes. Although these transports typically involve stable, low acuity patients, medical deterioration during transport is risky because these patients are being treated by a single PCP paramedic. As well, medical deterioration may reflect upon Ornge's triage process for allowing these patients to be transported by SA carriers.
Improve Patient Safety	% Hand Hygiene Education and Compliance	90% of active duty staff complete education on annual basis 92% compliance based on self-reporting on ePCR documentation	Hand washing is a simple maneuver that has been clearly linked to improved patient outcomes. Hand washing reduces the likelihood of nosocomial infections, which are clearly linked to increased morbidity and mortality of patients. Currently paramedics self-report hand hygiene on the ePCR. Ornge recently introduced a measurement of hand hygiene compliance for our paramedics, with 87% compliance (Sept 2018 – March 2019). We aim to improve our hand hygiene compliance rates by 5% by the end of 2019-20.
Improve Patient Safety	% of time pre-determined areas are cleaned below the relative light units (RLU) threshold on monthly audits	90% compliance with results equal to or below the RLU reading on monthly checks	Infective agents can persist on the surfaces of air ambulances for a prolonged period of time and may put subsequent patients at risk for nosocomial infection. Aircraft must be cleaned between patient encounters but it is important for Ornge to verify the efficacy of its cleaning procedures.
Improve Patient Safety	% Usage of a standardized patient care hand-off Checklist	85%	Evidence suggests that structured handover between health care professionals can improve transitions of care and may be linked to better patient outcomes. Ornge recently introduced a measurement of compliance. For Q4 2018/19 compliance was 79%. We aim to improve usage of the standardized checklist to 85% by the end of 2019-20.

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Improve Staff Safety	Soft Tissue/MSK Injury Rate: # 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	4.0/100 employees	Soft tissue/musculoskeletal injuries are the most frequent on the job injury at Ornge. These types of injuries typically occur from lifting and from slips/trips/falls. Ornge is implementing a new stretcher and power loader system on the rotor wing aircraft. This will reduce the amount of lifting for crews on that asset. Measuring the rate of soft tissue/MSK injuries will determine whether there is an improvement in staff safety associated with patient loading/unloading. In 2018-19, the rate was 4.65 per 100 employees. We seek a reduction to 4.0/100 employees.
Quality Element: Timely Care			
Improve Timeliness	Length of Stay at Sending Hospital After Handover to Ornge Package time for patients intubated <i>BEFORE</i> Ornge arrival	40 minutes by end of 2020/2021	Feedback from hospital stakeholders is that Ornge spends too much time packaging patients. Improved timeliness for specific life-threatening conditions is associated with better patient outcomes. The reasons for prolonged in-hospital time are multi-factorial and will require a two year timeline to achieve targets. 2018/2019 Q4 performance was 45 minutes average. The goal is to maintain patient safety and reduce the average time, over a two year period, to 40 minutes. Ornge hopes to reduce the cause of delays by conducting outreach to help sending EDs prepare patients for rapid packaging. Outreach to sending hospitals may also reduce misconceptions.
Improve Timeliness	Overall Base Response Time: % within threshold (i) Fixed wing (ii) Land	≥ 80% ≥ 90%	A timely response is associated with better patient outcomes for certain life-threatening and limb-threatening conditions. In Ornge's 2018/19 QIP, Ornge included this indicator for rotor wing Scene and rotor wing Interfacility as well as fixed wing and Land. Rotor wing indicators were found to be on target and are therefore removed for QIP purposes.
Quality Element: Equitable Care			
Improve Workplace Culture	% of Ornge staff who have completed eLearning module on diversity and cultural sensitivity	90% completion by all Ornge employees	Training on diversity and cultural sensitivity supports a workplace culture of respect and equity. It promotes staff in interacting appropriately with peers, patients and stakeholders. Moreover, it improves working relationships amongst team members, effective communication and skill development in problem-solving and conflict resolution. This is consistent with our living our corporate values. For this reason, we aim to have all staff complete the eLearning module.
Quality Element: Efficient Care			
Improve Efficiency	% of Emergent 1 cases where TMP pre-patches with paramedic	55%	Pre-patching allows the TMP and paramedics to discuss the patient condition and plan for patient management prior to arrival at the sending hospital. This allows for more efficient use of time in the sending hospital by allowing the paramedics to focus on packaging the patient. This is particularly important for the most time sensitive Emergent 1 patients to reduce time to definitive care. Currently TMPs pre-patch on 47% of Emergent 1 patients. Our target is to increase this to 55%.