

Quality Improvement Plan (QIP)

# Narrative for Health Care Organizations in Ontario

April 1, 2026

Approved by the TVFHT Board of Directors March 26, 2026



## OVERVIEW

Our ongoing organizational focus for 2026–27 will continue to be measurable expansion of access to primary care, leveraging recently awarded Primary Care Action Team (PCAT) funding, as well as anticipated future funded proposals, alongside internally led initiatives. Building on our experience scaling programs across multiple sites, in multiple regions, we will focus on extending hours of service, adding interprofessional team capacity, and supporting targeted outreach to underserved populations. These efforts will be paired with strengthened data tracking and quality improvement processes so we can demonstrate improved attachment rates, reduced service duplication, and more timely access to care.

In parallel, we will advance a coordinated resource-sharing strategy across partner organizations to improve administrative efficiency and sustainability. By expanding shared back-office functions (finance, HR, procurement), centralized quality improvement supports, and integrated clinical programming design, we can reduce duplication of administrative effort and create cost advantages and efficiencies. The intent is not simply cost containment, but intentional reallocation that ensures a greater proportion of Health Human Resources (HHR) funding is directed toward front-line patient, client, and community member care.

This work aligns with our broader strategic direction and governance commitments: thoughtful expansion, prudent stewardship of public funds, and demonstrable community impact. Regular reporting through our QIP and data dashboards will track progress, risks, and outcomes to support transparent oversight by leadership and the Board, and to ensure that growth remains sustainable, equitable, and responsive to community needs.

## ACCESS AND FLOW

Improving access and flow remains a central priority for our organization as we continue to expand primary care capacity and strengthen system partnerships. Over the past year, and continuing into 2026–27, we have implemented initiatives to ensure individuals receive the right care, in the right place, at the right time, reducing avoidable emergency department use and supporting people to remain in their communities as long as possible.

Working in structured partnership with our hospital partners, we have established a post-discharge follow-up program that ensures patients are contacted and offered interprofessional primary care team support within seven days of hospital discharge. This initiative aligns with Ontario Health's Transitions Between Hospital and Home Quality Standard and supports continuity of care, medication reconciliation, and timely follow-up.

We are also advancing standardized clinical service design across all sites to ensure consistent core services, extended hours, and clear pathways for access. This consistency supports smoother patient flow across our 23 locations and allows for targeted outreach to unattached or high-risk populations. In parallel, shared back-office and quality improvement resources enable better program coordination, data tracking, and capacity planning across partners.

Equity remains foundational to this work. Through a formal partnership with Noojimo, an Indigenous mental health provider, we continue to expand culturally appropriate care pathways and improving access to mental health supports for Indigenous patients and families. These efforts, combined with our PCAT-funded expansion of interprofessional teams, will continue to improve timely access, strengthen transitions of care, and ensure equitable, community-based care delivery aligned with our governance commitment to measurable system impact.

## EQUITY AND INDIGENOUS HEALTH

TVFHT prioritizes and works to improve health equity through the organizations associated strategic direction, an internal Health Equity and Cultural Safety Committee (HECSC), and training opportunities offered to employees and board members. The HECSC will continue to offer health equity-focused micro-trainings at all-staff meetings and champion local learning opportunities related to equity, diversity, inclusion and anti-racism. Additionally, the HECSC in collaboration with the Quality Team will be supporting staff with processes, resources and data collection that support patients who are experiencing language and transportation barriers.

In the upcoming fiscal, we will focus on strengthening our existing partnership with Noojimo, an Indigenous-owned organization that provides culturally safe and timely virtual mental health services, delivered by an Indigenous care provider for Indigenous people. Our current partnership supports patients (both those covered by NHIB and those who are not) to access these mental health services. We are working to enhance awareness of these services by embedding standardized communication into Rapid Access mental health intake appointments across the organization.

Through IPCT funding received, we will continue to expand access to primary care services for those who are experiencing homelessness and optimize supported attachment models where appropriate for these clients.

## PATIENT/CLIENT/RESIDENT EXPERIENCE

Improving patient and client experience is a core element of our quality improvement framework and is embedded into team member performance expectations. Departmental teams have KPIs related to collecting experience feedback, and annually we receive more than 1,000 patient surveys across our locations.

This feedback is systematically reviewed through our Quality Improvement (QI) processes and integrated into program planning, operational reviews, and leadership reporting to ensure continuous improvement.

We use feedback in several structured ways. Positive comments about team members are shared through our performance management system as “shoutouts,” reinforcing behaviours that align with our values. Constructive feedback is reviewed with supervisors and QI Leads to identify trends, support coaching conversations, and implement service improvements such as adjustments to scheduling, communication practices, or care pathways. Where feedback relates to partner organizations, we share insights to jointly address opportunities for improvement supporting better access and flow across the system.

## PROVIDER EXPERIENCE

TVFHT recognizes that the retention of front-line employees is a critical factor in delivering consistent, high-quality care. Sustaining a stable workforce requires low turnover, engaged and fulfilled employees, and alignment with a shared organizational mission and vision. As such, workforce stability and experience remain strategic priorities.

TVFHT has focused on strengthening the total employee value proposition, including a comprehensive compensation and benefits package. This includes extended health and dental benefits, participation in the Healthcare of Ontario Pension Plan (HOOPP), and periodic compensation reviews. In light of ongoing compensation shortfalls and limited movement from the funder, TVFHT has taken internal measures to address wage gaps where feasible in order to support recruitment and retention.

Employee engagement and continuous improvement are supported through multiple formal and informal feedback mechanisms. TVFHT conducts an annual employee engagement survey to identify

strengths, opportunities for improvement, and areas requiring organizational focus. In addition, the organization maintains a virtual suggestion box to enable real-time feedback.

Targeted feedback initiatives further strengthen workforce experience. A provider experience survey is currently being completed with members of the Paediatric Virtual Urgent Care team to better understand practice environment supports and opportunities for enhancement. Additionally, a structured 45-day review process captures feedback from new employees regarding recruitment and onboarding, enabling continuous improvement in early employment experience and integration.

TVFHT promotes collaboration and shared learning across disciplines. Quarterly networking meetings facilitate cross-professional education, shared learning, and relationship-building across sites and programs. Professional development opportunities are supported across roles, including student placements, clinical supervision and mentorship for the mental health team, and access to Tele-Mental Health consultation through the Western Hub.

Employee voice and wellbeing are further supported through an internal Employee Engagement Council and a Wellness Committee. These forums identify opportunities to strengthen workplace wellbeing, enhance organizational culture, and ensure employees have structured avenues to contribute to current and future program and service enhancements.

## SAFETY

TVFHT maintains comprehensive training and oversight processes to support safe, high-quality care delivery. Active Medical Directive Authorizers (Nurse Practitioners) and Implementers (Registered Nurses, Registered Practical Nurses, Respiratory Therapists, and Pharmacists) receive training

specific to their scope of practice and delegated authorities. Medical Directives are formally reviewed and updated at minimum on a biannual basis, or sooner if evolving best practices or regulatory requirements warrant revision. With each update, Implementers review relevant supporting educational materials to ensure continued competency and safe application. An annual anaphylaxis review is also completed to reinforce emergency preparedness. Oversight of Medical Directive documentation is conducted to promote compliance, accuracy, and patient safety.

All staff receive mandatory training related to infection prevention and control (IPAC) and workplace health and safety requirements. Near misses, incidents, and patient safety events are reported using standardized reporting tools and reviewed at multiple levels of leadership, including clinical and operational leads, Quality Improvement (QI) teams, and executive oversight. This layered review

structure enables identification of trends, workflow adjustments, and the dissemination of lessons learned across our 23 locations, supporting consistent and safer care delivery regardless of site.

TVFHT is committed to fostering a safe and respectful environment for staff, patients, and visitors. As part of our quality improvement and risk management framework, comprehensive Workplace Violence Risk Assessments (WPV RAs) are being undertaken across sites. These assessments align with Occupational Health and Safety legislation and recognized best practices, and are designed to proactively identify hazards, evaluate existing controls, and implement evidence-informed mitigation strategies. Priority is given to locations where workplace violence risks or incidents have been identified, ensuring that resources are directed to areas of greatest need. Findings inform site-specific action plans, strengthen reporting and prevention processes, and support continuous improvement in both psychological and physical safety across the organization.

Through the IPCT Collaboration for Health & Homelessness initiative, TVFHT, in partnership with London Cares (Homelessness Services Partner Organization), will conduct a joint Workplace

Violence Risk Assessment in 2026–27. This collaborative assessment will inform safe service delivery within shared environments where transient and vulnerable populations access primary care and follow-up services. The work will guide coordinated safety protocols, clarify shared responsibilities, and strengthen inter-organizational risk mitigation strategies.

As part of our broader equity commitment, TVFHT works with key partners to ensure culturally safe care pathways and to provide training that equips team members to deliver trauma-informed, inclusive services. Safety performance indicators, incident trends, and mitigation strategies are regularly reported to senior leadership and the Board of Directors. This governance oversight reinforces a culture in which safety, professionalism, and continuous learning are shared accountabilities directly linked to improved patient outcomes.

## PALLIATIVE CARE

Our organization integrates a palliative approach across the illness trajectory, guided by Ontario Health's Quality Standard for Palliative Care and the Palliative Care Health Services Delivery Framework, providing coordinated, interdisciplinary, and person-centred support for patients with life-limiting illnesses and their families.

Our interdisciplinary Memory Clinic applies a palliative approach for moderate to advanced dementia. The team provides anticipatory guidance, supports substitute decision-maker planning, and connects families to community resources, including the Alzheimer Society and Ontario Health at Home. This reflects the Framework's emphasis on coordinated, cross-sector care and caregiver engagement, improving preparedness and quality of life.

Respiratory Therapists address end-of-life conversations and plans with appropriate patients as a standard part of patient education. For individuals with advanced COPD and progressive respiratory disease, this includes discussion of illness trajectory, exploration of values and preferences, and documentation in the EMR.

Patients and caregivers experiencing anticipatory grief, caregiver stress, complex grief, or bereavement are referred to mental health services through our rapid access intake model. Mental health and nursing team members assist with system navigation and connect families to community-based services, including the Ontario Caregiver Organization and other local supports. Clinically appropriate individuals receive goal-oriented counselling focused on coping strategies, adjustment to illness progression, and complex grief support. This approach supports holistic, family-centred care and improves timely access to bereavement and caregiver supports across the illness trajectory.

Together, these initiatives demonstrate our commitment to enhancing quality of life by proactively addressing physical, emotional, and social needs, supporting informed decision-making, facilitating continuity of care from diagnosis through end-of-life, and helping patients access community programs, including Ontario Health atHome, to receive care closer to home and engage in discussions about preferred care settings.

## POPULATION HEALTH MANAGEMENT

Population health management is a key component of our strategic and quality improvement approach as we expand access to primary care through PCAT funding and coordinated initiatives across our 23 sites. We are strengthening partnerships with our local Ontario Health Teams (OHTs), hospital partners, community agencies, Indigenous service providers, and local public health units to better understand and respond to the health and social needs of our communities.

Working with OHT partners, we are identifying priority populations such as unattached patients, individuals with complex chronic conditions, and those at risk of hospitalization using shared data insights and referral pathways. Local public health units provide guidance on community health trends, prevention priorities, and equity-focused interventions, helping us align primary care expansion with population-level needs. These insights inform co-designed care models that include interprofessional teams, and targeted outreach in partnerships.

We are also advancing shared resource strategies centralized quality improvement analytics, standardized clinical program design, and coordinated back-office supports. This enables consistent service delivery and more efficient use of Health Human Resources funding. This allows greater investment in front-line care while maintaining robust planning and reporting capacity. Population-level indicators are tracked through our QI dashboards and reported through various channels to ensure accountability and continuous learning.

Through these collaborative, data-informed approaches, we are improving timely access to care, supporting individuals to remain in the community, and advancing equitable, person-centered services that address both medical and social determinants of health.

## OTHER

TVFHT continues to support timely access to primary healthcare services for children and youth through the Paediatric Virtual Urgent Care (PVUC) program. The PVUC team provides same-day and next-day virtual care for children aged 18 years and under across the Ontario Health – West Region, helping to reduce barriers to care and avoid unnecessary emergency department visits. As part of our Quality Improvement Plan, TVFHT has set a target to support access to care for 6,600

pediatric patients, ensuring responsive, equitable, and family-centred care through a coordinated virtual service model.

As part of our commitment to innovation and improving access to primary healthcare services, TVFHT has recently implemented Tali AI Scribe, a digital documentation solution designed to enhance clinical efficiency. By supporting real-time clinical documentation and reducing administrative burden, this technology enables providers to dedicate more time to direct patient care. The implementation aligns with our organizational AI governance framework and privacy standards, ensuring responsible and secure use. Through improved workflow efficiency and reduced documentation time, Tali AI Scribe supports increased provider capacity, enhanced patient access, and improved overall care experience within the primary healthcare setting.

TVFHT supports permanent and supportive attachment to primary care through NP as most responsible providers (MRP). NP MRPs are responsible for a panel of patients newly attached off the Health Care Connect List, supported by a full scope multidisciplinary team. TVFHT is supporting change through a shift to NP as MRP with support of a NP Transformation Lead role. Working closely with the TVFHT Quality team, data gathering, outcomes, and best practices are being identified and shared.

TVFHT is supporting our Academic mandate with the introduction of the Academic Lead role. This will support IHP teachers in academic sites, aligning with university programming. This role will also support new academic sites across our geographic areas.

As our primary care teams continue to grow, we are intentionally strengthening the structures that safeguard high standards of care delivery. Expansion is paired with standardized onboarding, clear clinical pathways, and defined scope-of-practice expectations to ensure consistency across sites. Through a quality improvement lens, we are enhancing real-time performance dashboards, conducting regular audits, and monitoring access, continuity, and patient experience indicators to proactively identify variation.

Interdisciplinary case reviews, peer learning forums, and Plan-Do-Study-Act (PDSA) cycles are used to test and refine workflow changes as teams scale. We are also investing in leadership development and quality coaching to ensure managers can support data-informed decision-making at the front line.

## 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

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Board Chair

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Quality Committee Chair or delegate

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CEO/Administrative Lead

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Other leadership as appropriate

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**ACCESS & FLOW****Measure - Dimension: Efficient**

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Number of new patients/clients/enrolments	P	Number / PC patients/clients  Unattached community members	EMR/Chart Review / Most recent consecutive 12-month period	422.00	5000.00	Target is actually 9,600 (system limits entry to 5,000) and is based on IPCT funding commitments as well as internal targets for attachment related to NP MRP expansion.	

**Change Ideas**

Change Idea #1 Partnerships with attachment commitments that are supported by IPCT funding.

Methods	Process measures	Target for process measure	Comments
Healthcare Connect lists along with other partnerships that benefit from support w patient attachment.	EMR verification of number of patients newly attached.	Incrementally increasing attachment that lines up monthly/quarterly proportionately with the overall attachment goal.	

Change Idea #2 Leveraging supported attachment to streamline the process of attaching patients to providers.

Methods	Process measures	Target for process measure	Comments
Establishing supported attachment teams that will coordinate with OH partners on HCC lists, complete administrative process for new patients, and will support patient stabilization prior to attachment.	TBD - likely to involve an EMR shadow code, as well as complexity scoring. Flow of patients through supported attachment to provider attachment will indicate success.	Time from HCC notification to patient attachment.	Because supported attachment is still being developed, determination of appropriate process target has yet to be defined.

**ACCESS & FLOW****Measure - Dimension: Timely**

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Timely access to mental health intake appointment with a goal of 90% of rapid access mental health appointments being available within 14 days or less.	C	% / Patients referred for rapid access appointment  All TVFHT patients	EMR/Chart Review / April 1 - March 31	CB	90.00	Ensuring that patients with mental health service needs have appointments available to them in a timely fashion. 90% was selected with recognition for HHR limitations, volume differences, and to factor in referral variances.	

**Change Ideas**

Change Idea #1 Expanded scope of nursing services means that mental health rapid access appointments can be supported by either a mental health counsellor, a registered nurse, or a registered practical nurse. This means additional HHR resources available to support fluctuations in demand.

Methods	Process measures	Target for process measure	Comments
Leveraging expanded scope to increase capacity.	EMR confirmation of expanded scope and rapid access appointment bookings in MHC, RPN, RN schedules.	Availability of appointments in schedules.	Expanded scope will allow multiple clinical disciplines to support and shorter wait times.

## EQUITY

### Measure - Dimension: Equitable

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of clients actively receiving mental health care from a traditional provider	O	% / Clients	EMR/Chart Review / Most recent quarter of data available	CB	CB		

### Change Ideas

#### Change Idea #1

Methods	Process measures	Target for process measure	Comments
			Organization has other priority areas of focus for the fiscal year.

**EQUITY****Measure - Dimension: Equitable**

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Translation service utilization. Collecting baseline on translation service offerings to patients. Creating new process for translation service offering at time of booking with a longer term goal of having translation services offered to every patient at time of booking.	C	% / All patients  All TVFHT patients	EMR/Chart Review / April 1 - March 31	CB	CB	Utilizing a new translation service vendor and will leverage Q1 to review this indicator.	

**Change Ideas**

Change Idea #1 Our overall goal is to ensure that all patients are offered translation services at time of appointment booking. At present we do not know our current offering rate as well as we are in the middle of a system solution change, hence the intent to start Q1 collecting baseline and adjusting to a target in year.

Methods	Process measures	Target for process measure	Comments
Initially collect information on offering rate, then transitioning to a process improvement plan to make improvement.	% of patients who receive translation services offering at time of appointment booking.	collecting baseline initially	n/a

## Experience

### Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of survey respondents who strongly agreed or agreed with the statement "I felt comfortable and welcome during my appointment".	C	% / All patients  All TVFHT patients	Internal patient experience survey / April 1 - March 31	CB	85.00	This is a new question on our internal survey. We anticipate this question along with associated comments will offer insights into the ways in which we can modify our clinical environments and relationships, to further support our patients.	

### Change Ideas

Change Idea #1 Collection of feedback to asses current patient assessment of our clinics. Leveraging written comments to provide insights on improvement areas and implementation.

Methods	Process measures	Target for process measure	Comments
Patient experience survey	Patient experience survey metric results	actioning patient feedback driving improvement in collected metric	N/A

## Safety

### Measure - Dimension: Safe

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of patients who were contacted for Hospital Discharge Follow-up who received contact within 7 days of discharge.	C	% / All patients All TVFHT patients	HRM shared data tracking sheet / April 1 - March 31	62.00	80.00	Goal is to improve on the number of patients who are contacted within 7 days post discharge. This is a carry over indicator from prior fiscal.	

### Change Ideas

Change Idea #1 Much of the lower performance from prior fiscal related to gaps in HHR (i.e. turnover, LOAs, etc.). Efforts to establish cross coverage, schedule blocking to prioritize work, etc. will continue to be focused on to reduce variability.

Methods	Process measures	Target for process measure	Comments
As noted above.	Monitoring tracking sheet and EMR schedules.	Monthly reviews of tracking sheet and EMR schedule. This is an increased cadence from prior fiscals in which quarterly review was conducted.	This work is also a KPI (Key Performance Indicator) for nursing team members.

**SAFETY****Measure - Dimension: Safe**

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of post-hospital discharge patients referred by nursing to TVFHT pharmacist who had a medication reconciliation completed.	C	% / All patients  All TVFHT patients	EMR/Chart Review / April 1 - March 31	CB	CB	We want to work towards 100% of patients eligible for post-hospital discharge contact receiving a medication reconciliation by a TVFHT pharmacist. This is a critical step in improving medication safety and decreasing hospital readmission and mortality rates.	

**Change Ideas**

Change Idea #1 Continue supporting nursing team in optimizing referral processes for TVFHT pharmacist-led medication reconciliation.

Methods	Process measures	Target for process measure	Comments
Team meetings, tracking sheet audits	See an increase in referral rates to TVFHT pharmacist	100% of quarterly nursing team meetings include review/discussion of HRM processes with support from the QI team	