Patient Safety Plan - Safety Behaviours for Error Prevention and Improved Quality Care 2025-2026

Humber River Health

BIG DOT – Highest Safety and Quality Care

Ontario Health Outcomes	Strategic Directives	Strategic Objectives	Quality Improvement Plan Indicators	High Reliability Drivers	Key Initiatives (from Strategic Plan and QIP)	Measures
Effective Community	✓ Deliver comprehensive quality care closer to home ✓ Foster innovation research and academics	✓ Expand tertiary hospital services for North West Toronto ✓ Build community-based programs with our partners ✓ Develop innovative strategies to deliver integrated care in our community, with a focus on seniors care ✓ Environmental Sustainability ✓ Advance our teaching programs ✓ Advance our digital and community health research	❖ Improve communication at discharge	Process/ Systems • Sensitivity to operations	✓ Determine Cardiac Catheterization Lab location and submit capital Post Construction Operating Plan (PCOP) ✓ Finalize workplan for Managed Equipment Services (MES) scheduled replacements for 2025-2026 ✓ Participate in the redesign of the surgery strategy within Ontario Health's (OH) mandate ✓ Complete and submit stage 2.3 of the Acute Behavioural and Management Unit (ABAMU) capital project and begin preparing the remaining documents and strategy in preparation for Ministry approval ✓ Restructure the Ministry of Health (MOH) approved residential hospice beds in partnership with Dorothy Ley Hospice to maximize the potential for Finch Reactivation Care Centre (RCC) location ✓ Seek board approval to submit an application to MOH for an Urgent Care Centre at Finch RCC ✓ Seek board approval to submit an application to MOH for a Medical Imaging Satellite Service at Finch RCC ✓ Develop an environmental sustainability 2-year workplan for HRH ✓ Develop a business plan to advance the innovation portfolio opportunities as identified by Deloitte ✓ Complete and submit the Business Case for Centre for Simulation and Technological Advancement ✓ Secure corporate partnerships to fund research, education, and innovation ✓ Develop a strategy to increase and secure grant and donor contributions to fund research, education, and innovation ✓ Identify and develop a business plan for a second Centre of Innovation ★ Improve the timeliness of discharge summaries sent to primary physicians ❖ Improve communication with patients and families by enhancing SMART discharge	✓ Cardiac Catheterization Lab design completed, 50% CD drawings, service delivery model done by March 31, 2026 ✓ Workplan for MES scheduled replacements established by March 31. 2026 ✓ Participation of the redesign of the surgery strategy achieved by March 31, 2026 ✓ Stage 2.3 of ABAMU capital project submitted and Strategy for Ministry Advocacy developed by March 31, 2026 ✓ Restructuring residential hospice beds at Finch RCC approved. MOH capital process initiated by March 31, 2026 ✓ Board approval received to apply to MOH for an Urgent Care Centre at Finch RCC by March 31, 2026 ✓ Board approval received to apply to MOH for a Medical Imaging Satellite Service at Finch RCC by March 31, 2026 ✓ Environmental Sustainability Workplan drafted, 2 environmental sustainability initiatives approved for implementation by March 31, 2026 ✓ Innovation portfolio business plan defined for three of the five recommendations from Deloitte by March 31, 2026 ✓ Business Case for Centre for Simulation and Technological Advancement submitted by March 31, 2026 ✓ 1 partnership secured with 20% of RI costs covered by March 31, 2026 ✓ 30% of RI costs covered from grant and donor contributions by March 31, 2026 ✓ Present business plan for a second Centre of Innovation to Senior Management Team before March 31, 2026 ★ More than 80% discharge summaries sent within 48 hours by March 31, 2026 ❖ Achieve 75% "did you receive enough information when you left the hospital" by March 31, 2026
Patient-Centred/ Equitable People	✓ Embrace equity, diversity and inclusion	✓ Embed equity, diversity and inclusion in everything we do ✓ Address racism, with a focus on anti-Black racism ✓ Pursue partnerships and integration opportunities to advance equitable and inclusive care for our community	❖ Improve equity, diversity, inclusion and antiracism education ❖ Reduce average ED wait time to Physician Initial Assessment (PIA) for individuals with sickle cell disease (Canadian Triage and Acuity Scale (CTAS) 1 or 2)) ❖ Reduce rate of ED 30-day repeat visits for individuals with sickle cell disease ❖ Improve ED visits for individuals with sickle cell disease triaged with high severity (CTAS 1 or 2)	Direct Care/Service • Staff / physician / patient engagement • Deference to expertise	✓ Develop a targeted Equity, Diversity, Inclusion (EDI) workplan with 2 identified initiatives by leveraging sociodemographic data collected in alignment with HRH's data governance committee ✓ Develop Cultural Humility training module to be rolled out to all staff, physicians, and volunteers in conjunction with introducing and supporting the completion of the Cultural Competence in Healthcare Module with all HRH Leaders ✓ Identify opportunities for redefining HRH's leadership role for the North Western Toronto Ontario Health Team (NWT OHT), including executive leadership, refresh Collaborative Decision-Making Arrangements (CDMA) and continue to expand partnership to meet the community needs ★ Involve patients and family members in decision-making and treatment options ★ Acknowledge all concerns expressed by patients and family members within 5 business days ★ Prioritize engagement with patients through rounding practices ★ Improve patient satisfaction and "would you recommend this hospital" score + Monitor time to pain management intervention for patients with sickle cell disease + [placeholder] Prioritize and increase awareness of Indigenous health, supporting Indigenous self-identification + Prioritize understanding our community, and improve awareness of the patient demographic survey + Monitor utilization of translation services + Monitor loss of narcotics + Monitor opioid utilization in the Surgical program + Monitor escalation of care failures where health equity was a contributing factor + Monitor agency nursing utilization + Monitor overall staff overtime utilization + Monitor overall staff sick time utilization ❖ Support staff, physicians and volunteers to complete EDI and ant-racism training with supporting educational material ❖ Improve ED wait time to PIA for all CTAS level 1 & CTAS level 2 patients with sickle cell disease ❖ Monitor ED 30-day repeat visits for patients with sickle cell disease ❖ Monitor ED visits for patients with sickle cell disease triaged with high severity (CTAS 1 or 2)	✓ Finalized data governance terms of reference with potential partnerships explored by March 31, 2026 ✓ All HRH leaders completed Cultural Competence in Healthcare Module, along with content development for Cultural Humility training module for all staff, physicians, and volunteers by March 31, 2026 ✓ CDMA refresh completed by March 31, 2026 ★ >80% of patients/family reported involvement in decision-making and treatment options by March 31, 2026 ★ 100% of concerns acknowledged within 5 business days by March 31, 2026 ★ 100% compliance of managers rounding on patients targets by March 31, 2026 ★ Achieve greater than 85% "would you recommend this hospital" by March 31, 2026 + Time to pain management intervention for patients with sickle cell disease improved + [placeholder] Monitor Indigenous self-identification + Monitor the patient demographic survey rate of completion + Increased awareness and translation service utilization improved + Reduced number of narcotic losses + Reduced opioid utilization in the Surgical program + The number of care failures where health equity was a contributing factor reduced + Zero agency nursing utilization maintained + Overall staff overtime reduced + Overall staff sick time reduced ❖ 100% EDI education and anti-racism training completed by leaders by March 31, 2026 ❖ All CTAS level 1 patients with sickle cell disease seen in less than 5 minutes and all CTAS level 2 patients with sickle cell disease seen in less than 15 minutes by March 31, 2026 ❖ Reduced ED 30-day repeat visits for patients with sickle cell disease to 30% by March 31, 2026 ❖ Improved ED visits for patients with sickle cell disease triaged with high severity (CTAS 1 or 2) by March 31, 2026
Safe Quality	✓ Advance the empowerment of our people and patients	✓ Evolve workflows and align scopes of practice to improve patient care and the provider experience ✓ Expand learning, career development and recognition opportunities ✓ Empower and enable our patients	❖ Reduce delirium onset during hospitalization ❖ Improve medication reconciliation at discharge ❖ Reduce rate of workplace violence incidents resulting in lost time injury	Leadership • Pre-occupation with failure • Reluctance to simplify • Commitment to resilience	✓ Re-design delivery of Environmental Services (EVS), Linen and Portering under direct HRH Management and establish applicable Key Performance Indicators (KPIs) aligned to ensure patient care needs ✓ Develop and implement a strategy to ensure delivery success for the 2025 Corporate Engagement Survey and develop a Corporate Engagement Action Plan from the survey results ✓ Implement the Enterprise Resource Planning (ERP), Supply Chain Systems and new Business Intelligence (BI) Tool ✓ Progress the implementation of VIP E-Recruitment, Onboarding, and Scheduling Modules ✓ Finalize a plan and pilot a solution to support the Provider Collaborate Project ✓ Prepare action plans for revised and new Required Safety Practices (RSPs) from Accreditation Canada ✓ Evaluate the current AI Scribe technology pilot and develop a recommendation for broader implementation ✓ Continue Web Acute implementation and ongoing organizational optimization through physician engagement ✓ Complete Year 2 Ambulatory Care Strategy deliverables including procurement and piloting virtual clinics ✓ Review and update the HRH Board of Directors and Credentialled Staff Bylaws ✓ Identify one new recommendation from the Nursing Retention Toolkit in alignment with Toronto Academic Health Science Network (TAHSN) to consider for implementation ★ Embed Patient Family Advisor (PFA) on 2 Corporate and 1 Governance committee, develop an evaluation tool ★ Achieve zero Never Events as a high reliability organization ★ Achieve zero Critical Incidents as a high reliability organization ★ Enhance strategies to prevent patient falls, especially those causing harm ★ Continue to implement strategies to prevent hospital acquired pressure injuries ❖ Enhance strategies to reduce delirium onset during hospitalization ❖ Continue physician medication reconciliation education and training ❖ Decrease workplace violence incidence rate by increasing workplace prevention awareness	✓ HRH-managed EVS staff across all 3 sites with new structure defined and established by March 31, 2026 ✓ Engagement Survey results disseminated, Corporate Engagement Action Plan developed by March 31, 2026 ✓ Initiated implementation of ERP, Supply Chain Systems and new BI Tool by March 31, 2026 ✓ VIP E-Recruitment, Onboarding, and begun implementation of non-shift Scheduling Module by March 31, 2026 ✓ Provider Collaborate Project pilot plan underway by March 31, 2026 ✓ Preparedness pathways for Accreditation requirements (October 2028) implemented by March 31, 2026 ✓ AI Scribe procurement completed, including Meditech integration and go-live by March 31, 2026 ✓ Strategy developed for a successful adoption of Web Acute by March 31, 2026 ✓ Virtual platform decision made with implementation completed to replace Saviance and virtual clinic model piloted in one area by March 31, 2026 ✓ Credentialled Staff and Board Bylaws updated, Board and Medical Staff Association educated by March 31, 2026 ✓ One new recommendation implemented from the Nursing Retention Toolkit by March 31, 2026 ✓ PFAC member embedded on 2 corporate and 1 governance committee (including evaluation) by March 31, 2026 ★ Zero Never Events by March 31, 2026 ★ Zero Critical Incidents by March 31, 2026 ★ Zero patient falls causing harm (Level 3 or Level 4) by March 31, 2026 ★ Zero hospital acquired pressure injuries by March 31, 2026 ❖ Reduce rate of delirium onset during hospitalization to 0.2% by March 31, 2026 ❖ 81% of patients' medications reconciled at time of discharge by March 31, 2026 ❖ Reduce workplace violence incident rate resulting in lost time injury to 0.2% by March 31, 2026
Timely Service			❖ Reduce ambulance offload time ❖ Reduce ED wait time for PIA ❖ Reduce patients waiting for an inpatient bed at 8 am ❖ Reduce ED LOS for admitted patients ❖ Reduce LOS for non-admitted patients with low acuity ❖ Reduce LOS for non-admitted patients with high acuity ❖ Reduce ED time to inpatient bed ❖ Reduce percentage of patients visiting ED and left without being seen by a physician		★ Improve patient satisfaction and "would you recommend this ED" score ★ Monitor and reduce acute length of stay for medicine patients ★ Monitor and reduce wait time for Computed Tomography (CT) scan completion of Priority 3 Adult Cases ★ Monitor and reduce wait time for Magnetic Resonance Imaging (MRI) scan completion of Priority 3 Adult Cases ★ Optimize iPlan and Central Local Health Integration Network's (CLHIN) Discharge Planning Pathway to manage Alternative Level of Care (ALC), implement the remaining ALC Leading Practices ❖ Monitor and improve time from ED to inpatient bed ❖ Improve time to PIA in ED during the day and night ❖ Monitor and reduce the number of patients waiting for an inpatient bed at 8 am ❖ Improve ambulance offload time ❖ Monitor and reduce ED length of stay for admitted patients ❖ Monitor and reduce ED length of stay for non-admitted patients with low acuity ❖ Monitor and reduce ED length of stay for non-admitted patients with high acuity ❖ Monitor and reduce percentage of patients who visited the ED and left without being seen by a physician • Operationalize Ontario Health directives for situational preparedness for Fall/Winter	★ Achieve 70.6% "would you recommend this ED" by March 31, 2026 ★ Reduce acute length of stay to 7.3 days for acute medicine patients by March 31, 2026 ★ Reduce wait time for CT scan of P3 (within 10 days) Adult Cases to be above the 40% provincial target ★ Reduce wait time for MRI scan of P3 (within 10 days) Adult cases to be above the 50% provincial target ★ Improve the Alternative Level of Care (ALC) throughput ratio >1.0 by March 31, 2026 ❖ Reduce time from ED to inpatient bed to 6 hours by March 31, 2026 ❖ Reduce time to PIA during the day and night (90th percentile hours) to 2 hours by March 31, 2026 ❖ Reduce the number of patients waiting for an inpatient bed at 8 am to 0 by March 31, 2026 ❖ Achieve 30 minutes ambulance offload time by March 31, 2026 ❖ Reduce ED length of stay for admitted patients to 25 hours by March 31, 2026 ❖ Reduce ED length of stay for non-admitted patients with low acuity to 4 hours by March 31, 2026 ❖ Reduce ED length of stay for non-admitted patients with high acuity to 7 hours by March 31, 2026 ❖ Reduce patients visiting ED and left without being seen by a physician to 1.5% by March 31, 2026 • Complete preparing for Ontario Health directives for situational preparedness by March 31, 2026

Legend: ✓ HRH Annual Goals 2025-26 ★ BQAC Safety & Quality Dashboard 2025-26 ❖ QIP 2025-26 + Accreditation