Access and Flow in Hospitals: Analysis of the 2026/27 QIP Submissions

This summary shares insights from the Access and Flow section of the 132 Quality Improvement Plans (QIPs) submitted by hospitals for 2026/27.

Progress Report

Most common successes or enablers:
- Standard work, tools, and processes
- Data monitoring and dashboards
- Education and training
- Collaboration and partnerships

Most common challenges or barriers:
- Workforce and physician vacancies
- Data and EMR/HIS limitations
- Capacity constraints and competing priorities

Indicator Uptake at a Glance

368 indicators selected, up from 339 in 2025/26

225 matrix and 143 custom indicators

185 of 224 matrix targets aim at improvement

Workplan Performance

Progress on 5 Priority Indicators

46% time to PIA (↓ 4%)

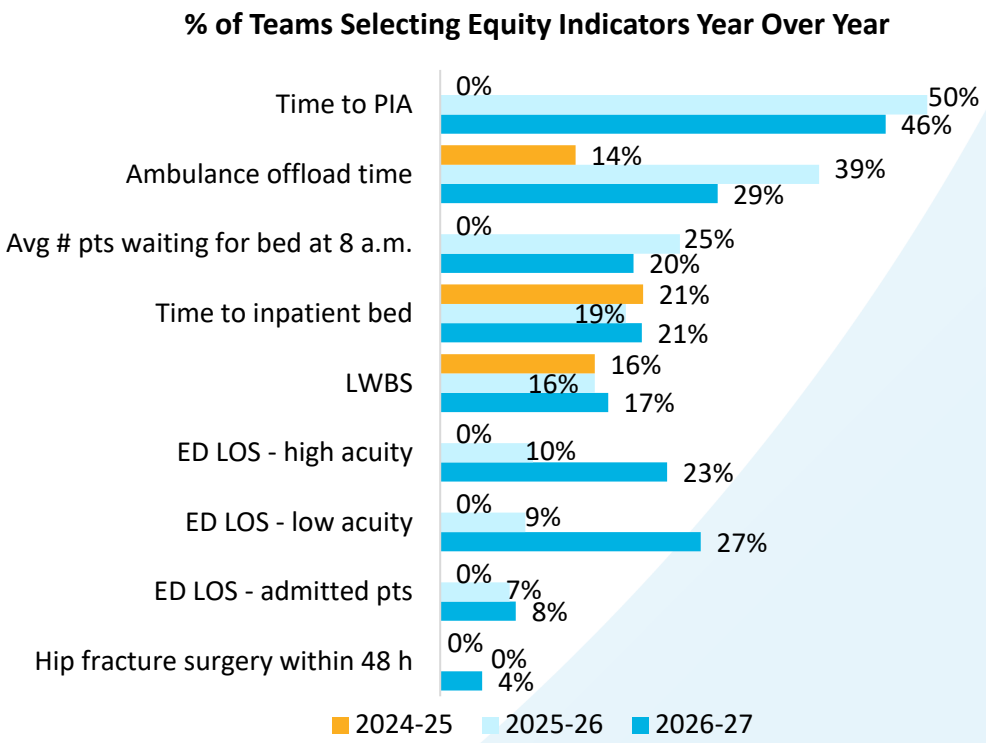
29% ambulance offload time (↓ 10%)

27% ED LOS – low acuity (↑ 18%)

24% ED LOS – high acuity (↑ 14%)

20% patients waiting for a bed at 8 a.m. (↓ 5%)

Indicator Uptake for 2026/27



Progress on 4 Nonpriority Indicators

21% selected time to inpatient bed (↑ 2%)

17% Selected LWBS (↑ 1%)

4% selected hip fracture surgery within 48 hours (new indicator this year)

8% selected ED LOS – admits (↑ 1%)

Narrative Report Themes

81% cite wait-time improvement

62% cite community, Ontario Health atHome, and primary care partnerships

50% cite Home First and hospital-to-home approaches

48% cite ALC and delayed-discharge pressure

To review the data and learn more about the QIPs submitted across the province, visit Query QIPs.

Abbreviations: ALC, alternate level of care; ED, emergency department; ED LOS, emergency department length of stay; EMR, electronic medical record; HIS, hospital information system; LWBS, left without being seen; PIA, physician initial assessment.

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Access and Flow in Hospitals: Common Change Ideas in the 2026/27 QIP Submissions

This page summarizes the change ideas hospitals put forward in the Access and Flow section of their 2026/27 QIPs.

Overlapping Common Themes

- Data monitoring, dashboards, and scorecards appear in every indicator
- Registration, triage, and front-end ED flow redesign
- Discharge planning and inpatient bed flow
- Huddles, rounding, and cross-department communication

Change Ideas: Ambulance Offload Time

- EMS partnership and collaboration on workflows (74%)
- Data monitoring using dashboards and scorecards (55%)
- QI processes (42%) and staff huddles and meetings (39%)

Change Ideas: Physician Initial Assessment

- Staff huddles, rounding, and communication (21%)
- ED renovations, space changes, and rezoning (21%)
- Registration and triage process improvements (34%)
- Data monitoring using dashboards and scorecards (34%)

Change Ideas: ED LOS – Low Acuity (Non-admits)

- Registration and triage process improvements (45%)
- Data monitoring using dashboards and scorecards (45%)
- Optimizing the NP role in the ED (26%) and fast track (21%)

Change Ideas: Waiting for a Bed at 8 a.m.

- Inpatient unit collaboration (93%) and daily rounds (52%)
- Maximizing bed availability (34%) and discharge processes (52%)
- Admission prevention (21%) and surge protocols (66%)

Change Ideas: ED LOS – High Acuity (Non-admits)

- Data monitoring using dashboards and scorecards (63%)
- Diagnostic imaging and lab process improvements (47%)
- QI tools (43%) and ED discharge process reviews (30%)

Abbreviations: ED, emergency department; ED LOS, emergency department length of stay; EMS, emergency medical services; HHR, health human resources; NP, nurse practitioner; QI, quality improvement; QIP, Quality Improvement Plan.

Need this information in an accessible format? 1-877-280-8538, TTY 1-800-855-0511, info@OntarioHealth.ca. Document disponible en français en contactant info@OntarioHealth.ca.

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