

2026-27 QIP Narrative

OVERVIEW

William Osler Health System (Osler) is a leading multi-site community teaching hospital serving over 1.3 million people in one of Ontario's most culturally diverse and fastest-growing regions. Anchored in Quality Excellence, Osler's Vision of *World-class health care inspired by our people and communities*, commits to providing high-quality, people-centred care within and beyond our walls and deliver exemplary services, helping our diverse populations live healthier lives.

Osler team members consistently deliver safe, high-quality care by applying evidence-based practices across all aspects of their work. Their ongoing efforts to achieve or exceed international excellence standards recently earned Osler [Accreditation with Exemplary Standing](#), the highest designation from Accreditation Canada.

Osler's [2024-2029 Strategic Plan, *Going beyond for our people and communities*](#), fuels our relentless pursuit of excellence. It is supported by our [2024-2027 Clinical Priorities Plan](#), the [2026-2027 Quality Improvement Plan \(QIP\)](#) and the [2026-2028 Patient Safety Plan](#). This dedication is also evident in our status as a globally recognized [Best Practice Spotlight Organization](#) and in our growing roles in education and research.

As the primary clinical partner for Toronto Metropolitan University's (TMU) new School of Medicine, Osler recently welcomed the inaugural class of medical residents to our sites. In addition, Osler has over 40 other Academic Affiliation Agreements and supports over 1500 learners who are completing their clinical placements in various health disciplines, including but not limited to nursing, physiotherapy, occupational therapy, laboratory, speech language pathology, dietetics, respiratory therapy, and diagnostic imaging. Osler also recently formed academic practice partnerships with [TMU](#), [Humber Polytechnic](#) and the [University of Toronto](#). Through the [Osler Research Institute for Health Innovation \(ORIH\)](#), innovative research is improving patient care, health outcomes, and system performance in our region.

As the needs of our diverse communities have grown, our teams have increased capacity over the past year by expanding Osler@Home and cancer screening programs and improving access to specialized services, such as minimally invasive robotic surgeries. The implementation of a new hospital information system (HIS) in 2026 will further enhance and transform Osler's delivery of safe, connected, and efficient care.

Building on our quality excellence activities to date, Osler's 2026-2027 QIP includes three new indicators as well as two indicators carried over from the previous year as part of a multi-year plan.

Osler's five 2026-2027 QIP Indicators are:

Safety	Number of Falls with Harm per 1,000 Patient Days [Acute General Medicine, Stroke and Cardiology Units]
Safety	Percentage of Epic (Hospital Information System) trained providers who have completed personalization within Epic

Experience	Percentage of Respondents Who Responded “Always” or “Usually” to the Following Question: “Were you involved as much as you wanted to be in decisions about your care and treatment?”
Equity	Percentage of Identified Leaders Who Have Completed Sex Gender Name (SGN) and Social Drivers of Health (SDoH) Education
Access and Flow	90 th Percentile ED Wait Time to Physician Initial Assessment

Specific QIP targets and plans for meeting them are detailed in the [Workplan](#).

Access and Flow

Aligned with Osler's Vision of *World-class health care inspired by our people and communities*, we are actively forging new partnerships and fostering innovations. These efforts focus on optimizing resources and maintaining access to safe, high-quality care within the community.

Innovative Post-Acute Strategies: Osler leverages several specialized community partnerships with Bayshore HealthCare, CANES Community Care, and Southbrook Retirement Residence to support patients' post-acute care needs as they transition home or to another facility. Through these innovative partnerships, Osler has supported patients who are waiting for an Alternate Level of Care (ALC) with specific needs to receive ongoing care outside the hospital. Osler also seeks to enable safe transitions based on functional status and best-practice pathways for rehabilitative client groups. Our clinical teams continue to work closely with the Central West Ontario Health Team (CW OHT) to ensure the right care is provided in the most appropriate setting and to identify opportunities to leverage community resources to maximize patient flow.

Code Resolving ALC Pressures and In-Patient Delays (RAPID): As part of a coordinated approach to patient flow, Osler launched Code RAPID to help reduce ALC pressures and delays for inpatients. This approach helps us identify and address barriers to discharge earlier. Particular coordinated focus is on ALC delays and inpatient stays longer than 30 days.

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 aims to streamline discharge processes and engage patients and families earlier to ensure comprehensive coordination and support as they transition from the hospital to the community. This work is now expanding to medical units at Brampton Civic Hospital (BCH), with plans to roll it out to other programs and Osler sites in 2026.

Intra-Facility Transfers: Osler has dedicated Emergency Department (ED) Access and Flow Leaders who evaluate and manage patient flow across our EDs by working with clinical teams as an integrated health system to support timely patient transfers across our sites. Designed in partnership with patients and their families, this process ensures that admitted patients are transferred to where they can receive the most appropriate care at the right time and place. Patients are also assessed to identify opportunities to transfer to the nearest home hospital, ensuring they receive the care they need close to home.

Early Identification of At-Risk Disposition: Following hospital admission, the Osler team proactively evaluates patients at risk of functional decline and frailty. Once identified, the interprofessional team promptly mobilize appropriate support to improve patient experience and outcomes, while reducing length of stay.

Equity and Indigenous Health

Osler's priorities are guided by Ontario Health frameworks that include reducing disparities in health outcomes and improving access for equity-deserving populations, while recognizing the value of a workforce that reflects Osler's diverse communities.

As a values-based, people-centred organization, Osler continues to advance Equity, Diversity, and Inclusion and Health Justice through a new organization-wide **Inclusion and Belonging & Health Justice Integrated Plan**. This plan focuses on the following pillars:

Education: Staff are supported to build knowledge and confidence in providing culturally responsive care and in honouring cultural observances, including Black History Month, Pride Month, National Indigenous History Month, and the National Day for Truth and Reconciliation.

As part of the roll-out of a new organizational Health Information System (HIS) in October 2026, Osler is also focusing on understanding patients as people through data collection and staff education on sex, gender, preferred names, and the social drivers of health.

Data Integration: Osler invites patients and staff to report experiences of perceived harassment, harm, and discrimination within a just work and care culture, using 'lived experience' to foster personal reflection and drive quality improvement.

Provision of Culturally Responsive Care: Osler's Indigenous Ceremonies Working Group is leading processes to build relationships with Indigenous Peoples, including welcoming smudging, and a recently updated Land Acknowledgement.

System Transformation: Osler is a voting member of key community advocacy groups that address systemic racism and Indigenous-specific racism and discrimination, with a particular focus on equity-deserving patient populations, including international students, newcomers, underhoused individuals, and diverse ethnic, cultural, and linguistic groups.

Patient/Client/Resident Experience

Osler's foundational commitment to people-centred care (PCC) creates exemplary patient experiences by valuing the patient as a person, surrounded by their people, including their family, community, and dedicated health care providers.

PCC is further shaped by a Patient, Family, and Community Partner Engagement Framework that includes guiding principles, priority domains, and a spectrum of engagement, ensuring meaningful involvement across care delivery, governance, research, and community partnerships. This framework has influenced the following:

Patient and Family Advisory Council (PFAC): Over 40 diverse Patient Family Partners inform quality and patient experience priorities, serve as hospital ambassadors, and participate as voting members on key hospital decision-making committees.

Community Partnership: Regular Telephone Town Halls enable dialogue between community members and hospital leadership. Osler also advances health justice through local advocacy, including efforts to address systemic discrimination.

Registered Nursing Association of Ontario People-Centred Care Best Practice Guidelines: Implementation of the guidelines positively impacted the patient experience through increased empathy and patient involvement in care decisions.

Patient Experience Data: Collected via patient relations or survey tools, this data informs patient experience metrics featured in Osler's Balanced Scorecard, Quality Improvement Plan, and Patient Safety Plan. Additionally, clinical programs review this data locally during iHuddles to foster quality improvement and system change.

People-Centred Care Committee: This interprofessional team advances Accreditation Canada priorities through initiatives focused on culturally safe, trauma-informed care, addressing intimate partner violence, and improving accessibility.

Osler has achieved **Accreditation Canada's [People-Centred Care Program Certification](#)**, which involves following a rigorous self-assessment process and review by a peer and people-centred care surveyor.

Osler also hosts an annual **Patient Experience Week and Symposium** to promote shared learning and foster continuous improvement throughout the organization and the region.

Provider Experience

Osler proactively addresses human resources challenges, emphasizes the value of staff, physicians and learners sharing their workplace experiences, and offers opportunities for improvement.

Through a comprehensive engagement process, Osler team members recognized health and wellness as a key priority for enhancing workplace culture. Our initiatives focused on staff and physician wellbeing, strengthening resilience, and encouraging and promoting a healthier workforce through various programs, including:

Renewed Healthy Workplace Strategy: Osler continues to expand and enhance health and wellness programming, adding Psychological Wellness training for leaders, alongside existing offerings such as wellness workshops, on-site therapy dogs, meditation classes, and wellness challenges. Osler also offers Healthy Workplace Hubs - dedicated 24/7 on-site wellness spaces to support Osler team members to maintain a healthy work-life balance. They feature health and wellness amenities, including light workout areas, massage chairs, quiet reflection areas, and interactive activities. In addition, as part of a dedicated sustainable wellness program for physicians, Osler appointed a Corporate Physician Lead for Wellness who has received internationally recognized wellness training. This role oversees 10 departmental physician wellness leads. A set of initiatives, deliverables and associated key performance indicators is currently being finalized.

Shaping Our Culture Network: To support workplace improvements based on annual engagement surveys, Osler's Shaping Our Culture Network continues to foster meaningful change. This diverse committee of over 80 team members plays a vital role in validating, advising on, and maintaining enhancements to collaboration, recognition, and wellness.

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 that it means to be Osler Strong. A comprehensive leadership toolkit is also being developed to support managers in leveraging 'moments that matter'.

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 had a lasting impact on retention. Improvement efforts include enhanced in-person corporate and clinical orientations, with greater leadership engagement and support during onboarding.

Enhanced Recruitment: Osler has consistently worked to align staffing with organizational needs. Initiatives include virtual and in-person job fairs and an elevated recruitment branding campaign. For hard-to-fill roles, cross-functional working groups are being established to explore new strategies to address recruitment challenges, including enhanced student and mentor partnerships and academic partner programming.

Career Pathways: Osler participates in several innovative career-development programs to support learners in the following programs: Respiratory Therapy, Laboratory, Occupational Therapy, Physiotherapy and Nursing. In addition, New Graduate Nurses, Internationally Educated Nurses (IENs), nurses who are looking to upskill in a specialty environment are also supported as they transition to independent practice. These career-development programs include:

- [Enhanced Extern Program \(EEP\)](#)
- [Nursing Graduate Guarantee \(NGG\) Program](#)
- [Supervised Practice Experience Partnership \(SPEP\) Program](#)
- [Clinical Scholar Program \(CSP\)](#)
- [Community Commitment Program for Nurses \(CCPN\)](#)
- [Sponsorship Programs into Critical Care, and Perioperative Areas](#)

Osler also offers internal sponsorship programs for specialty areas in critical care, emergency, and surgical services. Osler has 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, Quality Excellence is foundational to how care is designed, delivered, and continuously improved. Guided by the Quintuple Aim, Osler is on a journey toward becoming a High-Reliability

Organization (HRO) to deliver safe, high-reliable care for the community. This commitment shapes our culture, strengthens our practices, and informs the priorities outlined in our [2026–2028 Patient Safety Plan](#).

In support of system-wide safety and accountability, Osler joined Ontario Health's Never Events Reporting Initiative in 2024. Preventing never events is a key component of our patient safety strategy and is grounded in proactive risk identification, standardized evidence-based practices, staff education, and continuous learning through open discussion of incidents and near misses. The following are some of the strategies that help contribute to the prevention of never events at Osler:

Strengthening Psychological Safety: This remains central to both Quality Excellence and workforce well-being. Through the continued advancement of a 'Just Culture', Osler has empowered team members to speak up, ask questions, and raise concerns without fear, recognizing that learning from everyday work and error is essential to safer care. An increase in patient safety incidents and near-miss reporting reflects growing psychological safety and has strengthened organizational learning, enabling timely feedback, trend analysis, and ongoing refinement of prevention strategies to reduce harm and improve outcomes.

Reliable Communication: This is another cornerstone of our safety strategy, with a focus on standardized Transfer of Accountability (TOA) resources and protected handover time to improve continuity, accuracy, and the patient experience.

Strengthening Patient and Family Involvement: Osler advances people-centred care by strengthening patient and family involvement in care transitions, and fostering meaningful, everyday recognition to sustain engagement and reinforce shared values.

Osler Quality Improvement (QI) Academy: The Academy plays a pivotal role in building improvement capability across the organization by equipping staff and leaders with the knowledge, tools and methodologies to implement improvements in care delivery.

Human Factors Academic Practice Partnership (APP): Osler's Human Factors Academic Practice Partnership with the University of Toronto Centre for Healthcare Engineering focuses on designing safer systems and processes by developing interventions that reduce error and enhance reliability. This program supports leaders across Osler in building capacity for human factors design and thinking.

Best Practice Spotlight Organization (BPSO): Osler aligns care with RAO Best Practice Guidelines, particularly for falls and pressure injury prevention. Standardized risk assessments, prevention bundles, and targeted education are supported by multidisciplinary reviews and leadership engagement.

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 recognized by the European Society for Medical Oncology (ESMO) Designated Centres program for its adherence to the initiative's principles and objectives as an Integrated Oncology and Palliative Care Program.

Health Human Resource Competency: The palliative care program supports education for health care providers by offering the Learning Essential Approaches to Palliative Care (LEAP) course at our hospital sites and providing access to other relevant courses for staff supporting 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 served as a research site to implement HOMR, a tool that identifies hospitalized patients who may benefit from palliative care. This has now been implemented across all medicine units, ensuring that patient assessments are completed in the hospital to support transition planning upon discharge. The alerts have been further leveraged to support programs such as renal 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 and Patient Involvement in Decisions: Osler has standardized goals-of-care discussions and documentation across the palliative care program. Osler team members receive additional training and education to support these discussions. (*Quality Statement 4: Goals of Care Discussions*).

Community Partnerships: Osler participates in community partnerships through the CW OHT to collaborate on delivering wraparound palliative services across the system, with a focus on care transitions, access to specialists as needed, and connections to grief and bereavement supports. (*Quality Statement 10: Transitions in Care*).

Palliative Care Planning (Regional): The CW OHT established a Central West Palliative Care Planning Table, comprising providers across the continuum of care, to facilitate integrated care planning and collaboration. The Table developed a multi-year palliative care plan for the OHT and has begun implementing it, including the addition of a palliative care coach to build capacity across long-term care, home care, and primary care. (*Quality Statement 2: Timely Access to Palliative Care Support and Quality Statement 10: Transitions in Care*).

Population Health Management

Since its inception, the Central West (CW) Ontario Health Team (OHT) has prioritized building cohesive, integrated partnerships to address the evolving population health needs of our communities. OHTs aim to provide more coordinated care within local areas. Successful partnerships are essential to this, and Osler has been a vital partner since the CW OHT's establishment.

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. Alongside other partners, Osler is actively supporting the CW OHT with initiatives that include:

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

Quality Improvement Initiatives: The CW OHT coordinates several initiatives to identify and close care gaps, using quality improvement and change management through an equity lens. For 2026-2027, the focus is on building a multi-year plan to enhance heart failure and ALC initiatives.

Lower Limb Preservation: This initiative focuses on prevention and treatment to improve outcomes for individuals at risk of 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 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 2026-2027. These tables bring together providers, such as Osler, across the continuum of care to establish integrated programs and collaborative care models.

Emergency Department Return Visit Quality Program

Following the 2024 Emergency Department Return Visit Quality Program (EDRVQP) audit, significant focus was placed on improving emergency care for paediatric patients at Osler.

Paediatric Emergency Care Working Group: Established in 2024, the working group continues to oversee improvements in care for paediatric patients presenting to the ED at Osler.

Paediatric Emergency Care Order Sets: New order sets were drafted, approved, and implemented in early 2025, along with relevant education for staff and physicians. The Translating Emergency Knowledge for Kids (TREKK) guidelines are embedded in these new paediatric and neonatal sepsis order sets.

Paediatric Advanced Life Support (PALS) Certification: As previously reported, this has been mandated and completed for all emergency physicians. In July 2025, the nursing orientation and training program was refreshed and relaunched. The refresh included a review of paediatric emergency care for emergency nursing staff and mandates PALS certification for nursing staff advancing to resuscitation/acute care zones in the ED.

Following the 2025 EDRVQP audit, additional QI initiatives were identified.

Vital Signs in Paediatric Emergency Patients: Osler is committed to continuing its focus on emergency care for paediatric patients; this year's focus will be on vital signs assessment, re-assessment and management. Osler will leverage its transition to a new Health Information System (HIS) to ensure technology-enabled solutions are considered to further enhance care and recognition efforts.

Unstable Angina in High-Risk Patients: As a result of this year's audit, a new improvement opportunity has been identified: recognition of unstable angina in high-risk patients. Preliminary recommendations include targeted, collaborative, case-based education with cardiology, earlier medication, or cardiology consultation for high-risk chest pain/unstable angina and strengthening patient discharge criteria and follow-up processes.

Physician education will include a world-class, two-day conference on identifying sentinel cardiac presentations, advanced ECG interpretation, and detailed risk stratification. Currently, over half of the ED department has committed to attending this program, and the others will have access to the educational materials.



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. Any leader in a Vice President role and higher is considered an Executive.

Performance-based compensation

The amount of performance-based compensation is determined as a percentage of an executive team member's base salary, which is considered at risk. The performance-based percentage for 2026-2027 remains at two (2) per cent.