

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 30, 2026



OVERVIEW

The Huron Perth Healthcare Alliance (HPHA) provides a wide range of healthcare services at our Clinton Public Hospital, St. Marys Memorial Hospital, Seaforth Community Hospital and Stratford General Hospital sites. Through established formal and informal partnerships and as a member of the Huron Perth & Area Ontario Health Team (HPA-OHT), HPHA actively contributes to advancing an integrated health system, improving community health outcomes and enhancing patient experience.

HPHA's Quality Improvement Plan (QIP) demonstrates our commitment to the HPHA Board, staff, physicians, midwives, patients and communities to provide safe, quality health care. HPHA's 2026-27 QIP is informed by staff, leader and physician experience; patient experience; aggregated critical incident data, and internally identified improvement opportunities aligned with provincial priority issues. The Change Plans, which focus on Ontario Health's Priority Issues of Access and Flow, and Safety, have been developed with HPHA staff, leaders, internal committees and the Quality & Social Accountability Committee that includes Patient Partners as members. The Change Plans were also presented to the Patient and Caregiver Partner Steering Advisory Council. The Governance, Community Relations & System Transformation Committee recommended the indicators associated with performance-based compensation to the Board.

A notable achievement for HPHA in 2025/26 was the completion of two significant redevelopment projects exemplifying state-of-the-art patient spaces and programs - a new Cancer and Medical Care Clinic, and Pharmacy at the Stratford Hospital site, and a total refresh of the St. Marys Memorial Hospital's inpatient unit.

ACCESS AND FLOW

HPHA has introduced several initiatives over the past year to facilitate access and flow and ensure that the right care is received in the right place at the right time across the health care system.

A revised Patient Flow policy now clearly defines principles, structure, responsibilities and processes to optimize internal and regional flow. Of significance, Patient Flow Navigators have been introduced who, with the other members on the Patient Flow Team, lead flow decisions in collaboration with care teams and system partners. This role provides on-call support after-hours to ensure consistent patient flow practices.

Implementation of a centralized messaging system for porters allows an electronic message to be sent to all porters simultaneously. Outcomes include reduced response times and time spent on phone calls, and provision of transport request data to better allocate porters to high demand areas.

The new Elastomeric Program has reduced Emergency Department admissions and return visits by enabling some patients to self-administer intravenous antibiotics at home. It has also allowed Ontario Health atHome to direct scarce resources to other patients. In the first six months, outcomes include savings of \$4,636 per patient and reduced hospital stays by 44 days.

HPHA's Nurse Practitioner (NP) Program provides primary care services to individuals experiencing mental health challenges, substance use, complex medical concerns, and homelessness. The program helps stabilize patients with complicated needs while they await attachment to a primary care provider, and works closely with

Unattached Care Clinics in Huron Perth. Establishment of an ED follow up clinic at the Stratford site diverts ED admissions.

Through the Pay for Results (P4R) initiative, the Emergency Department at Stratford Hospital implemented an offload nurse to expedite triage for ambulance patients; and established both a rapid assessment zone to fast-track lower acuity cases and an additional triage space. With 2024/25 P4R funding, a temporary flow nurse position built and initiated standard processes for the ED team to follow to sustain improvements regarding management of patient flow. These changes significantly reduced length of stay for low-acuity patients, time to admission, and ambulance offload times.

HPHA has established a partnership with Community Paramedicine Services of Huron and Perth Emergency Medical Services (EMS) to support individuals to remain in their homes.

A Day Surgery late stay bed on the inpatient surgical unit was implemented to prevent avoidable postoperative admissions. Ongoing monitoring and education will support sustainable use of this resource.

EQUITY AND INDIGENOUS HEALTH

HPHA strives to be an organization that provides a safe, equitable, and inclusive healthcare environment.

In 2024-25, HPHA developed an Indigenous Health Workplan aligned with the First Nations, Inuit, Metis and Urban Indigenous Health Framework. The Plan focuses on engagement, data collection and evaluation, relationship building, and expanded

Indigenous training. Following Accreditation Canada's Governing Body Assessment, the Huron Perth & Area Ontario Health Team (HPA-OHT) will lead a collaborative Quality Improvement Action Plan (cQIAP) addressing anti-Indigenous systemic racism; as an HPA-OHT member, HPHA will participate in this cQIAP.

The Equity, Inclusion, Diversity and Anti-Racism (EIDA-R) Committee created an EIDA-R framework that served as a template for the HPA-OHT framework. HPHA has provided in-person and online education on topics including Low German-speaking Mennonites, Indigenous cultural competency, Islamophobia, 2SLGBTQ+ inclusion and weight bias. Additional resources include an inclusive language guide, and a quarterly EIDA-R newsletter.

An EIDA-R related question, "Overall, I found the hospital to be welcoming, inclusive and non-discriminating" has been added to HPHA's Patient Experience survey. Early responses cite minimal concerns. The Patient Experience Office monitors and shares feedback to drive improvements.

In the 2025 Accreditation Canada Global Workforce Survey, staff scores ranged from 89%-95% when reporting no unfair treatment or discrimination at work based on age, gender, sexual orientation, race or colour, nationality or immigration status, ethnicity of culture, language, physical appearance, religion, or physical or mental disability.

All executive team members completed Ontario Health's foundational Indigenous Relationship and Cultural Awareness training. All Leaders completed EIDA-R eLearning in 2024/25 and anti-discrimination learning in 2025-26; staff completion rate of the

EIDA-R eLearning exceeds 50%. A staff survey planned for 2026/27 will assess how this learning supports a welcoming environment for staff, Volunteers, patients, families and community.

HPHA has embedded personal pronoun options into staff identification (ID) badges and recently introduced patient registration kiosks. With the implementation of the UKG (Ultimate Kronos Group) Workforce Management Solution, staff may utilize their chosen name for emails, ID badges, and internal communications. It is not feasible to incorporate personal pronouns and gender identify in the current Health Information System (HIS); in the interim, HPHA strives to respect individual preferences for patients.

PATIENT/CLIENT/RESIDENT EXPERIENCE

Patient Experience surveys utilizing the Qualtrics platform are currently employed in most inpatient and outpatient areas. A number of Patient Partners have been trained to engage inpatients in bedside surveys for real-time feedback and to promote broader reach. This is being introduced at the Clinton, St. Marys and Seaforth sites to increase patient feedback.

As with increased awareness and knowledge regarding EIDA-R, the true value of Patient Experience surveys is the translation of feedback into improved patient and staff experience and satisfaction, and quality improvements.

To enhance staff awareness, knowledge, and engagement of staff with Patient Partners, HPHA developed and introduced a comprehensive eLearning course regarding the importance of early patient and

caregiver involvement in care, as well as skills and strategies needed to build strong relationships. The inclusion of Patient Partners in the membership of Program Councils and on Project Teams creates further awareness of the rich contributions of Patient Partners to the patient experience at HPHA.

In October 2023 HPHA established a Wavecare Sensory Delivery Room (SDR) that provides a stress-reducing environment and supports the labour process with customized programs for childbirth. In addition to the standard equipment and features of a delivery room, an SDR includes a digital screen that displays nature scenes, dynamic lights in calming colors and specially designed sound programs such as wave ripples, all of which foster a more relaxed environment that is experienced as being less clinical. The SDR environment is also experienced as calming for team members. Through a generous donation, two additional sensory rooms have been established on the Maternal Child Unit.

PROVIDER EXPERIENCE

HPHA is a partner of the HPA-OHT Collaborative Accreditation, now in its third cycle where the accreditation award is received for the Collaborative rather than individual organizations. Through shared standards and coordinated efforts, the Collaborative is strengthening quality, safety, and integration across the regional health system. In response to findings from the recent Global Workforce Survey, the HPA-OHT will lead a collaborative Quality Improvement Action Plan focused on burnout and intention to leave a workplace. HPHA will develop an organization-specific Quality Improvement Action Plan to address our top issue of “If I make a mistake, it will be held against me”.

In a refresh of the HPHA Communications Plan, a staff survey was conducted to identify opportunities to enhance communication engagement. At the time of this report, results and recommendations are pending.

HPHA engages in staff recruitment incentives and has implemented a number of resources to bolster staff retention. HPHA participates in career fairs and recruitment opportunities; showcases healthcare career options at local high schools and community-sponsored events; recruits a robust number of Clinical Externs; participates in the Community Commitment Program for Nurses, Critical Care Nurse Training Fund, and Internationally Educated Nurses programs; provides SIMS Labs; supports funded targeted education; provides structured orientation programs; and supports a high number of student placements across health disciplines and support programs. Clinical Scholars provide at-the-elbow support for new staff while Clinical Educators provide education and resources.

In addition to recruiting for Hospital physicians, HPHA’s Corporate Lead Medical Services recruits for the HPHA catchment area Family Health Teams whose physicians may not have hospital privileges. This approach strengthens access to primary care, reduces non-urgent Emergency Department visits, and bolsters the connectivity of the local medical community. To further enhance retention, HPHA cultivates a strong physician social network across the four hospital sites.

SAFETY

HPHA has participated in voluntary reporting of never events to Ontario Health since the program began in January 2024.

Processes in place at HPHA to prevent never events, particularly in areas such as pressure injury prevention, surgery, and medication safety include:

Pressure Injury Prevention

- Commitment to purchase only MAX (air) mattresses moving forward
- Engagement of Physician champion and interdisciplinary team members
- Wound documentation that follows best practice standards; including automatic flag for physician assessment if wound stage progresses
- Weekly Wound Care Rounds
- Interdisciplinary review of wound products to standardize supplies and eliminate redundancies
- Processes to ensure required equipment is moved with patient on transfer to another unit or HPHA site, and that non-HPHA site is aware of equipment needs for continuity of care on transfer
- Required eLearning for Personal Support Workers (PSWs) and Clinical Externs regarding skin assessments, documentation and reporting expectations; available for any staff

The current HIS does not have capability to track visual progress of wound healing.

Surgery – Prevention of Unintended Foreign Objects Left in a Patient Following a Procedure

- Only large sterility indicator strips to be used for wrapped instruments and kits
- Preparation solution has combined, rather than separate, sponge

and applicator

- Preparation sponges included in surgical count
- Resources outlining correct sterility-verification procedures when opening packages

Medication Safety

- Bedside Medication Verification
- Chemotherapy – documented double check of medications
- IV Administration – no concentrated potassium on patient care areas; if ordered, Pharmacy prepares required dose
- Hydromorphone – no concentrated narcotics on patient care areas; Pharmacy prepares required dose
- All potassium and narcotic doses are double checked by another Pharmacist or Pharmacy Technician
- Topical and injectable epinephrine only available in Emergency Departments and Operating Rooms. Injectable epinephrine (ampoules) is stored in automated dispensing cabinets; epinephrine for topical use is supplied in bottle format.
- High Alert Medication List regularly reviewed
- As general practice, Pharmacy Technician enters order, Pharmacist verifies

PALLIATIVE CARE

The goal of palliative care is to relieve pain and suffering, and to improve a person's quality of life.

HPHA has developed End of Life Care information regarding various faith traditions to support compassionate and culturally sensitive, patient-centred care. These resources provide guidance on practices and considerations important at the end of life. Resources regarding faith traditions include Buddhism, Sikhism, Judaism,

Islam, Indigenous, Hinduism, Baha'i and Christianity.

HPHA's End of Life Program developed Palliative Care Kits containing standardized information and education resources, resource lists for patients and caregivers, education resources for healthcare providers that address departmental needs (e.g. infant/paediatric loss, traumatic loss), and supplies to de-institutionalize hospital rooms to the extent possible.

Since the legalization of Medical Assistance in Dying in 2016, HPHA has provided a compassionate, well coordinated response to individuals who choose a medically assisted death. In a number of cases, where this death may include organ and tissue donation, HPHA works closely with Trillium Gift of Life to ensure the patient's wishes are honoured to the extent possible.

In alignment with the Ontario Health Services Palliative Care Health Services Delivery Framework Adult Hospital Model of Care, HPHA is partnering with HPA-OHT to integrate a part of the Clinical Coach role within the established NP practice to support earlier and more reliable identification of patients with unmet palliative care needs across hospital and community care transitions. Leveraging existing therapeutic relationships with clinic patients and hospital partners, the NP Palliative Clinical Coach will embed proactive screening, early needs identification, and coaching into routine care to support timely referrals, coordinated care planning, and continuity following hospital encounters. Consistent with the Framework's emphasis on strengthening primary level palliative care competencies among generalist providers, this role will support medication management, symptom monitoring, and patient and caregiver education, while facilitating linkages to appropriate hospital based and community

resources. This integrated coaching approach will enhance system navigation, support safer transitions from hospital to community, and improve access to person centred, coordinated palliative care across the continuum.

POPULATION HEALTH MANAGEMENT

HPHA is an active member of the HPA-OHT and participates in the OHT governance focus on Health Equity at a system level.

HPHA partnered with Huron Perth Public Health, local Family Health Teams, and Midwifery services to transition the hospital-provided outpatient Breastfeeding Clinic to a more appropriate model of community partners delivering routine breastfeeding support, including home visits and ongoing care. HPHA will focus on acute and specialized care and continue inpatient breastfeeding support with an embedded lactation consultant. This collaboration with partners addresses concerns regarding access and equity, reinforces clear system roles and sustainability, and creates stronger community-hospital partnerships.

Through HPHA's commitment to advance social accountability, strengthen community partnerships, and enhance support for HPHA patients through a Social Determinants of Health approach, HPHA partnered with the city of Stratford, Social Services and CMHA in building a model for supportive warming centres.

HPHA is a partner in the Huron Perth Coordinated Access for Housing Support initiative for the unhoused. Individuals believed to be experiencing homelessness may be referred and will be assessed to determine if they are appropriate for inclusion on a real-time database that is updated monthly and tracks individuals currently

without housing; this database is a key component to help deliver more effective, equitable, and personalized support.

HPHA is partnering with the OPP and the Waterloo Region Sexual Assault and Domestic Violence Treatment Centre to provide a wrap around model of care to enhance support for victims of sexual assault and domestic violence during their initial Emergency Department visit.

EMERGENCY DEPARTMENT RETURN VISIT QUALITY PROGRAM (EDRVQP)

The first EDRVQP audits were conducted at Stratford General Hospital in the 2024/25 fiscal year. Management of sepsis by physicians in our ED was identified as a main area for focus of quality improvement from audit findings. As a result, the Order Set for management of sepsis for physicians was updated, and education was provided to physicians at all four HPHA sites. At the Stratford site, annual education is conducted through simulation activity. For the 2025/26 year, the simulations included scenarios reinforcing appropriate clinical care and follow up with respect to management of sepsis. It is anticipated that the completed 2025/26 audits will indicate reduced issues with managing sepsis, and reduced ED returns for sepsis or complications of infection.

Additional quality issues identified that will be addressed in 2026/27 include:

- Reassessment documentation
- Labs ordered by nurses (under Medical Directive) not noted in chart and physician not being aware to check results
- Returns to ED for ultrasound only due to limited hours for ultrasound services; review opportunity for extended ultrasound

hours

HPHA has one large volume site and three smaller volume sites. Each of the three smaller volume sites have Lead Physicians that conduct the audits quarterly. These physicians then work collaboratively with HPHA's large site physicians and the managers/directors responsible for each site. A Working Group has been established that also includes the Project Sponsor and Vice President/Chief Nursing Executive, and decision support/ data management manager. The team compiles and reviews the results. A more thorough review of the 2025/26 data will be completed in April, 2026 to identify additional quality initiatives from results.

One key quality issue identified at the smaller volume ED sites is eldercare and frail senior returns, due to lack of resources and supports in the community. Several initiatives are underway that will ideally improve HPHA's ability to support this population:

1. Community Paramedicine (CP) ED Referral Pilot: The CP team will take direct referrals from the ED for seniors with significant cognitive decline, or post-fall or post-treatment of infection. This model includes CP conducting a home visit for patients who were discharged from ED, to ensure these individuals are managing well.
2. Frail Senior Screening: The EDs will be implementing Frail Senior Screening in 2026/27 and individuals will be referred to community services and other resources to ensure smooth discharge support (including CP model above).
3. Dementia Resource Consultant (DRC): The role of a DRC is currently funded at the Stratford ED by the Alzheimer's Society to support discharge and resources, including respite care, to patients following an ED visit, where needed.

This model will be extended to the three smaller volume ED sites in 2026/27.

4. Collaborative planning with ONECare and Ontario Health atHome will ensure a Home First approach to discharge planning occurs from the ED.

EXECUTIVE COMPENSATION

HPHA's executive-levels roles, the percentage of salary at risk and the associated targets associated with at-risk salary are outlined as follows:

Executive-Level Roles and Corresponding Performance -Based Compensation

- President & CEO: 5% of annual base salary
- Vice President Partnerships, Transformation & Chief Nursing Executive: 3% of annual base salary
- Vice President People, Engagement & Social Accountability: 3% of annual base salary
- Vice President Performance, Finance & Digital Innovation: 3% of annual base salary
- Chief of Staff: 3% of annual base salary

Quality Improvement Targets

Priority Issue	Indicator Target
Access and Flow	Develop and recommend sustainable staff training plan for approval by February 26, 2027.
Safety	Reduce 90th Percentile Emergency Department Length of Stay by

February 26, 2027.

Terms

The indicator targets are equally weighted; therefore, achievement of both targets would result in no pay at-risk; partial achievement of targets would result in partial pay at-risk in a manner determined by the board of directors.

Summary

Achievement of the two Indicator targets listed above account for a percentage of performance-based compensation. As outlined, 5% and 3% of annual compensation for the President & CEO, and for the Vice Presidents and Chief of Staff respectively, are linked to the achievement of the identified Indicator targets.

CONTACT INFORMATION/DESIGNATED LEAD

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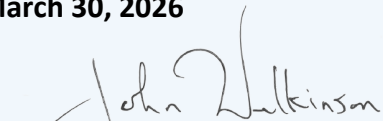
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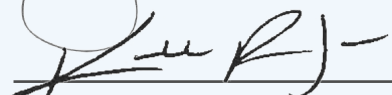
SIGN-OFF

It is recommended that the following individuals review and sign-off on your organization's Quality Improvement Plan (where applicable):

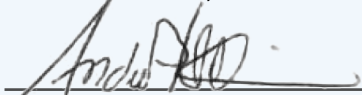
I have reviewed and approved our organization's Quality Improvement Plan on **March 30, 2026**



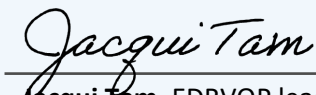
John Wilkinson, Board Chair



Kim Ross Jones, Board Quality Committee Chair



Andrew Williams, Chief Executive Officer



Jacqui Tam, EDRVQP lead, if applicable
