

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

April 2, 2025



OVERVIEW

The Middlesex Hospital Alliance (MHA) is comprised of Strathroy Middlesex General Hospital (SMGH) and Four Counties Health Services (FCHS). The two community hospitals are located in the West Region of Ontario Health.

SMGH is a full-service medium-sized patient/family-centered community hospital providing a comprehensive range of emergency, diagnostic, surgical, and ambulatory care services, as well as both primary and secondary care. The hospital operates 54 funded acute care beds. Medical staffing includes a number of active local family physicians, internists, surgeons and specialists. The hospital has a total of 519 staff, including full-time and part-time staff, plus 58 volunteers.

***NEW* SMGH MRI Suite**

In 2024, the MHA's Outpatient Rehabilitation and Diabetes Education programs moved off site to downtown Strathroy to accommodate construction for SMGH's Magnetic Resonance Imaging (MRI) Suite for which the MHA was awarded operational funding in 2023. Construction is now completed, and patients were being accepted by referral as of March 2025. We look forward to the official grand opening, and to thanking our generous donors in person, in Spring 2025!

FCHS is a rural, small community patient/family-centered primary care hospital, providing emergency, diagnostic, and ambulatory care services close to home. The hospital also operates 12 funded acute care beds. Serving approximately 23,000 residents, it is



located in the village of Newbury at the intersection of Lambton, Kent, Middlesex, and Elgin Counties. Medical staffing includes a number of active local family physicians and visiting specialists. Total staffing for the hospital including full-time and part-time staff is approximately 133, in addition to 21 volunteers.

FCHS has an active Adult Day Centre which offers support to aging adults within the community. The FCHS is a partner with the Four Counties Community Villa, which is located on FCHS property. The Villa offers supportive housing to its residents.

At the MHA, we are constantly assessing, responding and evolving to meet the needs of our dynamic community, and it is our vision to become the hospital of choice for patients/families, physicians, and employees in the area. The initiatives selected for this Quality Improvement Plan (QIP) align with our new Strategic Plan which was launched in 2024, and focuses on ensuring our patients and families have access to safe and equitable care based on their needs.

Our three strategic priorities of focus are:

- 1) Collaborate for Exceptional Care and Experiences
- 2) Engage, Support and Inspire Our People
- 3) Advance How We Deliver Care

FY 2025/26 QIP Indicators are in alignment with the New Strategic Plan - Our goals are selected to align and achieve our vision.

Strategic Priorities & Goals	Indicators
Collaborate for Exceptional Care and Experiences We will: <ul style="list-style-type: none"> • Provide compassionate care and patient-centered experiences through communication and engagement with our patients, families and care providers • Continue to enhance quality and safety in alignment with our quality priorities • Leverage technology to achieve the next phase of digital care delivery 	1) Inpatients - Did patients feel they received adequate information about their health and their care at discharge? 2) ED - 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? 3) Same Day Surgery - Did you receive enough information from health professionals about what to do if you were worried about your condition or treatment after you left the hospital? 4) Rate of medication reconciliation at discharge. 5) Hand Washing Compliance (Audits) - Moment 1 (before touching a patient) by Hospital Care Provider.
Engage, Support and Inspire Our People We will: <ul style="list-style-type: none"> • Respect and embrace diversity, equity, inclusion and antiracism in our environment • Empower engagement, team safety, trust and belonging by establishing effective employee, physician and volunteer recognition, well-being and recruitment & retention strategies 	6) Percentage of MHA Board of Directors Members, MHA Leaders including Physician Leads who have completed mandatory Indigenous training
Advance How We Deliver Care We will: <ul style="list-style-type: none"> • Invest in relationships and collaborate with our strategic partners to achieve our vision and strategic priorities, now and into the future • Advance Capital Infrastructure, Information Technology and Financial Opportunities to respond to the evolving needs of our hospitals, communities, and the overall healthcare system 	7) 90th percentile ambulance offload time (minutes) (P4R) 8) Daily average number (count) of patients waiting in the emergency department for an inpatient bed at 8 a.m (P4R) 9) 90th percentile emergency department wait time to physician initial assessment (hrs) (P4R)

ACCESS AND FLOW

Timely access to care has been challenging, as measured by wait times targets for the emergency department (ED) and surgery wait times. Post-COVID our ED's have seen significant increases in visits annually: ED visits have increased by an average of 9% per year at SMGH and 12% at FCHS. We've had to increase nursing human health resources in both EDs, without additional funding, to meet the capacity demands and maintain quality care. P4R funding helped us to mitigate some of the ED volume challenges, enabling us to increase diagnostic imaging coverage overnight, add additional physician shifts, and recruit ED support staff to support access to timely assessments for patients and assist with patient care activities. In addition to P4R, we received funding in partnership with Middlesex London EMS to support an Ambulance Offload Nurse for 12 hours/day. This ensures the timely offload of patients from the Middlesex London EMS to the care of the hospital.

To improve OR flow, we have made changes to nursing OR schedules to support smoother transfers and discharges for urgent ORs in the evening. We have also begun to schedule weekend OR nursing shifts which help us improve timeliness to OR and reduce overtime costs.

To improve efficiency in the OR, we have also increased clerical support and streamlined processes to ensure we can place Pre-Admit calls to all patients, resulting in patients feeling better prepared for surgery and reducing last-minute cancellations.

EQUITY AND INDIGENOUS HEALTH

The MHA's Board of Directors and Senior Leadership Team considers Health Equity a key organizational priority and has

adopted JEDI, specifically including Indigenous Cultural Safety Training as a QIP indicator for 2025/26. Education for organizational leaders and physicians is the first step towards building and providing culturally sensitive care at the MHA. Our first key deliverable on this path in 2023 was to ensure all leaders at the MHA receive designated cultural competency. For 25/26, we will expand this crucial education to include Board Directors, and Hospital and Physician Leaders. Additionally, MHA contracted an Indigenous Consultant to review our Indigenous Health Strategies & Outcomes work plan and advise on our path to Truth and Reconciliation. To date, a review of hospital policies including Anti-Racism, Anti-Indigenous Racism and Bereavement have been completed, and education sessions are planned. Next steps include understanding how to best support our local Indigenous communities, improving communication between hospital and First Nations, and directing the MHA on necessary steps towards our Truth and Reconciliation journey.

Other initiatives to increase health equity for the communities and populations we serve, include:

- Engaging with local Indigenous leaders at Ontario Health, Middlesex London Ontario Health Team and peer hospitals, to continue our journey to be a safe healthcare provider for our Indigenous communities.
- Supporting and increasing trust with the local 2SLGBTQIA+ community through the annual MHA Pride flag raising, a Pride Sidewalk at SMGH, education sessions and supporting local Pride events
- Seeking and supporting the diversity of our Patient and Family Advisory Council (PFAC) and MHA Board of Directors
- Supporting care close to home and reducing wait times through

new service provision (i.e. increased endoscopy volumes and Magnetic Resonance Imaging (MRI))

- Ongoing review of internal policies, job descriptions and job interview tools to reflect inclusive language.

PATIENT/CLIENT/RESIDENT EXPERIENCE

The Mission Statement of the MHA is “to provide the healthcare we would expect for our own families.” Provision of this care is only successful if patients and their families/caregivers are engaged and given the opportunity to have their voice heard.

We established our MHA Patient and Family Advisory Council (PFAC) in 2022. In 2024/2025, three new members were added to the Council, bringing current PFAC membership to eight PFAC Advisors. The Council is co-chaired by a PFAC member and MHA’s VP of Clinical Services, and the President & CEO sits on the Council as an ad hoc member to lend support to the group’s important work. In addition to their monthly agenda topics, in 24/25 our PFAC members advised on the following topics:

- **MHA’s external website:** Members were asked to review the MHA’s external website and provide suggestions from the perspective of a patient/family member looking for information. The group was tasked to find certain items within the website and provide overall comments on “ease of use”. Changes were made based on the feedback received.
- **Wayfinding:** A prior Accreditation report encouraged the Four Counties site to engage with patients and families with regards to the wayfinding signage on the highway (including distances), and within the facility to ensure that it meets the wayfinding needs of

the public. PFAC members were asked to take notice of the wayfinding along the route to the hospital for our November meeting and once they arrived, also take note of the wayfinding/signage in the hospital.

- **Performance Review Training:** The Director of Human Resources & People updated the Employee Evaluation and Development form which is used in performance appraisals. Before she scheduled the Performance Review Training with our leadership team, she asked if PFAC could review the materials and provide feedback.
- **Policy Review:**
 - o AODA Service Dog Policy and Criteria for Emotional Support Dogs
 - o Support Person for Obstetrical Ultrasounds new policy
 - o Patient Wandering System Policy
 - o Ceremonial Use of First Nations Traditional Medicine
- **Patient Education Guides:**
 - o Laboratory Patient Education Guide for Inpatients
 - o Wandering Patient
 - o Understanding Resuscitation
- **Education:**
 - o Best Practice Spotlight Organization Champions Energizer Workshop (3 participants)
- **Interview Participation:**
 - o Manager of Allied Health

MHA continues to be named as an RNAO Best Practice Spotlight

Organization (BPSO). Currently, the BPSO continues to work on the Patient and Family Centered Care and Falls Prevention Best Practice Guidelines (BPG). We acknowledge that patients who engage in their care need to have the necessary and understandable information to make appropriate care decisions. In 2023, the patient pathway was rolled out which includes relevant patient education and information related to their hospital stay. We were able to recruit two new nurses to our BPG working group, and plan ongoing recruitment for program sustainability.

In 2023, our Qualtrics Patient Experience Survey was implemented and is provided electronically to all patients who visit the ED, Inpatient Units, and Day Surgery at both hospitals. This feedback is constantly evaluated and informs improvements to the patient/family experience across the MHA. With funding support from OH West, the MHA was able to implement Seamless MD, a new remote technology solution for patients undergoing total hip and knee replacement patients to better support patient education, experience, and communication with their providers. In 2023, MHA also added ankle/foot surgeries and are looking to expand to other surgical services in 25/26.

PROVIDER EXPERIENCE

The MHA's new vision statement is "Exceptional People providing Exceptional Care". The new vision places increased emphasis on our people because we know that exceptional care for our patients will not be possible without ensuring our exceptional staff, physicians and volunteers are supported and cared for.

With the current health human resources crisis, the MHA continues

to invest in on-going recruitment but is dedicating significant effort toward retention and supporting a healthy workplace.

With OH funding, the MHA has executed a successful Clinical Extern program. This program has supported patient care, educational experiences, and the successful recruitment of new nurses to the organization upon graduation from their University or College program. In addition, SMGH and FCHS have both successfully recruited Clinical Scholars who provide at-the-arm clinical support to new nurses, internationally educated nurses (IENs), and nurses requiring additional education/support. Further recruitment strategies also include OH funded CCPN grants which have been highly successful for the recruitment and retention of new nurses and new nurses to Ontario. To date, 12 nurses have been hired through this initiative.

The MHA is committed to being an Employer of Choice where the health and wellbeing of our employees are paramount. As a means to further our commitment to and support our strategic goals, the MHA formed its Wellbeing Committee in 2023 which continues to evolve and engage staff in various wellness initiatives across all sites.

The objective of the Wellbeing Committee is to enhance the inclusive programs and initiatives that support a healthy lifestyle while fostering a healthy environment for both life and work. This encompasses the physical, mental, and social health of our employees/physician/volunteers and recognizes that their values, personal development, and work within the MHA contribute to their overall wellbeing at work and at home.

The Wellbeing Committee comprises five integrated sub-committees. Each of these sub-committees meet independently to further support the goals and objectives of the Wellbeing Committee as a whole. The sub-committees are:

1. **Recognition** – Focusing on employee recognition
2. **Wellbeing** – Providing pro-active initiatives to support wellness
3. **Diversity and Inclusion** - To intentionally promote diversity, equity and inclusion through active learning and growth
4. **Social** –Increasing social connections and building positive relationships with others in the workplace
5. **Engagement** – Measuring employee engagement and motivation

The MHA Wellbeing Committee has sourced MHA branded clothing for staff, established Wellness rooms at both hospitals to give staff a quiet place to recharge, and conducts monthly traveling snack carts to connect with staff one-on-one.

The Committee also organizes regular staff engagement and appreciation events such as Jersey Day, holiday door decorating and pumpkin carving contests, as well as regular step, photography, and reading challenges to provide staff with some fun opportunities to engage with each other.

The President and CEO has also initiated a monthly “CEO Connect” Newsletter to provide staff and physicians with important updates. The MHA has also recently introduced an Intranet to keep staff informed of important organizational news, events, and resources, and also hired its first Communications Advisor in 2024 to improve

communication across the organization and the communities it serves.



SAFETY

At the MHA, we believe ensuring patient safety is a core foundational duty and responsibility. Patients should expect to feel safe, trust the care they are being provided, and avoid unintended harm during their hospital visit/stay.

Hospitals have countless opportunities to focus on quality and safety initiatives. Ensuring a strong patient safety foundation will support the future advancement of quality and safety initiatives across the organization. We take pride in the MHA culture of reporting and investigating patient safety incidents, including near misses. The MHA also has a very active and engaged Quality, Safety and Risk Committee of the Board, which provides oversight on

quality and safety issues within the organization, and has also hired a Quality, Risk, Patient Safety & Patient Experience Specialist to further our commitment to providing high quality and safe patient care.

For 2025/26, the MHA will continue to focus on quality and safety around these priorities:

- Improving hand washing compliance
- Improving medication reconciliation at discharge
- Improving turnaround time for patient discharge summaries
- Congestive Heart Failure Quality-Based Procedure Project through OHT
- Improving on-call surgical coverage at SMGH and FCHS
- Improving cancer screening by increasing endoscopy capacity with onboarding of additional General Surgeon at FCHS
- Increasing cataract surgery volumes with the onboarding of new Ophthalmologist
- Improving patient safety for CT transfers from FCHS to SMGH
- Improving patient education on discharge after surgery (i.e. Seamless MD).

Morbidity and Mortality Rounds - QI Partnership Program

In 2024, the MHA Medical Staff launched a QI Partnership Program approved by the College of Physicians and Surgeons of Ontario. Our Program allowed us to engage a registered group of physicians in monthly Morbidity and Mortality Rounds. These rounds are focused on cases which highlight areas of risk which could be mitigated by systems improvement, as well as allowing physicians a safe space in which to share and discuss situations in which they may feel they

could have performed to a higher standard. Although attendance for the core group is required, many physicians attend regularly because of the high approval rating of the event, and it is planned that it will continue as a regular Rounds following the two-year scope of the QI Partnership Project. Systems issues are shared back through the Quality, Utilization and Management Committee of the Medical Advisory Committee (MAC), to the MAC, Senior Leadership, and, where appropriate, to the Board.

PALLIATIVE CARE

Although not specifically funded for Palliative Care beds, both MHA sites have home-like rooms designed to support patient- and family-centered care at the end of life. These rooms have been designed to encourage family presence 24/7, including sleeping spaces for family members. This care supports patients' desire to palliate close to home.

There is a local not-for-profit organization, Strathroy Hospice, that is looking to bring a Hospice to our community. We are very supportive of this initiative, as it will increase hospice care services in our local community and provide an important palliate alternative to a hospital setting.

POPULATION HEALTH MANAGEMENT

Both individually and collaboratively as part of the Middlesex London (OHT), MHA pursues every opportunity to support and advance population health. MHA is a member of Middlesex London Coordinating Council and has participated in a Strategic Planning session to work collaboratively with partners to tackle urgent health issues within our communities. Our strategic planning outcomes work is still in progress. One goal that we have collectively agreed upon is to strengthen primary care access for the entire population by ensuring all unattached patients are connected to Care Connect. MHA is working with the OHT to develop the Unattached Patient Strategy – to reform outdated policies, restructure health care models, and revitalize the system.

EMERGENCY DEPARTMENT RETURN VISIT QUALITY PROGRAM (EDRVQP)

We are new P4R hospitals as of 23/24 and are working to establish an EDRVP working group/committee which will be responsible for conducting case reviews and follow-ups commencing in the beginning of 25/26. The committee will be chaired by the ED manager and co-chaired by the ED Medical Lead. We have invited all ED staff members (nurses, allied health, physicians, etc.) to participate voluntarily. Decision Support and Quality improvement staff members have been invited to be permanent members of the committee. The outcomes of the audits will be shared with the Board Quality Committee, SLT, and the CEO. We look forward to completing the audits and submission for 26/27.

EXECUTIVE COMPENSATION

Under the Excellent Care for All Act (ECFAA) legislation, hospital organizations are required to link Senior Executive compensation to the achievement of performance improvement targets. The MHA's Senior Leadership is accountable for achieving targets outlined in the organization's Quality Improvement Plan (QIP). The percentage of salary at risk for each individual executive has been set at 2% of the base salary. For the 2025/26 MHA QIP, the pay at risk compensation is being applied to the following two metrics:

1. Percentage of Leaders, Board Directors and Physician Leaders who have completed Indigenous Cultural Safety training module. Future plans include Indigenous Cultural Safety eLearning for all MHA staff and affiliates.
2. Hand Washing Compliance Audits - Moment 1

This compensation formula applies to the Executive Positions outlined under the Excellent Care for All Act performance-based compensation and will apply only to permanent roles for 2025/26 (April 1, 2025, to March 31, 2026.)

Each indicator for the pay at risk for 2025/26 will be reviewed at the end of the fiscal year to determine whether the targets have been fully or partially achieved or not met. Full achievement will be based on 80-100% of the improvement target; partial will be based on achieving 50-79% of the target. Partial achievement of targets will result in partial payout. The Board of Directors has the discretion to modify the amount of the performance-based compensation (subject to the 2% maximum) following assessment of the MHA's performance related to the QIP.

CONTACT INFORMATION/DESIGNATED LEAD

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OTHER**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 22, 2025**



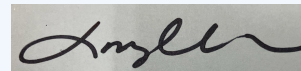
Melanie Stanley, Board Chair



Nan Brooks, Board Quality Committee Chair



Julie McBrien, Chief Executive Officer



Leigh McKenzie, EDRVQP lead, if applicable
