Erie Shores HealthCare

QUALITY IMPROVEMENT PLAN

2026/2027

Erie Shores HealthCare

Care Happens Here

EXECUTIVE SUMMARY

Erie Shores HealthCare (ESHC) continues to evolve to meet the complex needs of our rural and regional community. Over the past year, ESHC has advanced foundational work to expand local services, modernize infrastructure, and strengthen system partnerships across the continuum of care. These investments reflect a deliberate focus on improving access, strengthening system integration, and positioning the organization for sustainable improvement in 2026–2027.

A significant achievement in 2025–2026 was the expansion and modernization of Diagnostic Imaging services. These included the introduction of local MRI, upgraded Mammography technology, improved booking processes, expansion of hours, and renovated Diagnostic Imaging spaces. These enhancements improve timely access to diagnostics, support earlier diagnosis and treatment, and enhance patient experience through safer, more efficient, and purpose-designed environments. Expanded diagnostic capacity reduces the need for patients to travel outside the region; from previous years only 18% of the priority three CT studies were met within timelines and current performance has ESHC meeting 92% of patients receiving timely care who would have relied on emergency departments as a point of access for imaging. Improved access to timely diagnostics supports more efficient clinical decision-making and contributes to improved emergency department flow, reduced length of stay, and optimized inpatient capacity.

Informed by population-level needs assessment and system partner engagement, Erie Shores HealthCare expanded and strengthened its integrated mental health and addictions care model. Through enhanced collaboration with Hotel-Dieu Grace Healthcare and the Canadian Mental Health Association, ESHC now provides coordinated on-site addictions support and psychiatry services.

ESHC has also expanded surgical services through the Operating Room, including the introduction of Urology services. This expansion improves local access to specialized care, reduces wait times and out-of-region referrals, and supports timely surgical intervention, contributing to improved patient flow and continuity of care.

Looking ahead to 2026–2027, focusing on OH Primary care attachment initiative, ESHC will further leverage the Emergency Department (ED) and Inpatient discharges via Admission Discharge Unit (ADU) by enabling direct primary care linkage for unattached patients presenting to the ED and inpatient units. Enhancing surgical services along with improved access and flow to improve ED P4R metrics are ongoing initiatives.

Together, these initiatives align with ESHC’s commitment to achieving all priority indicators across Access and Flow, Equity, Experience, and Safety. ESHC will continue to monitor performance, address disparities, enhance patient and provider experiences, and strengthen a culture of safety through targeted improvement initiatives and system collaboration—ensuring high-quality, patient-centered care close to home.

ACCESS & FLOW

GOAL

Improve timely access to emergency and inpatient care by optimizing patient flow, reducing avoidable admissions, and strengthening transitions across the continuum of care.

OBJECTIVES

- Maintain provincial leadership in ambulance offload time
- Improve emergency department (ED) flow and throughput for admitted and discharged patients
- Strengthen attachment to primary care and community supports to enable safe discharge and reduce unnecessary hospitalization

Erie Shores HealthCare
Care Happens Here

Erie Shores HealthCare (ESHC) continues to prioritize access and flow as a critical enabler of high-quality, patient-centered care. In 2025, ESHC implemented targeted, evidence-informed strategies to address emergency department congestion, inpatient capacity pressures, and delays in transitions of care. A key initiative was the implementation of a Geriatric Assessment Nurse, enabling early identification of frailty, functional decline, and social risk factors among patients aged 65 and older. This approach supports proactive admission prevention, timely discharge planning, and appropriate diversion of patients back to their residences with supports in place, ensuring care is delivered in the most appropriate setting.

To further strengthen real-time decision-making and care coordination, Ontario Health at Home partners were embedded directly within the Emergency Department. This integrated model supports proactive discharge planning, rapid connection to home and community-based services, and reduced reliance on inpatient admission when hospital-level care is not required.

The Admission Discharge Unit (ADU) continues to play a critical role in improving internal hospital flow by streamlining admissions and discharges and reducing inpatient-related ED congestion. Evaluation of the ADU demonstrated a 50% reduction in time to inpatient bed (from 9.0 to 4.1 hours), a 43% reduction in inpatient bed idle time following discharge orders (from 3.0 to 1.3 hours), and a reduction in admitted emergency department length of stay by 8.7 hours, supporting sustained improvements in throughput and capacity management.

At the same time, ESHC recognizes that several local postal codes experience high rates of unattached, high-risk, and vulnerable patients. Proactive identification of unattached patients at registration, combined with strengthened partnerships with the Erie Shores Family Health Team, Windsor-Essex Community Health Centre, and Nurse Practitioner–Led Clinics, supports timely attachment to primary care. This approach supports timely attachment to primary care, promotes access to care in the right place with the right provider, and reduces reliance on episodic emergency services.

EQUITY & INDIGENOUS HEALTH

GOAL

Advance equity, inclusion, and diversity and address racism to reduce disparities in outcomes for patients, families, and providers.

OBJECTIVES

- Embed equity, diversity, inclusion, and Indigenous (EDII) principles into organizational policies, training, and care delivery
- Strengthen culturally safe practices and partnerships to improve access and experience for Indigenous and equity-deserving populations
- Foster an inclusive, respectful workplace that supports equitable recruitment, retention, and staff experience

Erie Shores HealthCare (ESHC) continues to advance equity and Indigenous health through foundational education, policy development, and partnership-based approaches. In 2025, ESHC exceeded its organizational target for equity, diversity, inclusion, and anti-racism (EDII) education, achieving over 80% staff completion against a target of 75%. Education focused on foundational concepts including power and privilege, equity versus equality, cultural humility, and identifying and mitigating bias. Expanded learning opportunities through Sanya's equity-focused training, with selected staff participating in more in-depth education. This training supported deeper reflection, skill-building, and application of EDII principles within teams. These efforts support staff awareness and capacity to provide respectful and equitable care.

Additional progress included redesign of the Spiritual Care Room, enhancements to the Patient Belongings Policy, improvements in Active Offer coordination, and implementation of a new interpretation platform to strengthen language access for patients and families.

ESHC also continued to integrate Indigenous perspectives into organizational practices by building on its established relationship with Caldwell First Nation. Caldwell representatives participated in hospital-wide orientation, ensuring Indigenous-led education is embedded into onboarding for new staff. Caldwell partners also supported organizational events and smudging ceremonies, contributing to culturally safe practices and reinforcing Indigenous presence within hospital spaces. This work reflects continued progress toward Truth and Reconciliation through sustained, relationship-based engagement.

In 2026–2027, ESHC will focus on further embedding EDII principles into organizational systems and workforce practices. A new Respectful Workplace Policy will be implemented to address bias, microaggressions, and discrimination, with clear expectations, reporting processes, and accountability mechanisms. Staff education will be expanded to include interpersonal conflict resolution, bystander intervention, and respectful communication, with enhanced requirements for leaders and people managers.

Through these actions, ESHC aims to strengthen an inclusive and respectful workplace, support recruitment and retention, and ensure care environments are culturally safe, equitable, and aligned with organizational values.

Patient/Client/Resident Experience

GOAL

Improve patient, client, and resident experience by strengthening communication, responsiveness, and meaningful engagement across care settings.

OBJECTIVES

- Improve communication and real-time responsiveness to patient and family concerns
- Reduce patient frustration and unintended departures related to emergency department wait times
- Embed patient and family voices into care planning and quality improvement activities

Erie Shores HealthCare (ESHC) continues to prioritize patient and family experience as a core component of quality care. In 2025, ESHC reviewed patient and family feedback and identified communication gaps in the Emergency Department (ED), particularly related to changes in symptoms, care updates, and uncertainty during prolonged waits. In response, ESHC implemented targeted improvements to enhance real-time communication and patient support.

A key achievement in 2025 was the introduction of a dedicated Patient Experience Specialist in the ED, providing direct, real-time support to patients and families. This role facilitates communication between care teams and families, addresses concerns as they arise, and supports timely escalation when patient needs change. Feedback also indicated that lack of visibility into ED wait times contributed to patients leaving without being seen. To address this, ESHC relaunched the ED wait time clock to reflect the longest wait time, improving transparency and setting clearer expectations for patients and families.

To further support patient experience and flow, ESHC reorganized the ED waiting room to better align with triage processes and added an additional ED triage nurse, enhancing assessment capacity and responsiveness at the point of entry.

Looking ahead to 2026–2027, ESHC will actively recruit a Patient Advocate to support patients and families navigating complex inpatient admissions. In addition, the Patient and Family Advisory Committee (PFAC) will continue to be embedded across care committees, ensuring patient perspectives inform policy development, care redesign, and quality improvement initiatives. Through these actions, ESHC remains committed to delivering care that is respectful, responsive, and centered on patient and family needs.

Provider Experience

GOAL

Enhance provider experience by fostering a positive workplace culture, supporting staff well-being, and strengthening retention across the organization.

OBJECTIVES

- Promote a supportive, engaged, and inclusive workplace culture
- Strengthen staff voice and local ownership of culture improvement
- Address workforce retention and challenges in high-demand and hard-to-recruit roles

Erie Shores HealthCare (ESHC) continues to prioritize provider experience as a key driver of quality care, patient safety, and organizational sustainability. In 2025, ESHC was recognized as a Southwest Employer of the Year, reflecting ongoing commitment to staff engagement, well-being, and workplace culture. ESHC is also scheduled to receive this recognition again in 2026, reinforcing the strength and consistency of these efforts.

To better understand and respond to staff experience at the unit level, workplace culture surveys were conducted across clinical and non-clinical areas. Each department identified a culture-focused initiative informed by survey feedback and local priorities, supported by leadership to enable meaningful, unit-led improvements. These initiatives included the introduction of shout-out boards to recognize peer contributions, redesigned approaches to internal communication, creation of unit newsletters, and refreshed unit décor to foster more welcoming and supportive work environments.

ESHC also invested in organization-wide engagement initiatives to strengthen connection and morale. A Social Committee was established and successfully launched its first gingerbread house competition, alongside wellness-focused events such as Pilates and Puppies, promoting team building, stress reduction, and staff connection outside of clinical demands.

Looking ahead to 2026–2027, ESHC will establish a dedicated workforce retention role focused on addressing turnover trends across both nursing and high-demand ancillary roles. This role will analyze workforce data, engage staff to identify drivers of attrition, and develop targeted retention and recruitment strategies, including mentorship, role optimization, and career development pathways. Through these actions, ESHC aims to strengthen provider experience, improve workforce stability, and support sustainable care delivery across all services.

Safety

GOAL

Reduce preventable harm and never events by strengthening medication safety, standardizing safe practices, and reinforcing a culture of safety across the organization.

OBJECTIVES

- Reduce the risk of medication-related harm through technology-enabled safety practices
- Improve and sustain medication scanning compliance across all care areas
- Promote staff engagement and accountability for safe care delivery

Erie Shores HealthCare (ESHC) continues to prioritize patient safety as a foundational element of high-quality care. Never events remain a key focus within organizational quality scorecards, guiding targeted improvement efforts and reinforcing accountability at all levels.

In 2025, ESHC achieved full implementation of Pyxis automated dispensing cabinets across the organization, with the Operating Room completing the final phase. This included integration with Codonics medication labeling technology, supporting accurate medication identification, standardized labeling, and reduced risk of medication selection and administration errors. Together, these technologies strengthen safeguards across the medication-use process, from dispensing to administration, and support compliance with best practices for medication safety.

A major organizational focus in 2025 was improving medication scanning compliance to ensure the right patient receives the right medication at the right dose and time. Prior to this quality improvement initiative, medication scan rates averaged approximately 30%. Through focused education, real-time feedback, leadership engagement, and unit-level accountability, ESHC achieved sustained improvement, with current organizational scan rates exceeding 90%. Several individuals and units have demonstrated exceptional reliability, maintaining 100% scan compliance for more than 48 consecutive weeks, reflecting deep integration of safe medication practices into daily workflows.

To reinforce this culture of safety, ESHC implemented weekly recognition and “shout-outs” for teams achieving and sustaining scan rates above 90%, supporting positive reinforcement and peer accountability.

Moving forward, ESHC will continue to monitor medication safety metrics through quality scorecards, sustain high scanning compliance, and leverage technology-enabled safeguards to reduce risk and prevent harm, ensuring safety remains embedded in everyday practice.

Palliative Care

GOAL

To ensure timely, person-centered access to palliative care support that enables individuals with serious illness to receive coordinated care in the right place, at the right time, while improving patient, family, and care partner experience.

OBJECTIVES

- Expand and optimize inpatient capacity to support timely palliative care delivery.
- Improve access and flow by enabling seamless transitions from hospital to hospice care.
- Strengthen staff capability to deliver high-quality, evidence-informed palliative care.

In 2025, Erie Shores HealthCare (ESHC) advanced its palliative care service delivery model in alignment with the Ontario Health Palliative Care Quality Standard (2024), with a focus on timely access, coordinated transitions, and provider capability.

Activity 1: Timely Access in Acute Care
In November 2025, ESHC completed renovations to two dedicated palliative care rooms and upgraded three additional inpatient rooms, resulting in five enhanced spaces designed to support privacy, comfort, symptom management, and family presence. These improvements strengthen timely access to palliative care within the acute care environment and enhance patient and family experience.

Activity 2 – Seamless Transitions and Access & Flow
To improve access and flow, ESHC implemented a hospital-wide policy to support transitions from hospital to hospice by enabling essential medications to be provided or sent with patients at the time of transfer, particularly over weekends when community pharmacy access may be limited. This initiative reduces discharge delays, prevents avoidable inpatient days, and ensures continuity of symptom management, supporting care in the most appropriate setting. This work is further reinforced through an ongoing partnership with local hospice providers, enabling coordinated discharge planning, shared communication, and continuity of palliative care across settings.

Activity 3 – Workforce Capability and Sustained Delivery
Recognizing the importance of skilled providers in delivering high-quality palliative care, ESHC initiated a focused education and partnership strategy to build internal capacity and sustain service delivery. Planning commenced to upskill a cohort of dedicated inpatient nurses to complete mini LEAP (Learning Essential Approaches to Palliative Care) training onsite, in partnership with Pallium Canada.

In parallel, ESHC continues to work collaboratively with hospice partners to provide onsite support, mentorship, and shared expertise, strengthening consistent, evidence-informed palliative care delivery within the hospital and supporting smooth transitions across the continuum of care.

POPULATION HEALTH MANAGEMENT

Using a population health management approach, Erie Shores HealthCare (ESHC) identified a rising and increasingly complex mental health and addictions (MHA) population presenting through the Emergency Department (ED). Local ED utilization trends, combined with shared data from the Windsor-Essex County Health Unit, highlighted increasing substance use–related presentations, co-occurring mental health conditions, and social complexity, underscoring the need for more proactive, integrated, and equitable supports across the care continuum.

Historically, ESHC relied on limited in-person addictions services, with on-site support available two days per week through a partnership with the Windsor-Essex Community Health Centre, and no in-house psychiatry coverage for inpatients. This model constrained timely access to specialized care, contributed to prolonged lengths of stay, and limited the hospital's ability to address the broader psychosocial and stabilization needs of this priority population.

In response, and informed by population-level needs assessment and system partner engagement, ESHC expanded and strengthened its integrated MHA care model. Through enhanced collaboration with Hotel-Dieu Grace Healthcare and the Canadian Mental Health Association, ESHC implemented a coordinated program that now provides five days per week on-site addictions support and psychiatry services for the inpatient population.

By embedding consistent addictions and psychiatry support within the inpatient setting, ESHC is improving care transitions, supporting safer discharges, and addressing upstream drivers of repeat ED presentations. This initiative advances the Quadruple Aim by enhancing patient experience, supporting providers with timely specialist input, improving population-level mental health outcomes, and strengthening system efficiency through integrated, partnership-driven care delivery.

Emergency Department Return Visit Quality Program

Emergency Department Return to Program (EDRP) reviews at Erie Shores HealthCare (ESHC) identified management of patients and unsafe discharge/disposition as a recurring quality issue. Analysis highlighted physician cognitive lapse as an underlying contributor, particularly during periods of high patient volume, competing clinical demands, and time pressure. These factors directly impact Access and Flow performance, including time to physician initial assessment, length of stay, and discharge decision-making. Delays in assessment, prolonged decision-making, and unsafe or premature discharge decisions increase ED congestion, elevate LOS, and contribute to downstream access pressures.

To address these EDRP-identified risks, ESHC implemented targeted interventions in 2025 designed to reduce cognitive burden and improve flow efficiency:

Physician Scheduling & Optimization

ED physician schedules were redesigned to ensure overlapping coverage, providing real-time peer support and shared clinical decision-making. This model reduces isolated decision-making and cognitive overload, directly supporting improvements in PIA times, LOS, and safer disposition planning.

Predictive Modeling for ED Flow:

In partnership with SiMLQ, ESHC implemented predictive modeling to anticipate ED volume surges and access pressures. These tools enable proactive staffing and resource alignment, supporting improved patient throughput, reduced ED congestion, and stabilization of bed wait indicators.

Efficiency and Clinical Decision-Making Education:

All ED Nurse Practitioners and eight Emergency Physicians completed a structured ED efficiency course focused on assessment prioritization, disposition planning, and managing cognitive load under pressure. This education supports consistent assessment practices and reduces variability that can negatively impact Length of Stay, Left Without Being Seen , and discharge safety.

For 2026–2027, ESHC will continue to integrate EDRP learnings into Access and Flow improvement efforts by:

Reinforcing Physician Education

related to cognitive bias, reassessment, and high-risk discharge decisions

Embedding Predictive Analysis

into routine operational planning to support timely assessment and disposition

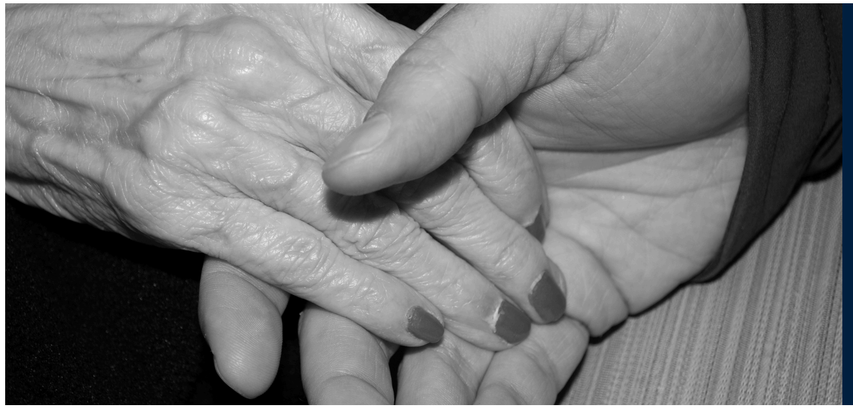
Strengthening Peer & Leadership Support Models

to promote shared accountability for flow and patient safety

Ongoing Monitoring of EDRP Trends

to proactively identify risks that may impact PIA, LOS, and discharge outcomes

By directly linking EDRP findings to Access and Flow indicators, ESHC has implemented system-level interventions that reduce physician cognitive burden, support safer decision-making, and improve patient flow. These actions contribute to sustained improvements in PIA performance, ED length of stay, and discharge safety, while reinforcing a culture of shared accountability and continuous improvement across the Emergency Department.



Contact Information

Neelu Sehgal

Chief Nursing Executive
Phone: 519.326.2373 ext 4046
Email: neelu.sehgal@eshc.org

Duffy Kniaziew

EHSC Board Chair
Phone: 519.796.1377
Email: duffy@kniaziew.com