

Emergency Department Board Report

Presented to: PSFDH Board of Directors
January 2026

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Patient Story:

- Mid-December the Perth ED was faced with a sudden trauma case where the team showed exemplary leadership
- The case: motor vehicle accident on highway 7 involved two vehicles
- 2 passengers were transferred to Perth ED – 1 passenger was being resuscitated and the second passenger was being transferred in critical condition
- The Perth ED team realized that they required immediate assistance
- The entire team was successful in calling in staff and physicians who provided assistance to the ED team
- The Lab played a critical role in supplying blood products

Patient Story:

- Physicians and nurses came from home and with everyone's help they regained spontaneous circulation of the one patient who was young – the child's injuries would not have been survivable so getting spontaneous circulation enabled organ donation
- They stabilized the second patient who suffered internal bleeding and significant orthopedic trauma
- Both patients were transferred to CHEO for emergency surgery and intensive care management
- Sadly the one patient succumbed to his injuries however he was eligible to donate his organs who helped many other people as a result
- The second patient underwent emergency surgery and will recover
- We recognize and share this incredible story about leadership and how our teams come together during times of crisis
- Their dedication and professionalism in moments like these made a real difference to both patients
- The generous decision by the one patient offered a second chance at life to someone else

Staffing and Medical Models:

2 sites – Perth Site and Smiths Falls

Perth (10 beds with 2 Resuscitation beds)

Nurses 12 FT, 8 PT and 9 CAS

18 Family Medicine

ED Physicians – 1 Full Time and 7 Casuals

Smiths Falls (9 beds with 2 Resuscitation beds)

Nurses 10 FTE, 7 PT and 5 CAS

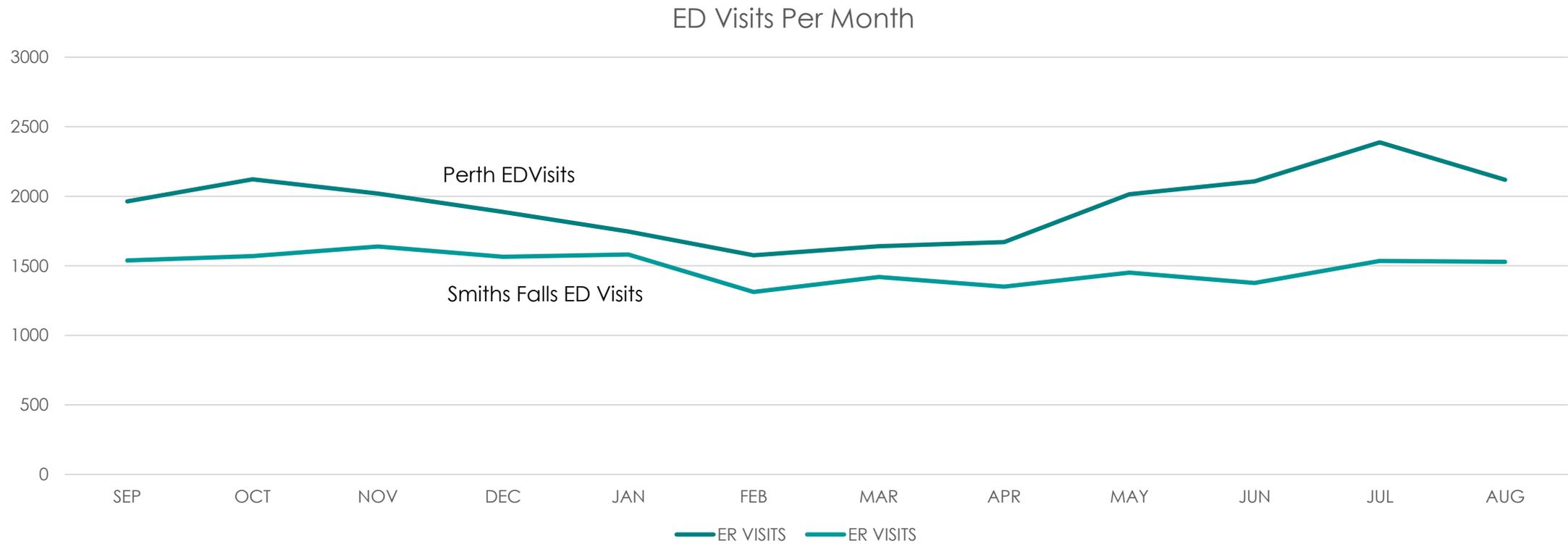
4 Family Medicine

ED Physicians – 4 Full Time and 8 Casuals

Population Focus: ED

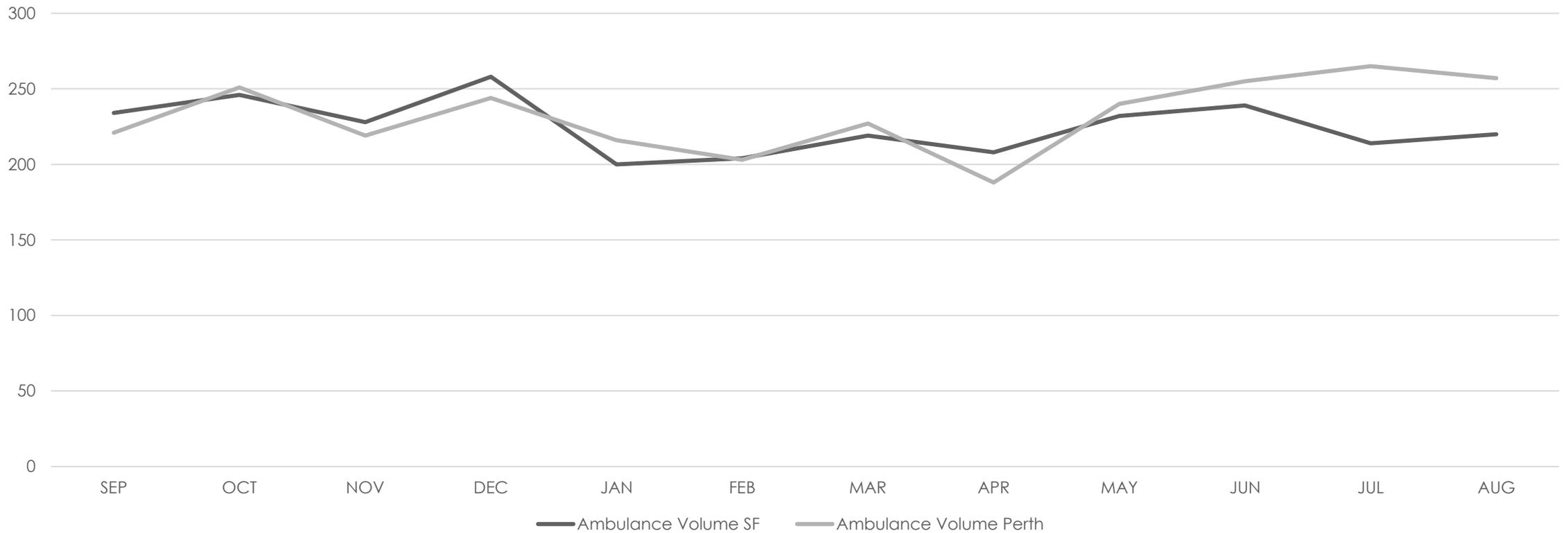
CTAS Level	Volume Sept 24 - Sept 25 (Perth/Smiths Falls)			% Volume by CTAS (Perth/Smiths Falls)			% Change From Previous Year (Perth and Smiths Falls)
1 - Resuscitation	162	--	139	<1%	--	<1%	16% increase -- 11% decrease
2 – Emergency	3,174	--	2,874	14%	--	16%	3% increase -- 1% increase
3 – Urgent	9,459	--	7,941	41%	--	44%	5% increase -- 1% increase
4 – Less Urgent	6,459	--	3,997	28	--	22%	15% decrease -- 14% decrease
5 – Non Urgent	2,750	--	1,677	12%	--	9%	3% increase -- 4% increase
Total	23,253/17,867			-			1% decrease -- 1% decrease
Average ED Volume per Day	63	--	50	-			64 -- 50 in previous year
% Admitted	6%	--	6%	-			8.5-11.5% (Peer data)
Average Admits per Day	3.8	--	3	-			Slightly higher in Perth – no change for SF
Average Ambulance Volume per Day	8	--	7 per day				No change from previous year

Population Focus: ED



Population Focus: Total Ambulance Arrivals

Ambulance Volume Sept 2024-August 2025



Population Focus: Patient Age and Admission

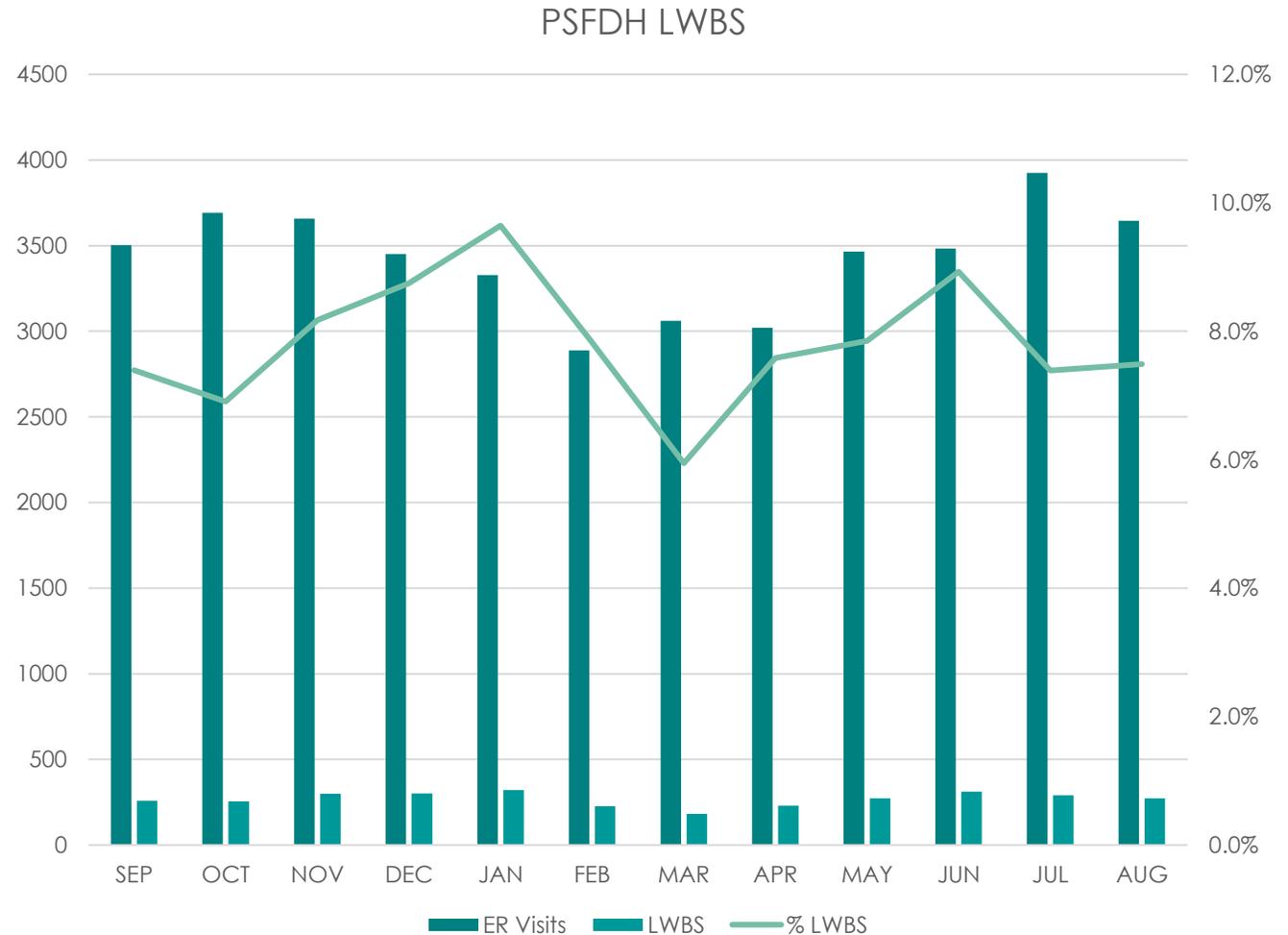
Age Groups	Sept 2024 – Sept 2025		
	Total ED Admissions	% Admitted 2023-24	% Admitted 2024-25
0-18	5	<1%	<1%
19-44	138	6%	6%
45-64	381	19%	18%
65-74	578	25%	27%
75-84	684	30%	32%
85-89	221	10%	9%
90+	141	8%	7%
Total	2,148		9.6% Decrease

Population Focus: Wait Times

Hospital	Admit Rate (%)	90 th Percentile						LWBS (%)	Revisit Rate within 30 days (%)
		ED LOS Admitted (hours)	ED LOS Non-Admit High Acuity	ED LOS Non-Admit Low Acuity	Time to PIA (hours)	Time to IP Bed (hours)	AOT (min)		
Perth	5.7%	42.5	8.8	5.7	3.0	24.7	16	5.8%	29.5%
Smiths Falls	5.4%	46	7.3	7.3	4.0	26.2	22	10.4%	37.6%
Medium Volume Comm Hospital	10.8%	36.7	8.8	6.88	4.8	28.1	39	5% Ont	27% Ont

Population Focus: Left Without Being Seen (LWBS)

- PSFDH = 7.8%
- OH South = 8.6%



ED Return Visit Quality Program

- The ED Return Visit Quality Program (EDRVQP) is focused on building a culture of quality in ED in Ontario
- When a patient returns to the ED and requires an admission after an initial visit, it may represent a gap in quality
- Hospital EDs review data on ED visits, conduct audits on return visits where a hospital admission was required
- Investigate cause that could signal a quality improvement
- Findings are submitted to Ontario Health

ED Return Visit Quality Program

The program focuses on 3 conditions (sentinel diagnoses)

1. Subarachnoid Hemorrhage
 2. Acute Myocardial Infarction
 3. Pediatric Sepsis
- These 3 conditions represent areas in emergency medicine where there may be diagnostic challenges
 - They are also conditions for which delayed diagnosis means a risk of a poorer outcome for the patient

Risks and Mitigation: Recruitment/Retention

Mitigation Strategy:

1. Large scale Corporate Recruitment and Retention project
2. Continue to work with Colleges/Universities – Student Exposure
3. Efforts being taken to reduce workplace violence
4. Smiths Falls – Resuscitation Room Renovation
5. Worklife Balance – Workforce Edge optimizing schedules
6. Northern and Rural Practice Preparation Program (Michner)

Quality Improvement Initiatives 2025-26

1. Lumeo – Oracle/Cerner moving from stabilization to optimization
2. Pay For Results – ED Return Program
3. Smiths Falls Resuscitation Renovation
4. Extended Nursing Orientation Program for Novice nurses joining the ED Team
5. Emergency Medicine Simulation days
6. Critical Care Training funds
7. Clinical Scholar for Critical Care
8. Regional Critical Care Educator
9. Purchase of new ventilators and defibrillators
10. ACLS Educator Training