

Quality Improvement Plan 2017/18

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

This is the sixth year that we have had a Quality Improvement Plan which, similar to hospitals, is one of the tools used to measure and track progress for identified key indicators in keeping with the requirements of the amended Performance Agreement¹. The Quality Improvement Plan is prepared annually and is influenced by the advice of patients, families, Ornge staff and physicians, hospitals, Emergency Medical Services (EMS) and Central Ambulance Communication Centre (CACC) stakeholders. Additionally, we review and make recommendations as a result of numerous internal performance reports.

Our Quality Improvement Plan is comprised of three sections:

- A. Narrative, which provides a context and overview of the identified key indicators for 2016/17
- B. 2017/18 Quality Improvement Plan, which details action and desired deliverables
- C. Ornge Quality Improvement Plan 2016/2017 Year End Progress Report

A. Narrative

Ornge continuously strives for excellence and seeks to improve in all areas of our organization. Priorities are guided by our new strategic plan and operational plan. The cornerstones of our strategic directions are: patient-centred care, safety, quality of service and stewardship.

The four strategic goals include:

- 1) Focus our efforts and resources on activities that improve patient outcomes
- 2) Lead and support initiatives that improve coordination and integration with system partners
- 3) Improve service efficiency and effectiveness
- 4) Be a learning and engaged organization

Ten priorities support our strategic goals:

1. Improve systems access for remote First Nations initiatives
2. Improve access to definitive care for time sensitive patients
3. Strengthen other aspects of service delivery that lead to improved patient outcomes
4. Collaborate on service improvement for special patient populations
5. Further support the One Number to Call initiative
6. Improve connectivity with system partners
7. Improve service utilization and reliability
8. Maintain an ongoing outlook for service improvement ideas and study ideas for long-term service and system adaptations
9. Continue to work with the MOHLTC in relation to the structural funding
10. Shift culture in a positive direction so as to improve engagement and service reliability

¹There is no additional Executive compensation related to achievement of the Quality Improvement Plan targets.

**Ornge Quality Improvement Plan 2016/17 - Year End Report
Current Performance**

Objective	Measure/ Indicator	Baseline	Current Performance	Target 2016/17	Comments
<p>Improve patient satisfaction</p> <p>Dimension: Patient-Centered care</p>	<p>From NRC Picker: % of respondents who selected a positive score in response to the question: "Overall how would you rate the quality of care you received from Ornge?"</p>	<p>98.9% (Excellent, Very Good and Good)</p>	<p>100% (Oct-Dec 2016)</p>	<p>≥98%</p>	<p>NRC Picker is a 3rd party vendor (National Research Corporation)</p> <p>Ornge reviews quarterly survey results and this feedback is considered as part of planning.</p>
<p>Improve healthcare partner satisfaction</p> <p>Dimension: Integrated</p>	<p>From Annual Surveys of CACCs, EMS, and Hospitals: % of respondents who selected a positive score in response to the question: "Taking into account all the ways you have had contact with Ornge, overall how satisfied are you with those experiences?"</p>	<p>84.2% (2015/16 Survey)</p>	<p>85% (October 2016 Survey)</p>	<p>≥85%</p>	<p>CACC – Central Ambulance Communication Centres</p> <p>EMS – Emergency Medical Services</p> <p>Ornge annually surveys our partners. Incorporating feedback is part of planning.</p>
<p>Improve resource availability</p> <p>Dimension: Appropriately resourced</p>	<p>% availability of all three resources as below at the same time</p> <p>(i) % Availability: 2 Pilots</p> <p>(ii) % Availability 2 Paramedics at minimum (ACP(f) level of care, including off-service hours</p> <p>(iii) % Aircraft available</p>	<p>85% Oct-Dec 2015 (ACP(f) min)</p> <p>(i) 95% Oct-Dec 2015</p> <p>(ii) 89% Oct-Dec 2015 (ACP(f) min)</p> <p>(iii) 96% Oct-Dec 2015</p>	<p>87%</p> <p>97%</p> <p>92%</p> <p>95%</p>	<p>90% With ACP(f) min by 4th Quarter</p>	<p>PCP (f) Primary Care Paramedic ACP(f)=Advanced Care Paramedic - Flight CCP=Critical Care Paramedic</p> <p>*7793 designation is PCP Level of Care</p> <p>Consistent high rates of pilot and aircraft availability.</p> <p>Focus continues to be on attendance support.</p>

Objective	Measure/ Indicator	Baseline	Current Performance	Target 2016/17	Comments
Improve response times Dimension: Accessible	Time contacted to Wheels Up (i) Scene Calls (ii) Emergent Calls) (iii) Urgent Calls (iv) Non-Urgent Calls	23.3 min average (Oct-Dec) RW 77(81)% FW 45(50)% RW 61(71)% FW 40(45)% RW 90% FW 100%	32.4 min. average 21.2 median RW 80(85) FW 38(47) RW 57(60) FW 29(34) RW 92% FW N/A (only 19 calls)	<16.5 minutes by 4 th Quarter Emergent 1 hr. 15 min 80% of the time by the 4 th Quarter Urgent 4 hrs. 90% of the time by the 4 th Quarter Non Urgent 48 hours 95% of the time	Inter-facility measure definition: Patient details complete to wheels up, where wheels up is the earliest departure of associated trip. Scene calls are measured from time of first call to Ornge. RW=Rotor Wing, FW=Fixed Wing Adjusted response times (in brackets) exclude calls with uncontrollable factors as per the following categories: weather, air traffic control, waiting for other agencies e.g. SA carrier, land ambulance, hospital teams. Calls where paramedics are required to pick up patients prior to departure are not considered delays. Overall average for this year is 24 minutes and median response time is 15.4 minutes.
Improve staff safety Dimension: Safe	Reduction of total number of Workplace Safety and Insurance Board (WSIB) Lost Time and No Lost Time injuries and illness as per provincial formula	7.28 (2015/16 Q3 YTD)	6.28 YTD FY 16/17 = 5.52	<5.60	Provincial Formula: Total # incidents X 200,000 divided by total hours worked (200,000 =100 workers) <i>This is the first year with QIP reporting that we exceeded target for this indicator</i> -Heat Stress Prevention Plan complete -Post Traumatic Stress Disorder (PTSD) Prevention Plan complete

Objective	Measure/ Indicator	Baseline	Current Performance	Target 2016/17	Comments
<p>Improve Clinical Quality</p> <p>Dimension: Effective</p>	<p>Areas of Focus: To reduce incidence of hypotension associated with sedation</p> <p>To improve End Tidal CO₂ (EtCO₂) values for mechanically ventilated patients</p>	<p>87.24% (3Q 2015/16)</p> <p>70.6% (3Q 2015/16)</p>	<p>96% (Oct 2016 – Mar 2017)</p> <p>86% Oct 2016 – Mar 2017)</p>	<p>>90% by 4th Quarter</p> <p>>80% by 4th Quarter</p>	<p>Medical Advisory Committee focus. Follow up done with paramedics and detailed chart reviews enabled improved measurement of these key clinical indicators.</p>
<p>Improve dispatch processes</p> <p>Dimension: Effective</p>	<p>TMP approved Duty Outs/Total Duty Outs (known) = 100%</p> <p>Analysis complete for 100% of under-triage cases</p> <p>Analysis complete for 10% of over - triage cases</p>	<p>N/A</p> <p>N/A</p> <p>N/A</p>	<p>100% (49/49)</p> <p>100% (29/29)</p> <p>11% (45/400)</p>	<p>100%</p> <p>100%</p> <p>10%</p>	<p>TMP – Transport Medicine Physicians</p> <p>Duty outs excluded reasons such as weather, crew related, mechanical</p> <p>Ornge Under-triage=Dispatched as Urgent/Code 3 and return priority is Emergent/Code 4</p> <p>Over triage= Life or Limb calls where TMP identified need for review and over triage as defined by Code 4 (Flight Vector) and Return Priority Code 1 or 2 (Patient Care Record)</p>
<p>Improve organizational financial health</p> <p>Dimension: Efficient</p>	<p>Operating Surplus/Total Revenues</p> <p>Net Cash flow Surplus/Total Revenue</p>	<p>8.8%</p> <p>(11.3%)</p>	<p>18.5%</p> <p>0.9%</p>	<p>7.8% Budget</p> <p>(13%) Budget</p>	<p>Operating expenses will be at least 7.8% lower than revenue</p> <p>Net cash flow deficit including capital expenditures and debt payment will be no more than 13% of total revenue</p> <p>Factors include lower than expected maintenance contracts, offset with higher Service Agreement Carrier and organ costs</p>

Objective	Measure/ Indicator	Baseline	Current Performance	Target 2016/17	Comments
<p>Improve service integration with One-Number-to-Call (ONTC) (Provincial Initiative)</p> <p>Dimension: Integrated</p>	<p>Increase Ornge Transfer Rate for confirmed Life or Limb ONTC cases</p> <p>Monitor and maintain Ornge Rate of Escorts to meet Level of Care for Life or Limb transports</p>	<p>35% Jan 2016</p> <p>0% Since launch in Nov – Dec 2015</p>	<p>26%</p> <p>(1117 Life or Limb calls this quarter - Total, not just Ornge)</p> <p>0%</p>	<p>40% (↑5%) by 4th Quarter</p> <p>0%</p>	<p>Ornge Transfer Rate – Provincial Report – Source CritiCall Ornge Transfer Rate is the rate over all confirmed Life or Limb transfers in which Ornge completed through the ONTC initiative.</p> <p>Ornge Rate Escorts to meet Level of Care – Source Ornge data</p>

Ornge Quality Improvement Plan 2017/18

Objective	Measure/ Indicator	Baseline	Target 2017/18	Priority Level	Planned Improvement Initiatives (Change Ideas)	Methods and Process Measures	Goal for Change Ideas	Comments
<p>Improve patient satisfaction</p> <p>Dimension: Patient-Centered care</p>	<p>From NRC Picker: % of respondents who selected a positive score in response to the question: "Overall how would you rate the quality of care you received from Ornge?"</p>	<p>99.3% (July-Sept 2016 for Excellent, Very Good and Good)</p>	<p>≥98%</p>	<p>3</p>	<p>With new reporting capability, Ornge is targeting base specific improvements based upon their own patient population results.</p> <p>Continue to share results with staff.</p>	<p>Patient Satisfaction Survey results quarterly review</p>	<p>Maintain and/or improve patient experience</p>	<p>NRC Picker is a 3rd party vendor (National Research Corporation)</p>
<p>Improve service response to Life or Limb calls</p> <p>Dimension: Accessible</p>	<p>% Life or Limb patients arrive at receiving facility ≤ 4 hours from Time of call</p> <p>(i) to CritiCall (ii) to Ornge (from CritiCall)</p> <p>Analysis to be done in 3 categories: LHIN 13, LHIN 14, and all other LHINS</p>	<p>LHIN 13 (i)22% (ii)41%</p> <p>LHIN 14 (i)20% (ii)26%</p> <p>All other LHINS (i)72% (ii)88%</p>	<p>LHIN 13/14 40% By 4th Q</p> <p>All other LHINS 90% By 4th Q (from time of call to Ornge)</p>	<p>1</p>	<p>Set up monthly report to measure this indicator. Reports to include 6 hour and 8 hour response rate for LHINS 13 & 14.</p> <p>Review outliers and determine root cause</p> <p>Make recommendations for improvement (Ornge specific or broader healthcare system)</p>	<p>Monthly review of data to monitor compliancy</p> <p>On-going participation in Provincial meetings re this initiative</p>	<p>Optimize ≤ 4 hours response from time of call receipt to patient arrival at receiving facility</p>	<p>North and South comparison considered in analysis with 3 categories</p> <p>LHIN – Local Health Integrated Network</p>
<p>Improve Clinical Quality</p> <p>Dimension: Effective</p>	<p>Documentation of temperature in</p> <p>(i) Stroke patients</p> <p>(ii) Trauma patients</p> <p>(iii) ROSC patients</p>	<p>(i) 37%</p> <p>(ii)16%</p> <p>(iii)42%</p>	<p>50% by 4th Quarter 2017/18</p> <p>(90% in 2 years)</p>	<p>1</p>	<p>-Communication to all paramedics about the clinical benefit of temperature monitoring in these patients groups- 2017</p> <p>-Addition of clinical importance of temperature monitoring to on-line CME module- 2017</p> <p>-Addition of temperature monitoring to future face to face CME including within simulations- 2018</p> <p>-Addition of temperature monitoring to future revisions of the Medical Directives in these clinical area's- 2018</p>	<p>Audits of temperature monitoring frequency within Stroke, Trauma and ROSC clinical metrics</p>	<p>Improved patient care based upon targeted assessment and intervention</p>	<p>ROSC - Return of Spontaneous Circulation after cardiac arrest</p> <p>Temperature measurement=patient temperature obtained and documented either continuously (core) intermittently or one time with a thermometer</p>

Objective	Measure/ Indicator	Baseline	Target 2017/18	Priority Level	Planned Improvement Initiatives (Change Ideas)	Methods and Process Measures	Goal for Change Ideas	Comments
<p>Improve Clinical Quality</p> <p>Dimension: Effective</p>	<p>Analgesia in transport for:</p> <p>(i) Trauma patients</p> <p>(ii) Ventilated adults \geq 18 years</p> <p>(iii) Ventilated children</p>	<p>(i)79.1%</p> <p>(ii)71.3%</p> <p>(iii)71.8%</p>	<p>(i) 90% by 4th Quarter</p> <p>(ii) 80% by 4th Quarter</p> <p>(iii) 80% by 4th Quarter</p> <p>90% by 2018/19</p>	1	<p>Communication to all paramedics about the clinical benefit of providing analgesia in these patients groups-2017</p> <p>Addition of clinical importance of providing analgesia to these patient groups as well as documenting pain using a pain scale and treating pain in all patients to on-line CME module-2017</p> <p>Addition of clinical importance of providing analgesia to these patient groups as well as documenting pain using a pain scale and treating pain in all patients to future face to face CME including within simulations- 2018</p>	<p>Audit the provision of appropriate analgesia within the Trauma, Adult and Paediatric Ventilation clinical metrics.</p>	<p>Patients experience minimal pain during transport</p>	<p>Trauma patients: Analgesic (narcotic, opiate, anti-inflammatory, or other) to relieve or alleviate suffering from any situation or condition that causes acute or traumatic pain</p> <p>Ventilated patients: Analgesia=patients receiving narcotics and/or ketamine in clinical metrics review.</p>
<p>Improve dispatch processes</p> <p>Dimension: Effective</p>	<p>Analysis complete for 100% of under-triage cases</p> <p>-Ornge dedicated</p> <p>-SA Carriers PCP flights (New)</p> <p>To maintain < 5% rate for under-triage (121/6,269 from Apr-Dec 2016)</p>	<p>85% Apr-Dec 2016</p> <p>1.9%</p>	<p>100%</p> <p><5% of patients transported</p>	2	<p>Monthly cross department meeting (TAD RAG) to review under-triage cases and make/implement recommendations</p> <p>Follow up with individuals, as well as share learning broadly with all TMPs</p>	<p>Chart and dispatch record review</p> <p>Review of results for trends over time</p>	<p>Continuous learning and minimizing under-triage of our patients</p>	<p>TAD RAG – Triage and Dispatch Review and Action Group</p> <p>TMP – Transport Medicine Physician</p> <p>Patients transported=# transports with unique Patient ID where Ornge assets are utilized</p> <p>Ornge Under-triage=Dispatched as Urgent/Code 3 and return priority is Emergent/Code 4</p> <p>-SA Carrier Under-triage=PCP dispatched as non-urgent, with documentation that patient deteriorated, nitroglycerine, Ventolin or glucagon given or identified airway intervention e.g. BVM, King LT</p>

Objective	Measure/ Indicator	Baseline	Target 2017/18	Priority Level	Planned Improvement Initiatives (Change Ideas)	Methods and Process Measures	Goal for Change Ideas	Comments
<p>Improve staff safety</p> <p>Dimension: Safe</p>	Reduction of total number of WSIB Lost Time and No Lost Time injuries and illness as per provincial formula	4.75 (2016/17 Q3 YTD)	<5.60	3	<ul style="list-style-type: none"> (i) PTSD Prevention Program (ii) Occupational Hygiene Program (iii) Fatigue Risk Management (iv) Job Hazard Analysis 	<p>Base Workplace Assessments</p> <p>WSIB Report Review (quarterly)</p> <p>Joint Health and Safety Committee/Workplace Health and Safety Committee oversight (monthly)</p>	Continuous improvement and increased staff safety	<p>WSIB – Workplace Safety Insurance Board</p> <p>PTSD – Post Traumatic Stress Disorder</p> <p>Provincial Formula: Total # incidents X 200,000 divided by total hours worked (200,000 =100 workers)</p>
<p>Improve resource availability</p> <p>Dimension: Appropriately resourced</p>	<p>% availability of all three resources as below at the same time</p> <ul style="list-style-type: none"> (i) % Availability: 2 Pilots (ii) % Availability 2 Paramedics at minimum (ACP(f) level of care, including off-service hours (iii) % Aircraft available 	<p>84% Oct-Dec 2016 (ACP(f) min)</p> <ul style="list-style-type: none"> (i) 97% Oct-Dec 2016 (ii) 89% Oct-Dec 2016 (ACP(f) min) (iii) 94% Oct-Dec 2016 	<p>90% With ACP(f) min by 4th Quarter</p>	1	<p>-Continue to strengthen Attendance Management Program. Will focus on days in addition to number of occurrences</p> <p>-Employee engagement is a focus this year</p>	<p>Quarterly review of resource availability report</p>	Overall increase from current state	<p>PCP (f) Primary Care Paramedic ACP(f)=Advanced Care Paramedic - Flight CCP=Critical Care Paramedic</p> <p>*7793 designation is PCP Level of Care</p>

Objective	Measure/ Indicator	Baseline	Target 2017/18	Priority Level	Planned Improvement Initiatives (Change Ideas)	Methods and Process Measures	Goal for Change Ideas	Comments
Improve Critical Care Land Vehicle Utilization Dimension: Efficient	Increase Ottawa Land CCLA transports by 100 cases in 2017/18. (No medical escorts required)	451 (Jan-Dec 2016)	551 (Apr 17 – March 18)	2	Explore alternate positioning of land vehicles Exploratory and follow up discussions with hospital and CACC	Minimum quarterly monitoring of volumes Meetings complete	Facilitation of transfers with value-add that hospitals do not have to provide medical escorts.	CCLA – Critical Care Land Ambulance
Improve dispatch response Dimension: Accessible	% reduction in Urgent Fixed Wing calls with response >24 hours	71/year	50% reduction By 4 th Quarter	1	-Operations Control Centre to escalate Urgent calls>24 hours to Chief Medical Officer for review -Develop delay reason codes to facilitate monitoring and ability to set targets -Actions based upon recommendations	Fractile Response Time review minimum quarterly Review of Delay Reason codes, once process developed and in place.	Improved dispatch response to Fixed Wing Urgent Calls	Response Time = Time 0 (time of Ornge Call) to Wheels up
Improve base response times Dimension: Accessible	(i) Overall RW Scene Base Response Time (ii) Overall RW Interfacility Base Response Time (iii) Overall FW Base Response Time	98.71% 88.67% (89.54% excluding Moosonee) 85.28% (Apr-Dec 2016)	≥ 98% ≥ 88% ≥ 85%	2	-Streamline dispatch process -Implement Deployment Plan -Educational outreach	Base Response Times Report monthly review Review results with staff	Improved base response times with process changes	RW=Rotor Wing, FW=Fixed Wing Base Response time measured as per AvAIO's Accept Trip to Air-Traffic-Control (ATC), where Response Time is > 0 and < 24 hours. Target measure is based on median with 15 minute response time (25 mins if fuel is required). First Leg of departure from Base only. Based on only delays within ORNGE's control. Patient Delays excluded.
Improve healthcare partner satisfaction Dimension: Integrated	From Annual Surveys of CACCs, EMS, and Hospitals: % of management respondents who selected a positive score in response to the question: "Taking into account all the ways you have had contact with Ornge, overall how satisfied are you with those experiences?"	85% (2016/17 Survey)	≥85%	2	Share results with management team and staff. Review feedback and make recommendations for change	Annual Hospital, CACC and EMS surveys	Improvement in services utilizing feedback from our partners Improvement in our CACC, Land EMS and Hospital	CACC – Central Ambulance Communication Centres EMS – Emergency Medical Services

Objective	Measure/ Indicator	Baseline	Target 2017/18	Priority Level	Planned Improvement Initiatives (Change Ideas)	Methods and Process Measures	Goal for Change Ideas	Comments
							partner satisfaction	
<p>Improve organizational financial health</p> <p>Dimension: Efficient</p>	<p>Operating Surplus/Total Revenues</p> <p>Net Cash flow Surplus/Total Revenue</p>	<p>21.3% 3rd Q</p> <p>0.2% 3rd Q</p>	<p>14.2% Budget</p> <p>(4.1%) Budget</p>	1	<p>Monitor financial performance</p> <p>Continue funding/service discussion with MOHLTC</p> <p>Continue exploring cost efficiencies</p>	<p>Financial analysis</p> <p>Ministry reporting</p>	<p>Achieve budget at department level</p> <p>Identify new cost efficiency initiatives</p>	<p>Operating expenses will be at least 14.2% lower than revenue</p> <p>Net cash flow deficit including capital expenditures and debt payment will be no more than 4.1% of total revenue</p>