

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

April 1, 2025



OVERVIEW

Woodstock Hospital is dedicated to delivering exceptional, people-centered healthcare services to the residents of Oxford County and surrounding areas. Our vision for the next three years is to fulfill our mission by collaboratively adapting to the increasing needs of our community. As a fully accredited hospital with exemplary standing, we offer a comprehensive range of services, including but not limited to outpatient care, diagnostic imaging, inpatient acute care, emergency services, mental health services, post-acute care, and regional satellite services for dialysis and chemotherapy.

Woodstock Hospital employs over 1,240 staff members and more than 100 credentialed professionals, including physicians and midwives. We are also fortunate to have 90 volunteers and 24 patient and family advisors who support our organization and contribute to the exceptional care we provide.

One of the achievements we are most proud of at Woodstock Hospital is receiving Accreditation with Exemplary Standing from Accreditation Canada in December of 2024. The surveyors recognized several key strengths at Woodstock Hospital, including:

- **Commitment to People-Centered Care:** Our Patient & Family Advisory Council (PFAC) was highlighted as an excellent example of partnership. Patients and families actively participate in committees throughout the hospital, including having a patient advisor as a voting member on the Board of Trust.
- **Exceptional Teamwork:** The hospital's greatest strength is its people. Staff demonstrated a deep sense of solidarity, always supporting one another without being asked.
- **Exemplary Use of Metrics and Data:** The hospital was praised for its strategic use of metrics to guide quality improvement initiatives.

- **Community Collaboration:** The community partner session was the largest group seen by the Accreditation Canada surveyors, demonstrating the hospital's strong local partnerships. Woodstock Hospital was recognized by Accreditation Canada for developing a leading practice in the role of Clinical Coach within a community hospital setting. This recognition highlights our achievement in establishing a unique practice, model of care, or initiative that can be adopted by other hospitals both nationally and internationally.

We are very proud of our continued success in reducing the length of stay and improving patient experience in our Emergency Department (ED). Woodstock Hospital is currently ranked number one in Ontario out of 74 hospitals for overall ED performance metrics in "Pay for Results" (P4R) program. We are honoured to share that this ranking reflects our continued success in reducing the length of stay and improving patient experience in our ED areas by engaging with our patients, families, community, employees, and other stakeholders to implement strategies for any issues or lessons learned with access and flow.

As we embark on our new three-year strategic plan, we have revised our mission, vision, values, and value statement. Our services will now be driven by our new mission: to provide exceptional, people-centered care for the well-being of our community. To achieve this mission, our vision is to evolve together to meet the growing needs of our community. We are united in our commitment to compassionate care, driven by innovation, collaboration, and accountability.

Our Quality Improvement Plan (QIP) aligns with our new mission,

vision, and values, ensuring that the principles of the quintuple aim for healthcare improvement are integrated into our initiatives. The QIP focuses on enhancing access and flow, prioritizing people-centered care and the patient experience, improving population health outcomes, enhancing the experience of front-line providers, and safety.

ACCESS AND FLOW

To optimize system capacity and ensure timely access to evidence-based care, our organization is committed to several key initiatives. These efforts aim to improve patient flow and outcomes, enhancing the overall experience for patients, clients, and residents.

Our focus will be on reducing:

- **Physician Initial Assessment (PIA) times:** time between a patient being registered or triaged to the time the physician first assess them.
- **Time To Inpatient Bed (TTIB):** time of the visit disposition to the time the patient left the ED to an inpatient bed or the operating room.
- **Ambulance offload times:** time between ambulance arrival and the time the ambulance transfer of care process to the hospital is completed.
- **Daily average number of patients waiting in the emergency department for an inpatient bed at 8am:** the number of patients who have admission orders but by 8 am had been waiting at least 2 hours to be assigned a bed.

Initiatives we are continuing to work on and assess their effectiveness are:

- Addition of Physician Assistant role in the Emergency Department

to improve PIA times for lower-acuity patients. Optimizing physician hours and availability during peak times will further enhance flow.

- Our Geriatric Emergency Management (GEM) nurse in the ED, helps divert admissions by addressing seniors' needs and ensuring community services are available. Additional support of the Integrated Dementia Resource Team (DREAM) team and Ontario Health at Home have been embedded in the ED to assess patients for timely support, with ongoing evaluation to meet community needs.
 - Inpatient units will continue to work towards timely discharges and bed turnover while partnering with Ontario Health at Home to ease transitions and reduce Alternative Level of Care (ALC) rates.
 - Collaborate with long term care (LTC) and retirement homes (RH) for smooth care transitions. Expanding our committee memberships to all care homes in our region will ensure county-wide coordination and people-centered care.
 - Furthermore, we are considering the use of one of the Delirium Aware Safer Healthcare (DASH) indicators in this year's QIP workplan. Specifically, we will focus on the early identification of delirium within inpatient units.
 - Our membership on the Oxford County Access and Flow Committee will ensure a focus on reducing ALC volumes and facilitating patient discharge with appropriate home supports. Furthermore, we will engage with external organizations and hospitals to discuss and develop regional strategies to improve access and flow across the region.
- These initiatives reflect our commitment to providing the right care in the right place at the right time, ultimately improving outcomes and the experience of care for all individuals we serve.

EQUITY AND INDIGENOUS HEALTH

Woodstock Hospital has established an Equity, Diversity, Inclusion and Belonging (EDIB) committee with 24 active members, including a representative from our Patient Family Advisor council. This committee has created our EDIB framework based on Ontario Health's Equity, Inclusion, Diversity and Anti-Racism Framework.

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We are committed to enhancing culturally safe care and improving the quality and safety of our health services for our Indigenous communities. To acknowledge the history of the land in which we live and work, the treaties that impacted the ownership of the land, the languages that were spoken, and the overall significance to the Indigenous communities are small acts towards Truth and Reconciliation. In 2024, the EDIB committee developed in collaboration with Indigenous partners, our hospital land acknowledgment.

“Let us take some time to recognize the importance of this land where we live and work. Woodstock Hospital is located on the traditional Territories of the Nations of the Haudenosaunee (hoh-DEE-noh-SHoh-nee) – People of the Long House, Mississauga (Mi-suh-saa-guh) – Part of the Greater Ojibwa Nation and Attiwonderonk (At-ti-wan-da-ronk) – Neutral Confederacy. We stand on the Anishinabewaki (uh-nee-shee-nah-bay-wah-kee), the Homelands of the Anishinaabeg (Ah-nish-in-ah-beg). In 1792, this land was acquired by the Crown during the signing of Treaty 3 – Between the Lakes Purchase. It's disheartening to note that even though this treaty was signed between the Mississauga and the Crown, the Mississauga received only £1,180 (pounds) worth of

goods for granting access to 3 million hectares of land and waterways. The cities of Woodstock, Hamilton, Cambridge, Waterloo, Guelph, Brantford, and St. Catharine's are all situated on the land that was discussed in Treaty 3.

With the intention of learning and unlearning, we are reaffirming our commitment to and responsibility toward Indigenous communities and their diverse, all-encompassing cultures. It is important to think about the past wrongs and mistakes, to acknowledge them, and to consider how we, as a group and as individuals, might continue to work toward justice, unlearning, and reconciliation."

We have also implemented Indigenous education for our team members. Ninety percent of our leadership staff have completed the three mandatory core training modules. Additionally, an electronic staff and physician learning module that explores Indigenous history and healthcare experiences, was co-created with local Indigenous communities.

The EDIB committee is engaging with an Indigenous advisor to build and sustain productive relationships with Indigenous leaders, communities, organizations, and nations based on trust, accountability, and mutual respect. We are collaborating with the Ontario Health Team (OHT) to understand the needs of our Indigenous community in Oxford County. The implementation of the Hart Hub will include initiatives addressing mental health and addictions, traditional health, and healing. We are committed to strengthening access to culturally safe care and improving the quality and safety of health services for Indigenous people.

Mandatory Anti-Black racism training was rolled out to everyone within the organization and noted in last year's QIP. Our target was for 95% of all employees to complete this online education module by the end of the fiscal year. To date, 98% of all active staff have completed the module, with positive feedback received on the content and increased knowledge.

Our organization is committed to addressing Intimate Partner Violence (IPV) through comprehensive education and training for all staff. In collaboration with the Domestic Abuse Resource Team (DART), mandatory in-person IPV education is being provided to our management group including senior leadership. This initiative on IPV education encourages collaboration with community organizations, enhancing the support network for survivors and promoting equity within the broader community.

Our Education Department will develop and deliver IPV education for all staff via our Learning Management System (LMS). Additionally, six employees, including all members of our Occupational Health department, will receive specialized training in gender-based violence (GBV). IPV and GBV education equips our team members to more effectively identify and address the health and social consequences of IPV to ensure that everyone, regardless of background, has access to essential resources and support. By increasing awareness of the underlying issues with IPV and GBV, healthcare providers can recognize biases, improve responses, and advocate for equitable care, ultimately fostering a more inclusive and supportive healthcare environment. Further efforts include providing IPV education to the Board of Directors.

Additional initiatives we are working on include exploring, reviewing and implementing relevant jury recommendations from the Ryan Inquest sent by the coroner's office to all hospitals.



PATIENT/CLIENT/RESIDENT EXPERIENCE

Patient and family information and feedback is collected about care experiences to make improvements using many methods at Woodstock Hospital. These include:

- Real-time via patient experience surveys completed at the bedside by the VP Patient Care/CNE, patient experience staff, and members of PFAC. A total of 442 surveys were completed this fiscal year by this team.
- Our patient experiences hospital survey through Qualtrics. We have received a total of 2047 responses from this survey this fiscal year.
- Our patient relations department receives patient compliments

and complaints. The patient relations office has received this fiscal year so far 206 submissions.

- Input from our PFAC committee and other patient advisors.
- Disclosure of critical incidents to patients and/or families.
- Strategic planning committee engagement sessions. These efforts included bedside patient interviews, online surveys, virtual sessions with community partners, and 15 in-person community meetings. We engaged 800 community members, 80 patients and family members, 30 community partners, and 45 volunteers were engaged to reflect the voices we serve.
- Ontario perception of care tool for patients experiencing mental health and addictions.

Woodstock hospital considers patient and family feedback to deliver quality care, improve safety and enhance the patient and family experience. Based on this feedback we have made improvements including:

- Food services: change in vendor, offering food ordering online options and changes in menu selections.
- Chemotherapy renovation project: patients involved in all stages of design including mock up designs, layout, care concepts, site visits, outdoor lighting and outdoor spaces.
- Improving wait times in our Emergency Department: additional physician staffing in the ED on evenings, creation of new physician assistant program, second triage nurse in ED.
- Implementation of the Patient-Oriented Discharge Summary (PODS) on complex care, rehabilitation units and palliative care units.
- Education to team members for improving communication with patients and family members.
- Comprehensive initial assessments in our First Responders

program will now be reflective of culturally sensitive requirements and must include all questions about existing treatments to ensure inclusive care planning recommendations.

- Using technology in innovative ways for patients and families to communicate.

Our patient relations process reflects our values of compassionate care, innovation, collaboration, and accountability. We work together to resolve patient concerns, co-create innovative solutions with our patient partners and we recently implemented just culture education for all staff to ensure fair accountability.

We also utilize patient and family feedback when developing our QIP. A PFAC advisor sits on our QIP committee which meets monthly to review metrics. We also share the development of our QIP with our entire PFAC committee and encourage open feedback.

PROVIDER EXPERIENCE

To improve recruitment, retention, workplace culture, and staff experience, our organization has implemented several innovative practices that have significantly contributed to staff satisfaction and organizational stability.

Recruitment and retention remain strong at Woodstock Hospital. Throughout the pandemic, and post pandemic we successfully stabilized our staffing without using agency nurses, even during the height of the crisis. One of our key initiatives that has positively impacted retention is the continuation of the Clinical Scholar/Coach positions, which were recognized as a leading practice by Accreditation Canada. These positions provide essential "at-the-elbow" support to new graduate and novice nurses. A recent survey of clinical units utilizing this support revealed that 84.5% of staff

found these resources valuable and had a positive impact on their nursing practice.

As an organization we continue to engage staff at all levels through safety huddles, town hall meetings, senior team and management rounding (Heels up), strategic planning engagement survey, service excellence committee and our wellness team. As a welcome to the organization the CEO and CNE attend all in class orientation sessions with nursing staff to welcome them to the organization promoting an environment of transparency and collaboration.

Our well-established wellness committee enhances staff engagement through events and activities like baseball tournaments, secret pal, action for happiness calendar, be kind t-shirt day once a month, candy grams, corporate discounts, massage chairs and Perkopolis memberships. Our Service Excellence committee highlights staff appreciation days, and our service recognition caught caring program.

Our newly created strategic planning committee was comprised of staff from various areas of the hospital. The committee gathered input from hospital team members through emailed surveys, internal engagement sessions, staff huddles, and a mobile cart that traveled throughout the organization to connect with staff directly. We received a total of 600 staff responses.

To encourage and support a Just Culture for all staff throughout our hospital, we have successfully implemented our Safety and Quality Improvement Huddles and mandatory Just Culture education for everyone. Our goal in implementing safety huddles in all departments is to provide a psychologically safe space for all staff to speak up about concerns while encouraging them to work on

quality improvement collaboratively. We completed our Just Culture education to all staff in the fall of 2024 and are working on integrating Just Culture principles into our patient safety reporting software.

In response to feedback from our staff, we are implementing changes to our vacation program in 2025/26. This includes the introduction of additional vacation days based on years of service for non-union staff, aligning with industry standards and the benefits provided to unionized employees. We will also revise our service recognition policy to track actual years of service based on hire date, enabling earlier recognition of staff milestones.

Our leadership development programs, including the GroWH Program, continue to promote staff engagement and further education. These programs are designed to support new leaders within the organization and foster a culture of leadership growth. Additionally, to address succession planning, we are introducing manager positions to strengthen leadership depth and mitigate risks related to a management team approaching retirement.

These initiatives demonstrate our ongoing commitment to fostering a positive, supportive environment for staff while ensuring organizational growth and sustainability.

SAFETY

At Woodstock Hospital, ensuring quality and safety is our top priority. Reporting patient and visitor safety incidents is essential to our continuous quality improvement efforts, helping us enhance overall safety. We foster a "just culture" and take a "systems" approach to incident reviews, using algorithms, decision-making

tools, and policies to support our teams in managing, disclosing, and analyzing incidents.

Learning from patient safety incidents and preventing recurrences drive our commitment to quality improvement. All incidents are reviewed in weekly management huddles, with in-depth analyses conducted for Level 2–5 incidents. Trends and concerns are shared with program directors, senior leadership, and the Quality Committee.

Through multi-incident analysis, we have identified two key areas of focus: increased falls and hospital-acquired pressure ulcers. As part of our Never Events initiative, we are working to reduce the risk of pressure injuries by reviewing documentation and assessment tools, forming working groups with frontline staff, engaging wound care nurses, and educating patients and families.

To address the rising trend in falls, particularly unwitnessed falls among patients aged 70–90 with cognitive impairments, we have partnered with ECRI an independent patient safety organization dedicated to advancing evidence-based healthcare globally. Our approach includes ongoing staff and patient education, standardized fall risk assessments with ensured compliance, and tailored patient care plans incorporating fall prevention strategies.

Additionally, we have joined the TAHSN Community of Practice (CoP) to share insights on patient safety incidents and adopt best practices. As part of this effort, we will be integrating HPI Press Ganey's Safety Event Classification and Serious Safety Event Rate patient safety measurement guide into our patient safety reporting software. Updates were made to the reporting platform, and staff

and management will receive education to ensure awareness and compliance with the new processes.

PALLIATIVE CARE

Woodstock Hospital is working towards implementing all of Ontario Health's Quality Standards for Palliative Care to deliver high quality care. Several of the quality standards have already been implemented within the organization. The early identification and assessment of people living with a serious illness ensures patients receive timely access to palliative care. At Woodstock Hospital the Supportive and Palliative Care Indicators Tool (SPICT) tool is used to identify patients at risk of deteriorating health due to serious, life-shortening conditions, enabling timely palliative care and future care planning. Feedback from patients and their families helped us identify gaps in our current process and continue to work towards integrating the SPICT tool into our electronic health documentation system to improve communication and notification to our Palliative Care Coordinator.

Our dedicated full-time Palliative Care Coordinator offers consultations, assessments, and recommendations, manages pain and symptoms, plans and coordinates care, educates and provides end-of-life support for patients, and their families. Our coordinator also works collaboratively with the Palliative Care Outreach Team (PCOT), Sakura House, Medical Assistance in Dying (MAID) Navigator for the MAID.

Woodstock Hospital prioritizes the education and competency of our healthcare providers. We provide palliative care training during orientation and offer continuous training and support, sharing regional education opportunities with our team. Our Palliative Care

Coordinator offers supplementary education to our team, ensuring they have the essential skills to effectively manage pain, symptoms, and psychosocial aspects of care.

Our assessment process is comprehensive and holistic, considering not only the physical symptoms but also the emotional, social, cultural, and spiritual needs of the patient. This thorough evaluation helps us create a well-rounded care plan that addresses all aspects of the patient's well-being. We strive to collaborate with patients and their care partners to create, document, and regularly update a care plan that reflects their individual values, wishes, and goals of care. To enhance communication, we are developing standardized assessment and care planning templates for documentation in our electronic health record. This improves knowledge sharing about pain and other symptom management and goals of care for patients, and psychosocial and educational needs of patients and their care partners.

POPULATION HEALTH MANAGEMENT

To support the unmet needs of individuals living with mental health and addictions in Oxford County, Woodstock Hospital, the Oxford OHT and several community partners submitted a joint Homelessness and Addiction Recovery Treatment (HART) Hub application to the Ministry of Health. On January 27, 2025, the Ministry announced our local HART Hub application had been approved. Oxford HART Hub clients are individuals living with complex service needs requiring supports including but not limited to outreach services, residential treatment, transitional housing, and access to mental health and addiction support programs. Through the Oxford HART Hub we will be able to provide an innovative and effective solution to focus on identified gaps in our

community. Addressing the complex needs of HART Hub clients who are experiencing addictions, mental health challenges, unemployment, and homelessness, requires an innovative, community-rooted approach that consolidates resources and is guided by the following principles:

- Unique recovery-based service delivery model
- Holistic care with focus on the social determinants of health
- Targets vulnerable populations
- Seamless care under one roof with easily accessible wrap around services
- Strong collaboration & partnerships

In collaboration with local Indigenous community members and the Oxford Ontario Health Team (OHT), we are also working to ensure integration of traditional healing practices into the Oxford HART Hub.

We have identified a major demographic shift in Oxford County's population, with one in five residents being aged 65 and older. To support our aging population, we are committed to key initiatives including:

- Maintaining a GEM (Geriatric Emergency Management) nurse in the Emergency Department (ED) for specialized senior care.
- We will continue collaborating with the Alzheimer's DREAM team to provide comprehensive dementia support.
- Strengthen our partnership with Ontario Health at Home, ensuring coordinators in the ED facilitate seamless home transitions and reduce unnecessary hospital admissions.

Woodstock Hospital has established a Senior Friendly Committee, which includes patient and family advisors who co-design initiatives to meet the needs of our aging population. As part of our QIP workplan, we have selected to measure the number of patients

with hospital acquired delirium. We aim to provide additional education to our staff and use technology to improve care planning for patients experiencing delirium. Our Senior Friendly Committee is dedicated to adopting measures that provide compassionate and effective care and enhance the safety and well-being of our community members aged 65 and older.

EMERGENCY DEPARTMENT RETURN VISIT QUALITY PROGRAM (EDRVQP)

Last year's EDRVQP program focused on two concerns identified from the audits completed on visits from 2023. Our first identified concern was patients who visited the ED for a Transient Ischemic Attack (TIA), who were discharged home, and later returned with worsening stroke symptoms, requiring admission. Woodstock Hospital collaborated with London Health Science Center's (LHSC) Neurology Team and the Regional Stroke Network, to review and develop strategies to improve identification and treatment of TIA and stroke presentations. Actively involving team members in the process, providing ongoing education, and maintaining open communication were crucial for ensuring a smooth transition, sustaining improvements and fostering a culture of excellence and collaboration. The following strategies were implemented:

- Acute Stroke Screening in Triage: The ACT Fast screening tool was integrated into the electronic chart and used during triage. It quickly identifies suspected strokes, prompting staff to initiate our stroke protocol. Patients who screen positive are prioritized for immediate physician assessment, investigation and treatment.
- CTAS 1 assignment in triage: All Cerebrovascular Accident (CVA) presentations within 24 hours of onset are assigned CTAS 1. This policy at Woodstock Hospital ensures timely ED physician assessment, consultation with stroke neurologist, completion of

recommended diagnostics, treatment and emergent transfer to our designated Stroke Centre.

- **Code Stroke Algorithm and Worksheet:** Supports the standardization of care and best practice guidelines. Ward clerks, nursing staff, physicians and CT technologists follow a pathway on a worksheet. The worksheet and algorithms are easily accessible and have been taught to all team members involved in code strokes.
- **Staff Education and Engagement:** The successful rollout of this project relied on effective introduction, discussion, education, and information sharing. Engaging team members and thoroughly reviewing each improvement step ensured a smooth transition and alignment with best practices. Training all team members on the changes was crucial for understanding new workflows and their roles in achieving desired outcomes. Providing easily accessible worksheets helps staff consistently meet best practice standards and reinforces adherence to established processes. Continuous education and open communication are essential for sustaining improvements and fostering a culture of excellence and collaboration within the team
- **Hyperacute Stroke CT Imaging:** The introduction of our new CT scanner with enhanced diagnostic capabilities has allowed for high sensitivity imaging that supports best practices and provides for improved assessment of acute strokes. Challenges remain in securing the necessary funding to provide 24/7 imaging. Currently, this service is available seven days a week, from 07:00 to 23:00, with a target time of 10 minutes from physician order to patient scanning.
- **Standard Guiding Documents (Case Review Scorecard, Code Stroke Algorithm and Monthly Data Review) Staff Engagement and Metrics Sharing:** Key stakeholders, including the Emergency Department (ED) Chief, collaborated to develop best practice

references and standardized workflows to ensure consistency and efficiency in patient care. These workflows incorporate critical performance indicators such as time for physician assessment, time to imaging, notification time to the tertiary site, and door-in-door-out times to evaluate the process and delivery of high-quality, timely care. The resulting scorecards are shared with frontline staff, primary physicians, the leadership team, and the Quality Improvement Department to promote transparency, continuous monitoring, and ongoing improvements in care delivery.

- **Regional Stroke Membership:** Woodstock Hospital currently has members on the Regional Stroke Network reviewing best practices, protocols to support inpatient stroke care and enhance community services. We continue to advocate for an integrated stroke unit within our facility. Notably, the regional stroke team has been a key stakeholder in replacing standard protocols for Computed Tomography Angiography (CTA) imaging to hyperacute CTA protocols.

As a result of our growing community population and limited access to primary care, Woodstock Hospital identified an increase in pediatric volumes and acuity as a significant concern. The following strategies were implemented:

- In February of 2025 we expanded our pediatric clinic space. The urgent care clinic now services Emergency Department follow-ups and community referrals. Services will expand further with the introduction of a second pediatrician in April.
- Through the ED Nursing Education, Retention, and Workforce Program, ED nursing staff received funding for pediatric courses to enhance their knowledge and skills.
- **Pediatric Asthma Pathway:** Our Emergency Department Clinical Educator is collaborating with the Respiratory Therapy Department to review and revise our asthma treatment pathway to ensure it

aligns with evidenced-based care.

- Our Woodstock Hospital website was reviewed, and additional pediatric resources were added. This is reviewed annually for updates, additions and changes.
- CME Credit courses for physicians: Our P4R budget supports ED physicians in attending educational workshops to encourage further learning.

The following quality issues were identified from the EDRVP audits completed on visits from 2024. The initiatives we will be working on are also highlighted:

Evening and Overnight Diagnostic Imaging Limitations?

A rising trend in the number of return visits was observed due to the limited availability of after-hours support in specific modalities in our Diagnostic Imaging (DI) services. Ultrasound (US) is currently available from 07:30 to 16:30 and CT scan with contrast accessible until 23:00hours. Decreased availability leads to delays in clinical decisions and treatment, increased risk for adverse outcomes, longer length of stay, more return visits and poor patient experiences. Often, return visit occur during peak times, resulting in additional long waits for results and further physician assessments. Woodstock Hospital will explore ways to improve the availability of these two services to enhance patient care. Our initiatives to address these issues will begin with:

- Working Group Review Process with DI: Collaboration between both departments to create and review workflow, establish targets for DI turnaround times and prioritization of DI tests ordered.
- ED Frontline Working Group: Develop a strategy to create a faster pathway ("fast track") for patients who need to return for imaging.

The goal is to reduce wait times for diagnosis, treatment, interventions, transfers, or admission by streamlining the process specifically for these patients. The Frontline Improving Performance (FLIP) Team will lead this initiative, working with key stakeholders and other departments. Success will be measured by tracking length of stay (LOS) for patients who return for imaging, the number of safety events related to this issue, and patient experience surveys.

- Re-allocating Human Resources: Review current schedules and availability within the US departments to offer more flexible hours, including evenings. We will measure success by tracking DI turnaround times.

Concerns with Discharges Related to Frailty, Weakness and Mobility

During our EDRVQP audits, issues related to the discharge of patients from the ED experiencing frailty, weakness and mobility challenges were identified. To address these concerns the following initiatives will be implemented:

- Discharge Criteria: Explore and develop discharge criteria for patients experiencing frailty, weakness or mobility challenges. Research, collaborate, educate and implement a standard screening tool and criteria for discharge.
- Re-allocation of hours: Adjust the hours for the ED Resource Team, including our GEM nurse, the Alzheimer's DREAM team and the Ontario Health at Home Case Manager in the ED. The team works together to identify frail high-risk patients over 65 years of age in our community and connects them with services to support aging at home. Currently this team covers only 33% of the ED department's operating hours.
- Frailty Screening Tool: Review and advocate for a frailty screening

tool to be embedded into the electronic medical record. Develop a process for alerts and follow up with positive screens. Monitor compliance of use of screening tool for those patients over the age of 65 years.

- Refusal Follow-Up Plan: Collaborate with the ED resource team and community partners to develop an at-risk plan. For patients who decline offered community supports and are identified as high risk, we will ensure follow-up communication with their primary care providers takes place."
- ED Yearly Education: Focus on patients 65 years of age and older experiencing frailty, weakness and mobility challenges. Education includes assessment, identification, advocacy, and discharge resources. We will measure this by the number of staff attending ED skills days and the CTAS triage course.

EXECUTIVE COMPENSATION

The portion of salary at risk for each individual senior executive has been set at 2% of base salary. This compensation formula applies to the following individuals: CEO, VP Finance/CFO, VP Patient Care/CNE, and Chief of Staff. Equal portions of the 2% at risk will be attached to each indicator and subtracted accordingly if improvement initiatives are not achieved by March 31, 2026.

CONTACT INFORMATION/DESIGNATED LEAD

Contact Information/Designated Leads

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OTHER

Hospital Contact Information and signatures of Board Chair, Board Quality Chair, Chief Executive Officer and EDRVQP Lead.

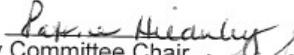
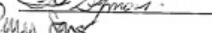
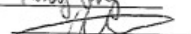

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Sign-off

I have reviewed and approved our organization's Quality Improvement Plan

Board Chair 
 Board Quality Committee Chair 
 Chief Executive Officer 
 EDRVQP lead, if applicable 

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
March 31, 2025

Patrice Hilderley, Board Chair

Lisa Symons, Board Quality Committee Chair

Perry Lang, Chief Executive Officer

Caleb Vandekleut, EDRVQP lead, if applicable
