



2022/23 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 2022/23 Year End Report and our 2023/24 Proposed QIP Targets.



Ornge Quality Improvement Plan – FY 2022/23 – Year End Results

April 2024

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	Fourth Quarter FY 2023	Trend	Year End Result																											
Quality Element: Effective Care																																
Improve Clinical Quality	Responsiveness to Mental Health Patients 90 th percentile time from first call received (T0) to arrival at sending facility for Urgent (OTAS 3) transports	90 th Percentile (Minute)		<div>Quarterly Trend of Responsiveness to Mental Health LHIN 13</div> <table><caption>Quarterly Trend of Responsiveness to Mental Health LHIN 13</caption><thead><tr><th>Quarter</th><th>PCP (Minutes)</th><th>ACP/CCP (Minutes)</th></tr></thead><tbody><tr><td>FY21-22 Q1</td><td>695</td><td>1215</td></tr><tr><td>FY21-22 Q2</td><td>1327</td><td>1087</td></tr><tr><td>FY21-22 Q3</td><td>1058</td><td>1324</td></tr><tr><td>FY21-22 Q4</td><td>1095</td><td>1842</td></tr><tr><td>FY22-23 Q1</td><td>2572</td><td>1543</td></tr><tr><td>FY22-23 Q2</td><td>1647</td><td>1571</td></tr><tr><td>FY22-23 Q3</td><td>2679</td><td>3030</td></tr><tr><td>FY22-23 Q4</td><td>1463</td><td>2447</td></tr></tbody></table>	Quarter	PCP (Minutes)	ACP/CCP (Minutes)	FY21-22 Q1	695	1215	FY21-22 Q2	1327	1087	FY21-22 Q3	1058	1324	FY21-22 Q4	1095	1842	FY22-23 Q1	2572	1543	FY22-23 Q2	1647	1571	FY22-23 Q3	2679	3030	FY22-23 Q4	1463	2447	<p>Overall we have observed a increase in time to arrival at the sending facility for all MH transports. This increase is most pronounced for PCP transports.</p> <p>MHT response times have not met target due to the fact that we only have one 12h asset to service MH patients and therefore many have a next day response versus immediate. Overall a much higher proportion of MH patients are receiving improved specialized MH care in transport as evidenced in our stakeholder surveys and increased MHT/ACP/CCP proportion serviced.</p> <p>Action Plan Complete 1 year analysis of MHT Trial.</p> <p>This metric will continue on FY24 QIP.</p>
					Quarter	PCP (Minutes)	ACP/CCP (Minutes)																									
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LHIN 13	PCP LOC Baseline (F2122): 1107 Target: 996	1463																														
	ACP/CCP LOC Baseline (F2122): 1537 Target: 1383	2447																														
LHIN 14	PCP LOC Baseline (F2122): 921 Target: 828	923																														
	ACP/CCP LOC Baseline (F2122): 1278 Target: 1150	1752																														
<div>Quarterly Trend of Responsiveness to Mental Health LHIN 14</div> <table><caption>Quarterly Trend of Responsiveness to Mental Health LHIN 14</caption><thead><tr><th>Quarter</th><th>PCP (Minutes)</th><th>ACP/CCP (Minutes)</th></tr></thead><tbody><tr><td>FY21-22 Q1</td><td>767</td><td>1045</td></tr><tr><td>FY21-22 Q2</td><td>915</td><td>1324</td></tr><tr><td>FY21-22 Q3</td><td>915</td><td>1499</td></tr><tr><td>FY21-22 Q4</td><td>1109</td><td>1632</td></tr><tr><td>FY22-23 Q1</td><td>1205</td><td>1365</td></tr><tr><td>FY22-23 Q2</td><td>1354</td><td>1651</td></tr><tr><td>FY22-23 Q3</td><td>2548</td><td>1755</td></tr><tr><td>FY22-23 Q4</td><td>923</td><td>1752</td></tr></tbody></table>						Quarter	PCP (Minutes)	ACP/CCP (Minutes)	FY21-22 Q1	767	1045	FY21-22 Q2	915	1324	FY21-22 Q3	915	1499	FY21-22 Q4	1109	1632	FY22-23 Q1	1205	1365	FY22-23 Q2	1354	1651	FY22-23 Q3	2548	1755	FY22-23 Q4	923	1752
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Improve Clinical Quality	Definitive Airway Sans Hypotension/Hypoxia on 1st Attempt (DASH-1A) and Peri-intubation vitals (i) % of patients with first pass intubation success that have documented SaO2 and BP within 5 min prior to and after intubation (ii) % of patients with vital signs documented above and SaO2 >90% AND SBP > 90 mmHg prior to intubation that do NOT have a SaO2 < 90% OR a SBP < 90 mmHg post intubation.	Peri-intubation 5 min vital sign documentation rate Baseline: 45.3% Target: 60% Dash 1A achieved for patients with documented vital signs within 5 minutes peri-intubation Baseline: 64% Target: 75%	72.70% 58.30%	<p>Quarterly Trend of DASH 1A Airway and Peri Intubation Vitals</p> <table><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>50.0%</td><td>75.0%</td></tr><tr><td>FY21-22 Q2</td><td>51.9%</td><td>63.6%</td></tr><tr><td>FY21-22 Q3</td><td>48.0%</td><td>62.5%</td></tr><tr><td>FY21-22 Q4</td><td>70.0%</td><td>85.7%</td></tr><tr><td>FY22-23 Q1</td><td>58.1%</td><td>78.6%</td></tr><tr><td>FY22-23 Q2</td><td>70.3%</td><td>78.9%</td></tr><tr><td>FY22-23 Q3</td><td>81.8%</td><td>87.5%</td></tr><tr><td>FY22-23 Q4</td><td>72.70%</td><td>58.30%</td></tr></tbody></table>	Quarter	Peri 5 min Documentation Rate	Dash 1A	FY21-22 Q1	50.0%	75.0%	FY21-22 Q2	51.9%	63.6%	FY21-22 Q3	48.0%	62.5%	FY21-22 Q4	70.0%	85.7%	FY22-23 Q1	58.1%	78.6%	FY22-23 Q2	70.3%	78.9%	FY22-23 Q3	81.8%	87.5%	FY22-23 Q4	72.70%	58.30%	<p>DASH 1A has been steadily progressing over 2 years on the QIP.</p> <p>Action Plan</p> <p>Messages to front line will continue for improved capture of peri-intubation vital signs through CPD RSI simulation, messaging from Clinical Metrics, TMP Ride Outs and individual physician led airway debriefs.</p> <p>Emphasis for all intubations to be completed on Ornge monitors and equipment to improve data capture.</p> <p>This metric will no longer be monitored as part of FY24 QIP. We will continue to track DASH 1A in the Clinical Metrics.</p>
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Improve Clinical Quality NEW	TMP E1 Interfacility Patients 90th Percentile Patients Serviced and Transported First Review Needed time to First TMP Status time (based on TMP review status) Excludes: Teams and Scene Requests	Requested By Criticall Baseline: 13 Target: 9.75 minutes Ornge Baseline: 17 Target: 12.75 minutes	9 13	<p>Quarterly Trend of TMP E1 Interfacility Patients</p> <table><thead><tr><th>Quarter</th><th>Criticall</th><th>Ornge</th></tr></thead><tbody><tr><td>FY21-22 Q3</td><td>13</td><td>17</td></tr><tr><td>FY21-22 Q4</td><td>13</td><td>13</td></tr><tr><td>FY22-23 Q1</td><td>9</td><td>13</td></tr><tr><td>FY22-23 Q2</td><td>10</td><td>15</td></tr><tr><td>FY22-23 Q3</td><td>9</td><td>17.4</td></tr><tr><td>FY22-23 Q4</td><td>9</td><td>13</td></tr></tbody></table>	Quarter	Criticall	Ornge	FY21-22 Q3	13	17	FY21-22 Q4	13	13	FY22-23 Q1	9	13	FY22-23 Q2	10	15	FY22-23 Q3	9	17.4	FY22-23 Q4	9	13	<p>TMPs have improved their workflow in processing requests for E1 transports using the Flight Vector software. TMPs now consistently calling sending facility after processing the E1 transport once the initial information reviewed indicating a high likelihood of an emergent transport.</p> <p>Action Plan</p> <p>Continual communications of this process at TMP CME Days, in TMP email communications, at TMP staff meetings and during annual performance reviews with the MAC Chair.</p> <p>This metric will no longer be monitored as part of FY24 QIP. It will be monitored as part of annual performance reviews going forward.</p>						
Quarter	Criticall	Ornge																														
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Quality Element: Timely Care																																																																				
Improve Efficiency	E1 Responsiveness 90th percentile time from T0 to aircraft moving towards patient Exclusions - Weather Delays excluded; Moosonee (793) transports excluded; Negative response times and missing times excluded; Excludes Teams and Organ			<div>Quarterly Trend of E1 Responsiveness – T-0 to Aircraft Moving Towards Patient for Interfacility</div> <table><caption>Quarterly Trend of E1 Responsiveness – T-0 to Aircraft Moving Towards Patient for Interfacility</caption><thead><tr><th>Quarter</th><th>RW</th><th>FW</th><th>RW Target</th><th>FW Target</th><th>RW Baseline</th><th>FW Baseline</th></tr></thead><tbody><tr><td>FY21-22 Q1</td><td>92</td><td>137</td><td>120</td><td>130</td><td>130</td><td>140</td></tr><tr><td>FY21-22 Q2</td><td>98</td><td>145</td><td>120</td><td>130</td><td>130</td><td>140</td></tr><tr><td>FY21-22 Q3</td><td>95</td><td>228</td><td>120</td><td>130</td><td>130</td><td>140</td></tr><tr><td>FY21-22 Q4</td><td>83</td><td>211</td><td>120</td><td>130</td><td>130</td><td>140</td></tr><tr><td>FY22-23 Q1</td><td>118</td><td>215</td><td>120</td><td>130</td><td>130</td><td>140</td></tr><tr><td>FY22-23 Q2</td><td>128</td><td>194</td><td>120</td><td>130</td><td>130</td><td>140</td></tr><tr><td>FY22-23 Q3</td><td>160</td><td>371</td><td>120</td><td>130</td><td>130</td><td>140</td></tr><tr><td>FY22-23 Q4</td><td>113</td><td>342</td><td>120</td><td>130</td><td>130</td><td>140</td></tr></tbody></table>	Quarter	RW	FW	RW Target	FW Target	RW Baseline	FW Baseline	FY21-22 Q1	92	137	120	130	130	140	FY21-22 Q2	98	145	120	130	130	140	FY21-22 Q3	95	228	120	130	130	140	FY21-22 Q4	83	211	120	130	130	140	FY22-23 Q1	118	215	120	130	130	140	FY22-23 Q2	128	194	120	130	130	140	FY22-23 Q3	160	371	120	130	130	140	FY22-23 Q4	113	342	120	130	130	140	Analysis <ul style="list-style-type: none">FW IF - response times remain highRW IF – response times remain highRW scene- response times remain high <p>Ornge continues to struggle to achieve targets as a result of asset availability and staffing with certainty concerns.</p> Action Plan <ul style="list-style-type: none">Improve data collection and analysisContinue roll out of communication strategy to OCC and Front Line staff to improve performanceDevelop and provide base specific chute times to managers and staffImplement actions to improve operational readiness and return to serviceMonitor progress of proposals to increase number of staff per base, increased CCP training, international CCP recruitment, increased FW bases, recruitment and retention bonuses <p>This metric will continue on FY24 QIP.</p>
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	Ornge Rotor Wing Baseline: 72 min Target: 60 min		113																																																																	
	Ornge Fixed Wing Baseline: 132 min Target:120 min		342																																																																	
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Improve Efficiency	E1 Responsiveness – T-0 to PDC 90 th percentile time from ticket creation to Patient Details Complete (PDC) time stamp	FW Interfacility Baseline: 20.5 minutes Target: 15 minutes	18	<p>Quarterly Trend of E1 Responsiveness - T-0 - PDC</p> <table><tr><th>Quarter</th><th>FW Interfacility</th><th>Target</th><th>Baseline</th></tr><tr><td>FY22-23 Q1</td><td>17</td><td>15</td><td>20.5</td></tr><tr><td>FY22-23 Q2</td><td>16</td><td>15</td><td>20.5</td></tr><tr><td>FY22-23 Q3</td><td>18</td><td>15</td><td>20.5</td></tr><tr><td>FY22-23 Q4</td><td>18</td><td>15</td><td>20.5</td></tr></table>	Quarter	FW Interfacility	Target	Baseline	FY22-23 Q1	17	15	20.5	FY22-23 Q2	16	15	20.5	FY22-23 Q3	18	15	20.5	FY22-23 Q4	18	15	20.5	<p>Call taking continued to improve throughout fiscal with target being achieved by Q4. CritiCall initiated requests add 2-3 minutes to the key indicator mark. This is consistent quarter over quarter.</p> <p>Action Plan</p> <p>Further review of timeline data, combined with ratio of calls sourced directly versus from CritiCall to determine if volume ratio has any impact on key performance data.</p> <p>Continue to review the statistical data to identify areas for improvement and efficiency. Access methods to capture actual time for first-stroke by OCC staff to ascertain more accurate data sets in the 90th percentile.</p> <p>This metric will continue on FY24 QIP.</p>
Quarter	FW Interfacility	Target	Baseline																						
FY22-23 Q1	17	15	20.5																						
FY22-23 Q2	16	15	20.5																						
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Improve Efficiency	E1 Responsiveness – Weather Check Exclusions - Weather Delays excluded; Moosonee (793) transports excluded; Negative response times and missing times excluded; Excludes Teams and Organ	Fixed Wing Baseline: 37 minutes Target: 33.3 minutes	30	<p>Quarterly Trend of E1 Responsiveness - Weather Check</p> <table><tr><th>Quarter</th><th>FW</th><th>Target</th><th>Baseline</th></tr><tr><td>FY22-23 Q1</td><td>29</td><td>33.3</td><td>37</td></tr><tr><td>FY22-23 Q2</td><td>25</td><td>33.3</td><td>37</td></tr><tr><td>FY22-23 Q3</td><td>30</td><td>33.3</td><td>37</td></tr><tr><td>FY22-23 Q4</td><td>30</td><td>33.3</td><td>37</td></tr></table>	Quarter	FW	Target	Baseline	FY22-23 Q1	29	33.3	37	FY22-23 Q2	25	33.3	37	FY22-23 Q3	30	33.3	37	FY22-23 Q4	30	33.3	37	<p>The E1 90th percentile weather check times remain below our targeted improvement interval for the year, with the outliers being associated with extensive weather events (waiting on the next weather reports) and other minor procedural deviations.</p> <p>Action Plan</p> <p>Continue to review E1 weather check times monthly to identify and action QA improvement opportunities.</p> <p>This metric will continue on FY24 QIP.</p>
Quarter	FW	Target	Baseline																						
FY22-23 Q1	29	33.3	37																						
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Improve Efficiency	E1 Responsiveness – % CCP Level of Care targets	%CCP Level of Care Targets		<div>Quarterly Trend of E1 Responsiveness – % CCP Level of Care Targets</div> <table><caption>Quarterly Trend of E1 Responsiveness – % CCP Level of Care Targets</caption><thead><tr><th>Category</th><th>FY22-23 Q1</th><th>FY22-23 Q2</th><th>FY22-23 Q3</th><th>FY22-23 Q4</th></tr></thead><tbody><tr><td>Overall</td><td>66%</td><td>62%</td><td>63%</td><td>65%</td></tr><tr><td>FW</td><td>52%</td><td>45%</td><td>48%</td><td>51%</td></tr><tr><td>RW South</td><td>82%</td><td>83%</td><td>80%</td><td>81%</td></tr><tr><td>RW North</td><td>64%</td><td>58%</td><td>62%</td><td>64%</td></tr></tbody></table> <div>Overall FW RW South RW North</div> <div>Overall Target FW Target RW South Target RW North Target</div> <div>Overall Baseline FW Baseline RW S Baseline RW N Baseline</div>	Category	FY22-23 Q1	FY22-23 Q2	FY22-23 Q3	FY22-23 Q4	Overall	66%	62%	63%	65%	FW	52%	45%	48%	51%	RW South	82%	83%	80%	81%	RW North	64%	58%	62%	64%	
		Category	FY22-23 Q1		FY22-23 Q2	FY22-23 Q3	FY22-23 Q4																							
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		FW	52%		45%	48%	51%																							
		RW South	82%		83%	80%	81%																							
RW North	64%	58%	62%	64%																										
System Overall Baseline: 56% Target: 75%	65%																													
Dedicated Fixed-Wing Baseline: 47% Target: 80%	51%																													
RW South Baseline: 93% Target: 90%	81%																													
RW North (YQK/YQT/YMO) Baseline: 28% Target: 30%	64%																													
					<p>Modest improvement throughout FY23.</p> <p>Improvements driven by system-level interventions resulting in greater ability to fill short-term absences and increased number of senior CCP residents on shift.</p> <p>Action Plan</p> <ul style="list-style-type: none">Continue recruitment and retention effortsEnhancements to the model for field preceptorship/residency of CCP studentsRefine data collection & analysis to ensure all CCP LOC accurately capturedMonitor progress of proposals to increase number of staff per base, increased CCP training, international CCP recruitment <p>This metric will continue on FY24 QIP.</p>																									



2023/24 QUALITY IMPROVEMENT PLAN

Proposed Targets

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.

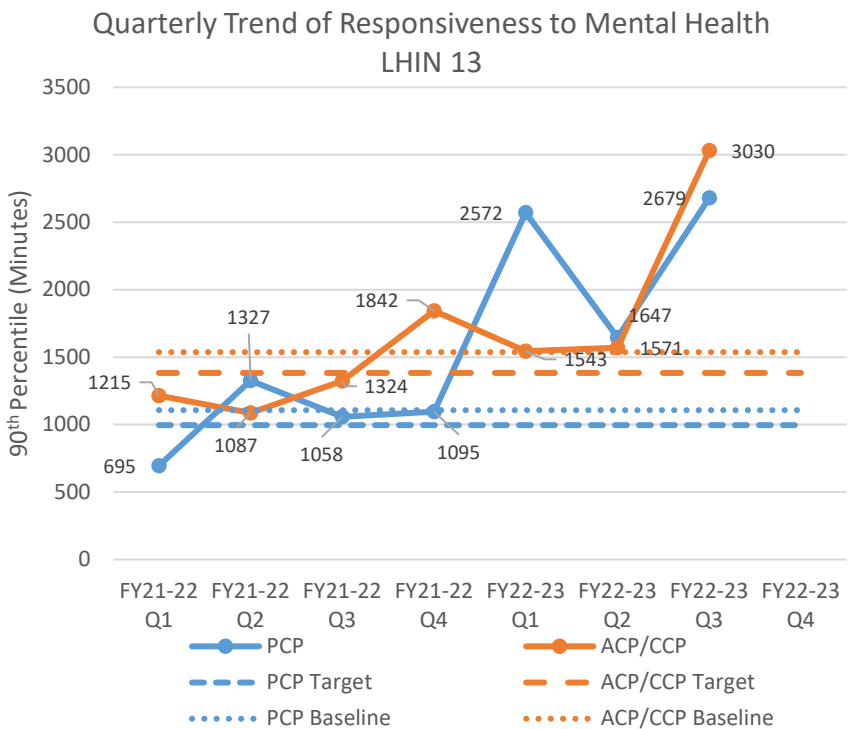
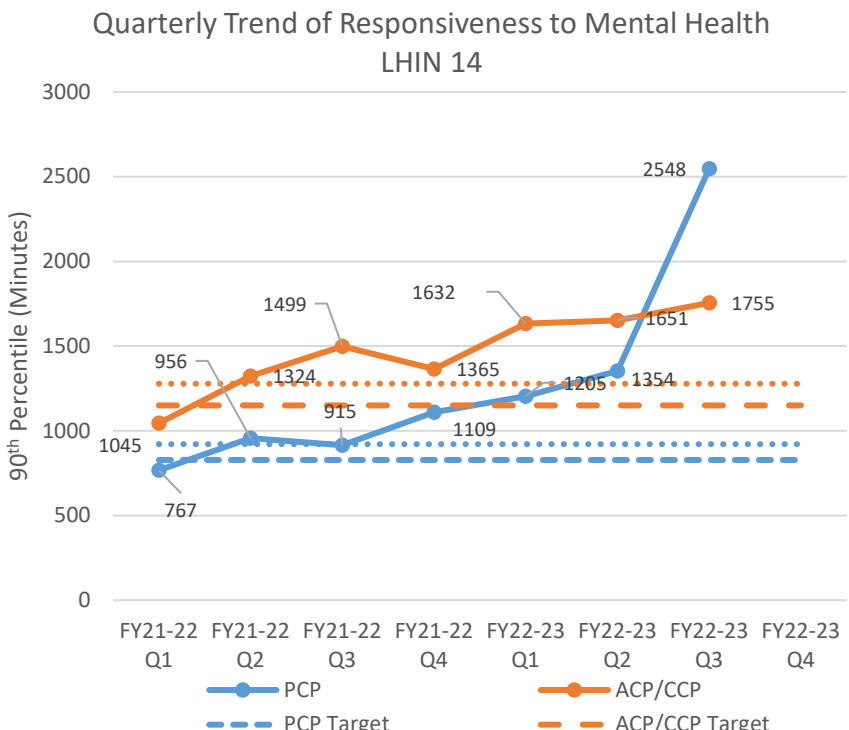



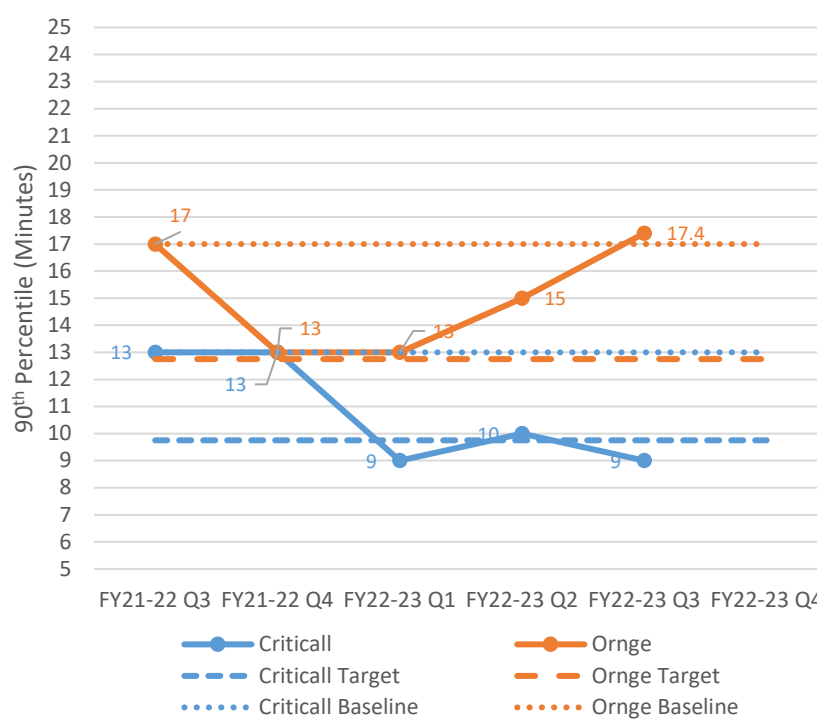


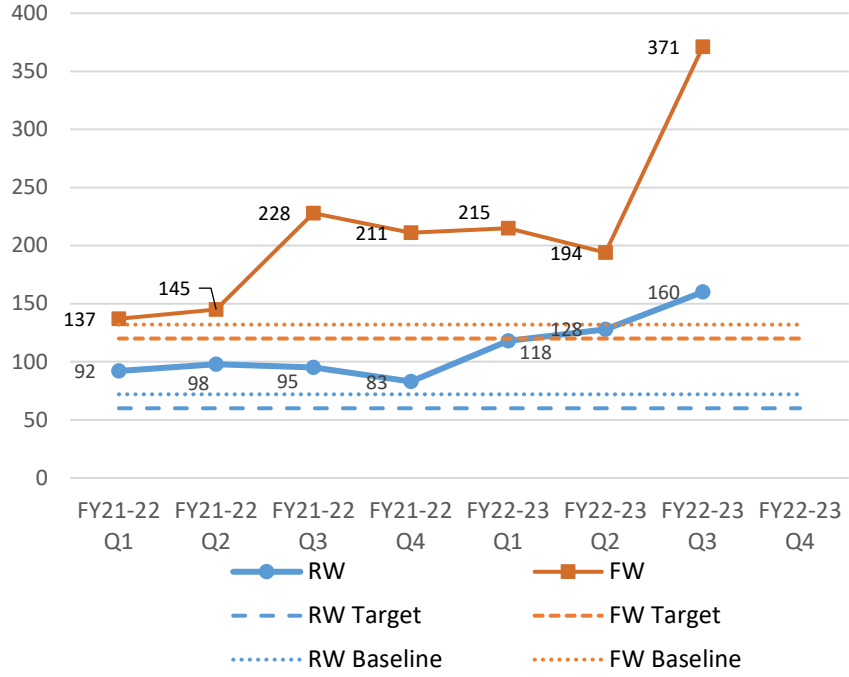
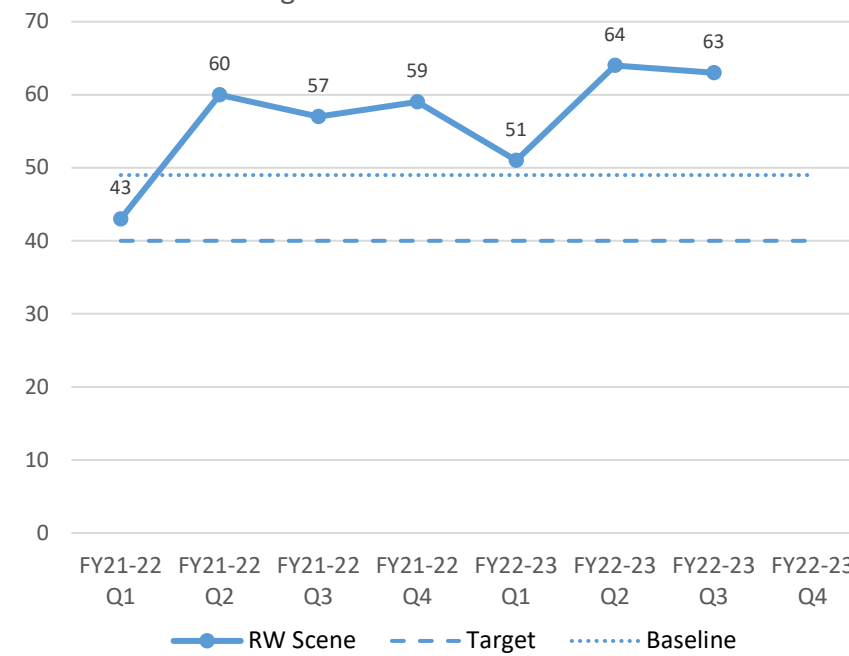
Ornge Quality Improvement Plan - FY 2023/24

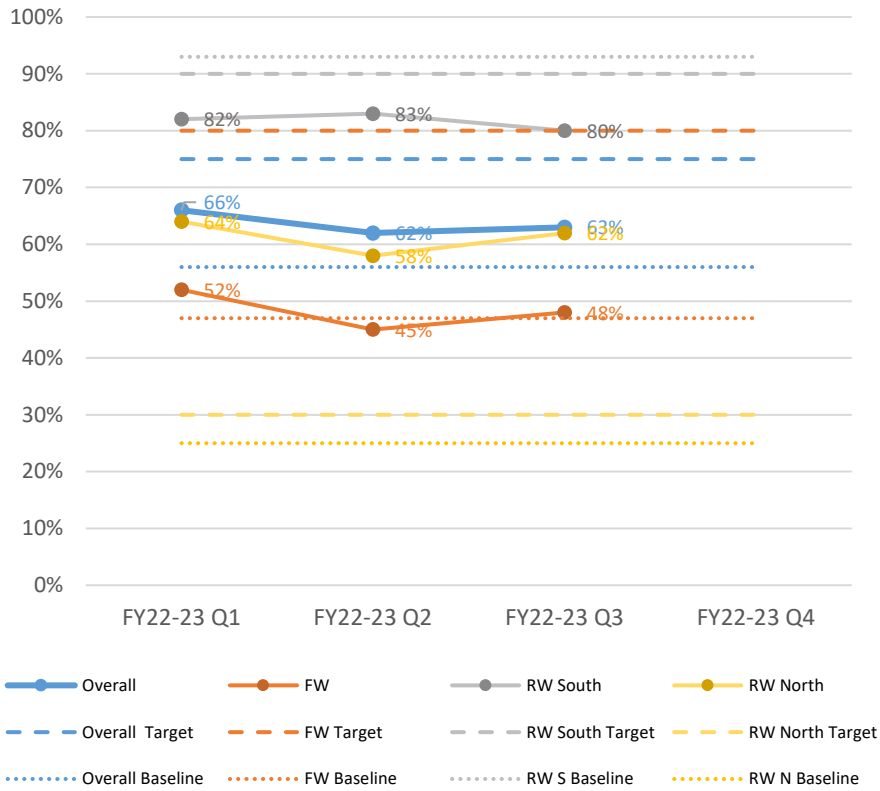
March 2023

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 2023/24	Quarter FY 2024	Trend	Target Justification	Improvement Initiatives																																																															
Quality Element: Effective Care																																																																					
Improve Clinical Quality	Responsiveness to Mental Health Patients 90 th percentile time from first call received (T0) to arrival at sending facility for Urgent (OTAS 3) transports	90 th Percentile (Minute)		<div>Quarterly Trend of Responsiveness to Mental Health LHIN 13</div>  <table border="1"><caption>Quarterly Trend of Responsiveness to Mental Health LHIN 13</caption><thead><tr><th>Quarter</th><th>PCP</th><th>ACP/CCP</th><th>PCP Target</th><th>ACP/CCP Target</th><th>PCP Baseline</th><th>ACP/CCP Baseline</th></tr></thead><tbody><tr><td>FY21-22 Q1</td><td>695</td><td>1215</td><td>1000</td><td>1500</td><td>1100</td><td>1550</td></tr><tr><td>FY21-22 Q2</td><td>1327</td><td>1087</td><td>1000</td><td>1500</td><td>1100</td><td>1550</td></tr><tr><td>FY21-22 Q3</td><td>1058</td><td>1324</td><td>1000</td><td>1500</td><td>1100</td><td>1550</td></tr><tr><td>FY21-22 Q4</td><td>1095</td><td>1842</td><td>1000</td><td>1500</td><td>1100</td><td>1550</td></tr><tr><td>FY22-23 Q1</td><td>2572</td><td>1543</td><td>1000</td><td>1500</td><td>1100</td><td>1550</td></tr><tr><td>FY22-23 Q2</td><td>1647</td><td>1571</td><td>1000</td><td>1500</td><td>1100</td><td>1550</td></tr><tr><td>FY22-23 Q3</td><td>2679</td><td>3030</td><td>1000</td><td>1500</td><td>1100</td><td>1550</td></tr><tr><td>FY22-23 Q4</td><td></td><td></td><td>1000</td><td>1500</td><td>1100</td><td>1550</td></tr></tbody></table>	Quarter	PCP	ACP/CCP	PCP Target	ACP/CCP Target	PCP Baseline	ACP/CCP Baseline	FY21-22 Q1	695	1215	1000	1500	1100	1550	FY21-22 Q2	1327	1087	1000	1500	1100	1550	FY21-22 Q3	1058	1324	1000	1500	1100	1550	FY21-22 Q4	1095	1842	1000	1500	1100	1550	FY22-23 Q1	2572	1543	1000	1500	1100	1550	FY22-23 Q2	1647	1571	1000	1500	1100	1550	FY22-23 Q3	2679	3030	1000	1500	1100	1550	FY22-23 Q4			1000	1500	1100	1550	<p>Ornge is committed through our strategic plan vision to provide the best care wherever you may be. Our motto is health equity in motion. However, when considering vulnerable patients in isolated northern communities, it is not always the trauma/sepsis/obstetric mission that requires our attention, we must also prioritize mental health emergencies. When forced to triage our limited transport assets, patients suffering from a mental health emergency may not experience the same level of responsiveness than other medical emergencies and this concerns us from a health equity standpoint.</p> <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 90th 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 90th percentile indicates the time it takes Ornge to arrive at the sending facility for 90% of this transport request.</p> <p>Our goal for FY22 is to reduce our response times by 10%.</p>	<p>Analysis</p> <p>PCP LOC responsiveness has increased by over 16 hours in both LHIN 13 and 14. The number of PCP LOC transports were only 7 in LHIN 13 and 13 in LHIN 14. The small number of transports leads to increased variability in response times and increase in the 90th % due to even small numbers of outliers. This is a significant decrease from Q1 in which we had a total of 65 PCP transports.</p> <p>In LHIN 13 the Mental Health Team (MHT) performed 7 out of 16 transports. This may also contribute to increased time due to long flight times from Thunder Bay (MHT base) in to LHIN 13. The total volume of PCP transports at Ornge during this quarter has decreased by 14% compared to Q3 last year so it is not due to increased PCP demand. PCP aircraft availability remains consistent with previous years so PCP aircraft availability is unlikely to have impacted response times.</p> <p>ACP LOC responsiveness has increased by over 23hours in LHIN 13 and remained stable in LHIN 14. There were only 2 ACP/CCP LOC transports in LHIN 13 which can lead to significant variation in response times. There were 16 ACP/CCP LOC transports in LHIN 14. These volumes are consistent with previous quarters. The MHT completed 42 of the 73 total mental health transports in LHIN 14. The MHT transports patients at both PCP and ACP LOC with about 40% ACP LOC.</p> <p>There was only 1 transport by SA ACP during the quarter and SA ACP availability has remained poor over all three quarters therefore not impacting the increase in responsiveness in Q3. Ornge Air (OA) FW serviceability has remained low but unchanged across Q1 to Q3 therefore not likely the cause for the rise in Q3. It may have remained stable in LHIN 14 versus LHIN 13 due to the fact that the MHT is based in LHIN 14 with shorter flight times.</p> <p>Action Plan</p> <ul style="list-style-type: none">Continue to monitor response times and review aggregate data with higher volumes of transports to explore variations. Focus on efficient dispatch of the MHT.
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LHIN 13	PCP LOC Baseline (F2122): 1107 Target: 996																																																																				
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Improve Clinical Quality NEW	Paediatric Mechanical Ventilation - frequency of hypotension and the % of hypotension managed appropriately (i) % of hypotension avoided in paediatric mechanical ventilation (ii) % of hypotension managed appropriately in paediatric mechanical ventilation	% of hypotension avoided Baseline: 73% Target: 83% % of hypotension managed appropriately Baseline: 67% Target: 77%		<p>Quarterly Trend of Hypotension Avoided or Managed Appropriately in Paediatric Mechanical Ventilation</p>  <table border="1"> <caption>Quarterly Trend of Hypotension Avoided or Managed Appropriately in Paediatric Mechanical Ventilation</caption> <thead> <tr> <th>Quarter</th> <th>Hypotension Avoided (%)</th> <th>Hypotension Managed Appropriately (%)</th> <th>Avoided Target (%)</th> <th>Managed Appropriately Target (%)</th> <th>Avoided Baseline (%)</th> <th>Managed Appropriately Baseline (%)</th> </tr> </thead> <tbody> <tr> <td>FY23-24 Q1</td> <td>~82</td> <td>~75</td> <td>83</td> <td>77</td> <td>73</td> <td>67</td> </tr> <tr> <td>FY23-24 Q2</td> <td>~82</td> <td>~75</td> <td>83</td> <td>77</td> <td>73</td> <td>67</td> </tr> <tr> <td>FY23-24 Q3</td> <td>~82</td> <td>~75</td> <td>83</td> <td>77</td> <td>73</td> <td>67</td> </tr> <tr> <td>FY23-24 Q4</td> <td>~82</td> <td>~75</td> <td>83</td> <td>77</td> <td>73</td> <td>67</td> </tr> </tbody> </table>	Quarter	Hypotension Avoided (%)	Hypotension Managed Appropriately (%)	Avoided Target (%)	Managed Appropriately Target (%)	Avoided Baseline (%)	Managed Appropriately Baseline (%)	FY23-24 Q1	~82	~75	83	77	73	67	FY23-24 Q2	~82	~75	83	77	73	67	FY23-24 Q3	~82	~75	83	77	73	67	FY23-24 Q4	~82	~75	83	77	73	67	<p>Ornge has developed evidence based Clinical Practice Guidelines (CPG) for the majority of the clinical presentations faced by Ornge paramedics in the transport environment. These CPG are updated regularly as new medical literature emerges to ensure that the clinical care provided by Ornge crews is founded in the latest medical evidence.</p> <p>The Ornge Medical Directives are formed from the Clinical Practice Guidelines (CPG). Compliance and adherence to the Medical Directives is tracked through a quality process called the Clinical Metrics.</p> <p>The Clinical Metrics has identified that one opportunity for improvement in clinical care is the incidence of hypotension among paediatric patients who are receiving mechanical ventilation.</p> <p>While this subset of patients is not large compared to other populations transported by Ornge, this specific measure has remained an opportunity for improvement over multiple measurements and highlighted by a recent surge of paediatric patients with severe respiratory critical illness.</p> <p>Through targeted education initiatives, enhanced communication and improved documentation of interventions, Ornge will aim to reduce the incidence of hypotension and improve the appropriate management of hypotensive mechanically ventilated paediatric patients.</p>	<p>Analysis</p> <p>Action Plan</p> <ul style="list-style-type: none"> 														
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Improve Clinical Quality	TMP E1 Interfacility Patients 90th Percentile Patients Serviced and Transported First Review Needed time to First TMP Status time (based on TMP review status) Excludes: Teams and Scene Requests	<p>Requested By</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 (90th Percentile in Minutes)</caption> <thead> <tr> <th>Quarter</th> <th>Criticall</th> <th>Ornge</th> <th>Criticall Target</th> <th>Ornge Target</th> <th>Criticall Baseline</th> <th>Ornge Baseline</th> </tr> </thead> <tbody> <tr> <td>FY21-22 Q3</td> <td>13</td> <td>17</td> <td>10</td> <td>13</td> <td>13</td> <td>17</td> </tr> <tr> <td>FY21-22 Q4</td> <td>13</td> <td>13</td> <td>10</td> <td>13</td> <td>13</td> <td>17</td> </tr> <tr> <td>FY22-23 Q1</td> <td>9</td> <td>13</td> <td>10</td> <td>13</td> <td>13</td> <td>17</td> </tr> <tr> <td>FY22-23 Q2</td> <td>10</td> <td>15</td> <td>10</td> <td>13</td> <td>13</td> <td>17</td> </tr> <tr> <td>FY22-23 Q3</td> <td>9</td> <td>17.4</td> <td>10</td> <td>13</td> <td>13</td> <td>17</td> </tr> <tr> <td>FY22-23 Q4</td> <td>9</td> <td>17.4</td> <td>10</td> <td>13</td> <td>13</td> <td>17</td> </tr> </tbody> </table>	Quarter	Criticall	Ornge	Criticall Target	Ornge Target	Criticall Baseline	Ornge Baseline	FY21-22 Q3	13	17	10	13	13	17	FY21-22 Q4	13	13	10	13	13	17	FY22-23 Q1	9	13	10	13	13	17	FY22-23 Q2	10	15	10	13	13	17	FY22-23 Q3	9	17.4	10	13	13	17	FY22-23 Q4	9	17.4	10	13	13	17	<p>As part of the overall organizational approach to improving our responsiveness to the most critically unwell patients, every step in the process from initial request to asset “on the way” requires review for opportunities to improve.</p> <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 90th 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 90th percentile time for the TMP to process and assign LOC and OTAS Acuity for E1 transport requests.</p>	<p>Analysis</p> <p>We observed an increase in TMP review time for Ornge E1’s in Q3 by 2.4 minutes. This correlates with an increase in the volume of E1 transports of 10% compared to Q3 last year.</p> <p>TMP review time for Criticall Life or Limb transports remains below target.</p> <p>Action Plan</p> <ul style="list-style-type: none"> Continue to reinforce the workflow for TMP that Life or Limb and E1 requests are selected for level of care and acuity prior to contacting the sending facility to ensure that resources are dispatched as soon as possible.
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Objective	Measure/ Indicator	Target 2023/24	Quarter FY 2024	Trend	Target Justification	Improvement Initiatives
Quality Element: Timely Care						
Improve Efficiency	E1 Responsiveness 90th percentile time from T0 to aircraft moving towards patient Exclusions - Weather Delays excluded; Moosonee (793) transports excluded; Negative response times and missing times excluded; Excludes Teams and Organ	Inter-facility Ornge Rotor Wing Baseline: 72 min Target: 60 min Ornge Fixed Wing Baseline: 132 min Target:120 min Scene Ornge Rotor Wing Baseline: 49 min Target: 40 min		<p>Quarterly Trend of E1 Responsiveness – T-0 to Aircraft Moving Towards Patient for Interfacility</p>  <p>Quarterly Trend of E1 Responsiveness T-0 to Aircraft Moving Towards Patient for RW Scene</p> 	<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 (90th 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>	<p>Analysis FW E1 responsiveness has increased by 177 minutes compared to Q2 and 143 minutes compared to Q3 last year. We observe seasonal increases in Q3 each year but in FY23 it is increased significantly more than previous. Time segments: Q2-Q3 T0-PDC- 16 ->19 PDC-Wx check- 139 -> 296 Wx check- 28 -> 35 Chute time- 52 -> 61</p> <p>The majority of this increase is observed in the time it takes the OCC to find an appropriate FW to perform the transport. Serviceability rates across all FW bases remains low but has not significantly changed from Q1 to Q3. Overall volumes of FW transports have also not significantly changed in FY23 compared to last year. SA ACP availability has decreased 50% compared to Q3 last year but has remained low from Q1-Q3 this year. It is difficult to explain this increase in Q3.</p> <p>RW IF responsiveness has increased by 32 minutes in Q3 and is significantly higher than previous. Time segments: Q2-Q3 T0-PDC- 17 -> 19 PDC-Wx check- 58 -> 70 Wx check- 25 -> 21 Chute time- 44 -> 44</p> <p>The majority of the increase is in PDC to wx check. If compared to last year this has increased from approximately 30 min to 70 min. Chute times also remain increased compared to last year. Serviceability rates remain low at RW bases with no significant change from Q1 to Q3 except reductions in 792 and 794 serviceability. Overall RW volumes remain stable compared to Q3 FY22.</p> <p>RW scene response times remain unchanged in Q3 with a reduction in chute times from 42 to 35 minutes in Q3 versus Q2.</p> <p>The top three delay codes documented in the OCC were:</p> <ol style="list-style-type: none"> 1. Aircraft/crew readiness 2. Operational delays 3. Staffing <p>Action Plan</p> <ul style="list-style-type: none"> • Continue to focus on increasing staffing of both pilots and paramedics consistently. • Return to service policy development to improve crew readiness and reduce operational delays.

Objective	Measure/ Indicator	Target 2023/24	Quarter FY 2024	Trend	Target Justification	Improvement Initiatives
Improve Efficiency	E1 Responsiveness – % CCP Level of Care targets	<p>%CCP Level of Care Targets</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>Legend:</p> <ul style="list-style-type: none"> Overall (Blue line with dots) FW (Orange line with dots) RW South (Grey line with dots) RW North (Yellow line with dots) Overall Target (Blue dashed line) FW Target (Orange dashed line) RW South Target (Grey dashed line) RW North Target (Yellow dashed line) Overall Baseline (Blue dotted line) FW Baseline (Orange dotted line) RW S Baseline (Grey dotted line) RW N Baseline (Yellow dotted line) 	<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>	<p>Analysis</p> <ul style="list-style-type: none"> Overall during this quarter the level of care trended modestly upward. Overall improvements are a likely result of movement out of the peak summer vacation period, as well as tangible interventions such as increases in overtime compensation rate resulting greater ability to fill short term absences. Greater improvements were offset by higher volumes of training hours by CCP students during this quarter. RW North improvements well above target are largely the result of shifts filled by CCP Provincial Float staff and southern-based CCP staff filling overtime shifts as these locations. <p>Action Plan</p> <ul style="list-style-type: none"> Continue recruitment and retention efforts. Continue to support CCP Residents through R4/R5 to graduation (estimated July, 2023).