

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

May 13, 2026



Queensway Carleton
Hospital



Ontario
Health

OVERVIEW

Queensway Carleton Hospital (QCH), in collaboration with Ontario Health, proudly presents its annual Quality Improvement Plan (QIP). This comprehensive plan underscores our unwavering commitment to enhancing the quality of care for our diverse community and patient population.

Amidst a dynamic healthcare landscape, our dedication to delivering high-quality, compassionate, and coordinated care remains steadfast. Anchored by our mission and values—emphasizing accountability, innovation, respect, and collaboration—we aim to align our healthcare services with the evolving needs and expectations of our community. Our hospital is committed to growth and innovation, continuously expanding our footprint and leveraging technological and process advancements to strengthen our care delivery model and enhance patient outcomes. The year 2025/26 is poised to be transformative, marked by the continued implementation of our ED Xcellence Project, and the establishment of strategic external partnerships to bolster and refine our care.

Throughout this journey, Queensway Carleton Hospital remains dedicated to building on our achievements, driving continuous improvements, and solidifying our position as the hospital of choice, devoted to providing exceptional care to our community.



ACCESS AND FLOW

At QCH, we are committed to providing high-quality care, ensuring patients feel confident, respected, and understood throughout their care journey. To achieve this, we will strengthen our transition processes and partnerships, ensuring a seamless care for patients and families.

Optimizing patient flow in the Emergency Department (ED) and throughout the hospital is essential for timely, appropriate care. ED performance metrics, including time to inpatient bed, are used to monitor various stages of flow within the department and from the department to inpatient units. QCH's strategic plan includes quality improvement initiatives to enhance these metrics, focusing on improving the patient journey within the ED and to inpatient care.

The ED Xcellence project targets three flow priorities: Ambulance Offload Time, Time to Physician Initial Assessment (PIA), and Time to Inpatient Bed. A new staffing model ensures timely ambulance offload, while improvements in triage workflows and physician scheduling will enhance PIA efficiency.

We will standardize multidisciplinary discharge rounds for daily team communication on discharge plans, optimize internal processes to reduce delays, and refresh the Home First philosophy through education and policy updates. The Identification of Seniors at Risk (ISAR) system will identify and address patients at risk of becoming ALC, further improving patient flow and care at QCH. These efforts will contribute to enhancing the overall patient flow and care experience at QCH .

EQUITY AND INDIGENOUS HEALTH

Our hospital is dedicated to advancing health equity by promoting equitable access to culturally safe, high-quality, and accessible healthcare. Our efforts prioritize addressing health disparities, particularly amongst historically marginalized communities, while integrating social and Indigenous determinants of health into organizational practices.

In 2023, QCH launched its 5-year Equity, Diversity, Inclusion, and Belonging (EDIB) Strategy and in 2024 established the EDIB Advisory Council to advance equity-related initiatives. Building on this progress, QCH developed the 2025-2026 EDIB Roadmap and Action Plan, prioritizing the pillars of Leadership, Education and Training, and People and Talent Management to embed equity principles across the organization. The Roadmap also emphasizes Indigenous Health Equity, Anti-Racism, and Accessibility, with plans to improve equitable patient care and experiences.

For 2025-2026, QCH will continue to provide Education and Training opportunities for Board members, executive, leaders, physicians and staff. A comprehensive Education Plan and Policy Framework is under development to address organization-wide learning needs, including mandatory training in Anti-Racism, Indigenous Cultural Safety, and Accessibility.

QCH is also undertaking constructive actions to identify the gaps in access to health care service for the Indigenous population through its Truth and Reconciliation Action Plan and participation in the regional Share Your Story Community of Practice. In 2025 QCH signed a formal MOU with Wabano Centre for Aboriginal Health. These efforts focus on building a health care system that integrates Indigenous traditions, knowledge and perspectives into care.

Developing a Health Equity Data Strategy is a key priority for 2025-2026. This will include a committee to establish an EDIB Data Governance Framework, prioritizing Indigenous data sovereignty and governance principles to guide ethical data collection and use.

These initiatives reflect QCH's strategic commitment to fostering equity, diversity, inclusion, and belonging through focused, actionable priorities.



PATIENT/CLIENT/RESIDENT EXPERIENCE

Enhancing the patient experience is central to our mission at QCH. The Patient and Family Advisory Council (PFAC) plays a pivotal role in ensuring that we embody patient-centered care in every decision and initiative. We have integrated PFAC members into impactful roles at both corporate and unit levels. Our PFAC remains a highly engaged group of individuals whose invaluable insights help the organization make informed and forward-thinking decisions about patient care. Their collaborative, hands-on involvement fosters compassionate and effective healthcare solutions that align with the evolving needs and expectations of our community. For example, the Pharmacy team and PFAC collaborated to improve the medication discharge prescriptions. This project began when a PFAC member identified the difficulty in understanding discharge prescriptions and resulted in a form that is easy to read and understand, thereby improving patients' discharge experience.

Building on the capabilities of our patient experience survey platform, Qualtrics, we continue to leverage its advancements to gather actionable and insightful feedback. We have integrated a dashboard enabling our leadership teams to access valuable patient experience information, efficiently analyze data, and make well-informed program enhancements. The patient comments are a vital component of the survey, offering unique and meaningful perspectives that go beyond standardized questions. By systematically theming these comments to uncover trends, reoccurring themes and overarching sentiments, we ensure that these actionable insights are shared with the appropriate leaders, driving sustained and transformative improvements in patient care.

PROVIDER EXPERIENCE

At QCH, we recognize that exceptional patient care begins with an engaged and supported workforce. To improve the provider experience, we are addressing key themes from our Staff and Physician engagement survey, advancing our employee engagement strategy, and implementing initiatives that prioritize well-being, professional growth, and organizational culture.

In 2024-25, we completed several significant initiatives, including a leader workload review with actionable recommendations, the operationalization of our remote work policy to support flexibility, an in-depth review of talent processes, and a comprehensive evaluation of our employee safety and wellness programs. We also transitioned to a new benefits provider supporting multiple Ontario hospitals, offering enhanced mental health resources and greater flexibility to meet diverse staff needs.

In 2025-26, we will build on this foundation and develop our Employee Experience Strategy. Key priorities include revising our performance excellence program for leaders to better support professional growth and strengthening engagement practices to create a sustainable cycle of feedback and action.

These efforts reflect our commitment to fostering a supportive, inclusive workplace where all staff feel valued and can be their authentic self. By prioritizing provider experience, we strengthen our ability to deliver safe, high-quality care and achieve our Hospital's mission.



SAFETY

Patient safety is a cornerstone of care at Queensway Carleton Hospital (QCH), and the launch of the Fall Prevention Champions (FPC) initiative on October 16, 2024, underscores this commitment. Aligning with QCH's True North goal of delivering an Exceptional Care Experience, this initiative proactively addresses falls—one of the most significant patient safety risks in healthcare. Furthermore, it fulfills Accreditation Canada's Required Organizational Practice for Falls Prevention and Injury Reduction.

Led by the Geriatric team in collaboration with the Health Human Resources Program, the initiative leverages the expertise of clinical externs—health professional students strategically placed in high-risk units such as medical, surgical, rehabilitation, and alternate level of care settings. These externs play a pivotal role by engaging

patients and families within the first 48 hours of admission, a critical timeframe for fall risk. Through personalized fall prevention education, the program promotes active involvement in care, aligning with the principles of Healthcare Excellence Canada's Rethinking Patient Safety report.

Core components of the initiative include the application of universal fall precautions, intentional rounding to identify and mitigate risks early, and the use of unit-specific fall trend data to drive targeted improvements. This collaborative, interdisciplinary approach fosters a strong safety culture, emphasizing shared accountability among healthcare teams, patients, and families.

By addressing systemic contributors to falls, QCH enhances its ability to prevent incidents and ensure patient safety remains central to care delivery. This initiative exemplifies QCH's dedication to building trust, respect, and an exceptional experience for every patient.



PALLIATIVE CARE

QCH is committed to delivering high-quality palliative care through a combination of innovative initiatives, staff education, and patient- and family-centered approaches. Recognizing the importance of building health human resource competency, we prioritize staff education by offering paid opportunities for professional development. Recently, we introduced observational learning days, where nurses collaborate directly with palliative care team members in a clinical setting. This hands-on experience fosters deeper engagement, enhances skill development, and promotes interest in palliative care as a career focus. Patient and family engagement is central to our approach. Families are actively involved in care planning, with careful attention to respecting the patient's wishes. This ensures that care decisions align with the values and preferences of those we serve, while fostering collaboration between healthcare providers, patients, and their loved ones. In addition, we are in the early stages of implementing the Hospital One-Year Mortality Risk (HOMR) tool. This initiative identifies patients who may benefit from earlier palliative care interventions, supporting timely advance care planning discussions and facilitating appropriate palliative care consultations. By integrating HOMR into our processes, we aim to proactively address patient needs and ensure seamless care transitions. These efforts are aligned with the Ontario Palliative Care Quality Standards and reflect our commitment to providing person-centered care, enhancing professional competencies, and embracing innovative solutions to improve the quality of life for patients and families facing serious illness.



POPULATION HEALTH MANAGEMENT

In collaboration with various members of the Ottawa West Four Rivers Ontario Health Team (OHT), including Ontario Health at Home (OHAH) and the Community Paramedic Program, we support population health management through a remote care monitoring program that provides both virtual and in-person assistance to patients and caregivers. The program enables individuals to manage chronic conditions like COPD, heart failure, diabetes, and frailty from home, using technology to monitor vital signs such as blood pressure, weight, and oxygen levels. Patients receive loaned tablets and equipment at no cost, including a blood pressure cuff, scale, pulse oximeter, and thermometer. The tablets also provide self-directed educational resources tailored to each patient's condition, encouraging behavior change and improved self-management.

Following discharge, patients receive rapid follow-up within 24-48 hours from a Rapid Response Nurse, with 24/7 telephone support for the first two weeks. Weekly coaching sessions on topics like foot care, symptom management, and caregiver stress further support patient well-being. Alerts from the monitoring system trigger follow-up with the patient, and if needed, escalation to the patient's primary care provider or nurse practitioner. Community paramedics and emergency services are utilized when necessary.

The program adheres to best practice guidelines. It integrates nursing, social work, and nurse practitioner supports to provide person-centered, proactive care. By combining technology and community-based resources, we improve health outcomes, prevent hospital readmissions, and enhance the overall well-being of the population we serve.

EMERGENCY DEPARTMENT RETURN VISIT QUALITY PROGRAM (EDRVQP)

The 2023 audit identified that recognition and management of abnormal vital signs prior to emergency department (ED) discharge occurred at various stages throughout the ED visit, including triage and physician assessment. Multiple strategies were implemented to address these abnormalities, such as a sepsis alert on the electronic medical record (EMR), standardization of work processes at triage, ongoing continuing medical education (CME) for physicians, and representation on a corporate committee to enhance the identification of patient deterioration.

This year's audit pinpointed Elderly Care/Patient Risk Profile, Abnormal Vital Signs, and Left Without Being Seen as key quality improvement priorities. Accurate assessment of elderly patients and those with high-risk profiles will be augmented through the implementation of the Identification of Seniors At Risk (ISAR) tool within the Queensway Carleton Hospital ED. The primary advantage of this tool is its ability to predict risks associated with hospitalization, mortality, return ED visits, and the need for community service utilization.

To facilitate patient transitions from acute care to retirement homes and nursing homes, the discharge checklist and communication tool will undergo revisions to ensure comprehensive handovers, emphasize follow-up care, and prioritize patient safety.

The Timely Recognition of Patient Deterioration in the Main Waiting Room Project will enhance the identification of abnormal vital signs through initiatives focused on defining triage nurse roles, improving

reassessment documentation in the EMR, and optimizing resource allocation.

To reduce the incidence of patients leaving without being seen during their initial visit, patient flow enhancement strategies are being implemented. These include the establishment of a Time to Inpatient Bed Steering Committee aimed at addressing issues such as delayed discharges, compliance with predicted discharge dates, and inconsistencies in bed assignment processes, alongside the ED Xcellence Project. Emphasizing time to Provider Initial Assessment (PIA) seeks to minimize overall wait times, which should subsequently lower the rate of patients departing without being seen.

EXECUTIVE COMPENSATION

In accordance with the Broader Public Sector Executive Compensation Act (2014) and Regulations, Queensway Carleton Hospital's Board of Directors developed and implemented a new Executive Compensation Program for designated executives, which came into effect on February 27, 2018. Within the Hospital's approved Executive Compensation Program design, a portion of executive compensation is to be performance based, whereby an amount of performance-related pay is to be awarded on an annual basis contingent upon the achievement of corporate performance objectives. These corporate performance objectives include targets on Quality Improvement Plan indicators. The Quality Improvement Plan indicators account for 45% of performance-related compensation.

On August 13, 2018, Ontario Regulation 406/18 under the Broader Public Sector Executive Compensation Act imposed a compensation

freeze for public sector executives. In June 2022, the QCH Board of Directors approved a new Executive Compensation framework due to a restructuring of the roles of the executive positions in alignment with the provisions of the Broader Public Sector Executive Compensation Act, 2014. In June 2024, the QCH Board of Directors approved a new framework for the expanded roles and responsibilities of the CEO and Chief of Staff.

The new performance-related pay program included the following maximums:

- President and Chief Executive Officer: Maximum Annual Performance-Related Pay of 5% of Base Salary to maximum of \$10,000.

- Medical Chief of Staff Class: Maximum Annual Performance-Related Pay of 5% of Base Salary to maximum of \$10,000.

- Vice-President Class: Maximum Annual Performance-Related Pay of 5% of Base Salary to maximum of \$10,000.

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 28, 2025**

Chad Schella, Board Chair

Michele Brenning, Board Quality Committee Chair

Dr. Andrew Falconer, Chief Executive Officer

Dr. Adam Nicholson, EDRVQP lead, if applicable
