

Quality Improvement Plan 2026/2027 At A Glance



PATIENT EXPERIENCE

Measure: Did you receive enough information when you left the hospital?

Target: 80% Positive Response

What can you do to support?

- Use Teach Back - Tell me in your own words
- Confirm Discharge Instructions and follow up before patients leave
- Point patients to the right written resource (and document it)



WHY?

Patients leave confident about what to do next

INCLUSION & BELONGING (EQUITY)

Measure: Number of Team Members who have completed learning on Inclusion & Belonging @OSMH

Target: 1050 Team members

What can you do to support?

- Complete the learning and encourage your peers to do the same
- Use shared language/behaviours from the framework in daily work
- Raise concerns related to inclusion, respect or belonging - your voice helps us improve



WHY?

All team members feel respected, included and supported

SAFETY

Measure: Promote psychological safety for all team members

Target: Gathering Baseline - we don't currently measure this

What can you do to support?

- Speak up early (near-miss and safety concerns count)
- Respond with curiosity
- Create an environment where your peers feel comfortable to speak up



WHY?

It feels safe to raise concerns & learn from mistakes

SAFETY

Measure: Rate of Delirium onset during hospitalization

Target: 1.35% (goal to reduce)

What can you do to support?

- Help patients orient to the unit, prioritize hydration, sleep, mobility
- Complete education to recognize and flag early changes (confusion, agitation, withdrawal)
- Review medications that increase delirium risk where applicable



WHY?

We reduce avoidable harm in hospital

ACCESS & FLOW

Measure: ED Wait Time to Inpatient Bed (90th percentile)

Target: 22.0 hours (lower is better)

What can you do to support?

- Early discharge planning
- Escalate early when delays or issues occur (tests, etc)
- Use consistent unit routines to support flow



WHY?

Patients get the right bed sooner

