

Access and Flow | Efficient | Optional Indicator

Indicator #20	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Sioux Lookout Meno Ya Win Health Centre (William A. George Extended Care))	X	5	X	--	NA

Change Idea #1 Implemented Not Implemented In Progress

Reduce preventable Emergency Department (ED) visits by enhancing Long-Term Care (LTC) clinical capacity (Phase 1 - Implementation: increase beds in long-term care).

Process measure

- 1) The number of telehealth consultations conducted before visiting the emergency department transfers. 2) Percentage of cases where early intervention prevented an ED visit.

Target for process measure

- Conduct a minimum of 50 telehealth consults each quarter.

Lessons Learned

Efforts to reduce potentially preventable Emergency Department visits among long-term care residents have been successful, with very few transfers observed during the reporting period. Most residents are managed within the Extended Care Unit, reflecting improved clinical decision-making and care processes. Collaboration among care teams has supported early identification and management of conditions within the LTC setting, decreasing the need for Emergency Department visits. Ongoing monitoring will help sustain this performance.

Comment

Current data shows that the majority of cases are handled efficiently in the Extended Care Unit. Ongoing collaboration with physicians and care teams will be essential to maintaining this performance and improving clinical management in the LTC setting.

Access and Flow | Timely | Priority Indicator

	Last Year		This Year		
Indicator #1	18.00	18	18.00	0.00%	NA
90th percentile ambulance offload time (Sioux Lookout Meno-Ya-Win Health Centre)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Improve collaboration with regional EMS services.

Process measure

- " Number of EMS-hospital coordination meetings" or "Implementation of EMS pre-arrival notifications. "

Target for process measure

- Increase EMS pre-arrival notifications by 30% within 6 months.

Lessons Learned

Standard EMS pre-arrival notification protocols have been established to ensure timely preparation for incoming patients. This has helped maintain stable ambulance offload times. Ongoing collaboration with EMS services and continuous monitoring will support performance and identify further improvement opportunities.

Comment

Explore implementing a “Fit-to-Sit” protocol to enable timely ambulance offload for suitable patients.

Indicator #6	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
90th percentile emergency department wait time to physician initial assessment (Sioux Lookout Meno-Ya-Win Health Centre)	4.47	4	4.30	3.80%	NA

Change Idea #1 Implemented Not Implemented In Progress

Reduce Emergency Department(ED) wait times for physician initial assessments by optimizing triage and allocating resources effectively.

Process measure

- Percentage of patients triaged within 15 minutes and the number of patients redirected to virtual or primary care alternatives.

Target for process measure

- Reduce the registration-to-physician assessment time by 25% within 12 months.

Lessons Learned

Implementation efforts have concentrated on optimizing triage procedures and enhancing patient flow to facilitate prompt initial assessments by physicians. While wait times have improved, there is still variation in meeting target performance. Feedback from regional partners has pointed out opportunities to increase physician accountability and transparency. Ongoing monitoring and refinement of processes will promote further improvements.

Comment

Future efforts will aim to improve triage efficiency, optimize patient flow, and increase physician accountability to further decrease wait times for initial assessments.

Indicator #7	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
Daily average number of patients waiting in the emergency department for an inpatient bed at 8 a.m. (Sioux Lookout Meno-Ya-Win Health Centre)	0.02	0.01	0.02	0.00%	NA

Change Idea #1 Implemented Not Implemented In Progress

Reduce the number of Emergency Department(ED) patients waiting for an inpatient bed by optimizing bed turnover and improving patient flow.

Process measure

- 1) The average number of patients waiting at 8:00 AM. 2) Percentage of inpatient discharges completed before 11 AM. 3) Number of daily bed huddles conducted.

Target for process measure

- 1) The average number of patients waiting at 8:00 AM. 2) Percentage of inpatient discharges completed before 11 AM. 3) Number of daily bed huddles conducted.

Lessons Learned

Implementation efforts have focused on improving patient flow through bed management processes and daily bed huddles. In addition to early discharge planning, current discussions are exploring strategies to optimize discharge timing, including prioritizing discharges earlier in the week (e.g., Mondays and Tuesdays) to improve bed availability. Collaboration with the physician group is ongoing to support these approaches. While these processes are in place, no significant change has yet been observed in the number of patients waiting for an inpatient bed at 8:00 a.m. Continued monitoring and refinement of these strategies will be required to achieve improvement.

Comment

Future efforts will focus on optimizing discharge timing earlier in the week and strengthening collaboration with physicians to support timely discharges and improve overall patient flow.

Access and Flow | Timely | Optional Indicator

Indicator #5	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
90th percentile emergency department wait time to inpatient bed (Sioux Lookout Meno-Ya-Win Health Centre)	0.83	24	1.30	-56.63%	NA

Change Idea #1 Implemented Not Implemented In Progress

Improve inpatient bed availability and prioritize strategies to reduce ED wait times.

Process measure

- 1) Number of patients transferred to inpatient units within the targeted timeframe. 2) Percentage of inpatient discharges completed before 11 AM.

Target for process measure

- 1) Achieve 90% of inpatient transfers within the target time in 6 months. 2) Ensure 25% of inpatient discharges occur before 11 AM.

Lessons Learned

Implementation is ongoing, focusing on increasing inpatient bed availability and improving patient flow. Although the reported indicator measures the time from decision to admit to transfer, internal operational data indicate that patients may stay longer in the Emergency Department while waiting for inpatient beds. This highlights a discrepancy in measurement definitions and underscores the need for further monitoring of total patient wait times. Efforts continue to improve bed management processes and foster better coordination across departments.

Comment

Although the current indicator reflects CIHI-defined wait times, internal monitoring reveals longer overall Emergency Department stays for admitted patients due to bed availability issues. The organization is considering developing a custom indicator to better measure total patient wait times and support more precise performance tracking and improvement planning.

Indicator #10	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
Percent of patients who visited the ED and left without being seen by a physician (Sioux Lookout Meno-Ya-Win Health Centre)	16.97	10	14.87	12.37%	10

Change Idea #1 Implemented Not Implemented In Progress

Reduce the percentage of patients who leave the Emergency Department(ED) without being seen by enhancing flow and offering alternative care options.

Process measure

- 1) Percentage of patients receiving real-time wait-time updates 2) Percentage of high-risk LWBS patients engaged by triage liaison nurse. 3) Number of patients redirected to virtual or alternative care.

Target for process measure

- 1) Reduce the LWBS rate by 30% in 12 months. 2) Increase patient engagement with wait-time updates by 50% in 6 months.

Lessons Learned

Efforts to decrease the percentage of patients leaving without being seen have focused on improving triage and reassessment processes and increasing patient engagement during wait times. Improvements have been seen in LWBS rates; however, challenges still exist in maintaining steady patient flow during peak times. Current procedures include triage and reassessment support, with some triage liaison duties integrated into existing roles. Additional opportunities remain to improve monitoring of time-of-day trends and factors that contribute, to support targeted enhancements.

Comment

One of four nurses is responsible for triage and reassessment, with extra support provided during evenings and weekends as workflow permits. Some triage liaison activities are included in this role. Routine LWBS audits to detect time-of-day patterns and contributing factors have not yet been implemented but are under consideration for future improvements.

Indicator #4	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
90th percentile emergency department length of stay for nonadmitted patients with low acuity (Sioux Lookout Meno-Ya-Win Health Centre)	7.03	6	6.90	1.85%	NA

Change Idea #1 Implemented Not Implemented In Progress

Increase adoption of virtual care to reduce unnecessary ED visits for low-acuity patients.

Process measure

- 1) Percentage of low-acuity patients using virtual care instead of the Emergency Department (ED). 2) Number of patients directed to virtual care at triage.

Target for process measure

- Increase the utilization of virtual care by 40% within 12 months.

Lessons Learned

Efforts to expand virtual care for low-acuity patients face system-level barriers, such as the absence of local walk-in clinics, urgent care centers, and limited access to same-day primary care. These challenges continue to prevent diverting patients from the Emergency Department. Ongoing research into alternative care pathways is essential to support this initiative.

Comment

Future efforts will focus on identifying practical alternative care options and enhancing collaboration with primary care providers to support appropriate redirection of low-acuity patients when possible.

Indicator #3	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
90th percentile emergency department length of stay for nonadmitted patients with high acuity (Sioux Lookout Meno-Ya-Win Health Centre)	9.77	9	9.20	5.83%	NA

Change Idea #1 Implemented Not Implemented In Progress

Reduce ED length of stay for high-acuity patients through faster access to critical diagnostics and specialty care.

Process measure

- 1) Percentage of patients receiving STAT diagnostics within 30 minutes. 2) Percentage of patients seen by a specialist within 60 minutes of referral.

Target for process measure

- Achieve 80% of STAT diagnostics within 30 minutes over the next 6 months. Ensure that 90% of specialty consults occur within 1 hour.

Lessons Learned

Implementation of strategies to improve access to diagnostics and specialty care has helped reduce emergency department length of stay for high-acuity patients. Progress has been made in timely diagnostic services and care coordination; however, there is still variation in meeting target timelines. Ongoing monitoring and process improvements will be necessary to further enhance performance and achieve the established goals.

Comment

Ongoing initiatives aim to enhance rapid diagnostic access and improve coordination with specialty services, further decreasing the Emergency Department stay for high-acuity patients.

	Last Year		This Year		
Indicator #2	12.20	12	12.20	0.00%	NA
90th percentile emergency department length of stay for admitted patients (Sioux Lookout Meno-Ya-Win Health Centre)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Reduce ED length of stay for admitted patients by improving bed flow and inpatient coordination.

Process measure

- 1) Number of early discharges completed. 2) Percentage of admitted patients who are transferred to an inpatient bed within 4 hours.

Target for process measure

- Transfer 90% of admitted patients to inpatient beds within 4 hours.

Lessons Learned

Implementation is ongoing, with a focus on improving coordination between the Emergency Department and inpatient units. Early discharge planning and bed management processes have begun; however, issues with bed availability and patient flow continue to impact timely transfers. Ongoing monitoring and adjustments will be needed to reach the targeted improvements.

Change Idea #2 Implemented Not Implemented In Progress**Process measure**

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

No lessons learned entered

Comment

Room for improvement. Census meeting is at 7:45 AM; a follow-up huddle later in the day would be beneficial.

Access and Flow | Timely | Custom Indicator

	Last Year		This Year		
Indicator #9	45.60	24	35.28	--	NA
Number of Form 1 patients successfully transferred to a Schedule 1 facility/Orng Pickup within 8 or 24 hours of Form 1 issuance. (Timeframe can be adjusted based on our hospital policy or best practices) (Sioux Lookout Meno-Ya-Win Health Centre)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Reduce delays in transferring Form 1 patients to Schedule 1 facilities.

Process measure

- Average time from the issuance of Form 1 to a successful transfer.

Target for process measure

- 1) Ensure that 80% of Form 1 patients are transferred within 8 hours for urgent cases. 2) Ensure that all(100%) Form 1 patients are transferred within 24 hours for non-urgent cases.

Lessons Learned

Efforts to reduce delays in transferring Form 1 patients have focused on improving coordination with regional mental health partners and receiving facilities. Current data indicate that approximately 80% of patients are transferred within an average of 20.28 hours, demonstrating progress toward established targets. However, variability in transfer timelines remains, particularly due to external factors such as bed availability and transportation coordination. Continued monitoring and strengthening of communication processes will be required to support more timely transfers.

Comment

Efforts have targeted enhancing coordination with regional mental health partners and receiving facilities. About 80% of Form 1 patients are now transferred within an average of 20.28 hours, showing progress. Nonetheless, variability persists due to external factors like bed availability and transportation. Continued monitoring and better communication will support further improvements.

Equity | Equitable | Optional Indicator

Indicator #19	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education (Sioux Lookout Meno-Ya-Win Health Centre)	100.00	100	92.31	-7.69%	NA

Change Idea #1 Implemented Not Implemented In Progress

Improve staff engagement and the application of EDI principles beyond the completion of training.

Process measure

- 1) Percentage of staff who have completed training. 2) Percentage of staff survey/scoring 80 %+ on post-training knowledge assessments.

Target for process measure

- 1) Achieve 100% training completion in 12 months. 2) Ensure 80% of trained staff demonstrate knowledge retention in assessments.

Lessons Learned

Leadership engagement in equity, diversity, inclusion, and anti-racism education has been strong, with most executives and managers completing the required training. Continued follow-up and reinforcement are vital to help implement EDI principles in leadership practices and decision-making.

Comment

The organization will continue to monitor the completion of leadership EDI education and reinforce the application of EDI principles in leadership practices and decision-making.

Equity | Equitable | **Custom Indicator**

Indicator #12	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
Percentage of hospital inpatient admissions or ED visits where blastomycosis (ICD-10 code B40.0–B40.9) is recorded as the main diagnosis within the reporting period. (Sioux Lookout Meno-Ya-Win Health Centre)	CB	0	NA	--	NA

Change Idea #1 Implemented Not Implemented In Progress

Improve early detection and management of blastomycosis to reduce hospital admissions.

Process measure

- 1) Number of patients screened for blastomycosis risk factors. 2) Number of providers trained in early detection and management.

Target for process measure

- 1) Screen 100% of high-risk patients upon ED or inpatient admission. 2) Train 100% of ED and primary care physicians in blastomycosis recognition within 12 months.

Lessons Learned

Baseline monitoring has begun to better understand the occurrence of blastomycosis among patients presenting to the Emergency Department or requiring inpatient admission. Initial efforts have focused on identifying cases and raising awareness. Additionally, there is an increasing focus on reviewing cases of missed or delayed diagnoses to support earlier recognition and improve clinical decision-making. Ongoing data collection and case review will help inform targeted education and strengthen early detection and management strategies.

Comment

Monitoring of blastomycosis cases will continue, and findings will be shared with the respective department managers quarterly to promote awareness and clinical oversight. Future improvement efforts may include educating nursing and clinical staff on the prevalence of blastomycosis in Northwestern Ontario and reinforcing early recognition and management practices. Additionally, there will be a focus on reviewing cases of missed or delayed diagnoses to support early identification and enhance clinical decision-making.

Equity | Equitable | **Optional Indicator**

Indicator #18	Last Year		This Year		
	Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education (Sioux Lookout Meno Ya Win Health Centre (William A. George Extended Care))	100.00 Performance (2025/26)	100 Target (2025/26)	100.00 Performance (2026/27)	0.00% Percentage Improvement (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Improve staff engagement and the application of EDI principles beyond training completion.

Process measure

- 1) Percentage of staff who have completed training. 2) Percentage of staff survey/scoring 80 %+ on post-training knowledge assessments.

Target for process measure

- 1) Achieve 100% training completion in 12 months. 2) Ensure 80% of trained staff demonstrate knowledge retention in assessments.

Lessons Learned

All required staff at William A. George Extended Care completed the necessary equity, diversity, inclusion, and anti-racism training during the reporting period, reaching 100%. Ongoing efforts focus on applying EDI principles practically in daily interactions with residents, families, and coworkers. Keeping staff aware and involved is key to maintaining a respectful and inclusive care environment.

Comment

The organization will continue monitoring the completion of required EDI education and reinforcing its application through ongoing discussions, staff engagement, and leadership support. Future initiatives might focus on raising awareness and incorporating culturally safe and inclusive practices in resident care.

Experience | Patient-centred | **Optional Indicator**

Indicator #15	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" (Sioux Lookout Meno Ya Win Health Centre (William A. George Extended Care))	33.33	90	NA	--	NA

Change Idea #1 Implemented Not Implemented In Progress

Improve staff responsiveness and accountability in addressing resident concerns.

Process measure

- 1) Percentage of residents reporting improved staff listening skills. 2) Percentage of resident concerns resolved within 7 days.

Target for process measure

- 1) Increase positive resident responses by 20% within 12 months. 2) Ensure 90% of resident concerns are resolved within 7 days.

Lessons Learned

Survey collection is currently ongoing; however, challenges have emerged due to the limited availability of activation staff to support data collection. As a result, consistent survey administration has been affected. Current efforts to engage residents include resident voice boards, informal feedback mechanisms, and processes to follow up on resident concerns. While some of these practices are in place, there are opportunities to formalize and standardize them, including documenting how concerns are addressed and monitoring resolution timelines. Efforts are underway to identify alternative staffing resources and improve processes to ensure reliable, continuous collection of resident experience data.

Comment

Future improvement efforts will focus on formalizing current feedback processes, including standardizing how resident concerns are documented and monitoring resolution times. Additional initiatives will aim to improve staff training in communication and active listening, while also exploring alternative staffing or workflows to ensure consistent survey collection. These actions will help enhance responsiveness and increase overall resident satisfaction.

Indicator #16	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences". (Sioux Lookout Meno Ya Win Health Centre (William A. George Extended Care))	83.33	90	NA	--	NA

Change Idea #1 Implemented Not Implemented In Progress

Enhance a culture of psychological safety for residents by incorporating structured feedback and ensuring staff accountability.

Process measure

- 1) The percentage of residents who reported an increase in comfort in expressing their opinions. 2) Percentage of complaints reported and addressed within 7 days.

Target for process measure

- Increase positive resident responses by 10% within 12 months.

Lessons Learned

Efforts continue to promote a culture of psychological safety for residents, including encouraging open communication and creating opportunities for residents to share feedback with staff and leadership. These efforts aim to build trust and ensure residents feel comfortable expressing concerns or opinions without fear of negative consequences. Ongoing engagement with residents will help find additional ways to strengthen psychological safety.

Comment

The organization will continue promoting open communication with residents and enhance staff awareness of respectful listening and responsiveness to resident concerns. Ongoing monitoring of resident feedback and improving communication processes will support continuous progress toward the goal.

Experience | Patient-centred | Optional Indicator

Indicator #17

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? (Sioux Lookout Meno-Ya-Win Health Centre)

Last Year

66.67

Performance
(2025/26)

80

Target
(2025/26)

This Year

100.00

Performance
(2026/27)

49.99%

Percentage
Improvement
(2026/27)

NA

Target
(2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Improve patient understanding of discharge instructions and ensure guarantee retention after discharge.

Process measure

- 1) Percentage of patients demonstrating understanding using the teach-back. 2) Number of patients receiving post-discharge follow-up calls within 48 hours. 3) Number of high-risk patients receiving extended follow-up beyond 48 hours.

Target for process measure

- 1) Increase positive responses to 95% in patient surveys within 12 months. 2) Ensure 80% of discharged patients receive a follow-up call within 48 hours. 3) Ensure 90% of high-risk patients receive extended follow-up.

Lessons Learned

We have focused our efforts on enhancing patient understanding of discharge instructions through clearer communication and reinforcing key information before patients leave the hospital. Staff are encouraged to use strategies like teach-back to verify patient understanding, especially for patients with complex care needs. Challenges include maintaining consistent communication across all departments and supporting patients who may need additional clarification after discharge.

Comment

Future improvement efforts will continue to focus on strengthening teach-back methods, enhancing clarity of discharge instructions, and supporting follow-up communication with patients after they leave. These initiatives aim to improve patient understanding and confidence in managing their care post-discharge.

Safety | Safe | Optional Indicator

	Last Year		This Year		
Indicator #13	8.22	8	7.79	5.23%	NA
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Sioux Lookout Meno Ya Win Health Centre (William A. George Extended Care))	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Aiming to decrease falls among LTC home residents by improving fall prevention strategies beyond training for staff.

Process measure

- 1) Number of staff trained in fall prevention. 2) Percentage of residents assessed for fall risk.

Target for process measure

- 1) Train all (100%) of the nursing staff on fall prevention within 12 months. 2) Assess all (100%) residents for fall risk quarterly.

Lessons Learned

The percentage of LTC residents experiencing a fall in the 30 days before assessment dropped from 8.22% to 7.79%, achieving the target of ≤8%. Ongoing fall prevention efforts, such as staff training, routine fall-risk assessments, and personalized care plans for higher-risk residents, contributed to this decrease. Continued monitoring and reinforcement of fall prevention strategies will be essential to sustaining these results.

Comment

Continuously evaluating the Bedtime Program will help measure its effect on lowering nighttime falls among residents and guide future fall prevention efforts.

Indicator #14

Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Sioux Lookout Meno Ya Win Health Centre (William A. George Extended Care))

Last Year		This Year		
21.88	18	43.48	-98.72%	NA
Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Reduce the inappropriate use of antipsychotic medications among Long-Term Care(LTC) residents who do not have psychosis.

Process measure

- 1) Percentage of antipsychotic prescriptions that were reviewed and adjusted as necessary. 2) Number of residents who successfully tapered off unnecessary antipsychotics. 3) Percentage of staff trained in non-pharmacological interventions.

Target for process measure

- 1) Percentage of antipsychotic prescriptions that were reviewed and adjusted as necessary. 2) Number of residents who successfully tapered off unnecessary antipsychotics. 3) Percentage of staff trained in non-pharmacological interventions.

Lessons Learned

The percentage of LTC residents without psychosis receiving antipsychotic medication increased during the reporting period and did not meet the target. Ongoing review of prescribing practices and resident care needs has highlighted opportunities to reduce inappropriate use. Collaboration among physicians, pharmacists, and care teams remains essential to support proper prescribing and ensure residents get personalized care.

Comment

Future improvement efforts will focus on enhancing pharmacist–prescriber medication reviews, encouraging gradual dose reduction when clinically suitable, and strengthening non-pharmacological behavioral support strategies for residents. Ongoing monitoring and interdisciplinary collaboration will help support efforts to decrease inappropriate antipsychotic use.

Safety | Safe | Custom Indicator

Indicator #22	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
Rate of workplace violence incidents resulting in lost time injury (Sioux Lookout Meno Ya Win Health Centre (William A. George Extended Care))	0.01	0	0.00	--	NA

Change Idea #1 Implemented Not Implemented In Progress

Reduce workplace violence incidents that result in lost-time injuries.

Process measure

- 1) Number of staff trained in de-escalation techniques. 2) Percentage of staff utilizing post-incident support services.

Target for process measure

- 1) Train 90% of frontline staff in de-escalation techniques within 12 months. 2) Offer post-incident support for all (100%) of affected staff.

Lessons Learned

Efforts to reduce workplace violence incidents resulting in lost-time injuries have focused on raising staff awareness of de-escalation techniques and encouraging early incident reporting. These initiatives have helped decrease incidents and contributed to achieving zero lost-time injuries during this reporting period.

Comment

Workplace violence prevention will remain a priority. The organization will continue supporting staff through training in de-escalation techniques, strengthening reporting processes, and ongoing monitoring to sustain a safe work environment.

Safety | Safe | Optional Indicator

Indicator #8	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
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. (Sioux Lookout Meno-Ya-Win Health Centre)	CB	90	20.00	--	90

Change Idea #1 Implemented Not Implemented In Progress

Improve accuracy and adherence to medication reconciliation at discharge.

Process measure

- 1) Percentage of discharged patients who receive medication reconciliation. 2) Number of medication discrepancies identified and resolved before discharge. 3) Percentage of patients who understand their medications post-discharge (survey).

Target for process measure

- 1) Resolve 90% of identified medication discrepancies before discharge. 2) Achieve 90% of patients reporting medication understanding post-discharge.

Lessons Learned

Initial efforts have focused on reviewing current workflows and identifying gaps in medication reconciliation processes at discharge. Early findings reveal challenges in coordination between clinical teams and pharmacy, as well as in the timing of discharge notifications. Although processes are being strengthened, consistent completion of medication reconciliation remains an area for improvement. Ongoing monitoring and staff education will be necessary to support sustained progress.

Comment

The organization continues to strengthen processes that support medication reconciliation at discharge to improve patient safety and continuity of care. Initial work has focused on reviewing current workflows and identifying opportunities to enhance coordination between clinical teams and pharmacy during discharge planning.

Future efforts will focus on improving communication processes to increase awareness of upcoming discharges and patient transfers, giving sufficient time for medication review when needed. The organization will also continue to monitor documentation practices and support staff education on medication reconciliation as part of discharge planning.

Additional opportunities to further optimize medication reconciliation workflows will be explored as part of future system upgrades, including the transition to Meditech Expanse.

	Last Year		This Year		
Indicator #21	0.00	0	0.00	--	NA
Rate of workplace violence incidents resulting in lost time injury (Sioux Lookout Meno-Ya-Win Health Centre)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Reduce workplace violence incidents that result in lost-time injuries.

Process measure

- 1) Number of staff trained in de-escalation techniques. 2) Percentage of staff utilizing post-incident support services.

Target for process measure

- 1) Train 90% of frontline staff in de-escalation techniques within 12 months. 2) Offer post-incident support for all (100%) of affected staff.

Lessons Learned

Ongoing workplace violence prevention efforts include staff training in de-escalation techniques and enhancing reporting and support procedures after incidents. These initiatives help establish a safe work environment and have contributed to maintaining zero incidents involving lost-time injuries.

Comment

Workplace violence prevention will stay a priority. The organization will keep providing staff training in de-escalation techniques, enhance reporting and support procedures, and monitor workplace incidents to ensure staff safety.

Safety | Safe | **Custom Indicator**

	Last Year		This Year		
Indicator #11	CB	0	CB	--	NA
Percentage of ED patients initially misdiagnosed but later confirmed to have sepsis (ICD-10 codes A40, A41, R65.2, etc.) during admission or within 48 hours of discharge. (Sioux Lookout Meno-Ya-Win Health Centre)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Improve early sepsis detection to reduce misdiagnosis and expedite treatment.

Process measure

- 1) Percentage of ED patients screened for sepsis at triage. 2) Percentage of ED staff trained in sepsis recognition.

Target for process measure

- 1) Screen 100% of ED patients with signs of infection for sepsis during triage. 2) Train 100% of ED staff on sepsis recognition and management within 12 months.

Lessons Learned

Initial work has focused on reviewing current triage practices and identifying opportunities to support earlier recognition of sepsis in the Emergency Department. Baseline data collection is in progress to better understand existing screening practices and patterns of sepsis identification. As data collection continues, further analysis will help pinpoint opportunities for staff education and the implementation of standardized screening methods.

Comment

The organization will continue collecting baseline data to better understand current sepsis recognition patterns in the Emergency Department. Future improvement efforts may include strengthening triage screening practices, improving staff education on sepsis recognition, and reviewing clinical pathways to enable timely identification and treatment. These findings and change ideas will guide improvement initiatives for the upcoming year.