

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

April 1, 2026



**Ontario
Health**

OVERVIEW

Kingston Health Sciences Centre (KHSC) is Southeastern Ontario's complex, acute, and specialty care academic health sciences centre, as well as a leading research and teaching hospital. Across our Hotel Dieu Hospital site, Kingston General Hospital site, the Cancer Centre of Southeastern Ontario, and our research institute, we care for more than 650,000 patients and families from across the region each year.

As one of the region's largest employers, KHSC is home to more than 6,000 staff, over 2,000 health-care learners, and over 500 volunteers, all dedicated to partnering with patients and families to deliver high-quality, compassionate care. Our leadership and innovation continue to be recognized nationally and internationally. KHSC has advanced in Newsweek's World's Best Hospitals ranking, has been named one of Canada's Top 40 Research Hospitals by Research Infosource for the 13th consecutive year, and has received national recognition for organ donation, nursing excellence, robotic surgery performance and renal program innovation—reflecting the extraordinary work of our teams and reinforcing KHSC's role as a premier academic health sciences centre.

In FY25, KHSC implemented its first electronic medical record (EMR), named Lumeo, in partnership with five regional hospitals. Lumeo is transforming patient care by enabling seamless access to health information, supporting standardized workflows, and enhanced patient safety across the region. In FY26, KHSC focused on stabilizing the system during transition while advancing patient-centred care, quality and safety, and inclusion across the organization. The stabilization work included addressing system

issues, supporting users, and ensuring reliability – this work is still ongoing but will be followed by a transition to optimization, with a focus on workflow refinement, enhanced functionality, and leveraging data to improve clinical and operational performance.

The FY 26 QIP focused on three key priorities;

Strengthening partnerships with the Frontenac, Lennox & Addington Ontario Health Team (FLA OHT) to improve patient-centered care through Integrated Care Pathways for Congestive Heart Failure and Chronic Obstructive Pulmonary Disease

Reinforcing KHSC's commitment to quality and patient safety through focused work on compliance with Accreditation Canada's Required Organizational Practices (ROPs) and high-priority standards.

Advancing a culture of inclusion through implementation of the KHSC Inclusion framework and Foundation Inclusion training for all staff

Building on this foundation, KHSC continues to advance inclusion as a strategic priority. In FY27, KHSC will implement Foundations: Working Toward Indigenous Cultural Safety, strengthening staff understanding of Indigenous cultural safety while addressing unconscious bias, racism, and the healthcare context. This training will equip employees with practical actions to support safer, more respectful space and aligns with KHSC's commitment to recognizing diversity, advancing equity, and fostering an environment where all individuals feel welcome, valued, and heard.

Improving Access to Care and patient flow in the Emergency Department remains a key focus. Building on ongoing ED flow optimization work, KHSC continues to advance innovative approaches to deliver timely, safe, high-quality emergency care. In FY27, in partnership with Frontenac Paramedics and Central Ambulance Communication Centre (CACC), KHSC will prioritize reducing Ambulance Offload Time—an Ontario Health performance priority. Ambulance offload time measures the interval from ambulance arrival to transfer of care to ED staff and is a key driver of care quality, resource optimization, and timely EMS response for the community. This work will strengthen transfer-of-care processes, enhance coordination, and improve real-time patient-flow management to further optimize timely access to emergency services.

In alignment with KHSC's commitment to quality and patient safety, FY27 will also prioritize optimizing and standardizing skin and pressure injury assessment for admitted patients. This foundational practice supports early identification of skin integrity concerns, stratification of pressure injury risk, and timely initiation of prevention strategies to reduce avoidable harm. Leveraging the Lumeo platform, KHSC is streamlining workflows, strengthening documentation practices, and enhancing data reliability to support consistent practice, robust real-time monitoring, and improved patient safety outcomes.

Through these strategic initiatives, KHSC remains committed to delivering high-quality, patient-centered care, fostering an inclusive and engaged workforce, and strengthening system integration to ensure the best possible outcomes for the communities it serves.

ACCESS AND FLOW

KHSC continues to recognize the critical importance of ensuring that patients receive the right care at the right time and in the right location. Over the past year, KHSC focused on evaluating and strengthening discharge and patient flow processes to support timely transitions of care and reducing avoidable hospital utilization.

In FY26, KHSC updated the Discharge Planning Policy, introduced a new Transportation of Patients Policy, and enhanced the ALC Long-Term Care (LTC) approval process. The organization also welcomed the AHF Transitional Care Unit (TCU) as a KHSC site, with focused work to ensure alignment with the Home First approach. The ALC Task Force continued to advance compliance with provincial directives, while new Social Admission Avoidance Algorithms were developed to support early identification and standardized management of at-risk patients presenting to the Emergency Department.

These efforts are demonstrating positive impact. From January 2025 to January 2026, KHSC achieved a 32% reduction in ALC-to-LTC conversions and sustained reductions in length of stay for ALC-LTC patients—both of which support improved patient flow from the Emergency Department. Patient Flow teams are also seeing encouraging early results from social admission avoidance work in the ED, with many patients successfully supported to return home or transition to appropriate alternate levels of care.

KHSC@Home supports improved access and patient flow by enabling coordinated transitions from hospital to home. The model facilitates timely discharge and ensures patients receive care at home. It supports patients to return home with appropriate clinical

care and services in place, while contributing to reductions in emergency department visits and inpatient readmissions. This approach supports continuity of care and helps protect acute care capacity. The program demonstrates reliable performance, including timely initiation of care and near-zero missed visits, supporting safe transitions and consistent care delivery.

In FY27, KHSC will focus on sustaining and strengthening these gains through enhanced data monitoring, continued partnership with system partners, and ongoing optimization of patient flow processes. This work reflects KHSC's commitment to a system-focused approach that supports individuals to remain in the community whenever possible, reduces unnecessary hospital utilization, and improves timely access to the most appropriate level of care.

Through these initiatives, KHSC continues to advance integrated, patient-centred flow strategies that improve access, support quality care transitions, and contribute to stronger health system performance across the region.

EQUITY AND INDIGENOUS HEALTH

Creating a culture of inclusion remains a strategic priority at KHSC, recognizing diversity, advancing equity, and fostering an environment where all individuals feel welcome, valued, and heard. This commitment is expressed in the organization's Strategic Direction to Advance equity, inclusion and diversity and address racism to achieve better outcomes for patients, families, providers and staff.

In FY26, KHSC advanced the recently implemented Integrated

Inclusion Framework which forms the foundation of equity and inclusion efforts across KHSC through a variety of initiatives. All staff were assigned Inclusion Foundations training, with additional education focused on Indigenous Cultural Safety currently in development. Together, these initiatives aim to strengthen awareness, build capability, and support culturally safe and respectful care and workplaces.

Expansion of Staff Community Groups and organization-wide recognition and celebration of diverse cultures have continued to grow. KHSC is actively involved with numerous local agencies, other health service providers and community experts to advance shared priorities such as anti-racism.

Key focus areas - including education, Indigeneity, anti-racism, equity, access, and leadership are being embedded into organizational policies, practices and decision making. This work reflects KHSC's ongoing commitment to building an inclusive, culturally safe, and equitable environment for patients, families, staff, and the broader community.

Through these sustained efforts, KHSC continues to advance health equity while fostering an inclusive and engaged workforce to deliver high-quality, patient-centred care across the region.

PATIENT/CLIENT/RESIDENT EXPERIENCE

KHSC's philosophy of care is grounded in the foundational principles of Patient-and Family-Centered Care (PFCC) which recognizes that patients and families are essential allies for quality and safety – not only in direct care interactions, but also in quality improvement, safety initiatives and policy development. KHSC's strategic plan

further advances the evolution of people-centred care as core to the organization's mission.

KHSC actively integrates patient perspectives through multiple channels, including patient experience surveys, patient relations insights, and frontline feedback. Patient Experience Advisors are embedded in key initiatives to ensure patient perspectives meaningfully inform decision-making. Recent innovative examples include the development of 14 care pathways to improve access to care, standardization of patient belongings storage and discharge processes, and just-in-time patient experience feedback initiatives led by Patient Experience Advisors.

Patient experience stories continue to be shared intentionally across the organization, including at the Patient Care and Quality Committee of the Board, to support learning and quality improvement. KHSC's Patient and Family Advisory Councils (PFACs)—including the Regional Renal and Regional Cancer Program PFACs—provide ongoing input into strategic planning and quality initiatives.

Senior Executives and leaders across the organization attend KHSC PFAC meetings to hear directly what matters most to patients and families. In FY26, the Adult Mental Health and Addictions Services Program launched a new PFAC, with plans to further expand patient partnership in FY27.

KHSC's annual PFCC Project Grant program, led by PFAC members, continues to fund frontline initiatives that enhance the patient and family experience. In FY26, seven projects were supported, including several focused on creating more trauma-informed,

welcoming clinical spaces, such as the refresh and redesign of the Sexual Assault and Domestic Violence treatment room. Additional projects include Indigenous medicine bundles, Empower Beads, and a people-centred “School Passport” initiative to support safe school participation for children with congenital heart disease.

Patients and families are also actively shaping KHSC’s digital transformation. Through the Lumeo My Health Record patient portal pilot, Phase 2 (launched in early 2026) introduced direct patient feedback mechanisms to inform final design and implementation. The patient advisor-led rounding pilot, launched in 2025, has expanded to a second unit, with plans to spread across all medicine units in FY27—providing real-time insights into patient needs and opportunities for quality improvement.

KHSC deeply values the generosity and expertise of patients and families who partner with us. Their voices continue to drive meaningful improvements in care experience, quality, and system performance across the organization.

PROVIDER EXPERIENCE

KHSC has launched a comprehensive Employee and Volunteer Strategic Plan with focused action pillars associated to Recruitment, Retention and Reskilling of the organization's talent. The plan identifies digital transformation as a key enabler to enhance how staff and physicians interact with KHSC systems and workflows. The KHSC Integrated Inclusion Framework further strengthens this work by advancing person-centred priorities related to Indigeneity, identity, anti-racism, and system effectiveness—including leadership and education—supporting both workforce and patient experience.

In recognition of the unique psychological stressors often faced by health care workers and the impact they can have on both the staff and patient experience, KHSC has also implemented the KHSC Psychological Health & Safety (H&S) Framework aligned to the national standard and the Employee and Volunteer Strategic Plan. In FY26, all operational areas are required to complete team-specific Psychological Health and Safety assessments, complemented by an enterprise-wide action plan to address psychosocial risks both at the team level and across the organization—underscoring KHSC’s commitment to fostering a safe, inclusive, and supportive workplace.

KHSC continues to use targeted recruitment initiatives including sign-on and relocation and referral bonuses for existing employees making successful referrals for hard to fill roles. Combined with the select use of agency staff, KHSC has made material strides to stabilize its workforce. Key experience indicators such as overtime rates, vacancy rates, and reassignment rates have all improved. At the same time, KHSC is enhancing clarity around career pathways within the organization and improving access to training resources to support professional growth and retention.

The Physician Wellness Advisory Committee continues to monitor physician wellbeing using objective data from the Well-Being Index and to advise the organization on targeted wellness initiatives. Following the introduction of the new electronic health record, KHSC has identified important opportunities to further enhance clinical efficiency and provider experience. In alignment with priorities from the three-year strategic plan, including workflow assessment to improve efficiency, KHSC is developing a pilot to

comprehensively review ambulatory clinic workflows. The pilot will identify opportunities for improvement, establish measurable outcomes to track progress, and develop a standardized organizational approach to addressing unit-specific efficiency needs. Supporting structures include a standing quarterly forum with IT, operational reviews of clinical routines and hardware reliability, and targeted EHR optimization efforts. These efforts aim to create a more seamless and sustainable practice environment for physicians, ensuring their time is optimized for direct patient care.

KHSC is prioritizing enhancements to the physician onboarding experience as part of its three-year Health Human Resources (HHR) plan. Strengthening onboarding is essential to supporting recruitment, retention, and early success for new providers. Planned enhancements include a comprehensive onboarding manual, streamlined program-specific communications, and one-on-one EHR customization sessions to accelerate time to proficiency and reduce early burden. Future phases will expand supports for physician leaders.

Looking ahead, the Physician Wellness Advisory Committee will continue to monitor physician wellbeing on an annual basis using objective data and provider feedback. The Committee remains committed to remaining responsive and adaptable, initiating new wellness strategies or reprioritizing existing efforts as needed to address emerging challenges and evolving physician needs.

Together, these initiatives reflect KHSC's coordinated, data-informed approach to strengthening workforce capacity, improving staff and physician experience, and supporting high-quality patient care.

SAFETY

At KHSC, patient safety is a core organizational priority embedded within governance structures, corporate policies, incident management processes, and clinical practice. KHSC uses its electronic incident reporting system (SAFE) to support timely reporting of patient safety incidents and near misses. Incidents are reviewed based on harm severity and risk, with a focus on learning, preventing recurrence, and strengthening system reliability. Critical Incidents undergo a structured Quality of Care Review that emphasizes transparency, patient and family involvement, and psychological safety for staff.

Never Events are recognized as serious, preventable patient safety incidents requiring focused review and organizational learning. KHSC will participate in the Ontario Health Never Events Reporting Program beginning with the June–December 2026 collection period, with provincial submission planned for 2027. In FY 2026, KHSC engaged stakeholders and subject matter experts to develop a standardized framework for identifying, reviewing, and learning from Never Events, which is being embedded into the revised Incident Reporting Policy.

KHSC will leverage the existing SAFE incident reporting system to capture potential Never Events, minimizing the reporting burden for frontline staff and supporting consistent, accurate data capture. All SAFE reports will be jointly reviewed by Patient Safety and program leadership to determine alignment with provincial criteria

Confirmed Never Events will be reviewed using KHSC's standardized Root Cause Analysis (RCA2) framework to identify contributing system factors and develop actionable recommendations to

prevent recurrence. Recommendations arising from Never Event reviews will be monitored through corporate quality governance structures. To support implementation, an education campaign will be launched in Q2 2026 to increase awareness of Never Events, clarify reporting expectations, and outline the review processes.

As a specific example, KHSC is prioritizing Never Event #9 (hospital-acquired stage III/IV pressure injuries) as part of our FY 26-27 Quality Improvement Plan. Actions include standardized skin and pressure injury risk assessment on admission, targeted staff education on prevention and documentation, enhanced audit and monitoring of hospital-acquired pressure injuries, and cross-validation of indicators within the electronic medical record and SAFE system. This coordinated approach strengthens early identification, prevention, and continuous improvement to reduce the risk of serious, preventable harm.

PALLIATIVE CARE

At KHSC, a palliative care approach is integrated across the illness trajectory at the unit and program level to improve quality of life for patients with life-limiting illness and their families. We focus on earlier identification of palliative needs, timely Goals of Care (GOC) and Advance Care Planning discussions, proactive symptom management using pharmacologic and non-pharmacologic strategies, and coordinated care pathways that support smooth transitions across settings.

KHSC delivers on the Palliative Care Health Services Delivery Framework – Hospital Model of Care in the following ways:

1. Timely identification of patients with unmet palliative care needs

The GOC Designation Framework has been embedded in the Regional Health Information System (Lumeo), supported by provider education to promote high-quality conversations with patients and substitute decision makers. In FY27, KHSC is implementing the modified Hospital One-Year Mortality Risk (mHOMR) score into Lumeo to enable early identification of patients who may benefit from a palliative approach on admission. These initiatives support care that is aligned with patient values and consistent with provincial standards for early identification and advance care planning.

2. Building palliative care capacity among non-specialist providers
The Clinical Nurse Specialist (CNS) role has been realigned within Professional Practice to strengthen organization-wide palliative care capacity. The CNS provides consultation support for complex cases, delivers targeted education to clinical teams, and promotes expansion of a palliative approach beyond oncology populations. The CNS also supports pathways to community resources post-discharge. This model supports the Quality Standard expectation that all clinicians caring for patients with life-limiting illness have the competencies to provide primary palliative care.

3. Improving care coordination and communication across the continuum

In FY27, KHSC will continue advancing coordinated, person-centred palliative care through development of a KHSC Palliative Care Plan, enhanced communication tools, and active participation in Ontario Health's sub-regional Palliative Care Network. These efforts strengthen transitions between hospital and community care and support earlier connection to community resources following discharge.

Together, these initiatives demonstrate KHSC's commitment to embedding a palliative approach across the care continuum, improving symptom management, supporting goal-concordant care, and enhancing quality of life for patients and families.

POPULATION HEALTH MANAGEMENT

As a founding partner of the Frontenac, Lennox & Addington Ontario Health Team (FLA OHT), KHSC is advancing population health through close collaboration with more than 300 health, wellness, and social service partners across the region. This work supports Ministry-directed priorities to deliver integrated, person-centred care that addresses the full continuum of health and social needs in the communities we serve.

The FLA OHT partners have identified priority populations based on local needs and together, we are focusing our efforts on where we know we can make a difference by working most effectively together. This year our focus is on continuing to expand our integrated clinical pathway patient volumes, which involves KHSC physicians and staff and our primary and community care partners working together in an integrated way to deliver proactive, evidence-based best care for patients with congestive heart failure (CHF) and chronic obstructive pulmonary disease (COPD). Once these pathways are fully established and when directed by the Ministry of Health, we will commence work to add additional clinical pathways for patients with diabetes and stroke – all with a strong focus on prevention and cost-effective multidisciplinary chronic disease management.

When patients need to be seen in hospital, the integrated clinical

pathways (ICPs) identify what is required for their successful transition back to the community and into a supportive primary care environment. Similarly, the ICPs delineate best care for patients in the community to optimize their disease control and prevent deterioration of their health. As patients move through the system, virtual and in-person clinical tools will support care in the most appropriate setting. Patient-reported outcome measures (PROMs) and patient-reported experience measures (PREMs) will be documented to measure the impact of ICP-care on outcomes and for continuous quality improvement.

Our goal is to improve the health and quality of life of patients living with chronic diseases in our community so that they can live healthier lives at home and avoid emergency room visits and hospital admissions.

EMERGENCY DEPARTMENT RETURN VISIT QUALITY PROGRAM (EDRVQP)

In FY 26, KHSC's Emergency Services Program advanced key quality improvement priorities stemming from the Emergency Department Return Visit Program (EDRVP). Major accomplishments include enhanced audit reliability through improved HIS-supported data, and targeted initiatives to address increasing LWBS rates with focus on early identification of high-risk patients.

1. Digital Reporting and Analytics

The enhanced Power BI LWBS and return-visit dashboard continue to support real-time operational decision-making, offering 7- and 14-day return visit trends, LWBS tracking, and flow analytics.

Key Achievements:

- Targeted nursing, nurse practitioner, and support staff increases during peak arrival periods
- Process improvements in triage to maximize reassessments and early clinical engagement with enhanced medical directives.
- Enhanced LWBS pathway and monitoring through Power BI dashboards

2. Development of LWBS Policy and Decision Pathway

In response to the upward trend and potential patient safety concerns, the Emergency Services Program initiated development of a formal LWBS Policy and a decision-tree pathway for regulated staff.

Key Achievements:

- A structured clinical decision tree to support early identification of high-risk LWBS patients, including those presenting with symptoms associated with time-sensitive conditions.
- Clear criteria for regulated staff to escalate concerns to ED physicians or charge nurses.
- Defined expectations for reassessment intervals, documentation, and communication.
- Integration of risk-identification prompts into triage and flow processes to reduce the likelihood of high-risk patients leaving without evaluation.

This structured pathway enhances patient safety by ensuring consistent recognition and escalation of high-risk patients prior to leaving the department.

Key Achievements:

- Creation of standardized high-risk identification criteria
- Expectations for direct triage-to-physician escalation
- Incorporation of real-time coaching and monthly quality reviews

3. HIS Enhancements Supporting Quality Review

A major advancement this year was the upgrade of the Hospital Information System (HIS) - attached QI poster.

Key Achievements:

- Streamlined identification of EDRV-eligible cases
- Improved timeliness of chart access
- Enhanced data accuracy and completeness
- Strengthened overall quality, efficiency, and responsiveness of case reviews

One of the key quality issues identified during FY 26 audit discharge communication practices, particularly related to the consistency and clarity of information provided to patients at discharge. Opportunities were noted to strengthen the standardization of patient-facing education materials and to improve provider awareness and consistency in discharge communication practices.

Several quality improvement initiatives are currently being planned or are underway to address these issues:

1. Improving the discharge communication process

Efforts are focused on strengthening how discharge information is communicated to patients, with an emphasis on clarity, completeness, and timeliness. Rather than simply revising “discharge documentation,” the goal is to improve the overall discharge experience and patient understanding.

2. Enhanced patient education resources

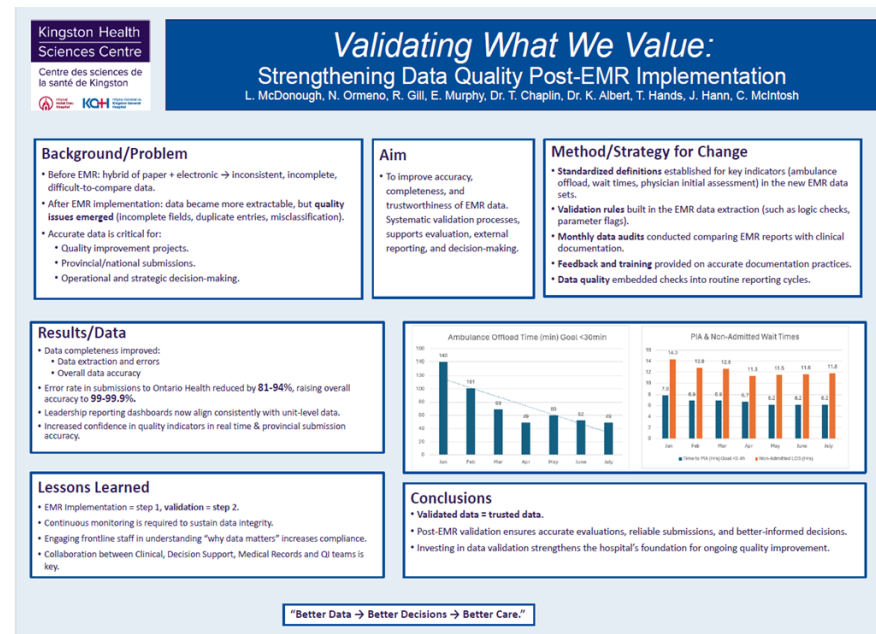
Work is ongoing to develop a more robust and standardized suite of patient educational materials within LUMEO. These resources will support consistent messaging and provide patients with clear, accessible information at discharge.

3. Patient portal integration

The patient portal is expected to play a complementary role in discharge communication by allowing patients to access discharge instructions and educational materials after leaving the facility. Together, LUMEO-based resources and the patient portal will reinforce key information and improve continuity of care.

4. Targeted inter-professional education

Educational sessions for physicians and other providers are being considered to reinforce best practices related to discharge communication. While education alone may not fully address the issue, targeted sessions may improve awareness and support broader system-level improvements.



EXECUTIVE COMPENSATION

All members of the senior leadership team at KHSC have a percentage of their pay linked to common quality improvement initiatives, including annually established objectives, indicators and targets. These targets are established by the Board of Directors and apply to all senior leaders. The amount of pay-at-risk for these roles ranges from ten to fifteen percent of base salary. The payment of this pay-at-risk component of total compensation occurs following the fiscal year-end evaluation of results. The amount of pay-at-risk awarded will be based, as applicable, on Board of Directors and the President & CEO's evaluation of performance against specific thresholds.

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 **April 1, 2026**

Sherri McCullough

Sherri McCullough, Board Chair

Margaret Shepherd

Margaret Shepherd, Board Quality Committee Chair

David Pichora

Dr. David Pichora, Chief Executive Officer

Laura McDonough

Laura McDonough, EDRVQP lead, if applicable