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Quality Improvement Plan (QIP) Narrative for Health Care Organizations in Ontario



Santé
Bruyère
Health

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Bruyère Health QIP Narrative Report 2026-2027

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Overview

Bruyère Health is Eastern Ontario's leading health organization specializing in aging, rehabilitation, and the care of individuals with multiple complex medical conditions. We integrate compassionate, person-centred care with world-class research to enhance quality of life for those we serve and their loved ones. As an academic health sciences centre, we are committed to training the next generation of health professionals to identify—and act on—opportunities to strengthen the health system.

Our quality improvement efforts focus on optimizing the patient experience, improving transitions between care settings, reducing falls, and preventing pressure injuries. By advancing improvements in these priority areas, we reinforce our commitment to delivering exceptional care and supporting meaningful improvements in quality of life.

Access and Flow

Bruyère Health's Admission and Patient Flow department collaborated with high-volume acute care partners to design and implement two streamlined admission pathways for geriatric hip-fracture patients and individuals recovering from stroke. These pathways allow eligible patients to be assessed and automatically accepted when predefined clinical criteria are met, reducing wait times and enabling earlier access to high-intensity rehabilitation.

Additional initiatives include strengthening transitions home through the Bruyère@Home Program, enhancing discharge planning processes, and conducting Weekly Complex Discharge Reviews. Collaboration with Ontario Health at Home and program-specific ALC case reviews further support timely and coordinated transitions.

Community integration has been expanded through the Community Spotlight Series, now featuring 11 organizations with six more planned. Process improvements have also supported more efficient transitions of Stroke ALC patients to Transitional Care, increasing access to rehabilitation beds. Lastly, Bruyère Health has fully implemented the Home First Operational Directive, and all applicable ALC Leading Practices for non-acute settings are completed or underway.

This year Bruyère Health introduced non-acute palliative care beds to address a recognized need within the regional healthcare system. A growing number of patients are remaining on the acute palliative care unit longer than anticipated, with 17% staying over 44 days. This has contributed to a decline in new admissions, limiting access for patients who require specialized palliative services. In response, Bruyère Health is piloting a new model that designates up to six non-acute palliative care patients, those with stable conditions and non-complex care needs, to a transitional care unit.

Equity and Indigenous Health

Bruyère Health continues to honour its commitment to reconciliation and the Truth and Reconciliation Commission Calls to Action through a dedicated pillar focused on Indigenous Health. Working collaboratively with Indigenous staff and community partners, we aim to provide culturally responsive, holistic care.

One way this work is advanced is through our Indigenous Resource Group, which fosters an inclusive and culturally respectful environment and creates opportunities for Indigenous voices to be heard. In collaboration with the EDI Specialist, the group has developed educational sessions and resources that strengthen staff understanding of Indigenous cultures, perspectives, and healthcare needs.

Key initiatives in 2025–2026 included:

- Launching the Indigenous Resource Group Pamphlet and reviewing the smudging policy.
- Creating awareness during Indigenous days of recognition and offering cultural competence training.
- Facilitating Blanket Exercises, Sharing Circles, and on-unit learning sessions.
- Strengthening connections between Indigenous patients, Elders, and community supports.
- Collaborating with Indigenous organizations and promoting storytelling through the Share Your Story Community Practice.

Building on these efforts in 2026–2027, we plan to:

- Update the Indigenous Resource Group Pamphlet with community input.
- Expand education through guest speaker sessions for leadership and continued awareness initiatives.
- Deepen partnerships with Indigenous organizations and the Social Work Department to improve system navigation.
- Continue Sharing Circles and storytelling practices to amplify Indigenous voices.

Patient/Client/Resident Experience

Hospital Programs:

The hospital programs review patient experience survey data monthly to identify opportunities for improvement. Unit-based Quality Committees implement targeted initiatives such as improving discharge planning processes, redesigning care boards to enhance communication, and introducing a structured orientation processes for patients.

Our QIP initiatives aim to strengthen the overall patient, client, and resident experience by standardizing communication and improving consistency in care interactions. AIDET and Care Boards are being reinforced as core tools to orient individuals to their care and ensure clarity when staff are not present in the room. Clinical Leader Rounding, Client Rounding, and Focused Hourly Rounding are being emphasized as key practices to proactively identify needs, enhance safety, and close the loop on concerns through a simplified rounding tool.

Bruyère Health Academic Family Medicine:

In primary care, the Family Health Team (FHT) continues to embed patient voices through its Patient Partner Committee, which reviews complaints, safety incidents, and projects that impact patients. Engagement opportunities include participation in the Quality Improvement Committee, the Annual Mental Health Strategic Planning Retreat, and contributions to the Patient Newsletter. Change ideas emphasize patient education, health literacy, and self-management tools. The upcoming launch of online appointment booking will further enhance accessibility and patient autonomy.

FHT Program and Service Highlights:

Our Elder Care RN role has continued to be pivotal for Advanced Care Planning and Goals of Care discussions being initiated and documented. The FHT is spreading the work of research project, *Marche vers le futur*, that delivered a community wide falls prevention program for Ontario francophones 55+ addressing gap in Ontario. With help of a Healthcare Excellence Canada Grant for Enhancing Integrated Care, we are in progress to translate the evidence-based Falls Prevention modules to English to expand access to Ontario anglophones in the community. Our Elder Care RN along with our Kinesiologist continues to build the Falls Prevention program based on a New Zealand model for Primary Care.

Program-specific initiatives also contribute to improved experience. The Elder Care RN role continues to support Advance Care Planning and Goals of Care discussions. The RN Care Navigator role, which focused initially on youth mental health, has now broadened to support priority populations and patient attachment, particularly through partnerships with the OHT K1N Lowertown Pilot Project. Gender-affirming care services will expand in 2026 to address growing provincial demand and reduce harms associated with delayed access.

Long-Term Care:

In Long-Term Care, the resident experience focus has shifted toward supporting residents to live life in alignment with their wishes. Department-specific goals—ranging from standardized housekeeping audits to enhanced food services, improved clinical procedures, and expanded recreation programming—are developed collaboratively with residents and families. The Resident Experience Committee, which includes resident and family representatives, guides these efforts and ensures that improvements reflect what matters most to residents. The resident experience team is also working on updating the resident experience handbook as well as on enhancing care conferences to further improve resident attendance.

Across all programs, Bruyère Health continues to strengthen the patient, client, and resident experience by embedding patient feedback into quality improvement initiatives and fostering meaningful engagement at every level of care.

Provider Experience

As part of Bruyère Health's service excellence journey, a key emphasis has been put on improving clinical support through consistent client rounding and ensuring care providers receive timely assistance from support services. We are continuing to strengthen the leadership rounding process, including Senior Leader Rounding, by developing practical tools and establishing clearer expectations for leaders, creating a more predictable, collaborative, and engaged work environment.

In Spring 2026, Bruyère Health plans to administer its Workplace Culture Survey in partnership with Accreditation Canada. Following receipt of the results, action plans will be developed to address the highest priority organizational and departmental opportunities.

Bruyère Health holds Intentional Leadership Forums with people leaders across the organization as an opportunity for leaders to learn together and take a deep dive into one of the three pillars of Bruyère Health's Intentional Leadership Behavioural Model, which include Model the Way, Empower Potential and Dare to

Dream. In addition, an Annual Leadership Conference is held in April to bring together people leaders and emerging leaders to learn, network and align around shared priority initiatives for the coming year.

Leaders across Bruyère Health conduct Thrive Conversations with their staff every second year to engage team member in a routine conversation about their contributions, how they live Bruyère Health's values, and to support their needs and aspiration for development. These discussions signal our focus on supporting employee engagement, wellness and growth.

Occupational Health and Safety Team is developing a Corporate Psychological Safety Plan for Senior Strategy Team approval and implementation of year 1 initiatives.

Bruyère Health recently relaunched its Attendance Management Program following its pause during the pandemic. The program identifies staff whose sick leave is higher than the hospital threshold for a supportive discussion between the leader and the employee. The intent of the program is to support employee wellness, review possible accommodation requirements, and reinforce fairness and consistency.

Safety

Bruyère Health is dedicated to patient safety and improving our practices to mitigate and minimize risks.

Over the past year, Bruyère Health has participated in the Ontario Health Never Events reporting initiative. In effort to reduce pressure injury Never Events, an initiative to reduce linen layers in patients at risk of pressure injuries was implemented. Another project involving implementing interprofessional wound rounds has been piloted on long-stay units.

The Risk Incident Management System (RIMS) is used to report patient and visitor safety incidents at Bruyère Health. This year, the Quality, Patient Safety, and Risk Management team has made significant changes in RIMS to improve reporting accuracy, enhance comprehensive incident analysis, and increase ease of use to encourage reporting and thorough review of incidents. In particular, the medication incident section of RIMS has been tailored to feedback from teams to encourage efficiency, timeliness, and accuracy of reporting and reviewing medication incidents.

Safety in Primary Care:

In Primary Care, Bruyère Health continues to use a proactive, learning-oriented safety culture that emphasizes early identification of risks, standardized clinical processes, and real-time monitoring.

A key example of this approach is the initiative to address rising rates of iron deficiency in infants. Our Registered Dietitian identified a concerning trend aligned with provincial data, observing that a significant number of preschool children have anemia and iron deficiency. As a result, steps were taken to revise standardized EMR tools for well-baby visits and dietician assessments, development of an Iron Deficiency Management Decision Tree, and delivery of education to clinicians about Iron Deficiency in children.

Another example is the development of an Elder Abuse Protocol in primary care to have a clear process in identifying risk of harm to clients. This work builds on the established Intimate Partner Violence and Suicide Risk Assessment Protocols, which reflects the organization's commitment to protecting vulnerable population and ensuring consistent evidence-based responses.

Safety in Long-Term Care:

Bruyère Health's Long-Term Care homes continue to demonstrate a culture of safety that is focused on a proactive approach to safety and responding to safety incidents.

This year, the team developed an antipsychotic toolkit to support safer prescribing and improve staff understanding of risks and best practices. Multiple assessment tools—including skin and wound referral and consultation tools, the 60-second diabetic tool, and the Braden scale—were updated or newly created to standardize assessments and ensure early identification of risks such as pressure injuries and diabetic complications.

Falls and wound prevention remain key priorities. Monthly fall targets are monitored, and interdisciplinary Fall and Wound Squads at Saint-Louis LTC, along with interdisciplinary fall meetings at Élisabeth-Bruyère LTC, support ongoing review and targeted interventions. Innovative technologies, such as bed sensors and repositioning reminders, were also piloted this year to enhance resident safety and reduce preventable incidents

Palliative Care

Hospital programs:

Our 31-bed Palliative Care Unit is dedicated to delivering compassionate, comprehensive, and high-quality care for patients and families. Our interdisciplinary team of physicians, nurses, social workers, and spiritual care providers work together to ensure comfort, dignity, and support throughout the palliative journey.

A holistic approach is followed, focusing on effective pain and symptom management while helping patients maintain the best possible quality of life. Care plans are developed collaboratively with patients and families taking into consideration their values and preferences. For some, this includes transitioning back to the community; for most, we provide support until end of life.

Education and research are also central to our mission. We prepare future healthcare professionals and advance palliative care knowledge through training programs aligned with the Ontario Palliative Care Network's standards.

Our commitment includes incorporating:

- Patient involvement through collaborative, person-centered care planning.
- Bereavement support for loved ones with resources and referrals for grief counseling and peer support.
- Ongoing discussions about preferred care settings and place of death.
- Culturally appropriate care with partnerships for cultural competency education, interpretation services, and engagement with diverse communities.
- Continuous improvement, which is supported through feedback from patient and family experience surveys to inform our practices and quality initiatives.

Through these practices, we uphold the highest standards of palliative care, ensuring dignity, compassion, and respect for every patient and family we serve.

Long-Term Care:

Bruyère Health's Long-Term Care homes deliver a comprehensive, evidence-informed palliative approach through the Collaborative Living Journey (palliative care) program, which ensures residents receive compassionate, person-centred support throughout their journey to end of life.

Registered staff work closely with residents, loved ones, and the interprofessional team to develop individualized care plans that prioritize comfort, dignity, and effective symptom management. Ongoing assessments ensure care plans evolve with residents' changing needs, and residents who may benefit from enhanced palliative supports are identified proactively.

Social Service Workers provide emotional support, counselling, and practical guidance to residents and families, while the clinical chaplain addresses spiritual and cultural needs. Annual mandatory education ensures staff remain aligned with best practices, and the program is reviewed quarterly through the Resident Experience Committee to identify opportunities for improvement.

Population Health Management

Bruyère Health is advancing a dementia strategy that embeds a compassionate, dementia-informed philosophy across all care and services, elevates specialized clinical care through innovation and evidence-based practices, and deepens collaboration and system integration with community partners. Together, these pillars create a coordinated, supportive, and person-centred experience for individuals living with dementia and those who care for them.

To address the population health of people living with diabetes, Bruyère Health conducted a comprehensive review of the Team-Based Care Approach to Diabetes, which identified opportunities to strengthen communication and standardization. The Diabetes Passport—a tool linking patients to current, evidence-based resources—was introduced following an environmental scan and internal consultations. Initial evaluation identified enablers such as ease of access to resources and barriers such as unclear workflow ownership. Ongoing change-management efforts will refine workflows, and the Diabetes Education Team will update the diabetes registry to support proactive outreach.

Executive Compensation

Our executives' compensation, including the percentage of base salary and targets, is linked to performance in the following ways:

- President and Chief Executive Officer: 4% of annual base salary is linked to successful completion of a portion of the QIP performance goals.
- Senior Leadership Team*: 4% of annual base salary is linked to successful completion of a portion of the QIP performance goals. (*Includes: Chief of Staff; Senior Vice-President Clinical Programs & Chief Nursing Officer and Allied Health; Vice President Human Resources and Organizational Development; Chief

Financial Officer and Vice-President Corporate Services, Planning and Development; Vice President, Strategy, Engagement, Communications, Development and Integration; Vice-President Quality and Performance.)

The pay for performance envelope is spread across a portion of the Hospital program's QIP priority indicators for all members of the executive subject to pay for performance. Partial achievement of objectives will result in partial payout, as determined by the Board of Directors.

Contact Information/Designated Lead

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