

Aim	Change								
Objective	Measure/ Indicator	Baseline	Target for 2015/16	Target Justification	Priority Level	Planned Improvement Initiatives (Change Ideas)	Methods and Process Measures	Goal for Change Ideas 2015- 2016	Comments
Improve patient satisfaction Dimension: Patient-Centred care	From NRC Picker: % of respondents who selected a positive score in response to the question: “Overall how well organized was the transport process?”	94% positive satisfaction 42% Completely Satisfied 52% Very Satisfied	50% Completely Satisfied by 4 th Quarter	It is the desire of Ornge to ensure that patients consistently perceive and experience a well organized transport	1	Ornge is targeting patient perception of organization of transport Customized question as part of Patient survey with analysis in 2 nd quarter Action plan arising from patient feedback	Patient Satisfaction Survey results quarterly review Action plan arising from customized question complete by 4 th quarter	To drill down and determine root causes and increase our understanding of what is important to patients re organization of their transport Improvement in patient experience with potential shift to higher positive scores over time.	NRC Picker is a 3 rd party vendor (National Research Corporation)
Improve resource availability Dimension: Appropriately resourced	% availability of all three resources as below at the same time (i) % Availability: 2 Pilots (ii) % Availability 2 Paramedics	81.42% April-Dec 2014 (ACP(f) min) (i) 92% Apr-Dec 2014 (ii) 71.3% Apr-Dec	85% With ACP(f) min by 4 th Quarter	Core to Ornge mandate	1	-Institute attendance support program -Introduce Cambrian College students into Ornge system	Quarterly review of : (i)Key Performance Indicator Reports, and (ii) Single Level of Care reports	Overall increase from current state	PCP (f) Primary Care Paramedic ACP(f)=Advanced Care Paramedic - Flight CCP=Critical Care Paramedic Notes: Ornge employs three types of paramedics – critical (CCP), advanced (ACP) and primary care paramedics (PCP). Different combinations of paramedic crews are able

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	at minimum (ACP(f) level of care, including off- service hours (iii) % Aircraft available	2014 (CCP min) (iii) 96% Apr-Dec 2014				-Continue with availability, education and recruitment initiatives			to deliver different levels of care. 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 81% 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.
Improve response times Dimension: Accessible	Time contacted to Wheels Up (i) Scene Calls (ii) Emergent Calls) (iii) Urgent Calls	17.8 minutes 52% 58%	<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%	Targets based on external benchmarks	1	-Implement new Delay codes and identify key drivers for delays -Implement action plan based upon analysis -Implement Mission Profile/Deploym ent Plans	Response Times Report Audit and feedback	Improved response times Defined roles and responsibilities including documentation requirements for tracking purposes	Measure definition: Patient details complete to wheels up or ATC clearance. Baseline currently includes uncontrollable factors such as weather, air traffic control, waiting for other agencies e.g. SA carrier, land ambulance, hospital teams.

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	(iv)Non- Urgent Calls	95% Apr-Dec 2014	of the time by the 4 th Quarter Non Urgent 48 hours 95% of the time						
Improve staff safety Dimension: Safe	Reduction of total number of WSIB Lost Time and No Lost Time injuries and illness as per provincial formula	5.62% 2014	<5.60%	WSIB claims experience under previous years actual	1	<u>Health and Safety:</u> (i)Review and implement changes to function and structure -Q1 (ii)Complete gap analysis (provincial and federal standards) –Q2 (iii)Implement training – supervisors, workers, Health and Safety members –Q1- Q4 (iv)Complete policies and procedures –Q3- Q4	-WSIB Report Review (quarterly) Joint Health and Safety Committee/Workplace Health and Safety Committee oversight (monthly)	<u>Occupational Health and Safety:</u> Functional and structural change in place Gap analysis complete 100% training complete Policy and Procedure Manual complete Responsibilities and accountabilities defined and in place (Performance Management plan)	Provincial Formula: Total # incidents X 200,000 divided by total hours worked (200,000 =100 workers)

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						(v)Identify core responsibilities and accountabilities for managers – Q4 (vi)Needs assessment for tracking software/systems –Q4		Reporting systems in place	
Improve Clinical Quality Dimension: Effective	Areas of Focus: To reduce incidence of hypotension associated with sedation To improve End Tidal CO ₂ (EtCO ₂)values for mechanically ventilated patients	85.83% 73.1%	>90% by 4 th Quarter >80% by 4 th Quarter	These metrics were identified as potential areas for improvement	1	Hypotension & EtCO ₂ : -Focused educational intervention for paramedics and physicians -Revised medical directives/standing orders	-Chart audits -Trending reports reviewed by the Medical Advisory Committee (MAC)	Improve blood pressure minimums based on the patient condition and appropriate defined parameters expected for that condition. e.g. patients with increased ICP-MAP 80, patients with sepsis MAP 65 Improve on expected EtCO ₂ values based on the	

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								patient's condition e.g. increased ICP 33-38	
Improve organizational financial health Dimension: Efficient	-Funding operating deficit <2% total revenues (excluding capital)	Budget (1.4%)	<2%	Improve financial stability and increase value for money	1	Continue with efficiency initiatives Sale of excess assets	Forecasting Business Cases Variance Analysis	Efficient use of resources Cost savings	
Improve service integration with One- Number-to- Call (Provincial Initiative) Dimension: Integrated	% Ornge calls serviced by Ornge	Currently not in place	90% -Life or Limb calls being serviced by Ornge by 4 th Quarter	Life or Limb Policy One- Number-to- Call provincial committee mandate	1	Participate in collaborative provincial teams to achieve One- Number-to-Call Determine and implement process to measure Ornge performance as part of integrated system Integrate the Ornge Operations Control Centre (OCC) system (Flight Vector) with CritiCall to allow a seamless transmission of information.	Tracking mechanism to be developed as part of Flight Vector Report development Attendance at Provincial Meetings	Provide healthcare facilities with streamlined access to critical care transport services Plan for enhanced integration of services and technology Participate as active partner to support Provincial Life or Limb Policy, with system goal of improving patient	

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						<p>Incorporate Cornell tool into Flight Vector to optimize scheduled transports e.g. repatriations as per Life or Limb Policy</p> <p>Work closely with Provincial healthcare facilities with respect to information expectations when patient movement is required</p>		outcomes	

Dimensions/Attributes of a High-Quality Health Care System (Health Quality Ontario)

Accessible

People should be able to receive the right care at the right time in right setting by the right healthcare provider

Effective

People should receive care that works and that is based on the best available scientific information

Efficient

The health system should continually look for ways to reduce waste, including waste of supplies, equipment, time ideas and information

Safe

People should not be harmed by an accident or mistakes when they receive care

Patient-centred

Healthcare providers should offer services in a way that is sensitive to an individual's need and preferences

Equitable

People should receive the same quality of care regardless of who they are and where they live



Ornge Quality Improvement Plan 2015/16

Appropriately resourced

The health system should have enough qualified providers, funding, information, equipment, supplies and facilities to look after people's health needs

Integrated

All parts of the health system should be organized, connected and work with one another to provide high quality care

Focused on population health

The health system should work to prevent sickness and improve the health of the people of Ontario