Access and Flow

Measure - Dimension: Timely

Indicator #9	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
90th percentile emergency department length of stay for admitted patients	C	90th percentile / ED patients	CIHI portal / 3 Quarter Avg	53.50	50.83	5% improvement	

Is this indicator related to:	
Emergency Department Return Visit Audits	Yes
Executive Compensation	Yes
Pay-for-Results Action Plan	Yes

Change Ideas

Change Idea #1   Conduct a collaborative exercise to map and optimize patient and workflow in renovated ED

Methods	Process measures	Target for process measure	Comments
To map and optimize patient and workflow in renovated ED we will conduct a Lean/Kaizen event	Progress will be measured through the completion of the event and resultant process changes. We will monitor effectiveness using PDSA	The ED renovation will be conducted in Q1 26/27. The Lean/Kaizen event will likely take place in Q2 with workflow improvements beginning in Q2 26/27	

Change Idea #2   Increase staff knowledge and ability in the areas of admission avoidance and discharge planning.

Methods	Process measures	Target for process measure	Comments
To increase staff knowledge and ability in the areas of admission avoidance and discharge planning, we will be cross training a number of staff members in the duties and expertise of our acute care discharge coordinator.	Our success at increasing staff knowledge and ability in the areas of admission avoidance and discharge planning will be measured by the number of staff members successfully cross trained and in our ability to positively impact patient flow as a result	We plan to begin implementing the program in Q1. We anticipate that improvements will begin to be made in Q2 but will be looking towards the full QIP cycle to fully realize the potential of this change.	

Measure - Dimension: Timely

Indicator #10	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
90th percentile emergency department wait time to physician initial assessment	C	90th percentile / ED patients	CIHI portal / 3 Quarter Avg	2.91	2.76	5% imporovement	

Is this indicator related to:	
Emergency Department Return Visit Audits	Yes
Executive Compensation	Yes
Pay-for-Results Action Plan	Yes

Change Ideas

Change Idea #1   Conduct a collaborative exercise to map and optimize patient and workflow in renovated ED

Methods	Process measures	Target for process measure	Comments
To map and optimize patient and workflow in renovated ED we will conduct a Lean/Kaizen event	Progress will be measured through the completion of the event and resultant process changes. We will monitor effectiveness using PDSA	The ED renovation will be conducted in Q1 26/27. The Lean/Kaizen event will likely take place in Q2 with workflow improvements beginning in Q2 26/27	

Change Idea #2   To improve 90th percentile emergency department wait time to physician initial assessment, we will be piloting a fast-track workflow in the ED

Methods	Process measures	Target for process measure	Comments
Establish a Fast Track area in the ED staffed by a physician and nursing team focused on reducing assessment and treatment times for low-acuity patients.	Our success at piloting a fast-track workflow in the ED will be measured in terms of patient, staff and physician satisfaction coupled with a reduction in PIA time.	Our target for the completion of a fast-track workflow in the ED and the inherent PDSA cycles contributing to its development will be Summer 2026	

Equity

Measure - Dimension: Equitable

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Establish an Organization wide Equity and Diversity Committee	C	Milestones for implementation / People	HHHS / 26/27	CB	100.00	This is a project related metric. Performance is based upon the milestones in the change idea section	

Is this indicator related to:	
Emergency Department Return Visit Audits	No
Executive Compensation	Yes
Pay-for-Results Action Plan	No

Change Ideas

Change Idea #1	Establishment of a committee with an expansive and diverse membership including patients, residents, clients, staff, families and community members

Methods	Process measures	Target for process measure	Comments
1. Create a small working group to start 2. Recruit members 3. Create Terms of Reference 4. Begin with a prelinary workplan of activities	Achievement of key milestones: 1. Create a small working group to start 2. Recruit members 3. Create Terms of Reference 4. Begin with a prelinary workplan of activities	Our success in this indicator will be based on holding the first meeting and completion of the terms of reference by the end of Q2 26/27	

Report Access Date: March 26, 2026

Experience

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of patients, residents and clients responding 8, 9 or 10 on a ten-point scale rating their overall experience of care.	C	Rate / All patients	Hospital collected data / 25 26	80.70	84.74	5% improvement	

Is this indicator related to:	
Emergency Department Return Visit Audits	No
Executive Compensation	Yes
Pay-for-Results Action Plan	No

Change Ideas

Change Idea #1 Long-Term Care: We will begin by engaging residents to understand key drivers for this indicator

Methods	Process measures	Target for process measure	Comments
LTC - Specific methods will be determined based on feedback from residents "What does exceptional care mean to you" - 1:1 interviews with residents and families, review of concerns and complaints over the last 12 months, information gained from resident and family surveys, Discussion with resident and family council. Interdisciplinary Team Conference IDTC Annual/PRN Meetings	LTC - Progress will be measured through aggregate resident responses and staff understanding of unique resident specific needs.	LTC - Data to be collected by end of January 2027 and an action plan will be developed.	Our initiatives for this indicator are broken up into three program areas - hospital, long-term care and community

Report Access Date: March 26, 2026

Change Idea #2   Community/Hospital - GAIN - We will connect members of the GAIN Team with hospitalized clients and better collaborate to optimize care

Methods	Process measures	Target for process measure	Comments
Nurse Practitioners from GAIN to join hospital rounds for their patients. We will role out new process for staff to connect Nurse Practitioners with staff contacts	Nurse Practitioner and staff satisfaction with the new process combined with an increase in patient satisfaction scores both through GAIN and ED/Acute	We look to have the inclusion of Nurse Practitioners in GAIN patient rounding by Q2 26/27.	

Change Idea #3   Hospital - We will continue work to optimize the process for After Visit Summary (AVS) handoff to patients

Methods	Process measures	Target for process measure	Comments
1. Roll out process for physician distribution of AVS at discharge 2. Additional training for staff and physicians related to content, formatting, medication changes and presentation.	To measure our success, we will look to our EPIC EMR for reports on AVS distribution as well as random audits to assess AVS quality and patient centeredness.	We look forward to rolling out this initiative no later than Quarter2 26/27	

Change Idea #4   Hospital - Leverage learnings from LTC implementation of Comfort Care Rounding and begin implementation in the ED and Acute Departments

Methods	Process measures	Target for process measure	Comments
1. Design a program for purposeful rounding 2. Leverage EPIC flowsheets and prompts for documentation	1. Patient satisfaction scores 2. Rounding flowsheet utlization	Begin roll out in Q3	

Safety

Measure - Dimension: Safe

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Organizational Falls with Harm per 1000 patient days	C	Rate per 1,000 patient days / Patients and Residents	In house data collection / Q1-3 25 26	2.71	2.57	5% improvement	

Is this indicator related to:	
Emergency Department Return Visit Audits	No
Executive Compensation	Yes
Pay-for-Results Action Plan	No

Change Ideas

Change Idea #1   LTC - Sustain changes implemented related to implementation of Falls Prevention Best Practice Guidelines

Methods	Process measures	Target for process measure	Comments
LTC - Resident Safety team will conduct random audits related to falls prevention processes	LTC - Development of a consistent audit process - checklist based upon BP process. 2-4 audits will be completed each month	Quarterly completion of audits. TBD based on findings from quarterly audits and # of audits completed	

Change Idea #2   Hospital - Leverage learnings from LTC implementation of Comfort Care Rounding and begin implementation in the ED and Acute Departments

Methods	Process measures	Target for process measure	Comments
1. Design a program for purposeful rounding 2. Leverage EPIC flowsheets and prompts for documentation	1. Patient satisfaction scores 2. Rounding flowsheet utilization	We will begin rolling this out in Q3 26/27	

Measure - Dimension: Safe

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Implement Comfort Care Rounding in Hyland Crest Long-Term Care Home (Hyland Crest)	C	Implementation milestones / Residents	In house data collection / FY 26 27	CB	100.00	This is a project related metric and implementation success will be related to milestone achievement	

Change Ideas

No Data Available

Change Idea #1   Implement hourly comfort care rounding by PSW and nursing team to assess pain. Positioning, toileting needs and personal environment

Methods	Process measures	Target for process measure	Comments
Resident Safety team will conduct chart reviews to evaluate compliance with key practice changes Ongoing implementation/use of new PCC wound care module. Comfort Care Rounding 1. Establish a committee of PSWs and Nursing staff from both homes to help with development of CCR program- Q1 2. Establish "Champions" who will help with implementation -Q1 3. Educate staff on new program and process Q2 4. Rounding Logs will be implemented as part of the process Q2 5.With support of DOC and ADOC routine audits of rounding logs will occur Q2	1. Hourly rounds will be documented on rounding log Q3 2. 100% of nursing and PSw staff will be provided education on new program by end of Q2 3. Champions will help with auditing and education of staff Q3 4. # of Falls and pressure injuries will decline by Q4 Thorough review of one chart per quarter with desired result of 100% documentation accuracy and completeness Using the new skin and wound application in PCC, Residents with wounds reviewed for accuracy and completion of documentation and assessment, coaching and mentoring will be provided by wound care champions	Ongoing - anticipate two QIP cycles for adoption	

Measure - Dimension: Safe

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Implement comfort care rounding in Highland Wood Long-Term Care Home (Highland Wood)	C	Implementation milestones / Residents	In house data collection / FY 26 27	CB	100.00	This is a project related metric and implementation success will be related to milestone achievement.	

Change Ideas

No Data Available

Change Idea #1   Implement hourly comfort care rounding by PSW and nursing team to assess pain. Positioning, toileting needs and personal environment

Methods	Process measures	Target for process measure	Comments
Resident Safety team will conduct chart reviews to evaluate compliance with key practice changes Ongoing implementation/use of new PCC wound care module. Comfort Care Rounding 1. Establish a committee of PSWs and Nursing staff from both homes to help with development of CCR program- Q1 2. Establish "Champions" who will help with implementation -Q1 3. Educate staff on new program and process Q2 4. Rounding Logs will be implemented as part of the process Q2 5.With support of DOC and ADOC routine audits of rounding logs will occur Q2	1. Hourly rounds will be documented on rounding log Q3 2. 100% of nursing and PSw staff will be provided education on new program by end of Q2 3. Champions will help with auditing and education of staff Q3 4. # of Falls and pressure injuries will decline by Q4 Thorough review of one chart per quarter with desired result of 100% documentation accuracy and completeness Using the new skin and wound application in PCC, Residents with wounds reviewed for accuracy and completion of documentation and assessment, coaching and mentoring will be provided by wound care champions	Ongoing - anticipate two QIP cycles for adoption	

Measure - Dimension: Safe

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Reduce the frequency of new stage two, three and four pressure ulcers acquired in Highland Wood Long-Term Care Home (Highland Wood)	C	% / Residents	CIHI portal / 3 Quarter Avg	6.76	6.42	5% improvement	

Change Ideas

No Data Available

Change Idea #1	LTC - Implement hourly comfort care rounding by PSW and nursing team to assess pain. Positioning, toileting needs and personal environment Sustain practice changes newly implemented or already in progress upon completion of RNAO Gap analysis

Methods	Process measures	Target for process measure	Comments
Resident Safety team will conduct chart reviews to evaluate compliance with key practice changes Ongoing implementation/use of new PCC wound care module. Comfort Care Rounding 1. Establish a committee of PSWs and Nursing staff from both homes to help with development of CCR program- Q1 2. Establish "Champions" who will help with implementation -Q1 3. Educate staff on new program and process Q2 4. Rounding Logs will be implemented as part of the process Q2 5.With support of DOC and ADOC routine audits of rounding logs will occur Q2	1. Hourly rounds will be documented on rounding log Q3 2. 100% of nursing and PSw staff will be provided education on new program by end of Q2 3. Champions will help with auditing and education of staff Q3 4. # of Falls and pressure injuries will decline by Q4 Thorough review of one chart per quarter with desired result of 100% documentation accuracy and completeness Using the new skin and wound application in PCC, Residents with wounds reviewed for accuracy and completion of documentation and assessment, coaching and mentoring will be provided by wound care champions	Ongoing - anticipate two QIP cycles for adoption	

Measure - Dimension: Safe

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Reduce the frequency of new stage two, three and four pressure ulcers in Hyland Crest Long-Term Care Home. (Hyland Crest)	C	% / Residents	CIHI portal / 3 Quarter Avg	5.28	5.02	5% Improvement	

Change Ideas

No Data Available

Change Idea #1	LTC - Implement hourly comfort care rounding by PSW and nursing team to assess pain. Positioning, toileting needs and personal environment Sustain practice changes newly implemented or already in progress upon completion of RNAO Gap analysis

Methods	Process measures	Target for process measure	Comments
Resident Safety team will conduct chart reviews to evaluate compliance with key practice changes Ongoing implementation/use of new PCC wound care module. Comfort Care Rounding 1. Establish a committee of PSWs and Nursing staff from both homes to help with development of CCR program- Q1 2. Establish "Champions" who will help with implementation -Q1 3. Educate staff on new program and process Q2 4. Rounding Logs will be implemented as part of the process Q2 5.With support of DOC and ADOC routine audits of rounding logs will occur Q2	1. Hourly rounds will be documented on rounding log Q3 2. 100% of nursing and PSw staff will be provided education on new program by end of Q2 3. Champions will help with auditing and education of staff Q3 4. # of Falls and pressure injuries will decline by Q4 Thorough review of one chart per quarter with desired result of 100% documentation accuracy and completeness Using the new skin and wound application in PCC, Residents with wounds reviewed for accuracy and completion of documentation and assessment, coaching and mentoring will be provided by wound care champions	Ongoing - anticipate two QIP cycles for adoption	

Measure - Dimension: Safe

Indicator #8	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Reduce the frequency of new stage two, three and four pressure ulcers acquired in hospital	C	% / All patients	EMR/Chart Review / FY 25 26	1.37	1.30	5% Improvement	

Is this indicator related to:	
Emergency Department Return Visit Audits	No
Executive Compensation	Yes
Pay-for-Results Action Plan	No

Change Ideas

Change Idea #1   Hospital - Leverage learnings from LTC implementation of Comfort Care Rounding and begin implementation in the ED and Acute Departments

Methods	Process measures	Target for process measure	Comments
1. Design a program for purposeful rounding 2. Leverage EPIC flowsheets and prompts for documentation	1. Patient satisfaction scores 2. Rounding flowsheet utilization	Begin roll out in Q3	

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