

Let's Make Healthy  
Change Happen.



# 2025/26 Quality Improvement Plan (QIP)

## Narrative for Health Care Organizations in Ontario



Trillium  
Health Partners

This document is intended to provide health care organizations in Ontario with guidance as to how they can develop a Quality Improvement Plan. While much effort and care has gone into preparing this document, this document should not be relied on as legal advice and organizations should consult with their legal, governance and other relevant advisors as appropriate in preparing their quality improvement plans. Furthermore, organizations are free to design their own public quality improvement plans using alternative formats and contents, provided that they submit a version of their quality improvement plan to Health Quality Ontario (if required) in the format described herein.

Overview

Trillium Health Partners (THP) is dedicated to delivering exceptional care and outstanding experiences that meet the evolving needs of our community. Serving the diverse and growing communities of Mississauga and West Etobicoke, THP continually explores innovative ways to improve our quality of care. Our Quality Improvement Plan (QIP) for 2025-26 builds on our dedication to enhancing the quality, safety, and experience of our care. We are focused on achieving care excellence across all our sites by implementing evidence-based practices, enhancing collaboration with community partners, and optimizing resources to support timely and effective care.

At THP, our pursuit of improvement in quality, access, and sustainability is guided by the Quintuple Aim, rooted in high reliability, and embedded throughout all processes and services. We prioritize the delivery of an exceptional experience through a focus on people-centered care, evidence-informed leading practices, and innovation, all while maintaining



a commitment to excellence and continuous improvement. Aligned with our strategic plan and commitment to our community, the QIP indicators reflect our goals of delivering the highest quality of care, partnering for integrated care from hospital to community, and advancing our academic objectives. Our QIP indicators play an important role in ensuring that our goals are achieved collaboratively, involving all staff, professional staff, volunteers, patients, and their families.

1,724,969 Patient visits (↑115,447 from last year)		776,308 Outpatient clinic visits (↑77,239 from last year)	
14,168 Virtual Visits	225,723 Emergency and urgent care visits (↑10,944 from last year)	67,739 Surgeries (↑2,795 from last year)	
722,938 Diagnostic services (↑27,264 from last year)	68,845 Inpatient admissions (↑3,573 from last year)	1,457 Budgeted beds	
17,229 People	11,414 Staff (total)	1,495 Medical and professional staff	
3,016 Learners	1,304 Volunteers	111,794 Volunteer hours contributed	
1,978 Staff hired	797 Nurses hired	165 Physicians hired	
332 Allied health professionals hired (e.g. physiotherapists, pharmacists)	257 Service Staff Hired (e.g. food services)		
1,680 Nursing students	568 Allied health students	950+ University of Toronto faculty- appointed professional staff	
768 Medical learners	<ul style="list-style-type: none"><li>• 303 Undergraduate students</li><li>• 465 Postgraduate students:<ul style="list-style-type: none"><li>◦ 405 Residents</li><li>◦ 60 Clinical fellows</li></ul></li></ul>		
162 Research & Innovation Staff	98 Researchers	224 Research Publications & Media	229 Ongoing Research Projects

Patient/Client/Resident Engagement and Partnering

The delivery of high-quality care and exceptional patient experience is a key priority for THP. We employ a comprehensive approach to developing our action plans by gathering feedback, targeting areas for improvement, and enhancing the patient journey through the analysis of both quantitative and qualitative data. In every project and decision-making process, we prioritize incorporating the perspective of patients and their families. Our 10-year 2019/29 strategic plan shapes the trajectory of THP and emerged from extensive engagement with over 180,000 individuals both within and beyond our hospital boundaries. It mirrors the sentiments of our community and captures their health care priorities. While THP’s 2019/29 Strategic Plan remains unchanged, we are refining direction to respond to the evolving needs of our community through our 2025 Strategic Plan Refresh.



Patient and Family Partners (PFPs) play a pivotal role throughout the hospital, offering guidance on both corporate initiatives and clinical program planning. Their valuable input extends to recommendations on quality and patient experience, channeled through various avenues such as councils, committees, project teams, focus groups, and additional feedback processes. PFPs also hold positions on our Board subcommittees and Senior Leadership Committee, exemplifying their integral involvement. THP aims to recruit more PFPs by promoting opportunities within the hospital and engaging in outreach within the broader community to gain insights more reflective of the diverse population that we serve. Various recruitment strategies are employed to achieve diversity. Additionally, we plan to enhance recognition opportunities for PFPs and provide them with additional training to enhance the skills required to be an effective PFP, including sessions overviewing hospital services and operations, patient experience structures, and the demographics/health needs of the Mississauga community.

As we advance our strategic plan, we actively engage patients and the community. Engagement opportunities include hosting town halls for major transformational initiatives such as Trillium HealthWorks, connecting regularly with patients and their families on improvement opportunities, and seeking input on care management through leader rounding. PFPs are embedded in QIP working groups, contributing to the review of performance data and shaping action plans. For example, PFPs were involved in the implementation of Voyce, a real-time digitally enabled medical interpretation service that created a 225% increase in offering language concordant care and supporting the diverse linguistic needs of the community. We continue to collaborate with Toronto Academic Health Science Network's (TAHSN) to help improve our language concordant care services to improve diagnosis, enhance patient satisfaction, and promote equitable access to care.

Our patients also have an opportunity to provide feedback through our digital patient experience surveys and our patient relations process. THP leverages insights from experience surveys and other patient feedback to drive targeted improvements in patient care, experience, and quality. We are focusing on areas with the lowest key drivers of experience, including the provision of emotional support to address patient anxieties, fears, and worries. Patient experience dashboards provide leaders and teams with real-time information to act on feedback and refine initiatives to meet our Patient Experience QIP goal. Feedback from patient experience surveys and PFPs is also actively informing our 2025 Strategic Plan Refresh.

THP has implemented MyChart, a secure patient portal that enables patients to access their personal health information. Connected through Epic, THP's digital health record system, MyChart helps better inform patients about their health and allows them to have more impactful conversations with care providers, and to have a more active role in tracking, updating, and engaging with their health care information. A Patient and Family Advisory Council (PFAC) was involved in every step of the implementation, evaluation, and governance of MyChart and conducted user testing prior to its launch at THP. This PFAC will continue to be involved as additional features are activated to enhance patient experience.

## Provider Experience

THP continues its multi-year journey to improve quality of care through our Foundations of Clinical Excellence (Foundations) work, anchored in whole-system quality management and high reliability best practices. Foundations is a blueprint for creating systems, environments, and culture that protects our people's time to deliver and support excellent care and makes prioritizing quality and safety easy and streamlined.

As part of THP's people priorities, we continue to optimize our recently modernized human resources information systems (e.g., staff scheduling, timekeeping, and absence management) and anticipate that the integration of recruitment and workforce planning will provide high-quality analytics to support informed decision-making for THP's workforce. We are also evolving how we measure and incorporate employee engagement into programming decisions on workplace culture and staff experience. In 2024, we partnered with a new survey vendor that leverages AI technology to report employee sentiment for the whole organization or specific demographics of talent. This technology allows us to view the correlation between employee engagement index and the key drivers that should be targeted to improve engagement and staff experiences, which then impacts patient care experiences.

Our People Health and Wellbeing team, including a leadership role for professional staff wellbeing and experience, continues to focus on advancing initiatives that allow workers to feel supported in mind, body, and spirit. A professional staff wellbeing grand rounds series provides expert-led sessions on tools for resilience, career fulfillment, and stress management. In addition to the in-house counseling and support we provide to our people, we have re-designed an interactive Portal and App for our Employee and Family Assistance Program. To further support wellbeing, we have added 310 new gym memberships to our free on-site gym facility at the Credit Valley Hospital, provided Mental Health First Aid training to 40 staff, and 43 mini massages during the 2024/25 year. A generous donation has also been made to help build the future home of The Peter Gilgan Mississauga Hospital and create a world-class wellness program for staff, professional staff, volunteers, learners, as well as patients, their families, and the community. The areas of focus include ensuring optimal personal wellbeing to contribute to increased quality of patient care, promoting wellness for the community, and partnerships.

We continue to leverage the Nursing Retention Toolkit, which provides a structured framework to support nurses, leading to improved job satisfaction and an 11% relative reduction in turnover rate. A notable success is the Clinical Scholar role, which has supported over 2,000 nurses since implementation. We have also introduced Professional Practice Clinical Educators who assist with transitions to independent practice and the integration of internationally educated nurses into Ontario's healthcare system and THP. Additionally, our Nurse Innovator Award Project has introduced a mentorship app to strengthen retention by connecting nurses and clinical leaders, offering career goal tracking, networking, and real-time mentorship support.

## Safety

Safety is a top priority at THP. In the event of a patient experiencing harm when receiving care, we promptly identify and report the incident, address immediate care needs, disclose the event, and conduct a thorough investigation following the Canadian Patient Safety Institute's Incident Analysis Framework so that we can better understand what contributed to the incident and how we can implement preventive measures to enhance safety across all sites.

During Patient Safety Week 2024, we engaged in discussions with our teams to enhance our collective understanding of the diverse forms of health care harm (i.e., physical, psychological, cultural, social, and spiritual). These conversations continue as part of THP's ongoing work through Foundations, PFPs participate in workstreams focused on improving incident management. Grounded in a broadened definition of harm and principles of rethinking safety, this work is committed to developing more efficient and updated incident management processes to foster an atmosphere of trust where health care workers are supported and treated fairly when incidents occur.





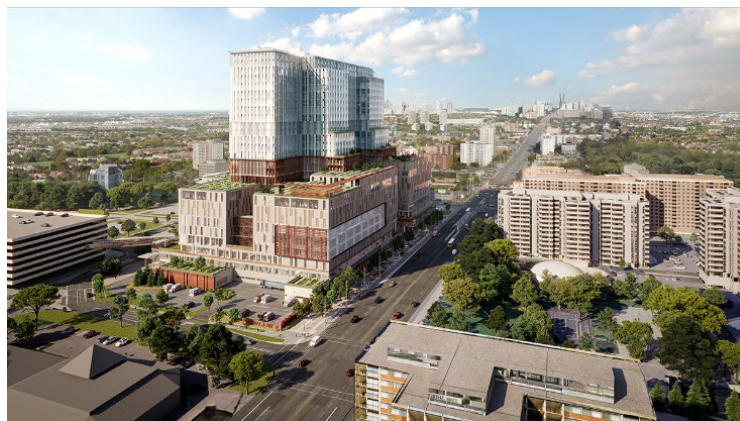
To foster a just culture and encourage proactive patient safety discussions, THP introduced “Safety Snippets” rounds covering a variety of topics and engaging point of care staff. A Safety Announcement for Education Thank You (S.A.F.E.T.Y.) tool was also developed to share learnings from patient safety incidents during program leadership meetings and team huddles. THP also remains actively engaged in the TAHSN Quality Improvement and Patient Safety Community of Practice to support ongoing learning on preventable harm reduction, including standardizing patient safety event classification to allow for a shared understanding of patient safety issues.

The People Safety team, along with the Joint Health Safety Committee, is dedicated to ensuring a safe working environment by following the standards set by the Occupational Health and Safety Act. People Safety works proactively to prevent workplace illness and injury, and to investigate incidents involving staff. Workplace violence incidents have increased in the last few years and can have a significant impact on staff, professional staff, volunteers, learners, security, and agency personnel. THP has a Workplace Violence QIP working group, made up of a team of interprofessional clinicians and leaders, which has goals to prevent the incidents, decrease their impact, and understand the role that racism plays when these incidents occur.

## Access and Flow

THP continues to advance Trillium HealthWorks, a transformational infrastructure initiative aimed at enhancing access to care and streamlining operations to meet the evolving needs of our community. This initiative includes the construction of the future home of The Peter Gilgan Mississauga Hospital, the expansion of the future home of The Gilgan Family Queensway Health Centre, and the addition of long-term care capacity through Wellbrook Place, operated by Partners Community Health.

A key milestone is the construction of The Peter Gilgan Mississauga Hospital, where design development has progressed significantly. High-fidelity mock-ups for critical spaces have been completed, allowing our staff to participate in user engagement sessions that shape design refinements to enhance workflows, safety, and patient outcomes.



Wellbrook Place, Ontario’s largest long-term care home, recently marked its first anniversary with over 750 residents and 700 staff members. Its Seniors’ Hub is setting a new standard in long-term care, focusing on compassion and community. Expanded services include the introduction of a Long-Term Care Virtual Care Program that provides same-day physician consults to 13 Mississauga homes, reducing emergency room (ER) visits, and improving diagnostic access. Additionally, the new South Mississauga Dialysis Centre opened with 16 stations to support long term care (LTC) residents and community members with chronic kidney disease.

THP is also expanding specialized services to meet diverse patient needs. The Shah Family Hospital for Women and Children will offer patient-centered care in modern spaces, including couplet-care neonatal intensive care units and advanced birthing suites. To prepare for this model, single-site care will begin in late 2025 at the Credit Valley Hospital (CVH).

THP continues to experience the highest inpatient demand among peers, with elevated volumes across all sites. We serve a growing population with increasingly complex acute care needs, driving a higher demand for hospital services. Alongside our community partners, we have generated increased capacity and access to care with the initiatives below.

Earlier this year, THP announced plans to transition all inpatient rehabilitation services at CVH and Mississauga Hospital (MH) to the THP – University Health Network Reactivation Care Centre (THP-UHN RCC). This supports growing demand for specialized care and advances our vision for integrated rehabilitation and complex continuing care at a single site. In Summer 2024, we completed the first phase of this work and welcomed the first cohort of 48 rehab patients to the THP-UHN RCC. As a result of this transition, we were also able to create additional beds at CVH to support acute medicine.

This past year, we reopened our Urgent Care Centre at Queensway Health Centre, providing additional access to care for patients with non-life-threatening conditions, diverting acute cases away from our Emergency Departments (EDs), and supporting patients who are not attached to primary care physicians.

Virtual care solutions and electronic patient tracking tools have been implemented to enable real-time monitoring of care delivery and to ensure consistent quality. The Seamless Care Optimizing Patient Experience (SCOPE) program connects 195+ primary care providers to hospital specialists, reducing ER visits and expediting complex care. THP@Home, supported by Ontario Health at Home, has been expanded to serve 728 patients, creating 24 bed equivalents. THP also launched an ED Admission Avoidance program with Spectrum Health Care, which connects patients to clinical supports necessary for a quick return home.

## Population Health Approach

THP has comprehensive expertise in population health within its embedded research institute, Institute for Better Health (IBH). Our scientists are trained in and lead population health research and work closely with THP's senior team, clinical leaders, and Mississauga Health to develop a comprehensive approach to measure and monitor health inequities and to work with community and health providers to co-design solutions to address them. Our teams produce regular reports that reflect the health of our population and contextualize our findings within the demographic, socioeconomic, and geographic variation of our community. In fiscal year (FY) 2024/25, we introduced an inequity in access to care measure that reports how service delivery varies across patients in a range of material deprivation across most of THP services. We report on the extent services are being delivered equally across these groups and use this information to prioritize activities to address these disparities. To create awareness and understanding of the community we serve, we have embedded this metric into our regular performance reporting and performance management program across all our clinical programs.

For FY 2025/26, the goal is to expand the health inequity metric to various chronic disease populations and services for the purpose of understanding how program delivery impacts patient access to care, such as Congestive Heart Failure (CHF), Chronic Obstructive Pulmonary Disease (COPD), hip fracture, and diabetes patient segments.

We have worked with Mississauga Health, the Mississauga Ontario Health Team, to make demographic and population health insights for each neighbourhood in Mississauga available to all members of Mississauga Health on a public website [[Understanding our Community Tool - Mississauga Ontario Health Team \(M-OHT\)](#)], so we can all have a common understanding of the community we serve and share key insights on the most vulnerable populations. These insights, coupled with population census data, will aid in service planning and identify upstream opportunities for chronic disease management and prevention and help personalize services for THP's 1.72 million visits. For example, IBH has formed the Committee for the Reimagination of Cancer Screening Services to improve participation in cancer screening services among underrepresented groups in Peel Region. To further strengthen this work workshops are with community partners within Mississauga Health to facilitate knowledge translation and to ensure that the available data is applied to their strategies.

In addition, scientists from THP's IBH, in collaboration with the Ontario Strategy for Patient-Oriented Research (SPOR) Support Unit, created the Learning Health System (LHS) Action Framework. This framework describes how research and health care operations are linked and enacted in a comprehensive approach to advance population health and health equity. The LHS incorporates research within care delivery and actively blurs the boundaries of research, quality improvement, and care to speed up the use of evidence and its impact. Equity is an integral component of the LHS Action Framework to ensure care reflects the diverse array of population health needs. The LHS framework is being leveraged by health systems and researchers across Ontario and here at THP.

## Palliative Care

THP has a role in co-designing an integrated community model for palliative care with Mississauga Health. This work will allow us to connect individuals earlier in their care journey and to positively impact patient and caregiver experience, while ensuring effective utilization of and advancing equitable access to our palliative care services. An integrated approach to care includes a shared patient record, centralized specialized palliative care team, strong linkage to primary care, early identification of those needing services from CHF and COPD pathways, using data to identify those who are not accessing care, and enhancing care in our regional LTC homes.

In partnership with Mississauga Health, THP onboarded a Community Clinical Coach this year to help guide the implementation of the Palliative Care Health Services Delivery Framework in the community.

Our palliative care leadership team has partnered with our professional practice team to design a palliative and end-of-life framework and model of care for THP. This work will help us advance quality of end-of-life services with a consistent and standardized approach to care. This work will further enable the development and sustainment of education and a skills management approach that supports a palliative care everywhere experience at THP, while aligning specialized palliative care services to regional palliative care priorities.

## Emergency Department Return Visit Quality Program (ED RVQP)

THP participates in Ontario Health's ED RVQP to identify, audit, and investigate underlying causes of return visits to their emergency departments and to take steps to address them.

In response to last year's audit, a Pediatric Sepsis Screening Tool was deployed to ensure our nursing staff can recognize and respond appropriately when a pediatric patient meets criteria for possible sepsis. As part of this process, a sepsis alert is initiated, the patient is roomed immediately, and the physician is called to the bedside to provide urgent assessment. In response to last year's audit, our radiologists conducted targeted education to help ED physicians reduce discrepancies between their initial interpretation of brain imaging compared to final radiologist reports.

Below is a summary of quality issues identified in this year's audit and corresponding quality improvement initiatives that are being planned or worked on:

- Pediatric sepsis – some pediatric patients were discharged home without documentation that abnormal vital signs were addressed. We have proposed adding an alert in our electronic medical record that would require acknowledgement of abnormal pediatric vital signs prior to discharge.

- Dual antiplatelet therapy for high-risk Transient Ischemic Attack (TIA) patients – patients who were prescribed dual antiplatelet therapy for high-risk TIA were not given their first dose before discharge. To prevent this, physician education sessions will be conducted during ED interprofessional rounds to emphasize the importance of loading doses prior to discharge.
- Missed Home Medications in the ED – some home medications (e.g., for Parkinson’s Disease and seizure disorders) were missed while patients were in the ED. To address this, staff education will emphasize the risks of missing doses for critical medications and will encourage consistent medication reconciliation by nursing or pharmacy staff.
- Discharge of Elderly Patients – some elderly and socially complex patients were discharged prior to assessment by allied health professionals. To improve this process, Pay for Results (P4R) funding will be used to pilot increased physiotherapy coverage in the ED, ensuring better access to rehabilitation services before discharge.

## Equity and Indigenous Health

THP continues to create an environment rooted in anti-racism, diversity, equity, and inclusion. Our work is guided by the Quintuple Aim, insights from THP’s Anti-Black Racism Climate Review and strengthened by meaningful partnerships to improve equitable access, experiences, and health outcomes.

These efforts are guided by meaningful staff engagement and are data driven. The THP Circle on Equity, Antiracism and Inclusion is comprised of staff, professional staff, and learners from various departments. The Circle guides our equity priorities to positively influence the day-to-day environment of our hospital community and to demonstrate our commitment to open dialogue and accountability.

We continue to implement the recommendations outlined in the FY2022/23 Anti-Black Racism Climate Review through a range of focused initiatives introduced this year, including:



- Mandatory learning modules ensure all leaders and staff receive foundational training on antiracism and equity.
- THP’s Respectful Workplace Policy now explicitly includes racism as a violation, reinforcing THP’s antiracist commitments.
- Launched in April 2024, the Black Colleagues Resource Group (BCRG) fosters inclusion, and shapes strategies for retention, mentorship, and growth. Future groups will further enhance employee belonging.
- Staff feedback is driving improvements to our talent management plan and racial incident reporting processes.

To support a culture of understanding and belonging, we continue to share an evidence-based inclusion calendar that highlights diverse religious, cultural, and community observances through organization-wide communications, education, celebrations, and social media. In 2024, we expanded recognition of community specific Indigenous days of significance, including International Day of the World’s Indigenous Peoples, Treaties Recognition Week, Louis Riel Day, International Inuit Day, and National Indigenous Veterans Day.

The Mississauga Halton Central West Regional Cancer Program at THP is advancing Indigenous health equity in partnership with Ontario Health’s Indigenous Cancer Care Unit and Indigenous communities. In addition, the Regional Cancer Program, through partnerships with OHTs and community organizations, developed a linguistically relevant toolkit, co-designed with community partners, and translated into 10 languages, including Punjabi, Urdu, Mandarin, and Arabic. This toolkit has increased cancer screening awareness through targeted outreach.

THP is committed to advancing Indigenous health equity, truth, and reconciliation, recognizing that relationships are key to improving health outcomes for First Nations, Inuit, Métis, and Urban Indigenous (FNIMUI) populations. We prioritize building relationships with local Indigenous communities we are accountable to. Our engagement follows a ‘Values-Based Engagement Framework’, outlining how THP’s values — compassion, excellence, and courage — manifest in engagements with FNIMUI communities. This framework, validated by Indigenous leaders, focuses on trust, mutual respect, and equity-advancing practices.

Informed by feedback gained through engagement with Indigenous partners and the Truth and Reconciliation Commission’s 94 Calls to Action, we are developing an enterprise-wide work plan focused on improving the quality of services for Indigenous Peoples accessing care. The plan will continue to be built out in the coming months through collaboration with internal and external Indigenous partners, with areas of focus that include:

- Publicly and formally committing to truth and reconciliation.
- Establishing governance and policy to support our commitments.
- Maintaining reciprocal relationships with Indigenous partners and establishing new ones.
- Continued engagement to inform our capital planning and redevelopment projects.
- Facilitating cultural safety training for our people.
- Workforce planning to support Indigenous-identifying staff members.
- Incorporating our commitments to truth and reconciliation into our academic mandate.
- Clinical service design and delivery.

As we enter FY 2025/26, we remain committed to embedding anti-racism and health equity principles across the organization. By listening, learning, and partnering with diverse communities, THP is creating opportunities for individuals from historically marginalized groups to share their insights, actively shape decisions, and contribute to the delivery of equitable, high-quality care.

## Executive Compensation

All executives and leaders at THP have a portion of their Performance Based Pay tied to the quality indicators outlined in the QIP. With oversight from the Board of Directors, the leadership team is held accountable for the overall performance of the organization through quarterly reviews of these priority targets, along with formal annual performance reviews.

## Sign-off

I have reviewed and approved our organization's 2025-2026 Quality Improvement Plan:



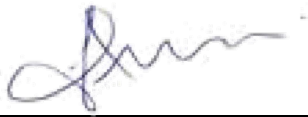
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Karli Farrow  
*Chief Executive Officer*



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Dr. Sam Sabbah  
*Chief of Staff*



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Terri Irwin  
*Chief Nursing Executive*



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Joan Mohammed  
*Board Chair*



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Jennifer Lee  
*Board Quality Committee Chair*

## Fiscal Year (FY) 2025/26 Acute Care Quality Improvement Plan

Goal		FY 2025/26 QIP Indicator	QIP Indicator Target	QIP Indicator Target Justification
We will improve the experience of patients and families who trust us with their care		Patient Experience: Rate Your Experience 0-10	≥ 9.0 out of 10	Maintain previous target, which is an improvement based on current performance and trending
We will sustain access to our services by managing the time to inpatient bed for admitted patients		Time to Inpatient Bed (90 <sup>th</sup> percentile)	≤ 39.5 hours	Maintain previous target, which represents an Improvement aligned with pre-pandemic performance.
We will continue to improve the safety of care we provide by focusing on a core clinical practice: pressure injuries		Pressure Injuries Incidence Rate	≤ 4.44%	Improvement target aligned with current performance and is better than national benchmark
We will engage our staff to provide the training, tools and resources to deliver the highest quality of care with exceptional experiences		People Engagement: Opinion Survey	≥ 75 Grand Driver Average	Improvement from prior year performance
We will focus on the safety of our staff through continued engagement and awareness of a healthy and respectful workplace		Number of Workplace Violence (WPV) Incidents resulting in lost-time or health care due to injury	< 96 incidents	Improvement target based on current performance
We will maintain our sustainability through efficient care practices resulting in a balanced budget		Hospital Total Margin (GAAP)	Better than or equal to -4.5% (\$74M)	Maintain Stability