

Let's Make Healthy
Change Happen.



Quality Improvement Plan (QIP) Narrative

RUNNYMEDE
HEALTHCARE CENTRE

We make it possible.





Runnymede Healthcare Centre continues to exemplify leadership in post-acute care with its 206-bed capacity and specialized rehabilitation programs. Guided by a patient-centred approach, we are committed to improving care quality, safety, and the overall patient experience. With a focus on supporting older adults and addressing their unique needs, we empower our patients to achieve greater independence and well-being.

Runnymede is proud to reflect on the progress made in 2025/2026 and outline key priorities for the year ahead. This report centres on four indicators as outlined by Ontario Health: Access and Flow, Equity, Experience, and Safety. These areas represent our ongoing commitment to advancing excellence in care delivery and fostering innovation within our organization.


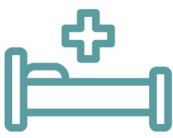


Looking ahead, Runnymede will focus on deepening partnerships, optimizing care pathways, and leveraging patient and staff feedback to drive continuous improvement. With our iCare values, integrity, compassion, accountability, respect, excellence, we aim to address the diverse needs of our community and deliver improved outcomes.

Quality Improvement Indicators for 2026-2027



The development of Runnymede Healthcare Centre's Quality Improvement Plan was informed through an interactive planning workshop that brought together staff, patient and family representatives, leaders, and physicians. This collaborative forum created space for shared reflection on performance, emerging risks, and system priorities, while grounding planning in lived experience and clinical expertise.

Through facilitated discussion and collective problem-solving, participants helped identify priority indicators, improvement opportunities, and practical strategies for the coming year. This inclusive approach ensured that the QIP reflects diverse perspectives, aligns with Ontario Health priorities, and remains focused on what matters most to patients, families, and those who deliver care.

	<u>QIP Target (2026-2027)</u>	<u>Target Justification</u>
 <p>Rate of avoidable emergency department visits.</p>	Decrease by 5%	Improve performance and alignment with Health Quality Ontario (HQO) recommendation.
 <p>Decrease in % of patients with stage 2 or more to develop worsening wounds</p>	Decrease by 5%	Improve performance and alignment with HQO recommendations.
 <p>Percentage of leadership staff (managers and directors) who have completed relevant equity, diversity, inclusion, and antiracism education.</p> <p>Embed EDI and HR practices and Processes</p>	90%	Our Leaders will set the foundation and role-model equity-related competency by completing this training.
 <p>Percentage of respondents who responded "completely" and "quite a bit" to the following question: Did you receive adequate information about their health and their care at discharge?</p>	≥ 5% increase from 2025/2026 patient engagement results	Improve performance and alignment with HQO recommendations.



Access and Flow

High Bed Occupancy Performance

Runnymede consistently operated at 98–99% occupancy throughout Fiscal Year (FY) 2025–2026, exceeding the provincial target of 95% bed occupancy.



What enabled this Performance:

- Flexible Bed Allocation across High Tolerance Short Duration (HTSD), Low Tolerance Long Duration (LTLD), and Medically Complex (MC) programs to respond to fluctuating bed pressures.
- 7-Day admissions and discharges.
- Direct access pathways from emergency departments and acute care partners.

Impact:

Sustained throughput and reduced delays for upstream acute care hospitals.



Alternate Level of Care (ALC)

RHC maintained an ALC rate well below the provincial target and significantly lower than the provincial average, reflecting strong alignment with Home First and patient flow directives.

- Provincial ALC Target: $\leq 4.9\%$
- Provincial Average: 5.9%
- Runnymede Performance: $< 2\%$ (FY 2025/26)



What enabled this Performance:

- Early ALC risk identification and escalation in partnership with Ontario Health at Home.
- Weekly complex discharge rounds with system partners.
- Long Term Care (LTC) designation only after confirmation that other community options are exhausted.

Impact:

- Average ALC days reduced from 22 to 17.9.
- ALC throughput maintained at or above target.



Expected Discharge Date (EDD) Compliance

Exceeding Home First Requirements:

- Runnymede continues to meet and/or exceed the Ontario Health Requirement to set EDD within four days of admissions.
 - Runnymede Target: ≥ 80% compliance
 - Runnymede Performance: 88–90% (FY 2025/26)

Primary Barriers:

- Medical instability during the early admission period.
- Program changes shortly after admission, requiring reassessment before establishing an accurate EDD.

Ongoing Focus:

- Runnymede continues to refine its admission review process to minimize barriers to timely EDD communication.

Overall, Runnymede's performance across occupancy, ALC management, and discharge planning demonstrates:

- Strong adherence to Ontario Health system priorities
- Effective cross-sector collaboration with acute care, OH@H, and LTC
- Sustained improvements in patient flow metrics supporting improved patient access and system capacity, and
- Continuous commitment to Home First principles.

RHC will continue to strengthen processes, leverage regional initiatives, and maintain high standards of access and flow performance to support system stability and improved patient outcomes.



Building Organizational Capacity for Inclusive Care

Runnymede strengthened its equity and cultural humility practices through regional collaboration and targeted education.

What enabled this Performance?

- Participation in North Western Toronto Ontario Health Team (NWT OHT) Health Equity Training sessions aimed at advancing equitable, inclusive, and person-centred care across the region. Runnymede leveraged this opportunity and enrolled five staff members representing both frontline and leadership roles. The objective of this initiative is to strengthen organizational capacity in health equity and cultural humility through a “train-the-trainer” model that supports knowledge transfer across programs and teams.



- The training sessions focused on the following key areas:
 - Identifying the root causes of health inequities
 - Ongoing cycles of oppression in healthcare
 - Impact of social determinants of health
 - Fostering cultural humility, anti-racist, and anti-oppressive practices in care and the workplace
- Runnymede also strengthened the provision of Indigenous Cultural Safety by:
 - Creating a Standard Operating Procedure on Smudging Practice.
 - Integration into staff orientation.
 - Extend the education on Indigenous perspectives on end-of-life care education.

Impact:

Participation in these initiatives supports Runnymede’s commitment to person-centred care expectations and Accreditation Canada standards.



Runnymede is committed to building a culture grounded in openness, accountability, and continuous quality improvement. Central to this commitment is the belief that every patient and family voice, whether a compliment or a concern, provides valuable insight that shapes safer, responsive, and compassionate care.

What enabled this Performance?

Listening, Learning, and Improving Care Transitions

Patient feedback identified discharge planning as a key opportunity for improvement, prompting the organization to strengthen the delivery of the Patient-Oriented Discharge Summary (PODS).

PODS Redesign

- PODS provides patients and families with clear, actionable information to support care after discharge.
- The redesign of the PODS process helped us streamline our workflows, improve clarity and consistency and increase patient confidence post-discharge.

Provincial Recognition:

- Out of nearly 150 QIP initiatives submitted across Ontario, Runnymede's PODS redesign was selected as one of the two QIP initiatives showcased at the provincial QIP forum hosted by Health Quality Ontario.
- Runnymede was also invited to present at the Sector-Specific Hospital forum to share our success.

Communication Excellence:

- The implementation of AIDET (Acknowledge, Introduce, Duration, Explanation, Thank You) for medically complex, long-stay residents helped residents feel more informed, reassured, and engaged in their care.

Impact:

- Significant positive impact on patient satisfaction measures.





Runnymede recognizes that our people are our greatest strength. Actively listening to staff, recognizing achievements, and showing appreciation are important for creating a positive, engaged workforce.

What enabled our Performance?

- Runnymede conducts a staff engagement survey, whereby the staff can anonymously provide feedback on how the organization can improve their work experience. We then use these results to collaboratively implement action plans targeting the areas with the greatest impact on employee experience.
- Runnymede intentionally celebrates and recognizes staff contributions through a wide range of appreciation and recognition events. These include Long Service Awards, Allied Health Week and Rehabilitation Day, Respiratory Therapy Week, Staff BBQ, Holiday Fun Day, Wellness Day, Staff Pet Therapy, Nursing Week, Nursing Hero and Leadership Awards and Bragging Rights Awards. Collectively, these initiatives create meaningful engagement that strengthens our teams, boosts morale and supports a more connected workforce.



Impact:

Our commitment to fostering a culture where staff feel seen, valued, and motivated is reflected in our overall engagement score of 76.7%, the highest since 2015. This represents not only sustained performance but also continued improvement, with higher scores across all engagement areas compared to previous years and results that rank above the industry average. These results affirm that our approach is working, and we will continue to maintain momentum in advancing staff experience and workplace culture as a key priority.



Workplace Violence (WPV) Prevention and Reporting:

Workplace Violence (WPV) is a Required Organizational Practice (ROP) identified by Accreditation Canada, and it remains a core safety priority for Runnymede.



What enabled our Performance?

- We track and analyze each WPV incident to strengthen our culture of safety, identify trends, and reduce the likelihood of future WPV incidents.
- The trend and analysis of data is shared with the Joint Occupational Health and Safety Committee to foster a collaborative, inclusive, and supportive approach to addressing concerns raised by staff across all departments.
- Considerable efforts were also made to increase awareness of WPV prevention and the importance of accurate reporting.
- Our updated WPV policy clearly outlines the roles and responsibilities of all stakeholders, while reinforcing the message that any form of workplace violence is unacceptable. This policy was widely socialized through Patient Safety Week activities, departmental huddles, staff meetings, and other channels.
- Escalation pathway, including a Standard Operating Procedure on 'Trespassing' was created.

Outcome

A stronger reporting culture, increased awareness, and continuous learning to support staff and patient safety.



Conclusion

Runnymede Healthcare Centre continues to demonstrate leadership in post-acute care through measurable outcomes, system collaboration, and a clear commitment to quality improvement. These achievements reflect disciplined execution and a shared focus on delivering safe, equitable, and compassionate care for the communities we serve.



None.

Sign Off



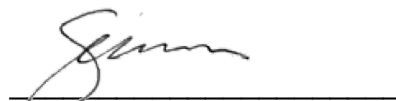
I have reviewed and approved our organization's Quality Improvement Plan for 2026/2027 and QIP Narrative 2025/2026 on

2026-03-31
(YYYY-MM-DD)



Nick Migliore

Board Chair



Anetta Jewell

Quality Committee Chair



Connie Dejak

President & Chief Executive
Officer and Secretary-
Treasurer to the Board of
Directors