2026/2027 Quality Improvement Plan Work Plan

Change						
QIP Section • **Access and Flow** • **Equity** • **Experience** • **Safety**	**Planned Improvement Initiatives (Change Ideas)**	**Methods** **How will you implement your change idea?**	**Process Measures** **How will you measure the success/progress of your methods**	**Target for Process Measure** **How will you know you are successful?**	**Comments**	**Compensation**
ACCESS & FLOW Physician Initial Assessment (PIA) Time **Owner:** George Foster **Team:** Jackie Nethercott Jake Pace Melissa Ventura Emily Sheridan	Improve our ED wait time to Physician Initial Assessment (PIA)	In collaboration with the interdisciplinary team, we aim to revise our workflow to allow us to accurately document PIA time.	1) Develop standard workflow to minimize our PIA times and optimize patient care 2) Develop and provide education to the ED physicians regarding workflow 3) Develop and provide education to applicable ED nursing staff regarding patient flow and management	1) September 30, 2026 2) September 30, 2026 3) September 30, 2026	Expect a decrease in our PIA time because of improved documentation Current performance: 2.85 hrs Target: 2 hrs	0
SAFETY Opioid Stewardship **Owner:** Melissa Haas Donna Syrnyk **Team:** Joanne Lee Jackie Nethercott George Foster Akili Norman	Support a multisector approach to identifying and managing patients experiencing opioid use disorder	In collaboration with internal and external partners we will introduce sublocade as a treatment option for patients experiencing opioid use within the Emergency Department (ED) and we continue to provide treatment to those patients admitted with previously prescribed sublocade.	1) Review and update existing hospital Power Plan 2) Review and update formulary 3) Administer interactive education for physicians prescribing 4) Develop and implement education for nurses regarding administration and management 5) Create Opioid Use Disorder (OUD) outpatient clinical pathways in collaboration with CMHA and RAAM Clinic locally.	1) Complete review and update of Suboxone Power Plan by December 31, 2026 2) Review and update formulary at Pharmacy & Therapeutics by September 30, 2026 3) Interactive education provided to physicians by December 31, 2026 4) Education provided to nurses by December 31, 2026 5) Launch the OUD pathways by December 31, 2026	Expect admission reduction in opioid use disorder patients presenting to ED Outcome metrics based on milestones focused implementing this treatment option	1% Exec. Compensation
SAFETY Pressure Injuries **Owner:** Kaitlyn Stalker	Develop internal wound care leaders with advanced wound care competency	Through the implementation of a Wound Care Champion program, we aim to increase capacity of clinical nursing staff to improve the quality of	1) Train 8 nurses across the organization in advanced wound care	1) 100 percent of identified nurses will complete advanced wound care training by December 31, 2026	Expect an increase in our rate of pressure injuries because of improved documentation	1% Exec. Compensation

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Team: Anya Bechard Arnold de Kwant Team Leads Wound Care Champions		wound assessment, prevention and management and to address knowledge gaps and support ongoing learning.	2) Percentage of wound care referrals accepted and acted upon within 48 hours of submission	2) 90 percent of wound care referrals will be accepted and acted upon by December 31, 2026	IMPORTANT: in this case, an increase in rate is considered a positive as this will inform where to concentrate improvement efforts	

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SAFETY Delirium **Owner:** George Foster **Team:** Jeanette Fidler Corry Lebedew Akili Norman Team Leads	Utilizing an interdisciplinary approach to improve identification and management of patients who experience onset of delirium during hospitalization	Using a targeted approach to physicians and nurses we aim to improve the accuracy of delirium screening and physician coding	1) Implement 4AT-Delirium Detection Tool as a replacement for the Confusion Assessment Measure as the standard inpatient screening tool 2) Create and deliver education to inpatient nurses regarding application of the tool and subsequent interventions 3) Create and deliver education to physicians regarding accurate coding for appropriate identification 4) Develop a reporting mechanism to evaluate effectiveness of the approach	1) Launch 4AT-Delirium tool by December 31, 2026 2) 80% of inpatient nurses will have completed the education module by November 30, 2026 3) Education will be delivered to physicians by November 30, 2026 4) Report containing relevant data fields will be created by November 30, 2026	Expect an increase in our delirium rate because of improved documentation IMPORTANT: in this case, an increase in rate is considered a positive as this will inform where to focus future improvement efforts Current performance: 7 YTD No target identified	1% Exec. Compensation
SAFETY Workplace Violence **Owner:** Richard Hudson **Team:** Shawna Cunningham Caitlin Villeneuve	Increase supports to staff experiencing workplace violence (*WPV)	Using concepts of psychological safety, schedule debriefs within 48-72 hours max. Educate leaders to enable them to identify and support teams through WPV incidents.	1) In collaboration with the unit leader, safety specialist and wellness consultants review and triage incidents to identify need for debrief. 2) Review and add data fields in RL6 software to assist in data collection 3) Deliver education to clinical leaders and leaders with staff in high risk areas	1) 90% of events requiring a debrief have met 48-72 hour target by December 31, 2026 2) Management field updates in RL6 software will be completed by December 31, 2026 3) 100% of clinical leaders and leaders with staff in high risk areas will complete education and training by December 31, 2026	Expect to improve staff outcomes and satisfaction with support, psychological wellbeing and improve line of sight of leaders into post event concerns. Outcome metrics based on milestones focused on increasing support to staff Current performance: 3 YTD Target: 0	.5% Exec. Compensation