

Let's Make Healthy
Change Happen.



Quality Improvement Plan (QIP) Narrative for Health Care Organizations in Ontario



2025/26

3/10/2025

This document is intended to provide health care organizations in Ontario with guidance as to how they can develop a Quality Improvement Plan. While much effort and care has gone into preparing this document, this document should not be relied on as legal advice and organizations should consult with their legal, governance and other relevant advisors as appropriate in preparing their quality improvement plans. Furthermore, organizations are free to design their own public quality improvement plans using alternative formats and contents, provided that they submit a version of their quality improvement plan to Health Quality Ontario (if required) in the format described herein.

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Overview

A mission that inspires us – to provide excellent health care for the people and communities we serve and to advance health care through education and research— drives Hamilton Health Sciences' (HHS) vision of **Best Care for All**.

No matter our role, each of us is working to ensure that our organization achieves its vision, centered on four strategic objectives:

- **Patients:** Be a top ranking hospital for the quality of care and the excellence of our patient and family experience.
- **People:** Create a safe work environment with highly engaged staff and physicians.
- **Sustainability:** Be responsible resource stewards.
- **Research, Innovation and Learning:** Be one of Canada's top research hospitals.

HHS's Quality Improvement Plan (QIP) is one component of our overall planning process, with initiatives selected and initiated that will create urgency to drive results against our strategic objectives. The QIP complements our strategic plan, our operational plans, and our Hospital Service Accountability Agreement. Aligning these components helps to ensure that we are fiscally responsible, have accountability to our patients and deliver high quality care.

In its 2025-26 Quality Improvement Plan, HHS has chosen to focus on seven organizational priorities aligned with our organization's vision and strategic goals. The seven priorities in this year's QIP are to:

- Maintain our reduced rate of sepsis
- Reduce deaths following major surgery
- Reduce the incidence of pressure injuries
- Reduce our risk of hospital acquired infections through maintaining our improved hand hygiene rates
- Expand the implementation of our EDI Collecting Accurate and Robust Equity (CARE) data initiative
- Reduce the number of overdue discharge summaries and operative notes
- Start collecting race, ethnicity and language data as a part of our critical incident reviews

Refer to the Improvement Targets and Initiatives document to see plans on how HHS will achieve the targets in the QIP.

Access and Flow

Overcrowding in our hospitals is a system-wide challenge, its root cause can be due to, for example, the unavailability of inpatient beds, inappropriate admissions, delays in the decision to admit, delays in discharge, a lack of timely access to diagnostic services, lack of timely access to care in the community, among other challenges. At HHS, we mitigate these challenges by working proactively with internal teams, partner hospitals, and teams from other sectors, to better understand patterns of demand and develop strategies to meet variations in demand, reduce barriers and address overcrowding. This lives on a daily basis through action processes/steps outlined in protocols for daily operations (Patient Flow Protocol, ED Gridlock Protocol, ALC Protocol, Discharge Planning Protocol, Regional Repatriation Agreements/Processes) and strategies in response to a surge or over capacity situation (Over Capacity Protocol). HHS is continuously undertaking a large variety of initiatives across HHS sites, and collaboratively across the region, in order to improve access and flow. This includes 100+ active and recently completed initiatives at the micro (unit-based) through to macro (regional) levels in order to:

- Improve ED efficiency and wait times
- Reduce ambulance offload times
- Improve inpatient flow, reduce length of stay and improve transitions to the community
- Provide wrap-around interprofessional home care services
- Divert ED visits and reduce ED demand
- Innovate models of care (ex. expanded step down models, hospitalist models, short stay surgical models)
- Improve discharge planning and rapid outpatient follow up
- Implement virtual care for improving outcomes at home and reducing risk of readmission
- Implement enhancements to how care is coordinated and integrated through our Epic hospital information system
- Improve access to diagnostics and clinical support services
- Improve care coordination and demand balancing across the region

Equity and Indigenous Health

At HHS, we value and respect the rich diversity of our people and the communities we serve. We are dedicated to cultivating a welcoming, inclusive, and safe environment. Our Equity, Diversity and Inclusion (EDI) efforts have focused on a comprehensive set of training programs, events, resources, rounds (ex. Ethics & Diversity Grand Rounds), and improvement activities to help advance equity and inclusion and build skills, confidence and capabilities of everyone at HHS. Creating an inclusive and safe environment for everyone is key to achieving our vision of Best Care for All. We know, however, that many people who work for and visit our hospital experience racism, discrimination, and oppression. This is unacceptable and regrettable. HHS is committed to changing these experiences at every level of the organization. HHS underway with a comprehensive 5-year Equity, Diversity and Inclusion Plan for 2023-2028. HHS has made significant investments to improve our EDI efforts and has committed to establishing EDI as a key element of the corporate strategy. Key milestones were completed over the last year, including:

- Expansion of the Collecting Accurate and Robust Equity (CARE) data initiative to over 260 outpatient/ambulatory clinics
- Design, execution and completion of an introductory equity, diversity and inclusion training program to all formal leaders at HHS, with a current completion rate of 74% of leaders.
- Launch of renewed criteria for Early Career Award with EDI considerations in November 2024
- We implemented Black health initiatives at McMaster Children's Hospital (MCH) to support capacity building, collaboration with community partners to focus on improving care for Black communities by:
 - Enhancing culturally responsive clinical care
 - Integrating care with community partners to promote wellness, and sustain health equity for Black populations
 - Implemented innovative solutions to enhance patient safety, specifically in pressure injury prevention and care for darker skin tones
 - Made a shift to race neutral equation for pulmonary function testing in January 2025

We recognize that Indigenous Truth and Reconciliation is distinct and necessary, and we are committed to increasing Indigenous cultural safety through our ongoing efforts. HHS is in the process of drafting an Indigenous Health Plan, informed by extensive Indigenous community engagement. The draft plan was led by an Indigenous Strategic Advisor and reflects internal and external feedback within Indigenous communities. The plan will be aligned with Truth & Reconciliation Calls to action, United Nations Declaration on the Rights of Indigenous

Peoples and Missing and Murdered Indigenous Women Calls to Justice. We will continue to acknowledge Indigenous peoples constitutional rights and sovereignty.

While celebrating our achievements, we recognize that much work still needs to be done. Refining our process to gathering data safely will be crucial in better understanding how we can provide the best care for all. By equipping our staff and physicians with appropriate knowledge and tools to embed EDI into daily practices and building a sustainable governance structure will be the catalyst to shift the organization from complacency to change.

Patient/Client/Resident Experience

There is a spectrum of approaches HHS utilizes for incorporating experience information into our quality and safety improvement activities, including through our patient and family advisors and committees, patient experience surveys, storytelling, and our patient relations concerns and compliments processes. HHS has increased its focus on all of these approaches over the last several years and has made patient and family experience a priority. HHS has a roster of approximately 100 patient and family advisors, some of whom also support our 5 patient and family advisory councils. From April 2024 to February 2025, these advisors contributed over 1740 hours of their time towards process and quality improvements across HHS. The Quality Committee of the Board assesses and evaluates the quality of care at HHS and ensures improvement processes are in place. Patient storytelling has been an important feature of our Board Quality Committee meetings for several years. With these stories shared at each Board Quality Committee meeting, important context is built around the successes and challenges across HHS in relation to patient experience and safety issues. A Patient Advisor currently participates as a patient and family representative at these meetings. Additionally, at the organizational level, the Quality of Care & Patient Safety Steering Team's purpose is to set direction and monitor quality, safety and experience throughout HHS. The team consists of senior leaders and two patient and family advisors.

Two other key strategies underway to enhance the patient experience include:

- Implementation of electronic patient and family experience surveying of all emergency and inpatient areas for teams to receive and use feedback for improvement; and
- Implementation of video interpretation services available within seconds at the bedside for over 200 languages (including American Sign Language) in all in patient and emergency units

Plans are in place to expand both of these initiatives to ambulatory services as well.

Provider Experience

Care Transformation is a top priority of HHS' strategic plan. HHS is continually adapting to meet the evolving health-care needs of the communities we serve. This involves our clinical teams utilizing a skill mix model, where various health-care provider roles collaborate in a safe and regulated manner. This model is central to our Care Transformation initiative, an organizational priority focused on establishing standard criteria for care models across our sites and programs. This transformation aligns with practice standards, optimizes the roles of our care teams and better addresses environmental changes, such as healthcare worker shortages. Standardization of role accountabilities across the organization supports consistency of quality patient centered care and enhances the patient experience. Teamwork and collaboration is facilitated through clear role definition, supportive education and continual evaluation of patient and staff outcomes.

By making sure reach team can have everyone focus on what they do best, by supporting teamwork and clarifying roles, by adding more supportive roles to the team, and by serving patients in new ways, Care Transformation will help us achieve:

- Quality: Patients receive the same high quality, equitable standards of care no matter where they are in the hospital
- Consistency: Increased support for clinical teams so they have consistent access to the roles, resources, knowledge, and supports to meet their unique needs
- Adaptability: Clinical teams have the correct skill mix in place, team collaboration is optimized, and teams can respond to changes in the healthcare environment
- Sustainability: Our hospital can effectively plan for the staffing models required to meet standards of care and minimize gaps

Care Transformation takes an organizational approach to ensuring we have the most appropriate roles in place, all clinical staff are working to the full extent of their practice, and there are tools and resources available to support them. Through this initiative, we will work closely across HHS to systematically review and design standardized models of care. We are defining and implementing consistent practices and supports that units can adopt, based on evidence and best practices from literature and peer hospitals.

Safety

HHS has a robust policy, governance and systems infrastructure that supports the identification, reporting, assessment and action planning in response to patient safety events across the organization. This includes a patient safety event reporting system, protocols for identification and investigation into root causes of serious safety events and regular reviews by the organizational leadership and board of directors on the overall trends related to patient safety occurrences. Additionally, HHS's Quality of Care Committee reviews critical incidents or serious safety events for the purpose of learning from the events and improving the provision of healthcare at HHS.

Several other key strategies in progress to improve safety include:

- Spread of standardized safety huddles across HHS where health teams review daily any safety risks to proactively support safety for patients and staff
- Participation in the reporting of Never Events to Ontario Health with an organizational focus on the prevention of pressure injuries, including the use of an equity informed skin assessment tool
- Organizational focus on decreasing sepsis and contributing infections such as central line infections, catheter associated urinary tract infections and surgical site infections
- Partnering in Solutions for Patient Safety at McMaster site (an international pediatric collaborative focused on improving safety culture and decreasing specific harm events)
- Incorporating Equity Diversity & Inclusion metrics and language into our safety work
- Completion of Healthcare Excellence Canada pilot in their Rethinking Patient Safety Program, which focused on broadening the view of hospital harm and further supporting a proactive approach to patient safety. This work was supported by four clinical units and patient and family advisors and is being used to inform the three year strategic plan for safety

Palliative Care

At HHS, palliative care is a concept of care rather than a place. It is an approach to caring aimed at relieving suffering and improving the quality of life of patients facing life-threatening illnesses or life limiting chronic conditions for which there is not a cure. Palliative care services are directed to patients and their families/circle of supporters and respects that everyone approaches death from their own unique perspective based upon their individual values, spiritual beliefs, cultural roots, family dynamics and life experiences. At HHS, palliative care can be provided in all phases of illness, from early in the course of illness to bereavement. HHS's adult inpatient Palliative Care Unit provides expert end-of-life care to people experiencing life-threatening illness, within an environment that promotes clinical excellence, education, and research. Our Palliative Care Program focuses on patient and family-driven decision-making to maintain comfort, quality of life, spirituality, autonomy, and dignity of each dying person while supporting families through this difficult period and in bereavement. The Palliative Care Program at St. Peter's Hospital is an exemplary leader in continuous quality improvement (CQI), serving as a respected mentor to internal and external partners who are improving team communication and huddle processes. The Palliative Program provides direct access to inpatient care 7 days per week, accepting and supporting community and hospital transfers, avoiding Emergency Department admissions.

The Quality of Life & Advanced Care program (QoLA Care) at McMaster Children's Hospital (MCH), which has become a regional pediatric palliative care program thanks to new investments, partners with families facing serious pediatric health conditions with a focus on improving quality of life. The model of care works to understand who families are, what matters most to them, what they are facing, and what challenges may arise in the future and, together, to make proactive plans which anticipate, prevent and treat sources of suffering and increase opportunities for joy, happy experiences and precious moments.

In 2024, MCH-HHS and Kemp Care Network reached important milestones in partnering to build the region's first children's hospice, Keaton's House. Keaton's House will fill a critical gap in care for children and families in Hamilton and the surrounding region by providing a place where children facing a life-limiting condition, and their families, receive care and support in a home-like, child friendly setting.

Population Health Management

HHS is proud to be partnering with more than 40 organizations in the Greater Hamilton Health Network (GHHN) Ontario Health Team with a purpose of transforming healthcare in partnership with patients, families, care partners, primary care, local organizations and the community. GHHN is a collaboration of local patients, families, care partners, and health and human service partners, including representation from primary care, home care, hospitals, community agencies, long-term care, mental health, Indigenous health, post-secondary education, and the City of Hamilton (Healthy and Safe Communities Department, Public Health and Paramedic Services). GHHN is one of 12 OHTs chosen to implement an advanced work plan and work towards OHT designation at a rapid rate. As a dedicated group of professionals, organizations and people with lived experience, we are working to co-design a patient centred health system grounded in engagement, health equity and the local needs of the communities we serve. This includes advancing priorities in aligning digital and navigation services, modernizing home care within the OHT model, advancing integrated primary care planning using population health approaches, co-designing integrated/sustainable/equitable health pathways and improving health and wellbeing for priority populations within the GHHN catchment.

In the last year, GHHN has achieved key milestones like the launch of HealthPathways and Community Wellness Hubs. The launch of HealthPathways (in partnership with Burlington Ontario Health Team and Middlesex Ontario

Health Team) marks a significant milestone in integrated healthcare, providing clinicians with real-time, evidence-based pathways to improve the management of chronic conditions and other diagnoses, ensuring more effective and consistent care at every stage of the patient journey. In partnership with AbleLiving Services, GHHN launched two Community Wellness Hubs in fall 2024. The Community Wellness Hub Model is a model of integrated care for older adults that provides health and social services to support older adults living in the community to age safely, healthily and happily at home.

Emergency Department Return Visit Quality Program (EDRVQP)

The 2023 ED Return Visit audit program identified some key corporate-wide themes that needed to be addressed, including a focus on improving ED access and reducing flow pressures. One of the key initiatives advanced to address that was the piloting of Triage Assessment Teams (TATs) at both our Juravinski Hospital and Hamilton General Hospital sites starting fall 2024. The TAT is composed of a provider (ex. emergency physician) working together with a TAT RN (TAT-RN) to target early assessment and management of patients within the Emergency Department. Early results from the TATs have shown promising results on the Physician Initial Assessment (PIA) time, with the performance improving and being more consistent compared to the prior 2 years. When the TAT is in place, the 90th percentile PIA time reduces from 1-2 hours on average or higher, depending on the day, compared to the overall 90th percentile PIA time. Further expansion of this initiative is being explored.

For the 2024 audit program, across 206 audits completed, 18.9% of audits found an adverse event or quality issue. Each HHS site has themed the results of the audit reviews completed and has developed a countermeasure plan for action through 2025/26.

Site	Theme	Countermeasure/Action
HGH	Patients spending increased times in waiting room awaiting space within ED and initial physician assessment	Continue PDSA cycles for the Treatment at Triage process to improve PIA time
	Infrequent waiting room reassessments	Complete A3 exploring triage reassessment barriers and possible solutions
	Abnormal vitals not repeated and documented by staff prior to discharge	Review policy and expectations with staff around documentation and management of patients with abnormal vitals prior to discharge
JH	High rate of return visits were LWBS on first encounter	LWBS Standardized Process (Created in Fall 2024 and revamped in Jan/Feb 2025)
	Long periods between triage assessment and any follow-up assessment	Continue Treatment at Triage (TAT) pilot project
	Early or questionable discharge decision	Case by Case follow-up with individual physicians by Emergency Chief. Cases collated for reading/reflection with physician group

WLMH	Underutilized medical directives at triage	Complete PDSA on ensuring target time of 15min door to ECG completed on all CTAS 2 chest pain patients
	Reassessment of vital signs prior to discharge is not completed on the majority of cases	Develop standard work to re-assess vital signs at regular intervals including upon discharge
	Inconsistencies in recognition/assessment/identification of stroke (stroke algorithm/activation)	Education & collaboration with Regional Stroke Program for WLMH ED staff
MUMC	Nursing standards of care in ED Department	Review and update nursing standards of care for the MUMC ED
	Vital sign reassessment after Triage	Review and educate all ED RNs on eCTAS reassessment criteria

Executive Compensation

HHS believes strongly in accountability for results and therefore, all eligible members of the Executive Leadership Team, including the CEO, have a portion of their total compensation at-risk under the hospital's executive performance variable pay plan.

The salary at-risk for the President & CEO as well as eligible Executive Leadership Team members (Executive Vice-Presidents, Presidents, Vice-Presidents, Chief Nursing Executive) is linked to achieving certain targets set out in the QIP in combination with other components of the variable pay plan.

Contact Information/Designated Lead

For questions related to Hamilton Health Sciences' Quality Improvement plan, please contact Bryan Herechuk, Director of Quality & Value Improvement at herechukbr@hhsc.ca.

Sign-off

I have reviewed and approved our organization's Quality Improvement Plan


 Keith Monrose
 Board Chair


 Shirley Thomas-Weir
 Board Quality Committee Chair


 Tracey MacArthur
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