Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

April 1, 2025

Ontario Health

OVERVIEW

Renowned for compassionate care, St. Joseph's Health Care London (St. Joseph's) is dedicated to helping people live to their fullest by minimizing the effects of injury, disease, and disability through excellence in care, teaching, and research.

Our organization maintains a distinguished legacy of service to London, Southwestern Ontario and the veterans of Canada, dating back more than 150 years. A key component in our success is our partnerships with our community to improve access to care in the most appropriate setting. St. Joseph's is also a proud academic partner and is affiliated with Western University and Fanshawe College.

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 research arm, the Lawson Health Research Institute, continues to direct their research to the development of new knowledge that is continually being applied directly to patient 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.

St. Joseph's is committed to achieving the highest performance, transparency, and accountability in all we do. For the past 16 years, St. Joseph's has been awarded Accredited with Exemplary Standing, demonstrating our utmost commitment to patient satisfaction and safety.

We are pleased to introduce St. Joseph's 2025-2026 Quality Improvement Plan (QIP), with a focus on equity, access and flow, safety, and patient/resident experience. Our hospital workplan includes inpatient admission targets in complex care/rehabilitation/specialized geriatric services, inpatient discharges within mental health stabilization unit, anti-black racism education targets, discharge support experience and information, workplace violence event root-cause analysis targets, and ambulatory BPMH and medication reconciliation.

Our long-term care workplan includes anti-black racism education targets, resident experience targets, and falls reduction strategies.

In addition to specific indicators in our workplan, we will continue to focus engaging with our patients, caregivers, staff and community as we launch our new Strategic Plan and refreshed Mission, Vision and Values in April 2025.

ACCESS AND FLOW

St. Joseph's is committed to excellence in system access & flow. Together with patients, residents, families, and system partners, we optimize our capacity to enable equitable access to the right care, at the right time, in the right place across the broader system.

St. Joseph's continues to be a leader in Southwestern Ontario for the development of innovative models that improve access to care for the diverse populations through programs such as Ontario Structured Psychotherapy (OSP) and Nurse Led Outreach Team (NLOT). As a health care organization that also hosts one of the largest long-term care homes (Mount Hope) in London, Ontario, we are committed to being an active partner within the health care system to facilitate admissions, achieving 99.09% occupancy at Mount Hope for 2024.

Coordinated access and flow departments and processes remain a key success factor in planning and operationalizing strategies to proactively collaborate with referring and community partners to optimize access and flow and responsiveness to system needs. Approaches used include cross-site flow processes to ensure the availability of post-surgical beds, and use of ambulatory services to prevent avoidable ED admissions.

Parkwood Main: Capacity Optimization Project
The Capacity Optimization Project is a site-specific (Parkwood Main campus at St. Joseph's), multi-year, quality improvement initiative that is advancing capacity optimization within all programs. The approach takes its led from St. Joseph's Strategic Plan and Organizational Client Flow Strategy, firmly rooting its foundation in operational strategy and governance, and community/system partner collaboration, to build change strength and sustainability. The framework that guides this initiative is a blend of the outcomes from the continuation of last year's unique pilot between Parkwood Institute Main Building and London Health Sciences Centre's (LHSC) Medicine Program at Victoria Campus, the Alternative Level of Care Leading Practices, regionally adopted best practices, the Ontario Health Directives and St. Joseph's locally and regionally identified needs.

Key outcomes to date include a site-wide coordinated standard approach for ramping overcapacity up and down in response to system partners' support needs, establishing a site-wide standard

approach to ALC designation and management through community partner collaboration to optimize ALC throughput, and establishment of a foundational governance for oversight and decision-making that is inclusive of programs and support services that will guide this and all future initiatives.

EQUITY AND INDIGENOUS HEALTH

In 2024, St. Joseph's implemented its Equity, Diversity, Inclusion, and Belonging (EDIB) Framework, a six-part model designed to integrate equity principles into health care service delivery. The framework focuses on six key areas: leadership commitment, EDIB education and capacity-building, programs, services and practices, Employee Resource Groups, collaboration and partnerships, and measurement and accountability.
Building on the education and awareness initiatives launched last year, we continue to align our efforts with Ontario Health's Equity, Inclusion, Diversity, and Anti-Racism (EIDAR) Framework. Our EDIB education initiative for leaders—including executives, directors, physician leaders, and managers—focuses on equity, inclusion, and anti-racism. In January 2025, we introduced a standardized five-module curriculum covering:

- Power and privilege
- Building inclusivity through anti-racism
- Unconscious bias and microaggressions
- A historical overview of race relations in Canada

As part of Black History Month (BHM), we hosted a keynote speaker, the Founder of the Canadian Black Nurses Alliance (CBNA), who delivered a talk titled "Transforming Health Care Through Intentional Leadership and Equity." Through storytelling, lived experiences, and evidence-based strategies, this session equipped allied health professionals with the tools to move beyond performative allyship and drive meaningful, sustainable change in health care.

To advance our EDIB efforts, the EDIB Office is establishing an Advisory Council by the end of Q4 (January–March 2025) to provide strategic direction on equity initiatives. The EDIB Advisory Council is a critical component of our organizational strategy, bringing together a diverse cross-section of representatives from across St. Joseph's. The Council will offer strategic advice and guidance to foster an inclusive, equitable and diverse environment that reflects the values and needs of the communities we serve. It will play a key role in driving systemic change by identifying barriers, promoting culturally safe practices, and advancing initiatives that enhance a sense of belonging for all.

Indigenous Health Partnership
In partnership with Atlohsa Family Healing Services and a part of the Health and Homelessness: Whole-of-System Response, St. Joseph's became an official site for the homelessness hubs in London and has worked with Atlohsa to continued to develop the Indigenous-led shelter –Wiigiwaaminaan – in J Building at Parkwood Institute.

PATIENT/CLIENT/RESIDENT EXPERIENCE

Cross-Organizational Patient Surveying
Patient Experience at St. Joseph's is assessed via a mailed survey to a random sample of patients on a continuous basis for Urgent Care, Day Surgery, St. Joseph's Hospital Inpatients and Rehabilitation patients at Parkwood Institute's Main Building. Data is analyzed and

reported on a quarterly basis. In 2024-2025, St. Joseph's is expanding their patient surveying to include the Ontario West Ontario Structured Psychotherapy (OSP) program. Patient/Resident Experience is assessed via an in-person interview for patients in Complex Care, Veterans Care, Mount Hope and Mental Health.

In 2024, St. Joseph's Quality, Measurement & Clinical Decision (QM&CDS) team developed self-serve reports for leaders in each of these programs that are updated daily with survey results. This allows leaders to identify where they are achieving their targets and where there may be opportunities for improvement. St. Joseph's also maintains a corporate scorecard of indicators that drive quality, safety, experience and performance. Within the corporate scorecard, St. Joseph's focused on several patient/resident experience indicators, which included:

• Patient rating of "Enough information about what to do if you are worried about your condition or treatment after you leave: Rehabilitation, Specialized Geriatrics & Complex Care
• Patient Overall rating of experience (0-10 point scale, where 10 = Very good experience): Rehabilitation, Specialized Geriatrics, & Complex Care
• Excellent Family rating of "Overall Quality of Care and Services": Palliative Care

All three indicators improved over the last three quarters, surpassing their targets in Q3.

Care Partnership Office
The Care Partnership Office is a dedicated resource that offers ongoing support, connection, consultation, education, and leadership for the purposeful engagement of patients, residents, and caregivers throughout St. Josephs. This program is built on St. Joseph's ongoing commitment to patient and caregiver engagement to drive improvements in patient-centred care.

Through this team, St. Josephs leverages the power of lived experience to proactively create meaningful change through the development and sharing of engagement best practices. The Care Partnership Office helps to facilitate the use of the most appropriate patient engagement approach or combination of approaches depending on the issue or situation.

In 2024, St. Joseph's had 110 Care Partners providing their experience and support across councils, committees and quality improvement projects. Input from care partners helps to inform the QIP in areas ranging from personal care and decision making to program and service design, and policy, strategy and governance. Care Partners were active members in 13 quality improvement initiatives over the last year, and the participation and value of their lived experience has grown with the support of the Care Partnership Office.

Mount Hope: Long-Term Care
Mount Hope continues to engage with both the Residents' Council and Family Council membership to seek feedback related to care and services provided through lived experiences. In 2024, the home implemented the RNAO Clinical Pathway Person/ Family Centred Care based on the Best Practice Guideline. This guideline promotes evidence-based practices to help nurses and members of the interdisciplinary teams become more adept at practicing person- and family-centred care. This evidence-based approach,

combined with a perspective that recognizes the place of the person at the centre of health care, will improve individuals' experience of and satisfaction with the care and services provided within the health system.

PROVIDER EXPERIENCE

St. Joseph's values the health and well-being of our teams and recognizes that when our people thrive, our organization does too. Caring for our people also plays an essential role in achieving our strategic goals and fulfilling our mission and vision. St. Joseph's is continuing to enhance commitment to staff, physician and volunteer well-being by strengthening initiatives already happening across our organization and building foundational health and psychological well-being practices into our everyday work.

The Wellbeing Team has built an internal SharePoint site that provides updates on well-being initiatives, an interactive calendar to highlight wellness events happening across St. Joseph's and valuable health and wellness resources.

Wellbeing Strategy
Following the inaugural year of the wellbeing strategy in 2023, St. Joseph's participated in an audit of the existing wellbeing initiatives. Conducted by KPMG in 2024, it was noted in the audit report that St. Joseph's is progressing well with its wellbeing strategy. The next iteration of the wellbeing strategy for staff, physicians and volunteers is being developed based on the audit, data, and several engagements. Priorities for wellbeing include workload, support for education and development, social connectedness, and psychological health and safety.

Pre-Placement Health Assessments
In October 2023, the Occupational Health and Safety Team conducted a quality improvement project to transition pre-placement health assessment an automated process. The goal of this initiative was to reduce delays in start times for new hires, improve accessibility of tests and improve overall experience. The new process also includes vaccinations and blood-draws being available on site rather than primary care based, and includes education about occupational health, infection safety and wellbeing programs and services. The new process ensuring that new hires start on time has led to high satisfaction amongst new hires with the onboarding experience.

SAFETY

St. Joseph's is committed to ensuring our patients receive exceptional care and patient safety is at the forefront of everything we do. As an organization, we are also committed to the safety of our staff and providers, focusing on education, training, support and quality improvement initiatives that target the reduction of safety incidents, violence and harm for those who serve.

Violence in the Workplace
Significant work has been done at St. Joseph's to address violence in the workplace. For fiscal year 2023/2024, a new indicator was introduced as part of the Quality Improvement Plan (QIP) regarding workplace violence events resulting in lost time or health care – Percentage of Reported Workplace Violence Events reported as Lost Time or Healthcare with completed root cause analysis. The target was established at 75% based on historical performance and a focus on the areas in which improvements would have the greatest impact. The Safety and Human Resources Teams have

made process improvements to support leaders with investigations. As part of the well-being strategy, a working group is being developed to assess the current workplace violence education provided to staff and physicians as part of the ongoing efforts to continue to empower our people and create a safe workplace. Psychological safety and psychological health initiatives will also be a key part of the well-being strategy.

Pressure Ulcer Injury in Long-Term Care
Mount Hope was successful in reducing worsening pressure injuries over the past year in 2024. Work will continue to be a focus in the 2025-2026 QIP. Mount Hope was fortunate to receive funding from Ontario Health West to purchase 15 therapeutic wound surfaces to assist in the management of pressure injuries.

Never Events Hospital Reporting Initiative
St. Joseph's is committed to the Ontario Health initiative to identify, learn from and report never events. To support this initiative, new event types and sub-event types have been created in the patient safety reporting system and will be used alongside preexisting sub-event types to capture Never Events.

Never events are patient safety incidents that result in serious patient harm or death that can be prevented by using organizational checks and balances. Many of these safety events occur only rarely but can have a severe impact on the lives and well-being of patients. Safety events become Never events only when it meets the definition of a never event, which includes a severity level 4 or 5 is applied to the safety. When these safety events are near miss or severity level 1, 2 or 3 they are not considered Never Events, but are excellent learning opportunities.

A monthly report will be prepared for the Patient Relations, Privacy and Risk department to review. Additional criteria will be applied by the Patient Relations, Privacy and Risk department with support from the Quality Measurement and Clinical Decision Support department to help decide if a safety event meets the definition of a Never Event. Once the final list of Never Events has been approved, they will be included in a report that will then be submitted to Ontario Health in June 2025.

PALLIATIVE CARE

St. Joseph's provides palliative and end-of-life services to support patients in their end-of-life journey.

Palliative Care Program
St. Joseph's Palliative Care Program provides pain management and relief of symptoms to those experiencing life-threatening, progressive or terminal illness.
Palliative care focuses on physical, psychological, emotional, social and spiritual needs while remaining sensitive to the uniqueness of each individual.

Hospital staff have been invited to register for foundational learning programs that focus on building the knowledge necessary for excellent palliative care. Foundations in Palliative Care is offered and Comprehensive Advanced Palliative Care Education (CAPCE) is offered, for a nominal fee through the Palliative Pain and Symptom Management Program (PPSMP).

The PPSMP also has offered sessions specific for Nurse Practitioners and Physicians who work in key areas at St. Joseph's (Parkwood

Main site, Mental Health, Mount Hope).

Veteran's Care: Long-Term Care
Veteran's Care provides palliative care within their home environment. As a key component to support the resident journey, all staff are supported in taking the formal course "Fundamentals of Palliative Care", including Nurse Practitioners. The palliative care support provided in Veteran's Care leverages an inter-professional approach including nurses, PSWs, Allied Health, music therapy and spiritual care.

We also have a specific Care and Comfort Room on each unit that has a "Cuddle Bed" (a bed that can expand into a double bed) that allows the Veteran and their families to share that bed space during their final days. The Veteran's Care home area also has a family visiting suite that families can book if they are visiting from out of town to give them privacy and space to rest while still allowing them to stay on site and be close to the Veteran during their end-of-life journey.

Mount Hope: Long-Term Care
Mount Hope is entering into the third year of our Best Practice Spotlight Organization for Long Term Care Designation. The home is implementing two RNAO Best Practice Guidelines:

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

The home has enhanced our Palliative Care Committee to focus on proactive end of life and engaging Goals of Care conversations in advance of resident health decline. Home is participating in educational opportunities to build team capacity through funded programs including "CLRI All-In Palliative Care: The Team Approach to LTC" and "Pallium Canada (Serious Illness Conversation)".

The NP/CNS have been instrumental in taking the time to have fulsome discussions with residents and/ or SDM to discuss diagnosis, disease trajectory, and what the goals are related to end of life care. The home will also be focused on reducing the number of resident deaths occurring outside of the home through proactive planning and education related to the palliative care that can be offered within the resident's home.

POPULATION HEALTH MANAGEMENT

At St. Joseph's, we serve the multi-faceted needs of a diverse patient population, providing both acute and ambulatory services (including chronic disease management, urgent care, surgery, and medical imaging), complex care and veterans care, long-term care, rehabilitation and specialized geriatrics, and mental health and forensic services. Within these care areas, we also provide specialty programs to support the health needs of individuals in Southwestern Ontario.

Ontario Structured Psychotherapy Program (Ontario West)
Since 2021, St. Joseph's Health Care London has been leading the development of a network of community-based service providers, in partnership with St. Joseph's Healthcare Hamilton, to deliver the Ontario Structured Psychotherapy (OSP) service in the Ontario West region. Our two organizations serve as managers of the program, providing clinical quality oversight, data management and administration.

Through OSP, individuals aged 18 years and older who are living with depression and anxiety-related concerns can now receive free cognitive behavioural therapy (CBT) and other mental health related services in Western Ontario, closer to home. The Ontario West OSP program has 14 Service Delivery Sites (SDS) and 2 Network Lead organizations. Within that, there are 47 therapists and clinical consultants that provide care. Between January 2024 and February 2025, Ontario West OSP had 3677 enrollments, and 18175 sessions provided.

Using Geographic Information Systems (GIS), we monitor the spatial distribution of client enrolment and activity in both high and low intensity services to ensure equity across OSP West. Our work helps to reassure service delivery site (SDS) managers that clients in their communities are being served in the program. Due to the virtual nature of OSP (clients have the option to take the first available therapist virtually, who more-often-than-not is not located in their community of residence), an SDS may not see many clients from their community - the spatial analyses allow them to feel confident that residents are using the program. We are currently building self-serve reports that will provide managers with access to the location and demographic characteristics of clients they serve and for the clients that live in their OHT region.

Analysis of existing client profiles compared to Census of Canada data for our region permits us to identify disparities and priority populations for targeted enrolment, special language services (e.g. Francophone stream), and culturally sensitive care (e.g. Indigenous pathway). Data from demographic analysis can be used to inform program promotion activities to help ensure equitable uptake across our service area.

EXECUTIVE COMPENSATION

At St. Joseph's, all leaders (manager, director, executive) have clearly established goals for 2025-26 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 four QIP indicators tied to performance-based compensation.
- The four indicators carry equal weight (each one is worth 25 per cent)

Indicator	Current	Target	Methodology
Percentage of Complex Care Short Stay, Rehabilitation, and Specialized Geriatric Services inpatient admissions with an estimated date of discharge documented within four days of admission	0% 2024-25 YTD (Q3)	75%	Allocation based on % of target achieved in Q4 (e.g. 100% allocation if Q4 result is 75% or better, 50% allocation if Q4 result is 37.5%)
The percentage of staff and physicians who complete one of five modules for Equity, Diversity, Inclusion and Belonging (EDIB) education.	0% Not yet initiated for staff	30%	Allocation based on % of target achieved by end of Q4 (e.g. 100% allocation if end of Q4 result is 30% or better, 50% allocation if end of Q4 result is 15%)
Percentage of respondents who responded "completely" to the following question: Did you receive enough information from hospital staff about what to do if you were worried about your condition or treatment after you left the hospital? (Rehabilitation, SGS and Complex Care Inpatients)	66.7% (Q3)	60%	Full allocation if the result for the entire year is 60% or better. No allocation if less than 60%.
Percentage of reported workplace violence events reported and Lost Time or Healthcare with completed root cause analysis	50% (Q3)	75%	Allocation based on % of target achieved end of Q4 (e.g. 100% allocation if Q4 result is 75% or better, 50% allocation if Q4 result 62.5%)

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

_____

Nawaz Tahir, Board Chair

Peter Cassidy, Board Quality Committee Chair

Roy Butler, Chief Executive Officer

EDRVQP lead, if applicable

2025-26 Quality Improvement Plan Development
St. Joseph's Quality Priorities
Hospital Workplan Indicators and Targets

Access and Flow	A high-quality health system provides people with the care they need, when and where they need it.				
	Indicator	**Target 2024-25**	**Baseline Performance**	**Target 2025-26**	**Target Justification**
	Percentage of Complex Care Short Stay, Rehabilitation, and Specialized Geriatric Services inpatient admissions with a estimated date of discharge documented within four days of admission	**N/A**	**0.0%** 2024-25 YTD (Q3)	**75%**	The target for 2025-26 is based on change management and education for new documentation for multiple units, from the current baseline of zero.
	Percentage of inpatient discharges from the Mental Health Stabilization Unit meeting the length of stay target of 14 days.	**N/A**	**49.2%** YTD (Q3)	**50%**	The target for 2025-26 target is based on patient needs, occupancy, and acute care surge pressures in our region. Change ideas will be planned for meeting and sustaining the target.
Equity	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 2024-25**	**Baseline Performance**	**Target 2025-26**	**Target Justification**
	The percentage of staff and physicians who complete one of five modules for Equity, Diversity, Inclusion and Belonging (EDIB) education.	**N/A**	**N/A** new indicator in 2025-26	**30%**	The number of staff and time to complete the 5 EDIB modules was considered. The provincial average for current performance, EIDAR training in 2024-25 QIPs was also considered in determination of a target for this first year of staff education.
Experience	Better experiences result in better outcomes. Tracking and understanding experience is an important element of quality.				
	Indicator	**Target 2024-25**	**Baseline Performance**	**Target 2025-26**	**Target Justification**
	Percentage of respondents who responded “completely” to the following question: Did you receive enough information from hospital staff about what to do if you were worried about your condition or treatment after you left the hospital? (Rehabilitation, SGS and Complex Care Inpatients)	**60%**	**66.7%** (Q3)	**60%**	The increase in performance in Q3 is based on a small sample size. Previous four quarters were below target and sustained results over time not yet seen. Current target continues for sustained performance in 2025-26.
Safety	A high-quality health system ensures that people receive care in a way that is safe and effective.				
	Indicator	**Target 2024-25**	**Baseline Performance**	**Target 2025-26**	**Target Justification**
	Percentage of reported workplace violence events reported as Lost Time or Healthcare with completed root cause analysis	**75%**	**50%** (Q3)	**75%**	The 2024-25 target has not yet been reached and will continue in 2025-26. Evaluation and process improvement activities related to completion of root cause analysis will continue to be a focus.
	Percentage of ambulatory areas that achieve standardized goals for both BPMH and medication reconciliation at initial visit with a clinician: 80% of initial visits have BPMH completed, and 65% of initial visits have medication reconciliation completed.	**12/15** ambulatory areas	**12/15** ambulatory areas	**12/15** ambulatory areas	Significant progress has been attained but requires continued focus.

2025-26 Quality Improvement Plan Development
St. Joseph's Quality Priorities
Long Term Care Workplan Indicators and Targets

Equity	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 2024-25**	**Baseline Performance**	**Target 2025-26**	**Target Justification**
	The percentage of staff and physicians who complete one of five modules for Equity, Diversity, Inclusion and Belonging (EDIB) education.	**N/A**	**N/A** new indicator in 2025-26	**30%**	The number of staff and time to complete the 5 EDIB modules was considered. The provincial average for current performance, EIDAR training in 2024-25 QIPs was also considered in determination of a target for this first year of staff education.
Experience	Better experiences result in better outcomes. Tracking and understanding experience is an important element of quality.				
	Indicator	**Target 2024-25**	**Baseline Performance**	**Target 2025-26**	**Target Justification**
	% (Always + Most of the Time) Resident rating of "I can express my opinion without fear of consequences": Mount Hope	**75%**	**63%** (Dec 2024)	**75%**	This survey question had a decrease in performance in the most recent survey completed in November 2024, and the target is set for improvement.
Safety	A high-quality health system ensures that people receive care in a way that is safe and effective.				
	Indicator	**Target 2024-25**	**Baseline Performance**	**Target 2025-26**	**Target Justification**
	Percentage of Residents who fell in the last 30 days.	**N/A**	**22.6%**	**17.6%**	Current performance is above the provincial average and the target is set to decrease (improve) by 5%, based on change ideas planned in 2025-26.
	The percentage of Residents with a worsening pressure ulcer	**3%**	**5.1%** (reported 1 quarter behind)	**3%**	This indicator has a decreasing (improving) trend over the past 3 quarters, and will continue to work toward the target set in 2024-25.