# Safety in Hospitals: Analysis of the 2025/26 QIP Submissions

This summary shares insights from the **Safety** section of the 133 **Quality Improvement Plans (QIPs)** submitted by hospitals for 2025/26.

## Progress Report

**87%** of change ideas included in QIPs for Safety indicators were implemented.

Most common **successes or enablers**:
- Staff education
- Data understanding and audits
- Standard processes
- Leadership engagement
- Audits and monitoring

Most common **challenges or barriers**:
- Staff resources and engagement
- Competing priorities
- Tech/IT needs and costs
- HHR challenges and vacancies

### Safety change ideas from teams that made progress in 2024/25

**Delirium:** Staff education, delirium assessment, policy and workflows, EMR and digital tools

**Workplace violence**: Violence reviews and risk assessments, review of reporting systems, using data for improvement, staff education and drills, and identification of high-risk patients
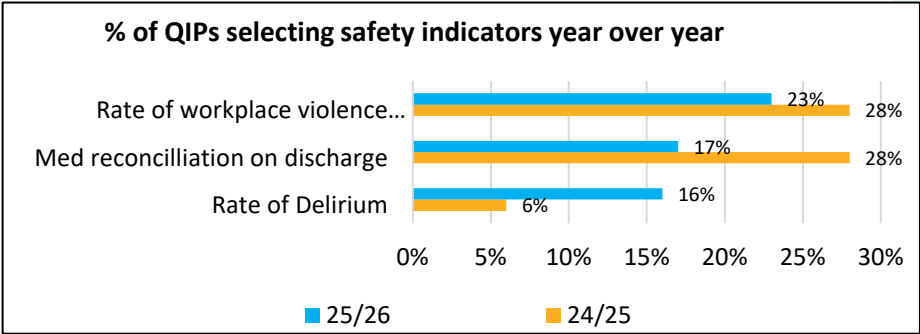
**Medication reconciliation on discharge:** Communication with physicians, standardized tools for medication history, using data and dashboards, staff education and chart audits

## Workplan Report

### Indicator progress

**1.2%** Rate of **delirium onset** during hospitalization (↓ from 1.24 last year)

**3.3%** Rate of **workplace violence** incidents resulting in lost-time injuries (↓ from 4.8 last year)

**87%** of discharges with a **medication reconciliation** completed (↑ from 86% last year)

### Indicator uptake for 2025/26

**% of QIPs selecting safety indicators year over year**

| Indicator | 25/26 | 24/25 |
|---|---|---|
| Rate of workplace violence... | 23% | 28% |
| Med reconcilliation on discharge | 17% | 28% |
| Rate of Delirium | 16% | 6% |

■ 25/26  ■ 24/25

### Common change ideas planned for 2025/26

**Delirium:** Staff education, delirium assessment, EMR and digital tools

**Workplace violence**: De-escalation, code white and gentle persuasive approach training, leadership engagement, violence reviews and risk assessments, and identification of high-risk patients

**Medication reconciliation on discharge:** Communication with physicians, staff education, pharmacy engagement, standardized tools for medication history, using data and dashboards

## Narrative Report Themes

- **Safety culture & staff engagement:** Just culture, embedding safety in strategic plans, fostering psychological safety, regular safety audits, staff communication and recognition programs

- **Continuous quality improvement:** Practices such as root cause, standard reporting, sharing data, participating in never events, and structured tools and processes

- **Harm prevention & best practices:** Efforts to prevent falls, pressure injuries, medication errors, delirium, infections, and never events were mentioned with plans to use best practices

- **Technology & data use:** Leveraging data and reporting systems, using EMRs and dashboards, and using bar code systems for medication administration

- **Workplace safety & violence prevention:** Collaboration with local authorities, mock emergency drills, training in nonviolent crisis intervention and de-escalation, and ergonomic assessments

To review the data and learn more about the QIPs submitted across the province, visit Query QIPs.

Ontario Health