

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 16, 2026



OVERVIEW

The Ottawa Hospital (TOH) is one of Canada's largest academic health sciences centres, serving thousands daily across Eastern Ontario, Western Quebec and Nunavut. Guided by the vision of treating all as we would our own loved ones, TOH is dedicated to delivering world-class care and exceptional service with compassion. In alignment with our Strategic Plan, Quality Improvement (QI) remains a core organizational priority, with a focus on delivering timely, effective, safe, efficient, sustainable, equitable and patient centred care. Over the past year, TOH implemented several initiatives to improve access and safety, including sustaining reductions in ambulance offload times, optimizing physician at triage processes in the Emergency Department (ED), using artificial intelligence tools to support faster documentation, and introducing Electronic Medical Record (EMR) bracelet barcode scanning to improve patient tracking and transport accuracy. Additional efforts targeted high-risk areas such as medication safety, retained foreign objects and pressure injuries, alongside the successful launch of a major upgrade to our Safety Learning System. Environmental sustainability is another core component of TOH's strategy. Key achievements included completing our first emissions inventory and sustainability report, launching waste reduction initiatives, upgrading lighting and heating systems, and establishing medication return tracking. Together, these achievements lay the foundation for TOH's 2026–27 Quality Improvement Plan (QIP) and support our ongoing commitment to safe, equitable, sustainable and patient centred care.

ACCESS AND FLOW

The Ottawa Hospital advanced several key initiatives to strengthen timely access to care and improve patient flow across its campuses. In response to persistent system pressures, targeted ED improvements reduced ambulance offload delays from two hours to less than 30 minutes. The introduction of a fulltime emergency physician at triage significantly reduced wait times for initial assessment and decreased the number of patients who left without being seen. Lower acuity patients who do not require hospital admission are experiencing faster dispositions through the Ambient Listening Trial, which leverages Artificial Intelligence (AI)-enabled documentation tools to support physicians with more efficient clinical notetaking. The implementation of EMR bracelet scanning requires routine barcode verification and provides continuous patient status updates, improving patient identification accuracy, transport efficiency and overall hospital flow. The Operations Command Centre led the implementation of the Discharge Level Up initiative, standardizing Estimated Discharge Date (EDD) entry during interdisciplinary rounds. Completion and accuracy of EDDs are monitored daily, providing visibility into planned discharges and supporting timely transitions and optimized bed availability. Beyond the walls of the hospital, TOH is streamlining regional orthopedic patient distribution to promote timely and equitable access to specialty care across the Champlain region. The Hospital@Home (H@H) program—the first of its kind in Ontario—provides up to 16 hours per day of physician and nursing support in the home, supported by remote monitoring and virtual care. Together, these coordinated efforts improve predictability, reduce ED boarding, and ensure patients receive the right care, in the right place, at the right time.

EQUITY AND INDIGENOUS HEALTH

The Ottawa Hospital continued to advance its commitment to equity and Indigenous health through focused action and sustained partnership. Guided by the Indigenous Peoples Advisory Circle and the Indigenous Patient and Family Advisory Committee, the hospital strengthened culturally safe care by launching a comprehensive Cultural Safety Learning Program developed in collaboration with First Peoples Group and informed by Indigenous patients, staff and community partners. TOH also expanded supports for Inuit patients by introducing an Inuit Safe Care Patient Navigator in the Civic Campus ED and advancing the Country Food Project to provide culturally meaningful food options within the Indigenous Cancer Program. TOH also developed and implemented the Socially Responsible Content Review Tool, grounded in the Ontario Human Rights Commission's Human Rights Based Approach to Policy and Program Development. This tool supports staff in identifying and addressing barriers, biases and inequities within organizational content, with a particular focus on policies and procedures. These initiatives are complemented by ongoing cultural practices, including smudging ceremonies, Elder and Knowledge Keeper engagement, and community celebrations, which promote visibility, belonging and reconciliation. This year, TOH is committed to establishing a process to collect social demographic patient data to assess the impacts of the initiatives implemented to date on patient experience and outcomes, and inform improvement initiatives. Together, these efforts reflect TOH's commitment to creating safe, respectful and culturally responsive environments for First Nation, Inuit and Métis patients, families, staff and communities.

PATIENT/CLIENT/RESIDENT EXPERIENCE

TOH is guided by its Patient and Family Engagement Framework, adopted nearly a decade ago and foundational to the evolution of our Patient and Family Engagement Program (PFEP). Developed in partnership with Patient and Family Advisors (PFAs), the PFEP now includes approximately 200 PFAs participating on more than 30 multidisciplinary committees, including Ethics, Quality of Care and MyChart. Additionally, 100 of our PFAs serve on Patient and Family Advisory Councils (PFACs), which have expanded from four to 15 councils over the past four years, allowing us to integrate patient perspectives into care processes, enhancing the quality of our care and patient experience. Anyone conducting improvement activities is encouraged and supported to incorporate patient experience information in various ways. They can complete an online request to be matched to a PFA, present to the PFA Town Hall, connect with various PFACs and hold focus groups. PFAC leaders routinely review Patient Experience Survey data to inform local improvement efforts and assess the impact of their work. Custom survey data and standardized hospital wide patient experience metrics continue to inform organizational QI initiatives. Through sustained partnership with patients and families, TOH continues to strengthen care experiences and outcomes.

PROVIDER EXPERIENCE

The Ottawa Hospital is committed to strengthening recruitment, retention, culture and staff experience through initiatives informed by workforce feedback and aligned with the Strategic Plan's Ignite the Power of People pillar. The Career Pathways program continues to build an internal talent marketplace through initiatives such as Open Doors, career development opportunities, collaboration with the Accommodations team and a leader job shadowing program. Recruitment processes are being enhanced through the implementation of ServiceNow, aimed at streamlining the candidate experience and reducing time to fill. Professional development offerings continue to expand through virtual learning, leadership programs and the Physician Leadership Program, which welcomed 25 medical staff to courses focused on resilience, women in leadership and systems change. In the coming year, improvement efforts will build on findings from the 2025 Staff and Medical Staff Engagement Survey, with a focus on leveraging strengths and strengthening leader accountability. Staff and medical staff wellbeing remains a priority, supported by the launch of the 2026 Wellness Survey, which will inform future programming. These efforts are complemented by the You First Program, expanded access to primary care through the Wellness Clinic, exploration of improved childcare access opportunities, development of a Menopause/Perimenopause Strategy, and the adoption of ambient listening AI technology to reduce administrative burden. Together, these initiatives foster a supportive, innovative workplace that prioritizes wellness, growth and an exceptional staff and patient experience.

SAFETY

The Ottawa Hospital is committed to preventing never events through a robust culture of safety, continuous learning and system based prevention. A Just Culture approach encourages transparent reporting and learning from near misses, with a focus on improving systems rather than assigning blame. This approach is operationalized in part through the Safety Learning System (SLS), which supports organization wide reporting and analysis of incidents leading to targeted corrective and preventative actions. Prevention efforts focus on high-risk areas, such as patient identification, medication safety, retained foreign objects and pressure injuries. The implementation of EMR bracelet scanning has strengthened patient identification prior to medication administration, transport and procedures and significantly reduced the risk of related errors. TOH voluntarily reports medication safety events through the National System for Incident Reporting, supporting early risk identification and fostering learning to prevent future incidents. Last year, the surgical team led an initiative to reduce the risk of retained surgical items by introducing a new safety protocol for vaginal packing; early results show strong staff adherence, with no reported incidents or near misses to date. Ongoing pressure injury prevention work includes policy updates informed by current evidence and use of Epic dashboards for unit-level auditing and accurate staging. Together, these initiatives, along with regular safety reporting and feedback mechanisms like the Good Catch Awards, demonstrate TOH's comprehensive, learning-focused strategy to prevent never events and enhance patient safety across the organization.

PALLIATIVE CARE

The Ottawa Hospital continues to strengthen high quality, person centred palliative care in alignment with the Quality Standard for Palliative Care and the Palliative Care Health Services Delivery Framework. Over the past year, initiatives focused on early identification of supportive care needs, enhanced provider competencies and improved collaboration across care settings. The nurse to nurse consult model, initially piloted in oncology, has expanded to surgical and transitional care units, supporting earlier palliative identification and strengthening teamwork and frontline skills. Timely supportive care was launched in partnership with the Peritoneal Surface Malignancy Program for patients with advanced cancer. This pilot integrates advanced practice nursing, multidisciplinary collaboration and standardized symptom assessment to improve quality of life, ease transitions and improve coordination of care. The education strategy now includes workshops on communication, symptom assessment and end of life care, with simulation training as a core component for onboarding and ongoing development. The strategy also emphasizes interprofessional roles to foster collaborative, person-centred palliative care. Additionally, in partnership with the Medical Assistance in Dying (MAiD) program and PFAC, TOH launched the End of Life Family Experience Survey QI project to gather feedback from families of patients receiving end-of-life care or MAiD. Survey findings and the early palliative care pilot will inform future improvements in care planning, coordination, and culturally appropriate, person centred care. Collectively, these efforts showcase our dedication to advancing palliative care standards and positively impacting those we serve.

POPULATION HEALTH MANAGEMENT

The Ottawa Hospital is proud to lead several initiatives aimed at improving population health and strengthening care integration across the region. In 2025–26, TOH collaborated with Ontario Health Team Primary Care Networks to develop a five year regional strategy focused on improving access to primary and acute care, reducing barriers and supporting smoother transitions between hospital and community care. Recognizing the needs of older adults, TOH launched Dementia Decoded, one of Canada’s first acute care dementia strategies, in partnership with the Regional Geriatric Program of Eastern Ontario. This program equips staff with specialized tools and training to deliver person-centred care and reduce hospital stays for patients living with dementia. The hospital is also a provincially selected Integrated Care Pathway site, working with the Ottawa Ontario Health Team (OHT) to advance lower limb preservation. This designation reflects TOH’s leadership in coordinated, patient-centred care across the continuum, strengthening collaboration between hospital, community and regional partners to improve outcomes and reduce fragmentation for patients at risk of limb loss. Furthermore, to empower individuals with reliable health information, TOH partnered with YouTube Health to share evidence based educational content featuring hospital clinicians, helping combat misinformation and promote informed decision-making. Together with efforts to advance health equity and cultural safety, these initiatives reflect our commitment to advancing integrated, equitable care and healthier communities for all.

EMERGENCY DEPARTMENT RETURN VISIT QUALITY PROGRAM (EDRVQP)

Status update on key QI priorities from last year’s audit

Suboptimal care for potential acute coronary syndrome:
Last year we saw several cases related to delayed diagnosis of potential Acute Coronary Syndromes (ACS). We subsequently started a formal QI project looking at chest pain in the ED. The broad goals of this project are to improve door-to-electrocardiogram (ECG) times, improve ASA utilization, and optimize ACS care in the ED. We are currently working on door-to-ECG times. To date three interventions are in progress: 1) Process change to expedite ECGs being performed prior to triage; 2) Improve the current ECG machines systems to allow ECG technicians to see ECG order priority; and 3) Deliver physician and nurse education on ECG ordering priority. We have collected baseline data and established a data collection plan to monitor interventions going forward.

Worsened rate of patients who left without being seen:
To address the rate of patients who Left Without Being Seen (LWBS), a Physician-at-Triage model was introduced at both campuses in 2025. This initiative involved having an emergency physician working alongside triage nurses to help assess patients on arrival and order appropriate investigations and initial management. Epic workflow optimizations were also introduced. These changes have resulted in significant improvements in LWBS rates (see graph for 2025 data).

Quality issues and QI initiatives from this year’s audit

Suboptimal recognition and management of acute coronary syndrome:
This year’s audit continues to identify cases of missed initial

diagnosis of ACS and delays to treatment. This may in part be due to lack of standardization. Accordingly, we plan to standardize the approach to patients presenting with possible ischemic chest pain by several means. We will continue to work on the QI initiative to improve door-to-ECG times and initiation of ASA and antiplatelet therapy. Additionally, we are currently updating the nursing medical directive for ischemic chest pain, and we plan to standardize referral pathways (both in the ED and as an outpatient). We are also planning to highlight the importance of a mildly elevated level of Troponin T (even if stable on repeat measurements) to the emergency physician group.

Second Trimester Pregnancy Loss:

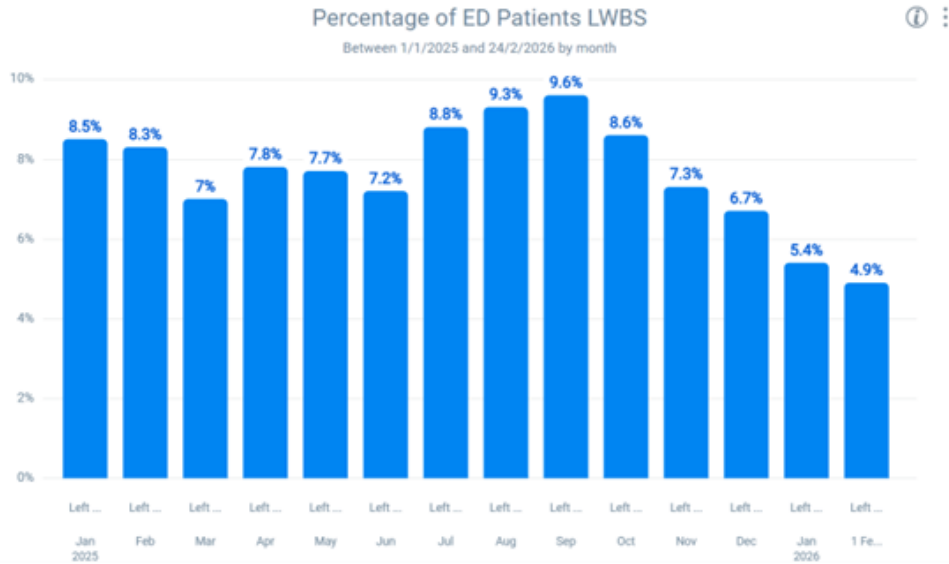
A new signal from this year's audit revealed examples of suboptimal care for patients presenting to the ED with complaints related to second trimester pregnancy loss. Specifically, there were potential gaps related to discharge decisions and the need for consultations and assessments by Obstetrics and Gynecology (OBGYN) teams in the department. Over the past year, we have worked closely with our OBGYN colleagues to revise and update our standard operating procedures and guidelines around care for these patients. Formal roll-out and education are in progress and we plan to continue to reinforce this updated protocol to the emergency physician group.

Patients who left without being seen:

With ongoing ED crowding and long wait times, LWBS remains an ongoing signal in this year's audit. While we've made progress in improving our LWBS rates with the physician-at-triage model, we are still seeing examples of significant near misses such as patients who left but were ultimately called back by our quality assurance team for elevated troponins on initial bloodwork.

Since LWBS rates are often exacerbated by poor communication during long wait times, we have received a grant to test a simple solution: using Short Message Service (SMS) to keep patients updated during their ED visit. Drawing from the electronic health record, timely messages will be sent about triage, waiting status, pending results, and next steps. After discharge, patients will complete a brief survey. By measuring satisfaction and safety before and after implementing this SMS solution, we will gain insight into its impact on patient experience.

Most importantly, major system improvement work is being planned to improve access and flow through the ED. Earlier this year, in collaboration with the province's Emergency Department Action Team (EDAT), staff from cross-functional teams at TOH took part in system-wide QI workshops to help identify and address delays and bottlenecks not only within the ED but all throughout the hospital system. Some of the planned work stemming from these workshops include the QIP initiatives to re-design the ED (making changes to physical space, staffing and supplies to better match patient needs and volumes) and the trial of a prioritization tool to help identify and expedite completion of higher-priority imaging orders. With a shared vision, thoughtful methods and strong teamwork, we expect to make significant gains in patient access to emergency services at TOH.



EXECUTIVE COMPENSATION

Accountability for the execution of both the annual QIP and the corporate workplan are delegated to the President and Chief Executive Officer (CEO) from the Board of Governors through a delegation of authority policy. The plans are reviewed, approved and monitored by the Board of Governors through quarterly performance evaluations of the President and CEO and the Chief of Staff, which are then cascaded to all the executives of the hospital. It is the sum of all objectives in these plans that determines the performance pay component for the hospital executives.

Specifically, the achievement of these objectives is tied to 25 per cent of at-risk compensation for the Chief Executive Officer and 10 per cent of at-risk compensation for each of the following executives: the Chief of Staff, the Executive Vice-Presidents, the Chief Nursing Executive and the Chief Communications Officer.

CONTACT INFORMATION/DESIGNATED LEAD

For more information related to TOH's QIP, please contact Quality@toh.ca.

OTHER

Environmental sustainability is a key dimension of The Ottawa Hospital's approach to high quality, patient centred care and is embedded within the Nurture Our Social Responsibility pillar of the Strategic Plan. Through the application of planetary health principles, TOH aims to improve the well-being of our patients and our community, while contributing positively to a healthier planet. Since establishing an Environmental Sustainability Strategy in 2024, TOH has made meaningful progress in reducing its environmental footprint. Over the past year, we advanced waste reduction and diversion efforts through implementing reusables (e.g., gowns and cups), improving recycling infrastructure, and donating expired and excess supplies and equipment. Campus-wide upgrades – including motion-sensor LED lighting, heating system retrofits and medication return tracking – support more sustainable and safer care. Staff engagement initiatives (such as tree plantings, litter pick-ups and sustainable transportation events), improved access to education on sustainable health care, and the application of environmental, social and governance criteria in our supply chain bolster TOH's sustainability efforts. To promote transparency and accountability, TOH completed its first corporate greenhouse gas emission inventory and published its inaugural Environmental Sustainability Report in April 2025. These achievements highlight the ongoing commitment of our staff, leaders, learners and partners in creating a healthier environment for our patients, our community and future generations.

SIGN-OFF

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

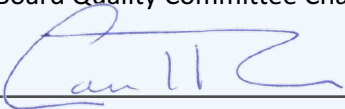
I have reviewed and approved our organization's Quality Improvement Plan on



Board Chair



Board Quality Committee Chair



Chief Executive Officer

EDRVQP lead, if applicable
