Access and Flow | Timely | Optional Indicator

Indicator #1

90th percentile ambulance offload time (Haliburton Highlands Health Services Corporation)

Last Year		This Year		
7.00	**18**	**13.00**	**-85.71%**	**16**
Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Implement a "Fit-to-sit" program

Process measure

- PDSA cycle to identify areas for improvment (Q2) Audit

Target for process measure

- 80% correct patient ID and placement

Lessons Learned

Worked well with our community partners. Incorporated feedback from frontline staff and engaged physician group. Utilized same criteria as partner organizations to ease adoption by both HHHS and Haliburton County Paramedics, as some staff also work in neighbouring communities. Media release and social media post completed by communications to increase community awareness.

Comment

HHHS has only recently become a "P4R" hospital. As such, we have only begun measuring this metric through coded data. It is this coded data that automatically informs the baseline and performance figures for this metric. Our Quarterly EPIC Electronic Medical Record (EMR) Data for 24/25 was Q1 16min, Q2 17min and Q3 15.3min. We find the auto loaded data (7 minutes baseline and 13 minutes current performance) dubious. This has been reported to and discussed with the Provincial QIP team. We will be moving forward with an achievable and realistic target and focusing Quality Improvement initiatives on improving data integrity.

Indicator #5

Percent of patients who visited the ED and left without being seen by a physician (Haliburton Highlands Health Services Corporation)

Last Year		This Year		
3.46	**2**	**5.02**	**-45.09%**	**NA**
Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Implement a survey and call back process for all high risk patients who LWOBS by a physician

Process measure

- # of surveys recieved and also % call made to all identified high risk LWOBS patients

Target for process measure

- 25% survey response, 90% calls

Lessons Learned

The Emergency Department Access and Flow RN surveyed patient through phone calls. We found weekend calls were not always answered, and calls were then made during the week. We found that many surveyed did not seek care elsewhere, and did not wait for long periods of time (ex. 30 - 180 minutes).

Comment

HHHS has only recently become a Pay For Results (P4R) hospital. As such, we have only begun measuring this metric through coded data. It is this coded data that automatically informs the baseline and performance figures for this metric. Our baseline (per EPIC Data), was 2.75%. Our target was set at <2%. Performance data by quarter was: Q1 4.4%; Q2 2.9%, Q3 2.5%

Access and Flow | Efficient | Optional Indicator

Indicator #2

Alternate level of care (ALC) throughput ratio (Haliburton Highlands Health Services Corporation)

Last Year		This Year		
0.50	1.18	1.00	100.00 %	NA
Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

HHHS will Rebrand/relaunch home first philosophy to optimize timely transitions for patients when deemed ALC.

Process measure

- 100% representation at meetings Huddles TBD Presentation completed 90% of rounds completed

Target for process measure

- 100% representation at meetings Huddles TBD Presentation completed 90% of rounds completed

Lessons Learned

Alternate Level of Care (ALC) policy created, clearly outlining our home first philosophy and implemented an escalation process. Policy development was a collaborative process with nursing, nursing student, HHHS' community advisory committee and nursing advisory committtee.

Comment

We are satisfied with our results for this metric

Access and Flow | Efficient | Optional Indicator

	Last Year		This Year		
Indicator #9 Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Highland Wood)	**71.88** Performance (2024/25)	**68.28** Target (2024/25)	**31.58** Performance (2025/26)	**56.07%** Percentage Improvement (2025/26)	**NA** Target (2025/26)
Indicator #9 Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Highland Wood)	**71.88** Performance (2024/25)	**68.28** Target (2024/25)	**31.58** Performance (2025/26)	**56.07%** Percentage Improvement (2025/26)	**NA** Target (2025/26)

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

1. Provide preventive care and early treatment for common conditions leading to potentially avoidable ED visits Call to the NP or MD before sending resident to the ED to get their professional opinion on whether the resident can be treated within the home enviroment

Process measure

- TBD - will likely include % / ratio of calls made to MD / NP prior for Residents meeting the criteria.

Target for process measure

- We will aim to call for 50% of the opportunities by Q2 and 75% by Q4.

Lessons Learned

1. Orders for IV antibiotics challenging especially at Highland Wood as established practice has been to go to ER daily, difficulty getting homecare in to the home gain IV access in a timely manner 2. NPSTAT does not function at HW or HC as he/she does at other facilities because of remote location therefore challenge to assess resident in the home prior to ED transfer. 3. Family have the ability to intervene at anytime and request an ED visit. Because of the close proximity and convienence this happens frequently in HW as it is viewed as a quick trip down the hall. 4. Historically the ED has been the back up for physician on-call after hours. New process with NP's at HC is working well however HW has numerous physicians who practice within the LTC home and the after hours process continues in extenuating circumstances. The primary physician is always called with every transfer to ED and if time permits (in a non emergent situation) request for the primary physician to assess prior to making the decision to transfer occurs.

Comment

Metric measured Highland Wood ONLY

Access and Flow | Timely | Custom Indicator

Indicator #4

Emergency Department as a first point of contact for a Mental Health Condition as a % of all Mental Health presentations to the Emergency Department (Haliburton Highlands Health Services Corporation)

Last Year		This Year		
CB	**CB**	**1.10**	**--**	**NA**
Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Capture cases of Mental Health ED admissions for conditions that can be managed in other care areas (CTAS 3-5)

Process measure

- Will include the identification of Mental Health ED admissions for conditions that can be managed in other care areas (CTAS 3-5) and the # of trends identify based on case reviews

Target for process measure

- Out goal will be to review and trend at minimum. 20% of all M?H CTAS 3-5 cases or a number lower then 20% should saturation patterns emerger

Lessons Learned

We are satisfied with our levels.

Comment

Target was set at 5%. Quarterly data as follows: Q1=2%, Q2=1.8%, Q3=1.1% We are satisfied with our levels.

Equity | Equitable | Optional Indicator

	Last Year		This Year		
Indicator #8	**CB**	**85**	**100.00**	**--**	**100**
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education (Haliburton Highlands Health Services Corporation)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Implement a multi-pronged approach to staff equity, diversity, inclusion, and anti-racism education

Process measure

- Tracking of completion via online module + attendance lists for in-person events.

Target for process measure

- increase 20-25 percentage points per quarter

Lessons Learned

It is a challenge to deliver meaningful and impactful programming to employees in a time-efficient manner. The most effective programming has been in-person sessions facilitated by professional trainers, however, it is not practical for every employee to attend such a session. In future, we would like to improve the quality of training that can be delivered in a time-efficient manner (e.g.: via eLearning).

Comment

In 25/26, we will be starting earlier and collaborating with community partners and other stakeholders to ensure that the education presented is of the highest quality, relevance and value.

Experience | Patient-centred | Custom Indicator

Indicator #7

Percentage of respondent who responded "completely" to the following question: Did you receive enough information from the 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		
100.00	**85**	**55.32**	**--**	**NA**
Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

1. Communicate the use of pt survey in the inpt unit (welcome package) 2. Add QR code to AVS 3. Add posters in ED and Inpt unit with QR code for feedback 4.Implementation of an electronic patient satisfaction surve

Process measure

- 1.Review the number of returned survey's monthly 2. Complete 1 PDSA for Q2,Q3,Q4 targeting feedback from survey's 3 . Add slide on WR TV re Pt Satisfaction tool by May 15,2024 4. Complete 2 social media posts for awareness by May 15,2024

Target for process measure

- 1. 85% of patients will respond that they received enough information from hospital staff on treatment and condition by March 31,2025 2. Online patient satisfaction survey tool implemented by April 30,2024

Lessons Learned

Need to do a deeper investigation. Changed instructions on After Visit Summary (AVS) as a result of patient feedback. This is our first year with data and look forward to making a measured improvement. Future initiatives included on 25/26 QIP

Comment

As this was input as a custom indicator last year, the metric is not connected to this year's target. Results for last year (April 24 to Present) 182 Completely, 78 Quite a Bit, 45 Partly and 24 Not at all. Performance = 55.32%. Our Target for 25/26 is 70%

	Last Year		This Year		
Indicator #6	**85.00**	**90**	**91.30**	**--**	**NA**
Percent positive to the question “I would recommend this nursing home to others” (Highland Wood)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

1.Actively involve residents and their families in decisions and progress of the home's movement towards a person centred approach "Butterfly model"

Process measure

- 1. Number of meetings held with Administrator present to discuss and gather feedback and ideas from families and resident

Target for process measure

- 1. 3 meetings will be held with the administrator present by the end of Q4. 100% of ideas, questions and feedback brought froward will be documented and followed up on

Lessons Learned

Look to increase surveys to biannually, leverage volunteers to help in completion 1. Staff, residents and Family councils were involved in the co-creation of plans to educate staff, on resident focused care. 2. Joint Committee was formed and continues to meet monthly to identify opportunities to continue progress towards resident centred care model in both Long Term Care homes.

Comment

91% reflects the total for Highland Wood (82%) and Hyland Crest (92%) combined.

Safety | Safe | Custom Indicator

Indicator #3	Last Year		This Year		
Completion of Medication Reconciliation Community-Based Mental Health Program (Haliburton Highlands Health Services Corporation)	CB Performance (2024/25)	85 Target (2024/25)	87.00 Performance (2025/26)	-- Percentage Improvement (2025/26)	NA Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Education and training on medication reconciliation process at admission and discharge and EPIC based modules

Process measure

- % completion of medication reconciliation completed per admission and discharge in scope patients

Target for process measure

- Improve by 20-25% per quarter

Lessons Learned

The need to review the processes for documenting the Best Possible Medication History (BPMH) in EPIC to ensure the information is readily available to the health care team and for ease of data collection. The team have captured cases of polypharmacy and have been able to alert the physician (psychiatrist) to improve patient outcomes.

Comment

Quarterly Data as follows: Q1=88%, Q2=91%, Q3=87%

Safety | Safe | Optional Indicator

Indicator #10

Rate of workplace violence incidents resulting in lost time injury (Haliburton Highlands Health Services Corporation)

Last Year		This Year		
CB	30	0.00	--	0
Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

1. Improve interventions and return to work process 2.Improve reporting completion rate 3.Adopt a "zero tolerance" policy & practice

Process measure

- 1. Workplace violence incidents are reported with 24 hours of the event 2. "Zero Tolerance" Policy signage is posted in all clinical areas

Target for process measure

- 50% of all events reported within 24 hours of the event by Q2, 75% of all events reported within 24 hours of the event by Q4 # of new "Zero Tolerance" Policy signage posted in all clinical areas

Lessons Learned

Rapid, responsive intervention to workplace incidents helps us avoid lost time. The creation of a dedicated Occ. Health Nurse has paid dividends in this regard, as has the adoption of new reporting software. More education and support is needed for both employees and Managers as regards the reporting software, but we are pleased with our progress.