

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 26, 2026

OVERVIEW

Haldimand War Memorial Hospital (HWMH) provides high-quality care in a safe, supportive environment at the heart of our rural community. The 2026/2027 Quality Improvement Plans (QIP) for both HWMH and Edgewater Gardens (EG) Long-Term Care Centre will focus on improving access and patient flow, strengthening our comprehensive falls prevention program, and advancing equity, inclusion and diversity. Across HWMH and EG, we remain committed to continuously enhancing the quality and safety of the care we provide while fostering a workplace where our team can thrive.

Our strategic plan continues to guide and integrate our QIP priorities, reflecting the unique but connected missions of our hospital and long-term care home. HWMH's mission affirms that we exemplify high-quality, compassionate care—it is our calling. EG's mission echoes this commitment: care is our calling, and we are a family that loves our home.

Our QIPs are embedded within our quarterly Mission Scorecards and align with our strategic plan and reinforce accountability to both our staff and our community.

In partnership with our Patient and Family Advisory and Family and Resident Councils, as well as our regional partners, we work collaboratively to understand and meet the evolving needs of our community. Our strategic plan strongly affirms the importance of inclusion and diversity within our team and our community. With a sustained focus on equity, diversity and inclusion across decision-making, service delivery, leadership and partnerships, we will continue to build on the progress achieved and reinforce the essential value of this work throughout our organization.

Working with our community partners including Ontario Health at Home, LEGHO, Southcoast Wellness, the Greater Hamilton Health

Network, and our local emergency responders to ensure the right care at the right time is achieved for everyone.

ACCESS AND FLOW

Optimizing system capacity, timely access to care that best meets the needs of our community and patient flow ultimately improve outcomes and the experience of care for patients, clients and residents. HWMH will continue to advocate with our community partners including Ontario Health at Home, LEGHO, Southcoast Wellness, the Greater Hamilton Health Network, and our local emergency responders to ensure the right care at the right time is achieved for everyone. The interdisciplinary working group that has been tasked with improving flow within the organization will use the targets identified on our scorecard as well as the QIP workplan to improve our performance. Focused huddles will be our primary approach towards improvement.

EG will continue to work towards the goal of decreasing potentially avoidable Emergency Department visits for our long-term care residents. The Nurse Practitioner (NP) will assist in ensuring increased surveillance of our residents, allowing for the resolution of acute issues and increased guidance for emerging health issues. The NP will continue to work with the new nursing staff to provide focused education related to the disease processes of potentially avoidable emergency department visits.

EQUITY AND INDIGENOUS HEALTH

We are pleased to share that Haldimand War Memorial Hospital (HWMH) has partnered with Grand Erie District School Board (GEDSB), Community Living Haldimand (CLH) and Project SEARCH to provide an inclusive learning environment for students with intellectual or developmental disabilities.

Project SEARCH is an internationally successful transition-to-work model for young people with developmental or intellectual disabilities. During their final year in high school, students are fully immersed with a leading community organization, known as a “host business”. The students prepare for employment with job skills training through a combination of classroom instruction and hands-on career training.

This school year, we have five interns who are successfully working on their second internships throughout the hospital and will be completing the third rotation in the spring. There has been an overwhelmingly positive response from our entire community within the organization since working with this group of interns. The addition of Project SEARCH to our organization has created a contagiously inspiring work environment for our team members. The plan for the upcoming year is to continue this partnership, expand into Edgewater Gardens Long-Term Care and work to establish our program not only in the region as one of three partners with this school board, but to share our learnings with the country.

PATIENT/CLIENT/RESIDENT EXPERIENCE

Patient experience surveys are available on our website and in both the Emergency Department and Inpatient Unit. The feedback we receive through these surveys, though limited in number, is consistently meaningful and allows the hospital—together with our Patient and Family Advisory Committee—to identify priority areas for improvement and ensure our initiatives truly reflect patient needs.

Because we receive fewer, but high-quality, responses, we can dedicate time to thoughtful review and follow-up. Recently, we received a letter from a family regarding discharge planning in the Emergency Department. In response, we partnered with a group of nursing students to implement the Patient Oriented Discharge Summary (PODS) program, strengthening communication and supporting safer transitions in care. We remain committed to advocating for multiple modes of communication, including a modern health information system that will expand our ability to connect with and support everyone in our community .

EG continues to partner with their dedicated volunteers to provide the residents with the opportunity to participate in the annual surveys. The workplan identifies that the EG team will review resources to align with current practice and update the survey.

SAFETY

Never Events have been integrated into our internal Incident Management system since January 2024 and has been well socialized into our practice. When an incident occurs, the team reviews using the Ontario Health guidelines and to date we have not had an official Never Event reported. The team values the opportunity to be able to use a critical incident lens to be sure that staff feel supported to report incidents without fear of

repercussions. The work HWMH has done related to the prevention of pressure injuries is a concrete example of collaborative progress in achieving better patient outcomes. The previous policy was overhauled to be sure that we were aligned with Accreditation Standards and best practice, and we empowered our unregulated care providers to participate in the assessments and reporting of any changes to skin integrity. The care team provides extensive education to patients and care providers related to the prevention of pressure injuries.

Our Falls Prevention Committee that is comprised of multidisciplinary team members to reevaluate our current practice and ensure that we are applying a Senior Friendly lens. We are now able to look at baseline data to better understand how we can apply the right interventions and the right time. The focus of the Falls Committee moving forward is to further assess the work we do and how we can better align with the Senior Friendly framework and best practices.

For EG, there is now a weekly report where discussion amongst the multidisciplinary team members review the falls and problem solve to decrease falls, especially for our 'Falling Stars' or those who experience repeated falls. Balancing autonomy and safety is an ongoing challenge in keeping our residents safe, but one that we embrace willingly. The Behaviour Lead has become a certified instructor in the Gentle Persuasive Approach and is working towards having all staff take this valuable course. This will help in avoiding confrontational situations and help in guiding residents using positive approaches. HWMH continues to emphasize the need for all staff to be trained in Gentle Persuasive Approach to ensure we are all contributing to patient safety.

Another safety initiative for both the hospital and EG is related to medication. HWMH has successfully implemented the Institute for

Safe Medication Practices (ISMP) guidelines for medication reconciliation and best possible medication discharge plans to increase communication and safety. We are going to continue to monitor this work to be sure we stay focused on this critical safety measure.

At EG, medication lists are reviewed quarterly and any medications no longer required are discontinued. This includes antipsychotics, which are given only when in the best interest of the residents to avoid emotional and physical distress or harm. EG pharmacy has devised an antipsychotic assessment form that our Behaviour lead will be completing on a regular basis and sharing with the practitioners to oversee the use of this class of drugs and decrease as is possible.

PALLIATIVE CARE

EG values a palliative approach, recognizing the value of having increased discussions early on as to what residents and their families want in regard to their goals of care. This is so that the resident can discuss their wishes, values and beliefs, and can guide the discussions before illnesses such as dementia and Alzheimer's makes this impossible. The admission interview will review goals, end of life care, funeral arrangements and level of care desired. These will be part of the Care Conferences that occur six weeks after admission and annually. Staff are in the process of completing the Canadian Serious Illness Conversations course which will allow staff to feel more comfortable in having conversations with caregivers when resident's health status changes and goals of care may need to change.

Staff are offered education in palliative care in order to be able to effectively carry out the wishes of our residents and families and to be able to recognize changes both physical and mental that will require different care, especially with regards to pain management. Palliative Performance Scale assessments are done quarterly and will increase to weekly based upon the results of the scale, in order to respond to changing needs. A palliative trained volunteer assists with emotional support for our residents, and plans are in place to have another volunteer available for support. With the changing of our population and the increasing cultural differences, staff will need to have education on different approaches to death and dying, customs and traditions, and how to provide these in a safe and therapeutic manner.

EMERGENCY DEPARTMENT RETURN VISIT QUALITY PROGRAM (EDRVQP)

Our hospital's participation in the Emergency Department Return

Visit Quality Program (EDRVQP) is led by a small, interdisciplinary team that reflects the realities of a rural Emergency Department. The team includes an Emergency Department physician who is also the Chief of the department, the Director of the Emergency Department who oversees multiple additional programs and portfolios, and the Director of Education, Quality & Patient Experience. As a small rural hospital, we do not have a dedicated decision support department, and leadership and quality functions are managed through individual roles rather than larger teams. Many return visits in our setting are scheduled or related to limited access to diagnostics and services during off hours, which is a key contextual factor considered during audit review. Based on EDRVQP audit findings, documentation has been identified as a primary quality priority, particularly in the absence of an electronic health record. The hospital has begun the process for an EMR partnership which will support improvements in documentation, standardization, and communication. Elder care has been identified as a second priority area through the audit process. As part of the hospital's digital transformation journey, efforts will focus on strengthening and streamlining communication with community partners to support safe transitions and post discharge planning for elderly patients. The team will also explore funding opportunities and continue to advocate for the addition of a Geriatric Emergency Management (GEM) nurse or social worker within the department. The potential presence of an Ontario Health atHome Case Manager in the Emergency Department is also an opportunity being explored in collaboration with regional partners to further improve outcomes for older adults.

EXECUTIVE COMPENSATION

Our executives' compensation is linked to performance in the

following way:

The Excellent Care for All Act (ECFAA) requires that compensation of executives be linked to the achievement of performance targets laid out in the QIP.

Haldimand War Memorial Hospital (HWMH)

The executive positions at HWMH included in the pay for performance monitoring are:

- President & CEO
- VP & Chief Nursing Executive, Diversity
- VP & Chief Financial Officer, Chief Information Officer & Privacy
- VP, Diagnostics and Hospital Information System

The following shows the percentage of salary at risk for each executive:

- President & CEO: 1.5% of base salary is linked to achieving targets set out with the HWMH indicators below. An additional 0.5% of base pay is linked to performance at Edgewater Gardens.
- VP & Chief Nursing Executive, Diversity: 1% of base salary is linked to achieving targets set out with the HWMH indicators below.
- VP & Chief Financial Officer, Chief Information Officer & Privacy: 0.5% of base salary is linked to achieving targets set out with the HWMH indicators below. Note an additional 0.5% of base pay is linked to performance at Edgewater Gardens.
- VP, Diagnostics and Hospital Information System: 1% of base salary is linked to achieving targets set out with the HWMH

indicators below.

Quality Priority Indicators

Percentage of staff (leadership and frontline) who have completed relevant equity, diversity, inclusion and antiracism education. The target is a 90% completion rate.

Percentage of patients who have received a completed Best Possible Medication Discharge Plan. The target is 90%.

Total Margin Balanced to budget.

The executive position at Edgewater Gardens included in the pay for performance monitoring is:

- Administrator

The following shows the percentage at risk for the Administrator:

- Administrator: 1 % of base salary is linked to achieving targets at Edgewater Gardens.

Quality Priority Indicators

Percentage of staff (leadership and frontline) who have completed relevant equity, diversity, inclusion and antiracism education. The target is a 90% completion rate.

Percentage of residents responding positively to the statement "I can express my opinion without fear of consequences" The target is 80 % of respondents will respond positively

Percentage of residents responding positively to "what number would you use to rate how well the staff listen to you?" The target is 80 % of respondents will respond positively.

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, 2026**

Bernita Drenth, Board Chair

Donna Baille, Board Quality Committee Chair

Sharon Moore, Chief Executive Officer

Dr. David Stavrou, EDRVQP lead, if applicable
