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Change Happen.



Quality Improvement Plan (QIP) Narrative for Health Care Organizations in Ontario



April 1, 2026

This document is intended to provide health care organizations in Ontario with guidance as to how they can develop a Quality Improvement Plan. While much effort and care have gone into preparing this document, this document should not be relied on as legal advice and organizations should consult with their legal, governance and other relevant advisors as appropriate in preparing their quality improvement plans. Furthermore, organizations are free to design their own public quality improvement plans using alternative formats and contents, provided that they submit a version of their quality improvement plan to Health Quality Ontario (if required) in the format described herein.

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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 900 people and relies on the additional expertise and support provided by over 155 physicians and midwives, and more than 350 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 Framework has led us on a journey to develop an integrated experience program. Through a series of generative discussions, and in partnership with our Patient and Family Advisory Council (PFAC), our co-designed human experience definition and Experience Framework that guide our experience priorities today.

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.

Our core values of **integrity, quality, respect, compassion** and **teamwork**, in conjunction with the strategic lenses of our Experience Framework, NHH strives to create a culture of hope, trust, belonging and compassion where everyone feels valued, heard and supported.

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 including, in the past year, the successful rollout of patient experience surveys throughout the hospital. This feedback, together with volunteer and staff/physician/midwife experience surveys, is helping prioritize what we focus on most for quality improvement, and what we need to take care of 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, gathered through our Quality and Practice Committees, our latest 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 2026-27 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

As the demand for acute health services increases across the system, NHH is committed to ensuring that our patients, their families and the communities we serve have access to high-quality, responsive care. To support this, we will continue to collaborate with internal and external partners to ensure access to care in the right place, at the right time, provided by the right provider.

In the fall of 2025, NHH launched a new NHH@Home Program in partnership with a community health service provider. The program, aligned with NHH's "Home First" Philosophy, is designed to support patients with high intensity needs to remain in their homes with comprehensive interprofessional care to strengthen and improve independent functioning. Patients and families are supported through this program for up to 16 weeks, when care is then seamlessly transitioned to Ontario Health atHome. With a continued provincial focus on decreasing Emergency Department (ED) wait times, avoiding unnecessary hospitalizations, and decreasing unnecessary lengths of stay, NHH will concentrate on the following initiatives in 2026-27 to further enhance patient flow throughout the system:

- Increase the capacity of our Rapid Assessment Zone (RAZ) to support efficient patient assessment and treatment within our ED.

- Building on lessons learned in our 2025-26 Essential Care Partner Program pilot implemented with support from our Ontario Health Team of Northumberland and the Ontario Caregiver Organization, and the recommendations from our interdisciplinary working group, we will seek to expand to areas outside of our post-acute units ensuring our care teams identify, include and support essential caregivers in patient care planning.
- Strengthen collaborative relationships with our community-based partner organizations such as Community Paramedicine, Ontario Health atHome and Alderville First Nation Health and Social Services.
- Evaluate standardized care planning processes to ensure they support reducing barriers to discharge and continue to meet the needs of our patients and families.

Commitment to Indigenous Cultural Safety, Equity and Accessibility

NHH is dedicated to building system-wide capacity to better serve Indigenous patients and is committed to addressing the barriers Indigenous peoples experience when accessing and receiving care. This work is guided by a recognition of the ongoing impacts of colonialism and the importance of culturally safe, responsive, and inclusive health care.

The Equity, Diversity and Inclusion Advisory Committee (EDIAC) plays a central role in advancing this commitment. The Committee provides advice, recommends actions, and proposes initiatives to support sustained progress toward a more inclusive, diverse, and equitable organizational culture at NHH.

EDIAC is comprised of staff, physicians, midwives, volunteers, and Patient and Family Advisory Council (PFAC) members, many of whom have lived experience and/or strong connections to diverse, equity-seeking and equity-deserving communities. In 2025, the committee members renewed their Indigenous Cultural Safety training and the knowledge gained through this training has strengthened the Committee's ability to inform organizational practices and advance equity-focused initiatives.

Recognizing that learning and unlearning are continuous processes, NHH will continue to monitor indicators within the Equity dimension of the 2026-27 Quality Improvement Plan (QIP), with a sustained focus on mandatory education for staff through Equity, Diversity, and Inclusion (EDI) training. EDIAC will maintain oversight of this indicator, and NHH is exploring targeted strategies to support increased completion of EDI training among physicians and midwives.

Additional improvement initiatives include engagement and collaboration with Indigenous community partners. In 2025, NHH sought Indigenous input and with this input, implemented a Smudging Policy following the implementation in 2024 of the Land Acknowledgment Usage and Guidance documents. NHH attends events and

ceremonies organized by Alderville First Nation and the continued education and relationship building is translating into strengthened relationships with spiritual care volunteers.

In collaboration with representatives of Alderville First Nation, our local OHT-N, and regional partners, NHH will explore the co-design and recruitment of our first hospital-wide Indigenous Navigator as part of our integrated experience program in 2026-27.

NHH remains committed to meaningful, respectful, and generative dialogue with Indigenous communities to support the development of a health care system that is truly inclusive, culturally responsive, and supportive of Indigenous care providers.

Advancing Accessibility and Inclusion

Guided by our Five-Year Hospital Accessibility Plan, our Accessibility for Ontarians with Disabilities Act (AODA) sub-committee, in collaboration with the Joint Occupational Health and Safety Committee (JOHSC), our key areas of focus are:

- Information and communication
- Recruitment and retention
- Transportation
- Space design and utilization
- Customer service

Through these efforts, along with NHH's presence on the Town of Cobourg's Accessibility Advisory Committee, NHH continues to advance equitable access and foster an environment where all patients, families, staff, and providers feel respected, supported, and included.

Patient Experience

Patient's Bill of Rights & Responsibilities

As a patient, I have the RIGHT to:

- Be treated with respect and dignity in the patient care setting.
- Receive the best quality care in a safe and secure environment.
- Know my personal health information and have access to my medical records.
- Know the names and roles of my care team.
- Have my privacy, confidentiality, and personal information protected.
- Have my best and safest care.
- Have a clean, comfortable, accessible and safe hospital environment.

As a patient, I have the RESPONSIBILITY to:

- Tell my care team, staff, visitors, and others what I need to get the best care possible.
- Work together with my care team to make decisions about my care.
- Report my rights, privacy, and confidentiality concerns.
- Report my best and safest care.
- Report my best and safest care.
- Avoid taking a patient if I am ill or unable to care for myself.

Guided by our shared purpose. **“People First,”** and our Experience Framework, NHH is committed to providing quality, safe, people-centred care while also ensuring the best possible experience for our patients and families. In 2025-26, to ensure patients understand their rights and responsibilities, NHH's PFAC team completed a review and refresh of our Patient's Bill of Rights and Responsibilities. The team ensured the language reflects patient and caregiver input, including but not limited to simplified language and graphics. Prominent displays of the Bill are now in common areas throughout the hospital and Community Mental Health office and are also available on our website and Patient Services Directory, alongside guidance related to patient privacy.

In 2025, NHH advanced a key structural priority for our integrated Experience program: the creation of a dedicated Patient Experience Lead role, responsible for guiding and advancing the patient experience feedback process at NHH, supporting patients and staff alike in timely receipt and resolution of compliments and concerns, and analyzing and disseminating data received through our experience inputs to advance quality improvement.

In March 2025, our ED launched our new patient experience survey, followed by other areas (in-patient, out-patient and Intensive Care Unit (ICU)). To date, over 1600 surveys have been submitted with valuable quantitative and qualitative data summarized, themed and shared with our Board, senior leadership, PFAC, Quality and Emergency Department staff. The Performance and Analytics and Patient Experience teams will work in 2026-27 to standardize and operationalize the use of Experience data gathered from all inputs. This will support establishing access, providing education, and standard the use of Experience data to guide NHH quality improvement priorities, and the reporting of progress through departmental and Experience program dashboards.

Our 2026-27 QIP indicator: Percentage of positive responses to, *“Did you receive enough information from hospital staff about what to do if you were worried about your condition or treatment after you left the hospital?”* reflects data received through our experience surveys. In response to feedback, clinical areas will work with Patient Experience to develop action plans to address opportunities.

NHH PFAC partners continue to be invaluable 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. In 2026-27, the NHH PFAC Chair will join the Board and Quality and Safety Committee as an ex officio member, further strengthening the partnership and integration of PFAC partners within the governance of the organization.

PFAC partners continue to contribute over 700 hours annually to NHH, through Quality and Practice Committee participation, organizational initiatives, such as Master Planning, and participation in emergency preparedness exercises and interview panels. In addition to their April 2026 Patient Experience Week event, NHH will host the hospital's first Experience Symposium (September 2026) in commemoration of PFAC's 10th anniversary. A small-and medium-sized organization knowledge exchange for sharing across regional partners, patients and caregivers in relation to human experience in healthcare, the event will also seek to enhance internal awareness of the integrated experience program within NHH and its goals.

In Q3 2025, NHH collaborated with partners at Peterborough Regional Health Centre (PRHC) to introduce our ED Wait Time Dashboard, which is designed to share information about the number of patients currently waiting to receive care in the department. The dashboard—on view in the NHH ED and on our public website—supports communication and transparency with community members, providing access to the most up-to-date information about ED Wait Times. In 2026-27, NHH will evaluate the impact of the Dashboard and related self-arrival kiosk, and work with provincial partners on opportunities to integrate the dashboard with provincial resources.

Provider and Volunteer Experience

Guided by our **People Plan**, NHH remains committed to having a healthy, engaged, empowered, and diverse workforce. NHH recruitment and retention strategies are translating into increases in recruitment and retention and include:

- Clinical Extern Program that supports nursing and respiratory therapy students' learning and professional development;
- Supervised Practice Experience Partnership (SPEP); and
- Streamlined Treatment and Evaluation Pathway (STEP) participation.

To align with best practices and Accreditation requirements, in 2025, NHH replaced our interim Staff and Physician Experience Survey with the Health Standards Organization Global Workforce Survey. This survey was inclusive of staff, physicians, and midwives. To support further safety experience and to enhance psychological safety in the workplace, NHH 2026-27 QIP includes the indicator: Completed wellness initiatives per department (#). Our "Caring for the Carers" committee will have oversight of this indicator, and our Organizational Development team will provide support to teams to develop and implement initiatives. This indicator is also representative of our ongoing commitment to our "Check up from the neck up" strategies focused on care efforts for the needs of staff, physicians, midwives and volunteers.

NHH's second annual Volunteer Experience survey was offered in late 2025, with a 54% completion rate and very positive responses. Respondents noted that NHH provides them with training, resources and an environment to enable them to be successful volunteers and that they felt valued for their volunteer contributions at NHH. The addition of volunteer experience data to staff, physician and midwife data reflects a strategic priority within our Experience Framework: Staff, Provider & Volunteer Engagement and our vision of creating a welcoming environment for all, inclusive of those who volunteer within the organization.

Safety

Safety remains an ongoing focus for NHH, guided by our Quality and Safety Framework and our quality patient care enablers: Culture, Leadership, Collaboration, and Sustainability.

During Canadian Patient Safety Week 2025 (October 27-31), activities highlighted how staff demonstrated the theme of “All Voices for Safer Care.” Awareness-raising activities included a “Lunch and Learn,” an interactive display booth, including a live band, and a “safety-themed” pumpkin decorating contest. The week ended with the recognition of three staff members who demonstrated safety stewardship, using our safety reporting system, “Awareness to Action,” to report potential safety incidents.

To enhance patient safety, and in step with the “zero harm” approach to patient safety, NHH monitors and reports ‘Never Events’ using our robust process which includes quality of care reviews, to help identify system improvement opportunities.

In 2024-25, NHH launched our second hospital-wide interprofessional Quality Aim committee focusing on identifying, implementing and overseeing strategies to prevent Hospital Acquired Pressure Injuries (HAPI), which aligned with Ontario Health ‘Never Event’ reporting.

Recognizing the importance of pressure-relieving surfaces as a foundational strategy for the prevention of HAPIs, the committee secured and deployed additional pressure-relieving surfaces to the in-patient units and to our ICU. In 2025, 21 nurses from across our ED, ICU, Acute Care and Post Acute Specialty Service units completed critical wound care education. The Wound Care education day included wound assessment and intervention strategies with a focus on the use of inelastic compression wraps and the application and use of negative pressure wound therapy. With a focus on diversity, equity and inclusion, NHH also introduced skin assessment of all skin tones into our general orientation, including wound assessments.

NHH remains committed to a zero-harm approach for HAPIs and through our Quality Aim committee will continue to monitor and assess our pressure injury prevention strategies and quality improvement initiatives.

Palliative Care

In alignment with our strategic priority of Connected Care Close to Home and the Ontario Palliative Care Competency Framework, our Palliative Care Program continues to grow to support our patients, families and clinicians. Several initiatives have been implemented as part of our multi-year Palliative Care Strategy to improve access, coordination, and quality of care. Key outcomes include:

- Growth of our Palliative Care Quality Practice Council (QPC), with increased representation from point-of-care staff, PFAC, hospice partners, and spiritual care volunteers.
- Implementation of a Palliative Care scorecard, which provides meaningful data to guide program goals and priorities
- Development of the Palliative Care Scope of Service, which guides the Palliative Care team's role across the organization, and admission criteria for palliative and end-of-life beds.
- Implementation of a standardized referral process, supporting over 250 palliative consults year-to-date by our Palliative Care Clinical Nurse Specialist (CNS) and Physicians.
- Continued commitment to staff development through our multi-year Palliative Care Education Plan, including Learning Essential Approaches to Palliative Care (LEAP) training for nurses, allied health professionals, personal support workers, and physicians.

As part of our commitment to continuous quality improvement, we will evaluate program performance against **Ontario Health Quality Standards** while continuing to expand palliative care education and programming in the coming years.

Population Health Management

NHH continues to work closely with our regional partners through the Ontario Health Team of Northumberland (OHT-N) and we are committed to supporting our community and system partners. Two members of NHH Senior Leadership serve on the OHT-N Collaboration Council, with NHH's President and CEO serving as the current Co-Chair and others supporting a range of working groups including mental health and addictions, seniors care, digital health and rural outreach. 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.

In March 2025, in partnership with OHT-N, NHH launched the Essential Care Partner

(ECP) Program pilot. The ECP program is guided by NHH's Experience Framework and shared purpose of People First and aims to formalize informal practices that are in place at NHH, allowing us to formally acknowledge the critical role caregivers play in supporting patients. To date, the program has registered 10 essential care partners.

In December 2025, to support Youth Mental Health in Northumberland County, NHH, partnered with other community agencies, including Rebound Child & Youth Services, and YMCA Northumberland, launched the Youth Wellness Hub Ontario – Northumberland (YWHO). YWHO Northumberland provides support for young people to have access to high-quality mental health and addiction services within Northumberland County. NHH continues to provide support to youth in the community through our walk-in counselling services. These include in-person, virtual, and telephone options. The service does not require a referral. The team has seen an increase in these sessions. The utilization of this service is monitored on our QIP by the indicator: % of in-person and virtual visits for the Counselling and Treatment Program.

Quality Improvement related to NHH's Emergency Department Return Visit Quality Program (EDRVQP)

The Emergency Department Return Visit Quality Program (EDRVQP) is an Ontario-wide audit and feedback program involving routine analysis of ED return visits resulting in admission. The program focuses on building a culture of continuous quality improvement and helps to identify, audit and investigate the underlying causes of return visits to the ED and take steps to address them.

In 2025-2026, the ED team focused on standardizing discharge communication with patients and families to ensure relevant information is shared, including follow-up instructions and confirmation of booked follow-up appointments. A co-designed standard discharge communication process was developed with our community partners. NHH leveraged the After Visit Summary (AVS) in the Computer Information System (CIS) to ensure consistent information was provided to patients and families at the time of discharge, inclusive of patient experience survey invitations to proactively solicit feedback. Through community partner engagement, with a goal to improve continuity of care, NHH established defined pathways for information sharing between community-based support staff and the ED team. This included the establishment of direct communication channels to share patients' reasons for ED visits, as well as discharge and follow-up communication to ensure seamless transitions in care. These improvements have enhanced the ED team's understanding of patient conditions and supported more accurate and timely assessments in the ED.

In addition, the increased communication with community partners has led to increased compliance and continuity in the recommended clinical interventions and management upon discharge.

Further building on this improvement initiative, and through our data analysis, the following two priority areas for 2026 are:

- Preventing falls in older adults; and
- Ensuring inclusive and accessible care through enhanced use of language services.

The Geriatric Activation Team (GAT) is well established within NHH, leveraging our clinical information system to support auto-referrals to the GAT team based on data, utilizing the Identification of Seniors at Risk (ISAR) tool, which we have recently implemented.

An improvement opportunity was identified to enhance care during off-service hours. To ensure all patients have access to the GAT team, an off-hours referral pathway has been developed, and planning is underway for implementation. The aim is to optimize fall prevention interventions through the implementation of best practice strategies, including focused assessments. The GAT team will co-create individualized care plans for continued fall prevention with patients and families, while in the hospital, which are inclusive of transitions back into the community. In addition, in 2025, our Falls Quality Aim committee introduced the use of yellow arm bands to visually identify patients who were at high risk for a fall as a hospital-wide prevention strategy. Recognizing the increasing diversity in the community that NHH serves, we have identified an opportunity to ensure information provided at discharge from the hospital is provided in a manner that the patient and family can understand. Our review highlighted the opportunity to optimize and standardize the consistent use of translation services to ensure inclusiveness in the discharge plan.

Although translation services are available within the ED, we noted an improvement opportunity in its utilization. To support awareness and increased use, a standard work and guidance document will be developed and implemented to support the ED and Registration teams to ensure communication during care and at discharge, including discharge planning, is provided in a language the patient and family can understand.

Executive Compensation

As part of the 2026/27 Quality Improvement Plan (QIP) and to support organizational performance and executive accountability for the achievement of strategic objectives and priorities, Northumberland Hills Hospital (NHH) links a portion of senior leadership team performance-based compensation to the achievement of approved QIP indicator targets.

The Board of Directors/Trustees has approved the selection of quality indicators for the 2026/27 fiscal year. Performance against these indicators will be monitored through both the QIP and the organization's corporate scorecard.

Performance-based compensation will be determined by the degree of success achieved in meeting established improvement targets. Subject to the organization's fiscal capacity, achievement of these targets may result in a modest pay-for-performance component, reinforcing accountability and sustained focus on quality, safety, and system performance.

Contact Information/Designated Lead

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Sign-off

I have reviewed and approved our organization's Quality Improvement Plan

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