

QIP NARRATIVE (2025-26)

Overview

William Osler Health System (Osler) is a leading multi-site hospital system serving over 1.3 million people in one of the most culturally diverse and fastest growing regions of Ontario. Leveraging strengths in clinical practice, research and education, Osler's Vision of *World-class health care inspired by our people and communities*, is a commitment to work within and beyond our walls to deliver exemplary, people-centred services close to home that support our unique populations to live healthier lives.

Embracing a longstanding commitment to quality excellence, Osler consistently strives to apply evidence-based best practices in everything we do, as reflected in our [2024-2029 Strategic Plan, Going beyond for our people and communities](#), and [Quality Improvement Plan \(QIP\)](#), Clinical Priorities Plan, and [Patient Safety Plan](#).

Osler is [Accredited with Exemplary Standing](#), Accreditation Canada's highest designation for a Canadian hospital, is a globally recognized [Best Practice Spotlight Organization](#) (BPSO) and has been recognized for several global [leading practices](#) by the Health Standards Organization (HSO). These designations further validate our organization's unwavering commitment to advancing patient safety and high-quality care.

We are currently monitoring the progress of the 2024-25 QIP indicators, which are aligned with Osler's fiscal year 2024-25. Significant advances have been made, particularly in reducing long wait times for surgery and ensuring patients feel involved in their care according to their preferences.

Osler's 2025-26 QIP contains both new indicators and indicators that carry forward from last year. Osler's steadfast commitment to delivering exceptional, people-centred care experiences and advancing excellence beyond clinical care remains constant. This includes further expanding our footprint in research and education with the recent launch of the [Osler Research Institute for Health Innovation](#) (ORIH) and as the primary clinical partner for Toronto Metropolitan University's new School of Medicine, slated to open in the fall of 2025.

As an organization committed to providing the highest possible quality of care, Osler's evolution from a community hospital to a community-based academic health centre will benefit our community, our health care workforce, and especially our patients. Osler is ready to *go beyond* like never before.

Our 2025-26 QIP indicators are:

- **Alternate Level of Care (ALC) Rate (%)**
- **90th Percentile Ambulance Offload Time (BCH & EGH)**
- **Percentage of respondents who responded 'always' to the following question- "Were You Involved as Much as You Wanted to be in Decisions About Your Care and Treatment?"**
- **Number of Falls with Harm Per 1,000 Patient Days on the Best Practice Spotlight Organization (BPSO) and Dedicated Education Units (DEU)**
- **Percentage of Identified Leaders Who Have Completed Equity, Diversity and Inclusion and Anti-Racism Education**

Specific QIP targets and plans for meeting them are detailed in the Improvement Targets and Initiatives Workplan document.

Access and Flow

In keeping with Osler's Vision of *World-class health care inspired by our people and communities*, we continue to develop new and exciting partnerships and innovations. These initiatives aim to optimize resources and ensure that the community continues to have access to safe, high-quality care close to home.

Innovative Post-Acute Strategies: Osler leverages several specialized community partnerships with Bayshore HealthCare, CANES Community Care, Southbrook Retirement Residence and Sorrento Retirement Residence to support patients' post-acute care needs as they transition home or to another facility. Through these innovative partnerships, Osler has supported ALC patients with specific needs to receive care outside the hospital. Osler also seeks to enable safe transitions based on functional status and rehab client group best practice pathways.

Operational Command Centre (OCC): Osler's OCC and patient flow dashboards enable real-time decision-making, optimize capacity, and improve patient flow. Leveraging our bullet round dashboard in collaboration with Osler's Information, Intelligence & Technical Innovation (IITI) team, we are piloting discharge rounds based on an Artificial Intelligence (AI)-generated Predicted Date of Discharge (PDD). This pilot seeks to smooth discharge patterns and engage patients and families earlier in the discharge process to ensure comprehensive coordination to support patients as they transition from the hospital to the community.

Intra-Facility Transfers: Osler has dedicated Emergency Department (ED) Access and Flow Leaders who evaluate and manage the flow of patients in our EDs. Our ED Access and Flow Leaders work with clinical teams as an integrated health system to support patient transfers across our sites. Transferring admitted patients between our facilities ensures patients receive the most appropriate care in the right place and time. Patients are also assessed to identify opportunities for transfer to the closest home hospitals to ensure they receive the care they need close to home.

Early Identification of At-Risk Disposition: Following hospital admission, Osler team members proactively evaluate and identify patients at risk for functional decline and frailty. Once identified, the interprofessional team ensures support is available as soon as possible to improve the patient experience and outcomes and reduce the length of stay.

Equity and Indigenous Health

Osler's priorities are guided by the Ontario Health frameworks that include the reduction of disparities in health outcomes and improving access for equity-deserving populations while recognizing the value of a workforce at all levels that represents the diversity of our community. As a people-centred organization, Osler continuously focuses on and advances Equity, Diversity, and Inclusion (EDI) and Health Justice by:

Values & Culture: Guided by the [Patient Declaration of Values](#) and Osler's [Values](#), EDI is embedded in all aspects of care. Our updated [Land Acknowledgement](#) recognizes Indigenous contributions and historical harms with education to deepen staff understanding of Indigenous People and culture.

Education & Awareness: Monthly cultural observances, including Black History Month, Pride, and National Indigenous History Month, are marked with learning opportunities. An EDI toolkit is in development to support more inclusive leadership.

Race Correction: Osler, in partnership with the Canada-US Coalition to End Race Correction in Health Care, is exploring actions to be taken to eliminate preventable health inequities that systematically target Black communities.

Culturally Safe Care: We partner with community agencies to provide culturally safe care and address systemic racism. Moreover, as a French-language-identified organization, we report annually on service accessibility.

Development & Implementation of Health Justice Plan: The Plan serves as a roadmap for dismantling barriers, to ensure that health care is just, inclusive, and responsive to the needs of all communities.

Policy Alignment: An EDI-Health Justice Policy Review Guideline was co-designed with input from internal partners to ensure policies reflect inclusive, equitable practices. This is in alignment with Accreditation Canada Governance Standards 5 and 6.

Gender Diversity & Inclusion: We have implemented gender transition guides, pronoun education, and all-gender washroom signage to create an inclusive environment.

Patient/Client/Resident Experience

Providing people-centred care is at the heart of our work. We take great pride in co-producing programs and services with our patients, their families, and our community, where we prioritize listening, gathering wisdom through 'lived' and 'living' experience, and making change together.

Patient & Family Advisory Council (PFAC): The Council includes 30 Patient Family Partners (PFPs) representative of our diverse community and committed to informing key quality, safety, and patient experience initiatives and enacting their role as hospital ambassadors within our community. The Council's work includes policy engagement, review of patient educational material, recruitment panels, as well as shaping significant plans (e.g., our [2024-2029 Strategic Plan](#)), the Quality Improvement Plan, and providing feedback during the selection process for Osler's new Hospital Information System. Moreover, Osler's PFPs are voting members on key decision-making committees, such as the Health Services and Quality Committee of the Board.

Patient Experience (PX) Call Centre: Within 48 hours after discharge, our Call Centre contacts a sample of patients who visited various programs at Osler. The feedback informs the Strategy Scorecard and Quality Improvement Plan indicators and is shared at unit-level huddles to inform action planning for future improvements.

People-Centred Care Committee: This interprofessional team, including PFPs, builds on Accreditation Canada's people-centred care priority standards and is instrumental in developing and implementing four initiatives: 1) Culturally safe care, 2) Addressing intimate partner violence, 3) Trauma-informed care education and 4) Standardizing inpatient whiteboards.

Patient Concierge Team: This unique non-clinical team operates 16 hours daily, providing comfort care, service recovery and support to under-insured patients accessing care through Osler's Emergency Departments and Urgent Care Centre.

Community Telephone Town Halls: Osler's Community Telephone Town Halls, which are held regularly throughout the year, are facilitated by a PFP and are an effective way for community members to hear directly from Osler's leaders, ask questions, provide feedback, and learn more about how to access services at local Osler hospitals.

Patient Experience (PX) Week & Symposium: Annually, Osler organizes a PX Week and Symposium that fosters collaborative dialogue among PFPs and health care leaders to share experiences, insights, and ideas that create knowledge-sharing and drive meaningful improvement within Osler and across the region.

Provider Experience

Osler proactively addresses our human resource challenges and highlights the importance of staff and physicians sharing their workplace experiences while providing opportunities for improvement.

Through a fulsome engagement process, Osler team members identified health and wellness as a top priority for improving our workplace culture. We are focusing on staff and physician wellbeing, building resiliency, and promoting a better work-life balance through various initiatives, including:

Renewed Healthy Workplace Strategy: Osler has increased and enhanced health and wellness programming, including targeted wellness workshops, on-site therapy dogs, meditation classes and wellness challenges. Osler has also created Healthy Workplace Hubs. These dedicated on-site wellness spaces are available 24/7 to support Osler team members maintain a healthy work-life balance. They feature health and wellness amenities such as light workout areas, massage chairs, quiet reflection areas, and interactive activities.

Shaping Our Culture Network: To help support workplace improvement initiatives informed by annual engagement surveys, Osler created a cross-functional committee, which consists of over 80 team members. This network has been vital in validating, advising, and sustaining workplace improvements.

Recognition: Osler has identified recognition as essential to our organizational culture. As part of our recognition efforts, we celebrate Long Service Awards and key achievements annually through peer-nominated awards culminating in our 'Going Beyond Awards Gala.' We also acknowledge professional recognition days with our teams and designate 'Osler Strong Days' every summer for team members to celebrate their accomplishments and all it is to be Osler Strong.

Osler has developed a comprehensive multi-year retention strategy that guides the implementation of several innovative improvements to optimize retention. These efforts, alongside enhanced recruitment strategies, include:

Improved Orientation and Onboarding: Supporting a positive employee experience during a new hire's first 30-60-90 days has created a lasting impact from a retention standpoint. Improvement efforts include an improved in-person corporate and clinical orientation with enhanced leadership engagement and support during onboarding.

Employee Referral Program: Our Employee Referral Program is a process through which employees can recommend qualified candidates for open positions at Osler. For roles designated as 'hard to fill,' there is a cash reward of \$1,500 for the referring Osler employee for successfully referred hires. We have been successful in both recruiting for positions and seeing a high retention rate with those who have been referred.

Enhanced Recruitment: We have made a sustained effort to increase staffing across our organization. Initiatives include virtual and in-person job fairs with targeted engagement and an elevated recruitment branding campaign.

Career Pathways: Osler participates in several innovative career-development programs to support Respiratory Therapy, Occupational Therapy, Physiotherapy and Nursing Learners, New Graduate Nurses, Internationally Educated Nurses (IENs) and Nurses, including the following programs:

- [Enhanced Extern Program \(EEP\)](#)
- [Nursing Graduate Guarantee \(NGG\) Program](#)
- [Supervised Practice Experience Partnership \(SPEP\) Program](#)
- [Clinical Scholar Program \(CSP\)](#)
- [Community Commitment Program for Nurses \(CCPN\)](#)

Osler also offers internal sponsorship programs for specialty areas in critical care, emergency, and surgical services. We have partnerships with George Brown College and Humber Polytechnic for staff to obtain specialty certification in these areas. We also provide professional development opportunities for Clinical Resource Team nurses to upskill and enhance their practice to work within the Emergency Services program.

Safety

At Osler, our commitment to quality excellence and the pursuit of the Quintuple Aim guides every aspect of our work. Aligned with our journey toward becoming a High-Reliability Organization (HRO), we are driven to continuously improve patient safety and enhance care experiences while promoting health equity and workforce wellbeing. Guided by our [2023-25 Patient Safety Plan](#), key initiatives for this include:

Fostering a Just Culture: We are committed to creating a psychologically safe environment where staff, physicians, and teams feel empowered to report concerns. Our monthly Good Catch Patient Safety Award recognizes individuals who identify and report near misses. Our Leadership Dyad Workshops enable clinical and administrative leaders to collaborate on patient safety priorities.

Never Events Reporting: In 2024, Osler joined Ontario Health's Never Events Reporting Initiative, strengthening our focus on transparency, accountability, and continuous learning to enhance system-wide safety.

Falls Prevention: As part of our RNAO Best Practice Spotlight Organization (BPSO) designation, we have set a five per cent harm reduction target for falls on six critical units in our 2025-26 QIP.

Closing the Loop on Patient Safety Incidents: We are enhancing our approach to sharing learnings from patient safety incidents across the organization. This includes developing an iHuddle script for leaders to facilitate meaningful safety conversations.

Datix Upgrades: System enhancements are improving reporting processes, dashboards, and incident management, ensuring teams have the tools they need to track and act on patient safety data.

Palliative Care

Osler's palliative care program delivers high-quality inpatient, outpatient, and community-based palliative care for patients in all disease stages who suffer from incurable and/or life-limiting illnesses. Osler is one of three centres in Canada accredited as a European Society of Medical Oncology (ESMO) Designated Centre of Integrated Oncology and Palliative Care, joining Princess Margaret Cancer Centre and The Ottawa Hospital Cancer Program.

Health Human Resource Competency: The palliative care program supports education for health care providers by conducting the Learning Essential Approaches to Palliative Care (LEAP) course at our hospital sites and providing access to other relevant courses for staff who support patients with life-limiting illnesses. We plan to incorporate LEAP for Personal Support Workers (PSWs) into our corporate curriculum. (*Quality Statement 13: Education for Health Care Providers and Volunteers*)

Early Identification Using Hospital One-Year Mortality Risk (HOMR) Project: The palliative care program participated as a research site to implement HOMR, which identifies patients admitted to hospital who can benefit from a palliative approach to care. This has now been implemented in all medicine units, ensuring that patient assessments are completed in the hospital to support transition planning once discharged. The alerts will be further leveraged to support programs such as renal and chronic conditions clinics to proactively identify patients and ensure people-centred care plans are in place. (*Quality Statement 1: Identification and Assessment of Needs; Quality Statement 5: Individualized, Person-Centred Care Plan*)

Goals of Care: Osler will standardize goals of care discussions and documentation in programs that support ambulatory chronic conditions and will ensure staff have additional training and education to support these discussions. (*Quality Statement 4: Goals of Care Discussions*)

Community Partnerships: Osler will be optimizing community partnerships through the Central West Ontario Health Team (CW OHT) to work collaboratively in providing wrap-around palliative services throughout the system, focusing on care transitions and access to specialists when required. (*Quality Statement 10: Transitions in Care*)

Palliative Care Planning (Regional): The CW OHT established a Central West Palliative Care Planning Table comprised of providers from across the continuum of care as a forum for integrated care planning and collaboration. The Table has established a multi-year palliative plan for the OHT and has begun its implementation. (*Quality Statement 10: Transitions in Care*)

Palliative Care Coach (Regional): The CW OHT was also successful in the expression of interest for a community Palliative Care Coach that will focus on building palliative capacity in long-term care, home care and primary care, particularly in the marginalized communities of Malton, amongst older adults, and with HOMR+ identification. (*Quality Statement 2: Timely Access to Palliative Care Support*)

Population Health Management

Since its inception, the CW OHT has focused on building a strong, integrated collective to meet our communities' emerging population health needs. OHTs organize and deliver more connected care to patients in their local communities. Partnerships are critical to the OHTs' success, and since it was formed, Osler has been a crucial partner in the CW OHT.

The CW OHT has several population-based, integrated models of care focused on prevention, health promotion and helping individuals navigate the system, particularly for the frail elderly. Some of the initiatives that Osler has with the CW OHT include:

Seamless Care Optimizing the Patient Experience (SCOPE): SCOPE is a virtual interdisciplinary program that connects primary care providers in the community to real-time support when needed, such as urgent consultations and diagnostic imaging.

Collaborative Quality Improvement Plan (cQIP): This plan seeks to identify and bridge care gaps, using quality improvement and change management with an equity lens. For 2025-26, the CW OHT cQIP will be focused on chronic disease management and transition / ALC initiatives.

Lower Limb Preservation: This initiative focuses on prevention and treatment to improve outcomes for individuals at risk for non-traumatic major lower-limb amputation.

CARE Program: This wrap-around integrated program provides care to frail elderly patients in their homes, preventing unnecessary hospital and ED visits and supporting patients aging in place.

The OHT has also established planning tables and multi-year plans in palliative care and older adults, with plans to launch a table on chronic disease management in FY 25-26. These tables bring together providers, like Osler, from across the continuum of care to establish integrated programs and collaborative models of care.

Quality Improvement and Emergency Department Return Visit Quality Program (ED RVQP)

Status Update on 2023 QI Initiatives

As a result of the preceding year's ED RVQP audit, two quality initiatives were identified and supported by Osler:

Call Campaign: The call campaign was created to understand why patients leave the Emergency Department (ED) before seeing a physician or before discharge. To date, wait time in the ED continues to influence patients' decision to leave. As a result, initiatives focused on reducing wait time continue to be a priority for the program. Since March 2023, eligible patients have been called by the Patient Experience Office and asked standardized questions to understand their experience better. The campaign is ongoing, with approximately 150 patients called each quarter. Osler has achieved a four per cent improvement in the number of patients who leave without being seen or leave against medical advice overall in fiscal year 2023-24 compared to fiscal year 2022-23.

Individual and Peer Review of Return Visits: Osler initially established an optional process for a self-directed, individual physician review of return visits to explore underlying causes and assess whether anything could have been handled differently during the initial visit. At its peak, approximately twenty

physicians participated in the program. While it provided benefits, the program's delivery ultimately proved unsustainable. It has since been replaced with a two-tiered, guided approach to reflective practice – an individual review and peer review program. In both program tiers, cases identified explicitly through the ED RVQP are sent to the most responsible physician (MRP) for review and closed-loop reflection. In the peer review tier, the reflection is guided by a physician leader. Compared to the previous model, the new program provides a better return on investment in resources and adopts a supportive, no-blame approach to reflective practice, focusing on a genuine desire for improvement.

QI Initiatives Identified During 2024 Audit

As a result of the 2024 ED RVQP audit, we are taking proactive steps to address identified gaps in paediatric emergency care that gave rise to several systemic recommendations:

Paediatric Emergency Care Working Group: This Working Group was launched and is now responsible for closing gaps and identifying additional recommendations to improve paediatric emergency care through an evidence-informed, best-practice review.

New Order Sets: These have been drafted and are in the stages of approval to reduce variation in practice and ensure best practices are followed.

Education and Training: Pediatric Advanced Life Support (PALS) certification has been mandated for all emergency physicians, and an internal review of the training and orientation of nursing staff has been identified as an opportunity to explore.

Standard Operating Procedures and New Equipment Needs have also been identified for further review and implementation.

Overall, this represents a significant quality improvement effort greatly influenced by the ED RVQP.

Executive Compensation

Under the *Excellent Care for All Act* (ECFAA), it is a requirement to link compensation for the Chief Executive Officer (CEO), and all other executives covered under the Executive Compensation Framework (ECF), to the achievement of performance targets in the Quality Improvement Plan.

Performance-based compensation:

The amount of performance-based compensation is determined as a percentage of an executive team member's base salary. The performance-based percentage for 2025/26 remains at two (2) per cent.