

## Access and Flow

### Measure - Dimension: Timely

Indicator #9	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
90th percentile emergency department wait time to inpatient bed	O	Hours / ED patients	CIHI NACRS / For ERNI hospitals: Dec 1, 2023, to Nov 30, 2024 (Q1 and Q2)	16.93	16.70	Achievable target based on current performance and implementation of change ideas.	

### Change Ideas

#### Change Idea #1 Use of Nurse Practitioner (NP) Clinic for Low Acuity Patients

Methods	Process measures	Target for process measure	Comments
Redirect low-acuity patients from the ED to an NP-led urgent care clinic for appropriate care. This will free up ED resources and allow the department to focus on higher acuity patients who require inpatient admission. The NP clinic will be staffed during peak hours to ensure patients are appropriately triaged and seen quickly.	Number of low-acuity patients referred to the NP clinic and average length of stay for NP patients.	Increase number of patients seen in the NP Clinic and decrease average LOS by 5-10% compared to 2024-25. Maintain 1.5 FTE (1 FT NP and 2 casual).	

## Change Idea #2 Expand Bed Capacity

Methods	Process measures	Target for process measure	Comments
Increase the number of available inpatient beds, to meet demands of capacity and flow. This can be achieved through adding inpatient beds, optimizing bed usage, and better coordination between units to ensure beds are available when needed. Added 6 inpatient beds with a potential of 6 additional flex beds.	Bed occupancy rate and the percentage of time inpatient beds are fully utilized.	Increase bed availability by 6 beds plus 6 flex beds to reduce patient wait times in the ED.	

## Change Idea #3 Flow Coordinator Position

Methods	Process measures	Target for process measure	Comments
Create a Flow Coordinator role responsible for managing patient flow from the emergency department (ED) to inpatient beds. This role will facilitate communication between the ED, inpatient units, and other departments to streamline bed assignments and reduce delays. The Flow Coordinator will track patients awaiting inpatient beds and ensure timely transfers.	Number of patients transferred from the ED to inpatient beds within 4 hours of decision to admit.	Achieve 90% of ED patients admitted to inpatient beds within 4 hours of decision to admit.	

**Measure - Dimension: Timely**

Indicator #10	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percent of patients who visited the ED and left without being seen by a physician	O	% / ED patients	CIHI NACRS / Apr 1 to Sept 30, 2024 (Q1 and Q2)	11.97	5.01	Targeting to meet Regional and Provincial average of 5.01% of patients left without being seen.	

## Change Ideas

### Change Idea #1 Recruit a community services Nurse Practitioner to work at Morningstar Detox Centre

Methods	Process measures	Target for process measure	Comments
Availability of a NP in community to facilitate low-barrier access to care, diverting flow away from the hospital ED and reducing wait times.	Availability of NP	Hire a NP within the year	

### Change Idea #2 Use of Nurse Practitioner (NP) Clinic for Low Acuity Patients

Methods	Process measures	Target for process measure	Comments
Redirect low-acuity patients from the ED to an NP-led urgent care clinic for appropriate care. This will free up ED resources and allow the department to focus on higher acuity patients who require inpatient admission. The NP clinic will be staffed during peak hours to ensure patients are appropriately triaged and seen quickly.	Number of low-acuity patients referred to the NP clinic and average length of stay for NP patients.	Increase number of patients seen in the NP Clinic and decrease average LOS by 5-10% compared to 2024-25. Maintain 1.5 FTE (1 FT NP and 2 casual).	

### Change Idea #3 Rural Generalist Council Care Model

Methods	Process measures	Target for process measure	Comments
New model for primary care in communities will allow for unattached patients to be seen by a MRP in community clinics. Unattached patients will be paneled to a MRP as recruitment is successful in 2025-26. The model allows for NPs in primary care to become MRPs which will reduce the number of unattached patients.	Number of unattached patients. Number of physicians recruited.	Reduction in number of unattached patients. Recruit 30 FTE for physicians.	

## Change Idea #4 Rapid Assessment &amp; Treatment Area in the Emergency Department

Methods	Process measures	Target for process measure	Comments
Create a Rapid Assessment & Treatment Area, where patients with low-acuity or time-sensitive conditions receive quick assessments and treatments, reducing wait times, preventing overcrowding, and improving patient satisfaction.	Percentage of patients discharged without full ED admission.	Collecting baseline.	

**Measure - Dimension: Timely**

Indicator #11	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
90th percentile emergency department wait time to physician initial assessment	P	Hours / ED patients	CIHI NACRS / ERNI hospitals: Dec 1, 2023, to Nov 30, 2024/Non-ERNI hospitals: Apr 1, 2024, to Sept 30, 2024 (Q1 and Q2)	4.50	3.10	Targeting to meet the Regional average of 3.1 hours.	

**Change Ideas**

## Change Idea #1 Expand Bed Capacity

Methods	Process measures	Target for process measure	Comments
Increase the number of available inpatient beds, to meet demands of capacity and flow. This can be achieved through adding inpatient beds, optimizing bed usage, and better coordination between units to ensure beds are available when needed. Added 6 inpatient beds with a potential of 6 additional flex beds.	Bed occupancy rate and the percentage of time inpatient beds are fully utilized during high-demand periods.	Increase bed availability by 6 beds plus 6 flex beds to reduce patient wait times in the ED.	

## Change Idea #2 Flow Coordinator position

Methods	Process measures	Target for process measure	Comments
Create a Flow Coordinator role responsible for managing patient flow from the emergency department (ED) to inpatient beds. This role will facilitate communication between the ED, inpatient units, and other departments to streamline bed assignments and reduce delays. The Flow Coordinator will track patients awaiting inpatient beds and ensure timely transfers.	Number of patients transferred from the ED to inpatient beds within 4 hours of decision to admit.	Achieve 90% of ED patients admitted to inpatient beds within 4 hours of decision to admit.	

## Change Idea #3 Use of Nurse Practitioner (NP) Clinic for Low Acuity Patients.

Methods	Process measures	Target for process measure	Comments
Redirect low-acuity patients from the ED to an NP-led urgent care clinic for appropriate care. This will free up ED resources and allow the department to focus on higher acuity patients who require inpatient admission. The NP clinic will be staffed during peak hours to ensure patients are appropriately triaged and seen quickly.	Number of low-acuity patients referred to the NP clinic and average length of stay for NP patients.	Increase number of patients seen in the NP Clinic and decrease average LOS by 5-10% compared to 2024-25. Maintain 1.5 FTE (1 FT NP and 2 casual).	

## Change Idea #4 Increase ED Housekeeping Coverage

Methods	Process measures	Target for process measure	Comments
Additional housekeeping staff scheduled over night to reduce room turnover time and maintain department cleanliness.	Time to physician initial assessment.	3.1 hours to physician initial assessment.	

## Equity

### Measure - Dimension: Equitable

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Number of complaints received which are related to equity, diversity, and inclusion.	C	Count / N/a	Local data collection / (April 1 to March 31, 2026)	6.00	4.00	Achievable target based on previous years performance and implementation of change ideas. We anticipate a decrease in complaints relating to issues around diversity, equity, and inclusion.	

### Change Ideas

Change Idea #1 Collaboration with Indigenous Patient Relations Department (IPRD) on accessibility of LWDH's Indigenous Client Navigation resources.

Methods	Process measures	Target for process measure	Comments
Patient Experience Survey question "If you are First Nations, Metis, or Inuit, were you aware of the following cultural services provided in the hospital to meet your needs: Traditional Healing, Interpreter Services, and Cultural Support," and an increased uptake of client navigation services.	Utilization of Indigenous Client Navigation services and number of Indigenous Client Navigation referrals.	5% increase in utilization of Indigenous Client Navigation services and number of Indigenous Client Navigation referrals.	

## Change Idea #2 Participation in recently developed local Indigenous cultural safety training

Methods	Process measures	Target for process measure	Comments
Staff enrollment in and completion of the two-part cultural safety training developed by local Indigenous health organization, Kenora Chiefs Advisory. Identify rate of completion through HR reporting.	Percentage of staff who completed training.	70% of staff participation in at least one module of the training in 12 months with total completion of both modules by March of 2026.	

## Change Idea #3 Implementation of VOYCE Real-Time Interpretation Services

Methods	Process measures	Target for process measure	Comments
Availability of 24/7 medical interpreter service in >240 languages including American Sign Language.	Number of times service is used.	Collecting baseline data.	

## Change Idea #4 Spiritual Care Committee and Spiritual Care Associate

Methods	Process measures	Target for process measure	Comments
Spiritual Care Committee is expanding services to support more belief systems, including Indigenous spirituality. Renovations of Spiritual Care Room to be more spiritually safe for those of all faiths and beliefs.	Survey responses to identify the beliefs of patients receiving care. Completion of committee initiatives.	Completion of 2 initiatives in the first year of the committee's establishment.	

## Change Idea #5 Indigenous Self-Identification

Methods	Process measures	Target for process measure	Comments
Continue to use Indigenous Self-Identification to determine the need to expand programming and services for Indigenous patient population.	Number of patients who self-identify as Indigenous.	Increase in self-reporting by 10%.	

## Experience

### Measure - Dimension: Patient-centred

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
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?	O	% / Survey respondents	Local data collection / Most recent consecutive 12-month period	70.53	80.00	Achievable target based on implementation of change ideas.	

### Change Ideas

#### Change Idea #1 Participation in OHA's Patient Experience Measurement and Peer Benchmarking Program

Methods	Process measures	Target for process measure	Comments
Utilize Qualtrics XM platform as a modern strategy to measure and report patient experience. Use of Qualtrics will facilitate enhanced response rates and report generation allowing for better utilization of results for quality improvement.	Number of patient responses.	25% increase in patient responses.	Total Surveys Initiated: 4026

#### Change Idea #2 Evaluate the completions of a Patient Oriented Discharge Summary (PODS) for each discharged inpatient.

Methods	Process measures	Target for process measure	Comments
Complete chart audits to evaluate completion of PODS.	Percentage of patients receiving a PODS at discharge.	95% completion rate.	

## Change Idea #3 Post-discharge follow-up phone calls

Methods	Process measures	Target for process measure	Comments
Dedicated position to complete post-discharge follow-up phone calls.	Percentage of discharged patients receiving follow-up calls. Time to first follow-up call post- discharge.	Collecting baseline. Aim to follow up with 75% of discharged patients within 48-72 hours of discharge.	

## Safety

### Measure - Dimension: Effective

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of patients readmitted to hospital within 30 days of discharge after hospitalization for mental illness or addiction	C	% / Mental health patients	CIHI DAD, CIHI OHMRS, MOH TLC RPDB / Apr 1 to Sept 30, 2025 (Q1 and Q2)	10.02	9.00	We will continue to work with community partners to reduce the number of mental health readmissions within 30 days.	

### Change Ideas

#### Change Idea #1 Substance Use Disorder (SUD) Assessment Team

Methods	Process measures	Target for process measure	Comments
Establishment of a multidisciplinary SUD Assessment Team to assess, support, and coordinate care for individuals with substance use disorders. The team will ensure timely, comprehensive, and patient-centered interventions, integrating medical, psychological, and social support.	Percentage of patients readmitted to hospital within 30 days of discharge for mental health and substance use disorders.	Collecting baseline.	

## Change Idea #2 Social Worker Triage of all Psychiatry Referrals

Methods	Process measures	Target for process measure	Comments
One-year pilot project to have all psychiatry referrals triaged by a Social Worker to ensure patients receive appropriate psychiatric services based on urgency, clinical needs, and available resources.	Wait times for psychiatry services.	20-25% reduction in wait times.	

## Change Idea #3 Outpatient Mental Health Walk-In Clinic

Methods	Process measures	Target for process measure	Comments
Availability of outpatient mental health walk-in clinic once a week to provide rapid access to mental health support without long wait times, offer early intervention to prevent mental health conditions from worsening, and reduce reliance on the emergency department for non-urgent mental health concerns.	Number of outpatient mental health walk-in clinic visits and number of Recovery Support clients.	15-20% increase in outpatient mental health clinic visits. Increase number of Recovery Support/Case Management clients from 1976 to 3170.	

## Measure - Dimension: Effective

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Frequent emergency room visits for help with mental health and substance use.	C	% / Patients	CIHI NACRS / Apr 1 to Sept 30, 2025 (Q1 and Q2)	CB	CB	New indicator for 2025/26. Collecting baseline.	

## Change Ideas

## Change Idea #1 Complex Care Committee

Methods	Process measures	Target for process measure	Comments
Complex Care Committee consists of members from LWDH and community partners. The Committee meets every six weeks to enhance care planning, with patients' consent, for patients with complex care needs. Expansion of committee to include additional community partners.	Representation of relevant community partners on committee to enhance care and service coordination based on patient needs.	Complete membership including representation from all community partners.	

## Change Idea #2 Availability of mental health crisis bed at Morningstar Detox Centre

Methods	Process measures	Target for process measure	Comments
Mental health crisis bed available at Morningstar Detox Centre to provide short-term support for individuals experiencing an acute mental health crisis but do not require inpatient hospitalization. The availability of the mental health crisis bed is intended to reduce unnecessary hospital ER visits and admissions and to facilitate connections to long-term mental health services and social supports.	Utilization of mental health crisis bed.	Increase utilization of mental health crisis bed by 25-30%.	

## Change Idea #3 Substance Use Disorder (SUD) Assessment Team

Methods	Process measures	Target for process measure	Comments
Establishment of a multidisciplinary SUD Assessment Team to assess, support, and coordinate care for individuals with substance use disorders. The team will ensure timely, comprehensive, and patient-centered interventions, integrating medical, psychological, and social support.	Number of patients assessed by SUD Assessment Team.	Collecting baseline.	

## Change Idea #4 Outpatient Walk-in Clinic for Substance Use Disorders

Methods	Process measures	Target for process measure	Comments
Walk-in clinic available once a week specifically for Substance Use Disorders. SUD Walk-In Clinic facilitates low-barrier access to treatment and connects individuals to long-term recovery services and social supports.	Number of clients who access SUD walk-in clinic.	Establish clinic in 2025-26.	

## Change Idea #5 Outpatient Mental Health Walk-in Clinic

Methods	Process measures	Target for process measure	Comments
Availability of outpatient mental health walk-in clinic once a week to provide rapid access to mental health support without long wait times, offer early intervention to prevent mental health conditions from worsening, and reduce reliance on the emergency department for non-urgent mental health concerns.	Number of outpatient mental health walk-in clinic visits and number of Recovery Support clients.	15-20% increase in outpatient mental health clinic visits. Increase number of Recovery Support/Case Management clients from 1976 to 3170.	

**Measure - Dimension: Effective**

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
30-Day medical readmission rate	C	% / Other	Other / Apr 1 to Sept 30, 2025 (Q1 and Q2)	16.70	15.10	Targeting to meet Regional average of 15.1% readmission rate.	

**Change Ideas****Change Idea #1 Wound Care Clinic**

Methods	Process measures	Target for process measure	Comments
Availability of a a full-time wound care nurse to staff a full-time wound care clinic to provide comprehensive assessment, treatment, and management of acute, chronic, and complex wounds.	Number of patients seen in Wound Care Clinic, inpatient, and community.	Collecting baseline.	

**Change Idea #2 Community Services Occupational Therapist**

Methods	Process measures	Target for process measure	Comments
Community services occupational therapist to provide in-home and community based rehabilitation services to individuals recovering from illness, injury, or hospitalization, preventing hospital readmissions, and supporting long-term well-being.	Number of individuals served by community services Occupational Therapist and number of visits.	5% increase in individuals serviced and number of visits.	

Change Idea #3 Integrated Care Pathways for COPD and CHF

Methods	Process measures	Target for process measure	Comments
Establish ICPs for COPD and CHF to improve care coordination across primary care, hospital, and community services to manage these chronic conditions.	Number of patients enrolled in the COPD and CHF pathways. Pathway patients with a care plan in place.	25% reduction in COPD and CHF related hospital admissions compared to 2024-25.	

Measure - Dimension: Safe

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Medication reconciliation at discharge: Total number of discharged patients for whom a Best Possible Medication Discharge Plan was created as a proportion the total number of patients discharged.	O	% / Discharged patients	Local data collection / Most recent consecutive 12-month period	81.11	85.00	Achievable target based on previous years performance and implementation of change ideas.	

Change Ideas

Change Idea #1 Dedicated Medication Reconciliation Pharmacy Technician to complete Med. Rec. for patients.

Methods	Process measures	Target for process measure	Comments
Pharmacy Technician will complete audit of charts from each department to determine completeness of Medication Reconciliation.	Continue to monitor completion of all steps of Medication Reconciliation. Percentage of completed Med. Recs.	Achieve 85% completion of medication reconciliation.	

## Change Idea #2 Establish a Medication Safety Committee

Methods	Process measures	Target for process measure	Comments
Recruit a multidisciplinary team to collaborate and establish evidence-based best practices for medication reconciliation.	Establishment of committee, number of meetings held, and improvement initiatives identified.	Aim to have Medication Safety Committee established in 6 months and hold quarterly meetings.	

## Change Idea #3 Enhance staff education and training

Methods	Process measures	Target for process measure	Comments
Provide education and training to nursing staff to ensure timely completion of medication reconciliation.	Percentage of nursing staff trained.	75% of nursing staff trained within 12 months.	

**Measure - Dimension: Safe**

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Number of workplace violence incidents (Overall)	C	Number / Worker	Local data collection / April 1 - March 31, 2026	213.00	200.00	Target set using previous year results. Goal is to enhance reporting culture for incident of workplace violence while implementing strategies aimed to reduce the overall number of incidents.	

**Change Ideas**

## Change Idea #1 Re-instate the Workplace Violence Taskforce

Methods	Process measures	Target for process measure	Comments
Resume activities of a dedicated Workplace Violence Task Force consisting of leadership, safety officers, HR, staff representatives, and security personnel to review incidents, develop policies, and implement prevention strategies. The task force will meet regularly to assess current practices and recommend improvements.	Number of task force meetings held in the year and number of action items identified and addressed.	Hold regular task force meetings and develop an action plan with at least three identified action items to reduce workplace violence.	This change idea focuses on creating a collaborative, cross-departmental team to proactively address workplace violence and create a comprehensive approach to safety in the organization.

## Change Idea #2 Continue to encourage and monitor reporting practices

Methods	Process measures	Target for process measure	Comments
RL6 Incident Monitoring System	Total number of reported safety/security incidents relating to violence.	3% increase in reporting.	

## Change Idea #3 Workplace violence risk assessment

Methods	Process measures	Target for process measure	Comments
Complete the PSHSA violence risk assessment tool for all departments.	Completion of the violence risk assessments annually.	100% completion for all departments.	

## Change Idea #4 Environmental safety improvements

Methods	Process measures	Target for process measure	Comments
Install and upgrade security measures (video monitoring, secure access controls, AI weapons detection) for high-risk areas.	Number of planned security measures.	Achieve 75% implementation of planned upgrades within 12 months.	

## Change Idea #5 Staff training and education

Methods	Process measures	Target for process measure	Comments
Offer advanced training and restraint chair training to staff and security guards to improve de-escalation and response to Code White.	Percentage of staff training completion.	75% completion for staff in high-risk areas.	

## Measure - Dimension: Safe

Indicator #8	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Number of Medication errors	C	Number / N/a	Local data collection / April 1 - March 31, 2026	CB	CB	New indicator for 2025/26. Collecting baseline.	

## Change Ideas

## Change Idea #1 Enhance staff education and training

Methods	Process measures	Target for process measure	Comments
Conduct mandatory training sessions on medication safety, focusing on high-risk medications. Include training at orientation and annually.	Percentage of staff completing annual medication safety training.	Achieve 75% training completion within 12 months.	

## Change Idea #2 Establish a Medication Safety Committee

Methods	Process measures	Target for process measure	Comments
Recruit a multidisciplinary team, including pharmacists, nurses, physicians, and quality/risk management staff.	Establishment of committee and number of meetings held.	Aim to have Medication Safety Committee established in 6 months and hold quarterly meetings.	

## Change Idea #3 Investigate the development of a Medication Safety Officer position

Methods	Process measures	Target for process measure	Comments
Establish the Medication Safety Officer as a dedicated position responsible for medication safety initiatives.	Identify relevant roles and responsibilities for Medication Safety Officer.	Identify a suitable candidate for position by March of 2026.	

## Change Idea #4 Encourage and monitor reporting practices

Methods	Process measures	Target for process measure	Comments
Encourage a culture of reporting through non-punitive medication incident reporting practices.	Number of medication incidents reported in RL6.	Collecting baseline to identify trends. Complete monthly review of medication incidents and completion of RCA and appropriate follow-up.	