Quality Improvement Plan (QIP) Dashboard

MICHAEL GARRON HOSPITAL — TORONTO EAST HEALTH NETWORK

Current as of March 28 2025

Metric	Baseline	Target	YTD	Target
ED Admitted Length of Stay — 90th Percentile Emergency Department Admitted Length of Stay. *Note: Reporting is from Dec 23-Nov 24*	28.6	≤26.8	29.1 (DEC-NOV 24)	🔴
ALC Throughput — ALC throughput rate. *Note: Reporting is from Apr 24-Mar 25.*	1.03	>1.00	0.98 (APR-JAN 25)	🟡
EDIB: Improve Cultural Competency through Training — Rate of staff and leaders completing mandatory cultural competency training	N/A (new metric)	≥ 80%	87% (APR-FEB)	🟢
EDIB: Improve Day Surgery Health Equity Questionnaire Rates — Rate of Day Surgery Patients (adults) completing the Health Equity Questionnaire	22%	≥ 32%	17.0% (APR-FEB)	🔴
Patient Satisfaction — % of top box responses ("Completely") to the question "Did you receive enough information from hospital staff about what to do if you were worried about your condition or treatment after you left the hospital"? All survey respondents discharged from MED & SUR.	60.2%	≥63.3%	62.65% (APR-FEB)	🟡
Workplace Violence and Prevention — Number of workplace violence incidents reported by hospital workers (as by defined by OHSA) within a 12-month period. *Note: Reporting is from Jan 24-Dec 24*	17.1	≥18 /month ≥216 /year	19.17 /MONTH 230/year (JAN-DEC 24)	🟢
Restraint Use in Inpatient Mental Health Services — % restraint events in inpatient mental health that have been audited by leadership within 72 hours.	N/A	≥90%	91.5% (APR-FEB)	🟢
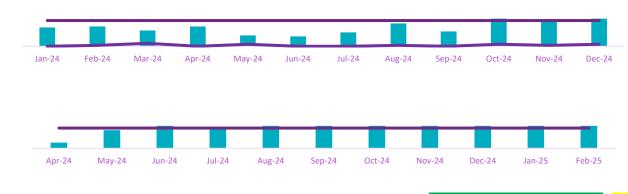
Charts legend: Monthly Performance, Target, # Incidents with Lost Time

Legend: 🟢 Achieved 🟡 Close to Target 🔴 Not Achieved