

Quality Improvement Plan (QIP)

# Narrative for Health Care Organizations in Ontario

March 27, 2025

## OVERVIEW

Quality is the cornerstone of our organization. Our vision is “a quality-driven health care system focused on the changing needs of our communities.” With this vision in mind, we have set our strategic priorities to include:

- Partnering with patients and families,
- Empowering our people,
- Ensuring operational excellence, and
- Innovating through partnership

Each of these strategic priorities have a quality focus embedded within them, including our strategic imperatives to invest in our technology and infrastructure, embed a continuous improvement approach, and establish a high trust culture.

Our Quality Improvement Plan (QIP) aligns with our vision and strategic plan, as it focuses on:

1. Working with our EMS partners to improve the ambulance offload times to help get our EMS partners back on the roads sooner, thus improving access to care for all.
2. Empowering our staff through access to quality DEI training that can then be translated to effective programs within our organization.
3. Exploring why patients leave our ED's without seeing a physician, so that we create an environment of understanding about wait times in the emergency department. fostering a collaboration with patients and families to reduce the incidents of patients leaving without seeing a physician.
4. Continuing to work with our patients and families to better understand their experiences by getting more experience surveys into their hands to encourage feedback.
5. Constantly monitoring our wait times and our medication

reconciliation completion rates. To provide trending information to staff and providers to empower our teams to maintain operational excellence.

Through these measures we will achieve our vision.

## **ACCESS AND FLOW**

As a small rural community hospital our teams are constantly stretched to their limits to accommodate the needs of the diverse population that comes through our doors. Summer presents us with many challenges as we are a popular tourist destination, pushing our Emergency Department to capacity. Our area also has an aging population as it is an area where many come to retire. As such, we have high pressures on our inpatient units and work closely with our community partners to move our ALC patients onto their appropriate residence. A Home First initiative has been adopted by our facility to help with this focus. As well, we have adopted a Hospitalist model of care to enhance the flow of patients through our inpatient areas.

Our Emergency Department recognizes the need to increase capacity while still striving to maintain our wait times below provincial averages. This year we will focus on our Ambulance Offload Times (working with our EMS partners to help get them back on the road) and gaining an understanding of our Left Without Being Seen (LWBS) population so that we can create some targeted initiatives to reduce that population.

## **EQUITY AND INDIGENOUS HEALTH**

The Huron Health System has embraced the importance of equity and indigenous health in our healthcare system. Our AI-DAR committee is active within our staff and has completed an anonymous staff survey on AI-DAR and work-life. The response rate was very high and reinforced the importance of the work being done by the committee and by leadership on Diversity, Equity and Inclusion.

It is also a key element of our collaborative work with our OHT (Huron Perth and Area - OHT). The OHT AI-DAR Committee has worked on a framework based on the provincial AI-DAR framework which has been endorsed by all of our accreditation partnership members. A five-year plan, including 5 phases of education on AI-DAR has been made available to all OHT members. This education is the basis for this year's quality improvement initiative for equity. Our DEI committee and all levels of leadership will be encouraged to complete phase one of the education and submit that to our Human Resources Department. Through education of our leaders and sponsors, we will work towards development of effective equity improvement initiatives.

## SAFETY

Safety is a priority focus of our organization. To achieve a quality-driven health care system we need Patient Safety to be a foundational element. Every year we ensure that an element of our Quality Improvement Plan is focused on maintaining and improving patient safety. We strive to improve the focus on patient safety and highlight areas where we can do better. Over the last few years we have focused on Infection Control, and delirium identification. Medication Reconciliation completion has been a challenge for the organization to monitor over the years as it is a hybrid process (electronic and paper with the final checks on paper). However, it is extremely important in the transition of patient care from one area to the next. We recognize that despite our Health Information System challenges, our organization needs to develop documentation strategies which will dovetail into effective auditing and monitoring processes. This year we will focus on introducing a final step in the discharge medication reconciliation process where the medication status is updated in the EHR to both ensure that current information is in the system at the time of discharge and allow us to audit that completion rate. The learnings involved in developing this process will aid us in improving patient safety and meeting our accreditation requirements.

## EMERGENCY DEPARTMENT RETURN VISIT QUALITY PROGRAM (EDRVQP)

This is the first year for AMGH to participate in the ED-RVQP. We are approaching the audits as a two-part process.

The first part will be the screening of the visits flagged quarterly by Ontario Health. Our ED Committee inter-professional team will take on the screening task. Membership of this team includes Nurse Practitioner, Respiratory Therapist, Emergency Department Manager, ED Physician and a Health Records representative. Each flagged visit will be screened as per the EDRVQP template for relevance. 20 visits will be identified for the year (5 per quarter minimum) for detailed audit.

The second part will involve the completion of the detailed audit of the identified visits. Once the screening component of the EDRVQP template has been completed, the team will gather necessary resources to complete the detailed audit, seeking input from others involved with the case as needed.

A timeline for each phase has been proposed for each quarter and will be trialed over this first year.

The detailed reviews will then come back to the Emergency Department Committee to identify potential quality improvement projects and for final review prior to submission to the HQO (March 2026). Any potential quality improvement projects will be discussed and forwarded to the Quality Committee (and ultimately the Board Quality Assurance committee). The reviews may also be reviewed at MAC.

## 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 put forward in the QIP with organizational targets is weighted equally. Pay for Performance for executives will be awarded as follows, barring any extenuating circumstances for which the Quality Assurance Committee will have discretion:

- The five indicators below with defined targets will carry an equal weight of 20%

For the five compensation-based indicators, there are three levels of achievement:

- Less than 50% of target achieved - no Pay for Performance awarded for that particular indicator.
- Midpoint between 50% of target and target - prorated Pay for Performance will be awarded for that particular indicator equal to the percent towards target achieved
- Equal to or greater than 100% of target achieved - 100% of Pay for Performance awarded for that particular 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

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Board Chair

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Board Quality Committee Chair

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Chief Executive Officer

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EDRVQP lead, if applicable

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