Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 27, 2026

WOODSTOCK HOSPITAL

Ontario Health

OVERVIEW

Woodstock Hospital is a fully accredited organization with exemplary standing, dedicated to delivering high quality, people-centred healthcare to residents of Oxford County and surrounding communities. The hospital provides a comprehensive range of services, including emergency and inpatient acute care, diagnostic imaging, mental health and addictions services, post acute care, and regional satellite programs for dialysis and chemotherapy. Supported by more than 1,240 staff members, over 100 credentialed professionals, engaged volunteers, and Patient and Family Advisors, Woodstock Hospital continues to meet the evolving healthcare needs of its population through collaboration, innovation, and continuous improvement.

The 2026/27 Quality Improvement Plan (QIP) aligns with provincial priorities and the hospital's mission, vision, and values, and is grounded in the quintuple aim. The QIP focuses on improving access and flow, enhancing patient safety and experience, strengthening population health outcomes, supporting the well being of frontline providers, and ensuring high quality, equitable care.

In alignment with our commitment to culturally safe, people-centred care, all new hires receive mandatory education on healthcare delivery through an equity informed lens, including training focused on Healthcare and Indigenous Peoples. This foundational learning ensures every staff member begins their role equipped to provide respectful, inclusive, and trauma informed care.

We continue to advance patient safety by strengthening our

prevention strategies for never events, including hospital acquired pressure injuries. Through proactive risk identification, evidence based care practices, and interdisciplinary collaboration, we are focused on reducing harm and ensuring safe, high quality care across all clinical areas.

Our approach to patient safety includes a strong focus on early identification of patients who may benefit from palliative care. Integrating palliative principles into routine assessment helps prevent unmanaged symptoms, reduces crisis driven hospitalizations, and ensures care plans reflect patient needs, wishes, and safety considerations across the continuum.

A key system level achievement was the successful partnership with the Oxford Ontario Health Team and 16 community organizations to establish the Oxford Homelessness and Addiction Recovery Treatment (HART) Hub. Through this collaboration, annual provincial funding was secured following Ministry of Health approval in 2025. The HART Hub represents an integrated network model aimed at strengthening access to coordinated mental health and addictions services across Oxford County. A temporary HART Hub location opened in December 2025, advancing a more seamless, wraparound approach to care for individuals with complex needs.

The HART Hub demonstrates our commitment to improving population health by expanding coordinated, equitable access to mental health and addiction services for some of the most vulnerable populations in Oxford County. Through this integrated network model, we are addressing upstream drivers of health including housing instability, addiction, and barriers to timely care, while reducing avoidable emergency visits, supporting stabilization, and improving overall community well being.

Woodstock Hospital continues to demonstrate strong system performance, particularly in Emergency Department access and flow. The hospital consistently ranks among the top performers in Ontario through the Pay for Results program, reflecting sustained reductions in length of stay and improvements in patient experience. These outcomes are driven by data informed decision making, engagement with patients and families, and collaboration across clinical teams and community partners.

Woodstock Hospital's acceptance with Registered Nurses' Association of Ontario in their application to become a Best Practice Spotlight Organization further reinforces our commitment to evidence based practice, smooth transitions in care, substance use supports, and people-centred service delivery.

Together, these initiatives reflect Woodstock Hospital's ongoing commitment to system integration, accountability, and excellence in care delivery, contributing meaningfully to improved health outcomes for the communities we serve.

ACCESS AND FLOW

Woodstock Hospital continues to advance coordinated initiatives that ensure patients receive the right care in the right place at the right time. Over the past year, we have strengthened access and flow across the Emergency Department (ED), inpatient units, and community transitions, with a strong focus on helping patients safely remain in the community and avoiding unnecessary hospitalizations.

A major priority has been enhancing early, community-focused discharge planning. In alignment with the Home First Guiding Principles, all Medicine and Rehab/CCC frontline staff and physicians received refreshed education on proactive discharge planning, and every admitted patient now receives an Estimated Date of Discharge letter to support clear, shared expectations. We have also deepened partnerships with Ontario Health at Home to ensure home and community services are initiated earlier, beginning in the ED and continuing through the inpatient stay, to streamline referrals and support safe return home.

Within the ED, our Geriatric Emergency Management (GEM) nurse conducts Assessment Urgency Algorithm (AUA) assessments for patients aged 65+ to identify risks, prevent avoidable admissions, and coordinate with community partners. The Alzheimer Society's Dementia Resource Consultant worker also provides proactive case-finding and early linkage to dementia supports for patients and caregivers prior to discharge.

To further strengthen senior-friendly care, our revitalized Senior Friendly Committee is leading work on delirium prevention and mobility. Staff education has resulted in 85% completion of the delirium e-learning module, with continued training planned over the next two fiscal years. We have updated our CAM screening process to allow more accurate later-day assessments, introduced interventions for positive scores, and implemented a standardized delirium order set. A mobility trial is planned for the upcoming fiscal year, using visible cues on walking aides to promote safe mobility and falls prevention.

We are also trialing patient-room safety identification boards to enhance communication and support team-based care, with full implementation anticipated next year.

Together, these initiatives strengthen system navigation, improve flow, reduce avoidable hospital use, and support patients in remaining safely in their homes and communities for as long as possible.

EQUITY AND INDIGENOUS HEALTH

Woodstock Hospital is committed to advancing health equity and improving access, experiences, and outcomes for diverse communities, including First Nations, Inuit, Métis, and Urban Indigenous peoples. This work is guided by our Equity, Diversity, Inclusion and Belonging (EDIB) Framework and Strategic Plan.

Over the past several years, Woodstock Hospital has focused on education and awareness to strengthen culturally safe care. In 2023, staff completed several learning initiatives including Unconscious Bias training, Privilege, Power and Prejudice (PPP) training, culturally competent care education, and Truth and Reconciliation learning modules. These trainings occur on an annual basis and are mandatory. In addition, 95% of staff completed Healthcare and Indigenous Peoples' training. Leaders are also completing Ontario Health’s Advancing Indigenous Health training as part of their leadership development.

The hospital continues to embed equity and inclusion into organizational practices and governance. An EDIB Committee Terms of Reference has been established, and an Indigenous community member joined the committee in October 2024 to ensure Indigenous perspectives inform planning and decision-making. A land acknowledgement was formally confirmed in June 2024 and approved by the Board in November 2024.

Woodstock Hospital has also implemented practical supports to improve culturally responsive care. This includes culturally competent care reference table for staff, updated smudging policies, and access to an Indigenous wellness support resource

through the Wellness Centre. Community engagement activities have included participation in external community surveys, Truth and Reconciliation activities such as vendor events, a smudging ceremony, drum-making workshops, and participation in the local Truth and Reconciliation march.

EQUITY DIVERSITY INCLUSION BELONGING EDIB COMMITTEE

PATIENT/CLIENT/RESIDENT EXPERIENCE

Woodstock Hospital is committed to ensuring that patient feedback directly informs our quality improvement activities. We use multiple sources of experience data, including standardized surveys, real time feedback, compliments and complaints, patient relations themes, and direct engagement with patients and families, to identify opportunities to improve care delivery, communication, and overall experience.

Survey data is reviewed regularly at the program, department, and organizational levels to identify trends, strengths, and gaps. Areas such as communication, responsiveness, transitions in care, and patient involvement in decision-making are examined closely and shared with leadership teams, directors, and frontline staff to support targeted improvement efforts. Feedback is also integrated into unit level safety huddles and quality discussions to reinforce the connection between patient experience and quality of care.

Patient relations data provides additional insight into patient reported concerns and compliments. Themes from complaints such as communication clarity, care coordination, and discharge processes, are analyzed quarterly and presented to leadership, Quality Committee of the Board, and program teams to guide action planning.

A recent quality improvement initiative we rolled out was discovered after reviewing both patient surveys and formal complaints. This feedback highlighted that individuals with disabilities, including hearing, vision, mobility, language, and cognitive challenges, were not always being consistently acknowledged or identified by care providers.

In response, the hospital implemented accessibility armbands to clearly alert care providers to a patient's specific accessibility needs, enabling more responsive, respectful, and person-centred care.

We continue to expand opportunities for direct engagement with patients, families, and caregivers, including through patient partners, focused feedback sessions, and involvement in project work. Their lived experience informs policy development, workflow enhancements, and the design of patient centred solutions.

Through these integrated approaches, patient experience remains a central component of our continuous quality improvement framework and supports our commitment to delivering compassionate, safe, and high-quality care.

PROVIDER EXPERIENCE

Woodstock Hospital is committed to fostering a positive, supportive, and inclusive workplace where staff feel valued, connected, and able to thrive. As recruitment and retention remain sector-wide challenges, we continue to invest in initiatives that strengthen workplace culture and safety, promote wellbeing, and enhance staff engagement, key drivers of stability and high-quality care.

We recognize that staff experience is essential to attracting and retaining talent. Our approach focuses on:

A workplace where people want to stay: Staff report meaningful work, recognition of their skills, and a safe, inclusive environment.

Belonging and connection: Wellness activities and sports leagues help build relationships that support morale and reduce turnover.

Leadership accountability: Continued action on equity, anti-racism, and discrimination strengthens trust and supports psychological safety.

We have been able to utilize resources provided by the Ministry of Health to promote ongoing education and upskilling in our Emergency Department (ED), Critical Care Unit (CCU) and Maternal Child Women's Health (MCWH) unit. This includes but is not limited to:

ACORN course,
ALARM for MCWH
CCU nurse training in CCU
Pediatrics educational platforms in ED
ACLS in the ED department.

Improving workplace culture and safety remains central to our efforts. In-person education was delivered to all frontline staff and leaders in 2025, to support the rollout of our Patient and Visitor Code of Conduct for Managing Disrespectful, Aggressive, and Violent Behaviours. This training ensured that every team member received consistent, practical guidance on recognizing early warning signs, de-escalating challenging interactions, and understanding their roles and responsibilities when responding to unsafe behaviours. Offering this education face-to-face allowed staff to ask questions, engage in scenario-based learning, and build confidence in applying the Code of Conduct in real situations.

This initiative is critical not only for staff safety, but also for the protection of other patients and visitors. A consistent, organization-wide approach to preventing and managing aggressive or violent behaviours helps maintain a safe, respectful environment for everyone in our care spaces. By investing in comprehensive in-person education, we are strengthening our capacity to reduce the risk of harm, support psychological safety, and uphold a culture of respect across the organization.

Employee wellbeing continues to be a significant area of focus. We

offer access to wellness resources and employee and family assistance programs that promote work–life balance. Our Wellness Committee leads activities that support physical, social, and mental health. Staff sports leagues such as baseball, volleyball, and basketball, create opportunities to build relationships, stay active, and reduce burnout. These accessible, inclusive activities help reinforce a sense of community and contribute to a healthy, positive work environment.

Our most recent accreditation workplace culture survey showed very strong levels of staff engagement and trust. Results include:

97.7% understand what is expected of them in their role.
89.7% feel their job makes good use of their skills.
86.6% feel comfortable being themselves at work.
88.4% believe leadership takes effective action to prevent racism and discrimination.
83.5% would recommend our hospital as a place to work.

These findings reflect a culture grounded in clarity, psychological safety, and inclusivity, critical elements for both recruitment and retention.

Looking ahead, we will continue to:
- Expand wellness and cross-team engagement opportunities
- Use staff feedback to guide future initiatives
- Strengthen equity, diversity, and inclusion practices
- Enhance leadership visibility and responsiveness
- Invest in mental health supports, work–life balance, and career development

These efforts ensure staff experience remains central to our recruitment and retention strategy and that our workplace continues to evolve in alignment with the needs of our people.

SAFETY

Woodstock Hospital is committed to a robust, proactive patient safety strategy that focuses on preventing never events through strong governance, interdisciplinary collaboration, continuous learning, and frontline engagement. While never events can occur across multiple clinical domains, our hospital's only never events are pressure injuries, and these remain low in number due to our comprehensive prevention and monitoring approach.

Strong Governance Through the Skin and Wound Care Committee
The Skin and Wound Care Committee plays a central oversight role in pressure injury prevention. This interdisciplinary group:
- Reviews trends and incident data
- Evaluates clinical practice standards
- Identifies opportunities for system improvement
- Ensures hospital wide consistency in prevention strategies

The committee's ongoing work ensures that pressure injury prevention remains a visible, shared priority across the organization.

Comprehensive Review and Learning Processes
To ensure every incident leads to meaningful improvement, we apply the Canadian Incident Analysis Framework steps.
Before the Incident: We ensure leadership support and a just culture is applied when reviewing incidents.
Immediate Response: We immediately respond by ensuring patients and staff are safe from further harm and we disclose

incidents to patients.
Prepare for Analysis: We conduct preliminary analysis and conduct interviews for applicable incidents.
Analysis Process: We determine how and why an incident occurred and develop recommended action items when needed. Chart reviews allow us to evaluate adherence to skin assessment standards and inform education, process updates, and individualized coaching where needed.
Chart audits permit documentation quality. Care reviews ensure we are reviewing underlying system factors.
Follow Through: We implement and share recommended action items with the appropriate teams and leadership.

Strong Frontline and Leadership Engagement:

Frontline Staff Engagement
We prioritize a culture of transparency and shared ownership by:
• Involving frontline clinicians in incident reviews
• Encouraging reporting and early escalation
• Sharing learnings in real time with unit teams

Staff Education Engagement
• Educators participate in the International Pressure Ulcer/Injury Prevalence (IPUP) Survey
• Able to benchmark against other hospitals
• Identification of unit specific prevalence
• Identification of at risk/pressure ulcer patient populations

Executive Leadership Engagement
Hospital executives participate actively through:
• Safety huddles
• Review of safety metrics
• Participation in improvement planning
Leadership support has helped maintain visibility, accountability, and momentum for pressure injury prevention initiatives.

Education, Training, and Knowledge Dissemination
We deliver regular education and information sessions related to:
• Pressure injury staging
• Early identification
• Preventive interventions
• Documentation expectations
• Changes in never event definitions or reporting processes
These sessions directly /contributed to a notable reduction in pressure injury occurrences in Q3 of this year.

Improvements to Our Safety Reporting System
To ensure accurate classification and meaningful data, we updated our reporting system so that:
• Unstageable pressure injuries are only classified as never events if they evolve into a Stage 3 or Stage 4.
This change ensures we are:
• Aligning with best practice definitions
• Maintaining clarity for frontline staff
• Focusing improvement work on the most clinically significant events

Recent Example that Illustrates Our Approach
Actions Taken
• Utilization of the Skin and Wound Care Committee for trend monitoring

• Performing analysis on all qualifying events
• Completing multi-incident reviews to identify cross unit patterns and system concerns
• Conducting chart audits to audit compliance with skin assessment and repositioning documentation
• Engaging unit teams in learning loops during huddles
• Delivering focused education sessions on early detection and prevention
• Engagement and completion of hospital wide
Results
• A reduction in pressure injuries in Q3, demonstrating a measurable improvement in patient outcomes
• Increased staff awareness and reporting accuracy
• Improved consistency in clinical practice across units

PALLIATIVE CARE

Woodstock Hospital integrates palliative care from the time serious illness is identified through end-of-life and into supported transitions, with a consistent focus on people-centred outcomes. Standardized screening, timely specialty consultation, interprofessional care planning, evidence informed symptom management, and proactive discharge coordination are used to improve quality of life for people with life limiting illness, their families and care partners.

Early Identification & Proactive Screening: We are implementing the Support and Palliative Care Indicators Tool (SPICT) screening tool as a mandatory Cerner field for all admissions =65 years to identify patients who may benefit from a palliative approach earlier in their journey. Positive screens trigger a referral to the Chronic Disease Resource Coordinator (CDRC) for comprehensive assessment and care planning.

Measurement Informed Care: We routinely capture Palliative Performance Scale (PPS) and Edmonton Symptom Assessment System (ESAS) in Cerner for patients with end of life needs and for those with a cancer diagnosis, enabling symptom focused care and longitudinal tracking.

Skilled Conversations & Care Planning: Charge nurses, CDRC, Patient Flow, the Geriatric Emergency Medicine (GEM) nurse, two Directors, and Physiotherapy have completed Serious Illness Conversation training, embedding best practices for goals of care, substitute decision maker (SDM) identification, and advance care planning across settings.

Interprofessional Rounding & Seamless Transitions: We run weekly palliative rounds (hospital, Palliative Care Outreach Team (PCOT) team, Ontario Health at Home Complex Care Manager, and palliative physicians) and twice weekly palliative physician rounds with the CDRC. Referrals are tracked by the CDRC and Patient Flow; we flag PCOT involvement in the discharge planning section and aim to cohort palliative patients to Unit 2200 to concentrate expertise and streamline care.

Education & Decision Support at the Point of Care: All staff have access to the Pallium Palliative Pocketbook (digital and unit copies) to support symptom management and prescribing. Nursing education on MAID is provided by the Chronic Disease Resource Coordinator, and Fundamentals of Hospice Palliative Care (FHPC) Core Program is required for all new staff as of Sept 2025, with paid opportunities for existing staff through March 2026.

Whole Person, Whole Family Supports: Social work provides counselling and assistance with financial/housing needs; nursing and the CDRC support ongoing education (e.g., advance care planning), and we provide conditions specific resources (e.g., COPD, lung cancer) plus PCOT referrals as needed at discharge.

Three Specific Examples That Demonstrate Our Commitment to Quality of Life

1) Quality Standard for Palliative Care: Early identification, timely assessment, shared decision making, care planning, and coordinated services.

Systematic Early Identification with SPICT + Structured Follow Through

What we do: Beginning this year, the SPICT tool is a mandatory field in Cerner for all admissions aged 65+. Positive screens send referral to the CDRC for a standardized assessment and the initiation of a Cerner flowsheet for palliative/serious illness interventions (symptom control, goals of care, caregiver needs, community linkages). Custom Cerner reports will measure completion rates, positive screen prevalence, time from screen to CDRC assessment, and intervention uptake.

How this improves quality of life: Earlier recognition of unmet needs leads to timely symptom control, earlier family engagement, and reduced crisis transitions. It normalizes palliative approaches as part of routine care, supporting patients' priorities sooner.

2) Quality Standard for Palliative Care: Integrated care planning; interprofessional care; 24/7 access and continuity; transitions and discharge planning that reflect patient goals.

Interprofessional Rounds + Cohorting on Unit 2200 + PCOT Enabled Discharge

What we do: We hold weekly palliative rounds that include hospital teams, PCOT, Ontario Health at Home Case Manager for Complex Care, and palliative physicians; palliative physicians round twice weekly with the CDRC. All palliative referrals are tracked by the CDRC and Patient Flow, and PCOT involvement is documented in the discharge planning section, so services are activated seamlessly after discharge. We are working with Patient Flow to cohort patients to Unit 2200 to concentrate skill sets (symptom control, delirium prevention, caregiver support).

How this improves quality of life: Cohorting and regular specialist input reduce delays in symptom management, enhance communication consistency, and ensure earlier connection to home supports—lowering stress for patients and families, and decreasing avoidable readmissions.

3) Quality Standard for Palliative Care: Communication and advance care planning; education and training for providers; symptom management grounded in best evidence.

Building Workforce Capability: Fundamentals of Hospice Palliative care (FHPC) Requirement + Serious Illness Conversations + Decision Support

What we do: Starting September 2025, the Fundamentals of Hospice Palliative Care (Core Program) is mandatory requirement for all new hires to medicine program; existing staff have been offered paid enrollment through March. Key clinicians (charge nurses, Chronic Disease Resource Coordinator, Patient Flow, GEM nurse, two Directors, and Physiotherapy) have completed Serious Illness Conversation training via St. Joseph's/LHSC. To support bedside decisions, we deployed the Pallium Palliative Pocketbook across all units (digital and hard copies). Education on MAID is provided to nursing, with pathways to align with patient values and legal requirements.

How this improves quality of life: A confident workforce delivers earlier, clearer conversations about goals and values; symptom management is more consistent; and families feel informed and supported. This reduces unwanted treatments, aligns care with preferences, and improves bereavement preparedness.

POPULATION HEALTH MANAGEMENT

Woodstock Hospital has adopted a population health management approach using shared data, community insights and a partnership with Oxford Ontario Health Team. The Woodstock Hospital, and local organizations collaborating through the Oxford Ontario Health Team are developing the Oxford Homelessness Addiction Recovery Treatment (HART) Hub, which was approved by the Ministry of Health in 2025. The HART Hub was created to improve access to coordinated mental health, addictions, and housing supports for people experiencing homelessness and complex challenges across Oxford County. Woodstock Hospital has taken on the operational leadership role.

HART Hub community engagement utilized many engagement approaches and community advisors are embedded in project teams and working groups.

The Co-Design Roadshow gathered community insight and lived experience to shape HART Hub care pathways and service design. Participants, including people with lived experience, care partners, and frontline staff, joined 2.5-hour sessions to reflect on one of nine community stories and identify system gaps and opportunities for improvement. The goal was to capture "moments that matter" in a client's journey to support recovery and stability at the HART Hub.

A tailored engagement approach was used with Indigenous community members through a distinct, community-led and culturally grounded process. This approach ensured that Indigenous voices and experiences were honoured and meaningfully included in shaping the direction of the HART Hub. There was an emphasis on the need to reduce stigma and discrimination and to design services that are inclusive of language, gender, and identity variances.

It was recognized that people experiencing homelessness were not well represented in earlier work, so partnering with the Oxford County Community Health Centre's Mobile Health Outreach Bus to gather their input was initiated directly at encampment sites. The feedback emphasized the need for low-barrier, integrated services that combine housing help, basic needs, mental health care, addiction treatment, and safe community spaces.

The HART Hub will offer:

- 24/7 Central Intake and System Navigation
- Voluntary Residential Treatment at a Wellness Centre
- Mental Health & Addictions Services, including Group Therapy
- Mobile Outreach Teams

• Transitional Housing and Social Supports
• Primary Care connections
• Wraparound Services to support a full continuum of care offers

In late 2025, we have opened our temporary inpatient Wellness Centre, designed to provide short-term, medically supported withdrawal from medications, alcohol, and other substances. The temporary site allows us to respond rapidly to an urgent community need while collecting real-time data on demand, flow patterns, service gaps, and clinical outcomes.

Our permanent Wellness Centre will deliver integrated, person-centred care aligned with the unique needs of this population. This process includes analysis of referral sources, acuity levels, patient trajectories, co-occurring mental health concerns, and barriers to accessing ongoing supports. This ensures the future site is both effective and sustainable.

Through this collaborative, data-driven approach, we are creating a HART Hub that is equitable, cost-effective, culturally safe, and designed around the lived realities of the people it serves. The temporary HART Hub functions not only as an immediate support for those experiencing withdrawal, but also as a learning platform guiding long-term system improvements rooted in population health principles.

EMERGENCY DEPARTMENT RETURN VISIT QUALITY PROGRAM (EDRVQP)

Quality Improvement and Emergency Department Return Visit Quality Program

Our quality improvement priorities from last year's assessment of the Emergency Department Return Visit Quality Program (EDRVQP) audits were discharge concerns related to weakness and mobility for frail, older patients. We worked on the following initiatives.

1. Explore discharge criteria/screening tools for frail elderly.

a. We reviewed multiple screening tools and identified gaps and needs through collaboration with Geriatric Emergency Management (GEM) Nurse, return visit audits, safety events reporting system, nursing, and physician group feedback. We also conducted a literature review of criteria and risk indices and attended presentations on practices at other hospitals concerning the identification and support of frail, elderly patients.

b. Our committee reached an agreement to implement a standardized tool. Woodstock Hospital Emergency Department (ED) will introduce the Identification of Seniors at Risk (ISAR) and Standardized Evaluation and Interventions for Seniors at Risk (SEISAR) geriatric assessment tools and processes. These tools are not currently available in CERNER; therefore, a template will be developed to embed them into the electronic chart and establish care expectations. This initiative is currently in progress.

c. We are also currently working on developing workflow design and staff training.

2. Continuation of the ED Resource Team

Our Woodstock Hospital ED Resource Team, comprised of a dedicated Ontario Health at Home (OHAH) case manager, a GEM nurse, and a Dementia Resource Consultant (DRC), work collaboratively to identify frail, high-risk older adults and connect them with community support that promote aging at home. Currently, these resources provide coverage for approximately 39 % of ED operating hours, with after-hours referrals supporting and ensuring continuity of care.

The ED Resource Team continues to expand through strengthened collaboration and improved processes. We have received consistent support from the DRC and OHAH, along with hospital approval to

sustain the Geriatric Emergency GEM role to the next fiscal year. Program utilization is demonstrated by a positive trend in overall referrals. This growth is also backed by strong support from the Emergency Medical Staff group, who have provided formal letters endorsing the role.
Program data also reflects multiple successful community referrals and effective care navigation for frail, older patients. This reinforces the value of the ED Resource Team in facilitating a supportive discharge and promoting aging at home. Enhancements of documentation within the electronic chart and the introduction of an electronic referral process have improved workflow efficiency.
3. Refusal of Offers from ED Resource Group Follow Up Plan
a. We advocated for community partnership involvement in the project.
b. Follow-up calls for all GEM referrals and after-hours refusals are completed.
c. The GEM nurse documents assessments, suggested services, and refusals in a note sent to the primary care provider.
d. We provide business cards and contact information to all patients, regardless of acceptance or refusal of services.
e. We collaborated with the ED Resource Team and community partners to develop an at-risk plan and follow-up communication to primary care providers for high-risk patients who decline community support. This is a ongoing initiative.

4. Education Focus on Frail Patients (number of staff attending skills days).
Our ED yearly education focus for 2025-2026 included the frail and elderly population. This included assessment, identification, advocation, and resources for discharge.
a. Seventy-five percent of our nursing staff attended the ED skills days. We focused on elderly education including assessments, differences in clinical presentation, risks (polypharmacy), mobility and nutrition.
Our EDRVQP audits for this year highlighted an increasing trend of patients returning to the Emergency Department (ED) who subsequently require surgical admission. These return visits are frequently associated with delays or gaps in the initial assessment and management of surgical presentations. Contributing factors include limited after-hours diagnostic imaging availability, delays in consultation response times, and delays in administration of the first dose of antibiotics.
These system-level delays can impede timely clinical decision-making, prolong ED length of stay, and increase the risk of adverse outcomes. Patients often return during periods of high ED volume, resulting in repeated lengthy waits for reassessment, diagnostic imaging, and physician review. This contributes to patient dissatisfaction, inefficiencies in patient flow, and avoidable utilization of acute care resources.
Our limited diagnostic imaging (DI) availability has been identified as a key contributing factor. Currently, ultrasound services are available seven days per week from 07:30 to 16:30, and CT imaging with contrast is available until 23:00. Reduced access outside of these hours may delay diagnosis and treatment initiation for patients with potential surgical conditions, increasing the likelihood of return visits and unplanned admissions.
To reduce avoidable return visits to the Emergency Department that result in surgical admission by improving timely access to diagnostic imaging, consultations, and early treatment for patients presenting with potential surgical conditions. We will be auditing all return visits for surgical admissions this year.
The Quality Improvement Plan for this priority will focus on the

following areas of work in the next fiscal year:
a. Review current ultrasound scheduling, availability and staffing complement to assess feasibility of extending service availability into evening hours, with diagnostic imaging turnaround times used as a performance indicator.
b. Review and clarify ED imaging prioritization (ultrasound and CT) processes to ensure patients with suspected surgical conditions are appropriately prioritized.
c. Measure and track the time from ED physician decision to consult to surgical consultation response.
d. Percentage of patients receiving first dose of antibiotics within recommended timeframes based on confirmed diagnosis.
e. Monitor/Track/Review time from diagnostic imaging confirmation to operative intervention, to identify delays related to OR availability.

The second quality issue we observed when reviewing our return visits this year was the growing trend involving substance misuse, with alcohol appearing most frequently as a contributing factor. This trend was observed across the adult population, including older patients, and is associated with recurrent ED presentations, complex medical and psychosocial needs, and challenges with continuity of care and safe discharge planning.
Patients presenting with substance misuse-related concerns frequently require multiple ED resources, withdrawal management, and coordinated discharge planning. Gaps have been identified in consistent screening, referral pathways, and transitions to community-based supports. Strengthening early identification, standardized management, and connection to appropriate treatment services represents an opportunity to reduce avoidable return visits and improve patient outcomes.

The quality initiatives we will be investigating this year include:
a. An in-depth review and analysis of EDRVQP findings to identify system gaps in alcohol misuse identification and management.
b. Exploring and standardizing screening, education, and referral processes for substance misuse across adult populations.
c. Reviewing, improving and evaluating the use of standardized withdrawal management pathways and ordering of PowerPlans.
d. Strengthening collaboration between the ED, ED Resource Team, Addictions Resource Response (ARR), Wellness Centre, and community partners.
e. Improving the ordering of discharge prescriptions related to substance withdrawal or relapse prevention.
f. Supporting transition and continuity of care after hospital discharge.
I. Assessing discharge pathways to community support.
II. Successfully transitioning from inpatient withdrawal management to treatment centers
g. Enhancing discharge planning to ensure timely referral to RAAM clinics and community treatment services.

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, 2027.

CONTACT INFORMATION/DESIGNATED LEAD

Nicole Felker 519-421-4233 ext. 2338
Cindy Smart 519-421-4233 ext. 2664

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

_____

DocuSigned by:
Tyna Crockford
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Board Chair

Signed by:
Lisa Symons
2E9D7DB5E57745F...
Board Quality Committee Chair

DocuSigned by:
77CFD128BFB24A6...
Chief Executive Officer

Signed by:
48106E7EFDFD46C...
EDRVQP lead, if applicable

DocuSigned by:
Cynthia Smart
209CF9587E49454...
VP patient care/CNE