Access and Flow in Hospitals: Analysis of the 2025/26 QIP Submissions

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

Progress Report

88% of change ideas included in QIPs for Access and Flow indicators were implemented.

Most common **successes or enablers**:

- Using data for improvement
- Staff education
- Standard work, tools and processes
- Collaborations and OHT partnerships

Most common **challenges or barriers**:

- Patient acuity and volumes
- Physician vacancies and engagement
- Data challenges
- Competing priorities

Common change ideas from teams making progress in 2024/25: ED indicators

Hiring and role development: Hiring NPs/PAs, nurses, PSWs; developing offload or triage roles

Reviewing and adjusting **physician schedules**/zones

Partnering with emergency/ambulance services

Using data and dashboards to drive improvement; documenting improvements to improve data quality

Workplan Report

Five indicators were added to the Access and Flow priority area of the 2025/26 QIP. **Three of those were marked as priority** for hospital QIPs.

Indicator progress

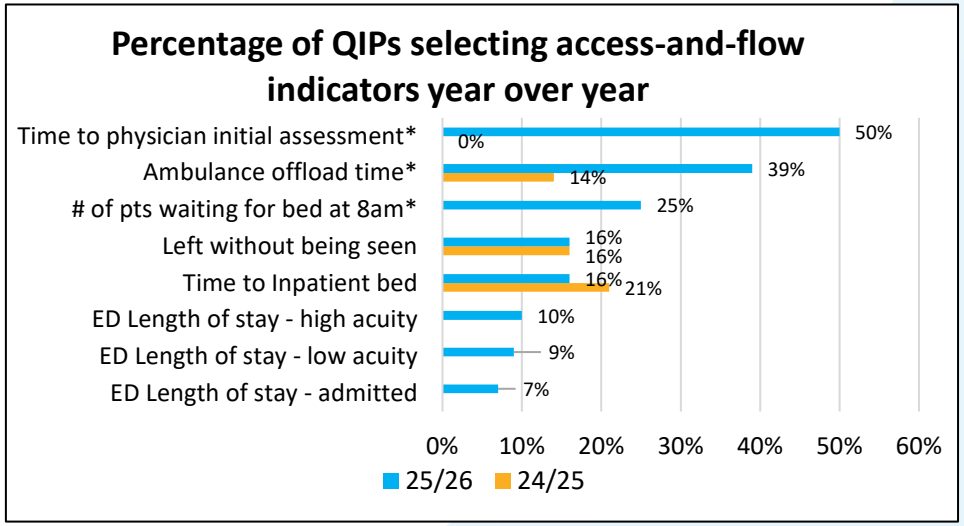
49 min Minutes for ambulance offload time **(↑12 min from last year)**

22 h ED length of stay **(↑ 1 h from last year)**

7.4% of patients left without being seen **(↑ 0.5% from last year)**

Indicator uptake for 2025/26

Priority indicators (*) were the most selected Access and Flow indicators in the 2025/26 workplan.



Common change ideas planned for 2025/26: ED indicators

Reviewing and improving data and using data for improvement (e.g., dashboards, reports)

Addressing vacancies, hiring, and physician schedules

Reviewing and improving **surge, admission, and discharge processes**

Staff education and communication (e.g., huddles, education opportunities)

Narrative Report Themes

- Data-driven approaches and connection to other Ontario Health programs (e.g. P4R, EDRVQP)
- Patient flow and access to care (e.g. ED capacity, ALC planning, senior care, and regional bed planning)
- Internal collaboration and cross-unit initiatives
- Collaboration with OHTs, EMS, and other hospitals
- Programs to reduce unnecessary ED visits

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

Abbreviations: ALC, alternate level of care; ED, emergency department; EDRVQP, Emergency Department Return Visit Quality Program; EMS, emergency medical services; NP, nurse practitioner; OHT, Ontario Health Team; PA, physician assistant; P4R, Pay for Results; PSW, personal support worker.

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