

Quality Improvement Plan (QIP)

# Narrative for Health Care Organizations in Ontario

March 24, 2026



## OVERVIEW

Halton Healthcare is proud to showcase transformative work that strengthens care delivery and operational resilience across our system. Achieving improvements to patient flow continues to be a top priority for the organization. A number of new initiatives were implemented with measured success in improving flow within our system. These new initiatives were put to the test during this year's surge season.

A major achievement has been the establishment of our Command Centre, now fully operational as the centralized hub for real-time oversight of patient flow, staffing, and capacity management. This innovation enhances collaboration, transparency, and decision-making, enabling teams to respond quickly to system pressures and improve access to care. By consolidating data and introducing daily patient flow snapshots, leaders continue to gain timely insights to reduce delays, optimize bed utilization, and minimize No Bed Admits (NBAs).

During the 2025 fall surge season, the Command Centre and our Public Affairs teams collaborated on preparedness planning that included staged and escalated interventions, including a public communication strategy and the use of an Emergency Operations Centre that would be triggered to align with the increased pressures we were seeing, and we used every part of that strategy. In fact, Halton Healthcare saw record high volumes of patients in the Emergency Department (ED) in December 2025, an overall 8 percent increase in admission, yet required fewer surge beds.

Some of the success factors that contributed to this year's improvements included the introduction of Short Stay beds within

Medicine, improved access to urgent ambulatory services, changes to discharge planning and Alternate Level of Care (ALC) designation practices, and further enhancements to our Halton@Home program.

Looking ahead, we will continue to build on these successes through QIP activities that prioritize proactive planning, standardized workflows, and leadership accountability, creating a more connected, responsive organization that delivers exceptional care for every patient, every time.

## ACCESS AND FLOW

Halton Healthcare is advancing a comprehensive strategy to improve access and flow across the continuum of care. A key achievement has been optimizing bed utilization across our three hospitals, supported by real-time oversight through the Command Centre. This work has streamlined bed allocation, reduced NBAs, and improved surge readiness during high-demand periods.

Beyond hospital operations, we have strengthened community partnerships to help patients continue their care at home, with the right services in place, and avoid unnecessary hospitalizations whenever possible. Programs such as Halton@Home, Remote Care Management, urgent ambulatory clinics and SCOPE (Seamless Care Optimizing the Patient Experience) provide transitional care, virtual monitoring, and rapid access to specialist consultations, enabling safe and timely discharges.

Our collaboration with the Connected Care Halton Ontario Health Team (CCHOHT) is central to this work, driving integrated models of care that connect primary care, home and community services, and

hospital teams. These initiatives support proactive planning, equitable access, and improved patient experience across the continuum.

Additionally, Halton Healthcare is proud to partner with the Halton Regional Police Service and mental health clinicians through the Mobile Crisis Rapid Response Team (MCRRT) to provide rapid, on-scene support for individuals experiencing a mental health crisis, helping divert patients from the ED and connect them to appropriate community services.

## Planned Work

Looking ahead, Halton Healthcare will continue to expand these strategies by:

- Leveraging digital tools and population health approaches.
- Advancing innovative models of care to meet growing demand.
- Increasing scope of practice for clinical teams to optimize efficiency and resource utilization.

Together, these efforts reflect our commitment to ensuring patients receive the right care, in the right place, at the right time—delivering seamless, patient-centered care for our communities.

## EQUITY AND INDIGENOUS HEALTH

Halton Healthcare is committed to advancing health equity and improving Indigenous health through meaningful, sustained action that aligns with our organizational values and our Equity, Diversity, Inclusion, Anti-Racism and Reconciliation (EDIA-R) priorities. Our

recent and ongoing work reflects a deepening commitment to reconciliation, culturally safe care, and equitable experiences for patients, families, staff, and community partners.

Over the past year, we introduced permanent Land Acknowledgement Plaques across our Oakville, Milton, and Georgetown hospital sites, reaffirming our responsibility to honour the history, traditions, and stewardship of Indigenous Peoples in our region. The plaques were designed by a local Indigenous artist, based on the seven grandfather teachings of Truth, Humility, Love, Wisdom, Bravery, Honesty and Respect.

We have strengthened partnerships with the urban Indigenous community in Halton Region, continuing our collaboration with Grandmother's Voice to guide culturally respectful engagement, programming, and educational initiatives.

Building on our organizational commitment, Halton Healthcare has launched a three-year EDIA-R work plan. This plan sets out clear goals, milestones, and accountability measures to advance equity, cultural safety, anti-racism, and reconciliation throughout the organization. Building on earlier initiatives, the EDIA-R plan strengthens our commitment to Indigenous cultural safety and supports ongoing transformation across all hospital sites.

This year, Halton Healthcare is including antiracism training as part of our annual core curriculum within our Learning Management System for all staff. This expands our commitment to mandatory EDIA-R and Indigenous cultural safety education that began with our people leaders previously.

Recognizing the importance of representation, belonging, and lived experience leadership, we are also establishing Employee Resource Groups (ERGs) to strengthen inclusion across our hospitals and better reflect and support the diverse communities we serve.

Together, these initiatives reinforce our commitment to reconciliation, cultural safety, and equitable access to high quality care. Halton Healthcare will continue working collaboratively with Indigenous partners, staff, and community members to advance meaningful change and improved health outcomes for all.

## **PATIENT/CLIENT/RESIDENT EXPERIENCE**

Halton Healthcare actively incorporates patient and family feedback into quality improvement efforts by regularly collecting and reviewing input from a variety of sources. Standardized electronic Patient Experience Surveys—shared via email and QR code invitations—provide timely, high-volume feedback from both inpatient and outpatient settings.

Survey results are routinely shared with program leaders, who analyze trends and use the information to prioritize enhancements in communication, care processes, and the overall patient journey. The organization also uses these results for benchmarking and can add custom questions to address the needs of specific clinical areas or patient groups. Insights from Patient Relations complement these data, helping to identify recurring concerns and opportunities to further strengthen patient-centred care.

Recent survey participation remains strong, with over 10,495 responses received this year. Even during periods of high demand, feedback levels have remained steady. In the ED, 39% of

respondents reported not having a long wait, while 17% felt their wait was longer than expected. Halton Healthcare is committed to continuously analyzing and addressing factors contributing to these variations in wait times.

Patient and Family Partners are integral to Halton Healthcare's quality improvement efforts. Their firsthand experiences inform program design, workflow refinement, and communication strategies, ensuring services genuinely reflect the needs and values of patients and families. By participating in initiatives such as navigation supports and community wellness programs, they help keep patient experience at the forefront of organizational decision-making.

Halton Healthcare's Patient Family Steering Committee has evolved to further embed patient and family voices in strategic planning and quality improvement. The Committee operates as a collaborative forum where Patient and Family Partners, staff, and leadership jointly identify priorities, shape program direction, and monitor progress across key initiatives. Regular meetings and structured feedback ensure patient perspectives are actively integrated into both operational and strategic decisions. This approach has strengthened the organization's capacity to codesign solutions, enhance communication, and foster a culture of partnership. By leveraging the collective insight of Patient Family Partners, the Steering Committee champions improvements that are responsive, equitable, and aligned with what matters most to those served by Halton Healthcare.

Through these diverse feedback mechanisms, Halton Healthcare's quality improvement work remains firmly rooted in the voices and

experiences of the patients and families we serve.

## **PROVIDER EXPERIENCE**

Halton Healthcare is taking important steps to attract and retain talented staff, while also building a positive workplace culture and enhancing the overall employee experience. The organization continues to invest in creating a healthy, supportive, and engaged workforce through a variety of programs that foster belonging, professional development, and wellbeing. This dedication has earned Halton Healthcare Waterstone's Canada's Most Admired Corporate Culture Award, highlighting its commitment to maintaining a positive and resilient work environment.

One of the key ways Halton Healthcare improves the staff experience is through its annual Experience Survey. The feedback collected from this survey guides action plans to enhance workplace culture, employee engagement, and overall performance. Insights from staff have led to better recognition programs, improved communication, and expanded wellness supports.

Halton Healthcare also prioritizes career development through initiatives like the Clinical Scholar and Emergency Department Nurse Clinical Mentor Programs. These programs offer structured mentorship and hands-on support for new and internationally educated nurses, leading to improved employee retention and greater confidence in clinical practice.

To further promote a sense of appreciation, Halton Healthcare introduced the Joy at Work Recognition and Appreciation Program. Guided by the Recognition and Celebration Advisory Table (RCAT), this program brings together input from frontline staff and

leadership to develop meaningful ways to celebrate achievements and recognize the contributions of all team members.

Collectively, these efforts reflect Halton Healthcare's strong commitment to creating an environment where staff feel valued, supported, and empowered. This foundation not only helps attract and retain talent but also drives ongoing excellence throughout the organization.

Together, these initiatives demonstrate Halton Healthcare's commitment to cultivating an environment where staff feel valued, supported, and empowered, creating the foundation for strong recruitment, retention, and sustained organizational excellence.

## **SAFETY**

At Halton Healthcare, patient safety is not a standalone initiative. It is embedded in our overall strategy and guides how we design, deliver, and improve care. Our approach to preventing serious pressure injuries reflects this broader commitment to eliminating avoidable harm and strengthening safety reliability across all our hospitals.

Pressure injuries identified by Ontario Health as "never events" are treated with the highest level of priority. Prevention begins with consistent, evidence-based practices applied to every patient. Risk assessments are completed on admission and throughout a patient's stay, with individualized prevention plans initiated promptly. These include pressure-relieving support surfaces, regular repositioning, routine skin assessments, and coordinated interdisciplinary care planning.

Our wound care program is physician-led and supported by Nurses Specialized in Wound Ostomy and Continence (NSWOCs), who provide expert consultation, staff coaching, and oversight of complex cases. Their leadership strengthens early identification, reinforces best practices, and ensures prevention efforts are clinically sound and consistently applied.

When a serious hospital-acquired pressure injury occurs, a structured review is initiated to understand contributing factors and determine whether preventive standards were met. Findings are reviewed through a formal structure to identify system improvements, inform education, and strengthen policies and resource planning.

This work reflects Halton Healthcare's broader patient safety strategy: standardize care where possible, measure performance transparently, learn from every event, and act decisively to prevent recurrence. By embedding prevention, accountability, and continuous improvement into our daily operations, we are advancing safer care for every patient we serve.

## **PALLIATIVE CARE**

At Halton Healthcare, we are committed to ensuring that people living with life-limiting illnesses receive compassionate, high-quality support throughout every stage of their journey. Our expanding palliative care services are designed to bring care closer to home, strengthen connections between teams, and enhance the comfort and experience of patients and their families.

We now offer outpatient palliative care clinics at all three of our hospital sites—Oakville, Milton, and Georgetown. These clinics

make it easier for patients and families to access specialized care in their own communities, reducing travel and stress during challenging times. By identifying palliative care needs early, our teams provide timely symptom management, guidance on advance care planning, and dedicated support that reflects each person's goals, wishes, and values.

Through the creation of Community Palliative Care Physician Groups (CPCP) in Halton Hills, Milton, and Oakville, we have strengthened the connection between hospital and community care. These teams provide homebased palliative and end-of-life care supported by a central intake process and a shared electronic health record.

The SCOPE program gives primary care providers a single access point for real-time palliative care consultation, expert resources, and navigation, ensuring patients get appropriate care when needed.

Working closely with patient family advisors, physicians, and frontline staff, we have also established a Palliative Care Experience Steering Committee. Together, we are improving comfort and dignity through dedicated palliative care rooms, thoughtfully designed comfort packages, and enhanced staff education.

These efforts reflect our unwavering commitment to supporting patients and families with compassion, respect, and coordinated care across our communities.

## **POPULATION HEALTH MANAGEMENT**

At Halton Healthcare, we are committed to improving the health

and wellbeing of every person we serve by listening deeply, partnering broadly, and striving for equity in all that we do. In collaboration with the Connected Care Halton Ontario Health Team (CCHOHT), we use a population health management approach to understand the diverse needs, risks, and lived experiences of our community. This approach allows us to design care that is proactive, accessible, and striving for equity in all that we do.

A cornerstone of this work is the active involvement of our Patient Family Experience Steering Committee, which brings forward real-world insights from patients, caregivers, and families. Their perspectives help shape system redesign, ensuring that the solutions we implement reflect what matters most to the people who rely on our care. Their guidance strengthens programs such as the Navigation Line and Community Wellness Hubs, which improve access to health and social support across Halton.

Our Diversity, Equity and Inclusion Committee further guides our efforts by ensuring we apply an equity lens to all population health initiatives. This includes strengthening culturally responsive care, identifying systemic barriers, and improving health outcomes for racialized, Indigenous, and equity deserving communities. Their leadership reinforces our commitment to fairness, inclusion, and belonging across all sites.

Together with our partners in primary care, social services, and community agencies, we codesign programs that improve continuity and quality of care. By uniting data, lived experience, clinical expertise, and community partnerships, Halton Healthcare continues to advance the quintuple aim and build a healthier, more connected, and more equitable future for everyone in Halton.

## EMERGENCY DEPARTMENT RETURN VISIT QUALITY PROGRAM (EDRVQP)

Oakville Trafalgar Memorial Hospital (OTMH)

### 1. Status update on Prior-Year Quality Improvement Priorities

Over the past year, the tri-site Emergency Program advanced EmpowerED, a comprehensive quality and operational improvement strategy informed by prior EDRVQP audit findings.

The initiative focused on strengthening patient flow, safety, and reliability through:

- ED zone redesign
- Staffing alignment
- Electronic Health Record (EHR) optimization and;
- Enhanced inpatient coordination

Despite increasing ED volumes, OTMH achieved a 20.2% reduction in return visits (829 in 2024/25 to 661 in 2025/26).

Within eight weeks of implementation:

- Physician Initial Assessment (PIA) times improved by 15%, reaching their lowest levels since 2021.
- Left Without Being Seen (LWBS) rates decreased by 36%.

These improvements were sustained at 12 weeks despite rising patient volumes and acuity.

A 60-day pre/post analysis showed:

- 90th percentile PIA times improved from 5.0 to 4.2 hours
- LWBS rates declined from 4.4% to 2.5%.

Enhanced coordination with inpatient services reduced NBAs, increasing ED capacity and supporting safer flow and staffing efficiency.

Overall, EmpowerED has delivered measurable, system-level improvements in ED performance and patient safety, by integrating audit findings with operational redesign and strong clinical leadership.

### 2. Quality issues identified this year and planned initiatives

This year's audit identified opportunities to strengthen vital sign reassessment and documentation practices, particularly within one hour of discharge. Pediatric patients were disproportionately impacted, with gaps noted in the consistent completion and recording of blood pressure measurements. Opportunities were identified in the consistent use of evidence-based order sets across several high-risk presentations. These included sickle cell crisis, hyperacute stroke symptoms in adults, and pediatric asthma, where order set attachment and utilization were lower than expected. Planned initiatives include targeted provider re-education, enhanced EHR prompts, and ongoing audit-and-feedback cycles to promote greater standardization, improve adoption of best practices, and support patient safety and quality of care.

## Milton District Hospital (MDH)

### 1. Status update on Prior-Year Quality Improvement Priorities

Return visits at MDH decreased by 23.2%, from 645 in 2024/25 to 495 in 2025/26.

A tri-site senior-friendly care initiative was introduced to strengthen the identification and management of delirium in ED patients. Key components included:

- Integration of the Delirium Triage Screening (DTS) tool into the EHR and triage process for patients presenting confusion or altered mental status.
- Patients with elevated DTS scores are further assessed by the primary nurse using the Brief Confusion Assessment Method (bCAM).
- Comprehensive staff education and ongoing monitoring to promote reliable screening and timely escalation.

Tri-site data identified opportunities to further optimize screening completion and documentation. In response:

- A 150-chart audit was conducted across all three EDs
- Frontline staff feedback was incorporated to guide targeted improvements.

Planned enhancements include focused DTS/bCAM education refreshers and exploration of EHR-based force functions to better support workflow integration and compliance. This initiative continues to enhance consistency in delirium identification and

supports safer clinical decision-making for a high-risk population.

### 2. Quality issues identified this year and planned initiatives

This year's audit identified further opportunities to strengthen vital sign reassessment and documentation within one hour of ED discharge. Findings highlighted variability in discharge vital sign reassessment. Quality improvement efforts will focus on standardizing discharge vital sign workflows through staff education, role clarification, enhanced EHR cueing to better align with staff workflow, and structured audit-and-feedback cycles to promote reliability and patient safety.

The audit also highlighted opportunities to increase the consistent use of standardized, evidence-based order sets in key clinical presentations, including pediatric asthma and adult stroke. Variability in order set utilization may impact care standardization and timely interventions. Planned initiatives include targeted provider re-education, optimization of EHR-based prompts, and ongoing performance monitoring to enhance uptake, support clinical consistency, and strengthen patient safety outcomes.

## Georgetown Hospital (GH)

### 1. Status Update on Prior-Year Quality Improvement Priorities

Georgetown Hospital experienced a 19.5% reduction in return visits, decreasing from 368 to 296.

Last year's audit identified opportunities to strengthen follow-up

care for pregnancy-related emergencies. Common themes among return visits included:

- Ectopic pregnancy
- Retained products of conception

Analysis suggested that delays in obstetrical–gynecological consultation and structured follow-up contributed to repeat ED presentations and increased patient safety risk.

In response, the ED partnered with the Women’s and Children’s Program to enhance care pathways for early pregnancy complications. Initiatives included:

- Refined consultative guidance
- Standardized discharge instructions
- Clearer follow-up expectations for both patients and providers

The ED is currently operating under a planned Obstetrics (OB) redirect while obstetric recruitment continues. Efforts are underway to formalize partnerships to support safe transitions and sustained access to obstetric services.

Current initiatives include:

- The development of an early pregnancy follow-up clinic
- Strengthened collaboration to improve timely specialty access

These measures aim to reduce repeat ED visits, enhance continuity of care, and improve patient safety. Despite the absence of an on-site OB program, which historically accounted for approximately

125 visits per month, there has been no increase in pregnancy-related ED visits, reflecting the effectiveness of the implemented pathways.

## 2. Quality Issues Identified This Year and Planned Improvement Initiatives

This year’s audit identified opportunities to further standardize vital sign reassessment and documentation prior to ED discharge. Findings demonstrated variability in the consistent capture of repeat vital signs, including among some patients who subsequently returned to the ED. Repeat assessments support informed discharge decision-making and may reduce avoidable return visits. Quality improvement efforts will focus on strengthening discharge vital sign workflows through staff education, clearer role delineation, integration of supportive EHR workflow cues, and structured audit-and-feedback cycles to promote reliability and patient safety.

The audit also highlighted opportunities to increase consistent use of standardized, evidence-based order sets in key presentations such as pediatric asthma and adult stroke. Variability in utilization may impact care standardization and timeliness of interventions. Planned initiatives include targeted provider re-education, enhanced EHR prompts to facilitate order set integration, and ongoing audit-and-feedback cycles to support adoption. These efforts aim to improve care consistency, enhance patient safety, and reinforce evidence-informed clinical decision-making across the ED.

## EXECUTIVE COMPENSATION

Halton Healthcare defines eligible executive positions as follows:

- President and Chief Executive Officer (CEO)
- Chief of Staff
- Executive Vice President, Clinical Operations & Chief Nursing Executive
- Executive Vice President, Corporate Services & Chief Financial Officer
- Senior Vice President, Redevelopment, Facilities & Retail Operations
- Chief Communications Officer & VP, Strategy & Partnerships
- Chief Human Resources Officer
- Vice President, Medical and Academic Affairs
- Vice President, Clinical
- Chief Information & Digital Officer
- General Counsel & Chief Legal, Risk and Privacy Officer

These positions collectively make up the Executive Leadership Team participating in the Performance Based Compensation (PBC) program linked to the QIP. Each member of the Executive team is eligible for a PBC payment of up to 4% in addition to their base salary. The amount is linked to the achievement of the organization's annual QIP target and each indicator is weighted equally in determining the PBC amount.

The Halton Healthcare Quality Committee of the Board has approved the following change idea methods to be linked to executive compensation:

- Pilot a Physician Navigator role at OTMA to accelerate early medical decision-making and prompt reassessment

- Adopt standardized Consultation and Most Appropriate Service Guidelines to streamline consult-related workflows and to support timely and accurate referrals
- Create transfer protocols for inter-site flow & transport between Georgetown, Milton and Oakville
- Spread, standardize and sustain Short Stay Units (SSUs) at all sites, including opening SSU in Georgetown

All change idea methods are equally weighted for purposes of PBC

### **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

Signed by:

*Riccardo Trecoce*

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Board Chair

Signed by:

*Walter Leith*

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Board Quality Committee Chair

Signed by:

*Melissa Farrell*

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Chief Executive Officer

Signed by:

*[Signature]*

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EDRVQP lead, if applicable