

Quality Improvement Plan 2026-27

AIM		Measure							Change					
Issue	Quality dimension	Measure/Indicator	Type	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments
M – Mandatory (all cells must be completed) P – Priority (complete ONLY the comments cell if you are not working on this indicator) O – Optional (do not select if you are not working on this indicator) C – Custom (add any other indicators you are working on)														
Access and Flow	Timely	90th percentile emergency department wait time to physician initial assessment	P	Maximum time elapsed between the earliest of patient triage or registration to when the patient is first assessed by a physician, for 9 out of 10 patients	National Ambulatory Care Reporting System (NACRS)	951*	2.23 hrs (Jan 2025-Dec 2025)	2.77 hrs	<ul style="list-style-type: none"> Target set at 2.77 hours (24% increase from baseline) to balance maintaining performance while acknowledging expected impacts from Epic implementation. Analysis of eight peer Epic hospitals demonstrated an average 24% increase in 90th percentile PIA post Epic go-live. Maintaining PIA performance at the adjusted performance level during a transformation year is considered a successful outcome, with further improvement expected once workflows and systems stabilize. 	1. EGH Physician Rotation scheduling improvements to add additional coverage	1. Review and re-structure physician schedule. 2. Recruit physicians to achieve new schedule.	1. New schedule created. 2. Number of physicians recruited.	1. Phase 1 New Schedule by February 1, 2026; Phase 2 New Schedule by June 1, 2026. 2. Physicians recruited - 2	
										2. Peel UCC Physician Rotation scheduling improvements to add additional coverage	1. Review and re-structure physician schedule. 2. Recruit physicians to achieve new schedule.	1. New schedule created. 2. Number of physicians recruited.	1. Phase 1 New Schedule by February 1, 2026; Phase 2 New Schedule by June 1, 2026. 2. Physicians recruited - 2	
										3. Implementation of Ambulance Offload Time (AOT) algorithm for monitoring and escalation	1. AOT algorithm education and implementation (process). 2. Establish monitoring mechanism for AOT algorithm (sustainable measurement / monitoring).	1. Algorithm implemented. 2. Monitoring mechanism established. 3. AOT added to the Access & Flow / Business Continuity Council agenda for monthly monitoring.	1. Algorithm implemented by April 1, 2026. 2. Monitoring mechanism established by April 1, 2026. 3. Monthly monitoring by Council by March 31, 2027.	
										4. Implementation of Physician Assistant role within the EGH and BCH ED service delivery model.	1. Submit proposal and secure resources / funding. 2. Refresh / refine service model. 3. Recruit Physician Assistants.	1. Funding approval achieved. 2. Service model refreshed. 3. Number of Physician Assistants recruited.	1. Funding approval achieved by February 1, 2026. 2. Service model refreshed by May 2026. 3. Number of Physician Assistants recruited - 3.5 FTE.	
										5. Leverage Predicted Date of Discharge algorithm on pilot units to smoothen discharges across the week.	1. Trial review of expected discharge activity predicted on Friday, for the weekend, on Monday. Reviewing patients who did or did not discharge to identify process barriers & opportunities	1. Monitor day of discharge performance on PDD units. 2. Establish goal for smoothening in a phased approach	1. Leverage Organizational Performance data to monitor performance for day of discharge 2. Goal established	
Equity	Equitable	% of identified leaders who have completed relevant Sex, Gender, Name (SGN) and Social Drivers of Health (SDOH) education	C	All Staff Leaders (*Assistant Manager) (n): 191 Physician Leaders (site leads, division heads, chiefs) (n): 84 Clinical Educators and Professional Practice Leaders (n): 49	Learning Management System (LMS) & NSO Office	951*	N/A	90.0%	<ul style="list-style-type: none"> Target set at 90%, considering factors like staff turnover and leaves of absence, and in alignment with previous education-based QIP commitments. Currently there are 191 staff leaders, 84 physician leaders, and 49 Clinical Educators and Professional Practice Educators. 90% target reflects 292 out 324 participants completing the essential workshops or the adapted learning during Epic Training. 	1. Implement a blended SGN/SDOH education program, co-designed with PFAC and internal partners, for identified leaders to strengthen understanding of patient demographics and the social drivers of health	1. Engage with PFAC for co-design of SGN and SDOH educational program curriculum. 2. Explore and implement adapted education for Physician Leaders. 3. Conduct a pilot educational session with identified leaders to collect feedback. 4. Launch full SGN/SDOH leadership workshops (in person/virtual) for all identified leaders. 5. Distribute micro-learning modules quarterly with tracking of completion rates via LMS.	1. Develop resources and be accessible on Oslernet (i.e. Key Messages, FAQ, etc.) 2. Develop Osler-wide Communication Plan 3. Conduct in-class and/or virtual workshops.* *Workshops include open/drop in webinars, huddles, staff meetings, Epic User Training, adapt learning sessions for physician leaders, etc.	1. Q1 FY 2026/27 2. January 30, 2026 3. Collecting Baseline	
										2. Increase awareness of how SGN impacts people centred care and may reduce patient complaints and patient experience survey results specific to SGN discrimination.	1. Implement SGN patient complaint themes and patient survey data collection and reporting through the Inclusion Belonging Health Justice dashboard 2. Monitor and share changes in patient complaints and patient experience survey results relative to training and Epic Go-live	1. Formalization of dashboard 2. Continue sharing results at key hospital committees.	1. Q1 FY 2026/27	
										3. Increase identification of patient social drivers of health to enhance people centred care and inform meaningful referrals to equity deserving community resources.	1. Track the utilization and type of patient social drivers of health documented	1. %age of admitted patients with at least one SDOH identified. 2. %age of types of SDOH selected	1. Q4 FY 2026/27	
Experience	Patient-centred	% 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?"	C	Number of inpatients and outpatients surveyed in the timeframe that responded "always" or "usually" to the question "Were you involved as much as you wanted to be in decisions about your care and treatment?"	Qualtrics	951*	80.2% (percent positive) for email surveys between Oct 27, 2025 to Feb 12, 2026. n = 882 (completed email surveys)	80.2%	<ul style="list-style-type: none"> The target is set at 80.2% to maintain baseline performance. Target maintained due to competing priorities with Epic implementation, staff learning curve, time required to fully market the new Epic MyChart and the 3.5 months of baseline data available. FY25/26 functioned as a baseline year due to hybrid (phone and email) patient experience surveys. Decision made to determine baseline only using email results as this will be the methodology going forward effective April 1, 2026. Therefore, the baseline to inform the new target were based on email survey results collected between Oct 27, 2025-Feb 12, 2026. 	1. Increase timely patient access to their personal health information (i.e. results and clinical notes) by optimizing Epic MyChart New User Enrollment Process	1. Update EPIC My Chart/Patient Handout 2. Finalize and implement MyChart Auto Enrollment process, including utilization report	1. Completion of Epic MyChart Patient Handout 2. Percentage of MyChart Auto Enrollment	1. September 30, 2026 2. Collecting Baseline	
										2. Elevate patient health literacy through integration of Patient Education vendor in Epic's After Visit Summaries (AVS)	1. Completion of vendor procurement and integration with Epic 2. Staff to receive corporate user functionality Epic training	1. Percentage of AVS with 1 Patient Education resource, where applicable	1. Collecting Baseline	
										3. Optimize patient safety through integrated interpretation services (Language Line)	Completion of Language Line/EPIC integration	Percentage of Language Line services utilized through Epic related to the documented need for interpretation	Collecting Baseline	
										4. Elevate staff awareness and knowledge regarding patient-provider partnership through the development of a new involvement in Care Huddle topic	Co-develop with PFAC and implement involvement in Care Huddle Curriculum (i.e. micro-learning) for staff and physicians	Percentage of inpatient units that receive PEO involvement in Care Huddle Curriculum	100%	

