

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

April 8, 2025



OVERVIEW

Located approximately 100 kilometres east of Toronto, Northumberland Hills Hospital (NHH) delivers a broad range of acute, post-acute, outpatient and diagnostic services. The hospital serves the catchment area of west Northumberland County. A mixed urban and rural population of approximately 67,000 residents, west Northumberland comprises the Town of Cobourg, the Municipality of Port Hope, Alderville First Nation, and the townships of Hamilton, Cramahe and Alnwick/Haldimand. NHH employs more than 850 people and relies on the additional expertise and support provided by over 155 physicians and midwives, and close to 400 volunteers.

At NHH, our shared purpose of People First serves as our ‘infinite’ goal, sitting above our strategic priorities and shaping our commitment to provide the best human experience.

Our current Strategic Plan set us on a journey to develop an integrated experience program. As part of this work, we affirmed in the past year, through a series of generative discussions co-designed with our Patient and Family Advisory Council (PFAC), our first human experience definition and Experience Framework. Our human experience definition states that for NHH, the phrase People First speaks to more than delivering exceptional care; it’s about creating an environment where every interaction delivers meaningful value and extends toward a positive relationship with patients, families, staff, providers, volunteers and partners.

Guided by our core values of integrity, quality, respect, compassion and teamwork, and the eight strategic lenses of our Experience Framework (one of which is “Quality and Clinical Excellence,” we

are striving, together, to create a culture of hope, trust, belonging and compassion where everyone feels valued, heard and support. Informed by the global work of The Beryl Institute, and aligned with our own strategic priorities, we are focusing our experience efforts on key actions.

Annual Experience Assessment and Human Experience Index Scores as well as patient, volunteer and staff/physician/midwife experience surveys are helping prioritize what we focus on most for quality improvement, and what we need to take care within our culture to hold steady and sustain.

NHH's QIP is guided by Ontario Health, the experience measures noted above, and the ongoing importance of monitoring efforts to support quality patient care. Inclusive of direct input from patients, families and caregivers, staff, physicians and midwives, our QIP has also been informed by the objectives set out in NHH's integrated risk management program and best practice standards including but not limited to Accreditation Canada's Required Organizational Practices.

We are confident that NHH will achieve or make material progress against the targets set out in our 2025-26 QIP given our dedication and commitment to exceptional patient care, every time for every person, the engagement of our Board and leadership, the partnership of our dedicated PFAC and continued collaboration with our strong network of community partners and volunteers.



ACCESS AND FLOW

NHH recognizes the importance of access to care in the right place, at the right time, by the right provider. As such, we are committed to supporting system capacity, timely access to care, and patient flow throughout our organization. In 2025-26 we will decrease Emergency Department (ED) wait time, avoid unnecessary hospitalizations and decrease unnecessary length of stay through the following initiatives:

- Elevate the focus for our 'Home First' philosophy and approach to care through the consistent provision of educational materials for staff, physicians, midwives, as well as early and sustained engagement of patients, families and (where identified) essential caregivers.
- Increase capacity of our ED-focused Geriatric Activation Team

(GAT) to provide support seven days a week.

- Build collaborative relationships with our community-based partner organizations.
- Identify standard work specific to clinical programs related to patient flow and access to care
- Standardize and document our care planning process in partnership with our patients and families to identify and address barriers to discharge.

Decreasing the number of patients in hospital awaiting an Alternate Level of Care (ALC) is significant to NHH for many reasons. Firstly, it ensures the right patients are in the right area of care, at the right time both for patients requiring an acute level of care provided in hospital and for those whose care needs are best met at another facility equipped to support their health journey such as a nursing or retirement home.

Aligned to our shared purpose of People First, proactive efforts to decrease ALC volumes will optimize finite hospital resources, ensuring acute care resources are available and accessible to those who require acute care. Decreasing ALC improves overall patient flow within the healthcare system, leading to more accessible, streamlined and effective care delivery starting in the ED.

EQUITY AND INDIGENOUS HEALTH

NHH has a dedicated Equity, Diversity and Inclusion Advisory Committee (EDIAC) responsible for advising and recommending actions and proposing initiatives to help build a more inclusive, diverse and equitable culture at NHH and, further, that progress against these aims is sustained. The Committee is comprised of staff, physicians, midwives, volunteers and PFAC members that

reflect a strong association with diverse and minority groups and/or lived experience. The Committee increases awareness across NHH through initiatives including, but not limited to:

- Monthly notable dates recognition
- Hosting of guest speakers
- Delivery of numerous equity, diversity and inclusion related training, and resources to staff, physicians, midwives, and volunteers
- Building and fostering a relationship with elders and representatives of Alderville First Nation and regional 'new Canadian' resource centres
- Facilitating generative discussions with our senior leadership as well as Board and Community Committee volunteers

In 2025-26, the Committee will continue to meet their operational workplan priorities. Through ongoing and sustained efforts, NHH is dedicated to ensuring that our priorities are responsive to the unique needs of all individuals, fostering a healthcare environment that promotes diversity, inclusivity, antiracism and antidiscrimination. By intentionally engaging in these initiatives, we aim to contribute meaningfully to the broader provincial objective of enhancing health equity and fostering positive outcomes for diverse communities.

The Committee will directly oversee the indicator within the Equity dimension of the 2025-26 QIP workplan, namely: percentage of staff (mandatory); and percentage of volunteers, physicians and midwives (voluntary) who have completed the EDI training.

PATIENT/CLIENT/RESIDENT EXPERIENCE

NHH recognizes that authentic and mutually rewarding patient, family and caregiver engagement grows from a long-term approach to ensure success as we work to develop and continually partner with patients, caregivers and their families.

By enabling organization-wide partnership and experience-based co-design through a multitude of channels, NHH continues to evolve and expand our proactive engagement efforts. Committed to continuously improving the experience of individuals who receive care, and their families, we directly integrate patient, family and caregiver perspectives into NHH decision making in a variety of ways. Since 2016, PFAC partners have served as equal members of our Quality and Practice Committees (QPCs), best practice/quality aim working groups, departmental and corporate project working groups, and regional tables, including our regional MyChart working group whose work is continuously enhancing the functionality of regional patient portal. PFAC partners have steadily increased their engagement with NHH quality and practice improvement over the years, from 409 hours in 2022/23, to 641 in 2023/24 and on track to exceed 700 hours of service in fiscal year 2024/25 through a mix of individual and collective contributions.

In addition to our PFAC engagement, one-on-one interviews are also conducted regularly with patients and their families (e.g., manager rounding, quality review meetings). Meetings with patients and family members also occur regularly in the context of discharge support planning. Meetings and direct engagement occurs with the Board Quality and Safety Committee through bi-annual reporting of PFAC progress against stated priorities through the PFAC Chair and a dedicated segment at Board Committee meetings called “Through the Patient’s Eyes.”

NHH’s complaints and compliments process supports direct dialogue and, as required, the timely documentation, investigation and resolution of any concerns that cannot be resolved by the direct care team. Since December 2022, NHH has invited anonymous feedback from patients and families through an Interim Patient and Caregiver Experience Survey. Promotion of this passive survey occurs across multiple channels (print and electronic), supported by staff and PFAC partners who work to promote survey awareness in hard-to-reach patient care areas, such as community mental health. Co-designed by a working group inclusive of PFAC partners, the quantitative patient experience data is summarized and shared monthly via Patient and Caregiver Experience Dashboards at QPCs, and qualitative data (anonymous written feedback) is shared weekly with unit/department leaders as appropriate for quality improvement purposes.

Effective April 1, 2025/26, and beginning with the ED, NHH will transition its interim survey process to the Ontario Hospital Association’s (OHA) recommended experience survey platform, Qualtrics, and enhance awareness of the survey opportunity through active promotion on Discharge Summaries and QR codes. NHH has subscribed to the OHA’s new opportunity for benchmarking experience survey data across Ontario hospitals and looks forward to contributing to the provincial repository and reporting of experience feedback in the coming year to further advance quality improvement both individual and collectively.

PROVIDER EXPERIENCE

Having a healthy, engaged, empowered and diverse workforce is crucial to achieving our strategic priorities. Equally important is the

active engagement of a strong and sustained volunteer community. To that end, NHH continues to support multiple initiatives in response to ongoing Health Human Resource (HHR) and volunteer recruitment and retention, supported by a dedicated and committed HR team focused on operational priorities related to Talent Management, Service Excellence, Wellbeing and Culture and a hospital-funded Manager of Volunteers who works in partnership with volunteer leaders to build and sustain post-pandemic volunteer recruitment recovery and ensure a positive and fulfilling volunteer experience.

In 2023, NHH implemented an interim internal experience survey, inclusive of staff, physicians, and midwives. Survey action plans derived from the survey results were implemented at a departmental and corporate level to capture concrete initiatives and strategies to positively impact staff, physician and midwife experience. This survey was repeated in 2024.

A key priority of our integrated Experience program, and recognizing the importance of volunteers to our shared purpose of People First, an experience survey was also co-designed and extended to all NHH volunteers in 2024. With high participation levels (69 per cent) achieved in year one, survey results will be shared alongside staff, physician and midwife feedback and—like staff, physician, midwife and patient feedback--assessed and monitored over time to help us better understand the experience of our volunteers, with action plans to address priorities.

Finally, under the umbrella of our “Caring for the Carers” and “Check up from the neck up” strategies, there have been and continue to be targeted initiatives to refocus care efforts on the

needs of staff, physicians, midwives and volunteers by understanding and meeting their physical, emotional, psychological and wellbeing needs as determined through traumatic incident support, direct feedback received, townhalls, surveys and one-on-one discussions.

SAFETY

Quality and patient safety are embedded into everything we do at NHH, and "Quality" is identified as one of our core organizational values. The NHH Quality and Safety Framework is built upon four cornerstones of quality patient care attributes: Quality, Safety, Risk Management and Performance Monitoring. In addition to these cornerstones, the NHH Quality and Safety Framework also describes four enablers for quality patient care: Culture, Leadership, Collaboration and Sustainability.

In step with the "zero harm" approach to patient safety which utilizes evidence-based practices to reduce and eliminate preventable harm, NHH introduced a Quality Aim framework and initiated an interprofessional Falls Quality Aim Committee. The committee's purpose is to identify, implement and oversee strategies to prevent falls across NHH. As falls are one of the top (5) causes of patient harm at NHH, we look forward to implementing the improvement strategies led by the committee to ensure a reduction in falls with injury at NHH. The same Quality Aim framework will be introduced related to the prevention of Hospital Acquired Pressure Injuries and we look forward to monitoring the success achieved by both Quality Aim Committees in 2025-2026.

NHH's 2025-26 Patient Safety Plan is embedded into the Safety dimension of the QIP. This year, NHH is focusing on and committing to two areas of focus, namely:

1. increasing the barcode medication administration (BCMA) rate
2. reducing the rate of injurious in-patient falls

PALLIATIVE CARE

In alignment with our strategic priority of Connected Care Close to Home and the Ontario Palliative Care Competency Framework, NHH's Palliative Care program has focused on health human resource competency, ensuring patients have access to the right care by the right team member, at the right time, in the right place. To support the best possible care for patients, several initiatives have been implemented by our Palliative program leadership inclusive of our Clinical Director, our Palliative Care Clinical Nurse Specialist (CNS) and our Palliative Physician Lead. These are in alignment with our corporate, multi-year Palliative care strategy and include: Establishing a Palliative Care Quality Practice Council (QPC) whose representation includes hospital-wide point of care staff, a member of PFAC, and a spiritual care volunteer

- Developing a referral process, including identifying a palliative referral team
- Establishing admission criteria for our palliative/end of life beds
- Implementing the second year of our corporate palliative care education plan

With a lens to continuous quality improvement, our team will complete an evaluation of how well NHH is meeting the Ontario Health Quality Standards as we continue to implement our palliative care education plan over the next three years.

POPULATION HEALTH MANAGEMENT

NHH continues to work closely with our partners through the Ontario Health Team of Northumberland (OHT-N). Two members of NHH Senior Leadership serve on the OHT-N Collaboration Council, with NHH's President and CEO serving as current Co-Chair and others supporting a range of working groups. The OHT-N remains

committed to advancing the health and well-being priorities for Northumberland County by better connecting different health care and community services.

Following on the successful collaboration through the pandemic, in Fall 2024, OHT-N partners worked together to launch a collective “call to action” to help all – patients, caregivers, and providers alike – manage cold and flu season. The three goals were:

1. Remind everyone of the steps to minimize risk of illness.
2. Promoting additional available resources.
3. Raise awareness of rising rates of respiratory illness in the community.

Guided by the OHT-N's 2022-2026 Strategic Plan—the combined engagement for which also served to support and align NHH’s own Strategic Plan Framework—OHT-N partners are working collaboratively to:

- Improve access to primary and specialty care and services in our region.
- Support older adults with complex conditions to live and age well at home.
- Improve access and services for those who have mental health and addiction needs.

NHH partners with the OHT-N to offer a first-of-its kind Rural Outreach Clinic. Launched in April 2021, this Clinic located in Colborne, Ontario--is helping to reduce barriers to care, such as access, transportation and outreach, in an underserved area of our hospital’s catchment, offering a mix of services including primary care, adult and youth mental health support, foot care, diabetes

education, and more.

Other priority projects NHH is actively supporting through the OHT-N include a community-wide effort to better support patients unattached to primary care, development of a County-wide physician recruitment strategy and in March 2025, the launch of a pilot project in NHH’s Post Acute Specialty Services (PASS) Department to introduce the Ontario Caregiver Association’s evidence-based Essential Care Partner Program in Northumberland.

Through patient and care giver partnership, collaboration, the continuous pursuit of creative ways to meet the needs of the people of Northumberland, NHH is committed, through the OHT model, to building a more connected and sustainable healthcare system centred around the needs of patients.

EMERGENCY DEPARTMENT RETURN VISIT QUALITY PROGRAM (EDRVQP)

Focusing on the quality of care in EDs in Ontario, this program aims to build a culture of continuous improvement. Through identification, audit and investigation of underlying causes this program will reduce the number of return visits to the ED.

In collaboration with the College of Physicians and Surgeons of Ontario, NHH as part of its 2023-24 EDRVQP quality improvement initiatives, introduced a monthly case-based Quality Improvement review series. Focused on the review of cases that have had atypical presentations, multi-centre involvement or unexpected outcomes, both positive and negative, ED physicians are active participants,

alongside multi-specialty physician partners. Learnings from these case-based reviews are anonymized and distributed to participating physicians after the sessions. To date, the sessions and their discussions have proven to be collaborative in nature and effective in continuous quality improvement. With 10 review sessions completed over the last 12 months, attracting over 15 physicians on average per session, NHH is dedicated to continuing and expanding these education sessions in 2025-26.

In addition to monthly case-based reviews, the NHH ED has expanded access to Allied Health, with an emphasis of our geriatric population through the introduction of our GAT. NHH's Geriatric Emergency Medicine (GEM) nurse is available 5 days a week and works collaboratively with the GAT which is comprised of a Physiotherapist, Occupational Therapist, Social Worker, Rehabilitation Assistant, and Supervisor. The GAT services are available to the ED team 7 days a week to ensure consistency in care without service interruptions. NHH has recently introduced the Seniors at Risk (ISAR) screening tool to be completed in the ED for patients age 65 and older to identify elderly patients at risk of adverse outcomes after their ED visit. Completion of this scale is now standardized for any patient over the age of 65 by our primary ED nurses and a positive score automatically places a consultation request and notifies the GEM as well as the GAT.

The aim of these initiatives combined is to ensure timely consultations to support NHH's Home First Philosophy in ED, as well as promote timely Allied Health referrals and seamless transitions in care for patients requiring admission. Outcome measures include decreased ED LOS, decreased hospital LOS, early mobilization, admission diversion, ED diversion, and decreased ALC.

With the introduction of this team, we have seen the following outcomes:

- > 100 unique patients served each quarter in ED
- ED diversion rate of 70% - 73.5% year to date
- Average ALC days saved 1.73%
- Average ALC rate reduced from 29% in 2022/23 to 22% in 2023/24

Additional opportunities for quality improvement related to this year's EDRVQP include:

- A review of our ED Medical Directives and Order Sets to ensure atypical symptoms are included such as abdominal pain to rule out Acute Coronary Syndrome as an example
- Standardizing discharge communication with patients and families to ensure relevant information is shared, including follow-up instructions and confirmation of booked follow-up appointments

EXECUTIVE COMPENSATION

The performance of each senior leader is measured against leadership competencies, annual goals including those relevant to achievement of corporate objectives, the QIP and a 360-degree component that solicits feedback from a broad circle of stakeholders.

NHH developed a Board Position Paper on Executive Compensation and a Management of Performance Pay and Quality Improvement Plan Pay/"Pay at Risk" Guidance Framework. These endeavours were done in alignment with the Broader Public Sector Executive Compensation Act 2014, Regulation 187/17 and amended Regulation 304/16.

CONTACT INFORMATION/DESIGNATED LEAD

Susan Walsh
President and CEO
Northumberland Hills Hospital
1000 De Palma Drive
Cobourg, Ontario, K9A 5W6
Tel: 905-372-6811
Fax: 905-372-4243
Email: sbwalsh@nhh.ca
Website: www.nhh.ca

SIGN-OFF

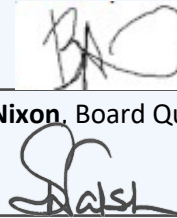
It is recommended that the following individuals review and sign-off on your organization's Quality Improvement Plan (where applicable):

I have reviewed and approved our organization's Quality Improvement Plan on
April 2, 2025

Cyndi Gilmer, Board Chair



Bree Nixon, Board Quality Committee Chair



Susan Walsh, Chief Executive Officer



Kate Zimmerman, EDRVQP lead, if applicable