

QUALITY IMPROVEMENT PLAN

Narrative, 2026/27

INTEGRATING CARE.
BOLD IMPACT.

OVERVIEW



At Michael Garron Hospital, we care for people during the most significant and challenging moments in their lives: from welcoming a baby to offering dignity at the end of life, and everything in between. We serve over 400,000 people in East Toronto, one of Canada's most diverse communities, as well as across the city and throughout Ontario. We treat each person who comes through our doors like a neighbour and we've done so for nearly 100 years.

Integrating Care. Bold Impact. It's our vision that will guide us as we work toward a future where every patient experiences an excellent, connected and transformative healthcare journey. Striving to provide the highest quality care and eliminating preventable harm is central to our strategic plan, and we plan to accomplish this by:

- building quality into everything we do, as part of being one of the safest hospitals in the country;
- expanding quality improvement capacity to ensure the best patient outcomes and experiences;
- actively planning to expand our existing and established clinical services for the growing population and changing needs of our diverse communities; and
- adopting a population health approach, with a focus on underserved populations.

Our Quality Improvement Plan for 2026/27 was designed in alignment with our goals and reflects our current strategic quality priorities. Our priorities were formed through collaborative engagements with staff, patients and leaders from across the organization, and are informed by our patient survey results, patient relations data and critical incidents.

ACCESS AND FLOW

MGH continues to prioritize access and flow optimization to improve patient care and operational efficiency amid growing patient volumes, an aging population and community healthcare resource shortages. We are proud to share that our hospital achieved a 27% reduction in acute alternate level of care (ALC) annual bed equivalency and a 22% reduction in non-acute ALC bed equivalency from April to December, compared to the previous year. Further, our non-admitted emergency department (ED) length of stay for those with high acuity decreased from 9.3 hours at its highest point in May to 7.9 hours in October. These improvements reflect the combined impact of several integrated quality improvement initiatives, including:

- launching a new unit which offers short stay admission under a Psychiatrist as most responsible physician;
- optimizing physician scheduling in the ED to align services with demand;
- implementing an AI scribe policy to improve documentation in the ED;
- launching a new Acute-to-Rehab pathway aligned with Ontario Health guidelines;
- establishing a weekly ALC escalation process and tracker for acute and non-acute placements;
- implementing patient focused scripting to enable early communication of Estimated Date of Discharge across multiple units; and
- improving Ontario Health atHome integration through co-location, collaborative discharge rounds, and stronger leadership alignment.

Building on our success, in 2026/27 we plan to continue our focus on clinical optimization with several strategies, including improving access to diagnostic imaging in the ED and expanding to 7-day a week discharges and interprofessional coverage. This work is essential to maintaining efficiency as we proactively prepare for a projected 5% increase in patient volume this year.

EQUITY AND INDIGENOUS HEALTH

MGH has championed Equity, Diversity, Inclusion, and Belonging (EDIB) since the early 2000s. Equity and Anti-Oppression are viewed as shared responsibilities across hospital governance, staff and all stakeholders, requiring support and guidance from every leadership level. In 2020, the organization strengthened this commitment by establishing The MGH Inclusion Alliance to identify and address healthcare access inequities and barriers while promoting inclusion and safety. In partnership with the Inclusion Alliance, we have launched and advanced several initiatives:

- Commitment to Truth and Reconciliation guided by our Indigenous Reconciliation Community Advisory and supported by the hospital's Reconciliation Steering Committee
- In partnership with the Indigenous Reconciliation Community Advisory, co-designing a culturally safer recruitment process and respectful identity verification process for Indigenous Specific Positions
- Hiring an Indigenous Patient Navigator who supports Indigenous patients and families
- Maintaining partnerships with Indigenous Elders and Knowledge Keepers to develop specialized care resources and offerings
- Publishing a monthly EDIB Bulletin that supports awareness, connection and community building through relevant resources, cultural/commemorative date announcements and educational content
- Incorporating EDIB-based practices into the Leadership Development Program
- Engaging in preliminary conversations with an Indigenous leader to work towards developing an Indigenous Data Governance strategy

PATIENT EXPERIENCE

At MGH, we continue to build on our patient experience survey infrastructure, to drive meaningful quality improvements across the organization. Monthly dashboards are shared with leadership, and teams actively use this data, alongside feedback from the Patient Experience Panel, patient partners and real-time patient and family input, to inform improvements to care processes, staff education and the physical environment. We have also implemented the new CS-ICU-SF survey in our intensive care units and co-designed the patient-facing communications with our patient experience partners and clinical teams.

This year, we completed a comprehensive current state analysis to better understand how Qualtrics patient experience survey data is being used across teams and to identify opportunities to strengthen the link between data and quality improvement. The findings revealed that teams are using the data in many valuable ways, including informing discharge teaching practices, guiding staff training on communication, and shaping geriatric-friendly environmental changes. Based on these findings, 12 staff-generated recommendations were developed, such as cross-unit feedback sharing, expanded data access, increased collaboration with the Quality and Patient Safety team, and greater use of demographic data to support equitable care.

We are also enhancing our use of the Qualtrics platform to present survey results in more accessible and effective ways, making it easier for teams to identify trends, review patient comments and connect the data to improvement efforts.

Looking ahead, we plan to expand our feedback collection by implementing a short-form survey for ambulatory areas, allowing us to capture more diverse patient perspectives. We anticipate incorporating Ontario Hospital Association benchmarking data to provide contextual comparisons and will continue to analyze our survey results through an equity, diversity and inclusion lens to identify specific improvement opportunities.

PROVIDER EXPERIENCE



At MGH our staff, physicians and volunteers are our most valuable assets, without whom we would not be able to provide exceptional patient centered care and service. MGH is proud to be a distinguished workplace of choice. We prioritize creating a healthy and supportive workplace for everyone in our community by stabilizing our workforce, improving work life balance, and providing growth and development opportunities for staff, leaders, and credentialed clinicians.

We recognize our leadership team's crucial impact on workplace culture and have implemented programs ensuring leaders can create environments where teams perform at their best, including our engagement survey and leadership 360 reviews.

To strengthen our internal leadership pipeline and support operational excellence, we actively promote our Leadership Excellence Essentials Program (LEEP) for new leaders as well as our LEEP for existing leaders, ensuring our management teams possess the foundational and advanced skills necessary to drive employee engagement and high-quality care.

Our long-standing Emerging Leaders Program nurtures high-potential talent, equipping future clinical and administrative leaders with the strategic tools required to navigate the evolving healthcare landscape.

We also build our foundational knowledge on workplace mental health through the Essentials for Mental Health learning modules, specifically designed to address stigma, promote psychological health and safety, and teach colleagues how to support those experiencing mental health challenges.

SAFETY

In alignment with our 2025–2035 Strategic Plan, a renewed 5-year Quality and Patient Safety Strategic Plan will be launched in early 2026/27 and will serve as our roadmap to become one of the safest hospitals in the country. The Quality and Patient Safety Strategic Plan is anchored in High Reliability Organization principles and will be our guide as we create systems that reduce preventable harm, foster a strong culture of safety, and support staff in delivering reliable, high quality care every day.

Central to our high reliability transformation is the introduction of new Quality Leads that provide incident management and quality improvement support across our clinical programs. This role has been integrated into the clinical teams and supports clinical leadership in analyzing incidents, identifying contributing factors and implementing improvements.

In the summer of 2025, a new serious safety event review process was introduced across the hospital. As a result, our serious safety events are undergoing more rigorous and thorough analysis, including more comprehensive reviews, clearer findings and stronger and more impactful action plans.

Finally, a year over year comparison of all reports of patient safety incidents demonstrates a significant increase across most categories, most notably our near misses and good catches. This increase in reporting signifies a positive shift as we continue to build our hospital's patient safety culture.

PALLIATIVE CARE

Our Palliative Care program continues to expand and strengthen access to care by ensuring the timely and reliable identification of patients with palliative needs. Through integrated service delivery models and focused quality improvement initiatives, palliative care is embedded earlier in the trajectory of serious illness, promoting proactive palliative care service delivery. Just a few of the successful advancements in palliative care we have achieved this year include:

- Establishing person-centred care planning across care settings. Our Integrated Clinical Delivery Model prioritizes patient involvement in decisions through interdisciplinary consultations and shared decision making, and the development of individualized, person-centered care plans in collaboration with patients, families and primary care providers.
- Strengthening generalist capacity to deliver primary palliative care. We delivered targeted education and structured support to staff, clinicians, volunteers, generalist providers and long-term care partners. We also provided Integrated Palliative Care Specialist outreach to 13 Long-Term Care Homes in East Toronto.
- Building system-wide palliative care capacity. We held the annual Michael Garron Hospital Palliative Care Symposium, a full-day regional conference reinforces our commitment to palliative care at any stage of serious illness and promotes earlier identification or palliative care principles. We also continued to hold Palliative Care Rounds, a psychologically safe forum to explore the emotional, ethical and relational dimensions of serious illness care.

Collectively these efforts reinforce our commitment to deliver compassionate, high value care that aligns with patient goals and improves accessibility to palliative care.

POPULATION HEALTH MANAGEMENT



MGH is proud to be an anchor partner of East Toronto Health Partners (ETHP), the Ontario Health Team (OHT) serving East Toronto. Since our OHT launched, ETHP now has more than 100 health and social care partner organizations and individual patients, caregivers and community members working together to better integrate care.

At MGH, we work tirelessly to address gaps in health equity and improve the overall health of our population. In collaboration with ETHP, we continue to collaborate to create an integrated system of care and are a key partner in several important initiatives:

- East Toronto Care Network (EastTCaN), where we continue to establish evidence-based integrated care pathways (ICPs) to provide people with the best care to meet their needs. In addition to pathways for patient with COPD and CHF, in 2025/26 we launched a new pathway (Vent +) to support patients discharged home following inpatient care that included a ventilator
- A new Primary Care Navigation Clinic in partnership with Flemingdon Community Health Centre, WoodGreen Community Services and The Neighbourhood Organization, where we bridge a critical gap by providing hospital patients who do not have a family doctor with direct access to primary care and connection to community and social services
- A special East Toronto Family Practice Network (East-FPN) Partnership, where we support school-aged children who are behind on mandatory childhood vaccinations to access the required vaccines to be able to stay in school

MGH continues to make integrated care and health equity a priority focus of its strategy and is committed to working with our ETHP partners to improve population health across our diverse communities.

ED RETURN VISIT QUALITY PROGRAM

Quality Improvement Priorities 2024/25:

1) *Address suboptimal outpatient follow-up processes through the implementation of an electronic referral and booking process*

We significantly expanded electronic outpatient referrals with 30 clinics now live and achieved a 328% increase since last fiscal year.

2) *Improve provider capacity to deliver higher quality care to the geriatric population*

We launched an interdisciplinary geriatric care curriculum with 150 staff and physicians participating (exceeding our target). Further plans are underway to enhance infrastructure, including senior friendly carts as well as implement strategies to reduce delirium onset.

Quality Improvement Priorities 2025/26:

1) *24-hour ultrasound coverage:*

We plan to implement 24-hour ultrasound coverage to decrease return visits and enhance patient safety by reducing further clinical deterioration and delays in diagnosis and care.

2) *Clinical Institute Withdrawal Assessment Protocol (CIWA):*

We plan to implement i) order sets for alcohol and opiate withdrawal; ii) defined pathways for withdrawal management, and iii) improved access to addiction specialists. This will help us improve early withdrawal recognition and standardize management, while supporting safe and compassionate care for patients with substance use disorders.

3) *ED Order Sets:*

We plan to optimize our order sets, including policies, protocol, and medical directives to reduce practice variation and improve efficiency, resulting in safer, timelier, and consistent patient care. Order sets identified for development or improvement this year include: Repeat Troponin/ECG, Cyclic Vomiting, Asthma, CIWA, and Biliary Colic.

EXECUTIVE COMPENSATION



Our executives' at-risk compensation is impacted by the performance of our QIP, as follows:

Role	Maximum at-risk compensation	Percent of at-risk compensation tied to QIP
President & CEO	15%	20%
Chief Officer	15%	20%
Executive Vice President	10%	20%
Vice President	10%	20%

SIGN-OFF



I have reviewed and approved our organization's Quality Improvement Plan for 2026/27.

Catriona Read

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Board Chair

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Contact Information

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