

2025 - 2026

# Health Sciences North Quality Improvement Plan



Health Sciences North  
Horizon Santé-Nord



Health Sciences North  
Research Institute  
Institut de recherches  
d'Horizon Santé-Nord

# OVERVIEW

Health Sciences North (HSN) is the regional hospital for Northeastern Ontario and a leading academic health sciences centre in Canada. We provide a broad range of programs and specialized services to a diverse patient population over a large geographical area. We take pride in our purpose of providing high quality health services, supporting learning for healthcare providers and generating research that improves health outcomes for the people of Northeastern Ontario.

Over the past year, HSN has continued to improve the quality and safety of care provided to patients and families. In June 2024, HSN joined 23 hospitals in Northeastern Ontario and successfully launched a new electronic medical record (EMR) system. Looking ahead to the upcoming fiscal year, HSN and the Health Sciences North Research Institute (HSNRI) will be embarking on the 2025/2030 Strategic Plan, which has been developed in consultation with nearly 200 stakeholders.

Throughout the Quality Improvement Plan (QIP) planning and consultation process, consideration was given to organizational priorities, previous QIP performance and Ontario Health recommendations. The following three indicators have been selected by HSN for the 2025/2026 QIP:

- **Timely:** 90th percentile emergency department wait time to physician initial assessment (PIA)
- **Timely:** 90th percentile emergency department wait time to inpatient bed (TTIB)
- **Patient-centered:** Did patients feel they received adequate information about their health and their care at discharge



# ACCESS AND FLOW

HSN is committed to improving patient flow and timely access to care through innovative programs, partnerships, and technology. With 526 conventional beds and 637 total funded beds, HSN manages over 72,000 Emergency Department (ED) visits annually while addressing persistent capacity challenges. In 2024, ED wait time to inpatient bed averaged 45 hours, ranging from 33.6 to 62.8 hours (90th percentile).

To optimize patient flow, HSN expanded the Amberwood initiative to 47 beds for Alternative Level of Care (ALC) patients awaiting Long-Term Care (LTC), supported by therapy services to ease pressure on acute care beds. The Remote Care Monitoring (RCM) program, launched in November 2024 with Toronto Grace Health Centre, supports safe community transitions with virtual oversight. Similarly, the Hospital-to-Home program, in collaboration with Bayshore Integrated Care Solutions (ICS) launched in December 2024. It offers bundled care services and intensive community support led by the program Coordinator.

Other integrated initiatives, including the introduction of ED Bullet Rounds and revised ALC Complex Rounds, align with Ontario Health's Home First Philosophy operational direction. Improvements for ED diversion and admission avoidance include the recruitment of an ED Community Transitions Supervisor, and the addition of a Social Worker to support both ED and Amberwood patients. The launch of the new EMR, created opportunities to standardize discharge workflows across inpatient units, supported by real-time dashboards and analytics.

These integrated, data-driven efforts ensure patients receive timely, patient-centered care, reflecting HSN's commitment to improving outcomes and experiences.





# EQUITY AND INDIGENOUS HEALTH

HSN's 2019-2024 Strategic Plan emphasizes social accountability by prioritizing community engagement and stakeholder participation to address health equity gaps in northern populations. One goal is to provide cultural safety and diversity training for staff, medical personnel, learners, and volunteers, co-designed with marginalized groups. The organization also promotes equity, diversity, inclusion, and anti-racism through initiatives like the Social Accountability Passport involving a multi-year cultural competency training across three streams: *Indigenous Health, Equity, Diversity, Inclusion and Anti-Racism*, and *French Language Services*. To-date this program has led to 1,276 completions and will continue through 2029/30. HSN is also committed to making the organization a safe and inclusive workplace for people living with disabilities. As a part of this initiative, HSN participated in Holland Bloorview Kids Rehabilitation Hospital collaborative – EnAbling Change Program: Inspire, Hire, Train, Retain (IHTR), which provides training for healthcare managers to support and retain workers with disabilities.



*IDEAA Committee*

HSN launched the *Advancing Equity: Training for Equity, Diversity, Inclusion, Anti-Racism, and Cultural Safety pilot workshop* with participation from a variety of stakeholders in the organization, including Senior Leaders, Directors, Manager, and members of the Inclusion, Diversity, Equity, Accessibility, and Anti-Racism (IDEAA) committee and its sub-committees, as well as front-line staff and patient and family advisors. Participants completed pre and post workshop surveys, which showed significant improvement in their knowledge, confidence, and familiarity with the subject matter.

The IDEAA (Inclusion, Diversity, Equity, Accessibility, Anti-Racism) Committee celebrated their first anniversary, reflecting on their efforts and progress toward a more inclusive and equitable HSN. The committee continues to drive change through initiatives like the Social Accountability Cultural Safety and Diversity Training Plan, promoting lasting inclusion.

# PATIENT/CLIENT/RESIDENT EXPERIENCE

HSN Patient and Family Advisors (PFAs) provide a voice that represents all who receive care at HSN and are valuable partners in affecting change to improve the safety and quality of health care.

The organization remains committed on creating a supportive environment that encourages open communication and continuous improvement in patient safety. HSN's Safety Event Management Process guides staff through the investigation of critical and non-critical safety events. A just culture approach emphasizes learning from mistakes while maintaining accountability, which is crucial for both preventing future incidents and fostering trust.

Since July of 2021, HSN has continued to partner with PFAs in our event review process. Integrating the patient and family perspective into both the emergency phone call and event analysis meetings has resulted in positive outcomes. They provide insight into the emotional and experiential aspects of patient safety events that may not be fully captured by clinical or administrative discussions. For example, PFAs have highlighted how certain communication failures or delays in care affected the patient's emotional well-being or the family's ability to understand what was happening. Including them ensures that we take a comprehensive approach in learning how events impact patients and their families.

PFA perspectives are also incorporated into the review process at the Quality of Care Review Committee. By asking questions that are focused on what matters to the patient and family, they ensure that patient safety events are not just viewed through a clinical or administrative lens, but also with empathy and a focus on transparency. This has been critical in improving patient care and maintaining trust between the healthcare team and the patients HSN serves.



*Members of HSN Patient and Family Advisory Program*

# PROVIDER EXPERIENCE



For the past several years, HSN has focused recruitment efforts to support the health human resource (HHR) pressures felt throughout the organization. Targeted recruitment plans were implemented to support our most critical classifications, including nursing and allied health professionals.

HSN participates in and works to maximize all Ministry funded programs available to support recruitment. These include the Enhanced Extern Program, providing paid employment to nursing and paramedical students; Nursing Graduate Guarantee, Community Commitment Program for Nurses, and Supervised Practice Experience Program. Through these programs, HSN has been able to create a pipeline of talent to support our recruitment needs and establish relationships with candidates while still in school to inform their decision to join HSN following graduation. HSN has approximately an 80% success rate in transitioning nursing externs to a front-line nursing role following graduation.

HSN has also implemented several initiatives to improve retention, workplace culture and staff engagement. Notable initiatives include all-staff recognition events and the first Excellence in Action Awards, which boasted over 200 nominations and celebrated achievements across the workforce. Leadership development continues to be a major focus, with the internal Leadership Development Program now integrated into onboarding for new leaders. HSN is also on track to achieve the Excellence Canada Healthy Workplace Certification by April 2025. Insights from focus groups will help shape actionable strategies to enhance workplace culture, reflecting our commitment to staff well-being and organizational excellence.



*HSN Simulation Lab Award & Team*



# SAFETY

HSN supports a safety culture and is committed, through continuous improvement efforts, to provide safe and quality people-centered care. The HSN Safety Event Management process ensures timely reporting, notification, investigation, analysis and shared learning of safety events. Over the 2024/2025 fiscal year, the Quality and Patient Safety (QPS) team completed a detailed review of HSN's Improvement Approach and Safety Event Management Process. The updated and streamlined processes offer teams improved access to the quality tools and resources that support efficient and effective safety event reviews and improvement initiatives.

In 2024, HSN began participating in Ontario Health's Never Events Hospital Reporting initiative. The organizational and provincial level data will be used to inform future improvement efforts.

Patient and Family Advisors (PFAs) are instrumental in the Safety Event Management Process. They represent the patient's voice and assist teams in determining criticality and finding people-centered solutions. From January 2024 to December 2024, PFAs attended 38 meetings to confirm criticality and/or analyze events.

During the EMR implementation in June 2024, the QPS team initiated a modified event review process across the organization. This approach included shortened timelines for review, and supported leadership to expedite the identification of causes at the unit level. This interim method allowed for prompt resolution and reduced the workload on front-line leaders during this period of transition.



*Patient and Family Advisors  
Ann Matte (left), Courtney Skuro (right)*



As teams adapted to the new EMR, the standard Safety Event Management Process was enhanced to include the Clinical Informatics team in event analyses. Their participation supports a comprehensive review and allows for timely discussions about system functionality and workflows. This has enabled teams to implement effective countermeasures in our new digitally-enabled workflows.

# PALLIATIVE CARE



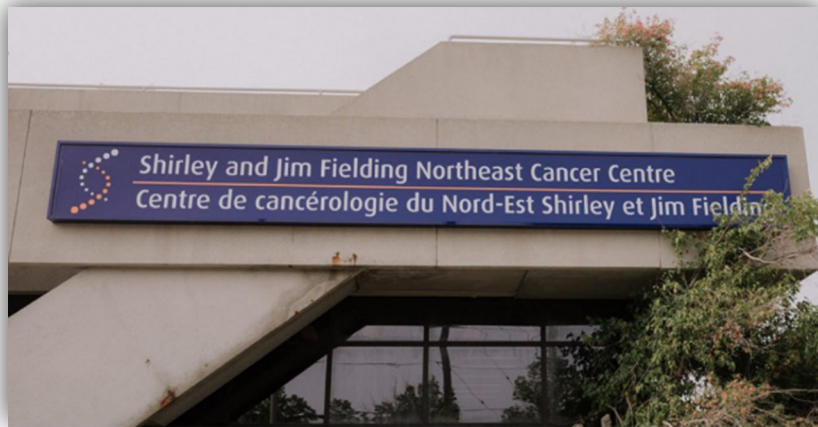
Three priority areas of focus are highlighted for the delivery of high quality palliative care. The Medical Advisory Committee (MAC) has recommended the creation of a sub-specialty reporting service of Palliative Care under the Department of Family Medicine. This service would provide a palliative approach to care, integrated with other programs to deliver patient-centred care that focuses on the quality of life of all patients experiencing life-threatening illnesses. This new service, approved by the HSN Board of Directors in January 2025, will enhance the quality of care standards for oncological and non-oncological care.

In 2024, the Northeast Specialized Geriatric Centre (NESGC) became the host site for an Ontario Health Palliative Clinical Coach, with a regional focus on the early identification of palliative care needs in older adults living with major neurocognitive disorders and frailty. One of the key programs the Clinical Coach will support is NESGC's Regional Geriatric Medicine Service. A key outcome in 2024/25 was the completion of a comprehensive self-assessment to identify strengths and gaps in current processes.

In 2025/26, supported by the Clinical Coach, there will be a regional focus on completing self-competency assessments, ongoing education and development on advanced care planning and goals of care as well as palliative principles. There will also be a focus on establishing the newly approved Palliative Care service by formalizing a hospital-based palliative care consult service for oncological and non-oncological patient populations.



# POPULATION HEALTH MANAGEMENT



HSN continues to partner with health service organizations across the Northeast to care for the unique needs of people in the region.

The Shirley and Jim Fielding Northeast Cancer Center has been working on the **Community-Led Mobile Screening Initiative**. This

project is designed to enhance access to cancer screening and essential health services in underserved and remote communities across Northeastern Ontario. Developed with a co-design approach, the project engages communities, Ontario Health Teams (OHTs), Aboriginal Health Advisory Councils (AHACs), and Indigenous communities to ensure services are culturally tailored and responsive to local needs. With a focus on collaboration and integration, the mobile unit will ensure seamless follow-up pathways, supporting better health outcomes and closing care gaps across the Northeast. This initiative reflects HSN's commitment to fostering equity in healthcare delivery and ensuring all communities have access to critical health services. The mobile service is planning to be the road by the late Fall of 2026.

HSN's **Harm Reduction Philosophy** is a collaborative effort involving community partners, persons with lived experience, frontline and administrative staff. This inclusive culture is dedicated to combating stigma around mental health and addictions and works towards enhancing the personalized care experience of any person with risk behaviours, including those with substance use concerns.

Initiatives supporting this philosophy have included:

- Person-centered approach, educational workshop delivery.
- Collaboration with Emergency Medical Services on supporting the management of opioid overdoses and withdrawals using Suboxone.
- Collaboration with NOSMU in the development of simulation education supporting primary care providers, in and out of the hospital setting, with management of opioid withdrawal and alcohol use disorder.
- Collaboration with local nursing schools to bring harm reduction into their curriculum.

HSN's **Emergency Department (ED)** has partnered with the City of Greater Sudbury and the Homelessness Network to support those who are unhoused. Members of the team have been awarded an ED Continuous Quality Improvement (CQI) research grant that will be used to create and implement an evidence-based, equity-focused data set on homelessness. Other initiatives include connections to primary care for those without health cards through the Sudbury District Nurse Practitioners Clinic, a Community Transitions Supervisor for complex discharges, Peer Support Workers, and an Indigenous Navigator.

As part of the **Ontario Health North East (OH NE) ALC initiatives**, substantial investment has been made to support the Specialized Geriatric Services (SGS) continuum of care for older adults with the highest need. With 85% of ALC designations in the North East (NE) attributed to older adults (65+), ensuring that this population receives integrated care that meets their specialized needs is a key factor for improving health outcomes and system flow by reducing length of stay (LOS) and ALC.



Over the past two years, OH NE and the North East Specialized Geriatric Centre (NESGC) have collaborated with community partners, such as Community Paramedicine, to implement new and expanded SGS services. This approach builds upon and integrates existing capacity across the care continuum, ensuring that patients have comprehensive support as their healthcare needs evolve.

# QUALITY IMPROVEMENT AND EMERGENCY DEPARTMENT RETURN VISIT QUALITY PROGRAM

The Health Sciences North Emergency Department Return Visit audit was a beneficial survey to assess gaps and improve patient experience and outcomes.

Emphasis has been placed on enhancement of our Left Without Being Seen (LWBS) policy. Our goal was for each patient who LWBS to receive a call the following day. We have experienced high volumes of LWBS in our Emergency Department (ED) which has also led to a high amount of LWBS calls to be completed. On the days with a high volume of required calls, we have focused our energy on those with



positive test results, children, and elderly. In this year's audit, we had 126 patients who LWBS and had a return visit, with 1 sentinel visit, and 1 death as a result. The primary reason for patients having LWBS is wait time. We plan on having focused improvement events to strategize changes in workflow in order to learn about the barriers and shorten our time to Physician Initial Assessment.

There has been a focus on referral to off-hour and community resources. In the last year, our ED has partnered with other hospital programs to create liaison positions to connect patients to the community to gain service and in turn, reduce ED return visits. ED based liaison positions created in the past year include a Community Transitions Coordinator and Indigenous Navigator. In the upcoming year, we are developing a pathway for triage nurses to consult our Addictions Medicine program and avoid unnecessary returns to the ED. We are also strengthening our partnerships with the community shelters to better serve our unhoused population.



# COMPENSATION

Annual performance goals will include the following three quality improvement targets for the period of April 1, 2025 to March 31, 2026:

Health Ontario Priority Issue	Quality Dimension	Indicators and Targets
Access and Flow	Timely	<b>90th percentile emergency department wait time to inpatient bed (TTIB):</b> Target = 35.5 hours
Access and Flow	Timely	<b>90<sup>th</sup> percentile emergency department wait time to physician initial assessment (PIA):</b> Target = 5.8 hours
Experience	Patient-Centered	<b>Did patients feel they received adequate information about their health and their care at discharge:</b> Target = 68%



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