Access and Flow | Timely | Priority Indicator

	Last Year		This Year		
Indicator #1					
90th percentile ambulance offload time (Haliburton Highlands Health Services Corporation)	**13.00**	**16**	**14.00**	**-7.69%**	**NA**
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Report Accessed: February 22, 2026

Change Idea #1 ☑ **Implemented**   ☐ Not Implemented   ☐ In Progress

HHHS began submitting data for the Pay for Results Program in January 2025. Our major quality improvement initiative for this indicator will be to ensure the accuracy of our coded data and ensure data integrity for this metric.

> **Process measure**
> - Quarterly variation in Electronic Medical Record and National Ambulatory Care Records System (NACRS) data
>
> **Target for process measure**
> - Zero variability

Lessons Learned

We joined the small hospital P4R program and are looking forward to benchmarking against peer hospitals. We have found the ATC platform and accessing data to be challenging. Reviewed NACRS coding with HIM leadership

Change Idea #2 ☐ Implemented   ☐ Not Implemented   ☑ **In Progress**

Discharge planning on admission.

> **Process measure**
> - Quarterly Audts
>
> **Target for process measure**
> - Information gathering. Target 100% completion.

Lessons Learned

Continue to strive for and have enjoyed noticeable improvements and consistency in application.

Comment

We are very proud that we continue to sit below the provincial benchmark for this metrics.

Results

	Last Year		This Year		
Indicator #2	**2.77**	**2.50**	**2.70**	**2.53%**	**NA**
90th percentile emergency department wait time to physician initial assessment (Haliburton Highlands Health Services Corporation)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Report Accessed: February 22, 2026

Change Idea #1 ☐ Implemented   ☐ Not Implemented   ☑ **In Progress**

HHHS began submitting data for the Pay for Results Program in January 2025. Our major quality improvement initiative for this indicator will be to ensure the accuracy of our coded data and ensure data integrity for this metric.

> **Process measure**
> - Quarterly variation in Electronic Medical Record and National Ambulatory Care Reporting System data
>
> **Target for process measure**
> - Zero variability

Lessons Learned

We joined the small hospital P4R program and are looking forward to benchmarking against peer hospitals. We have found the ATC platform and accessing data to be challenging. Reviewed NACRS coding with HIM leadership

Comment

We look forward to increasing physician engagement and support in our organizational QI activities. Current activities include LWBS auditing and return visit calling. Our organization has experienced a leadership change in physician quality leadership and the chief of staff positions

Report Accessed: February 22, 2026

Results

Access and Flow | Timely | Custom Indicator

	Last Year		This Year		
Indicator #3 Alternate Level of Care (ALC) rate (Haliburton Highlands Health Services Corporation)	**26.70** Performance (2025/26)	**25** Target (2025/26)	**32.00** Performance (2026/27)	**--** Percentage Improvement (2026/27)	**NA** Target (2026/27)

Report Accessed: February 22, 2026

Change Idea #1 ☑ **Implemented**   ☐ Not Implemented   ☐ In Progress

1. Admission avoidance strategies

> **Process measure**
> - 1. Process map developed and approved 2. Policy approved 3. Education to staff at huddles. Admission avoidance 1 pager/poster
>
> **Target for process measure**
> - Completion by Q3

Lessons Learned

Small Acute bed count, family physicians working in ED, frequent ongoing surges, system wide LTC bed shortage.

Change Idea #2 ☐ Implemented   ☐ Not Implemented   ☑ **In Progress**

Discharge planning on admission

> **Process measure**
> - 1. Staff Education 2. Quarterly Audits
>
> **Target for process measure**
> - Target - gathering data

Lessons Learned

Continue to strive for and have enjoyed noticeable improvements and consistency in application.

Comment

We are concerned about the impact that the new repatriation directives around ALC will have on small community hospitals

Equity | Equitable | Optional Indicator

	Last Year		This Year		
	100.00	**100**	**100.00**	**0.00%**	**NA**
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Indicator #9

Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education (Haliburton Highlands Health Services Corporation)

Change Idea #1 ☑ **Implemented**   ☐ Not Implemented   ☐ In Progress

LGBTQS2+ theme focusing on Trans Health

Process measure

- Completion of course development. Completion of education by management and Executive Leadership Team. Roll out to staff

Target for process measure

- Educational development completed by Q2. 100% completion by Executive Leadership Team and management by end of Q3 and availability to staff by Q4.

Lessons Learned

Our module on transgender awareness was co created with community partners and those with lived experience. We are very proud of how well it was received by staff.

Comment

Look to next years QIP - creating an equity, inclusion and awareness committee in 26/27

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Results

Experience | Patient-centred | Optional Indicator

	Last Year		This Year		

Indicator #6

Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" (Highland Wood)

81.82	**85**		**94.74**	**15.79%**	**NA**
Performance (2025/26)	Target (2025/26)		Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Indicator #6

Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" (Highland Wood)

81.82	**85**		**94.74**	**15.79%**	**NA**
Performance (2025/26)	Target (2025/26)		Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 ☑ **Implemented** ☐ Not Implemented ☐ In Progress

Build on Resident Focused Care Model - to make the home less institutionalized. Programs and Care lead by residents. All staff - everyone who comes into the home - responsible for and incorporated into care. Staff will introduce themselves, everyone helps. Assuring residents that they do not live in a business but in a home.

Process measure
- Completion Rate

Target for process measure
- 100% by end of Q3

Lessons Learned

Repainted, removed nursing stations, added a lounge area with new furniture, new cabinetry in the servery, new MealSuite system.

Change Idea #2 ☑ **Implemented** ☐ Not Implemented ☐ In Progress

Build on Resident Focused Care Model - to make the home less institutionalized. Programs and Care lead by residents. All staff - everyone who comes into the home - responsible for and incorporated into care. Staff will introduce themselves, everyone helps. Assuring residents that they do not live in a business but in a home.

Process measure

- Creation of new spaces and repurposing of old

Target for process measure

- Completion by end of Q3

Lessons Learned

Repainted, removed nursing stations, added a lounge area with new furniture, new cabinetry in the servery, new MealSuite system.

Change Idea #3 ☑ **Implemented** ☐ Not Implemented ☐ In Progress

Build on Resident Focused Care Model

Process measure

- Completion of murals and painting. Roll out of new staff dress code.

Target for process measure

- Completion by end of Q3

Lessons Learned

Repainted, removed nursing stations, added a lounge area with new furniture, new cabinetry in the servery, new MealSuite system.

Change Idea #4 ☑ **Implemented** ☐ Not Implemented ☐ In Progress

Review of satisfaction survey with residents and families

Process measure

- Revision of survey

Target for process measure

- Completion by Q3 25/26

Lessons Learned

Results reported to Resident and Family Councils, Quality Committee and the Board.

Comment

We actively seek feedback and implement changes accordingly.

Results

	Last Year		**This Year**		

Indicator #7

Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" (Hyland Crest)

83.33	**85**	**75.00**	**-10.00%**	**NA**
Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Indicator #7

Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" (Hyland Crest)

83.33	**85**	**75.00**	**-10.00%**	**NA**
Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 ☑ **Implemented**   ☐ Not Implemented   ☐ In Progress

Build on Resident Focused Care Model - to make the home less institutionalized. Programs and Care lead by residents. All staff - everyone who comes into the home - responsible for and incorporated into care. Staff will introduce themselves, everyone helps. Assuring residents that they do not live in a business but in a home.

Process measure

- Completion Rate

Target for process measure

- 100% by end of Q3

Lessons Learned

Repainted, removed nursing stations, added a lounge area with new furniture, new cabinetry in the servery, new MealSuite system.

Change Idea #2 ☑ **Implemented**   ☐ Not Implemented   ☐ In Progress

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Build on Resident Focused Care Model - to make the home less institutionalized. Programs and Care lead by residents. All staff - everyone who comes into the home - responsible for and incorporated into care. Staff will introduce themselves, everyone helps. Assuring residents that they do not live in a business but in a home.

Process measure

- The creation of new spaces and repurposing of old.

Target for process measure

- Completion by end of Q3

Lessons Learned

Repainted, removed nursing stations, added a lounge area with new furniture, new cabinetry in the servery, new MealSuite system.

Change Idea #3 ☑ **Implemented**   ☐ Not Implemented   ☐ In Progress

Build on Resident Focused Care Model

Process measure

- Completion of Murals and Painting. Roll out of new staff dress code

Target for process measure

- Completion by end of Q3

Lessons Learned

Repainted, removed nursing stations, added a lounge area with new furniture, new cabinetry in the servery, new MealSuite system.

Change Idea #4 ☑ **Implemented**   ☐ Not Implemented   ☐ In Progress

Review satisfaction survey with Residents and Families

Process measure

- Revision of survey

Target for process measure

- Completion by Q3 25/26

Lessons Learned

esults reported to Resident and Family Councils, Quality Committee and the Board.

Comment

We actively seek feedback and implement changes accordingly.

Results

Experience | Patient-centred | Optional Indicator

Report Accessed: February 22, 2026

Indicator #8

Percentage of respondents who responded "completely" to the following 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? (Haliburton Highlands Health Services Corporation)

Last Year		This Year		
55.32	**70**	**64.81**	**17.15%**	**NA**
Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 ☐ Implemented ☐ Not Implemented ☑ **In Progress**

Develop an Emergency Department Discharge Process

> **Process measure**
>
> - Process Development, Level of stakeholder buy in
>
> **Target for process measure**
>
> - Completion by start of Q2

Lessons Learned

Continuing to ensure consistency and efficiency of our discharge process.

Change Idea #2 ☐ Implemented ☐ Not Implemented ☑ **In Progress**

Increase After Visit Summary (AVS) distribution to patients upon discharge.

> **Process measure**
>
> - EPIC COGITO Report - times printed.
>
> **Target for process measure**
>
> - Beginning Q2 25/26

Lessons Learned

We recognize that we can always do better to provide customized patient specific discharge information along with our standard AVS.

Comment

We believe this is an integral component to overall satisfaction and will continue to monitor closely and endeavor to improve our consistency.

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Results

Safety | Safe | Optional Indicator

	Last Year		This Year		
Indicator #5 Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Hyland Crest)	**19.91** Performance (2025/26)	**16.50** Target (2025/26)	**16.82** Performance (2026/27)	**15.52%** Percentage Improvement (2026/27)	**NA** Target (2026/27)
Indicator #5 Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Hyland Crest)	**19.91** Performance (2025/26)	**16.50** Target (2025/26)	**16.82** Performance (2026/27)	**15.52%** Percentage Improvement (2026/27)	**NA** Target (2026/27)

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Change Idea #1 ☑ Implemented   ☐ Not Implemented   ☐ In Progress

Safety Committee monthly meeting- reviews 30 days falls

Process measure

- Completion monthly. Attendance.

Target for process measure

- 100% completion monthly for all falls.

Lessons Learned

Results of meetings communicated at LTC Quality Improvement Committee meetings quarterly and reported up to the Board. Family and Resident present at Quality meetings. We are seeing positive change.

Change Idea #2 ☑ Implemented   ☐ Not Implemented   ☐ In Progress

Move to hourly/purposeful rounding for PSWs targeting night shift.

Process measure

- PSW documentation - POC

Target for process measure

- High level POC completion

Lessons Learned

See this year's QIP for our new commitment to purposeful rounding. Met with RNAO LTC best practices coach for falls gap analysis and Perly Health, BPSO to review best practices implemented by another LTC home

Change Idea #3 ☑ Implemented   ☐ Not Implemented   ☐ In Progress

Falls Prevention Education - Falling Star/Leaf Program - Standard Precautions for EVERYONE - Multi disciplinary Pain, position, personal needs

Process measure

- Staff completed education. Total Falls - Falls with harm Periodic review with staff

Target for process measure

- 100% completion; lower falls rates

Lessons Learned

An individualized, consistent application of best practices is essential to ensuring resident safety. This must be combined with the recognition and an appreciation for resident agency and right to choice.

Change Idea #4 ☑ **Implemented**   ☐ Not Implemented   ☐ In Progress

Personalized care plans

Process measure

- All falls are reviewed on a monthly basis by the Safety Committee

Target for process measure

- 100% completion

Lessons Learned

An individualized, consistent application of best practices is essential to ensuring resident safety. This must be combined with the recognition and an appreciation for resident agency and right to choice

Comment

Implementing a structured program of purposeful rounding for the next QIP cycle. We believe the presence of nurse practitioners practicing within the home for the first full year has allowed us to closely manage antipsychotic use and reduce many factors contributing to falls.

Results

		Last Year		This Year		
Indicator #4 Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Highland Wood)		**18.52** Performance (2025/26)	**16.50** Target (2025/26)	**20.19** Performance (2026/27)	**-9.02%** Percentage Improvement (2026/27)	**NA** Target (2026/27)
Indicator #4 Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Highland Wood)		**18.52** Performance (2025/26)	**16.50** Target (2025/26)	**20.19** Performance (2026/27)	**-9.02%** Percentage Improvement (2026/27)	**NA** Target (2026/27)

Change Idea #1 ☑ **Implemented**   ☐ Not Implemented   ☐ In Progress

Report Accessed: February 22, 2026

Safety Committee monthly meeting - reviews 30 days falls

Process measure

- Completion Attendance

Target for process measure

- 100% completion monthly for all falls

Lessons Learned

Results of meetings communicated at LTC Quality Improvement Committee meetings quarterly and reported up to the Board. Family and Resident present at Quality meetings. We are seeing positive change.

Change Idea #2 ☐ Implemented   ☐ Not Implemented   ☑ **In Progress**

Increased Rounding/Purposeful Rounding targeting night shift

Process measure

- PSW documentation - POC

Target for process measure

- High level POC completion

Lessons Learned

See this year's QIP for our new commitment to purposeful rounding. Met with RNAO LTC best practices coach for falls gap analysis and Perly Health, BPSO to review best practices implemented by another LTC home.

Change Idea #3 ☑ **Implemented**   ☐ Not Implemented   ☐ In Progress

Falls Prevention Education - Falling Star/Leaf Program - Standard Precautions for EVERYONE - Multi disciplinary Pain, position, personal needs

Process measure

- Staff completed education. Total falls - falls with harm Periodic review with staff

Target for process measure

- 100% completion, lower falls rates

Lessons Learned

An individualized, consistent application of best practices is essential to ensuring resident safety. This must be combined with the recognition and an appreciation for resident agency and right to choice.

Change Idea #4 ☑ **Implemented** ☐ Not Implemented ☐ In Progress

Personalized Care Plans

Process measure

- All falls are reviewed on a monthly basis by the Safety Committee.

Target for process measure

- 100% completion.

Lessons Learned

An individualized, consistent application of best practices is essential to ensuring resident safety. This must be combined with the recognition and an appreciation for resident agency and right to choice.

Comment

Implementing a structured program of purposeful rounding for the next QIP cycle. HW ss a small home with under 30 beds. Due to this fact, falls will have disproportionate impact on our numbers.

Results

Safety | Safe | Optional Indicator

	Last Year		This Year		
Indicator #10 Rate of workplace violence incidents resulting in lost time injury (Haliburton Highlands Health Services Corporation)	**0.00** Performance (2025/26)	**0** Target (2025/26)	**0.00** Performance (2026/27)	**--** Percentage Improvement (2026/27)	**NA** Target (2026/27)

Change Idea #1 ☐ Implemented ☐ Not Implemented ☑ **In Progress**

Evaluate number of staff trained in gentle persuasive techniques (GPT)

Process measure

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- % trained in Gentle Persuasive Technique (GPT)

Target for process measure

- Increase base number trained in Gentle Persuasive Technique (GPT) by 10% across the organization

Lessons Learned

Developing a central online system for tracking essential qualifications across all disciplines and work areas.

Change Idea #2 ☐ Implemented　☐ Not Implemented　☐ In Progress

Develop peer support teams

Process measure

- Incident reporting system - violence

Target for process measure

- Reduction in overall RL6 reported incidents involving violence

Lessons Learned

Work continues

Change Idea #3 ☑ Implemented　☐ Not Implemented　☐ In Progress

HR risk assessment for care in the community setting

Process measure

- Violent incidents reporting in RL6 Incident Reporting System

Target for process measure

- Overall reduction in the number of violence incidents reported in RL6 Incident Reporting System

Lessons Learned

Report Accessed: February 22, 2026

Work-place violence risk assessments implemented across the organization

Results