

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

April 1, 2026

OVERVIEW

Inspired by our heritage of compassion, St. Joseph's Health Care London (St. Joseph's) attends to the body, mind and spirit of all people and we are driven by a dedication to partnership and excellence in care, teaching and research. St. Joseph's has a distinguished legacy of service to London, Southwestern Ontario and the veterans of Canada, dating back more than 150 years. In 2025, we launched a refreshed Mission, Vision and Values and a new five-year strategic plan, focusing on three core goals: Excellence in Care, Powered by Discovery; A Vibrant Workforce and Partnering for Impact. These goals and their objectives will serve as our roadmap until 2030, grounded in curiosity, innovation, and collaboration where we will provide exceptional care, build stronger communities and create a healthier world.

Facilities and services within our organization include St. Joseph's Hospital, Parkwood Institute, Mount Hope Centre for Long Term Care and the Southwest Centre for Forensic Mental Health Care. Our organization's key role areas include acute/ambulatory care (including chronic disease management, urgent care, surgery and medical imaging), complex care and veterans care, long-term care, rehabilitation and specialized geriatrics, and specialized mental health care.

As an organization, we are committed to building and maintaining strong partnerships in our community to support access and coordinated care for those we serve. St. Joseph's is also a proud academic partner and is affiliated with Western University and Fanshawe College. Our research arm, the Lawson Research Institute, is dedicated to helping people live healthier lives by advancing our knowledge of how to prevent, diagnose and treat

disease. St. Joseph's is also committed to achieving the highest performance, transparency, and accountability in all we do. For the past 17 years, our organization has been accredited with Exemplary Standing, demonstrating our utmost commitment to patient satisfaction and safety.

We are pleased to introduce St. Joseph's 2026-2027 Quality Improvement Plan (QIP), with a focus on equity and indigenous health, access and flow, quality and safety, patient/resident experience, provider experience and well-being, and palliative care. Our hospital workplan includes targets for inpatient discharges within mental health assessment, treatment and rehabilitation units; length-of-stay goals for a specific rehabilitation group (i.e. fracture of lower extremity patients) in Specialized Geriatric services, reduction in no-show appointments in select ambulatory clinics, Equity, Diversity, Inclusion and Belonging (EDIB) education targets; staff and physician workplace violence education, and medication reconciliation targets.

Our long-term care workplan focuses on EDIB education module targets, resident experience, falls reductions, lower antipsychotic prescribing without a diagnosis of psychosis and worsening pressure ulcer reduction strategies.

ACCESS AND FLOW

St. Joseph's is committed to fostering and supporting a system that enables access and flow for those we serve. Together with patients, residents, care partners, and system partners, we strive to enable equitable access.

Access and Flow in Mental Health Services

Within our mental health programming, we have focused on improving our access and flow for both inpatient and ambulatory care programs by working in partnership with external referring partners and standardizing processes to optimize bed utilization. Working in collaboration with Indwell, Ontario Health West, Ministry of Children Community and Social Services, Development Services Ontario and dual diagnosis community resources providers, we are developing a proof-of-concept model to support patients with a dual diagnosis in need of an alternative level of care (ALC) living environment to transition successfully into supportive housing in the community. The goal is for this model to be scalable and implemented across Southwest Ontario.

We are also working in collaboration with Veterans Affairs to expedite Long-Term Care Home placements for aging patients diagnosed with a mental health condition, working to reduce wait times and improving flow on our geriatric units.

St. Joseph's Southwest Centre for Forensic Mental Health is collaborating with the Ministry of Health, mental health partners, and the Forensic Directors Group on a provincial forensic system review aimed at identifying opportunities to enhance system efficiency and optimize capacity in response to growing demand for forensic assessment and treatment.

Capacity Optimization

Parkwood Main's Capacity Optimization Project has completed a second year of advancement for access and flow. Some notable achievements include the finalization and implementation of a bed holding and repatriation policy, and the ALC Home First Standard Process was trialed on a clinical unit and further implemented

across the site. Procurement of Oracle's Capacity Management technology was also completed, with an anticipated launch in June 2026.

EQUITY AND INDIGENOUS HEALTH

Equity, Diversity, Inclusion and Belonging (EDIB)

In 2024, St. Joseph's implemented its EDIB Framework, a six-part model embedding equity into care delivery across leadership, education, programs and practices, employee groups, partnerships, and accountability. This work aligns with Ontario Health's EIDAR Framework.

In January 2025, a standardized five-module EDIB curriculum was launched for leaders. By March 31, 2025, 73% had completed at least one module, exceeding the 70% target—and 69% completed all modules, and establishing a strong foundation for organization-wide learning. The program expanded to physicians and staff in October 2025. By February 2026, 42.9% had completed at least one module and 36.0% completed all five. Targets for 2026–2027 are 80% completion among leaders and 45% among physicians and staff, supported by ongoing promotion and expanded learning opportunities.

To further support frontline integration, Roaming Education for Frontline Staff (REFS) will launch in 2026, delivering brief, in-unit learning sessions focused on practical application. In January 2026, St. Joseph's established an EDIB Advisory Council to guide priorities, address systemic barriers, and advance culturally safe, inclusive care across the organization.

Community Partnerships

Community engagement remains central to EDIB efforts. In March 2025, St. Joseph's partnered with London Health Sciences Centre to host the inaugural Black Health and Wellness Fair, engaging approximately 200 community members and raising awareness of key health issues affecting Black communities. In June 2025, St. Joseph's partnered with CHRESI to host a regional dialogue on Black health equity, bringing together approximately 100 participants to identify barriers and inform a collaborative action plan.

Indigenous Reconciliation and Advancement of Partnerships and Cultural Safety

St. Joseph's continues to advance learning related to Indigenous cultural safety as part of its reconciliation efforts. In September 2025, approximately 100 staff participated in a learning session focused on increasing understanding of Indigenous experiences in health care and provided practical guidance on delivering culturally safe care to Indigenous patients and families.

In partnership with Atlohosa Family Healing Services, a sweat lodge was established at the Southwest Centre for Forensic Mental Health Care, with ceremonies held to support patient connection to their Indigenous culture and in support of their mental health recovery. This partnership also continues to support Wiigwaamaan, an Indigenous-led shelter initiative as part of Whole System Response.

OSP West continues to embed Indigenous cultural safety through targeted actions, including:

- Hiring two Indigenous Engagement Leads to support development of culturally safe care pathways
- Requiring staff completion of Indigenous cultural safety training (IPHCC and Cancer Care Ontario courses)

- Training staff to respectfully ask about Indigenous identity early in care
- Establishing an Indigenous Advisory Circle
- Sharing ongoing learning through internal communications

PATIENT/CLIENT/RESIDENT EXPERIENCE

Inpatient and Ambulatory Mental Health

In 2025-26, further enhancements were made to our inpatient mental health survey processes by increasing the number of mental health programs included in our experience surveys, and by replacing the survey instrument used to improve the quality of the data collected. An existing general inpatient survey was replaced with the Ontario Adult Inpatient Addictions and Mental Health Short-Form Care Experience Survey, which allows us to identify opportunities for improvement based on questions that are specific to mental health inpatients.

We began surveying our outpatient clients in the Ontario Structured Psychotherapy (OSP) program in 2025-26 after developing our own survey instruments. Three separate streams of surveys were deployed to gather both quantitative and qualitative data in an outpatient setting. Specifically, we asked clients for their feedback at three points in their care journey: during assessment and triage, during service navigation, and finally, during treatment. In the first two quarters of implementation, we distributed almost 2500 surveys to all three care streams and had a response rate of 32%.

Rehabilitation, Specialized Geriatrics, Complex Care & Veterans' Care

At Parkwood Institute, we revised our survey processes for Inpatient Rehabilitation, Specialized Geriatrics and Complex Care

patients. Aligned with our goal of ensuring that survey processes support maximizing response rates and optimal timing for completion, the survey changed from a handout prior to discharge to a mailed survey after discharge in January 2026. The timing change was integral in our ability to understand the clarity of information and instructions patients receive at discharge. To gain further understanding as to why patients may not respond "Completely" to the question "[Were you given] Enough information about what to do if you are worried about your condition or treatment after you left the hospital[?]", a question was added to the survey in January 2026 asking patients to share further details about this question.

At Parkwood Institute, patient surveys were also completed by patients on our Surge/Alternative Level of Care (ALC) Unit, and we also surveyed Veterans' Care residents and their families, and family members of palliative care patients.

Long-Term Care

Mount Hope Centre for Long-Term care also underwent improvements to its survey process in 2025-26 by reducing the number of questions residents were expected to answer at one time and to increase the frequency of surveying to twice a year. We selected four of the original Long-Stay Resident Experience (LSRE) survey questions that staff wished to focus on, and we built the survey around these questions.

We included prompts to gather more detailed insights that helped to explain the dis/satisfaction scores (i.e. if residents expressed dissatisfaction, follow-up questions were asked to understand why and how we could make improvements). Survey results were

gathered using an iPad which reduced the time and overall resources required for data entry. The first iteration of the new survey occurred in June 2025 and it was repeated again at the end of January 2026 with the aim of tracking improvements in care domains of interest.

PROVIDER EXPERIENCE

St. Joseph's values the health, safety, and well-being of its people and recognizes that when our teams thrive, our organization thrives. The well-being of staff, physicians, learners, and volunteers is fundamental to achieving our strategic goals and to fulfilling our mission and vision. St. Joseph's is committed to strengthening a culture where every person feels supported, respected, and equipped to perform at their best.

Listening to Our People

St. Joseph's continues to actively respond to the voices of staff and physicians. Through participation in the Health Standards Organization (HSO) Workforce Survey, we have gained important insights into the experiences of our teams. Burnout has emerged as a priority theme, reinforcing the need to strengthen the supports, systems, and structures that enable a vibrant and resilient workforce.

The themes surfaced through the survey have informed both organizational planning and leader-supported interventions, ensuring that well-being is addressed at the system, team, and individual levels.

A Unified Path Forward: Vibrant Workforce Well-Being Strategy
To strengthen our commitment to improving the workforce

experience, St. Joseph's will integrate its existing well-being initiatives into a single, coherent Vibrant Workforce Well-Being Strategy for fiscal year 2026/2027. This strategy will align the Well-Being Strategy and the Burnout Reduction Workplan into one unified approach. This integration will:

- Provide one clear narrative and workplan for leaders and teams
- Offer one coherent suite of resources for individuals, leaders, and teams
- Directly align well-being and burnout reduction with the strategic goal of fostering a Vibrant Workforce
- Reinforce that burnout reduction is an outcome of a healthy work environment, not a standalone or reactive initiative
- Enable clearer governance, measurement, and reporting, improving organizational accountability
- Support consistent messaging that well-being is a shared responsibility, embedded in leadership, culture, and systems

This integrated strategy strengthens alignment across programs, clarifies expectations, and ensures that well-being remains a visible and sustained organizational priority.

SAFETY

At St. Joseph's, exceptional patient care and patient safety remain central to our mission. We recognize that a safe, supportive environment for our staff and credentialed providers is essential to achieving high-quality patient outcomes. Creating the conditions for safe, respectful interactions—free from violence, threats, or harm is foundational to the care experience for everyone within our organization.

St. Joseph's continues to prioritize workplace violence prevention as

a core component of our safety and well-being strategy. Our approach emphasizes education, training, early identification of risks, strong clinical and security response capability, post-incident supports, and continuous quality improvement.

Building on progress achieved in recent years, the 2026/2027 Quality Improvement Plan (QIP) outlines enhanced expectations in violence prevention education, as well as system-level improvements guided by an external program review.

New Indicator for 2026/2027 QIP

In fiscal year 2026/2027, St. Joseph's is introducing a new QIP indicator to strengthen workforce readiness and competence in managing workplace violence: By the end of 2026/2027, St. Joseph's will ensure that an additional 40% of staff and physicians have completed the prescribed, risk-appropriate workplace violence education program.

This indicator reflects our organizational commitment to:

- Expanding access to risk-appropriate training aligned with clinical and non-clinical job functions
- Building staff confidence and competence in both prevention and response
- Reducing the risk and incidence of workplace violence events
- Enhancing the culture of safety across all programs, services, and campuses

Completion targets will be monitored quarterly, supported by consistent communication, leader engagement, and integration with onboarding and annual learning pathways.

Organizational Well-Being Strategy and External Program Review
As part of St. Joseph's broader well-being strategy, an external consultant has been engaged to complete a comprehensive review of the organization's workplace violence program and physical safety infrastructure. This review includes an assessment of:

- Policies, procedures, and reporting mechanisms
- Existing violence risk assessments and mitigation strategies
- Staff training programs and competency tracking
- Clinical and security response models
- Post-incident supports for staff and physicians
- Physical and environmental safety features, including access control, alarms, and surveillance

The goal of this review is to provide St. Joseph's with a roadmap for further improvement, highlighting strengths, gaps, and priority actions to ensure the safety of those who deliver and receive care. Findings will directly inform future quality improvement initiatives, capital requests, and training enhancements.

Pressure Ulcer Injury Reduction in Long-Term Care

Mount Hope continues to make improvements by reducing the percentage of worsening pressure injuries over the past year. This work continues to be a focus for the upcoming 2026/2027 QIP. As of Q2 2025/2026 Mount Hope % of worsening pressure injuries was at 4.2% and our goal is set at 3%.

Mount Hope received funding from Ontario Health West to purchase five additional therapeutic wound surfaces to assist in the management of pressure injuries. The Ministry of Long-Term Care has provided additional funding to support training for front-line staff in management of skin and wound care this past year.

Falls Reduction Strategies in Long-Term Care

Mount Hope made improvements to the percentage of residents who fell in the last 30 days by 2.9% during the 2025/2026 QIP. With the implementation of the RNAO Clinical Pathways for falls, all residents, upon admission to the home, are considered high risk for falls for the first two weeks. This will allow the staff to monitor risk of falls more closely for those transitioning into Long-Term Care. In addition to new admissions, if a resident has sustained a fall, they will remain at high risk until they have had three consecutive months falls-free.

PALLIATIVE CARE

Corporate Palliative Care Focus

The Palliative Clinical Lead/Coach role workplan for London Middlesex has a particular focus on early identification of people in need of a palliative approach to care within both primary care and shelter/supportive housing spaces.

Initial assessments have been completed using a standardized provincial assessment tool, and further data collection is scheduled during practice change initiatives. For example, within the supportive housing sector, an education and engagement strategy for staff is currently in progress for one of three local programs. Following the education sessions, there will be a post-course evaluation which will guide the implementation strategy for the other sites within this organization.

Through our Palliative Inpatient and Palliative Pain and Symptom Management Program (PPSMP) we have provided:

- Support for monthly Palliative Care Grand Rounds

- Annual Palliative Care Virtual Education Day for prescribers and frontline healthcare providers.
- Over 250 palliative specific educational sessions delivered to over 3000 individuals (153 sessions of Fundamentals, 1767 student interactions & 135 CAPCE sessions, 1507 student interactions)
- Coordination of on-site MAiD assessments carried out by an external healthcare provider
- Offered Serious Illness Conversation to frontline health care providers within Parkwood and Finch Family Mental Health Care. This course enhances communication skills
- Consultation with the Indigenous Navigator during course creation (Fundamentals) and during patient care in the Palliative Care Unit
- Connection with St. Joseph's Hospice-London to offer grief and bereavement supports

Additional priorities include further course development through the PPSMP, with consideration given to a communication course to complement CSIC or a PSW-specific offering. To build capacity within our staff, we will be hosting a palliative care-focused skills fair and recommending the adoption of a standardized tool for early identification across the organization. We will also be focusing on advancing community engagement and empowerment initiatives such as The Waiting Room Revolution and Advance Care Planning information sessions.

Palliative Care at Mount Hope

Mount Hope is completing the final year of our Best Practice Spotlight Organization for BPSO Long-Term Care Designation. We are also implementing two RNAO Best Practice Guidelines and Clinical Pathways within EHR (Point Click Care) to strengthen clinical

assessment and earlier identification for palliative / end of life needs.

- 1- Palliative Approach to Care in the last 12 months
- 2- End of Life Care During the last Days and Hours.

Over the past year, the clinical team (attending physicians and Nurse Practitioners/Clinical Nurse Specialist) have proactively engaged in Goals of Care conversations in advance of resident health decline. The clinical team utilizes CHESS scores from RAI-MDS and/or if a resident experiences a change in health status, a Goals of Care meeting takes place. Mount Hope encourages residents to die in their home, surrounded by an interdisciplinary team, including but not limited to, nursing, social work, music therapy, allied health, spiritual care, and recreation team members to provide palliative care within the home to residents. The interdisciplinary team not only supports residents, but their loved ones as well. This past year, the home purchased additional sleeping chairs (chairs that fold out into a bed) for the residents loved ones to stay in the home if desired.

The NP/CNS and attending physicians have been instrumental in taking the time to have fulsome discussions with residents and/or Substitute Decision Maker to discuss diagnosis, disease trajectory, and goals related to end-of-life care.

Mount Hope has reimplemented the “Dignity Walk” for residents who have passed away. This moment is an opportunity to honour and remember the resident who passed away, providing a dignified exit from the home with staff, residents and families pausing to show our condolences and final goodbyes.

POPULATION HEALTH MANAGEMENT

At St. Joseph’s, we are an organization that has been identified as a leader in serving the needs of diverse populations in both acute and ambulatory care settings. To this end, our most recent strategic plan highlights the importance of the provision of more equitable care that considers our service area’s population health needs as a key focus. Furthermore, we play an important role in promoting continuity of care across the region.

In 2025-26, St. Joseph’s has continued to grow our population health capacity and influence. Using spatial analysis technology, a virtual care dashboard was developed and deployed to members of the virtual care team and leaders across the organization. It provides a key resource for tracking outpatient virtual care access and impact, showing where clients live, the number of kilometers saved, hours of travel time avoided, and tons of carbon dioxide that were not emitted since automobile trips were not necessary.

Early efforts to understand patterns of our organization’s service use began this past fiscal year with a pilot project focusing on trauma epidemiology in hand and upper limb fractures with hopes of identifying hotspots or to understand common causes of injury in different age cohorts. In addition, our population health analyses have focused on understanding our service area catchments for many clinical programs including Urgent Care, Breast Care, and outpatient mental health services. A better understanding of who we serve helps to ensure that we are appropriately resourced to meet the needs of the local community.

Ontario Structured Psychotherapy West Program

The OSP West digital team at St. Joseph’s continues to be a provincial leader in population health work. Our team has provided

expert input to the Ministry of Health, specifically in the OSP Priority Populations guidance document which has been distributed across the province; as a result, we have been recognized by our peers as having significant expertise in this area.

This year, a self-serve population and service utilization dashboard was developed, permitting near real-time analyses of utilization across our area. By comparing uptake of the program in specific geographic areas with Census of Canada data, we can ensure equity and equality of access across our region. This data helps us to target promotional campaigns that inform residents of mental health services, particularly in underserved rural and urban areas. The Ontario Marginalization Index, a tool compiled using relevant census data (PHO), has been employed to identify relationships between racial, dwelling, and material marginalization and service access and utilization in OSP.

Trauma and Violence Specialized Primary Care

In the fall of 2025, the Trauma and Violence Specialized Primary Care Program (TVSPCP) was opened. The program was developed to offer primary care to individuals without a family physician and who have a history of personal violence, including sexual abuse/assault, domestic violence, significant childhood abuse and neglect, human trafficking, health care providers with vicarious trauma, patients with complex medical and psychiatric illnesses and other forms of interpersonal or societal violence (e.g. war, community violence, etc.).

Conventional primary care and acute care models are not designed to identify or respond to trauma-related complexity, resulting in fragmented care pathways, repeated emergency department

utilization, re-traumatization, inequitable access, staff moral distress, and suboptimal health outcomes. Likewise, traditional hospital-based inpatient and specialty clinic care are similarly not well equipped to identify and respond to such trauma. The TVSPCP addresses this challenge through an innovative, interdisciplinary primary care model that transforms the delivery of primary care within an environment of trauma-specialized care.

By the purposeful integration of this specialized primary care program within an acute care hospital, it is well positioned to accept patients without a family physician who are referred from specialty services including, but not limited to, urgent care/emergency departments, internal medicine, psychiatry, infectious diseases, chronic pain programs, etc. By responding to the needs of unattached hospital patients, this program forges a shared care model between the patients seen in the TVSPCP clinic and their specialty services. By integrating medical care, nursing care, and specialized psychosocial counselling and therapy offered by a trauma-trained coordinated team, this initiative aims to improve care continuity, safety, and patient engagement while reducing system inefficiencies and avoidable acute care use.

EXECUTIVE COMPENSATION

At St. Joseph's, all leaders (manager, director, executive) have clearly established goals for 2026-27 and where applicable, goals are aligned with QIP priorities. Targets, 90-day plans, and monthly tracking of progress are conducted with leaders.

St. Joseph's executive compensation is linked to performance in the following ways:

- The CEO has 15% of their current annual salary compensation at risk with 5% related to the achievement of annual QIP indicator targets outlined below.
- The Vice Presidents have 10% of their current annual salary compensation at risk with 3% related to the achievement of annual QIP indicator targets outlined below.
- There are three (3) Hospital QIP indicators tied to performance-based compensation.
- The three (3) indicators carry equal weight (each one is worth 33.33%)

Indicator	Current	Target	Methodology
Percent of inpatient discharges from Finch Family Mental Health Building Assessment, Treatment and Rehabilitation Units that have an ambulatory follow-up visit scheduled within 7 days of discharge.	73% (as at Q3 of 2025/26)	80%	Allocation based on % of target achieved in Q4 (e.g. 100% allocation if Q4 result 80% or better, 50% allocation if Q4 results 76.5%)
The percentage of staff and physicians who complete Equity, Diversity, Inclusion and Belonging (EDIB) education modules.	36% (as at February 2026)	45%	Allocation based on % of target achieved in Q4 (e.g. 100% allocation if Q4 result 45% or better, 50% allocation if Q4 results 40.5%)
Percent of initial ambulatory visits with medication reconciliation completed.	52% (as at Q3 of 2025/26)	65%	Allocation based on % of target achieved in Q4 (e.g. 100% allocation if Q4 result 65% or better, 50% allocation if Q4 results 58.5%)

CONTACT INFORMATION/DESIGNATED LEAD

Dr. Vivian Capewell

Director: Quality Measurement & Clinical Decision Support
St. Joseph's Health Care London

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 **March 31, 2026**

Donna Ladouceur, Board Chair

Peter Cassidy, Board Quality Committee Chair

Roy Butler, Chief Executive Officer

EDRVQP lead, if applicable

2026-27 Quality Improvement Plan Development

St. Joseph's Quality Priorities

Hospital Workplan Indicators



A high-quality health system provides people with the care they need, when and where they need it.					
	Indicator	Target 2025-26	Baseline Performance	Target 2026-27	Indicator / Target Justification
Access and Flow	Percent of inpatient discharges from Finch Family Mental Health Building Assessment, Treatment and Rehabilitation Units that have an ambulatory follow-up visit scheduled within 7 days of discharge.	N/A new indicator	73.1% 2025-26 YTD (to Q3)	80%	Timely follow-up (within 7 days of discharge) ensures initiation of ambulatory care and decreases the risk of patients requiring an ED visit and/or acute care admission, supporting access and flow across the health system. Follow-up ambulatory care also supports patient safety and care experience.
	Average Active Rehab Length of Stay, Rehab Group Fracture of Lower Extremity; Parkwood Main Specialized Geriatric Services	N/A new indicator	27.4 days (2024-25 Q3 through 2025-26 Q2)	23	Provincial benchmarking by Rehab Groups identified the Rehab Group Fracture of Lower Extremity as an opportunity for improvement. Length of stay targets supports efficient access for new admissions and health system access and flow. The target of 23 days is based on improving percentile ranking to 75th %ile among provincial comparator hospitals with patients in this Rehab Group.
	Percentage of no-show appointments in selected ambulatory programs at St. Joseph's Hospital (HULC Urgent Clinic, Mammography Breast Screening and Pulmonary Function)	N/A new indicator	8.9% (2025-26 Q3)	7.9%	A review of ambulatory clinics in the Ambulatory Surgery, Medical Imaging, and Medicine Services Programs was completed to identify opportunities. Volume of no-shows, potential interventions and alignment with other current initiatives was considered. This is a multi-year initiative and the first year will inform planning for subsequent years.
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					
	Indicator	Target 2025-26	Baseline Performance	Target 2026-27	Indicator/ Target Justification
Equity	The percentage of staff and physicians who complete Equity, Diversity, Inclusion and Belonging (EDIB) education modules.	30% completion of 1/5 modules. Baseline for new 26-27 indicator suggests many staff completed more than one module.	36% staff / physician completion of all modules (as of February 2026)	45%	Although staff were only asked to complete one module in 25-26, 36% have already completed all five. This indicates strong interest and engagement and based on this momentum, a target of 45% of staff and physicians completing all five modules by the end of the next fiscal year is realistic for a large workforce. Physician completion rate is lower.
A high-quality health system ensures that people receive care in a way that is safe and effective.					
	Indicator	Target 2025-26	Baseline Performance	Target 2026-27	Indicator/ Target Justification
Safety	Percent of active full-time and part-time staff and physicians that complete the prescribed, risk appropriate workplace violence education in 2026-27.	N/A new indicator	23% (2025-26 Q3)	40% completion in 2026-27	By the end of 2026/2027, we will ensure that an additional 40% of staff and physicians have completed the refreshed workplace violence education program. This target will bring our total completion rate of prescribed, risk appropriate workplace violence education to 63.3%.
	Percent of initial ambulatory visits with medication reconciliation completed.	65%	52.1% (2025-26 Q3; Rheumatology excluded)	65%	A focus on ambulatory medication reconciliation will continue to maintain focus on completion of medication reconciliation during the transition to OneChart EMR for ambulatory areas is in progress. Rheumatology will be excluded due to current use of an alternate EMR.

2026-27 Quality Improvement Plan Development
St. Joseph's Quality Priorities
Long Term Care Workplan Indicators



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					
Equity	Indicator	Target 2025-26	Baseline Performance	Target 2026-27	Indicator /Target Justification
	The percentage of staff and physicians who complete Equity, Diversity, Inclusion and Belonging (EDIB) education modules.	30% completion of 1/5 modules. Baseline for new 26-27 indicator suggests many staff completed more than one module.	36% staff / physician completion of all modules (as of February 2026)	45%	Although staff were only asked to complete one module in 25-26, 36% have already completed all five. This indicates strong interest and engagement and based on this momentum, a target of 45% of staff and physicians completing all five modules by the end of the next fiscal year is realistic for a large workforce. Physician completion rate is lower.
Better experiences result in better outcomes. Tracking and understanding experience is an important element of quality.					
Experience	Indicator	Target 2025-26	Baseline Performance	Target 2026-27	Indicator /Target Justification
	% ("9"+"10") Resident rating of "What number would you use to rate how well the staff listen to you?"	40% Not in 2025-26 QIP but had a target and reported internally	36.7% (January 2026)	40%	Based on the most recent Resident survey in January 2026, this question has opportunities for further improvement toward target and is the highest priority based on survey results for key questions.
A high-quality health system ensures that people receive care in a way that is safe and effective.					
Safety	Indicator	Target 2025-26	Baseline Performance	Target 2026-27	Target Justification
	% of Residents Receiving Antipsychotics without a Diagnosis of Psychosis: Mount Hope	22%	31.2% (2025-26 Q3)	22%	This indicator is monitored and there has been an increasing trend in the past year. The indicator is recommended to the QIP in 2026-27 for an increased focus.
	Percentage of Residents who fell in the last 30 days.	17.6%	22.2% (2025-26 Q3)	17.6%	New indicator in 2025-26 shows improvement but not yet at target and recommended to continue in 2026-27
	Percentage of Residents with a worsening pressure ulcer	3%	6.4% (2025-26 Q3)	3%	New indicator in 2025-26 shows improvement but not yet at target and recommended to continue in 2026-27