

Let's Make Healthy
Change Happen.



Quality Improvement Plan (QIP) Narrative for Health Care Organizations in Ontario



3/26/2026

This document is intended to provide health care organizations in Ontario with guidance as to how they can develop a Quality Improvement Plan. While much effort and care has gone into preparing this document, this document should not be relied on as legal advice and organizations should consult with their legal, governance and other relevant advisors as appropriate in preparing their quality improvement plans. Furthermore, organizations are free to design their own public quality improvement plans using alternative formats and contents, provided that they submit a version of their quality improvement plan to Health Quality Ontario (if required) in the format described herein.

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Overview

Hôpital Glengarry Memorial Hospital (HGMH) is a designated bilingual (French, English) hospital in Alexandria, Ontario. HGMH provides acute care, 24-hour emergency services, inpatient medicine services, outpatient services and sub-acute rehabilitation services to residents in our local Eastern Ontario community.

HGMH is an organization committed to the **Mission** of *delivering outstanding care for our communities*, which fuels the **Vision** of *providing your care, your way, with seamless integration, innovation, and equitable access for our communities*.

HGMH team continues to advance the organization forward with four strategic priorities:

- **Quality and Safety:** enrich the patient experience through quality, safe care that welcomes patients and families as partners in care.
- **People and Culture:** improve engagement by investing in the organization’s people and empower a caring and positive culture for all.
- **Integration and Standardization:** deliver standardized quality care in a cost-effective way through collaboration and integration opportunities.
- **Future Planning:** invest in the sustainability of equipment and infrastructure to support safe, quality care.

HGMH is pleased to present its 2026-27 Quality Improvement Plan (QIP). It is one component of the overall organizational approach to quality and safety, with initiatives selected that are consistent with the Strategic Plan, Patient Safety Plan, Hospital Service Accountability Agreement, Accreditation standards, and informs our operating plan. In addition, input on this plan is sought from the Quality and Safety Advisory Committee, and from the Board of Directors, the Leadership Team, the Medical Advisory Committee, and the Patient and Family Advisory Committee.

HGMH is committed to focus on indicators that Ontario Health has identified as priorities for hospitals.



Quality Improvement Plan 2026-2027						
THEME	QUALITY DIMENSION	MEASURE/INDICATOR	UNIT/POPULATION	SOURCE/PERIOD	CURRENT PERFORMANCE	TARGET PERFORMANCE
Access & Flow	Timely	Reduce the percentage of ED patients who left without being seen by a physician	%/ED patients	ERNI scorecard April 1- December 2025 (Q1-Q3)	6%	≤ 7.3%
Access & Flow	Timely	Reduce the 90th percentile emergency department wait time to inpatient bed by 50%	Hours/ED patients	ERNI scorecard April 1- December 2025 (Q1-Q3)	8.4	4.2
Equity	Equitable	Increase the percentage of Full-time and Part-time staff who have completed relevant inclusion, diversity, equity and accessibility (IDEA) education on gender identity to 50%.	%/applicable Staff	Quality scorecard April 1- December 2025 (Q1-Q3)	n/a	> 50%
Experience	Patient-Centred	Increase patient-reported care ratings related to being treated with courtesy and respect, regardless of gender identity by 5%.	scale out of 10	Quality scorecard April 1- December 2025 (Q1-Q3)	7.4	≥ 7.7
Safety	Safe	Reduce the rate of hospital-acquired pressure injuries (Stage 2-4) during inpatient stays by 50%.	Number	Quality scorecard April 1- December 2025 (Q1-Q3)	6	≤ 3
Safety	Safe	Reduce the number of medication incidents reaching the patient and resulting in harm (severity levels 2-5) by 4%.	Number	Quality scorecard April 1- December 2025 (Q1-Q3)	25	≤ 24

Access and Flow

Maximizing hospital capacity, ensuring timely access to care, and optimizing patient flow contribute to better patient outcomes and enhance the overall patient experience.

At HGMH, these strategies are in place to support access and flow, including:

- **Enhanced Emergency Department (ED) Capacity:** A strategic initiative aimed at reducing the number of patients who leave the ED without being seen by a physician, as well as decreasing wait times for the physician's initial assessment (PIA). This is achieved by adding an additional ED physician daily during peak hours of high ED activity.
- **Multidisciplinary Rounds:** Daily rounds involving healthcare professionals from various disciplines to efficiently coordinate care, assess patient statuses, facilitate and expedite discharges, and ensure a collaborative team approach to treatment.
- **Bedboard Tool:** The Daily Bedboard Tool is used to optimize bed utilization, reduce wait times, and ensure that patients receive appropriate care based on their needs and the resources available.
- **Regional Bed Planning:** Daily coordination of bed planning across the region to ensure the most efficient use of available beds and resources.
- **Collaboration with Great River Ontario Health Team (GROHT):** Active partnerships with GROHT and local community agencies to ensure patients have timely and adequate access to care.
- **Ongoing Partnerships with Ontario Health and The Ottawa Hospital (TOH):** Continued collaboration through the ED Peer-to-Peer Program and the TOH Virtual Critical Care initiative to enhance care coordination and access to specialized services.

Equity and Indigenous Health

HGMH is a designated agency under the French Language Services Act (FLSA). We are committed to providing our French-speaking population with access in French to the full range of quality care and services being offered. This includes access to French-speaking health care professionals as well as providing all patient educational materials in both official languages.

As part of our commitment to health equity, HGMH is actively engaged in several initiatives:

- **IDEA Committee:** The Inclusion, Diversity, Equity, and Anti-Racism (IDEA) Committee has been established to promote diverse and inclusive care. The committee oversees the development and implementation of a framework focused on ensuring inclusiveness, diversity, equity, and anti-racism within the organization.
- **IDEA Framework:** This framework guides our practices and policies to ensure they are aligned with the principles of fairness and equitable opportunity for all.
- **Partnerships for Culturally Safe Care:** Formal and informal partnerships with external agencies are established to provide culturally safe care for Indigenous patients and their families. This includes collaborating with individuals with lived experience to create training opportunities for staff.
- **Patient Satisfaction Surveys:** We have incorporated diversity-related questions into our patient satisfaction surveys to help us better understand the needs of our diverse population. This data helps identify areas for improvement and guides targeted actions.

- **Indigenous Healthcare Training:** Collaborating with a Diversity, Equity, and Inclusion (DEI) training provider to offer tailored DEI learnings for our leadership team and staff, empowering our teams with the knowledge, strategies, and interventions necessary to ethically and effectively meet the needs of diverse clients.
- **On-Demand Medical Translation:** HGMH has maintained on-demand medical translation services, covering over 240 languages and dialects, including American Sign Language. This service ensures that language barriers do not hinder access to quality care.

Patient/Client/Resident Experience

HGMH is committed to a patient and family-centered approach to health care. Our patients and their families play a vital role in improving the patient's experience at our hospital. The Patient and Family Advisory Committee (PFAC) provide a way for staff and leadership to connect with patients and family members, share perspectives, and provide advice on how to continue to improve how care is delivered.

Patient feedback is gathered through observations, compliments and feedback from patients, families/caregivers, and Patient Satisfaction surveys. Ongoing initiatives have been introduced to recognize the importance of having a loved one or support person present during a patient's hospital stay for healing and recovery, in alignment with guidelines developed by the Registered Nurses Association of Ontario (RNAO). These initiatives include:

- **Essential Care Partner Program:** presence of a support person is essential to the safety and well-being of a patient during their hospital stay and is a valued member of the care team.
- **Hospital Elder Life Program:** with the support of trained team of volunteers, this patient care program provides support to older patients and conducts activities that help keep patients mentally and physically active and help prevent delirium and reduce the risk of functional decline.
- **Purposeful Hourly Rounding Program:** proactively and promptly identify any emerging concerns, fostering trust by ensuring patients feel heard and supported throughout their hospital stay.
- **Supportive Communication for Adults with Aphasia (SCA):** trains staff and caregivers on how to assist patients with aphasia, a language impairment that affects an individual's ability to express themselves or understand spoken and written language.

Senior leaders and PFAC Patient Rounding are regularly conducted to engage directly with patients, ask for feedback on their experience, and gather actionable feedback related to safety, care, and communication. The process includes asking targeted questions, ensuring follow-up on concerns raised, and providing patients with contact information to support ongoing communication.

Provider Experience

HGMH is committed to providing a positive and caring culture for all staff. Prioritization of staff and physician well-being and support of a better work-life balance enable them to provide the best possible care to our patients. These initiatives include:

- **Online health and wellness resources:** 24/7 access to Employee Assistance Program (EAP)
- **Strategic Human Resources Plan:** focus on optimizing workforce, recruitment and retention of top talent, positive work environment and employee engagement
- **Social Club Committee**
- **Care Champion Program:** platform for patients and families to express their gratitude for exceptional patient experiences.
- **Employee Satisfaction and Engagement Survey**
- **Staff Town Halls and Department meetings:** addressing issues and conveying concerns
- **Roundtable conversations with the CEO and CEO quarterly VLOGs (Video Blogs)**
- **Weekly Clinical Leadership newsletter & Biweekly Corporate Newsletter**
- Quality Board Huddles
- Bi-annual Departmental Inspections
- Physician newsletter update
- Monthly Occupational Health and Safety Talks
- Individual and Team recognition for demonstrating excellence in safe, high-quality patient care, leadership, and meaningful impact through their work: Board Award of Excellence, Mrs. Oma Award, Annual Team Award, Annual Dr. Govan Award, Safety Star Award

Physician recruitment efforts are ongoing, with job postings actively maintained on Health Force Ontario to ensure visibility and attract interested applicants. Current strategies focus on broad engagement with stakeholders and partners to build awareness and generate interest locally, provincially, and internationally. Our priorities remain focused on maintaining staffing stability, supporting employee development, and ensuring compliance.

Safety

Never events are serious patient safety incidents that are preventable through the consistent use of evidence-based practices. Our organization addresses the prevention of never events as part of its overall patient safety strategy through risk awareness, staff education, and standardized clinical practices.

Pressure injury prevention is supported through focused, interdisciplinary training that reinforces safe daily care. Education from the wound care nurse consultant, with support from occupational and physiotherapy staff and equipment specialists, emphasize early risk identification, safe repositioning, mobility, appropriate use of pressure-relieving surfaces, and proper seating and mobility equipment. These measures promote consistent practice and reduce the risk of preventable skin breakdown.

Medication safety is another key priority area. To support safe medication management, a monthly “Pharm Facts” communication is distributed to all staff. These updates provide targeted guidance on medication safety topics, including high-alert medications, high-concentration and high-total-dose opioid formulations, and controlled substances diversion prevention. This ongoing education reinforces safe medication handling and administration practices.

Together, these initiatives demonstrate our organization’s commitment to preventing never events through education, interdisciplinary collaboration, and consistent reinforcement of safe clinical practices.

Palliative Care

Our dedication to providing high-quality palliative care is in alignment with the RNAO Best Practice Guidelines (BPG) for End-of-Life Care and Palliative Care with the corresponding action measures in the following areas:

- Early initiation of palliative care
- Ongoing staff education and training
- Utilization of assessment tools for comprehensive symptom and spiritual care evaluation
- Development and implementation of a palliative care handbook to support patients, families, and care partners during end-of-life care
- Psychological and social support for patients and families navigating end-of-life decisions, the grieving process, and care coordination and transitions
- Mental and emotional wellness resources for staff to ensure sustained delivery of high-quality palliative care

Population Health Approach

HGMH plays a vital role in improving population health outcomes and helps reduce health disparities and inequities within the community with approaches such as:

- Preventative Care programs- to promote early disease detection and prevention with screenings and education.
- Chronic Disease management- utilization of coordinated care plans for heart disease led regionally by the University of Ottawa Heart Institute with provision of Cardiac Rehabilitation services and standardized discharge planning.
- Community partnerships- collaboration with public health agencies, primary care, local organizations, and social services to help address social determinants of health and improve continuity of care and patient outcomes.
- Telehealth and remote monitoring device (Holter monitor) to expand access to care and provide proactive and preventative patient care.
- Rehabilitation beds to address increasing general, post stroke, and geriatric rehabilitation access needs in the region

Quality Improvement and Emergency Department Return Visit Quality Program

Emergency department return visit audits identified key factors contributing to returns, including clinical management and follow-up access. A primary strength was the physician-led review of full clinical charts, which moved beyond administrative data to uncover meaningful clinical trends and actionable opportunities for system improvement.

Challenges included limited staffing, competing clinical priorities, and variable documentation. Additionally, selection bias hindered analysis; without a control group, it is difficult to determine if a return represents a true system failure versus a statistical inevitability.

Audit findings highlighted rural system constraints specifically limited diagnostics and primary care as significant contributors. While many returns were planned reassessments, a clinical subset demonstrated abnormal pre-discharge vitals, signaling a need for standardized pre-discharge reassessment for those patients with abnormal triage vital signs. High volume of returns involved chronic or palliative patients who preferred to remain at home but lacked adequate community-based symptom management and social supports.

Quality improvement initiatives prioritize clinical standardization and diagnostic access. To enhance safety, we will look into implementing EMR alerts to prompt review of abnormal vital signs prior to discharge and mandating printed care summaries for complex patients. Operationally, we have increased ultrasound availability to six days per week and are fundraising for a CT scanner to reduce regional reliance. We are strengthening support for vulnerable patients through partnerships with our local Community Health Centre to match these patients with primary care providers, and establishing M&M rounds within our hospital to facilitate provider education.

Executive Compensation

The Excellent Care for All Act (ECFAA, 2010) mandates that executive compensation be tied to the Quality Improvement Plan (QIP).

HGMH is dedicated to rewarding the CEO, COS, and Executive Team for their strategic leadership with an incentive plan that drives engagement, results orientation, and commitment to achieving key goals.

The plan focuses on quality performance and promotes a team-oriented approach to organizational success, ensuring that compensation reflects their contributions to the organization's overall goals.

Executive Team Member	Compensation
President and Chief Executive Officer	1.5% of annual executive compensation is linked to achieving the targets set out in our QIP
Chief Financial Officer	1.5% of annual executive compensation is linked to achieving the targets set out in our QIP
Chief Nursing Executive	1.5% of annual executive compensation is linked to achieving the targets set out in our QIP
Chief Human Resources Officer	1.5% of annual executive compensation is linked to achieving the targets set out in our QIP
Chief of Staff	1.5% of annual executive compensation is linked to achieving the targets set out in our QIP

Contact Information

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Sign-off

I have reviewed and approved our organization’s Quality Improvement Plan on March 26, 2026.

Stuart Robertson, Board Chair 

Heidi Salib, Board Quality and Safety Committee Chair 

Robert Alldred-Hughes, President and CEO 

Dr. Lisa MacKinnon, EDRVQP Lead _____