Access and Flow

Measure - Dimension: Timely

Indicator #6	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 / December 1, 2024, to November 30, 2025, in alignment with the Pay for Results program	17.00	17.00	Targeting to maintain performance considering impacts due to changes to repatriation guidelines.	

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

Change Ideas

Change Idea #1 Nurse Practitioners (NP) in ED to provide care for Low Acuity Patients			
Methods	Process measures	Target for process measure	Comments
Staff the ED with a Nurse Practitioners to provide care for low-acuity patients. This will free up ED resources and allow the department to focus on higher acuity patients who require inpatient admission. The ED will be staffed with an NP during peak hours to ensure patients are appropriately triaged and seen quickly.	Number of low-acuity patients seen by an NP and average length of stay for NP patients.	Increase number of patients seen BY NP and decrease average LOS by 5-10% compared to 2025-26. Maintain 2 FTE.	

Change Idea #2 Improve Bed Utility			
Methods	Process measures	Target for process measure	Comments
Increase the utility of available inpatient beds, to meet demands of capacity and flow. This can be achieved through optimizing bed usage and better coordination between units to ensure beds are available when needed.	Bed occupancy rate and the percentage of time inpatient beds are fully utilized.	Collecting baseline data following increase in bed capacity.	

Change Idea #3 Flow Coordinator Position			
Methods	Process measures	Target for process measure	Comments
Continue to use 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 #7	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 / April 1, 2024, to March 31, 2025 (i.e., FY 2024)	10.44	7.10	Targeting to meet low volume community hospital average.	

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

Change Ideas

Change Idea #1 Recruit a coordinator to work in the ED to oversee the SUD and addictions medicine pathway.

Methods	Process measures	Target for process measure	Comments
Availability of a coordinator to facilitate low-barrier access to care, diverting flow away from the hospital ED and reducing wait times.	Availability of suitable candidates.	Hire a coordinator in 2026-2027.	

Change Idea #2 Nurse Practitioners (NP) in ED to provide care for Low Acuity Patients			
Methods	Process measures	Target for process measure	Comments
Staff the ED with a Nurse Practitioners to provide care for low-acuity patients. This will free up ED resources and allow the department to focus on higher acuity patients who require inpatient admission. The ED will be staffed with an NP during peak hours to ensure patients are appropriately triaged and seen quickly.	Number of low-acuity patients seen by an NP and average length of stay for NP patients.	Increase number of patients seen BY NP and decrease average LOS by 5-10% compared to 2025-26. Maintain 2 FTE.	

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 & 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.	

Change Idea #5 Develop a plan for follow up phone calls to patients who left without being seen.

Methods	Process measures	Target for process measure	Comments
Develop a strategy to identify and phone patients that require follow up.	Development of the strategy.	Develop strategy by end of Q1.	

Measure - Dimension: Timely

Indicator #8	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
90th percentile emergency department length of stay for nonadmitted patients with low acuity	P	Hours / ED patients	CIHI NACRS / December 1, 2024, to November 30, 2025, in alignment with the Pay for Results program	6.72	4.70	Targeting to meet the Regional performance.	

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

Change Ideas

Change Idea #1 New repatriation guidelines for transfers are being tracked and trended for the next six months			
Methods	Process measures	Target for process measure	Comments
Regional tracking tool to be utilized by Flow Coordinator and Discharge Planner to ensure appropriate and timely patient transfers when required.	90th percentile ED length of stay for low acuity non-admitted patients	Targeting to improve current performance to meet regional performance.	

Change Idea #2 ED Quality Committee will review outliers (extended LOS).			
Methods	Process measures	Target for process measure	Comments
Review, track, and trend rates of high LOS for low acuity non admitted patients.	Number of outliers identified per quarter.	Improve LOS from current performance.	

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 nonadmitted patients with high acuity	P	Hours / ED patients	CIHI NACRS / December 1, 2024, to November 30, 2025, in alignment with the Pay for Results program	8.60	7.90	Targeting to meet low volume community hospital performance.	

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

Change Ideas

Change Idea #1 New repatriation guidelines for transfers are being tracked and trended for the next six months.			
Methods	Process measures	Target for process measure	Comments
Regional tracking tool to be utilized by Flow Coordinator and Discharge Planner to ensure appropriate and timely patient transfers when required.	90th percentile ED length of stay for high acuity nonadmitted patients.	7.9 hours emergency department length of stay	

Change Idea #2 ED Quality Committee will review outliers (extended LOS).			
Methods	Process measures	Target for process measure	Comments
Review, track, and trend rates of high LOS for high acuity nonadmitted patients.	# of outliers identified per quarter.	Improve LOS from current performance.	

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	P	Hours / ED patients	CIHI NACRS / December 1, 2024, to November 30, 2025, in alignment with the Pay for Results program	4.70	4.40	Targeting to meet provincial performance.	

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

Change Ideas

Change Idea #1 Improve Bed Utility

Methods	Process measures	Target for process measure	Comments
Increase the utility of available inpatient beds, to meet demands of capacity and flow. This can be achieved through optimizing bed usage and better coordination between units to ensure beds are available when needed.	Bed occupancy rate and the percentage of time inpatient beds are fully utilized during high-demand periods.	Collecting baseline data following increase in bed capacity.	

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 Nurse Practitioners (NP) in ED to provide care for Low Acuity Patients			
Methods	Process measures	Target for process measure	Comments
Staff the ED with a Nurse Practitioners to provide care for low-acuity patients. This will free up ED resources and allow the department to focus on higher acuity patients who require inpatient admission. The ED will be staffed with an NP during peak hours to ensure patients are appropriately triaged and seen quickly.	Number of low-acuity patients seen by an NP and average length of stay for NP patients.	Increase number of patients seen BY NP and decrease average LOS by 5-10% compared to 2025-26. Maintain 2 FTE.	

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.	4.4 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 / 2026-27	7.00	5.00	Achievable target based on current performance and implementation of change ideas.	

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

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 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 #4 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	61.56	70.00	Achievable target based on current performance and implementation of change ideas.	

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

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: 360

Change Idea #2 Development of new discharge summary through implementation of new electronic health record.			
Methods	Process measures	Target for process measure	Comments
Key staff and physicians' participation in the development of new discharge summary to be provided to patients at discharge following implementation of of new EHR.	Completion of new summary by implementation date.	New discharge summary will be ready early 2027.	

Change Idea #3 Development of patient education pamphlets for common presentations.			
Methods	Process measures	Target for process measure	Comments
Create and distribute patient education materials at discharge with contact information for more follow up if needed.	Enhanced response to patient experience question.	75% of survey respondents responding "completely".	

Change Idea #4 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.	

Safety

Measure - Dimension: Effective

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Number of workplace violence incidents (Overall)	C	Count / Worker	Local data collection / 2026-27	123.00	200.00	Achievable target based on current performance and implementation of change ideas.	

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

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: Effective

Indicator #2	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 / 2026-27	7.00	6.50	Achievable target based on current performance and implementation of change ideas.	

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

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.	Funding has been obtained. Development of job descriptions and promotion materials as well as team establishment and requirement are ongoing.	To have the team in place and care pathways developed by August 2026.	

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.	

Measure - Dimension: Effective

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of patients with a repeat visit within 30 days following a MH/SUD visit to the ED	C	% / Patients	CIHI NACRS / 2026-27	CB	CB	New indicator for 2026-27.	

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

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%.	Currently accessed by police and hospital services. Expanding to develop pathway for HART Hub.

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 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.	