

**Ornge Quality Improvement Plan 2014/2015**  
**Year End Report**

Objective	Measure/Indicator	Baseline	Current Performance	Target	Comments
Improve patient satisfaction	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?"	98.85% (Excellent, Very Good, Good)  78% (Excellent only)	98.8% (Excellent, Very Good, Good)  74% (Excellent only) (Annual)	80% (Excellent only)	<ul style="list-style-type: none"> <li>NRC Picker is a 3<sup>rd</sup> party vendor (National Research Corporation)</li> <li>Patient satisfaction survey results are consistently positive for overall care.</li> </ul>
Improve resource availability	% availability of all three resources as below at the same time	58%	64% (Annual)	75%	<p>ACP(f)=Advanced Care Paramedic - Flight CCP=Critical Care Paramedic</p> <ul style="list-style-type: none"> <li>Overall improvement of 6% from baseline.</li> </ul> <p>Notes: Ornge employs three types of paramedics – critical (CCP), advanced (ACP) and primary care paramedics (PCP). Different combinations of paramedic crews are able to deliver different levels of care.</p> <p>Ornge measures itself to the highest possible standard: where an aircraft is available, with two available pilots, with two paramedics trained to the CCP level. While currently at 64% for all three resources combined, even when the designated level of care is not achieved, patients are still transported and receive appropriate levels of care. Our goal, is to increase paramedic staffing and training to reach the target 75% of the time and ultimately to exceed that target in future years.</p>
	(i) % Availability of resources to provide service: 2 Pilots	90%	96% (Annual)		<ul style="list-style-type: none"> <li>By 4<sup>th</sup> Quarter, 7% Improvement in pilot staffing from baseline (97%)</li> </ul>
	(ii) % Availability of resources to provide service: 2 Paramedics at designated Base Level of Care (LOC), including off-service hours	64% - LOC met	70% -LOC met (Annual)  89% CCP or ACP Level (Annual)		<ul style="list-style-type: none"> <li>6% improvement in paramedic staffing</li> <li>9 CCP &amp; 10 ACP(f) certifications this year</li> <li>ACP(f) bridge course, ACP(F) Full course and CCP Full course held in 2014/15. ACP(f) course also provided by Cambrian College, which will further improve level of care</li> </ul>
	(iii) % Availability of resources to provide service: Aircraft available	94.6%	97%		<ul style="list-style-type: none"> <li>2% improvement in aircraft availability.</li> </ul>

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Improve service readiness levels	% pilot acceptance to wheels up $\leq$ 15 minutes (with fuel) or 25 minutes (need to fuel)	77%	82% 15 min. (Annual)  79% 25 min. (Annual)	85%	<i>Assumption: Leave from Base, ATC clearance for wheels up.</i>  Improvements: -Crew Responsibility Policy posted -Morning Crew Briefings in place -Daily reviews of delay codes done by Aviation and Operations -Response times reports reviewed quarterly
Improve response times	Time contacted to Wheels Up (i) Scene Calls	21.8 minutes (Jan 2014)	17.9 min (Annual)	18 minutes	<ul style="list-style-type: none"> <li>Exceeded target</li> </ul>
	(ii) Emergent Calls	74% Emergent & Urgent combined (Apr-Dec 2013)	51%	Emergent 1 hr 15 min 80% of the time	<ul style="list-style-type: none"> <li>This indicator measures the time when the communication of patient details is complete to "Wheels Up"</li> <li>Data currently includes both controllable and uncontrollable factors e.g. weather, waiting for connecting vehicles</li> <li>Goal is to report results excluding uncontrollable factors (e.g. weather, waiting for connecting vehicles), which will allow Ornge to focus on improvements related to those areas within our control.</li> </ul> Improvement: -New Delay coding implemented April 2015 to facilitate improved reporting of uncontrolled vs. controllable factors.
	(iii) Urgent Calls		53%	Urgent 4 hrs 90% of the time	
	(iv) Non-Urgent Calls	95% Non Urgent (Apr-Dec 2013)	95%	Non Urgent 48 hours 95% of the time	
Implement Corporate Safety Plan	% completion of (four) 4 planned initiatives	N/A	91% (Annual)	100%	<ul style="list-style-type: none"> <li>Safety Management System (SMS) Management Training 89% complete</li> <li>Safety Reporting Policy done and shared with unions and staff - 75%</li> <li>Roles and Responsibilities identified - 100%</li> <li>Document control system that enables acknowledgement of new policies/procedures now being implemented for all departments - 100%</li> </ul>
Improve staff safety	Reduction of total number of WSIB Lost Time and No Lost Time injuries and illness/ Total number of employees	5.87%	6.03 (Annual)	$\leq$ 6.0%	

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Improve Clinical Quality Metrics	<p>1. To reduce incidence of hypotension associated with sedation</p> <p><u>Reducing drops in blood pressure due to sedative medications</u></p> <p>A minimum average blood pressure of 65 or more is needed to keep vital organs, such as the heart, brain, lungs, and intestines functioning properly. Any drop below this requires prompt intervention. Patients who are attached to a mechanical ventilator ('breathing machine' or 'artificial respirator') often receive sedative medications to keep them calm and relaxed, and to allow the ventilator to work properly. However, these medications can drop the blood pressure.</p>	83.81	84.34% (4 <sup>th</sup> Quarter)	>90%	<p>This measures how often the average blood pressure is greater than 65 and how effective measures were to prevent decreases below this value.</p> <p>A number of interventions were implemented in an attempt to reach the target of 90%, including a memo to all paramedics, a teaching session for our physicians, and an alert about sedation and analgesics in our medical directives. There are no reports for this measure in air medical services like Ornge. In hospital settings where these medications are commonly used, the range is 62-89%. Ornge's figure falls within the range in other settings.</p>
	<p>2. To improve EtCO<sub>2</sub> values for mechanically ventilated patients</p> <p><u>Improving end-tidal CO<sub>2</sub> values for mechanically ventilated patients</u></p> <p>Carbon dioxide (CO<sub>2</sub>) is a waste product of normal body functions, and we get rid of it via our lungs when we breathe. Like the oxygen, our breathing maintains the level of this gas in our blood. Patients who are attached to a mechanical ventilator ('breathing machine' or 'artificial respirator') have their breathing controlled by the machine. Measuring the amount of CO<sub>2</sub> in each breath is done to ensure ventilation according to standard and to avoid any harm.</p>	72.9%	76.3% (4 <sup>th</sup> Quarter)	>80%	<p>This measure documents how often the CO<sub>2</sub> in the exhaled breath of a patient whose breathing was done by a mechanical ventilator was within an acceptable range. A value between 35 and 45 is considered within range, except in situations where patients have abnormally elevated values (due to chronic respiratory illness) or where specific conditions require warrant a lower value as part of treatment (such as severe head injury or bleeding with the brain)</p> <p>A number of interventions were implemented including a memo to all paramedics, a teaching session for our physicians, and development of a formal medical directive for mechanical ventilation. This resulted in some improvement, with 76.3% of all patients in the final quarter of 2014-15 having an exhaled CO<sub>2</sub> within acceptable range. A formal audit and feedback process to the physicians and paramedics is under development.</p>
Develop and implement a formalized Corporate Quality Management (QM) program	% completion of Quality Management Program Action Plan	N/A	75% (Annual)	100%	<ul style="list-style-type: none"> <li>Defined Quality Management goals/performance indicators in place (100%)</li> <li>Flight Vector reports written – (0%) Database not tested in 2014/15</li> <li>Definitions and data quality controls in place for Flight Vector master lists (100%)</li> <li>Regular reporting cycle for current reports finalized in Management Information System (MIS) - (100%)</li> </ul>
Improve organizational financial health	-Funding operating deficit <5% total revenues	N/A	5% (Annual)	<5%	<ul style="list-style-type: none"> <li>Met target.</li> </ul>

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	-Identify and implement operational efficiencies in 2014/15 resulting in \$10M annualized savings in 2015/16	N/A	\$4.8M (Annual)	\$10M	<ul style="list-style-type: none"> <li>Major items included above are savings related to system changes, lower interest costs and sale of two SK76 aircraft.</li> </ul>
Integrate systems to improve effectiveness and efficiency	1. % increase in electronic Provincial Transfer Authorization Centre (PTAC) submissions	67%	77% (4 <sup>th</sup> Quarter)	80%	<ul style="list-style-type: none"> <li>10% overall improvement</li> <li>Fax submissions from healthcare facilities are being phased out due to technological advancements and to meet efficiency goals.</li> <li>Future direction is to receive electronic submissions from all facilities. Goal is to support facilities to achieve 100% electronic submission.</li> </ul>
	2. % use of Long Term Planning Tool resulting in cost savings (Avg. \$/km requested)	0%	68% (4 <sup>th</sup> Quarter)	90%	<ul style="list-style-type: none"> <li>A complex, customized mathematical modelling tool was put in place that optimizes the scheduling/dispatch of resources for non-urgent transports.</li> <li>Staffing resource constraints in the first half of the year were resolved by year end to accomplish improvement in the utilization of this tool, as well as cost savings.</li> </ul>
	3. HRIS with data warehouse to populate departmental staffing databases	0%	75%	100%	<p><i>HRIS = Human Resource Inventory System</i></p> <p>A Task Team met all year to identify Business Requirements to improve consistency and communication related to our human resources. The following deliverables were met:</p> <ul style="list-style-type: none"> <li>HRIS in place (100%)</li> <li>Business Requirements complete (100%)</li> <li>Assessment of IT interfaces in process (25%)</li> <li>This work will continue with future process mapping and Information Technology enablers. A Data Warehouse Analyst was hired this year.</li> </ul>