

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 26, 2025



OVERVIEW

The Huron Perth Healthcare Alliance (HPHA) formally amalgamated April 1, 2024 and provides a wide range of healthcare services at our Clinton Public Hospital (CPH), St. Marys Memorial Hospital (SMMH), Seaforth Community Hospital (SCH) and Stratford General Hospital (SGH) sites.

HPHA's annual Quality Improvement Plan (QIP) demonstrates our commitment to the HPHA Board, staff, physicians/midwives, and our patients and communities to provide safe, quality health care, and to advance continuous quality improvement. Development of HPHA's 2025-26 QIP is informed by staff, leader and physician experience; patient experience; and aggregated critical incident data. The Change Plans, which focus on Ontario Health's Priority Issues of Access and Flow, Equity, and Experience, have been developed with HPHA staff, leaders and internal committees in concert with the Quality & Social Accountability Committee that includes Patient Partners as members. The HPHA Board, with ultimate accountability and high-level oversight for the organization's QIP, is informed of its development and receives quarterly progress reports.

A notable achievement for HPHA in 2024/25 was being one of ten Huron Perth and Area Ontario Health Team (HPA-OHT) partners in Ontario's first Collaborative survey with Accreditation Canada in April 2024 which received the award of Exemplary Standing. Through this commitment, harmonized policies were adopted and are spreading to other HPA-OHT partners. More importantly, the collaboration advanced the integration of our local healthcare system. The Collaborative group, with an expanded membership, is meeting in early 2025/26 to plan for the new Accreditation cycle. HPHA is committed to continuing our long-standing tradition of formal and informal partnerships to advance an integrated health

system, adopt common standards of practice, improve community health outcomes and enhance patient experience. HPHA is an active collaborator in the HPA-OHT's 2025/26 QIP Equity Change Plan focused on creating a database that will track and share collected data across sectors, and developing an education and training hub for equity, inclusion, diversity, and anti-racism resources.

HPHA celebrated a significant redevelopment project – a new Chemotherapy and Medical Care Clinic at the Stratford Hospital site. As well, a total refresh of the St. Marys Memorial Hospital's inpatient unit is underway and full capacity will resume in May 2025. Both projects are examples of state-of-the-art patient spaces and programs.

ACCESS AND FLOW

HPHA is committed to optimizing system capacity, timely access to evidence-based care, and patient flow to promote services for the right person in the right place at the right time both through improvements in internal processes and partnerships.

HPHA's 2025/26 QIP Access and Flow Change Plan is:

- That the Huron Perth Healthcare Alliance (HPHA) will develop and implement standardized processes to facilitate a decrease in Ambulance Offload Time (AOT).

This Change Plan continues work initiated in the SGH Emergency Department (ED) in 2024/25 such as the introduction of an ED Flow Nurse position funded through Pay for Results (P4R), and a Dedicated Ambulance Patient Offload Position funded by Perth County Paramedic Services. Plan-Do-Study-Act (PDSA) cycles in 2025/26 will evaluate the impact of structural enhancements and process changes on Ambulance Offload Time and inform process improvements.

HPHA's commitment to integrated care and to support individuals to remain in the community and avoid unnecessary hospitalization and emergency department visits is evident in such external partnerships as:

- The Alzheimer Society of Huron Perth piloted, and will permanently fund, a resource consultant in the SGH ED to assist individuals living with dementia and their caregivers. This innovative and collaborative model embeds a dedicated resource to provide education, advocacy and mentoring to support individuals to continue to live in the community.
- In a demonstration Let's Go Home (LEGHO) project on the SGH Medicine Unit, ONE CARE Home and Community Support Services initiated care planning prior to discharge to improve capacity, and access and flow, and ensure a seamless transition home. Outcomes included support to 92 patients over a 9-month period, streamlined processes, increased awareness of community resources, reduced Alternate Level of Care (ALC) days, and increased services to participating clients. ONE CARE has permanently funded a dedicated LEGHO care planner in 2025/26.
- With funding support from the City of Stratford and Perth County, HPHA provides the Huron Perth Primary Care Nurse Practitioner Program to residents of Huron or Perth Counties 16 years of age and older who are experiencing complex medical concerns or mental health and/or substance use concerns, and are without a Primary Care Provider. The HPHA Nurse Practitioner Program and the Huron Perth Unattached Care Clinic cross-refer individuals as indicated to best address their needs.
- HPHA partners with local police and Ontario Provincial Police forces to provide the Mobile Crisis Rapid Response Team, a specialized team within the 24/7 Huron Perth Helpline and Crisis Response Team, that provides mobile, in-person crisis support in

Huron and Perth counties, potentially diverts visits from EDs, and connects individuals to supports and resources.

EQUITY AND INDIGENOUS HEALTH

HPHA is taking steps toward creating a more inclusive, equitable, and culturally safe healthcare environment; ensuring ALL voices are heard and considered in healthcare decision-making, planning, services and operations; and is committed to increasing awareness and knowledge leading to improved and equitable outcomes for patients and their families that we serve.

To this end, HPHA has developed two 2025/26 QIP Equity Change Plans:

- To continue advancing a workplace culture that embraces and values diversity, addresses systemic inequities and fosters an inclusive environment, all staff will be encouraged to complete the HPHA Equity, Inclusion, Diversity and Anti-Racism (EIDA-R) e-Learning module.

This 2025/26 Change Plan builds on the 2024/25 Equity Change Plan that 85% of HPHA Leaders complete the EIDA-R eLearning.

- To advance a workplace culture that embraces and values diversity, addresses systemic inequities and fosters an inclusive environment, educational offerings focused on Anti-Discrimination will be made available to members of the leadership team. Board and Committee members, physicians, midwives, Patient & Caregiver Partners, and Volunteers will have access to and will be encouraged to complete the eLearning and/or participate in the education opportunities.

In addition, an EIDA-R related question has been added to HPHA's Patient Experience survey. The Patient Experience Office will

monitor and disseminate specific feedback that will inform leaders to drive improvements.

As an expression of gratitude, and to honour the Indigenous peoples who have lived and worked on this land historically and presently, HPA-OHT members have adopted a shared Land Acknowledgement statement. With specific efforts to improve equity and foster Indigenous health and cultural safety, the ten HPA-OHT Accreditation partners adopted Ontario Health's Equity Framework and a harmonized HPA-OHT Equity, Inclusion, Diversity and Anti-Racism Plan. Of note, roughly 1.8% of Huron and Perth County residents identify as Indigenous.

HPHA initiatives and resources to increase awareness and support EIDA-R in the workplace include:

- Recognition days and months (e.g. Pink Shirt Day (Anti-Bullying), Orange Shirt Day (National Day of Truth and Reconciliation), Black History Month, Pride Month)
- Recruitment Videos
- Gender-neutral public washroom signs in redeveloped/renovated areas with plans to expand this initiative
- Accommodation for safe space locker rooms
- Option to include preferred pronouns on staff identification badges
- Discontinuation of "male"/ "female" student identification badges
- Education opportunities (e.g. Indigenous Cultural Competency Training (Ontario Federation of Indigenous Friendship Centre and Ontario Health); EIDA-R and 2SLGBTQIA+ eLearning; Unconscious Bias in Hiring, Medicine Wheel training, "Who are the Low German Speaking Mennonites" presentations)
- HPHA Guide to Inclusive Language (adopted from HPA-OHT guide)
- HPHA Equity, Inclusion, Diversity, and Anti-Racism Framework - provides clear educational goals towards building a foundation of

understanding and action

- HPHA Indigenous Health Workplan – is aligned with Ontario Health's Framework for Indigenous Health, specifically addresses healthcare needs of First Nations, Inuit, Métis, and Urban Indigenous peoples, and includes actionable items in collaboration with the HPA-OHT ensuring that Indigenous health is prioritized and integrated into broader healthcare practices and policies.
- Adoption of a Smudging policy
- Access to resources of the Southwest Ontario Aboriginal Health Access Centre (London)

PATIENT/CLIENT/RESIDENT EXPERIENCE

HPHA is committed to creating a culture of exceptional patient and family experience. Feedback from and participation of patients, families and visitors is viewed as valued information regarding the HPHA environment, and an opportunity to improve the quality of services and care, and is considered an essential component in safe, people-centred care. Engaged patients and their caregivers are better able to make informed decisions regarding care options. HPHA's 2025/26 QIP Experience Change Plan is to:

- Determine if HPHA patients feel they received adequate information about their health and their care at discharge. (Focus: HPHA Inpatient Units)
- HPHA collects feedback from patients and caregivers through various methods including a Patient Experience survey platform that allows for timely survey distribution via email and sends text message reminders. Feedback is also gathered by Leaders during Rounding, and from Patient Partners on Program Councils and committees. Patient Partners are being trained to facilitate completion of the Patient Experience survey with patients. HPHA has a well-established Patient Relations processes to respond to

concerns received.

It is anticipated that increased response rates and weekly and monthly reports to Leaders and Program Councils will facilitate opportunities for quality improvement, as will the planned development of unit-specific Patient Experience Dashboards. HPHA's Patient & Caregiver Partner Program currently has 20 active volunteer partners who share valuable insights, perspectives and expertise based upon their living or lived experiences regarding matters that directly affect patients and families. They are actively involved in advancing people-centred care and building relationships across HPHA, and are integrated into HPHA's operations as active members through:

- Participation in interviews and onboarding of HPHA Patient & Caregiver Partners
 - Participation in interviews for leadership positions
 - Presentation at monthly HPHA Corporate Orientation
 - Ex-officio membership on HPHA Board of Directors (Patient & Caregiver Partner Program Co-Chair)
 - Membership on HPHA Board sub-Committees including Medical Advisory Council; Quality and Social Accountability; Resources, Audit & Digital Innovation; and Governance, Community Relations & System Innovation
 - Membership on HPHA operational committees and Program Councils,
 - Co-design opportunities such as patient information, education materials, program design
 - Membership of Project teams (e.g. Chemotherapy and Medical Care Clinic Redevelopment, St. Marys Memorial Hospital Inpatient Unit Redevelopment, Patient Registration Kiosks)
- Collaboration between the Corporate Lead Patient Experience and Privacy, and the Quality & Patient Safety Team, is integral with

respect to awareness of each other's work regarding Patient Experience and Patient Engagement, coordination regarding patient safety and patient experience related to patient safety incidents, and development of Patient Experience Dashboards to ensure the voice of the patient informs quality improvements and practice. In 2025/26 HPHA is installing patient registration kiosks to complement established Patient Registration. These kiosks, featuring six languages commonly spoken in the Huron Perth area, will allow electronic check-in, enhance privacy, provide an opportunity to collect email and cell phone information for patient surveys, and provide appointment reminders and wayfinding.

PROVIDER EXPERIENCE

The healthcare industry recognizes the need for post-pandemic support for healthcare providers. HPHA strives to foster a workplace that supports recruitment and retention, a healthy workplace culture, and positive staff experiences. Recruitment and retention efforts and support for staff are essential, particularly with a proportionately higher number of novice experience staff or internationally trained staff. In addition to EIDA-R initiatives noted above, efforts to enhance Provider Experience include:

- Mentorship/Coaching/Support opportunities and resources:
 - o Nurse Residency Program supports new graduate Registered Nurses (RN) and their preceptors in partnership with the Canadian Association of Schools of Nursing
 - o Participation in the Supervised Practice Experience Partnership, New Graduate Guarantee, Clinical Scholars, and Community Commitment Program nursing incentives programs and the interprofessional Enhanced Extern Program as funded by the Ministry of Health

- o Clinical Nurse Educators

- o Nursing Support Line during night shifts and weekends for peer-to-peer support from experienced Nurses and Respiratory Therapists.

- Recognition initiatives (e.g. annual Tuer-Hodes Family Recognition Awards for Exceptional Care for Nursing, Interprofessional Practice and Support Services; annual HPHA long service awards, annual HPHA Awards of Excellence).
- Staff education funds through HPHA sites' Foundations.
- Enhancement of high school co-op student program to increase awareness of healthcare careers and support potential future recruitment.
- Development of Leadership Development Framework for present and emerging leaders.
- "Childcare for Healthcare Workers" and "Housing for Healthcare Workers" resources.
- HPHA Wellness activities include staff appreciation events (Wellness Carts, sports events), Wellness Fairs, fitness activities); and social accountability initiatives (winter clothing drive, Holiday "Adopt-A-Family" program).

SAFETY

HPHA is committed to the provision of safe, quality health care, and to advancing continuous quality improvement. Several initiatives that demonstrate HPHA's efforts to create and sustain a culture of safety to prevent or reduce patient safety incidents include:

- Pressure Injury Prevention

A Medical Directive has replaced the Order Set to facilitate consultation by Physiotherapy, Occupational Therapy, and Clinical Nutrition as needed, and by Ontario Health atHome pre-discharge. The Wound Care policy has been revised, and resources (e.g.

Braden Scale Intervention Guide on all units) and eLearning enhanced. Efforts to improve documentation are underway, and an improved approach to pressure injuries is informing equipment decisions such as therapeutic mattress surfaces. A certified Wound Care Specialist is a member of the Clinical Scholar Team.

- **Patient Safety Dashboards**

HPHA's Quality & Patient Safety Team has developed Patient Safety Dashboards for all inpatient units and EDs, with monthly reports available on the Management drive and quarterly reports provided to Program Councils. These Dashboards track incidents over time, facilitate discussions regarding recent harmful incidents, and allow leaders to showcase and share work on specific incidents to prevent recurrence. The Dashboards are available to all leaders promoting transparency, accountability, and collaboration on common issues.

- **Critical Incident Triage Team**

A Critical Incident Triage Team was established to ensure consistent understanding of an incident, determine severity level and reporting requirements, identify required supports for patient, family and staff, and determine need for Quality Review or Quality of Care. This process identified opportunities to enhance serious incident investigation and follow up, provide consistent timely documentation, develop Standard Work documents for leaders, and create a mechanism to monitor progress on and closure of recommendations.

- **Interprofessional Clinical Audit Committee**

In implementing a recommendation from our Accreditation survey, an interprofessional Clinical Audit Committee was established to review audits completed by trained front-line staff, and trended by

the Quality & Patient Safety Team. The goal is to identify and improve clinical practices (e.g. falls prevention, suicide risk assessment, transfer of accountability, narcotics and controlled substances, venous thromboembolism prophylaxis, patient identification, hand hygiene, pressure injury prevention, violence risk assessment, surgical safety checklist.) Outcomes include clarification regarding timing of audits and metrics to be audited. To date, the Committee has prioritized a focus on pressure injury prevention.

- **Never Event Reporting**

HPHA participates in the voluntary "Never Events" reporting program led by Health Quality Ontario, recognizing that such events are patient safety incidents that can result in serious patient harm or death and that are preventable using organizational checks and balances. HPHA supports strategies to identify and reduce Never Events.

Other safety initiatives include Quality Improvement (QI) projects to ensure a safe, standardized, interprofessional approach to diet texture and medication administration route management in every diet order, including when patient is nil per os (NPO); and to safely integrate appropriate oral hygiene best practices into patient care.

PALLIATIVE CARE

The following initiatives support awareness, knowledge and competency regarding palliative care:

- **Virtual Palliative Care Education**

In late 2023/24, HPHA received one-time funding through the Southwest Regional Cancer program for related to virtual palliative care education for nurses, PSWs, allied health and physicians.

Courses included:

- o Pallium Leap – Core (14 hours total)

- o Life and Death Matters – PACE for PSW (20 hours total)

- o Life and Death Matters – Nurse’ Basic Package (30 hours total)

In total, 21 nurses, 2 physicians, 1 Spiritual Care Adviser, 1 Nurse Practitioner (NP) and 1 Personal Support Worker (PSW) participated in one or more of the courses offered. As a result of this opportunity, participants became more comfortable and confident providing palliative care.

- Palliative Care Kits

In preparation for the HPA-OHT Accreditation survey, gaps were identified in meeting standards for initiating palliative and end-of-life care, and supporting families, team members and other patients during and after a patient’s death. HPHA developed an End of Life Program with standardized information and education resources, resource lists for patients and caregivers, and education resources for healthcare providers that address departmental needs (e.g. infant/paediatric loss, traumatic loss). The program also includes supplies to de-institutionalize hospital rooms (to the extent possible), and a guide to adapt and expand the project.

- Medical Assistance in Dying

While end-of-life care is not specifically palliative care, HPHA prides itself on a well-established Medical Assistance in Dying (MAiD) protocol, including processes to facilitate organ recovery when indicated.

POPULATION HEALTH MANAGEMENT

Population Health Management focuses on proactive, integrated, person-centred, cost-effective, equitable and efficient solutions, and collaborations with the intent of improving our population’s

health and social needs.

Initiatives cited under the Access and Flow section reflect HPHA’s partnerships with other organizations, health service and otherwise, to care for unique needs of people in our communities. As noted under the Equity and Indigenous Health section, the ten HPA-OHT Accreditation partners adopted Ontario Health’s Equity Framework and a harmonized HPA-OHT Equity, Inclusion, Diversity and Anti-Racism Plan. HPHA supports and hosts recognition days and months, educational ideas, and considers gender identity issues in its planning.

In addition to initiatives already noted, HPHA also partners with other organizations with the goal of improving the health needs of persons along the continuum of care and well-being:

- HPHA’s Corporate Lead Medical Services partners closely with Health Care Connect assisting individuals to secure local primary care.
- HPHA’s Corporate Lead Medical Services partners closely with area Family Health Teams (FHT) in the recruitment of family physicians (who may not have hospital privileges) thus promoting access to primary care, and reducing unnecessary ED visits and hospitalizations.
- HPHA’s four EDs receive P4R funding, some of which will be utilized to establish a full time Patient Flow Navigator position in 2025/26. P4R funding enables a second RN on the night shift in the three HPHA smaller volume EDs, and a Registered Practical Nurse for higher volume hours.
- Through the HPA-OHT, HPHA participates in a Reverse Referral Pilot in which HPHA internal medicine specialists refer unattached patients to primary care physicians who have committed to accepting new patients.
- HPHA hosts a clinic staffed by NPs as a site of the Stratford FHT-

sponsored Huron Perth Heart Failure Program, a spoke-hub-node model providing patient care and access to resources.

- HPHA's Residence building is the site of the City of Stratford-sponsored Shelterlink, a residential program supporting Perth County youth experiencing homelessness or at-risk of homelessness.
- HPHA actively participates in initiatives to support the social needs of our communities such as United Way (consistently a top corporate contributor), Cereal Challenge, Back-to-School Backpacks and Supplies program, and International Women's Day initiative.

EMERGENCY DEPARTMENT RETURN VISIT QUALITY PROGRAM (EDRVQP)

- Large-Volume Sites (Emergency Departments With More Than 30,000 Annual Visits)

Pay for Results (P4R) funding for HPHA commenced April 1, 2024. As this is the first time HPHA is completing the Emergency Department Return Visit Quality Program (EDRVQP), there are no prior EDRVQP initiatives to report.

As 2024/25 is the first year HPHA conducted EDRVQP audits, data is being analyzed. The trends for return visits to the Stratford Hospital ED indicate the top four reasons for return visits are unspecified abdominal pain; urinary tract infection; fever, unspecified; and pneumonia, unspecified. This data will be further analyzed for quality improvement opportunities.

A 2025/26 P4R initiative is a NP-provided ED Urgent Follow -Up Clinic trial to consider if patients who would be best served with a follow up visit to avoid a return visit with increased severity and or

an admission can be identified.

- Small-Volume Sites (Emergency Departments with Less Than 30,000 Annual Visits)

HPHA operates three small-volume EDs at St. Marys, Seaforth, and Clinton Hospitals. To enhance patient care, three key initiatives are underway: Fit2Sit Program, Elastomeric Pump Program, and the Community Paramedicine Referral Program:

- o Fit2Sit identifies patients who can safely wait in the waiting area, thus reducing Emergency Medical Services (EMS) offload times and allowing paramedics to return to service quickly. Building on the success of Fit2Sit at St. Marys ED and continued partnership with Perth County Paramedical services, the program is scheduled for expansion to Clinton and Seaforth EDs in collaboration with Huron County Paramedic Services, Huron Health System, and Wingham and District Hospital on April 1, 2025.

- o Launched in January 2025 in partnership with Ontario Health atHome, the Elastomeric Program at Clinton, Seaforth, and St. Marys Hospitals enables patients to self-administer antibiotics at home, thus reducing length of stay, preventing unnecessary ED visits, and improving the patient experience.

- o HPHA is expanding the Community Paramedicine Referral Program in partnership with both Huron and Perth Paramedic Services. This program facilitates follow-up visits for patients aged 70+ discharged after a fall or antibiotic treatment. Although the program launched in February 2024, uptake has been limited due to leadership changes. HPHA plans to improve engagement and oversight.

Effective April 2025, each HPHA ED will establish an audit committee to review return visits, identify root causes, and suggest improvements. Findings will be shared with the HPHA Quality & Social Accountability Committee, ED Program Council, and front-line staff to drive ongoing care and service improvements.

EXECUTIVE COMPENSATION

It is a requirement of the Excellent Care for All Act that Executive Compensation be tied to select measures. HPHA is committed to advancing equity, inclusion, and diversity and addressing racism to reduce disparities in outcomes for patients, families, and providers, and supporting an environment in which patients, families and providers feel a sense of belonging, psychological safety and the ability to fully participate and contribute.

The two Equity Change Plan focus on advancing a workplace culture that embraces and values diversity, addresses systemic inequities, and fosters an inclusive environment.

The 2025/2026 indicator to which executive compensation is associated is the successful achievement of:

- Equity – 85% of Leaders complete a minimum of one educational opportunity regarding Anti-Discrimination education by February 28, 2026.

The HPHA Board of Directors has approved 5% Pay at Risk for the President and CEO, and 3% Pay at Risk for the Vice-Presidents and Chief Nursing Executive, and Chief of Staff be associated with the selected 2025/2026 QIP indicator.

CONTACT INFORMATION/DESIGNATED LEAD

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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):

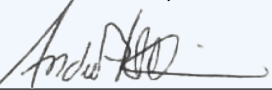
I have reviewed and approved our organization's Quality Improvement Plan on **March 26, 2025**



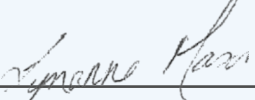
John Wilkinson, Board Chair



Kim Ross-Jones, Board Quality Committee Chair



Andrew Williams, Chief Executive Officer



Lynanne Mason, EDRVQP lead, if applicable
