Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

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Ontario Health

OVERVIEW

The Toronto Western Family Health Team (TWFHT), part of the University Health Network (UHN), delivers academically integrated, interdisciplinary primary care to a diverse urban population. In 2025-2026, we strengthened timely access performance (71.63%), achieved high engagement in equity education (81.33% completion), sustained 100% clinician eReferral utilization, enhanced online booking capacity, and improved administrative-clinical workflow integration. These accomplishments reflect a stable and digitally mature primary care model.

For 2026-2027, our Quality Improvement Plan advances from foundational implementation to system reliability and governance maturity. Our focus is on improving patient perception of access, embedding equity into operational structures, modernizing communication pathways through measurable fax reduction, and ensuring improvement initiatives are sustainable and provider-sensitive.

This year's QIP emphasizes disciplined measurement, structured process monitoring, and leadership oversight. Rather than expanding services, we are refining clarity in team-based care, strengthening digital system integration, and ensuring equity considerations inform operational decisions. Our approach aligns with Ontario Health priorities and reflects continuous, data-informed improvement within an academic primary care environment.

ACCESS AND FLOW

Timely access to care remains a central pillar of high-quality primary care. With current patient-reported timely access performance at 71.63%, TWFHT is performing strongly; however, we recognize that patient perception is shaped by clarity of communication, interdisciplinary routing, and care model understanding, not solely appointment availability.

In 2026–2027, our access strategy shifts toward system optimization rather than volume expansion. We will continue to refine integration between administrative and clinical workflows to ensure that patients are directed efficiently to the most appropriate provider within our interdisciplinary team. Structured tracking of administrative-clinical interactions will allow us to better understand demand patterns and triage effectiveness. Our objective is to improve not only timeliness but patient confidence in the care pathway.

We will also reinforce communication regarding team-based care models so patients understand that access to a nurse practitioner, clinical associate, or other interprofessional provider represents continuity and quality, not substitution. This clarity is essential in an academic Family Health Team where care is delivered collaboratively across multiple provider types. Through ongoing monitoring of triage processes and structured review of appointment utilization patterns, we aim to enhance both the measurable experience of access and the perceived reliability of our care model.

EQUITY AND INDIGENOUS HEALTH

TWFHT achieved 81.33% completion of equity, diversity, inclusion, and anti-racism education in the prior year, reflecting strong engagement across disciplines. In 2026–2027, our equity work transitions from educational uptake to embedded governance and operational integration.

Our strategic objective is to ensure equity is not episodic or training-based, but structurally embedded in decision-making processes. To support this, we will conduct a minimum of two structured interdisciplinary equity planning meetings annually, with a target of full completion. These meetings will align EDI objectives with our broader Strategic Plan and quality oversight framework.

Additionally, we will continue reviewing policies, Terms of Reference, and committee mandates through an equity lens. This includes evaluating how our operational structures impact diverse patient populations and identifying opportunities for inclusive design. Our Social Accountability and EDI Committee will continue to serve as a central accountability mechanism for these efforts.

We recognize that advancing equity and Indigenous health requires sustained, measurable action rather than symbolic initiatives. This year’s focus is therefore on governance maturity, strategic alignment, and integration into routine operational review.

PATIENT/CLIENT/RESIDENT EXPERIENCE

Patient experience remains foundational to TWFHT's academic care model. Experience metrics are reviewed quarterly by leadership and clinical teams, ensuring feedback informs structured improvement cycles.

In 2026–2027, we will strengthen integration of patient feedback into resident education and interdisciplinary team development. As a teaching site where a significant proportion of patient interactions involve resident physicians, we recognize the importance of embedding shared decision-making and patient partnership principles early in clinical training.

We will continue reinforcing structured communication standards and ensuring patients understand their role in collaborative care planning. Rather than introducing new survey instruments, our focus this year is on more effectively translating existing feedback into operational adjustments. By strengthening the loop between patient input and clinical practice refinement, we aim to enhance trust, clarity, and partnership within our care model.

PROVIDER EXPERIENCE

Provider sustainability is inseparable from patient safety and system performance. In 2026–2027, TWFHT will continue structured monitoring of workload distribution across physicians, nurse practitioners, and interprofessional providers. Administrative-clinical integration meetings will support early identification of workflow friction and resource imbalances.

Importantly, all quality improvement initiatives this year will be evaluated through the lens of provider burden. For example, digital reminder systems and workflow automation will be implemented with careful attention to inbox fatigue and cognitive load. We recognize that improvement efforts must not unintentionally increase administrative strain.

Full-scope Nurse Practitioner practice remains supported, and we will continue fostering interdisciplinary collaboration to enhance professional satisfaction and retention within our academic environment.

SAFETY

Safety in 2026–2027 is framed not only as harm prevention but as system reliability and digital modernization.

TWFHT has achieved 100% clinician utilization of eReferrals for hospital-based imaging and consultation pathways. In 2026–2027, our objective is sustainability. We will issue structured reminders and monitor adherence to ensure digital ordering remains embedded practice rather than initiative-driven compliance.

A new safety priority this year is the measurement and reduction of fax-based communication per 1,000 rostered patients. While fax remains widely used across the healthcare system, it introduces delays, administrative burden, and potential security risks. Our first objective is to establish a reliable baseline measurement methodology in collaboration with our IT team. Once baseline data are confirmed, we will identify high-volume fax workflows and develop phased digital transition strategies.

Reducing fax reliance represents a structural modernization effort that supports safety, efficiency, and seamless digital information exchange across UHN and external partners. This initiative reflects a shift from incremental improvement to systemic redesign.

PALLIATIVE CARE

TWFHT continues to integrate palliative care across the illness trajectory through interdisciplinary collaboration and home-based care integration. In 2026–2027, we will reinforce shared decision-making and structured documentation of goals-of-care discussions within our EMR.

Ongoing collaboration with community partners ensures patients have access to home-based supports. We will continue emphasizing discussions about preferred setting of care and maintaining alignment with provincial palliative care quality standards.

Our approach prioritizes continuity, dignity, and coordinated care rather than reactive end-of-life intervention.

POPULATION HEALTH MANAGEMENT

Population health management remains central to our quality framework. TWFHT will continue leveraging EMR data to identify preventive care gaps and support proactive outreach strategies. Rather than relying solely on episodic visits, we are committed to identifying care needs at a population level and designing structured interventions accordingly.

Collaboration within Ontario Health Team structures will further support alignment between primary care, hospital services, and community partners. Our objective is to ensure quality improvement is iterative, data-informed, and strategically integrated rather than project-based.

The 2026–2027 Quality Improvement Plan reflects a Family Health Team that has achieved operational stability and is now focused on reliability, modernization, and governance maturity. Our priorities are deliberate: strengthen timely access, embed equity structurally, sustain digital integration, reduce administrative burden, and enhance population-based care.

This year's QIP is not defined by expansion, but by refinement. It represents a commitment to improvement, system coherence, and sustainable high-quality academic primary care.

CONTACT INFORMATION/DESIGNATED LEAD

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University Health Network (UHN)

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

_____
Quality Committee Chair or delegate

_____
Executive Director/Administrative Lead

_____
Other leadership as appropriate

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