Emergency Medicine

#	Objectives/Metrics	FY 10/11	FY 11/12	FY 12/13	FY 13 14 Performance Q1	Q2	Q3	Q4	YTD	Target	Performance Threshold	Comparator
Access & Efficiency	• Initiative 1: Hospitalist Program working with GIM on consultant resopnse process to reduce disposition. • Initiative 2: P4R action plan & Express Admit Unit (EAU) • Initiative 3: Flow improvement project. • Initiative 4: ED Physician Schedule restructuring commencing June 2013											
1	ED: Admits (All CTAS Levels) LOS 90th %ile in hours1,2,3	21.5	22.7	18.8	17.6	16.4	18.3	21.2	18.1 May	≤20	22	24.6
2	ED: Non-Admits (CTAS 1,2,3) LOS 90th %ile in hours3	7.4	7.2	7.1	7.1	6.9	7.1	7	7	≤7	7.7	7.7
3	ED: Non-Admits (CTAS 4,5) LOS 90th %ile in hours3	4.5	4.3	4.2	4.3	4.1	4.3	4.2	4.2	≤4.0	4.4	4.6
4	Time to Nursing Initial Assessment (NIA) -90th %ile (hrs)	1.75	1.47	1.5	1.47	1.35	1.42	1.57	1.45	≤1.3	1.43	-
5	Time to PIA- 90th %ile (hrs)	2.9	2.4	2.5	2.5	2.3	2.3	2.4	2.4	≤2.4	2.64	3.2
6	Time to IP Bed (from Disposition)- 90%ile (hh:mm)	0.445833333	12:42	8:48	0.325	0.270833333	0.316666667	0.425	0.325	≤ 08:00	0.366666667	0.654166667
Quality & Safety	• Initiative 1: Multi-discipline project team to develop individual care plans for high frequency users of ER. • Initiative 2: Hand hygiene champion part of daily huddles. Newsletters.											
7	MH&A Revisit within 30 Days (to own facility) (%)	19.6	19.8	19.6	50	17.6	19	20	18.8	<19.8	21.78	-
8	Hand Hygiene Compliance(%)1,2,4,5	57	59	59	100	59	76	75	69	≥63.0	56.7	81
9	Door to arrival time at catheter lab for CODE STEMI patient		NA	NA								
10	Admission via ED with Sepsis as admitting diagnosis (Mortality in sepsis patients)		NA	NA								
Experience	• Initiative 1: Adjust physician scheduling to reduce time to PIA. • Initiative 2: Address Flow and reduce time in Waiting Room.											
11	Patient Satisfaction: Overall Quality of ED Care	87.2	89.2	90.8	88.4	95.4	94.9	91.4	92.5	≥89.2	80.28	85.3/86.9
12	Left without being seen (LWBS) (%)	2.7	2.5	2.1	2.36	2.26	2.14	1.7	2.12	≤2.4	2.64	2.9
Financial Health	• Initiative 1: Maintain or exceed 12/13 P4R Performance. • Initiative 2: Routine monitoring of volume, acuity and flow.											
13	Budget Variance	$94,252	$29,127	$292,064	$89,512	$75,150	$2,908	$50,599	$33,329	$0	$0	-

Emergency Medicine

#	Objectives/Metrics	Definition/Calculation/Notes	Target Rationale	Comparator Source
Access & Efficiency				
1	ED: Admits (All CTAS Levels) LOS 90th %ile in hours1,2,3	Wait in hours for 9 out of 10 patients. Value derived based on the ERNI level 3 data.	" P4R agreement is to maintain or improve.	
2	ED: Non-Admits (CTAS 1,2,3) LOS 90th %ile in hours3	Wait in hours for 9 out of 10 patients. Value derived based on the ERNI level3 data.	"	
3	ED: Non-Admits (CTAS 4,5) LOS 90th %ile in hours3	Wait in hours for 9 out of 10 patients. Value derived based on the ERNI level 3 data.	P4R agreement is to maintain or improve.	Corp TCLHIN
4	Time to Nursing Initial Assessment (NIA) -90th %ile (hrs)	Wait in hours for 9 out of 10 patients.	Maintain last year's target as did not achieve. Which was to improve by 10% on the 10/11 performance.	NA
5	Time to PIA- 90th %ile (hrs)	Wait in hours (from Triage) for 9 out of 10 patients. Value derived based on the ERNI level 3 data.	Maintain Target 11/12 target	Corp TCLHIN
6	Time to IP Bed (from Disposition)- 90%ile (hh:mm)	Wait in hours for 9 out of 10 patients. EAU commenced Feb 27th, 2012. Value derived based on the ERNI level 3 data.	EAU Agreement	Corp TCLHIN
Quality & Safety				
7	MH&A Revisit within 30 Days (to own facility) (%)	ED Mental Health & Addiction (MH&A) cases with a repeat visit within 30 days back to MSH for a MHA condition. Same methodology as used for MH&A Submission with the exception that only MHA readmits are included. Based on NACRS Data. MH&A submission includes non-MH&A readmits.	<11/12	NA
8	Hand Hygiene Compliance(%)1,2,4,5	" FY 12/13: Includes all 4 moments as per Infection Control Dashboard.		
9	Door to arrival time at catheter lab for CODE STEMI patient			
10	Admission via ED with Sepsis as admitting diagnosis (Mortality in sepsis patients)			
Experience				
11	Patient Satisfaction: Overall Quality of ED Care	% positive score from the NRC Picker Patient Satisfaction survey methodology. Must have a minimum of 100 returned surveys in order to process results. Excludes admits, deaths and Mental Health.	≥11/12	"Benchmark is based on the 12 months
12	Left without being seen (LWBS) (%)	Patients who Left against medical advise (LAMA) or LAMA after triage. Does not include LAMA after assessment.	Maintain Target	Corp TCLHIN
Financial Health				
13	Budget Variance	Over/under budget (-ve indicates over budget).	Zero	NA