

Quality Improvement Plan (QIP)

# Narrative for Health Care Organizations in Ontario

April 6, 2026

## OVERVIEW

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

SMGH is a full-service, medium-sized, community hospital providing 24/7 emergency care, diagnostic, surgical, and ambulatory services, along with primary and secondary services. The hospital operates 54 funded acute care beds and is supported by family physicians, hospitalists and specialists.

FCHS is a small, rural community hospital providing 24/7 emergency care, diagnostic, and ambulatory services close to home. Located in Newbury, it serves approximately 23,000 residents across Lambton, Kent, Middlesex, and Elgin Counties. FCHS operates 12 funded acute care beds and is staffed by local family physicians and visiting specialists.

The MHA is a patient and family-centred organization, driven to provide exceptional care and experiences to all guided by our Strategic Plan - *Caring for our Communities: Building our Future Together*. Our staff, physicians, volunteers and Board of Directors are aligned with our Mission “To provide the health care we would expect for our own families”. The MHA’s 2026-2027 Quality Improvement Plan (QIP) will focus on advancing our strategic priorities:

1. Collaborate for Exceptional Care and Experiences

The MHA aims to deliver patient-centered care through our values of compassion, accountability, respect and excellence, and engagement patients, families, and care providers. Ongoing quality

and safety improvements remain a priority, alongside leveraging technology to support the next phase of the electronic medical record to support care delivery. QIP indicators include:

1) Inpatient and Emergency department discharge patient experience

2) Medication Reconciliation at discharge

3) Hand hygiene compliance (Moment 1 – before touching a patient)

2. Engage, Support and Inspire Our People

The MHA is committed to fostering a respectful and inclusive environment that values justice, equality, diversity, inclusion, and anti-racism. The organization prioritizes staff engagement, psychological safety, recognition, and strong recruitment and retention strategies. QIP indicators include:

1) Percentage of staff who have completed mandatory Indigenous cultural safety training and education.

3. Advance How We Deliver Care

The MHA works collaboratively with health system partners to strengthen care delivery and invest in capital infrastructure, technology, and financial sustainability to meet evolving healthcare needs.

QIP Indicators include:

1) 90th percentile ambulance offload time

2) Average number of patients waiting for an inpatient bed at 8 a.m.

3) 90th percentile emergency department wait time for the physician's initial assessment (FCHS only)

The MHA is also pleased to share the MRI at SMGH is coming up on its one-year anniversary. We have received very positive feedback

from both providers and the community about this new service at the MHA. The MHA is delivering on its commitment to advance care, improve access and support care closer to home.

## ACCESS AND FLOW

Challenges with timely access to care exist, as reflected in Emergency Department (ED) and surgical wait time performance. ED volumes remain high, with annual increases averaging 2% at SMGH and at FCHS from fiscal year 25/26. To respond to this sustained demand and to maintain safe, high quality care, additional nursing resources have been implemented in both EDs without corresponding base funding.

Ongoing targeted Pay-for-Results (P4R) funding has supported several initiatives to help mitigate ED volume pressures, including expanded overnight diagnostic imaging coverage, additional physician shifts, and enhanced ED support staffing. These investments have improved access to timely patient assessments and strengthened support for direct patient care activities. Continued partnership with Middlesex London EMS allows ongoing utilization of an Ambulance Offload Nurse, supporting timely transfer of patient care from EMS to hospital teams.

To manage increased volume at both sites efficiently, leadership has completed an updated Surge Plan. This will allow all departments to communicate a plan effectively and efficiently when we require them to go beyond normal service delivery levels.

Patient flow and discharge planning have been further strengthened through increased Occupational Therapy hours, supporting earlier functional assessments, equipment planning, and

safe transitions of care. In addition, Ontario Health at Home has expanded staffing at both SMGH and FCHS to enhance discharge planning support and better manage Alternate Level of Care (ALC) patients, contributing to improved patient flow and more timely discharges.

## EQUITY AND INDIGENOUS HEALTH

Health equity is a key priority for the MHA. The MHA is committed to safe, culturally appropriate, care delivery where every individual feels valued, respected and empowered. To support this commitment, the MHA has adopted Justice, Equity, Diversity, Inclusion and Anti-Racism principles and has identified Indigenous Cultural Safety training for all staff as a 2026/27 QIP indicator. This indicator is building on the 2025/26 QIP indicator that saw the MHA Board of Directors, leadership and physician leaders participate in Indigenous Cultural Safety training. Our organization operates on the traditional and ancestral lands of First Nations, Inuit, and Métis Peoples. Our hospitals acknowledge our communities are located on lands covered by Treaty 21 and Treaty 35, and we honor the enduring relationship that Indigenous Peoples have with this land. We recognize the responsibilities that come with living and working on these treaty lands, including our shared obligation to uphold the spirit and intent of the treaties. We acknowledge the harms caused by colonial systems, including within healthcare, and the lasting impact these harms continue to have on Indigenous Peoples and their communities.

We commit to listening with humility, learning with openness, and leading with accountability as we advance the Calls to Action from the Truth and Reconciliation Commission of Canada. We understand that reconciliation is not a single act or statement, but an ongoing journey that requires meaningful relationships,

sustained effort, and measurable change. As part of our commitment to reconciliation, the MHA officially renamed the SMGH Auditorium the Dudley George Gathering Space/ Enji-bi-maawnjidiwgamig (in Ojibwe). The space stands as a promise to Indigenous patients, families and communities to acknowledge that they are seen and valued within our hospital walls. This is real action toward MHA's commitment to Truth & Reconciliation. Respect is an MHA value. By choosing respect, we commit to fostering an inclusive environment where diversity and individuality are understood and honored. We strive to create a workplace and care environment that is fair, welcoming, free from bias, and supportive of belonging and engagement for all. To further strengthen our commitment to Indigenous community and uphold on our value of Respect, the MHA will introduce mandatory Indigenous Cultural Safety training for all staff in FY 2026/27. This initiative will ensure that our teams are equipped with the knowledge and understanding needed to provide culturally safe and appropriate care for Indigenous patients and families. With the MHA providing service to six (6) First Nation communities, the MHA engaged an Indigenous consultant to review its Indigenous Action Plan and assist in guiding the organization's approach to Truth and Reconciliation. Work completed to date includes:

- Reviewing hospital policies (i.e. bereavement, smudging) from an Indigenous perspective
- Supported the development of MHA's Anti-Indigenous Racism policy
- Offered education sessions to staff, physicians and volunteers
- Provided patient navigation and family support
- Collaboration with SOAHAC and Ontario Health Teams on cultural safety opportunities

- Regular engagement and conversation with Chippewa, Muncey and Oneida First Nations Health Directors.

Next steps include further engagement with local Indigenous communities to understand health needs, improving communication between MHA and First Nations, and further advancement of MHA's commitment to Truth and Reconciliation.

## **PATIENT/CLIENT/RESIDENT EXPERIENCE**

The MHA's mission is "to provide the healthcare we would expect for our own families." Central to achieving this goal is meaningful engagement with patients and families to ensure their voices inform planning, policy development, quality improvement and care delivery.

As part of our commitment to improving patient experience, MHA launched two short surveys for the Emergency Department and Inpatient Services as well as a more detailed survey for Day Surgery patients. In addition to surveys, MHA receives patient feedback through patient relations processes, including letters, phone calls, and emails from the patient and family members.

All patient feedback is collected and shared with respective department managers and discussed during departmental meetings. Any serious concerns related to care are thoroughly reviewed internally, with direct follow-up provided to patients. Positive feedback is also shared with staff during team meetings to recognize and reinforce excellent care practices. All feedback including compliments, complaints and suggestions inform our strategies for improvement.

Aggregate survey results are shared with the MHA Patient and Family Advisory Council (PFAC) and MHA Board Quality, Patient

Safety, and Risk Management Committee. PFAC members also participate in educational opportunities to strengthen patient engagement capacity within the organization. Their contribution ensures that patient and family perspectives remain integrated into decision-making across the MHA.

Beginning in 2026/27, the MHA plans to conduct quarterly trend analysis along with monthly data review. Quarterly data will be shared with clinical leadership teams and at service meetings to discuss quality improvement opportunities.

## PROVIDER EXPERIENCE

The MHA's vision, "Exceptional People Providing Exceptional Care," reflects the organization's commitment to supporting staff, physicians, and volunteers. Recognizing the ongoing health human resources challenges across the healthcare system, the MHA continues to invest in recruitment, retention, and workplace wellbeing.

Through Ontario Health (OH) funding, the MHA has implemented a successful Clinical Extern Program, providing nursing and healthcare students with hands-on clinical experience while supporting patient care. The program has also supported recruitment of new nurses following graduation.

Both hospital sites have also recruited Clinical Scholars who provide mentorship and at-the-elbow clinical support to new nurses, internationally educated nurses, and staff requiring additional clinical support. Recruitment initiatives have been further strengthened through Ontario Health's Community Commitment Program for Nurses (CCPN), which has supported the hiring of twelve (12) nurses to date.

To support employee wellbeing, the MHA established a Wellbeing Committee in 2023. The committee promotes initiatives that support the physical, mental, and social wellbeing of staff, physicians, and volunteers. Activities include staff and volunteer recognition programs, wellness spaces at both hospital sites, and numerous engagement initiatives.

Communication across the organization has also been strengthened through a monthly CEO Newsletter, the launch of an internal staff Intranet, and the recruitment of a Communications Advisor.

## SAFETY

Patient safety is a core responsibility at the MHA and aligns with our organizational value of Accountability. By embracing accountability, we take responsibility for our actions and behaviors in everything we do. We are committed to acting with honesty and integrity, fostering a culture where patients feel safe, trust their care providers, and are protected from unintended harm.

The MHA promotes open reporting and review of patient safety incidents, including near misses, to identify opportunities for improvement. Oversight is provided by the Quality, Patient Safety and Risk Committee of the Board of Directors, and a dedicated Quality, Risk, Patient Safety and Patient Experience Specialist supports ongoing patient safety and quality improvement initiatives across the organization.

For 2026/27, MHA continues to focus on priority areas, including improving hand hygiene compliance, strengthening medication reconciliation at discharge, and receiving adequate information at discharge.

Additional clinical initiatives are underway to enhance patient safety and improve access to services. These include advancing a Congestive Heart Failure (CHF) Quality-Based Procedure initiative through the Ontario Health Team and enhancing post-surgical patient education through digital tools such as SeamlessMD, with funding support from Ontario Health West.

## 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 created

and designed, with funding support from the local community, to encourage family presence 24/7, including sleeping spaces for family members. This care supports patients' desire to palliate close to home. During the winter respiratory season and during patient volume surges, we have to use these rooms for multiple patients which is not optimal from a patient experience perspective but supports patient safety during surge.

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.

Our social workers play a pivotal role with supportive counselling for patients and their loved ones, assist with discharge planning (applications to Hospice), long-term care placements, and are involved in helping patients access Medical Assistance in Dying when they request it. They assist and guide families through difficult times by making appropriate referrals for grief and bereavements resources for patients and their family members, when needed. Our SW team is an integral part of our patient relations team and are often the first line of communication following patient complaints and compliments.

Other interventions for palliative patients include service coordination, resource counselling, and guiding conversations about their end-of-life care goals, ensuring patients and families understand their rights and care options. These services align with the Ontario Palliative Care Network recommendations of promoting timely identification and transition from acute to supportive

services to meet the client end of life needs and honour family wishes.

## POPULATION HEALTH MANAGEMENT

The MHA actively supports population health initiatives both independently and as part of the Middlesex London Ontario Health Team (MLOHT). MHA supports MLOHT work through collaboration on improving health outcomes by implementing locally relevant health pathways that:

- Provide clear, evidence-informed clinical guidance for assessment, management, and referral
- Define explicit referral criteria and pathways into hospital and community-based services
- Clarify roles and responsibilities across primary care and hospital/specialty settings
- Support community-based care by enabling primary care to manage conditions appropriately without unnecessary escalation

The impact of wider adoption of health pathways guidelines includes improved referral appropriateness, reduced variation in care, enhanced primary care confidence in managing complex conditions, improved patient experience through clearer care journeys, and strengthened hospital–primary care relationships through shared clinical ownership.

In 2026/27, the MHA will be contributing to a new MLOHT initiative called The Community Wellness Hub (CWH). CWHs are alliances of health, wellness, social service, and housing providers that

coordinate and deliver services to older adults made vulnerable by social determinants of health. The model features on-site interdisciplinary providers who work as a team to offer integrated primary healthcare, housing, wellness, mental health, and system navigation.

### **EMERGENCY DEPARTMENT RETURN VISIT QUALITY PROGRAM (EDRVQP)**

As a relatively new Performance-Based Funding (P4R) hospital, MHA has implemented an Emergency Department Return Visit Program (EDRVP) in 2025/26. A multidisciplinary committee completed audits of return visits to ED for both the sites – SMGH (40 audits) and FCHS (20 audits) which will be submitted as a part of our QIP for 2026/27. The committee will review outcomes of completed ED return visits audits to identify improvement opportunities and design solutions to improve the care. Findings will be shared with the MHA Board Quality, Patient Safety, and Risk Management Committee, Senior Leadership Committee and Quality Utilization Management (QUM) Committee.

This is a new initiative for MHA and work is in progress to develop our processes to enhance patient care and reduce avoidable return visits.

### **EXECUTIVE COMPENSATION**

Under the Excellent Care for All Act, hospitals must link executive compensation to performance improvement targets outlined in their Quality Improvement Plan (QIP).

At the MHA for 2026/27, 2% of each senior leadership executive's base salary is tied to the achievement of QIP goals. The two indicators have been selected for performance-based Pay At Risk compensation for 2026/27 are:

1. Percentage of MHA staff who have completed mandatory Indigenous Cultural Safety training
2. 90th Percentile Emergency Department Wait Time to Physician Initial Assessment at FCHS (P4R)

Each indicator for the pay at risk for 2026/27 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 of indicator #1 will be based on 80-100% of the improvement target or as indicated; partial will be based on achieving 50-79%, and not met is below 79% of the target. Full achievement of indicator #2 will be based on achieving a 3.5 hour wait time or less, while partial will be based on achieving a 3.6 hour wait time, and not met will be a 3.7 hour wait time or longer.

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 based on overall organizational QIP performance.

**CONTACT INFORMATION/DESIGNATED LEAD**

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**OTHER**

Ron Sapsford, Board Chair

Nan Brooks, Board Quality Committee Chair

Dr. Candice Rivest EDRVQP Lead

**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 31, 2026**

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**Ron Sapsford**, Board Chair

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**Nan Brooks**, Board Quality Committee Chair

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**Julie McBrien**, Chief Executive Officer

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**Dr. Candice Rivest**, EDRVQP lead, if applicable

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