

2026 - 2027

Health Sciences North Quality Improvement Plan



HSN

**TOGETHER
FOR
YOU**

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Overview

Health Sciences North (HSN) and Health Sciences North Research Institute (HSNRI) is committed to delivering high-quality, safe, and patient centred care to the communities we serve across Northeastern Ontario. Guided by data, evidence, and the voices of patients and families, our Quality Improvement Plan (QIP) reflects a focused and coordinated approach to improving access, experience, and transitions in care. Over the past year, we have made meaningful progress in strengthening patient flow and advanced a culture of continuous improvement across clinical programs. These efforts have reinforced our commitment to timely access to care and clear communication as foundational elements of quality.

Building on this progress, our priorities for the coming year focus on improving key system pressures and patient experience outcomes. Specifically, we are working to reduce Emergency Department wait times to Physician Initial Assessments and wait times for admission to an inpatient bed, recognizing the impact that timely access has on patient safety, outcomes, and experience. In addition, we are prioritizing improvements in discharge communication, with targeted efforts to increase the percentage of patients who report receiving enough information at discharge. Together, these initiatives reflect our commitment to improving care transitions,

supporting patient understanding, and ensuring that every patient receives the right care, at the right time, in the right place.

As a part of our ongoing commitment to quality improvement, we recognize that meaningful change is only possible when it is shaped by the voices of those we serve. Patient and family partnerships is foundational to how we design, implement and evaluate our improvement efforts. The following reflection from Nick Dominelli, one of our Patient and Family Advisors (PFA), speaks to the culture of inclusion and respect we strive to foster.

“I have been acting as a PFA since HSN first initiated and implemented its PFA Council in 2012. I have sat on countless committees, including many interview selection committees. I currently sit as a member of the Quality of Care Review Committee. This committee reviews critical incidents and makes recommendations to greatly reduce or eliminate re-occurrence. Lessons learned from the incident reviews are shared with physicians, staff, patients and families. As a PFA I am very interested that we provide a system for disclosure of critical events to patients and families, as well as a post analysis disclosure. As a PFA I have always felt that my voice was welcomed and valued.”

– Nick Dominelli, Patient and Family Advisor



Access and Flow

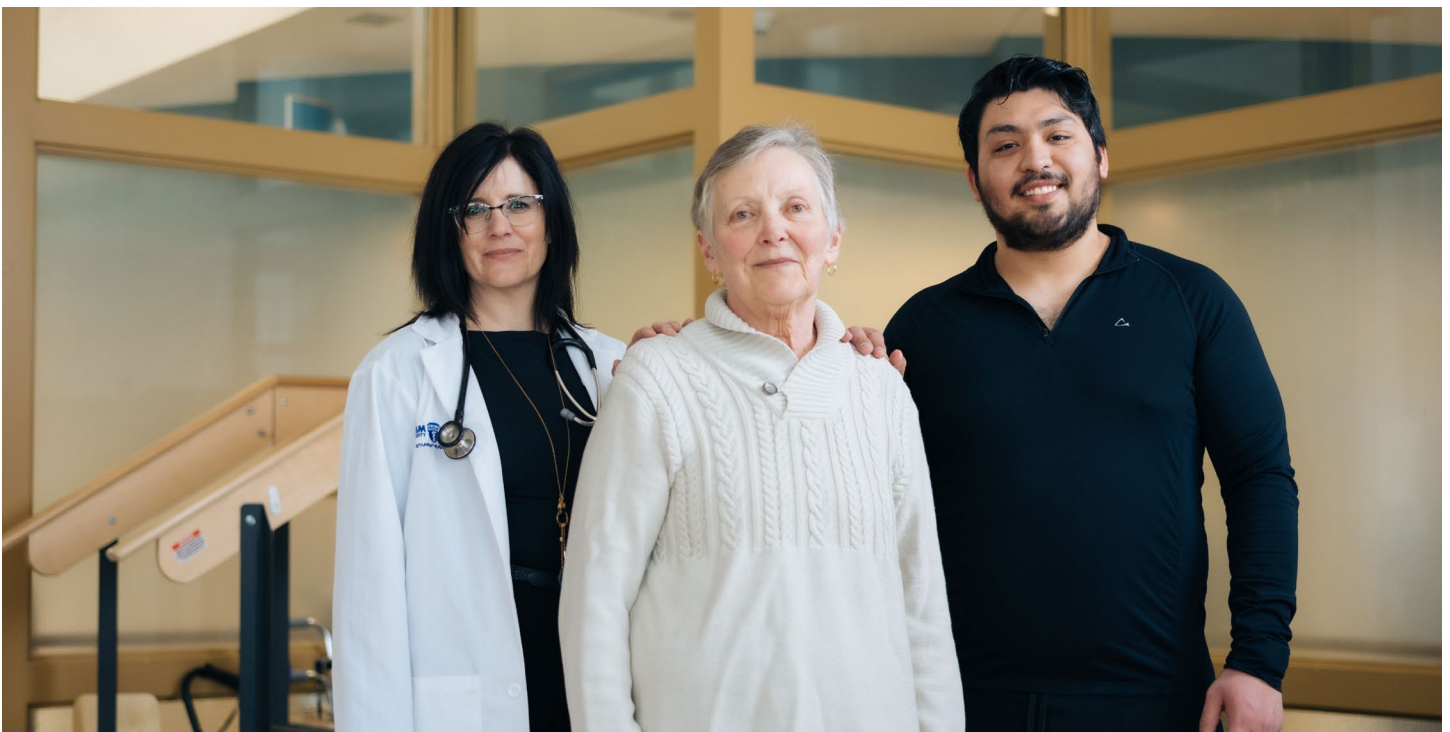
HSN continues to advance access and flow across the continuum of care by ensuring proactive discharge planning, utilizing alternative care capacity, and deepening partnerships that support the patient journey. As a regional referral hub for Northeastern Ontario and a Council of Academic Hospitals of Ontario (CAHO) teaching hospital, HSN serves over 72,000 Emergency Department (ED) visits annually while supporting specialized services for a geographically large and complex population. HSN currently operates 639 funded beds, including 577 conventional inpatient beds, requiring sustained focus on system efficiency and patient flow.

Significant progress has been made in reducing the time to inpatient bed (TTIB). In 2025, the average TTIB was 34.3 hours, with continued improvement down to 30.9 hours observed in the current fiscal year to date, reflecting timely transitions from the ED to inpatient units and operating rooms. These improvements are supported by the addition of Access and Flow Supervisors across most inpatient units to proactively identify discharge barriers, support interdisciplinary collaboration, and work closely with Home First

Liaisons on complex Alternative Level of Care (ALC) discharges.

HSN has also achieved meaningful reductions in ALC patient volumes. In 2025, the average number of admitted ALC patients decreased to 98.3, with 48% of those patients awaiting long-term care (LTC) placement. Fiscal year to date, the average has further decreased to 92.3 (target: 95), with an average of 31% awaiting LTC placement. Key initiatives include the implementation of an ALC–LTC escalation process aligned with Ontario Health’s Home First Operational Direction, ongoing weekly ALC Complex Rounds, and proactive identification of patients at risk of extended length of stay by the ED Mobility Team.

We continue to utilize our Alternate Health Facility’s 47 transitional beds that support a significant proportion of ALC–LTC patients and selected rehabilitation waitlist patients, freeing acute care capacity. In addition, the Hospital-to-Home program remains a critical enabler of timely discharge, with over 250 patients successfully on-boarded this fiscal year to date, contributing to improved flow and reduced ALC pressures.



Equity and Indigenous Health

HSN is committed to addressing priority health concerns and equity gaps for Northerners through its strategic goal to Advance Equity Through Social Accountability. Building on past efforts, this goal reflects a continued commitment to equity, culturally safe care, and relationship-driven approaches that improve health outcomes across the Northeastern Ontario.

Over the past year, access to ceremony and Indigenous-led programming expanded through the Medicine Lodge, including sacred fires, teachings, drumming, and tours for staff, students, and partners. Voluntary visitor tracking doubled, as did referrals to Indigenous Patient Navigators. HSNs Indigenous Health Researcher established the Indigenous Data Governance Committee to guide respectful, community-informed use of health data and community of practice supporting voluntary self-identification from front line staff.

Community engagement continued to grow across the region. Community-led renal screening

was delivered in partnership with Indigenous communities, while work within the Regional Indigenous Cancer Workplan advanced priorities in screening, survivorship, and palliative care. Northern Outreach strengthened repatriation coordination, RN recruitment, and relationships with Mushkegowuk communities. Partnerships with the Maamwesying Ontario Health Team, Shkagamik-Kwe Health Centre, Noojmowin-Teg Health Centre, and the Weeneebayko Area Health Authority further strengthened culturally relevant care and regional collaboration.

Training and capacity building also expanded through the Social Accountability Passport, with modules from the Indigenous Primary Health Care Council accredited through NOSM University. Indigenous Cultural Safety, Equity, Diversity and Inclusion (EDI), and French Language Services (FLS) education reached more staff, facilitated days of significance, and increased in-person delivery across units. Together these efforts continue to advance respectful, culturally responsive care for equity-deserving patients, families, and communities across the Northeast.



Patient/Client/Resident Experience

As described in HSN's Strategic Plan, we are committed to providing quality people-centred care and putting patients and families at the centre of all we do. Improving upon the patient experience is a top priority throughout HSN. We leverage patient experience surveys and other forms of patient and family feedback as a critical source of information to understand experiences across the continuum of care. Feedback is collected through standardized patient experience surveys, written comments, compliments, concerns, and other patient and family reported sources.



All feedback is reviewed and shared monthly with hospital leadership, clinical teams, and quality improvement committees across the organization to support organizational learning and continuous improvement. Quantitative survey results and qualitative feedback are analyzed to identify areas of strengths, opportunities for improvement, and recurring themes, including communication, coordination of care, wait times, comfort, and the extent to which patients feel respected, informed, and involved in decision-making.

Patient experience data is reviewed alongside safety indicators, patient relations compliments and complaints, clinical outcomes, and staff feedback to ensure quality improvement initiatives are balanced, evidence-informed, and aligned with what matters most to patients and families. These insights inform both organizational and unit level quality improvement priorities.

Clinical teams use patient experience findings to design, test, and implement targeted improvement initiatives. Examples include enhancing communication practices, refining care processes, improving care transitions, and making adjustments to the physical environment to promote patient comfort and safety.

HSN also actively engages PFA's in reviewing feedback, sharing lived experience perspectives, and co-designing improvement initiatives to ensure changes are meaningful and patient-centred.

As we move forward with our surveying efforts, we will focus on measuring what matters after the change and share our progress and sustained improvements across the organization and within our community.

Provider Experience

At HSN and HSNRI we recognize that an engaged workforce is essential to delivering high-quality patient care. We continue to invest in programming and initiatives that strengthen workplace culture, leadership capability, recognition and staff wellness.

We recognize milestones through the distribution of Years of Service pin at 5, 10, 15, and 20 years and our annual Years of Service Banquet recognizing staff with 25+ years of service and retirees, complete with a formal dinner and gift. In addition, four quarterly appreciation events were introduced this year, including an organization-wide Coffee and Cookie Day, team-based recognition submissions, and on-site recognition activities aimed at expressing gratitude to employees, physicians, volunteers and learners

Additionally, we recognize our teams through the annual Excellence in Action Awards, now in its second year, with over 300 nominations, we recognized outstanding achievements across 13 categories including as Leadership Excellence award, Wellness Champion award and Unsung Hero award.

Our Leadership Development Foundational Masterclass Program has equipped over 500 participants with leadership skills grounded in the LEADS in a Caring Environment framework and has been formally recognized by the College of Canadian Health Leaders. Other supporting initiatives include structured New Leader Onboarding and biannual Leadership Summits that strengthen leadership capability in innovation, quality improvement and navigating difficult conversations.

We also continue to advance staff wellness through a network of interdisciplinary Wellness Champions, monthly wellness communications, over 40 dedicated wellness spaces across the organization, including a carefully designed physician space for relaxation. Our recent Silver Healthy Workplace Certification from Excellence Canada reflects this commitment, and we are actively pursuing Gold certification.



Safety

HSN takes a proactive, system-wide approach to preventing and mitigating never events. Many never events align with Accreditation Canada Required Safety Practices (RSPs), and HSN has established dedicated RSP Leads and oversight committees to monitor compliance, support teams, and strengthen the consistent application of best practices across the organization.

The Quality & Patient Safety team plays a key role in mitigation by monitoring safety data, supporting staff in identifying these types of events, coordinating investigations, and ensuring identified countermeasures translate into system improvements. When a never event occurs, a timely and comprehensive review is completed through HSN's Safety Event Management Process. Findings and countermeasures are shared with patients and families, applicable healthcare workers, leaders, and the Quality of Care Review Committee to promote transparency and prevent recurrence.

In the 2025–26 fiscal year to date, HSN has investigated 5 reported never events through this

process. Disclosure to patients and families occurs for all critical events, including never events, with ongoing efforts to strengthen disclosure practices. HSN also contributes to the Ontario Health Never Event Reporting Initiative, supporting provincial learning and improvement.

HSN's approach to never events is illustrated through its ongoing efforts related to pressure injury prevention. HSN's Optimizing Skin Integrity Committee is responsible for the oversight of pressure injury prevention across the organization. In 2025, a thorough gap assessment was completed to better understand strengths and opportunities for improvement. An action plan was developed, and the committee continues to closely monitor relevant pressure injury data and initiate further improvement work as required. When a stage III or stage IV hospital-acquired pressure injury is identified and reported, the Safety Event Management Process is initiated and a thorough investigation occurs. Findings are then shared broadly to strengthen prevention efforts and improve patient safety across the system.



Palliative Care

HSN delivers palliative care across the illness trajectory through a coordinated, interprofessional model. As a core partner in the Sudbury Specialized Palliative Care Team, HSN prioritizes wholistic, accessible, and people-centred care supported by collaboration, education, and seamless transitions across sectors. This approach reflects the expectations of Ontario's Quality Standard for Palliative Care and the Palliative Care Health Services Delivery Framework.

HSN promotes early palliative care by encouraging clinicians to recognize unmet palliative needs and engage patients and families in meaningful conversations about values, goals, and symptom concerns. This early approach supports personalized care and enhances quality of life.

The burgeoning Inpatient Palliative Consultative Service provides specialized assessment and management for patients with complex symptoms. Supported by palliative specialists, this service enhances comfort, communication, and care coordination within the hospital setting.



HSN's shared-care and transition model strengthens continuity across the hospital, community, home care, paramedic services, and hospice partners. Interdisciplinary case discussions, warm handovers, and 24/7 physician on-call coverage reduces crisis-driven hospital use and supports patients to remain in their preferred care setting.

The Palliative Symptom Management Clinic (Shirley and Jim Fielding Northeast Cancer Centre) provides rapid access to specialized symptom assessment, medication optimization, advance care planning, and psychosocial support for patients with cancer. By addressing symptoms proactively and coordinating closely across sectors, the clinic improves stability, prevents avoidable admissions, and enhances day-to-day quality of life.

HSN reinforces quality through ongoing review of symptom data, patient and caregiver feedback, and continuous refinement of policies, education, and clinical processes.

Population Health Management

As outlined in HSN’s Strategic Plan, HSN is committed to equity, diversity, inclusivity, accessibility, anti-racism, cultural safety and relationship-driven approaches to provide training, adapt policies and improve health equity across Northeastern Ontario.

HSN has explored, in partnership with HSNRI, the Dr. Gilles Arcand Centre for Health Equity and the SAFE for Health Institutions Project, how a hospital can measure health equity at a population level across its programs and services. A comprehensive study “Measuring Health Equity in Canadian Hospitals: A Rapid Review of Literature and Environmental Scan” was undertaken. This study was vetted through both a diverse, regional and a community advisory committee including patient and family advocates. Along with a narrative of evidence, a conceptual framework was created to guide how to identify equity deserving populations, identify or consider comparator populations, develop equity measures (marginalization or social needs data linked to medical outcomes data), data sources, data analysis and reporting, and oversight and governance.

A manuscript has been submitted to Health Services Research and findings are being shared internally. The Dr. Gilles Arcand Centre has also included in their strategic plan “Health Equity Created in Northern Ontario” a goal led by HSN’s Clinical Lead Social Accountability who has a joint appointment at the Arcand Centre.

As a result of the findings, a quality improvement project was launched in the Emergency Department to develop a dataset for people who are unhoused. An Indigenous Health Research Coordinator was hired to develop Indigenous data sovereignty plan and infrastructure. The Comitée Consultatif Francophone are simultaneously beginning to explore health equity measures for the Francophone population. This demonstrates that assessing health equity is a critical component to continuous quality improvement of HSN’s programs and services.



Quality Improvement and Emergency Department Return Visit Quality Program

HSN is a dynamic organization which serves Northeastern Ontario as the referral centre for many specialties. Our Emergency Department, during the Health Quality Ontario (HQO) Return Visit audit period, saw 71,469 visits. This year's comprehensive review of Return Visits was completed by a team of care providers including a selection of physicians and nursing staff.

Our first countermeasure, realized in this year's audit report, is strengthening patient discharge teaching. Our Emergency Department has access to standardized diagnosis specific instructions, which are prepared electronically at the time of discharge. Our goal would be to increase the frequency in provision of these instructions to patients and families. Clear return precautions, medication guidance, and follow-up appointment scheduling prior to discharge, will reduce uncertainty and prevent avoidable re-visits. Providing translated materials and involving family members

when appropriate, will further support patients at the time of discharge.

Prescription process improvement is another critical intervention. Barriers such as lost paper prescriptions, cost concerns, and patient teaching gaps were evident in this year's Return Visit submission. Since the implementation of our electronic documentation system (Meditech Expanse), there has been an adjustment in our processes of the collection of medication lists and patient pharmacy information, printing and providing prescriptions to patients, as well as the transmission of prescriptions directly to pharmacies. Using this vital information, we plan to complete a thorough review of our medication list and prescription provision processes in order to reduce Return Visits to our Emergency Department.



While no major concerns were identified among physician knowledge, a few education concerns were identified regarding charting omissions and outdated practice patterns were observed. Our dedicated CQI Physician is working on a multi-faceted approach to physician-related feedback in this regard. Working with the CMIO and data informatics team, we are developing a return-to-ED visit report, notifying physicians if/when a patient they saw recently returns to the emergency department. This will help aid in the continual learning process and self-reflection that is paramount to improving as a physician. Secondly, group educational sessions regarding thematically similar quality issues will be presented during monthly educational rounds for the physician group to ensure continuity of practise among the group.

Finally, addressing our Left Without Being Seen (LWBS) process will reduce high-risk return encounters. In this years' audit, we had 123 patients that LWBS which then had a return visit

resulting in admission. Strategies include real time communication with patients who are deciding to leave, ongoing wait time communication using our newly introduced electronic wait time clock, and proactive rounding and reassessment in waiting areas. Early identification of high-acuity patients and streamlined triage workflows will decrease LWBS rates and avoid patients needing to represent to hospital to access medical care.

In summary, improved discharge education, optimized prescription workflows, and LWBS reduction strategies will form a comprehensive approach to lowering our ED's return visits while enhancing patient safety, satisfaction, and continuity of care.



Compensation

All executives have several annual performance goals for which they are measured against to determine their total annual pay for performance amounts. Annual performance goals are typically aligned to the strategic plan, QIP, risk registry, operational needs and other large scale project planning and implementation. Some executives have performance goals directly linked to the 2026-2027 QIP goals and targets as outlined below:

EXECUTIVE POSITION	COMPENSATION
Chief Executive Officer	15 %
Chief of Staff	10 %
VP, Medicine and Chief Nursing Executive	10 %
Regional Vice President, Cancer Care & VP, Surgery, Medical Imaging and Indigenous Health, Surgical & Clinical Services	10 %
VP, Mental Health, NEO Kids, Women's Health and Social Accountability	10 %
VP, People and Culture	10 %
VP, Redevelopment and Infrastructure	10 %
VP, Academic & Research Impact	10 %
Chief Financial Officer	10 %
Chief Information and Privacy Officer	10 %

*Please note that executive compensation pay for performance percentages are not currently weighted.

Compensation

QIP INDICATOR TARGETS TO BE ACHIEVED FOR 100% PAYOUT

Reduce 90th percentile emergency department wait time to inpatient bed (TTIB) to **32 hours**

Reduce 90th percentile emergency department wait time to physician initial assessment (PIA) to **5.6 hours**

Increase the 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? to **55%**

Questions or requests for additional information regarding our QIP may be submitted to qrm@hsnsudbury.ca.



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