

Quality Improvement Plan (QIP)

# Narrative for Health Care Organizations in Ontario

March 12, 2026



## OVERVIEW

Message from President & CEO, Karen Riddell.

This narrative provides a brief introduction to our hospital and describes our key quality improvement priorities for the 2026/2027 Quality Improvement Plan (QIP). Windsor Regional Hospital (WRH) is the 15th largest hospital in Ontario and the 7th largest community teaching hospital. It serves the diverse Erie St. Clair region, a population of over 800,000, that includes 400,000 residents in Windsor-Essex in addition to many rural areas, providing tertiary and quaternary care. We respectfully acknowledge that Windsor Regional Hospital occupies the traditional, ancestral and contemporary lands of the Niswi Ishkodewan Anishinaabeg: The Three Fires Confederacy (Ojibwe, Odawa and Potawatomi). We acknowledge the land and the surrounding waters for sustaining us and we are committed to protecting and restoring these lands from environmental degradation.

WRH's 2026/2027 QIP builds on our Vision of Outstanding Care ... No Exceptions! and aligns with Windsor Regional Hospital's Strategic Plan (2025-2028). The QIP reflects Windsor Regional Hospital's overall mission to provide quality patient-centered healthcare to our community valuing Compassion, Accountability, Respect and Excellence (CARE). The work of over 4,397 staff, 605 professional staff, and 481 volunteers demonstrates these values each and every day.

As WRH's President and CEO, I recognize that the challenges faced over the past several years have reinforced how vital a continued, focused commitment to quality is. For Windsor Regional Hospital,

the dedicated members of our Patient and Caregiver Council and our six Patient Family Advisory Committees work with teams across clinical disciplines to provide support to working groups and operational committees, to help guide decision making, resource allocation and quality improvement initiatives from a patient-centred lens.

I am truly humbled and deeply grateful for the commitment, insight, and heart these committee members bring to Windsor Regional Hospital. Each member — our patients, family members, caregivers — has shared their lived experiences openly and generously. They have helped us see our care through their eyes and because of that, we've made meaningful changes; from how we involve families in care decisions, how we help people find their way and get the information they need to navigate a complex system, and how we communicate after incidents to ensure respect and dignity are at the center of everything we do.

Recently, our results from the 2025 WRH Global Workforce Survey, highlighted People-Centred Care as a bright spot, where 76% of staff positively rated our approach. Our staff and professional staff also had high marks for:

- Treating patients with respect and dignity (88%);
- Making sure patients, families, and caregivers actively participate in care decisions (84%); and,
- Having processes and procedures to inform those affected after an incident (84%).

These high scores are not accidental. They reflect the direct influence the voices of patients, families and caregivers have on our

policies, our training, our quality improvement projects, and our everyday practices. They help us live out what patient-centred care truly means — not just as a slogan, but, as the way we show up for people at their most vulnerable time. They have given their time, their stories, and sometimes their pain, to make our hospital better for everyone who walks through our doors. In doing so, they have strengthened not just our organization, but the entire community we serve. We are grateful for their partnership, courage, compassion, and unwavering commitment to making the care we provide, kinder, safer, and more human.

The staff and professional staff at Windsor Regional Hospital continue to go above and beyond, demonstrating compassion, professionalism and a steadfast commitment to care for our patients and community. This is not just resilience, but profound daily courage. The impact of their work will continue long into the future, as they have helped build a foundation that future leaders and teams will build upon.

In March, we are very fortunate to welcome our new President & CEO Kristin Kennedy, as I will be retiring, and closing this chapter, that has been my life's work. From the bottom of my heart, it has been an honour to serve alongside you and a privilege to welcome the future of Windsor Regional Hospital which also includes the new acute care hospital. With construction scheduled to begin in 2026, our scope and strategy aligns with the project vision and design principles established by the Windsor-Essex community, and ensures we adhere to our shared commitment to excellence.

The foundation of our 2026/2027 QIP is understanding current issues by engaging those who give and receive care. The QIP was

vetted through various teams and committees including the Executive and Leadership teams, the Patient & Caregiver Council (PCC), the Medical Advisory Committee (MAC), the Finance, Audit & Resources Committee (FAR) and the Quality of Care Committee, who made the recommendation to WRH's Board of Directors for approval.

Focused on 4 key priority areas, the QIP sets aggressive targets with planned improvement initiatives that test innovative strategies across multiple years. The key priority areas include Access & Flow, Equity, Patient Experience, and Safety. Windsor Regional Hospital selected all 15 hospital indicators this year:

- The 90th percentile ambulance offload time (priority indicator);
- The 90th percentile emergency department wait time to physician initial assessment (priority indicator);
- The daily average number of patients waiting in the emergency department for an inpatient bed at 8 am (priority indicator);
- The 90th percentile emergency department length of stay for non-admitted patients with low acuity (priority indicator);
- The 90th percentile emergency department length of stay for non-admitted patients with high acuity (priority indicator);
- The 90th percentile emergency department length of stay for admitted patients;
- The 90th percentile emergency department wait time to inpatient bed;
- Percentage of patients who visited the emergency department and left without being seen (LWBS) by a

physician;

- Percentage of people who undergo hip fracture surgery within 48 hours of first arrival at any hospital (New);
- The average emergency department wait time to physician initial assessment (PIA) for individuals with sickle cell disease (CTAS 1 and 2);
- Percentage of staff (executive-level) who have completed relevant equity, diversity, inclusion and antiracism education;
- The percentage of individuals who responded completely to the patient survey question, "Did you receive enough information from hospital staff about your health and care upon leaving the hospital?";
- The rate of delirium onset during hospitalization;
- The number of discharged patients for whom a Best Possible Medication Reconciliation discharge plan was created;
- The number of workplace violence incidents that resulted in lost time injury.

As a lever for change, the QIP is intended to inspire conversation about quality among our patient and family representatives, board members, leaders, physicians, and clinical and non-clinical staff. The QIP serves as a means of promoting quality as a strategic focus, embedding a culture of continuous quality improvement within our organization, and improving the care across the health care system. Our change ideas are intended to drive improvement by stimulating new ways of thinking about quality. Performance improvements are achieved through collaboration among sectors, research of best practices, consultation and support with health care partners, reviewing our own data, setting ambitious targets, and most

especially, feedback from our staff, patients, and their families.

## ACCESS AND FLOW

Windsor Regional Hospital remains focused on improving access and flow to ensure timely access to care and incorporating standardized and innovative approaches to optimize patient flow. While occupancy pressures often manifest in the emergency department, we recognize that downstream processes also have a significant impact on improving patient flow across the organization. WRH's overall Alternate Level of Care (ALC) rate (6.5%) for fiscal year 2024/2025 remains well below the provincial average. Key ALC prevention strategies help reduce occupancy pressures and include: a dedicated patient flow team that focuses on discharge planning; daily patient flow and command center huddles that includes staff from EMS; and ongoing collaboration with community partners with enhanced community service plans.

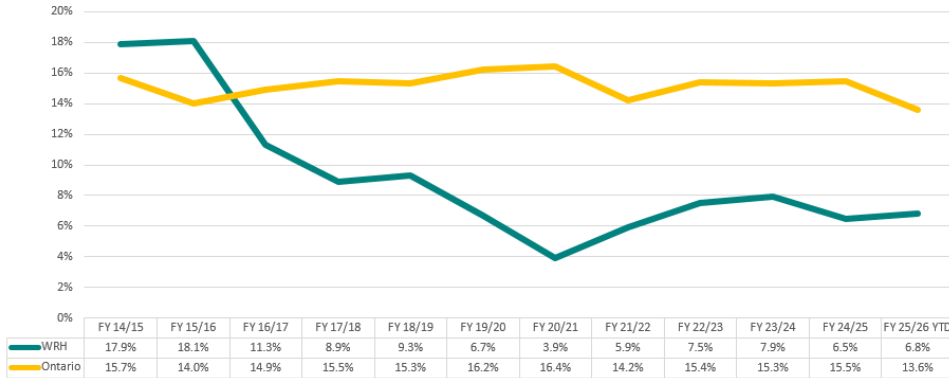
In the fall of 2025, and as part of the province's investment in providing convenient, safe and appropriate care in the home, WRH launched Ontario Health, Hospital to Home (H2H) program. By transitioning patients home safely, reducing hospital overcrowding that includes reducing or preventing Alternative of Care (ALC) days, the H2H program provides coordinated, enhanced services to individuals in their home for up to 16 weeks through a partnership with a community service provider. Services include nursing, personal support, therapy and equipment. Key performance metrics are being tracked and monitored on an ongoing basis. WRH set a target of 233 patients to complete the program by March 31st, 2026.

Additionally, improvement initiatives in the emergency department

focusing on wait times have directly impacted patient flow. This year, all 8 emergency department indicators (of which 5 are priority indicators) under Access & Flow, are represented in our QIP. The detailed emergency department initiatives are highlighted in the upcoming section: Quality Improvement & Emergency Department Return Visit Quality Program (EDRVQP), which is now an important part of the QIP submission.

Furthermore, the new surgical indicator: the percentage of people who undergo hip fracture surgery within 48 hours of first arrival at any hospital, was added to the QIP this year. To achieve the provincial average, strategies include implementing Ontario Health's Hip Fracture Standards, daily reporting and review of all patients admitted with a hip fracture to remove barriers, refining the current pre-operative power plan to support targeted interventions, and the development of a hip fracture scorecard for tracking progress and action plans, all in an effort to reduce wait times, improve patient flow and ensure quality care is provided to our patients.

ALC Rate



Source: Cancer Care Ontario - Access to Care

## EQUITY AND INDIGENOUS HEALTH

Ontario's Health Equity, Inclusion, Diversity and Anti-Racism (EIDAR) Framework is intended to improve the health care system to allow for timely access, positive experiences and optimal outcomes for patients, families and providers. In 2022, Windsor Regional Hospital created the EIDAR Department focusing on a shared commitment to respectful partnerships, human dignity and health as a human right. The EIDAR Department focuses on ensuring best practices for inclusive recruitment and promotion in health care; supporting programs, policies, structures and corporate committees; and ensuring that all patients, employees and professional staff programs, are equitable, inclusive, culturally safe and in compliance with EIDAR principles. The 2026/2027 QIP includes the equity indicator: The percentage of staff that complete relevant equity, diversity, inclusion and antiracism education. Building upon the

success of last year where 100% of the executive team completed EIDAR education, this year, the goal will include directors and managers (clinical and operational), with 80% overall completing this education. In January 2026, 'EIDAR Principles for Managers' was introduced to front-line managers. These sessions will be repeated throughout the year. For front-line staff, providing EIDAR training and education at orientation will be introduced this upcoming year.

The EIDAR initiatives at Windsor Regional Hospital include:

- Engaging with departments and leadership to explore themes for future educational sessions that focus on equity, bias, stereotypes and the use of language;
- Facilitating education sessions on Indigenous experiences in healthcare, anti-Black racism in healthcare, LGBTQ2S+ healthcare;
- Reviewing training modules that can better support patients and staff with an equity lens. This includes a review of annual e-learns and new hire orientation and development of new modules;
- Reviewing opportunities for improvement with our electronic medical record system regarding the use and collection of health equity indicators such as (but not limited to) sex & gender, preferred name, pronouns, religion, and race & ethnicity;
- Development and review of policies related to (and not limited to) EIDAR, Indigenous practices, preferred name, gender identity, accessibility, interpretation services, and dress code accommodations;
- Reviewing opportunities to improve senior friendly care resources throughout the organization;

- Reviewing opportunities to support diverse staff and internationally trained nurses as they join the organization;
- Exploring improvement of staff and patient incident reporting when it comes to racism, sexism, homophobia, and other forms of discrimination;
- Engaging with external religious & ethno-cultural community groups as well as internal patient committees to gain feedback on initiatives and improve patient experiences from an equity experience;
- Specific engagement with Indigenous communities in the region to support engagement on key initiatives such as the new hospital planning, education, and spiritual practices;
- Support of the Indigenous Patient Navigators as they engage with and support Indigenous patients & families as well as staff;
- Increasing the use of Interpretation Services and/or in-person interpreters to better support patients and families with little or no fluency in English as they access hospital services. These services also support those who are deaf or hard of hearing and use ASL interpretation to access services;
- Facilitating education on cultural and religious days of significance throughout the year to support awareness.

Finally, the 2026/2027 QIP also focuses on care provided to patients with sickle cell disease, with the indicator: Average emergency department wait time to physician initial assessment for individuals with sickle cell disease (CTAS 1 and 2). The provincial average of 90 minutes was set as a target and improvement initiatives this past

year relied on the support from physician and staff champions and the collaboration of the emergency department, the Complex Hematology Program, the pharmacy department and decision support. Strategies included reviewing the current data, developing a sickle cell Power BI dashboard to track key ED metrics, the development of a standardized Emergency Department Sickle Cell Disease Pathway, and providing training and education to staff on the appropriate care for patients with sickle cell disease. Improvement strategies will be further augmented this year by implementing patient acute wallet cards to support expedited pain management in the emergency department and improving the time to first analgesia, implementing a sickle cell alert in the regional electronic medical record, and partnering with North York General Hospital as a member of the Sickle Cell Evidence 2 Practice Program. With funding received by Windsor Regional Hospital to support the development and implementation of a paediatric and adult sickle cell disease clinic, collaboration with the Sickle Cell Awareness Group of Ontario (SCAGO) to embed a wellbeing coordinator into patient workflows, will also help support this important work that is intended to lessen wait times, help prevent complications, and improve the care provided to individuals with this disease, addressing healthcare disparities and ensuring equitable access to treatment.

## **PATIENT/CLIENT/RESIDENT EXPERIENCE**

Patient engagement is fundamental to the QIP's core objective of continually improving the care experience for patients. Success is achieved when we develop new practices in partnership with patients and families as advocacy is grounded in lived experience. Windsor Regional Hospital has six focused Patient and Family Advisory Committees (PFAC), representing the following areas: the

Patient Journey, the Department of Emergency Medicine, the Renal Program, Mental Health Services, Women and Children's Services, and the Cancer Program. All six PFAC's report into WRH's Corporate Patient and Caregiver Council (PCC), providing a forum for sharing unique perspectives to help ensure the voice of patients, families and caregivers are heard and considered in program planning and delivery. While the PCC provides oversight and recommendations and contributes to improvements across a wide range of hospital issues, the PCC also reviewed the 2026/2027 QIP. When health care is perceived through the eyes of the patient, family and/or caregiver, research shows that the quality of care rises, costs decrease, provider satisfaction increases, and the overall patient care experience improves.

WRH continues to focus attention on the patient experience themed indicator in the 2026/2027 QIP. In the fall of 2025, the Qualtrics electronic survey was rolled out at WRH, enabling patients to provide feedback via email following their visit or stay. Patients from across the organization including inpatient areas, the emergency department, day surgery, outpatient areas and clinics are invited to provide feedback. This initiative fosters an inclusive culture where patient voices guide service delivery, support continuous improvement, and reinforces trust between the hospital and community. With an overwhelming positive response rate to the electronic survey in the first few months of it being rolled out, the Qualtrics survey will be implemented in critical care areas in the coming months. In addition to the Qualtrics survey, WRH continues to distribute the paper based short form surveys in the emergency department and the inpatient areas. Since 2022, this method has been well received by patients as a member of the Patient Experience Survey Team visits patients being discharged on the day

of discharge and provides information about completing the survey. Patients are provided the option of depositing surveys in secure and confidential drop boxes located throughout the hospital, or returning the survey by mail using a postage paid envelope.

To further demonstrate our commitment to patient experience and patient-centred care, front line managers conduct Leadership Rounding on a daily basis. Leaders round on the inpatient units asking patients about their experience in the hospital. With a focus on standard work and intentional conversations with patients, the goal is to visit every inpatient at some point during their stay.

## **PROVIDER EXPERIENCE**

Health and human resource (HHR) strategies at Windsor Regional Hospital are intended to build and sustain our workforce, with a focus on innovative recruitment and retention strategies, and to support our commitment to providing a safe and secure work environment.

We are actively building the future of healthcare in Windsor-Essex. We're not just hiring; we're investing in a robust talent pipeline to reinforce 'Windsor Regional Hospital as an Employer of Choice'. We have reignited our partnerships with the University of Windsor and St. Clair College, bringing our departmental experts to their students for targeted information sessions and career fairs. We are also building strategic relationships with colleges and universities who offer programs not available locally.

For critical needs in areas such as diagnostic imaging, we launched a dedicated website. This platform allows candidates to apply directly, connect with an expert technologist, and learn about the

amazing career and lifestyle opportunities right here in Windsor-Essex.

We continue with our successful Undergraduate Nurse Employee (UNE) program introduced early in the pandemic to bolster the HHR capacity and later expanded to include undergraduate respiratory therapy employees to assist with the increased demand. The UNE's work under the supervision of nurses providing hands on nursing care and gaining valuable experience.

By providing new nursing hires with pay incentives to remain in our community, providing signing bonuses to attract candidates into critical but difficult to fill opportunities, and, by providing tuition support for upgrading skills and qualifications, we ensure that our workforce is strong and sustained.

We're shaping the future workforce from the ground up! Our tireless work with local school boards engages students from grades 7 through 12, demonstrating that healthcare careers go beyond nursing and medicine. We've hosted 'Windsor Regional Hospital Days' at over 15 high schools and launched the Backstage Pass Job Shadow Program offering unique mentorship opportunities in over 30 departments. Our Take Your Kid to Work program offered 45 grade 9 students the opportunity to spend the day at Windsor Regional Hospital's Met Campus where they toured departments and engaged with staff, learning not only what it was their parents did, but about departments they didn't know existed.

To speak the language of the next generation, we've completely modernized our social presence. Our revitalized social media on LinkedIn, Instagram and Facebook features our dynamic "Reel

People, Reel Careers" series. These mobile device-friendly video reels are designed to be modern and engaging, tackling hard to fill vacancies now, with a plan to showcase every role in the hospital.

From student engagement events and programs to cutting-edge digital reels and dedicated recruitment websites, these efforts are reinvigorating the Windsor Regional Hospital brand and building a sustainable talent pipeline. We are committed to being the Employer of Choice in this region!

Recognizing the increasing demands on healthcare, the Workplace Wellness Program has been reenergized this year with a new policy and focus on creating a healthier and more resilient work environment. Key factors like respectful culture, clear expectations, workload balance and open communication, all of which help us build the kind of workplace where everyone can thrive. This is not just a new policy; it is a shared journey in building a culture of psychological safety and wellbeing. Your voice matters, your wellbeing matters! Together, we are creating a roadmap to wellness, where our hospital is a place where psychological safety is the foundation of everything we do.

WRH's corporate Ethics Education Program will be rolled out in 2026. The program is designed to help staff recognize and navigate ethical issues with confidence in their daily work. With a new policy and framework, the program will introduce all WRH employees to our ethics framework, provide guidance on recognizing ethical dilemmas, and ensure staff are informed of the process for initiating an ethics consult. We believe that by strengthening our staff's health ethics proficiency, we aim to embed ethical reflection and decision-making throughout all aspects of patient care.

WRH's long standing staff recognition program called 'Above and Beyond' recognizes staff for going the extra mile. The program operates with recognition being submitted on-line or by email by other staff, patients, families and visitors. Recognized staff are presented with a certificate and a token representing the act of care and compassion. Tokens can be turned in for gift certificates, and those recognized as going 'Above and Beyond' are photographed for banners, posters and promotional material that are on display across the hospital.

Finally, there is 'no quality of care without a healthy, competent workforce' and in 2025 WRH introduced Accreditation Canada's Global Workforce Survey, measuring perceptions of work life quality and safety culture together in a single instrument, generating actionable data for improvement. The survey aligns with WRH's operational planning to ensure our strategies support our goals of ensuring a sustainable workforce, and of being an employer of choice. A positive response to the question 'Would you recommend WRH as a place of employment?' is a strong indicator of staff satisfaction. At WRH, we want to maintain a workplace that employees have pride in and promote and in 2025 the majority responded positively that they would recommend WRH as a place to work. Additionally, when staff and professional staff were asked about their level of satisfaction, 66% responded positively reporting overall satisfaction.

## **SAFETY**

WRH remains unwavering in our commitment to outstanding care, and the safety and security of patients and staff is our top priority. Our safe workplace initiatives are intended to provide a safe,

healthy and secure work environment where the dignity and worth of every person is respected. We continue to strengthen our emergency preparedness program, with enhanced planning and preparedness training to ensure our teams and community partners, including the Windsor Police Department, Essex-Windsor Emergency Medical Services (EMS) and Windsor Fire & Rescue, are equipped for a swift and comprehensive response to any emergency. Post incident debriefs to actual codes (e.g. Code Grey, Code Silver, etc.) and mock codes provided valuable lessons learned to ensure the safety of patients, staff and our community.

WRH has a zero-tolerance approach to threats toward health care, health care workers and workplace violence. Recognizing the need for advanced, non-intrusive security measures in sensitive areas, WRH installed the Evolv Weapons Detection System in 2023 to detect the presence of weapons in our emergency departments. The system uses powerful sensor technology with artificial intelligence to provide safer, more accurate threat detection at an unprecedented volume and speed, reducing threats and increasing safety.

To further support quality improvement, enhance a safe and just culture, and improve the success of incident analysis, WRH's Quality Framework provides an effective system of quality reviews pertaining to patient care and professional staff who provide care. The WRH Quality Framework includes:

- The Quality Practice Committee (QPC) that provides oversight for all Quality Reviews and ensures that standardized procedures are followed. Based on the Ottawa M & M Model (OM3), QPC ensures appropriate case selection, provides structured case analysis,

encourages inter-professional multidisciplinary involvement, disseminates results, and develops pathways for action items; and,

- Departmental and Multidisciplinary Quality Reviews (DMQR) are designed to carry out activities within a specified department. These reviews study, assess and evaluate the provision care with a goal of improving or maintaining high quality health care.

At Windsor Regional Hospital, patient safety is a core quality commitment to our patients and the following initiatives and committees support this work:

- The Quality Improvement Plan (QIP) ensures that quality improvement goals and commitments are shared across the organization. Improvement processes are worked on collaboratively in the development of action-oriented plans. Every indicator has a Vice President, a Director Lead and an Indicator Team, and is supported by management and front-line staff. Indicators are tracked and monitored on an ongoing basis;
- Monday Morning Huddle (MMH) brings both clinical and non-clinical leadership together every week to review real time patient safety and patient flow data. Weekly results are reviewed and share with staff, to ensure they are aware of their performance and can celebrate their successes and recognize opportunities for improvement;
- The Board's Quality of Care Committee holds monthly meetings. All patient care and clinical support services report biannually, and support services report annually. Senior administration, management and front-line staff are present and participate in these meetings. Program reports focus on their department scorecard and address program area strengths and weaknesses. A patient story is highlighted at each meeting, and patients and their

families are supported by the hospital's Patient Advocacy Department to communicate positive and negative patient care experiences. Staff and leadership from the identified areas are present at the meeting to describe improvements and address questions or concerns.

## **PALLIATIVE CARE**

WRH's Palliative Care Team strives to align the most recent clinical evidence and best practices with current practice to improve the quality of care for individuals and their families faced with a life-threatening illness. The Palliative Care Team ensures the level of care offered supports the needs of the patient and ensures that interventions to address acute palliative needs are put in place earlier in the palliative patient journey.

WRH's Nurse Lead Outreach Team (NLOT) provides support in long term care (LTC) homes. The NLOT provides mobile assessment and intervention to all LTC residents including chronic and acute care needs. NLOT has specialized training in geriatric care including Learning Essential Approaches to Palliative Care (LEAP) to help support the multidisciplinary team to align the residents' goals of care and supporting functional decline or palliation in the comfort of their own home. The NLOT Nurse Practitioner can connect with the Geriatric Emergency Management (GEM) Nurse in the emergency department if transfer is needed to ensure the patient goals of care are communicated and discussed with the incoming care team. The GEM Nurse specializes in understanding the needs for older adults which include frailty, geriatric syndromes, and prevention strategies that support a level of independence and wellbeing.

## POPULATION HEALTH MANAGEMENT

For care to be truly patient centred it must be coordinated, collaborative and integrated, ensuring the right patient, receives the right care, at the right time. Collaborating with the Windsor Essex Ontario Health Team (WEOHT) further supports the goal of integrated care, helping to ensure the transition from one care setting to another with fewer barriers. This framework will improve organization-wide support as well as create greater access to community resources during care transitions. Ongoing work will focus on priorities that drive improvement of population health outcomes.

In 2025, WRH rolled out the Senior Friendly Care Framework hospital-wide to achieve the best possible health outcomes for older adults. The QIP includes the hospital acquired delirium indicator which focuses on early intervention and comprehensive management. As the etiology of delirium can be traced to one or more factors and reflects the consequence of a combination of acute illness and medical complications, tracking this metric in addition to implementing the senior friendly education and initiatives hospital-wide will help to decrease overall prevalence.

## EMERGENCY DEPARTMENT RETURN VISIT QUALITY PROGRAM (EDRVQP)

Windsor Regional Hospital (WRH) continues to actively participate in Ontario Health's Emergency Department Return Visit Quality Program (EDRVQP) as part of our commitment to continuous quality improvement, patient safety, and operational excellence. As high-volume emergency departments (ED) with almost 95,000 combined annual visits, WRH recognizes the complexity of delivering timely emergency care within a dynamic and high-

demand environment. Through structured audit reviews including our corporate Quality Practice Committee, enhanced performance monitoring, and targeted operational improvements, the organization remains focused on optimizing patient flow, reducing delays, and strengthening quality and safety within the emergency department.

In response to findings from the 2024/25 EDRVQP audit and collaboration with our Ontario Health ED leads, WRH began a comprehensive external review to obtain an independent assessment of ED-specific processes, physician workflow, staffing alignment, leadership structure, and accountability mechanisms. The review generated WRH to develop the ED Standard of Care policy, utilizing evidence-informed recommendations inclusive of the Ontario Health ED Best Practices Tool Kit that have guided the prioritization and sequencing of departmental improvement initiatives.

A structured implementation plan was developed with clearly defined medical and operational leads, timelines, and measurable performance indicators. To strengthen oversight and sustainability to drive quality and commitment to safety, WRH introduced a dedicated Emergency Department Quality Improvement Coordinator role in November 2025. This role focuses on monitoring and improving key ED metrics including Physician Initial Assessment (PIA), emergency department length of stay (LOS), ambulance offload times, and rates of patients leaving without being seen (LWBS) or against medical advice (AMA). The role enhances alignment between data analysis and frontline operational response, supporting rapid-cycle improvement initiatives.

Performance monitoring has been enhanced through creation of Power BI dashboards, providing real-time and trend-based visibility into arrival patterns, PIA performance, LOS within the ED, ambulance offload intervals, and LWBS/AMA rates. These dashboards are reviewed routinely by ED leadership and physician leads to identify bottlenecks, evaluate interventions, and guide operational adjustments.

To further strengthen accountability and performance transparency, WRH implemented physician scorecards as a new monitoring tool. These scorecards provide individualized data on key indicators such as PIA performance, length of stay and admission metrics, revisit percentages, diagnostic imaging order rates and shift distribution patterns. Physician scorecards are reviewed regularly with medical leadership to support professional practice reflection, identify variation, and align individual performance with departmental quality goals.

In parallel, WRH implemented MetricAid to support physician scheduling. MetricAid enhances visibility into shift allocation, workload equity, and peak-demand alignment. This tool supports evidence-based scheduling decisions, promotes fairness in shift distribution, and enables proactive adjustments in response to operational pressures and arrival pattern analysis.

A key operational change arising from the external review was improved alignment of physician coverage with patient arrival volumes. WRH implemented staggered physician scheduling and introduced an early morning “casino” shift (0400–1000) to address early surge volumes and initiate patient assessment earlier in the

day. Additional overlapping coverage during peak demand hours has reduced variability in wait times and supported improved patient throughput. Early trend analysis demonstrates improved morning PIA performance, better alignment of physician resources with demand, and greater flow stability during high-volume periods.

The 2025 EDRVQP audit identified ongoing challenges related to ED capacity pressures, delays in PIA during surge periods, ambulance offload pressures, and elevated LWBS and AMA rates during peak volumes. These remain priority focus areas for ED-led quality improvement initiatives.

To improve front-end patient flow and mitigate early bottlenecks, WRH established a Rapid Assessment Zone (RAZ) Working Group as a focused operational enhancement. This interdisciplinary team, comprised of physician, nursing, and operational leaders, is responsible for evaluating existing RAZ workflows, refining patient inclusion criteria, clarifying team roles, and improving diagnostic turnaround times within the rapid assessment model. Using detailed analysis of arrival patterns and throughput data, the group is redesigning processes to support earlier diagnostic ordering, more efficient use of treatment spaces, and streamlined patient movement through the zone.

As part of the RAZ optimization work, staffing enhancements were introduced to better align resources with peak demand. An additional RAZ 2 physician coverage model was implemented during identified high-volume periods to strengthen early assessment capacity and reduce variability in PIA performance. In addition, supplemental nursing coverage was added from

1100–2300 to support patient flow, expedite treatment initiation, and improve throughput within the rapid assessment stream. These targeted staffing enhancements have improved operational efficiency within RAZ and reduced congestion in the main emergency department.

Engagement with the Patient and Family Advisory Committee (PFAC) has also been incorporated into the RAZ redesign. Patient and family advisors provided input regarding communication during waits, physical layout considerations, clarity of care processes, and patient experience within the rapid assessment environment. Feedback from PFAC has informed improvements in signage, expectation-setting conversations, and workflow adjustments to enhance transparency and patient-centered care delivery.

In response to elevated LWBS and AMA rates, WRH implemented streamlined ED workflows emphasizing early patient engagement, improved communication regarding anticipated wait times and care plans, standardized documentation practices, and proactive reassessment of patients exceeding target wait times. Structured reassessment protocols have been reinforced to enhance patient safety and maintain clinical oversight during extended waits.

Improving the care provided to paediatric patients remains a priority with strategies resulting in decreased emergency wait times, increasing paediatric clinic utilization, and reducing the number of patients leaving against medical advice through the emergency department. The Paediatric Emergency Diversion Service (PEDs) was established in 2024 and continues to operate in 2026 to meet the needs for after-hours urgent paediatric care. The clinic diverts less acute paediatric patients from the ED to an on-site

outpatient clinic, where a paediatrician assesses and manages the patients. The PEDs clinic workflow is designed to have the ED triage nurses screen patients for eligibility. An ED provider then briefly assesses the patient and approves transfer to the outpatient PEDs clinic for further workup and management. Since implementation, there has been over 7,100 unique initial patients diverted to this clinic. The average total patient length of stay has reduced from 5 hours 33 minutes to 3 hours 29 minutes and the mean time from registration to provider initial assessment, decreased from 3 hours 34 minutes to 33 minutes. Clinic utilization increased from 70% to 95%, and the number of patients leaving AMA dropped by 24%. This is a significant improvement in the care provided to our paediatric population as we continue to make ongoing improvements to this process.

Additionally, WRH implemented a standardized Emergency Department Sickle Cell Disease (SCD) pathway in collaboration with the Complex Hematology Program. This ED-focused initiative supports timely analgesia administration, standardized triage prioritization, and evidence-informed management for patients presenting with vaso-occlusive crises. The pathway includes defined triage guidance, analgesia targets, reassessment intervals, and discharge criteria to reduce variability in care. Education was provided to nursing and physician staff to reinforce early pain management goals and ensure consistent application. Early case reviews demonstrate improved time to analgesia and strengthened adherence to best practice standards for this high-risk population.

Finally, another strategy initiated in 2024 that continues to have positive results in 2025 – 2026 is the Nurse Police Team (NPT), a collaboration between the emergency department and Windsor

Police Services, pairing nurses with frontline police officers to support individuals struggling in the community with substance abuse disorders and related challenges. This program continues to promote community safety and wellbeing. The goal of the NPT program is to deliver care and connect individuals in need with the appropriate support services while steering them away from the criminal justice system and hospital emergency departments. This initiative introduces more meaningful treatment options, resources and other human services to individuals who do not require emergency care but do require some support. The program runs seven days per week, and patients brought to the ED by the NPT trigger a "Code Crisis" alerting the hospital's Mental Health team to respond. Upon arrival to the ED, a hospital social worker and psychiatric assessment nurse attend to the patient, expediting the mental health assessment and allowing the Nurse Police Team to return to the community. Over 600 individuals (from January to December 2025) were diverted from the emergency department, representing a substantial reduction in unnecessary ED visits. This collaboration has not only led to improved production hours for police officers, enabling them to focus on community safety, but has also fostered stronger working relationships with frontline health care providers. The enhanced communication and coordination have resulted in better care for individuals seeking assistance, ensuring they receive the appropriate support in a timely manner.

Collectively, all the emergency department–focused initiatives reflect a coordinated, data-driven approach aimed at improving access, reducing wait times, strengthening patient safety, and enhancing overall emergency department performance within a

Metric	WRM			WRO		
	P4R Target	Last 7 Days	Last 28 Days	P4R Target	Last 7 Days	Last 28 Days
Time to P4R	3.2	10.7	10.3	3.2	8.5	8.0
ED LOS - Non Admitted Low Acuity	3.6	12.7	12.3	3.6	16.1	10.2
ED LOS - Non Admitted High Acuity	6.8	14.7	14.5	6.8	13.0	12.7
Time to Inpatient Bed	18.4	17.8	20.7	18.4	21.2	22.7
ED LOS - Admitted	20.9	26.6	29.5	20.9	29.5	29.7
Ambulance Offload Time	0.5	1.0	1.7	0.5	1.4	1.6

Metric	WRM			WRO		
	P4R Target	Last 7 Days	Last 28 Days	P4R Target	Last 7 Days	Last 28 Days
Time to P4R	3.2	6.8	6.7	3.2	5.6	4.8
ED LOS - Non Admitted Low Acuity	3.6	6.4	7.2	3.6	8.8	7.2
ED LOS - Non Admitted High Acuity	6.8	10.7	10.8	6.8	9.6	10.0
Time to Inpatient Bed	18.4	17.2	20.1	18.4	18.8	23.2
ED LOS - Admitted	20.9	24.9	26.9	20.9	25.9	29.2
Ambulance Offload Time	0.5	0.9	1.1	0.5	0.9	1.0

## EXECUTIVE COMPENSATION

The 2026/2027 QIP is linked to performance-based compensation for non-union staff, and is consistent with the Excellent Care for All Act and approved by the Board of Directors at Windsor Regional Hospital. The performance-based compensation allows non-union staff to have an opportunity to earn up to a 2% bonus, and the CEO, CNE and COS earn up to a 5% bonus.

The nine indicators selected for the performance based nonunion compensation include:

- Alternative Level of Care (ALC) Rate
- Inpatient Discharge by 1100
- Patient Experience – Did you receive enough information from hospital staff about your health and care at discharge?
- Emergency Department Wait Time for an Inpatient Bed
- Hospital Standardized Mortality Ratio (HSMR)
- Medication Reconciliation at Discharge
- Hospital Acquired Infection Rate
- Overall Hand Hygiene Compliance (4 moments)
- Patient Falls with Injury for Admitted Patients

These performance indicators are also incorporated into our Corporate, Program, Quality or Utilization (Patient Access & Flow) Scorecards and are updated (as required) daily, weekly and/or monthly, with ongoing tracking and monitoring.

## CONTACT INFORMATION/DESIGNATED LEAD

Gina Bulcke PhD  
Director, Organizational Effectiveness, After Hour Administration  
& Corporate Office of Research

T: 519.254.5577 x32201

C: 519.995.0256

WRH.on.ca

## SIGN-OFF

It is recommended that the following individuals review and sign-off on your organization's Quality Improvement Plan (where applicable):

I have reviewed and approved our organization's Quality Improvement Plan on

---

---

Board Chair

---

Board Quality Committee Chair

---

Chief Executive Officer

---

EDRVQP lead, if applicable

---