

**Dr. David Kaplan | Vice President, Quality**  
**Ivan Yuen | Director of Health Care Improvement**  
**Terri Donovan | Manager, Clinical Quality Improvement**

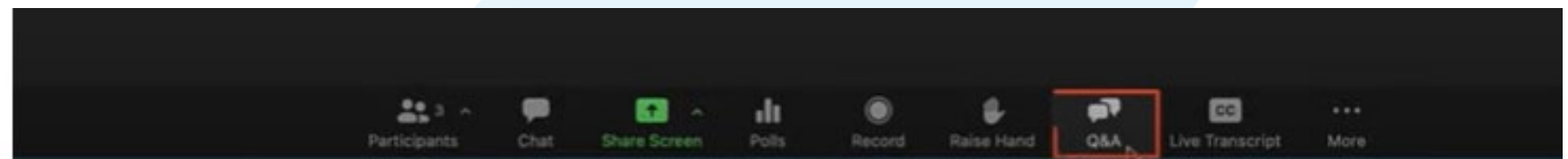
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# Quality Improvement Plan Program Update

**2025/26**

# How to Participate

- Please post any questions you may have in the **Q&A**
  - Upvoting is enabled
  - Chat has been disabled
  - Question period will be at the end of the presentation
  - Presentation slides and recording will be posted after the webinar
- **Closed captioning is enabled**



A screenshot of a Zoom video call function tool bar



# Agenda




1. Opening remarks
2. Program overview
3. Looking back: Analysis of 2024/25 QIP submissions
4. 2025/26 QIP program updates
5. Resources and tools
6. Questions

# Opening Remarks



Dr. David Kaplan | Vice President, Quality



# Program Overview and a Look Back at 2024/25

Ivan Yuen | Director of Health Care Improvement

# Program Overview

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A public, documented commitment that a health care organization makes to patients/residents/staff to improve specific quality issues through focused targets and actions



A vehicle to promote quality as a strategic focus and embed a culture of continuous quality improvement within organizations and among providers of care



Patients, families, and providers engaged in QIP development



An established program (10+ years) that is rooted in legislation, accountability agreements, and contracts

# 2024/25 Quality Improvement Achievements



## Equity and Indigenous health

Implementation of EDIAR education and training, most frequent improvement idea across all 3 sectors  
Additional reference by LTC on strategies to address language barriers and culture competency  
Most notably, IPPC and hospitals involvement with OHTs to improve access and addressing gaps in services



## Experience

Surveying remains the primary tactic to gather input and feedback  
Results are commonly used to inform future planning of services and to inform program design  
Organizations are using multipronged strategies to recruit and retain staff



## Safety

Similar approaches were used across all sectors to share lessons learned with patients/residents/staff

- e.g., huddles, debriefing, near-miss programs, advisory committees

The following focused areas of patient safety were described:

- Hospitals and IPPC – medication safety, transitions, infection prevention and control
- LTC – reducing antipsychotic use, fall prevention, pressure injuries, restraints



## Access and flow

All sectors are working on strategies to improve access that address system-wide issues

- e.g., virtual primary care for unattached clients, diagnostic tools (e.g., ultrasound, labs) in LTC homes to reduce need for residents to go to ED



# Progress Report: Reflecting on 2023/24 Quality Improvement

## Combined average percentage (for all sectors)

84% of change ideas were implemented

### Successes

- Use of technology (patient portals, online appointment booking, electronic medical records, dashboards) to improve access
- Use of innovative and creative staffing solutions

### Enablers

- Use of quality improvement to understand problems and prioritize solutions
- Data use for tracking, monitoring, and evaluating
- Leveraging of technology solutions

### Lessons learned

- Strong partnerships and collaborations are key to solving complex problems (e.g., ensuring care in the appropriate care setting)
- Reducing scheduling barriers allows for staff and clinicians to participate in improvement initiatives

### Barriers

- Health human resource challenges
- Managing external system pressures (outside of the organization's control)
- Technology usability
- Lack of access and quality of data

# Workplan: Themes From Change Ideas



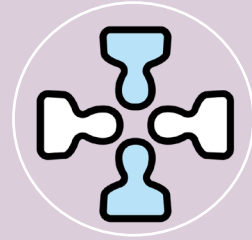
## Education and training

- Provide staff education and training
  - Relevant to care and needs of population
  - Equity, diversity, inclusion, antiracism; Indigenous cultural safety; and 2SLGBTQI+ awareness
- Provide client/resident education
  - Policies, procedures, client/resident rights



## Access and transitions

- Standardize tools (e.g., assessment, screening, pathways, discharge summaries)
- Increase access and availability of appointments, clinicians and interprofessional team members
- Use strategies and tools to reduce transfers to emergency departments



## Partnerships and collaboration

- Increase communication and collaboration between sectors to coordinate patient/resident care and avoid delays in discharge or transition



## Patient/resident experience

- Increase participation in care and organization advisory councils
- Increase experience and satisfaction survey completed
- Identify and improve upon key aspects of experience



# Updates to the 2025/26 QIP Program

# 2025/26 Quality Improvement Plan Indicator Matrix


Priority issues	Optional indicators (unless marked priority), by sector		
	Hospital	Interprofessional primary care	Long-term care
<p><b>Access and flow</b></p> <p><i>A high-quality health system provides people with the care they need, when and where they need it.</i></p>	<ul style="list-style-type: none"> <li>90th percentile ambulance offload time (Priority)</li> <li>90th percentile emergency department wait time to physician initial assessment (Priority)</li> <li>Daily average number of patients waiting in the emergency department for an inpatient bed at 8 a.m. (Priority)</li> <li>90th percentile emergency department length of stay for admitted patients</li> <li>90th percentile emergency department length of stay for nonadmitted patients with low acuity</li> <li>90th percentile emergency department length of stay for nonadmitted patients with high acuity</li> <li>90th percentile emergency department wait time to inpatient bed</li> <li>Percentage of patients who visited the emergency department and left without being seen by a physician</li> </ul>	<ul style="list-style-type: none"> <li>Patient/client perception of timely access to care</li> <li>Number of new patients/clients/enrolments</li> <li>Percentage of clients with type 2 diabetes mellitus who are up to date with HbA1c (glycated hemoglobin) blood glucose monitoring</li> <li>Percentage of screen-eligible people who are up to date with colorectal tests</li> <li>Percentage of screen-eligible people who are up to date with cervical screening</li> <li>Percentage of screen-eligible people who are up to date with breast screening</li> </ul>	<ul style="list-style-type: none"> <li>Rate of potentially avoidable emergency department visits for long-term care residents</li> </ul>
<p><b>Equity</b></p> <p><i>Advancing equity, inclusion and diversity and addressing racism to reduce disparities in outcomes for patients, families, and providers is the foundation of a high-quality health system.</i></p>	<ul style="list-style-type: none"> <li>Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and antiracism education</li> <li>Average emergency department wait time to physician initial assessment for individuals with sickle cell disease (CTAS 1 or 2)</li> <li>Rate of emergency department 30-day repeat visits for individuals with sickle cell disease</li> <li>Percentage of emergency department visits for individuals with sickle cell disease triaged with high severity (CTAS 1 or 2)</li> </ul>	<ul style="list-style-type: none"> <li>Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and antiracism education</li> <li>Completion of sociodemographic data collection</li> <li>Percentage of clients actively receiving mental health care from a traditional provider</li> <li>Number of events and participants for traditional teaching, healing, or ceremony</li> </ul>	<ul style="list-style-type: none"> <li>Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and antiracism education</li> </ul>
<p><b>Experience</b></p> <p><i>Better experiences result in better outcomes. Tracking and understanding experience is an important element of quality.</i></p>	<ul style="list-style-type: none"> <li>Did patients feel they received adequate information about their health and their care at discharge?</li> </ul>	<ul style="list-style-type: none"> <li>Do patients/clients feel comfortable and welcome at their primary care office?</li> </ul>	<ul style="list-style-type: none"> <li>Do residents feel they can speak up without fear of consequences?</li> <li>Do residents feel they have a voice and are listened to by staff?</li> </ul>
<p><b>Safety</b></p> <p><i>A high-quality health system ensures people receive care in a way that is safe and effective.</i></p>	<ul style="list-style-type: none"> <li>Rate of delirium onset during hospitalization</li> <li>Rate of medication reconciliation at discharge</li> <li>Rate of workplace violence incidents resulting in lost-time injury</li> </ul>	<ul style="list-style-type: none"> <li>Number of faxes sent per 1,000 rostered patients</li> <li><b>Provincial digital solutions suite (6 indicators):</b> Percentage of clinicians in the primary care practice using... [eReferral, eConsult, OLIS, HRM, electronic prescribing, online appointment booking]</li> </ul>	<ul style="list-style-type: none"> <li>Percentage of long-term care residents not living with psychosis who were given antipsychotic medication</li> <li>Percentage of long-term care residents who fell in the last 30 days</li> </ul>

**Note:** Organizations may also consider adding custom indicators to address their own improvement opportunities and collaborative work with other health service providers.


**Abbreviations:** CTAS, Canadian Triage and Acuity Scale; HRM, Health Report Manager; OLIS, Ontario Laboratory Information System.

# Key Updates for Hospitals

## Access and flow indicators

- 
- New** and **Priority** – 90th percentile emergency department wait time to physician initial assessment
  - New** and **Priority** – Daily average number of patients waiting in the emergency department for an inpatient bed at 8 a.m.
  - Priority** – 90th percentile ambulance offload time
  - New** – 90th percentile emergency department length of stay for admitted patients
  - New** – 90th percentile emergency department length of stay for nonadmitted patients with low acuity
  - New** – 90th percentile emergency department length of stay for nonadmitted patients with high acuity
  - Removed** – 90th percentile emergency department length of stay (overall)
  - Removed** – Alternate level of care throughput ratio

## New narrative section for hospitals participating in the Emergency Department Return Visit Quality Program

- 
- EDRVQP narrative text and audit file submission through QIP Navigator
  - Activities to improve quality issues identified through audits can be included in workplan (tick box)

# Key Updates for Interprofessional Primary Care



## Equity indicators

- New** – Percentage of clients actively receiving mental health care from a traditional provider
- New** – Number of events and participants for traditional teaching, healing, or ceremony



## Experience indicators

- Removed** – Do patients/clients feel involved in decisions about their care?



## Safety indicators

- New** – Number of faxes sent per 1,000 rostered patients
- New** suite of 6 indicators – Percentage of clinicians in the primary care practice using ... [eReferral, eConsult, Ontario Laboratory Information System, Health Report Manager, electronic prescribing, online appointment booking]



## Access and flow indicators

- New** – Percentage of clients with type 2 diabetes mellitus who are up to date with HbA1c (glycated hemoglobin) blood glucose monitoring
- Returning** – Percentage of screen-eligible people who are up to date with colorectal tests
- Returning** – Percentage of screen-eligible people who are up to date with cervical screening
- Returning** – Percentage of screen-eligible people who are up to date with breast screening

# Key Updates Relevant to All Sectors

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## **New Palliative Models of Care narrative section**

New section for organizations are asked to describe how they are ensuring the delivery of (or how they plan to deliver) high-quality palliative care



## **QIP Navigator enhancements (details on next slide)**

New features in the progress report section (for matrix indicators only):

- Percentage improvement calculation
- Strategies for target achievement

# Enhancements to the QIP Navigator Progress Report Section

## Percentage improvement field

**SUBMIT QIP**

**Progress**

Indicator: Percentage of non-palliative patients newly dispensed an opioid prescribed by any provider in the health care system.  
(unit; population; (%; Patients; 6 month period ending Mar 31, 2022; CAPE, CIHI, OHIP, RPDB, NMS)  
period; data source)

Organization: PC Xyz (TEST)[9999993]

Current performance as stated on previous QIP: 50.00

Target as stated on previous QIP: 35.00

Current Performance: 30.00 (between 0.00 and 100.00)

Percentage Improvement: 40.00 %

CHANGE IDEAS FROM LAST YEAR'S QIP	WAS THIS CHANGE IDEA IMPLEMENTED AS INTENDED	PROCESS MEASURES FROM LAST YEAR'S QIP	LESSONS LEARNED: •WHAT WERE YOUR SUCCESSES AND/OR CHALLENGES?
Advocate and support physicians access the Digital Health Drug Repository EMR Integration	<input checked="" type="radio"/> Yes <input type="radio"/> No	% of physicians onboarded to the DHDR EMR Integration by March	insert lessons you have learned here

ProgressDetail.aspx?ProgressReportId=70025

Percentage improvement is automatically calculated and is the difference between the *Current performance* and *Current performance as stated on previous QIP* fields

## Strategies for target achievement prompt

**Confirmation**

In the comments field, please provide additional detail on the steps you are taking to reach your target in the future.

CLEAR ALL FIELDS CANCEL UPLOAD IMAGE SAVE & CL

etail.aspx?ProgressReportId=70025

If the value in the *Current performance* field is less than the value in the *Target as stated in the previous QIP* field, you will be prompted to describe (in the *Comments* field) which steps will be undertaken by your organization to reach the target in the future



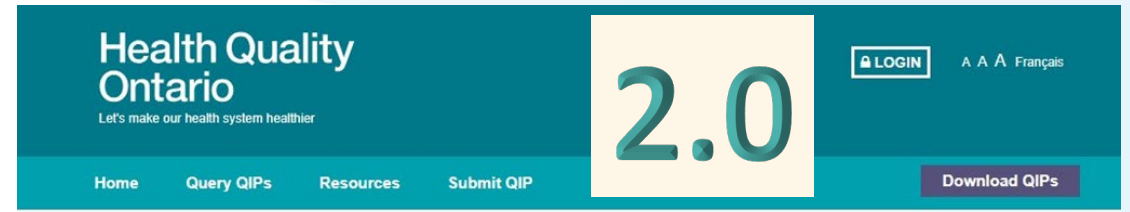
# QIP Navigator 2.0 Update



Opportunity for users to provide input into future platform – Navigator 2.0

Registrants from today will receive a brief survey on the options and associated time commitment for providing input

Those who are not interested may opt out



Welcome to QIP Navigator

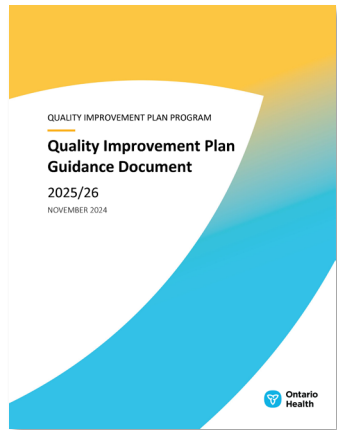




# Program Materials

The following will be available on [QIP Navigator](#):

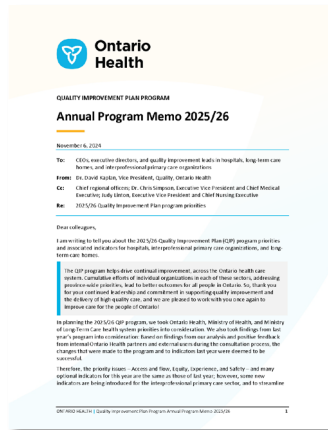
- Annual program documents:



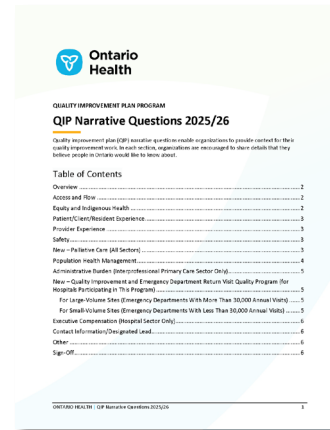
[Guidance document](#)



[Technical specifications](#)



[Annual memo](#)



[Narrative questions](#)

2025/26 Quality Improvement Plan Program: Indicator Matrix			
Priority issues	Optional indicators (unless marked priority), by sector		
	Hospital	Interprofessional primary care	Long-term care
<b>Access and flow</b> A high-quality health system provides people with the care they need, when and where they need it.	<ul style="list-style-type: none"> <li>90th percentile prevalence of waiting (inpatient)</li> <li>90th percentile emergency department wait time to physician (total department (ED/ER))</li> <li>Daily average number of patients waiting in the emergency department for an inpatient bed (in-patient)</li> <li>90th percentile emergency department length of stay for admitted patients</li> <li>90th percentile emergency department length of stay for admitted patients with high acuity</li> <li>90th percentile emergency department length of stay for nonadmitted patients with high acuity</li> <li>90th percentile emergency department wait time to inpatient bed</li> <li>Percentage of patients who are up to date with emergency department and high acuity long-term care</li> </ul>	<ul style="list-style-type: none"> <li>Patients' self-perception of timely access to care</li> <li>Number of new patients' family encounters</li> <li>Percentage of doctors with type 2 diabetes mellitus who are up to date with HbA1c (glycated hemoglobin) blood glucose monitoring</li> <li>Percentage of screen-eligible people who are up to date with cervical cancer screening</li> <li>Percentage of screen-eligible people who are up to date with breast screening</li> <li>Percentage of screen-eligible people who are up to date with breast screening</li> </ul>	<ul style="list-style-type: none"> <li>Rate of potentially avoidable emergency department visits for long-term care residents</li> </ul>
<b>Equity</b> Fairness, equity, inclusion and diversity are foundational to a high-quality health system.	<ul style="list-style-type: none"> <li>Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education</li> <li>Emergency department wait times by physician (total department for individuals with visible illness (TAS 1 or 2))</li> <li>Rate of emergency department (ED) case rates for individuals with visible illness</li> <li>Number of events and participants for traditional teaching, learning, or discussion</li> <li>Percentage of emergency department (ED) for individuals with visible illness (TAS 1 or 2)</li> </ul>	<ul style="list-style-type: none"> <li>Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education</li> <li>Completion of cross-demographic data collection</li> <li>Percentage of doctors actively receiving mental health care from a hospital provider</li> <li>Number of events and participants for traditional teaching, learning, or discussion</li> </ul>	<ul style="list-style-type: none"> <li>Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education</li> </ul>
<b>Experience</b> Patient experiences result in better outcomes, thriving and sustainability, and a positive experience for all.	<ul style="list-style-type: none"> <li>Do patients feel they received adequate information about their health and their care at discharge?</li> </ul>	<ul style="list-style-type: none"> <li>Do patients feel they can speak up without fear of consequences?</li> <li>Do residents feel they have a voice and are listened to by staff?</li> </ul>	<ul style="list-style-type: none"> <li>Do residents feel they can speak up without fear of consequences?</li> <li>Do residents feel they have a voice and are listened to by staff?</li> </ul>
<b>Safety</b> A high-quality health system prevents people from being harmed and is safe for staff and patients.	<ul style="list-style-type: none"> <li>Rate of inpatient assault during hospitalization</li> <li>Rate of medication reconciliation at discharge</li> <li>Rate of hospitalization related to medication errors</li> </ul>	<ul style="list-style-type: none"> <li>Number of cases per 1,000 inpatient patients</li> <li>Proportion of medication reconciliation at discharge</li> <li>Percentage of long-term care residents not living with at least one anti-infective medication</li> </ul>	<ul style="list-style-type: none"> <li>Percentage of long-term care residents not living with at least one anti-infective medication</li> <li>Percentage of long-term care residents who fell in the last 30 days</li> </ul>

[Indicator matrix](#)

- Supplementary materials:

- [Change ideas](#)
- [Target Setting: A Comprehensive Guide to Appropriate Target Setting for Quality Improvement Plans](#)
- This webinar (recording and slides)

# How to Connect With a Quality Improvement Specialist

How to connect	Details
<b>Webinars (previous year's QIP program submissions)</b>	<p>Register for the:</p> <ul style="list-style-type: none"><li>• <a href="#">QIP analysis webinar (hospital sector)</a>: Tuesday, December 10, 2024, at 11:00 a.m.</li><li>• <a href="#">QIP analysis webinar (interprofessional primary care sector)</a>: Thursday, December 12, 2024, at 12:00 p.m.</li><li>• <a href="#">QIP analysis webinar (long-term care sector)</a>: Wednesday, December 11, 2024, at 12:00 p.m.</li></ul>
<b>Webinars (QIP Navigator and general program information)</b>	<p>Register for:</p> <ul style="list-style-type: none"><li>• <a href="#">Drop-in sessions (hospital sector)</a></li><li>• <a href="#">Drop-in sessions (interprofessional primary care sector)</a></li><li>• <a href="#">Drop-in sessions (long-term care sector)</a></li></ul> <p>(multiple dates available from January to March 2025)</p>
<b>Email</b>	<ul style="list-style-type: none"><li>• Reach a quality improvement specialist by email: <a href="mailto:QIP@ontariohealth.ca">QIP@ontariohealth.ca</a></li></ul>

## Additional Resources



Visit [Quorum](#)

- Read posts about initiatives described in other QIPs
- Learn about communities of practice hosted by Ontario Health

Use [Query QIP](#) (no login or password required) to

- Consult previously submitted QIPs
- Search all submitted QIPs (by component, indicator, or keyword of interest)



Questions?

**Thank you.**

**Merci.**

Need this information in an accessible format? 1-877-280-8538, TTY 1-800-855-0511, [info@OntarioHealth.ca](mailto:info@OntarioHealth.ca)

Document disponible en français en contactant [info@OntarioHealth.ca](mailto:info@OntarioHealth.ca)

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# Appendix



# Ontario Health Contacts

Sector	Contact name/email
Hospital QIP (interim)	Maggie Ford   Lead, Quality Improvement <a href="mailto:Maggie.Ford@ontariohealth.ca">Maggie.Ford@ontariohealth.ca</a>
Interprofessional primary care QIP	Lindsay Sleeth   Senior Specialist, Quality Improvement <a href="mailto:Lindsay.Sleeth@ontariohealth.ca">Lindsay.Sleeth@ontariohealth.ca</a>
Long-term care QIP	Shawn Amadasun   Senior Specialist, Quality Improvement <a href="mailto:Shawn.Amadasun@ontariohealth.ca">Shawn.Amadasun@ontariohealth.ca</a>
Ontario Health Teams cQIP	Maggie Ford or Janine Theben <a href="mailto:Maggie.Ford@ontariohealth.ca">Maggie.Ford@ontariohealth.ca</a> <a href="mailto:Janine.Theben@ontariohealth.ca">Janine.Theben@ontariohealth.ca</a>

# QIP Drop-In Sessions



## **Audience:**

Most useful for new users of QIP Navigator or people who are looking to refamiliarize themselves with the QIP program

## **Objective:**

To provide informal session for those involved with QIP to have questions answered by a QI specialist, and to provide a demonstration on the use of QIP Navigator (online tool used to submit the QIP)

## **Multiple dates are available (January to March 2025):**

- [Hospital drop-in sessions](#)
- [Long-term care drop-in sessions](#)
- [Interprofessional primary care drop-in sessions](#)

# Past Webinar Recordings



[Quality and Patient Safety Community of Practice: Never Events Hospital Reporting Initiative](#)  
(September 12, 2024)

[General Internal Medicine Quality Improvement Network \(GeMQIN\): Delirium at the bedside](#)  
(October 22, 2024)

[Emergency Department Return Visit Quality Program: Annual report and important program updates](#) (October 29, 2024)

[Delirium Aware Safer Care \(DASH\) Learning Session: Testing Changes](#) (October 31, 2024)

# Upcoming Webinars

Program and webinar title	Date and time
Sickle Cell Disease community of practice: <a href="#">Coordination Between Dedicated SCD Centres and Local Health Care Teams</a>	November 13, 2024 1:30 to 2:30 p.m.
General Internal Medicine Quality Improvement Network: <a href="#">Connecting your QIP to your QI Initiatives</a>	November 19, 2024 12:00 to 1:00 p.m.
Ontario Caregiver Association: <a href="#">High-Quality Care for People With Chronic Pulmonary Disease</a>	November 20, 2024 12:00 to 1:00 p.m.
ED Pay-for-Results Expansion: <a href="#">Emergency Department Return Visit Quality Program Overview</a>	November 21, 2024 2:00 to 3:00 p.m.
<a href="#">Using Data for Quality Improvement in Primary Care: New Integrated Report for Primary Care</a> (This is a CME accredited webinar)	November 26, 2024 12:00 to 1:00 p.m.
Provincial Emergency Services Community of Practice: <a href="#">Violence in the Emergency Department</a> (no registration required)	November 26, 2024 2:00 to 3:00 p.m.
Delirium Aware Safer Care: <a href="#">Drop-in session, Topic – Dr. Katie Sheehan on CHART-DEL</a>	November 28, 2024 12:00 to 1:00 p.m.

# Online Community for Health Care Quality Improvement

[Quorum](#)



The image shows a dark blue navigation bar for the Quorum website. On the left is the Quorum logo. In the center is a search bar with the placeholder text "Enter keyword(s)", a clear button (x), and a search button (magnifying glass). On the right are three buttons: "SIGN UP", "SIGN IN", and "Fr". Below the navigation bar is a white horizontal menu with five items: "POSTS", "PROJECTS", "QI TOOLS & RESOURCES", "INDICATORS & CHANGE IDEAS", and "GROUPS".

# QIP Navigator: About Query QIP



## Query QIP

- A search function that allows users to generate a report (using indicator or text queries) from QIP and cQIP submissions
- No password is required

# New Webinar Series and Infographics



## Purpose:

To promote learning and collaboration among organizations by sharing improvement work from the analysis of 2024/25 QIP submissions.

## Register for:

- [Hospital QIP analysis findings webinar](#): Tuesday, December 10, 2024, at 11:00 a.m.
- [Interprofessional primary care QIP analysis findings](#): Thursday, December 12, 2024, at 12:00 p.m.
- [Long-term care QIP analysis findings](#): Wednesday, December 11, 2024, at 12:00 p.m.

## Infographics:

LTC Infographics can be found under QIP Tools & Resources [here](#)

Primary care infographic can be found under QIP Tools & Resources [here](#)

# Hospital Sector Progress Reports: Reflecting on 2023/24

## Percentage of change ideas implemented

86.8%

### Successes

- Daily capacity rounds, meetings, reports, huddles (in ED, inpatients, LTC and HCCS)
- Innovative staffing solutions on inpatient units and EDs (Transition planners, inpatient Navigator, admit team, Allied health team, ambulance offload nurse in ED)
- Alternate pathway/space to decant patients from EDs (e.g., rapid assessment area, short stay, urgent oncology clinic)
- Early identification of ALC patients (e.g., use of Blaylock assessment tool)
- Quality improvement approaches (e.g., PDSA cycles test approach and utilization of QI resources)

### Enablers

- Process improvements (e.g., communication tool, medical directive)
- Physical space (adding capacity, rearrangement to support flow)
- Data monitoring (e.g., analysis, occupancy dashboard, centralized bed assignment)

### Lessons learned

- Collaboration to reduce ED LOS, admits and ALC (between units, with other members of interprofessional team, and home and community care)
- Have a clear understanding of ALC repatriation agreements and communicate this effectively (to determine factors for discharge)

### Barriers

- Change in organizational priorities (shift in leadership, new staff, training and education)
- Health human resources (lack of staff, lack of funding/budgetary restrictions, confusion between staff roles)
- Difficulty with repatriation of ALC patients
- Gaps in discharge documentation/unidentified barriers to discharge appropriately
- External system pressures that impact hospital operations; e.g. lack of access to primary care/community-based care results in surges in emergency departments



# Interprofessional Primary Care Progress Reports: Reflecting on 2023/24

## Percentage of change ideas implemented

80.3%

### Successes

- **Improved access for patients**
- PDSAs created learning and better understanding
- Technology (patient portals, OAB, EMR dashboards)
- Improved workflows and standard processes

### Enablers

- **Leveraging technology solutions**
- Training staff on new procedures/workflow
- Having dedicated/invested staff
- Patient education
- Using volunteers/students

### Lessons learned

- **Challenges with data collection and retrieval**
- Challenges with technology
- Lack of patient participation
- Lack of staff or patient awareness

### Barriers

- **Staff shortages/workload**
- Technology
- Lack of patient participation (screening, survey responses)
- Lack of access and quality of data

# Long-Term Care Progress Reports: Reflecting on 2023/24

## Percentage of change ideas implemented

84.7%

### Successes

- Improvement to monitoring systems and care planning led to a reduction in resident safety incidents
- Successful integration of new diagnostic tools have improved care and reduced need for ED visits

### Enablers

- Building a strong support system for staff through collaboration with external organizations
- Empowering residents and family in care planning

### Lessons learned

- Reduce scheduling barriers to allow for staff and clinicians to participate in improvement initiatives

### Barriers

- Limited resources impacted the ability to implement the change
- Staff turnover, absences, and use of agency staff created inconsistency in the application of the change ideas and uptake of education
- Inadequate documentation related to the resident
- Managing family requests; physician requests; infection control: isolations and outbreaks