

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 27, 2025



OVERVIEW

Alexandra Hospital, Ingersoll (AHI) is an accredited 26 bed hospital serving Ingersoll and the surrounding areas since 1909. AHI has a staffing complement of 220 employees, 83 physicians and 36 volunteers. We are committed to supporting the health of our communities with excellent patient care and accessible specialized services close to home. Our services include 24/7 Emergency Department, Acute Care, Complex Continuing Care, Diagnostic Services, Occupational and Physiotherapy Services, Ambulatory Clinics, and the Oxford County Cardiac Rehabilitation and Diabetes Education Centre of Excellence.

After many years of a strong partnership, and a year of intentional planning and engagement with staff, physicians, patients, partners, volunteers, and the community, the Boards of Directors of Alexandra Hospital, Ingersoll (AHI) and Tillsonburg District Memorial Hospital (TDMH) have voted for a full integration. The proposed integration date is April 1, 2026. We are working with the Ministry of Health regarding next steps, more information will be shared as it becomes available.

ACCESS AND FLOW

Our hospital is not unique to challenges of managing hospital capacity to ensure timely access to care. Our mission is to be a key partner in supporting the health of our communities with excellent patient care and accessible specialized services. It is important for patients to have timely access to care.

Our F25-26 Quality Improvement Plan will include the 90th percentile Emergency Department (ED) wait time to physician initial assessment. After engagement with the clinical team and physician

group, there is an opportunity to better understand this Pay for Results (P4R) metric.

To support Inter-facility transfers our hospital is excited to share that we have contracted a dedicated Non-Emergent Patient Transport (NEPT) vehicle. The dedicated vehicle for our hospital assists with patient transport between hospital sites, to other healthcare facilities, and to other discharge destinations to improve patient access and flow. In benchmarking with other hospitals that use New Canadian Medical Transport (NCMT) services, patient flow and timeliness to care has improved, less requirement of nursing for transport if the patient's condition supports this, and staff satisfaction with improved service levels. The NCMT dedicated vehicle operates 7 days a week 365 days per year from 7:00a.m. to 7:00p.m. The vehicle is stationed at AHI as its base and supports both AHI and TDMH.

Our clinical team is currently undergoing an "Enhancing Patient Flow through Effective Discharge Strategies" project focusing on six pillars that affect our hospital capacity challenges. This includes ED admission avoidance, alternate level of care designations, average length of stay reduction, partnerships with physicians and Ontario Health at Home, discharge optimization, and discharge policy review.

EQUITY AND INDIGENOUS HEALTH

In F2024-25 as part of QIP we focused on providing Indigenous Culture Awareness and Safety Training for our leaders and Equity, Diversity, and Inclusion (EDI) committee members. Our EDI co-chairs had the opportunity to attend a board meeting in November of 2024 to introduce important EDI initiatives occurring within the hospital to align with our Hospitals Service Accountability Agreement (HSAA) and Ontario Health Equity, Diversity, Inclusion, and Anti-Racism (EDI-AR) strategic directions. The Indigenous Culture Safety Training will be also extended to our board members.

Our hospital's established EDI Committee has been active in celebrating various events throughout the year. One of our committee's biggest accomplishments this year has been enhancing awareness and support for the 2SLGBTQIA+ community during Pride Month. We had the opportunity to connect and engage with Oxford County Pride and raise the Pride Flag proudly in support of the 2SLGBTQIA+ community. We look forward to further opportunities to collaborate with Oxford County Pride for ongoing gender inclusivity initiatives and in preparation for Pride 2025!

Our F25-26 Quality Improvement Plan will include the indicator measuring the percentage of staff who have completed relevant EDI-AR education. This year we will be focusing on providing Equity and Anti-Black Racism education to executives, leaders, and EDI committee members. To align with the education, the hospital will be planning to implement specific Equity and Anti-Black Racism policies.

PATIENT/CLIENT/RESIDENT EXPERIENCE

Our patient and family experience surveys went through an extensive review and update in 2023.

We introduced 'patient experience rounding' (PER) where trained volunteers visit patients at the bedside to complete patient experience surveys and offer feedback directly to the care team 'in the moment' to improve/enhance the patient experience.

Patient experience rounding is proving to be meaningful to both patients and volunteers. Patients may feel more comfortable sharing feedback with a volunteer rather than a team member. Volunteers in the PER role have expressed they feel they are adding value to the patient's overall experience.

Surveys, paper copies and electronic QR codes are also available at the entrance of the hospital and in various departments within the hospital. To support equity, diversity, and inclusion, our survey tools have been transcribed into five languages (in addition to English) including French, Punjabi, Low German, Dutch, and Spanish.

We have a dedicated Patient and Family Centered Care Committee (PFAC) who support countless activities throughout the hospital, including participating as active members at several committees including our Joint Board Quality, Risk and Patient Safety Committee, Ethics Committee, Emergency Inpatient Advisory Committee and the Pharmacy and Therapeutics Committee. Each advisor brings a valuable patient and family perspective to the hospital.

Our survey responses are shared quarterly at various committees,

including PFAC and our Medical Advisory Committee (MAC).

We had the astounding pleasure of being requested to participate on the panel of speakers for the December 2024 Ontario Health Hospital QIP's analysis to highlight our amazing patient experience rounding work.



Patient experience surveys at the hospital entrance, available in paper copy or electronically by QR code.



Patient experience rounding completed by volunteers at the bedside. Surveys are completed and offer feedback directly to the care team.

PROVIDER EXPERIENCE

To help support recruitment and retention our hospital has participated in various career fairs, the Supervised Practice Experience Partnership (SPEP) to support international trained nurses, the Enhanced (clinical) Extern Program to support healthcare students, and the Clinical Scholar Program which helps provide support and mentorship to new graduate nurses entering the workforce.

We also participate in the Community Commitment Program for Nurses (CCPN) and the Nurse Graduate Guarantee Initiative (NGGI). We also have internal internship opportunities and participate in regional critical care education/training opportunities through Critical Care Services Ontario. We also have recruitment opportunities through Canada Summer Jobs.

Our Integrated Wellness Committee supports team member experience by providing monthly wellness activities:

January – “Chase the Blues away”- supporting with Employee and Family Assistance Program awareness

February – Self-care snack cart and draw for spa gift card

March – Giving back to community-donations were accepted in the cafeteria and given to local shelters

April – “Step into spring”- Step count challenge

May – Garden Theme Cart

June – Staff appreciation and wellness donated ice cream treats and held lemonade stand outside promoting Adirondack chairs and garden urns purchased by wellness

July – Promoting to send picture in jersey or sport team and draw for Toronto Blue Jay's tickets and Blue Jay gift packs during ballpark theme lunch day in cafeteria

August – Yellow theme snack cart with corn on cobb from local farm and lemonade

September – “Happiness at work”, encouraged staff to post on cafeteria wall and draw prizes for postings

October – “Walktober”-Step count challenge

November – Christmas theme snack cart

December - Door decorating contest with prizes and gift basket give away by sending favorite Christmas movie entry for draw

SAFETY

In F2024/25 our hospital focused on reducing hospital acquired pressure injuries (HAPI's). A pressure injury working group was initiated to help support with this work. The team has since successfully implemented the Registered Nurses Association of Ontario (RNAO) Best Practice Guidelines for preventing and managing pressure injuries, updated our pressure injury prevention policy, and provided education to team members on assessment and interventions to effectively manage pressure injuries. We are currently working on sustainability of the program.

To align with Alternate Level of Care (ALC) Leading Practices, Senior Friendly Care, and the Delirium Awareness for Safer Healthcare (DASH) project, AHI has chosen to focus on the rate of delirium onset during hospitalization as part of our F25-26 Quality Improvement Plan.

We currently do not have a systemic process for tracking this information and would focus our efforts on creating a process for data collection, reviewing our delirium assessment tool, an auditing process, and focused delirium education for team members.

The Occupational Health and Safety Act (OHSA) states that employers must assess and control risks of workplace violence arising from the nature of the workplace, type of work, and

conditions of work. Last year, workplace violence risk assessments were conducted across all areas of the hospital. Assessments were scheduled with the Department Manager, an Joint Health and Safety Committee (JHSC) member and selected team member participants. The Workplace Violence Risk Assessment Toolkit worksheet provided by the Public Services Health and Safety Association was referred to. During these meetings, departmental background was provided, hazards reviewed, risk ratings determined (High, Moderate, Low or Not Applicable) and current control measures identified. Participants were asked to identify any additional hazards and/or action items that may need to be considered to improve control/mitigate risk. A physical walk-through of the department was also completed. Gathering ongoing information and evaluating risk management helps to identify areas of improvement to ensure worker safety.

Our hospital has recently initiated an Operational Quality Committee (OQC) which is a forum for recommending, sharing and monitoring quality improvement and patient safety initiatives within the hospital. To support the committee in understanding harm and to align with Canadian Patient Safety Weeks 2024 theme, we opened our committee meeting by completing Healthcare Excellence Canada's Rethinking Patient Safety recommended activity for broadening our understanding of healthcare harm, together.

Our Patient Safety efforts were further highlighted during Patient Safety week in October 2024. We ran a week-long campaign, highlighting Patient Safety through communications internally and in-person events like booths and giveaways. We held our second annual Patient Safety Champion Award. Team members had the

opportunity to nominate a fellow coworker who they felt continually demonstrated their commitment to patient safety across our hospital.

Dr. Chawla has consistently worked to improve the quality of life of patients with chronic wounds and continues to provide up to date, evidence-based care. Dr. Chawla shares his knowledge freely, in a way that makes it easy for the learner to understand. Dr. Chawla supports and advocates for patients' needs.



2024 Patient Safety Champion Award recipient

PALLIATIVE CARE

At AHI we have a designated palliative care suite within the inpatient unit to support patients and families experiencing end of life care. This is a dedicated space to ensure privacy, compassion, and comfort for the patient/family receiving care.

Pain management is a key factor in providing high quality palliative care. AHI in partnership with Tillsonburg District Memorial Hospital (TDMH) aligned to purchase pain pumps to help support palliative pain management. This initiative was supported with an updated medication library, newly developed policy/procedure, training on the new devices and associated equipment, and at the bedside educational support for team members. With this initiative it also helped support a smooth transition of pain management services from hospital to home.

Although AHI does not have specialized palliative care services on site, we are able to consult with our community palliative care physicians to provide specialized palliative care support and services for patients. We are also able to enhance our discharge planning for patients wishing to leave the hospital by accessing specialized palliative care support in the community through the Oxford Palliative Care Outreach Team (PCOT). We collaborate with the patient and family on their end-of-life care goals and how we can help support those wishes.

Our Chief Nursing Executive and Clinical Manager sit on the Oxford Palliative Care Taskforce which is exploring the option of a palliative care patient-oriented discharge summary.

POPULATION HEALTH MANAGEMENT

It is important for Alexandra Hospital to contribute towards promoting health, preventing disease and helping people live well within our communities and surrounding areas. The Oxford County Cardiac Rehabilitation and Diabetes Education Centre of Excellence has taken the initiative to schedule group sessions and drop-in programs within the hospital and at locations within Oxford County. New sessions were developed last year. Sessions include Diabetes 101, Blood Pressure 101, Exercise 101, Diabetes and Healthy Feet and Craving Change. Patients and caregivers have the opportunity to learn more about diet, exercise, blood pressure and foot care and provide an evaluation after the session.

Our hospital will soon be welcoming the Alzheimer Society Dementia Resource Team (The Dream Team) into our ED to help leverage their own and community resources to support people living with dementia, those at greatest risk of developing dementia, and their care partners. The purpose of this dedicated resource is to:

Help bring extensive knowledge of community resources and managing dementia behaviours

Collaborate with hospital team members to support diversions and prevent admissions

Address responsive behaviours through education, coaching and strategies

Advocate for care partner input to understand patients care needs and discuss in home support options

Provide support, education and reassurance to the patient, care partner, and family

EMERGENCY DEPARTMENT RETURN VISIT QUALITY PROGRAM (EDRVQP)

This is our first time participating in the Emergency Department Return Visit Quality Program (EDRVQP) as a small volume site as part of the Pay for Results (P4R) program.

This year we have focused on creating an interdisciplinary team and process to perform and review the audits required as part the EDRVQP. Our interdisciplinary team consists of an Emergency Department (ED) Registered Nurse, Decision Support Specialist, ED Clinical Services Manager, Chief Physician of the ED, Quality Lead, and Director of Clinical Services.

Our process begins with our decision support specialist receiving the data. This information is provided to the ED Manager and the front-line ED team member to conduct the initial audit. We plan to conduct quarterly check-ins to review the audits and identify potential opportunities for improvement based on our findings.

The ED Manager will get notification for any audits that require escalation and/or where an adverse event is identified. The Chief Physician of the ED will conduct an enhanced review for complex medical cases, for all return visits involving a sentinel diagnosis, or any additional cases deemed necessary by the ED Manager.

Given this is our first year participating in the program, we will continue to review the effectiveness of this process.

At this time, we are just beginning to receive our EDRVQP data and testing out our auditing process.

EXECUTIVE COMPENSATION

Our executive team compensation is linked to the performance of the Access and Flow, Equity, and Experience QIP metrics. The Chief Executive Officer has 5% applied as pay for performance, whereas the Chief Nursing Executive/VP Clinical Services, Chief Quality Officer/VP Human Resources and Risk, Chief Operating Officer/VP Finance and Chief of Staff have 2% applied as pay for performance.

CONTACT INFORMATION/DESIGNATED LEAD

For more information about our hospital's quality journey, please contact:

Nadia Facca

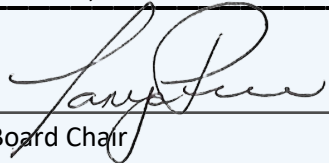
CEO/President Alexandra Hospital & Tillsonburg District Memorial Hospital

Nadia.Facca@ahi.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
March 26, 2025



Board Chair



Board Quality Committee Chair



Chief Executive Officer



EDRVQP lead, if applicable
