Access and Flow | Timely | Custom Indicator

		Last Year		This Year		
Indicator #2 Percent of patients who visited the ED and left without being seen by a physician, and received a follow up call. (Erie Shores Healthcare)		**0.05** Performance (2024/25)	**0.03** Target (2024/25)	**100.00** Performance (2025/26)	**--** Percentage Improvement (2025/26)	**NA** Target (2025/26)

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

All patients that left without being seen are to receive a follow up phone call from our patient experience specialist.

> **Process measure**
> - Total Number of follow up calls made.
>
> **Target for process measure**
> - 97% of all patients that left without being seen are to receive a follow up phone call from our patient experience specialist.

Lessons Learned

100% of the patients received a follow up call

Change Idea #2 ☑ **Implemented**   ☐ Not Implemented

Triage reassessment criteria as per CTAS guidelines to support increased frequency of assessments to deter patients from leaving ED without being seen

> **Process measure**
> - Triage reassessments will be tracked on First Net.
>
> **Target for process measure**
> - 75% of patients presenting to the Emergency Room will receive a reassessment by triage.

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Lessons Learned

Build a Power Bi- dashboard to display in our ED so all frontline teams have the information and can support access and flow

Change Idea #3 ☑ **Implemented** ☐ **Not Implemented**

Addition of a provider directly into triage to support treat and release model to improve access flow.

Process measure

- Overall decrease in Physician assessment time. Overall decrease in patient length of stay for low & high acuity.

Target for process measure

- Target for process measure will be to have a decrease in patient time spend in the Emergency Room for assessment to less than <3 Hours.

Lessons Learned

New pilot initiative- challenges in filling the schedule. Continue to work on finding the best operational plan to support the initiative.

Comment

See above

Equity | Equitable | Optional Indicator

	Last Year		This Year		
Indicator #5 Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education (Erie Shores Healthcare)	**CB** Performance (2024/25)	**CB** Target (2024/25)	**100.00** Performance (2025/26)	**--** Percentage Improvement (2025/26)	**75** Target (2025/26)

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

To provide comprehensive EDII training to strategic positions within the hospital who play a role in culture-setting.

Process measure
- -Rate of Completion -Rate of Incomplete -Rate Not Started

Target for process measure
- 100% Completion 0% Incomplete

Lessons Learned

100% completed with all Leadership and board members

Change Idea #2 ☑ **Implemented**   ☐ **Not Implemented**

Embedding optional education opportunities into broader operations to build upon EDII culture.

Process measure
- Total number of additional training completed beyond goals, whether into additional departments or additional training options.

Target for process measure
- Currently establishing a baseline.

Lessons Learned

Incorporated DEII initiatives into HWO orientation with our FNIM partners.

Comment

Incorporated DEII initiatives into HWO orientation with our FNIM partners monthly. 100% completed with all Leadership and board members

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Experience | Patient-centred | Optional Indicator

	Last Year		This Year		
Indicator #4	**82.23**	**85**	**90.02**	**9.47%**	**92**
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? (Erie Shores Healthcare)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

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

Increase patient and family participation in discharge evaluation surveys.

Process measure
- Total number of surveys administered.

Target for process measure
- Our target process measure will be 30 - 50 surveys administered per month

Lessons Learned

unknown

Change Idea #2 ☑ **Implemented**   ☐ Not Implemented

Provide QR codes that link patients directly to a survey to improve access to complete their Discharge surveys

Process measure
- To find out how many inpatients use this tool we will divide the total number of hits on the QR survey code by the total number of completed surveys.

Target for process measure
- Collecting baseline information to assess the overall increase of Discharge Surveys completed.

Lessons Learned

QR codes were well received by patients as they could respond post discharge.

Comment

Follow up phone calls post D/C from dedicated Admission Discharge Unit also supported patients stating they received enough information. This unit standardized processes and pathways for med/surg patients

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Experience | Patient-centred | Custom Indicator

	Last Year		This Year		
Indicator #3 Percentage of inpatients who reported receiving a Patient and Family Handbook upon admission. (Erie Shores Healthcare)	**CB** Performance (2024/25)	**90** Target (2024/25)	**100.00** Performance (2025/26)	**--** Percentage Improvement (2025/26)	**NA** Target (2025/26)

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

Provide patients and family members a welcome guide to the hospital with key information on their arrival to inpatient units.

Process measure

- # of handbooks distributed # of audits performed

Target for process measure

- Our target is 90% of all inpatients will recieve a patient and family handbook. There will be 60 audits conducted a year.

Lessons Learned

Monthly 30 audits performed- housekeeping places booklet upon room clean- audits have resulted in 100% target being met.

Change Idea #2 ☑ **Implemented**   ☐ Not Implemented

SW f/u wit patients to see if they have any questions related to handbook

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

SW team performing daily rounds- we have a student SW that has supported this role and has made it very successful, Sustainability to complete daily will be reduced once her rotation is completed. We will look to continue our partnership with the University for ongoing student supports.

Comment

Monthly 30 audits performed- housekeeping places booklet upon room clean- audits have resulted in 100% target being met.

Safety | Safe | Optional Indicator

	Last Year		This Year		
Indicator #6 Rate of workplace violence incidents resulting in lost time injury (Erie Shores Healthcare)	**CB** Performance (2024/25)	**CB** Target (2024/25)	**0.00** Performance (2025/26)	**--** Percentage Improvement (2025/26)	**NA** Target (2025/26)

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

All staff will receive Safe Management Group training on de-escalation techniques and safety.

> **Process measure**
>
> - The total number of staff that attend the training.
>
> **Target for process measure**
>
> - An overall training rate of 100% of all staff to receive this training.

Lessons Learned

Training was completed in 2023 and recertification to occur in 2025

Change Idea #2 ☑ **Implemented**   ☐ Not Implemented

All staff will receive training on the RL6 Reporting program.

> **Process measure**
>
> - Total number of staff trained on the updated RL6 program.
>
> **Target for process measure**
>
> - 100% of staff members will receive training on the RL6 Program.

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Lessons Learned

Cyber Attack resulted in a reset of our RL-6 system and required our teams to go paper based which presented challenges in reporting and f/u. Once the system relaunched in summer of 2024 all staff were re-educated.

Change Idea #3 ☑ **Implemented**   ☐ Not Implemented

All Staff will receive Customer Service Training

Process measure

- Number of new hires who received training

Target for process measure

- 90% of staff will receive the training.

Lessons Learned

All new hires receive customer service training at hospital wide orientation.

Change Idea #4 ☑ **Implemented**   ☐ Not Implemented

Occupational Health and Safety check-ins to provide supportive care on return to work plans for employees.

Process measure

- 10% Reduction in time rate of workplace violence incidents resulting in lost time injury

Target for process measure

- A total overall reduction of 5% for the rate of workplace violence incidents resulting in lost time injury

Lessons Learned

Monthly check-ins with Occ health and frontline Managers supported a culture of return to work.

Comment

There were no lost time resulting in financial impact to the organization due to the ongoing communication and meetings between Occ Health and Managers.

	Last Year		This Year		
Indicator #1	**87.42**	**95**	**98.74**	**12.95%**	**99**
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. (Erie Shores Healthcare)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

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

Admission/Discharge unit will support all medication reconciliation which occurs through Cerner Millennium and integrated with regional hospital partners.

> **Process measure**
>
> • Number of discharged patients for whom a Best Possible Medication Discharge Plan (BPMDP) was created. # BPMDP/# discharged patients (excluding deaths, patients who left against medical advice, stillborn infants, newborn infants and OB assessment patients)
>
> **Target for process measure**
>
> • Our target for this measure will be to achieve a 95% Medication Reconciliation completed on all discharged patients.

Lessons Learned

Dedicated Pharmacy Tech has supported the success of this indicator. We have created standardized roles and responsibilities. Expanded the research scope to include med reconciliations and linking back to ED return visits

Comment

Weare piloting an admission discharge unit dedicated to ensuring all patients med rec is completed and a follow up call with the patients to see how their D/C med rec experience was.