

## Access and Flow

### Measure - Dimension: Timely

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators	Q1	Q2	Q3	Q4
90th percentile ambulance offload time	P	Minutes / Patients	CIHI NACRS / December 1, 2024, to November 30, 2025, in alignment with the Pay for Results program	29.00	30.00	Sustaining this metric will continue to meet the provincial target	Northumberland County Paramedic Services Northumberland Hills Hospital				

### Measure - Dimension: Timely

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators	Q1	Q2	Q3	Q4
Percent of patients who visited the ED and left without being seen by a physician	O	% / ED patients	CIHI NACRS / April 1, 2024, to March 31, 2025 (i.e., FY 2024)	6.68	6.0	This target aligns with reducing overall ED LWBS					

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators	Q1	Q2	Q3	Q4
90th percentile emergency department wait time to physician initial assessment	O	Hours / ED patients	CIHI NACRS / December 1, 2024, to November 30, 2025	4.30	3.7	This target aligns with reducing overall ED Wait times					

# Equity

## Measure - Dimension: Equitable

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators	Q1	Q2	Q3	Q4
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education	O	% / Staff	Local data collection / Most recent consecutive 12-month period	74%	90%	Demonstrates ongoing progress	CCO Ontario Health				

## Experience Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators	Q1	Q2	Q3	Q4
Percentage of respondents who	O	% / Survey	Local data	CB	90.00	Will position CMH with optimal				7	

# Safety

## Measure - Dimension: Safe

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators	Q1	Q2	Q3	Q4
Rate of delirium onset during hospitalization	O	% / Hospital Admitted Patients	CIHI DAD / April 1 to September 30, 2025 (Q1 and Q2), based on the discharge date (Discharge	3.39	3.05			0	0	0	

**Change Idea #1 Reduce hospital-acquired delirium Cautious prescribing**

Methods	Process measures	Target for process measure	Comments
Medication review, prompts, pharmacist review • Review medication lists for sedatives, benzodiazepines, Z-drugs, anticholinergics, and other high-risk medications. • Use non-pharmacologic alternatives before considering sedatives. • Consult pharmacy for safer alternatives. • Document medication changes; communicate at rounds and huddles.	% sedative orders =65	20% reduction	

**Change Idea #2 Sleep Bundle & Quiet Time**

Methods	Process measures	Target for process measure	Comments
Clustering care, sleep bundle, education • Cluster care tasks to minimize disruptions. • Provide toileting, comfort measures, and hydration before lights out. • Offer earplugs or eye masks. • Dim lights and reduce noise. • Avoid unnecessary vitals or tests overnight	% bundle adherence	=80%	

**Change Idea #3 Delirium Huddles & Caregiver Engagement**

Methods	Process measures	Target for process measure	Comments
Daily CAM check, involve caregivers • Ask: 'Delirium risk/status today?' • Use CAM/4AT/bCAM when changes occur. • Encourage families to bring sensory aids. • Provide delirium-prevention handout. • Update care plan to reflect delirium-prevention strategies.	% CAM status documented	Delirium Huddles & Caregiver Engagement Daily CAM check, involve caregivers % CAM status documented =90%	