

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 25, 2025



OVERVIEW

Humber River Health (rebranded from Humber River Hospital) is one of Canada's largest community acute care hospitals, primarily serving the northwest part of Toronto and a population of over 850,000. Humber River Health (HRH) is the multi-site hospital currently operating out of its Wilson Avenue acute care site, Finch Reactivation Care Centre, and Church Street Reactivation Care Center. Humber River Health currently operates 729 beds/bassinets across the three sites, with over 4,600 employees, approximately 800 physicians, and over 450 volunteers. Humber River Health is proudly affiliated with the University of Toronto and Queen's University, and is also a member of the Toronto Academic Health Science Network.

Humber River Health uses the most current technologies to enhance many aspects of quality patient care delivery, improve efficiency, accuracy, reliability and safety. As the first fully digital hospital in North America with the world's first healthcare quality Command Centre, enhancing quality of care delivery and patient safety has always been at the forefront of our technological advancements. Since its opening in October 2015, Humber River Health has received numerous awards and accolades for technological advancements and innovation (www.hrh.ca), and most recently was awarded Accreditation with Exemplary Standing in October 2023 by Accreditation Canada.

Patient, families, and caregivers are at the forefront of Humber River Health's 2023-2026 Strategic Directives: advance the empowerment of our people and patients, foster innovation, research and academics, deliver comprehensive quality care closer to home, and embrace equity, diversity and inclusion.

ACCESS AND FLOW

Access and Flow at Humber River Health is a key priority at all levels of the organization and across multiple internal stakeholder programs and services. Our Command Centre provides leadership, oversight and real time decision-support to ensure optimized patient flow across all clinical programs and clinical support services.

Planned improvement initiatives aimed at ensuring that the organization continues to ensure effective patient flow 24/7 are as follows:

1. Structural Changes to Command Centre
 - a. Moving infection prevention and control (IPAC) coordinator, Discharge EVS Supervisor, Ontario Health at Home manager, and Heart@ Home coordinator into the Command Centre to support improved timeliness and collaboration related to discharge planning, patient placement and bed turnover times
 2. Rapid Quality Improvement Events (LEAN Kaizens)
 - a. Intensive Care Unit Transfers to Medicine/Surgery
 - b. Emergency Department Physician Initial Assessment
 3. Optimization of Command Centre Tiles to support improved real time visibility of care and discharge planning, Quality-Based Procedure (QBP) pathway adherence
 - a. Capacity Expediter & Patient Manager Tile Update to latest versions
 - b. Update Emergency Department Expediter to Patient Manager
 4. Development of Unit and Program level dashboards to support improved performance visibility and targeted quality improvement initiatives related to ALC and Access and flow.
- Metrics under consideration:
- a. Time to inpatient bed
 - b. Alternate level of care turnover rate

- c. Alternate level of care length of stay
 - d. Integration of RCC to Patient Manager tile
 - e. Addition of QBP, Palliative, Restraints, Trach, Vent, Delirium flags
5. Implementation of Kaizen improvement plans related to Sepsis and Time to Inpatient Bed

EQUITY AND INDIGENOUS HEALTH

Humber River Health serves a community characterized by diversity, reflected in our workforce and this makes our organization stronger. However, it also brings to light the multifaceted issues of health inequities, discrimination, and exclusion that many face. We acknowledge these challenges and are profoundly committed to addressing them head-on. As outlined in our 2023-2026 Strategic Plan, HRH has a strategic direction to 1) embrace equity, diversity and inclusion in everything we do, 2) address racism with a focus on anti-Black racism, and 3) pursue partnerships and integration opportunities to advance equitable and inclusive care for our community. As part of our efforts to address racism, with a focus on anti-Black racism, HRH has engaged in listening sessions with both our workforce and our community. The aim of these sessions were to identify the ways anti-Black racism impacts access and quality healthcare among Black patients and families and identify how anti-Black racism impacts the experience, retention and engagement of Black Staff, Physicians and Volunteers. As a result, we have developed action plans based on the listening session themes and have begun implementation. In alignment with the Toronto Region Hospitals, HRH has implemented the Measuring Health Equity Survey to understand the socio-demographics of our patients and assess where health inequities exist so we can work to address them. We are currently in the process of engaging with applicable communities in the developing a Data Governance framework which will guide how the data is protected, accessed and used to support clinical programming and quality improvement.

PATIENT/CLIENT/RESIDENT EXPERIENCE

Emergency Department:

At Humber River Health (HRH), we have a robust system for gathering feedback, by calling all emergency department patients after their visits to understand their experiences better. A recurring theme in patient feedback is the concern about extended wait times in the emergency department, specifically delays in seeing a physician.

To address this, HRH has and will continue to prioritize initiatives targeting physician initial assessment times, which is also a key metric on the Ontario Health (OH) Quality Improvement Plans (QIPs). By focusing on this metric, we align patient concerns with system-level performance goals, ensuring our efforts are both patient-centered and strategically impactful.

Our initiatives to improve access and flow within the emergency department include:

1. Reducing Admission to Inpatient Times: By expediting the transition of admitted patients to inpatient units, we free up emergency department resources, including beds, to reduce bottlenecks.
2. Decreasing Triage Wait Times: Optimizing triage processes ensures patients are assessed and directed to care pathways more efficiently.
3. Reorganizing the O-Zone and Emergency Medical Services (EMS) Workflow: Enhancements to these areas improve room availability and streamline the arrival-to-care process for EMS patients. These targeted improvements are designed to enhance the emergency department experience, reduce delays, and address the key feedback shared by our patients. By integrating patients' voices into our quality improvement initiatives, we are committed to delivering timely, accessible, and patient-centered care.

Critical Care, Cardiology, Oncology, and Respiriology:

Inpatient Unit initiatives:

1. Manager rounding with patients – meeting targets. Managers review trends to identify potential opportunities for improvement and quality improvement plans.
2. 7EW – Reinventing Patient Care Council (RPCC) initiative includes a patient/family feedback “box” at the nursing stations that allows for real time feedback and recognition of staff.
3. Studer rounding recognition sent when Managers/Clinical practice leaders recognize staff from patient/family feedback.

Critical Care:

Future – moving to Qualtrics with discharge survey from Intensive Care Unit (ICU) – currently engaged in conversations for survey revisions to include questions regarding information on discharge/transfer from ICU.

Results (monthly) collated and shared with the entire team at monthly joint critical care meeting. Also shared with ICU physician group at physician business meetings.

Results also shared at RPCC with ICU patient family advisor to review and identify potential quality improvement plan.

Seniors Care:

Humber River Health continues to actively engage patients and families in our journey to high reliability. HRH seeks patient and family feedback through various mechanisms such as post discharge surveys, our website – “we are listening” and multiple intake processes in-person and virtually through the Patient Relations department. In addition, HRH has prioritized real-time patient and family feedback through implementation of mandatory patient rounding processes, tools and targets for all inpatient units. Feedback received is reviewed at program and service councils and

RPCC committees and drives quality improvement initiatives.

Patient and Family Advisors are well embedded in HRH, with over 70 active Patient and Family Advisors (PFAs) throughout HRH. PFAs participate in Corporate Patient and Family Advisory Committee (Corporate PFAC), Nephrology Patient and Family Advisory Committee, Oncology Patient and Family Advisory Committee, Bariatric Patient and Family Advisory Committee, 20 Reinventing Patient Care Councils (RPCCs) across the organization, various Quality improvement working groups, and other hospital committees (e.g. Infection Prevention & Control Committee, Corporate Patient Safety Committee, Corporate Ethics Forum, Storytelling on the patient experience at HRH). We operate the Post-Discharge Call Centre (PDCC) and the Patient, Family and Staff Resource Centre to enhance patient experience. Input from PFAs is sought on numerous plans, policies, initiatives, procedures and projects. We are so proud to have PFAs co-lead our quality improvement initiatives and provide continuous dialogue with our healthcare teams to drive excellence in patient-centered care at HRH.

HRH empowers our patients through diverse avenues of our Patient and Family Advisory Program to continue building an institution with robust patient safety culture.

Surgery:

Within the surgical program, the patient feedback received from the PDCC is used in staff huddles, and at manager 1:1 meetings with an action plan to address specific concerns. For example, when there were concerns about patients not feeling that their pain was well managed during their stay – the program implemented pain

clocks, acute pain service post discharge calls for targeted populations, a robust multi-modal analgesia program and updated the surgery discharge education to help address this issue. This data was shared with the program RPCCs and the RPCCs worked together to implement and operationalize these strategies.

Managers and Resource Nurses also round on patient units to ensure that themes received from PDCC responses and RPCC initiatives and strategies are hardwired. Furthermore, patient rounding on units also supports service recovery and addresses issues in real-time. The team utilizes this feedback from the experience surveys to determine areas of focus to support patients and families and ensure a robust evaluation process.

All of these dashboards are reviewed monthly at the surgical program leadership meeting – PDCC feedback dashboard, out-patient services feedback dashboard, RPCC projects dashboard and Patient Rounding Themes are discussed with the entire program including the department’s physician leadership.

PROVIDER EXPERIENCE

Humber River Health is committed to continuous workplace improvement to support Staff, Physician and Volunteer engagement. As outlined in our 2023-2026 Strategic Plan, HRH has a strategic direction to advance the empowerment of our people with specific objectives to 1. Evolve workflows and align scopes of practice to improve patient care and the provider experience and 2. Expand learning, career development and recognition opportunities. To this end, HRH conducts regular Employee engagement surveys and as a result implements both corporate and department specific action plans. Most recently our organization has worked to implement the Nursing Retention Toolkit that was developed by the Government of Canada. Through this process we completed a gap analysis of the recommendations put forth by the toolkit and cross referenced with our existing programs. As an outcome we identified two key priorities, Transition Support for Staff and education to support strong management and communication. With our unwavering commitment to employee engagement and leadership practices that focuses on regular open communication, HRH strives to overcome the current human resources challenges by regularly assessing and adjusting workplace strategies that meet the needs of our current workforce.

SAFETY

Humber River Health (HRH) prioritizes patient safety and regularly compares organizational performance against provincial benchmarks. At the closing of the 2023/24 fiscal year, HRH’s hospital harm rate was reported at 2.1, which is significantly lower than the provincial average of 6.1.

To continue the key priority of reducing harm at HRH, one of the

areas of focus is falls within the organization. To help achieve the organizational goal of zero falls causing harm, HRH has implemented a variety of strategic interventions aimed at preventing these incidents and learning from the ones that do occur. These include a falls committee, which is an interprofessional group that meets monthly to review falls incidents and discuss best practices. The other strategies are focused on learning from falls that occurred, these include the implementation of post fall diagrams and post fall huddles. The diagram helps the teams better understand the contributing factors and the setting in which the fall occurred. The post fall huddle provides the opportunity for a debrief to discuss what resulted in the fall and allows the team to identify if any changes are needed for the care plan to prevent future falls. These incidents are also one of the key points discussed as part of the organization's corporate patient safety committee. Which is a group comprising of interdepartmental leadership along with senior leadership to discuss patient safety and quality improvement at HRH.

Patient safety is paramount at HRH. Patient safety incidents are reported and reviewed and analyzed by the hospital patient safety team and program leadership team. Remedial actions and quality improvement initiatives are completed, evaluated and documented. As a commitment to our high reliability journey, HRH is proud to have always included the monitoring and tracking of Never Events in the hospital's Patient Safety Plan.

PALLIATIVE CARE

Currently, Humber River Health has a number of Palliative Care supports in place, including:

- Hospice at Home palliation at home program

- Inpatient unit best practice guideline education on Palliative Care to support teams throughout the Medicine units in managing this patient population
- Learning Essential Approaches to Palliative Care (LEAP) – Palliative Care education – completed 2 on-site education sessions for all of the Social Workers, Resource Nurses and Clinical Practice leaders (total of 50 staff completed the program)
- Palliative care physician consultants across the inpatient units who provide comprehensive assessment utilizing the Palliative Performance Scale
- Documentation of Goals of Care discussions

Humber River Health is embarking on the development of a Palliative Care model of care aligned with the 2024 Quality Standards for Palliative Care.

1. Engagement of internal and external stakeholders in development of Business Case
 - a. Managers
 - b. Nursing
 - c. Patients
 - d. Families/Caregivers
 - e. Physicians
 - f. Community agencies
2. Business Case Submission for outpatient Palliative Care Clinic Q4 24/25 with a focus on:
 - a. Optimization of early assessment of needs (physical and mental health, pain, emotional, social, cultural and spiritual, family/caregiver needs) using an evidence based assessment tool
 - b. Timely Access to Palliative Care Support when and where it's needed
 - c. Advanced Care Planning support to ensure patients' wishes,

values and beliefs are understood and respected throughout their palliative journey

- d. Individualized, Person-Centered Care planning
 - e. Optimization of pain management and psychosocial support
3. Two-year phased implementation plan 25/26 & 27/28

POPULATION HEALTH MANAGEMENT

Humber River Health is a core partner in the North Western Toronto Ontario Health Team (NWT OHT), which is comprised of 39 health and social care partners. HRH and the NWT OHT engage in multiple projects and planning aimed at integrated approaches to improving population health of North Western Toronto. Current projects that the NWT OHT is working on include: 1. Development of a COPD pathway that supports COPD patients post-hospital discharge by expanding eligibility criteria for rehab-based programming and including community agency services to support social determinants of health; 2. Development of a Post-Falls Pathway to identify frail seniors in the community who could benefit from secondary prevention programming and connecting them to community, outpatient and inpatient rehab supports; 3. Strategic Planning for Mental Health and Addictions to identify the needs of the community and assess appropriate collaborative interventions to address those needs; 4. Heart @Home and Hospice @Home programs aimed at improving care for older adults and palliative clients, seamlessly integrating Ontario Health @Home funded services with other key supports for clients to stay well at home; 5. Supporting newcomers to Canada by developing an inventory of organizations that can support asylum claimants and uninsured individuals and developing pathways to culturally-appropriate services. The NWT OHT partners with community members through their Patient and Family Advisory Council and has Patient and Family Advisors embedded within many of these

EMERGENCY DEPARTMENT RETURN VISIT QUALITY PROGRAM (EDRVQP)

Introduction:

Humber River Health Emergency Department Quality Improvement

(HRH ED – QI) team was established in 2024 with the goal of building a culture of continuous improvement in the delivery of high quality of care in the emergency department (ED). As clinicians and hospitals identify, audit and investigate underlying causes of return visits to the emergency department, steps can be taken to address them. This narrative document provides an important reflection of the review of the audit template. Another purpose of this narrative document is to describe the opportunities for improvement in quality of care, and to elaborate upon initiatives that could enhance those improvements. By reviewing and learning from approaches that did or did not work in quality improvement, any lessons learned can become valuable for the hospital emergency department and the program on an aggregate scale.

EDRVQP Team at HRH:

The EDRVQP team at Humber River Health is composed of the Program Director – Emergency Services, the Chief of Emergency Department, and 3 emergency physicians.

Methodology:

Working with the Information Technology Department, the team followed the Ontario Health Guidelines to obtain the Emergency Department Return Visits (within 72 hours) that resulted in a hospital admission; in addition, the team also obtained all sentinel cases as defined by the EDRVQP.

In addition to reviewing the return visits, the HRH ED QI team developed a survey to send emergency physicians to “self-review” their own ED patient encounters and submit them to be included on the audit template. This opportunity for self-directed learning was deemed to be a valuable experience for clinicians who

reviewed their own cases to learn from them. A comprehensive review of 50 Random Chart Audits was completed. As well, the team performed targeted audits for all Sentinel Diagnoses of return visits: pediatric sepsis, subarachnoid hemorrhages, acute myocardial infarctions.

Provincial highlights reported by OH from the EDRVQP in 2023: A review of the provincial highlights from the prior year gave the team a comparison basis for reflection where the ED at HRH could be compared to participating sites across Ontario. Upon review of the 2023 results, the team found the following data:

- 75 hospital sites participated in the Emergency Department (ED) Return Visit Quality Program
- 5,173 audits were submitted to Ontario Health, representing 10% of all ED return visits
- 291 sentinel diagnoses were identified, representing 5.63% of the submitted audits and 0.59% of all ED return visits
- 1,154 quality issues/adverse events were identified, representing 22.3% of the submitted audits

HRH Performance Highlights 2024:

- 2023/24: 72-hour ED return rate – 0.99%
- 2024/25 (Q1 & Q2): 72-hour ED return rate – 0.90%
- There were 4 Sentinel Cases identified, out of 130,000 visits
- ER visits with a sentinel diagnosis make up 0.003% of all return visits.
- Quality Benchmark: Evidence suggests that an ED return rate

exceeding 5% may indicate suboptimal care (Alsharani et al., 2020). HRH's return rates remain well below this threshold, demonstrating a strong commitment to quality care.

Future Goals for Quality Improvement

- **Radiology Collaboration:** Work with Diagnostic Imaging Department to evaluate and improve the timeliness and accuracy of radiology reports. The HRH ED QI is committed to reviewing discrepancies between the preliminary CT reports and the final reports, leading to the call back and admission of these patients.
- **Education & Training:** ED Morbidity & Mortality (M&M) rounds to enhance physician education, focusing on recognizing critical medical red flags and improving patient care.
- **Policy Review:** Reassess protocols for patients leaving against medical advice (AMA) or without being seen (LWBS).
- **Active and passive educational opportunities:** Journal club, Simulations, and teaching rounds on key topics in emergency medicine
- **Academic Affiliation:** ED physicians at HRH are encouraged and rewarded for embracing a culture of lifetime learning through academic affiliations with the University of Toronto, teaching learners, and participating in research
- **Participating and developing QI initiatives** that are integrated into a regular part of daily clinical practice
- **Annual participation** in the EDRVQP

This structured approach will support continuous quality improvement and reinforce HRH's commitment to patient safety and excellence in emergency care.

EXECUTIVE COMPENSATION

In compliance with the Excellent Care for All Act, the Senior Team (President & CEO; Chief Nursing Executive & Executive Vice President and Chief Clinical Programs; Chief Financial Officer) will have executive compensation linked to the indicator "medication reconciliation at discharge". This goal supports the key strategic directive of achieving high-reliability.

CONTACT INFORMATION/DESIGNATED LEAD

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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, Michael J. Iacovelli



Board Quality Committee Chair, Joan Smart



President & CEO, Barbara E. Collins



EDRVQP lead, if applicable, Peter Voros
