QUALITY IMPROVEMENT PLAN (QIP)

# Narrative for Health Care Organizations in Ontario

APRIL 1, 2026

Queensway Carleton Hospital

Ontario Health

# Overview

Queensway Carleton Hospital (QCH) is pleased to present its annual Quality Improvement Plan (QIP) in collaboration with Ontario Health. This plan highlights our priority efforts to continuously improve the quality, safety, and care experience for the patients and communities we serve. Guided by our Mission to provide high- quality, compassionate, and coordinated care, and by our values of accountability, innovation, respect, and collaboration, we are advancing work that strengthens patient safety, improves access and flow, and enhances the patient and family experience.

Over this next year, a key focus of our quality journey is the implementation of Epic, which will change how we deliver, document, and coordinate care. Epic is expected to support safer care transitions, enhance access to timely information for care teams and patients, and improve the provider experience through more integrated workflows and decision-support tools, while better aligning QCH with our regional partners to enable more coordinated, connected care across the system. Through this QIP, we will leverage these capabilities to strengthen clinical reliability, enhance transparency, and accelerate data-informed improvement across programs. As we move forward, we remain committed to continuous learning and to ensuring Queensway Carleton Hospital remains a hospital of choice for our community, with a focused quality agenda on access and flow, equity and Indigenous health, patient and provider experience, safety, and population health.

# Access and Flow

QCH is strengthening access and flow so that patients receive the right care, in the right place, at the right time, with a clear emphasis on safe transitions home whenever possible. Building on a Home First philosophy, we are advancing initiatives that support early identification of needs, timely decision-making, and coordinated interprofessional care along the continuum.

In the Emergency Department, use of the Identification of Seniors at Risk (ISAR) tool enables early identification of older adults at risk of functional decline, readmission, or prolonged hospitalization. Patients who screen positive are referred to the Geriatric Emergency Management nurse for early discharge planning and timely connection to community-based services, which helps prevent avoidable ED visits and admissions.

To support timely admission and bed placement, QCH is removing a manual “patient flow stamping” step in the process and implementing a Nursing Intervention in the Emergency Department to capture risk stratification for each patient. Streamlining this process is expected to reduce time from admission decision to inpatient bed assignment and improve throughput across inpatient units. Daily interprofessional rounds are also being implemented on all acute inpatient units to review goals of care, anticipated discharge dates, barriers to flow, and required community supports. These structured rounds promote shared decision-making,

earlier discharge planning, and safer transitions from hospital to home or other community settings.

QCH has also launched the “QCH @ Home” program, aligned with Ontario Health’s Hospital to Home (H2H) program specifications. This hospital-led model provides up to 16 weeks of coordinated, wrap-around services for eligible patients at risk of Alternate Level of Care (ALC) designation or early in their ALC journey, supporting safe transitions from hospital to home or other community settings.

Through integrated care coordination, standardized interRAI assessments, warm handoffs, and partnerships with home and community care and community support services, QCH @ Home is designed to reduce avoidable ED visits, hospital readmissions, and ALC days while enhancing the patient and caregiver experience of discharge and recovery at home.

Together, these initiatives reflect QCH’s commitment to building reliable, coordinated processes that improve patient flow, reduce delays, and support people to remain safely in their homes and communities whenever appropriate.

# Equity and Indigenous Health

QCH is committed to advancing equity, Indigenous health, trauma- informed care, and cultural safety as core dimensions of quality and patient safety. These commitments are embedded in our Equity, Diversity, Inclusion, and Belonging Strategy (2023–2028), Indigenous Health Equity, Healing, and Self-Determination Action Plan (2025–2028), and True North Strategic Plan, with Board and senior leadership oversight through the EDIB Advisory Council and Indigenous partnership tables. Aligned with Ontario Health’s equity priority and Service Accountability

Agreement obligations, we are adopting a distinctions-based, anti-racist, and culturally safe approach to quality improvement.

Accountability for equity and cultural safety is being embedded into leadership competencies, performance expectations, and governance practices. Building on 100 percent completion of equity, anti-racism, and Indigenous cultural safety education for the Board, Executive, and Directors, expectations are now extending to people leaders across programs. QCH has implemented a monthly Health Equity & Quality Patient Safety Case Review process, applying equity, Indigenous health, trauma- and violence-informed, cultural safety, and accessibility lenses to incident analysis, patient safety events, complaints, and complex cases. These lenses are also being integrated into the RL incident reporting system, patient relations and complaints, and risk management and disclosure processes, recognizing racism, lack of cultural safety, and access barriers as patient safety risks and sources of preventable harm.

Indigenous partnership is being strengthened through formal collaboration with Wabano Centre for Indigenous Health, supporting distinctions-based engagement and Indigenous data sovereignty. An EDIB and Indigenous Data Governance Framework is in development to guide ethical, culturally safe collection and use of socio-demographic and Indigenous identity data. The transition to the Epic electronic health record will enable future equity-stratified quality and safety measurement, continuous learning, and accountability for Indigenous Peoples and all equity-deserving communities. Together, these efforts are designed to reduce inequities in access, experiences, and outcomes for the populations QCH serves.

# Patient/Client/Resident Experience

Our organization uses patient experience surveys and stakeholder feedback to directly inform quality improvement priorities across ambulatory care, the Emergency Department, inpatient units, and Obstetrics. Feedback is reviewed alongside operational and clinical indicators to identify opportunities to enhance communication, transitions, and overall care experiences. The Patient and Family Advisory Council (PFAC), now expanded to 20 members to increase representation and inclusivity, plays a central role in interpreting this feedback and co-designing improvement initiatives.

One current priority is strengthening medication information transfer at discharge and supporting ED diversion through our new on-site retail pharmacy, opening in during the 2026/2027 fiscal year. Patient surveys showed strong support for integrated pharmacy services, with 91 percent of respondents indicating they would consider filling discharge prescriptions at the QCH retail pharmacy if prescriptions were then transferred to their regular pharmacy. By offering this option, pharmacists can provide counselling on new medications or changes before discharge while maintaining continuity with community providers, reducing stress for patients and improving treatment adherence.

To evaluate impact, patient satisfaction surveys on Medicine and Surgery units will monitor understanding of medications at discharge, and feedback from PFAC and frontline teams will inform iterative adjustments. Together, these practices demonstrate how QCH uses patient and family voices to shape priorities, design interventions, and track outcomes, ensuring that experience feedback drives measurable improvements in care.

# Provider Experience

At Queensway Carleton Hospital, the provider experience continues to evolve in meaningful and measurable ways—driven directly by the insight, expertise, and lived experiences of our staff and physicians. Over the past year, we advanced this work through the Corporate Engagement Action Plan, shaped by priorities identified in the Staff and Physician Engagement Survey. This plan has improved day to day operations through expanded use of Continuous Performance Improvement tools, refreshed leader rounding practices, and targeted unit level engagement efforts. These actions have supported a culture where teams feel respected and empowered to thrive.

A key milestone this year was the transformation of the Performance Development Program. Staff feedback led to the creation of the new Developmental Dialogue tool—an employee driven, strengths based approach that fosters trust, psychological safety, and meaningful two way communication between leaders and their teams. This model is helping to entrench shared accountability and reinforce a culture of continuous learning and recognition.

Looking ahead to 2026/2027, the People & Talent Working Group will continue advancing improvements in hiring, onboarding, and equity focused practices. Preparing the organization

for the transition to Epic remains a major priority, with ongoing awareness building, planning, and training designed to equip teams for a smooth and confident shift to the new digital environment.

This year also marked an important recognition: QCH was named a Top Employer in the National Capital Region for 2026, reflecting our deep and sustained commitment to fostering an inclusive, supportive, and caring workplace.

Together, these initiatives provide a strong foundation for the year ahead, positioning QCH for continued team-centred progress as we enter a period of significant organizational transformation. By investing in provider experience, QCH is strengthening the foundations for safe, reliable, patient-centred care.

# Safety

At QCH, the prevention of never events is a core component of our Integrated Quality Framework and is overseen through our Quality program and Board reporting structures. Never events are serious, preventable patient safety incidents that result in significant harm and should not occur when effective safeguards and reliable clinical processes are in place. Our approach focuses on high-risk areas such as surgery, pressure injury prevention, and medication safety, emphasizing standardized practices, clear accountabilities, staff education, continuous monitoring, and rapid learning from incidents and near misses.

Medication safety is a major priority given its potential for serious harm. QCH has implemented a closed-loop medication system supported by Barcode Medication Verification (BMV) and strengthened medication reconciliation practices, both recognized strategies to reduce medication-related never events and improve safety at transitions of care. Since going live with BMV in 2021, QCH has targeted a scanning rate of 90 percent; within one year, organizational scanning increased by 31 percentage points, reaching and sustaining 85 percent. In parallel,

Medication Reconciliation in the Emergency Department has been reinforced to improve completion of Best Possible Medication Histories at and shortly after admission, aligning with best practices for preventing serious medication discrepancies at transitions.

Similar reliability-based approaches are applied to pressure injury prevention and surgical safety through standardized prevention bundles, compliance monitoring, structured interprofessional huddles, and real-time audit feedback to ensure consistent adherence to evidence-informed safeguards.

Together, these initiatives illustrate QCH's approach to never event prevention: implement evidence-informed safeguards, make performance visible, partner with frontline teams to build reliable processes, and sustain safer care through accountability, auditing, and continuous learning.


# Palliative Care

QCH is dedicated to providing comprehensive, high-quality, person- centred palliative care that places patients and families at the centre of care delivery. Palliative care is integrated across the illness trajectory, including end-of-life care, for patients admitted to inpatient units or registered in the Emergency Department, with a focus on quality of life for people with life-limiting illness and their care partners.

We have implemented the Hospital One-Year Mortality Risk (HOMR) screening tool to support early identification of patients who may benefit from a palliative approach to care. This enables prompt assessment, timely referral to specialist palliative services, and proactive advance care planning so that needs are identified and addressed early and consistently.

Individualized care is delivered through comprehensive palliative assessments and a standardized palliative care note that outlines each patient's goals, values, preferences, and plan of care. These plans are documented in the electronic medical record, with digital orders and flowsheets visible to the interprofessional team to support coordinated symptom

management and shared decision- making. Patients and families can access information through the patient portal, with further functionality anticipated through our upcoming Epic implementation and MyChart. This person-centred approach supports informed decision-making, identification of substitute decision-makers, tailored education, and effective management of pain and other symptoms, ensuring care remains aligned with patient wishes. QCH demonstrates a strong commitment to holistic, interprofessional care through collaboration among Palliative Physicians and Nurses, Social Work, Spiritual Care, Allied Health professionals, Indigenous Palliative Care supports, interpretation services, and community partners, including home care, hospice, and long-term care providers.

Ongoing quality improvement is informed by HOMR data, referral trends, chart audits, and feedback from patients, families, and staff, which are used to refine practices, strengthen coordination, and enhance the quality and consistency of palliative care at QCH in alignment with the provincial Quality Standard for Palliative Care and the Palliative Care Health Services Delivery Framework. Wherever possible, care is coordinated closer to home, with access to grief and bereavement supports through hospital and community partners.

# Population Health Management

Population health management, as defined by the Rapid Improvement Support Exchange (RISE), is an iterative, partnership- based approach that integrates data and community-informed insight to co-design proactive, integrated, person-centered, equitable, and efficient solutions across the continuum of care and well-being.

Consistent with this definition, QCH is in the early stages of advancing an equity-informed, community-responsive population health management approach aligned with its True North Strategic Plan, Equity, Diversity, Inclusion, and Belonging Strategy, and Indigenous Health Equity, Healing, and Self-Determination Action Plan. QCH recognizes that health outcomes are shaped by social, cultural, and structural determinants, and that reducing inequities requires

coordinated, upstream, system-level action in partnership with health, social, and community organizations. This is a strategic priority and area of active development.

Through the Ottawa West Four Rivers (OWFR) Ontario Health Team, QCH collaborates with primary care, community health centres, Indigenous health and community organizations, public health, mental health and addictions, home and community care, and municipal and social service partners to identify priority populations and co-design integrated responses. QCH co-chairs the OWFR Equity, Diversity, Inclusion and Anti-Racism (EDI-AR) Committee and advances population health planning for equity- deserving groups, including unattached patients; Indigenous (First Nations, Métis, and Inuit) peoples; rural and northern populations; newcomers and refugees; older adults with complex needs; people with disabilities; 2SLGBTQIA+ people; people experiencing mental health and substance use challenges; and those who are underhoused or precariously housed.

An early application is the Care Coordinator–led newborn attachment initiative within QCH's Birthing Program. Using population-level data and partner insight, QCH and OHT partners have identified unattached newborns from QCH and Almonte General Hospital as a priority population and are co-designing a proactive, culturally safe, family-centred, trauma- and violence- informed pathway from birth to primary care attachment. Partners include Almonte General Hospital, Ottawa Public Health (Healthy Babies Healthy Children), Pinecrest-Queensway CHC, ConnectWell Community Health, Jamie's and Greenbelt Family Health Teams, Wabano Centre for Indigenous Health, Kids Come First, and QCH's Patient and Family Advisory Council. These early applications of population health management, enabled by QCH's transition to Epic and the development of an equity-focused data governance framework, are designed to reduce gaps in access, strengthen attachment to primary care, and improve long-term health outcomes for priority populations in our region.

# Emergency Department Return Visit Quality Program (EDRVQP)

1. Provide a status update for 1 or 2 of your hospital site's quality improvement priorities from the preceding year's EDRVQP audit. Include results and data where possible.

   Rapid Assessment Physician (RAP): As part of the Emergency Department Return Visit Quality Program, QCH has focused on improving Time to Physician Initial Assessment and throughput from ED to inpatient beds. The Rapid Assessment Physician (RAP) initiative was implemented to improve Time to Physician Initial Assessment (PIA) and support timely, high-quality care. After several iterations, the initiative resulted in the deployment of a physician in triage from 1530 to 2130, seven days per week. This timeframe was identified as the highest-volume period through triage and one in which patients are most likely to benefit from early access to diagnostics—such as ultrasound—that may not be available later in the day. The physician works collaboratively with triage nurses during this period. RAPs initiate diagnostic testing and treatment interventions to support efficient patient workups, while ensuring early identification of high-acuity patients to promote rapid escalation, appropriate bed placement, and improved patient safety outcomes. This initiative has supported an approximate two- hour reduction in PIA in December as compared with August 2025.

   Early Bed Assignment Opportunity – The integration of the Bed Management System with ED tracking tools in March 2025 enhanced real-time visibility of upcoming inpatient admissions, enabling ED nurses to better anticipate and prepare patients for transfer. Since implementation, the interval from bed clean to bed occupied has decreased by 10.08 minutes to 49.93 minutes. Additionally, the time from bed clean to porter request has improved by 10.92 minutes to 25.08 minutes, reflecting improved coordination and throughput efficiency.

   These initiatives support timely assessment, safe transitions to inpatient care, and reduced risk of avoidable return visits.

2. Share some of the quality issues identified during this year's audit. Describe quality improvement initiatives that are being planned or worked on to address these issues.

   Several cases were identified where patients who left without being seen (LWBS) had abnormal vital signs and/or concerning presenting complaints, highlighting an ongoing patient safety risk. While LWBS remains largely downstream of broader ED challenges including crowding, bed flow, and throughput pressures, opportunities exist to strengthen current workflows to reduce unsafe departures. Planned actions include strengthening queue management processes and timely physician initial assessment (PIA) to support earlier identification, reassessment, and escalation of higher-risk patients in the waiting room.

High-risk discharge of both frail and elderly patients was identified as a concern, including cases where patients were discharged with diagnostic uncertainty, challenging discharge conditions, or unaddressed abnormal vital signs. To support this work, we will strengthen the identification of high-risk geriatric patients by improving ISAR screening compliance and optimizing screening processes. We will also enhance staff education and streamline discharge pathways by improving access to referral resources, clarifying referral processes, and expanding support programs such as Occupational Therapy (OT) in the ED. In addition, we will leverage corporate and community-based supports, including the Hospital-at-Home program, to promote safer discharge planning. Targeted physician education, including geriatric trauma CME, will continue to enhance recognition of higher-risk presentations and ensure timely referral to specialized trauma services.

# Executive Compensation

A portion of executive compensation at Queensway Carleton Hospital is directly linked to the achievement of selected Quality Improvement Plan (QIP) indicators. For the 2026/27 QIP, 15% of the CEO's and Chief of Staff's annual at-risk compensation and 10% of the annual at-risk compensation for other eligible executives is tied to performance on three priority indicators:

- 90th percentile Time to Inpatient Bed (Access & Flow)
- Equity Diversity Inclusion and Belonging (EDIB) Training completion (Equity/Culture)
- Patient Satisfaction (Experience)

These indicators reflect organizational priorities related to timely access to inpatient care, building capability to support Emergency Department improvement work, ensuring QCH provides equitable care and creating an inclusive culture and delivering an exceptional care experience. Each indicator is assigned a weighting that determines its contribution to the total at-risk compensation: 40% for Time to Inpatient Bed, 40% for EDIB Training, and 20% for Patient Satisfaction.

Performance is assessed against the targets established in the QIP. Full achievement of the target results in 100% payout for that indicator's weighting. Partial achievement—defined as performance that meets at least 50% of the improvement required toward the target—results in 50% payout. Performance below this threshold results in no payout. Final determination of performance and payout is made by the Board of Directors.

The 2026/27 targets are as follows:

- Time to Inpatient Bed: Target of 21.1 hours, representing a 5% reduction from the current performance of 22.2 hours
- EDIB Training: Target of 100% for senior leadership and Board and 50% for managers and frontline

- Patient Satisfaction: Target of 70% of respondents answering “completely” to the question: “Didyou receive enough information from hospital staff?” (current performance67.46%)

By linking executive compensation to these indicators, QCH reinforces accountability for timely access to patient care, strengthening the workplace culture and improving the patient experience—key components of the hospital’s strategic goals of Seamless System of Care, Positive Work Life and Exceptional Care Experience.

# Contact Information/Designated Lead

Questions about our Quality Improvement Plan may be directed to questions@qch.on.ca.

# Sign-Off

It is recommended that the following individuals review and sign-off on your organization’s Quality Improvement Plan (where applicable):

I have reviewed and approved our organization’s Quality Improvement Plan on **March 30, 2026.**

**Chad Schella**, Board Chair

**Michele Brenning**, Board Quality Committee Chair

**Dr. Andrew Falconer**, Chief Executive Officer

**Dr. Michael Herman**, EDRVQP lead, if applicable

Document disponible en français en contactant info@OntarioHealth.ca.