

52 NTHSSA Improvements in 52 Weeks

For the next 52 weeks, the NTHSSA will be celebrating one improvement each week! These weekly reports are one way we're working to recognize some of the staff-led initiatives, that are making a real difference across the organization for both staff and clients. It's all part of our commitment to being responsive, showcase innovation, and demonstrate progress we're proud to be making together.

Week 43 of 52 (Week of April 20, 2026): Emergency Department Initial Treatment Order Sets (ITOs), Acute Care

Change Driver: Across Emergency Departments, delays in initiating emergent treatment while waiting for physician orders, along with variability in early patient management across sites, were identified as key challenges. There was also a need to reduce risk associated with broad medical directives and establish a more consistent, clearly authorized approach to early care.

Link to System Vision: This supports 'Better Care' and 'Better Health' by improving timeliness of treatment, enhancing patient safety, and promoting consistent, evidence-based care across NTHSSA sites.

Improvement Initiative: This staff-led initiative involved implementing the first set of 10 Emergency Department Initial Treatment Order Sets (ITOs). These evidence-based tools replaced regional medical directives with a standardized territorial approach aligned with HIROC guidance. The ITOs enable nurses to initiate early diagnostics and treatment for common emergency presentations, based on defined eligibility criteria and physician authorization.

This approach supports more timely care, improves consistency across sites, and reduces uncertainty in clinical decision-making. It also strengthens clinical processes and helps staff work to the full scope of practice within a clear and accountable framework.

The image shows a screenshot of a medical form titled "ADULT CHEST PAIN" under the heading "ED Initial Treatment Order Set". The form includes fields for patient ID, date, time, and weight. It contains several sections: "Eligibility" with criteria for chest pain, "Allergies" (MMA and List Allergies), "Assessment" (RANCP completion), "Medications" (ASA 150 mg, aspirin, nitroglycerin), "Interventions" (oxygen, aspirin, nitroglycerin, morphine), "Monitoring" (vital signs, ECG), and "Other Considerations" (patient history, ECG, and medication administration). The form is dated 24 Jun 2025 and includes a signature line for the physician.