Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 30, 2026

Ontario Health

OVERVIEW

Quality is the foundation of our organization. Our vision is “a quality-driven health care system focused on the changing needs of our communities” guides our strategic priorities to include:
- Partnering with patients and families
- Empowering our people
- Ensuring operational excellence
- Innovating through partnership

Each priority embeds a strong quality focus, including investment in infrastructure and technology, continuous improvement methodologies, and the cultivation of a high-trust culture.

South Huron Hospital (SHH) continues to advance quality improvement efforts focused on improving patient flow, safety, equity, and experience across the organization. Our 2026/27 QIP focuses on measurable improvements in access and flow, equity, patient safety, and patient experience.
- Improving overall patient flow and reducing Emergency Department backlogs through targeted initiatives, supporting ambulance offload time, time to inpatient bed, physician initial assessment, and reducing patients leaving without being seen.
- Empowering our staff through access to quality DEI training that can then be translated to effective programs within our organization.
- Improving understanding and reduction of patients leaving without being seen
- Continuing to work with our patients and families to better understand their experiences by getting more experience surveys into their hands to encourage feedback.
- Monitoring key performance indicators including wait times and

medication reconciliation

These priorities reflect both organizational performance trends and provincial expectations, with a focus on achievable, incremental improvement while maintaining high-quality care

ACCESS AND FLOW

As a small rural hospital serving both a permanent and seasonal population, we experience predictable pressure on our Emergency Department and inpatient units. Summer volumes and an aging community continue to impact capacity and patient flow. We are addressing these pressures through:

- Continued implementation of a Home First approach to support safe discharge planning
- Use of a Hospitalist model to improve coordination and inpatient flow
- Ongoing collaboration with community partners to support timely ALC transitions

In 2026/27, SHH will focus on five key access and flow indicators: ambulance offload time, physician initial assessment, low-acuity emergency department length of stay, emergency department wait time to inpatient bed, and patients leaving without being seen.

Efforts will include sustaining strong performance in ambulance offload time, supporting stepwise improvement in physician initial assessment through site-specific targets, and maintaining a realistic and sustainable approach to low-acuity length of stay based on comparable rural hospital performance.

To address delays in admission from the emergency department, work will focus on standardizing patient flow and discharge processes, including development of formal policies and surge escalation protocols. Patients leaving without being seen will be addressed through improved communication, visibility of wait times, and ongoing monitoring of trends.

EQUITY AND INDIGENOUS HEALTH

Equity, Inclusion, Diversity, and Anti-Racism (EIDA-R) and Indigenous health continues to be an important focus for AMGH and within the Huron Perth and Area Ontario Health Team.

Our EIDA-R Committee remains active, and a recent staff survey reinforced both the importance of this work and the need for continued leadership commitment. The strong response rate demonstrated staff engagement and willingness to contribute to improvement.

The 2026/27 focus will be on increasing completion of EIDA-R education among leadership and achieving full completion at the Board level, with progress monitored through organizational tracking mechanisms. Through education of our leaders and sponsors, we will work towards development of effective equity improvement initiatives.

PATIENT/CLIENT/RESIDENT EXPERIENCE

Improving patient experience remains a priority across both emergency and inpatient settings. In 2026/27, the focus will be on increasing participation in patient experience surveys through enhanced distribution strategies. This includes continuing site-specific paper-based processes, expanding the use of electronic survey distribution where feasible, and exploring additional tools and communication strategies to improve response rates.

Efforts will also focus on ensuring consistent survey distribution processes across sites and monitoring participation trends. Performance will be reviewed regularly to support ongoing improvement.

SAFETY

Medication reconciliation at discharge remains a key patient safety priority for SHH.

In 2026/27, efforts will focus on improving completion rates through strengthened monitoring, reporting, and accountability processes. Performance will be reviewed regularly, including through the Clinical Audit Committee, with site-specific follow-up as needed to support improvement.

This approach reflects differences in current performance between sites and supports targeted strategies to improve documentation and ensure accurate medication reconciliation at discharge.

EMERGENCY DEPARTMENT RETURN VISIT QUALITY PROGRAM (EDRVQP)

In our first year participating in the ED Return Visit Quality Program (EDRVQP), the audit process initially felt like a significant lift. With a small team, early audits were time-intensive and often required coordination over Teams.
As we worked through the process, we refined our approach by pre-reviewing cases and partially completing audit templates in advance, followed by focused discussions with the Chief of ED. This made the process more efficient and sustainable.

We also standardized how we manage cases requiring further review, including introducing a formal communication template to support follow-up with physicians, particularly locums.

Through the audits, we identified key improvement areas, including a missed chest X-ray in a sepsis workup, which led to updates in the electronic order set, and gaps in physician documentation related to clinical rationale and follow-up communication. These have been addressed through the Emergency Department Committee and will be reinforced through MAC and Chief of ED communication.

What started as a manual and time-intensive process has evolved into a more streamlined and consistent approach, with a solid foundation now in place to support ongoing EDRVQP work.

EXECUTIVE COMPENSATION

The Excellent Care for All Act (ECFAA) requires that the compensation of the CEO and executives reporting to the CEO be tied to the achievement of the QIP. This drives leadership alignment, accountability and transparency in the delivery and pursuit of improved quality through the QIP. ECFAA mandates that hospital QIPs must include information detailing executive compensation related to the achievement of QIP targets. The board approved a Pay for Performance structure for meeting the target set out in the QIP. Each executive role may achieve up to 5% of their base salary as Pay for Performance based on the organization's ability to meet or exceed the targets as outlined in the QIP.

Each quality initiative included in the QIP with defined targets is weighted equally. Indicators identified as "collecting baseline" are excluded from compensation calculations. The total Pay for Performance allocation is distributed evenly across all indicators with established targets.

Less than 50% of target achieved: no Pay for Performance awarded for that indicator

Between 50% and 100% of target: prorated Pay for Performance awarded based on percent of target achieved

Equal to or greater than 100% of target achieved: full Pay for Performance awarded for that indicator

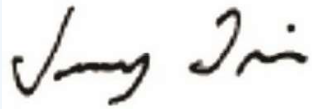
SIGN-OFF

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 _____

Board Chair

Board Quality Committee Chair



Chief Executive Officer

EDRVQP lead, if applicable