

# Quality Improvement Plan (QIP) – 2026-27

Presented To: Board Quality

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# QIP Overview

- QIP is an annual, publicly posted document outlining specific goals, targets and action plans
- Action plans are to improve patient care, quality, safety and efficiency
- Ontario's *Excellent Care for All Act*
- The QIP and SAA (service accountability agreements) are to be complimentary tools
- The goal is to drive improvements and achieve better outcomes

# Important Changes

- Focus on 4 priority issues:
  1. Access and Flow
  2. Equity
  3. Experience
  4. Safety

# Targets and Measures 26-27:

## 1. Safety

Improve Discharge Medication Reconciliation

Process = Improve discharge reconciliation for admitted patients in the ED

Target = 75% Corporate

# Targets and Measures 26-27:

## 2. Safety

Improve Medication Barcode Scanning

Process = Improve medication barcode scanning rate by ED nurses

Target = 75% Corporate

# Targets and Measures 26-27:

## 3. Safety

Reduce corporate workplace violence

Process = Develop new policies for searching patient belongings, implement no-violence policy, improve infrastructure

Target = 100% Completion Rate

# Targets and Measures 26-27:

## 3. Equity

Implement quality initiatives aimed to strengthen cultural safety and reconciliation actions

Process = Improve spiritual care space and create space that recognizes indigenous health and traditional territories

Target = 100% Completion Rate

# Approvals:

1. Senior Management
2. Medical Quality Assurance Committee
3. Board Quality
4. Board of Directors
5. Post the 2026-27 QIP in portal along with QIP narrative



Perth and  
Smiths Falls  
District Hospital



Patients and Families  
THE Heart of Care

ANY  
QUESTIONS  
?

# Access and Flow:

1. 90<sup>th</sup> percentile ambulance offload time
2. 90<sup>th</sup> percentile ED LOS
3. 90<sup>th</sup> percentile ED wait time to IP bed
4. Alternate level of care throughput ratio
5. % of patient who visited the ED and left without being seen by a physician

# Equity:

1. % of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion and antiracism education
2. Average ED wait time to PIA for individuals with sickle cell disease (CTAS 1 or 2)
3. Rate of ED 30-day repeat visits for individuals with sickle cell disease
4. % of ED visits for individuals with sickle cell disease triaged with high severity (CTAS 1 or 2)

# Patient Experience:

1. Did you receive enough information from hospital staff about what to do if you were worried about your condition or treatment after you left the hospital?

# Safety:

1. Rate of delirium onset during hospitalization
2. Rate of medication reconciliation at discharge
3. Rate of workplace violence incidents resulting in lost time injury