

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

April 30, 2026



OVERVIEW

West Haldimand General Hospital (WHGH) is entering a new chapter of care guided by our 2025-2028 Strategic Plan, which shares a unified vision with Norfolk General Hospital: "To foster healthier communities through exceptional rural healthcare, close to home." Our mission remains clear—to deliver high-quality, integrated, and innovative care, together with our partners—supported by our core values: Compassionate, Inclusive, Respectful, Collaborative, Person-Centered, and Accountable.

While our strategic pillars align across our partnership, a primary focus for WHGH this past year has been advancing Operational Excellence by prioritizing the safety and well-being of our Outstanding Team. We are immensely proud of our achievements in reducing workplace violence, specifically incidents resulting in a severity level of three or higher. Through the dedicated implementation of evidence-based de-escalation practices and a commitment to actioning lessons learned through structured debriefings, we have successfully limited such high-severity incidents to only two this past year.

This success is a direct result of our commitment to Innovation & Digital Enablement and Community Partnerships & Connection. By fostering a "Just Culture" that encourages reporting and collaborative problem-solving, we have created an environment where staff feel empowered to address potential conflicts before they escalate. Moving into the 2026 QIP cycle, WHGH will continue to hardwire these safety protocols, ensuring that our hospital remains a secure and supportive environment for the skilled professionals dedicated to serving the Hagersville, and surrounding rural and Indigenous communities.

ACCESS AND FLOW

West Haldimand General Hospital (WHGH) is committed to optimizing patient transitions and ensuring timely access to acute care within our 23-bed rural facility. WHGH will be enhancing their external outreach resources to include the Nurse Led Outreach Team (NLOT) and the Hospital to Home (H@H) programs, maximizing internal efficiencies and leveraging strong local coordination to improve the patient journey from the Emergency Department (ED) to inpatient care.

We have made significant strides in managing our Alternate Level of Care (ALC) population. By prioritizing the "Home First" philosophy and engaging in proactive discharge planning, we have successfully reduced our ALC numbers, ensuring that acute care beds remain available for those who need them most.

Looking ahead to the 2026-2027 QIP, WHGH will align its focus with our partner organization to reduce the daily average number of patients waiting in the Emergency Department for an inpatient bed at 8 a.m. To achieve this, we are implementing a robust strategy centered on:

Early Identification & Planning: Enhancing clinical dialogue to identify potential discharges earlier in the patient's stay, allowing for proactive transition planning.

"Bed Ahead" Strategy: Proactively identifying and preparing the next available bed based on anticipated admissions, minimizing the "boarding" time in the ED.

Environmental Readiness: Streamlining coordination between

clinical teams and Environmental Services (EVS) to reduce bed turnover times. This ensures that once a patient is discharged, the room is prioritized and prepared immediately for the next admission.

Through these focused internal process improvements, WHGH is dedicated to ensuring that our community receives the right care, in the right place, at the right time.

EQUITY AND INDIGENOUS HEALTH

West Haldimand General Hospital (WHGH) is deeply committed to fostering an inclusive, equitable, and culturally responsive healthcare environment. Grounded in our core values—Compassionate, Inclusive, Respectful, Collaborative, Person-Centered, and Accountable—WHGH actively works to eliminate health disparities and improve access and outcomes for our diverse community, including the neighboring Six Nations of the Grand River and Mississaugas of the Credit First Nation.

Recognizing that health equity requires sustained action, WHGH shares a unified leadership approach to drive these critical initiatives. Our primary focus this past year was the collaborative development of Indigenous-led educational materials to train our staff in providing culturally safe care. As part of this phased rollout, the Emergency Department was identified as the first group to complete these modules, ensuring that those at our most critical point of entry are equipped with the knowledge to deliver respectful and inclusive care.

Building on this foundation, our 2026-2027 QIP will scale this education facility-wide. Our commitment includes:

Facility-Wide Expansion: Rolling out Indigenous cultural safety and Inclusion, Diversity, Equity, and Anti-Racism (IDEA) education to all staff to ensure these principles are upheld in everyday practice.

Strengthening Community Partnerships: Continuing our vital collaboration with Indigenous Patient Navigators and local partners to support patients through their healthcare journey.

Listening and Learning: Utilizing our joint Indigenous Patient Experience Survey to gain direct feedback and ensure our care remains responsive to the unique needs of Indigenous patients and families.

By embedding these values into all aspects of our operations, WHGH is dedicated to dismantling systemic barriers and ensuring that every individual receives the high-quality, respectful care they deserve.

PATIENT/CLIENT/RESIDENT EXPERIENCE

At West Haldimand General Hospital (WHGH), patient-centered care is the foundation of our 2025–2028 Strategic Plan. We are committed to prioritizing individual needs, preferences, and goals to optimize health outcomes and experiences, ensuring that the patient remains the focal point of all healthcare decisions.

Our Patient and Family Advisory Council (PFAC) is deeply integrated into our organizational structure, serving as a critical partner in shaping hospital policies and programs. PFAC members contribute directly to our quality improvement activities by participating in committee work and reviewing educational materials to ensure they are accessible and person-centered.

Looking toward the 2026 QIP cycle, WHGH will further incorporate feedback through the following actions:

Survey Evolution: We are committed to advancing our patient experience surveys to provide more diverse and accessible opportunities for community members to share their unique experiences.

Leadership and PFAC Synergy: We will continue hands-on leadership rounding in tandem with PFAC insights to ensure transparency and swift responsiveness to patient needs.

Closing the Feedback Loop: We will utilize data-driven insights to hardwire improvements in areas most critical to our patients, ensuring our care delivery remains dynamic, inclusive, and deeply responsive to the evolving needs of the community we serve.

PROVIDER EXPERIENCE

West Haldimand General Hospital (WHGH) recognizes that an Outstanding Team is the bedrock of exceptional rural healthcare. Aligned with our 2025–2028 Strategic Plan, we are committed to fostering a skilled, engaged, and empowered workforce through a culture of clinical excellence, resilience, and safety.

A cornerstone of our provider experience is our recent designation as a Best Practice Spotlight Organization (BPSO) Pre-Designate. This three-year journey focuses on implementing RNAO Best Practice Guidelines (BPGs), including Transitions in Care and Services, Person- and Family-Centred Care, and Delirium and Dementia. By empowering our clinicians as Best Practice Champions, we are driving significant Capacity Building, providing our team with evidence-based tools and specialized training to thrive in a complex clinical environment.

To further improve retention and workplace culture, WHGH is focusing on the following initiatives for the 2026 QIP cycle:

Wellness and Wellbeing Committee: We have established a formal committee dedicated to wellness, focusing on enhancing staff activities and psychological safety based directly on ideas brought forward by frontline members.

Ethics Support & Moral Distress: We are enhancing our Ethics support framework to help staff identify and resolve ethical dilemmas. This includes a specific focus on addressing moral distress by providing resources to navigate difficult care decisions and maintaining alignment between practice and ethical principles.

Code Debriefs: To support the emotional and mental health of our providers, we utilize structured debriefing sessions following critical incidents (such as workplace violence or clinical codes) to heighten staff awareness, confidence, and immediate peer support.

Active Leadership Engagement: We are evolving leadership rounding into deeper "department immersions," ensuring that senior leaders actively listen and take real-time action on frontline concerns, fostering a "Just Culture" throughout the organization.

By embedding staff feedback into our committee work and aligning our operations with BPSO standards, WHGH remains dedicated to building a high-performing team that feels valued, respected, and empowered to deliver high-quality, integrated care.

SAFETY

West Haldimand General Hospital (WHGH) is steadfast in its commitment to patient and provider safety, embedding a culture of continuous learning and accountability across all levels of the organization. Our strategy is built upon a Just Culture approach and an Integrated Quality and Patient Safety Framework, which fosters a blame-free, solution-focused environment that encourages the real-time reporting and resolution of safety incidents.

To elevate our safety standards, WHGH is participating in a Zero Harm Study and has established a Quality and Risk Management Committee to align strategic direction with the actions of our daily clinical reviews. A significant focus of this committee is the prevention of "never events"—serious incidents that are entirely preventable with the right systems in place. We conduct comprehensive reviews of all incidents to identify where processes

must be adapted to eliminate risk and protect our patients.

A primary example of our proactive approach is our work as a Best Practice Spotlight Organization (BPSO) focusing on Pressure Injury Management. To support this Best Practice Guideline (BPG), we have implemented a dual-track strategy:

Investment in Enhanced Equipment: We have invested in enhanced medical equipment, including specialized beds designed to maximize patient comfort while significantly reducing the risk of pressure-related injuries.

Process Adaptation: We review all incidents to learn where skin-care protocols need refinement, ensuring our BPG implementation is supported by real-world data and frontline experience.

Capacity Building: We leverage BPSO resources to ensure staff are trained in the latest preventative techniques and the operation of our newly acquired equipment.

By combining upgraded technology with a rigorous review of daily practices, WHGH ensures that safety remains a resilient, daily commitment to every patient in our care.

PALLIATIVE CARE

West Haldimand General Hospital (WHGH) views palliative care as a holistic commitment to dignity and compassion, integrated early in the illness trajectory rather than solely at the end of life. Guided by the Quality Standard for Palliative Care, we focus on enhancing the quality of life for patients and their families through three specific activities:

Individualized, Person-Centered Care Planning: In alignment with Quality Statement 5, our interdisciplinary teams—including physicians, nurses, and social workers—collaborate with patients to develop care plans that honor specific goals and advance care directives. This ensures symptom management and comfort are tailored to the individual's wishes, often under the guidance of our shared Chief of Staff, who holds a specialized interest in palliative care.

Medical Assistance in Dying (MAiD) Support: WHGH provides comprehensive support for MAiD, ensuring that patients requesting this option receive compassionate, high-quality, and legally compliant care. We facilitate these complex journeys by prioritizing patient autonomy and providing dedicated coordination to support both the patient and their family through the process.

Strengthening Transitions and Care Closer to Home: Honoring Quality Statement 11, we engage in ongoing discussions regarding preferred settings of care. As a 23-bed acute care facility, we work closely with community partners, including local hospice and home care providers, to ensure a seamless transition for patients wishing to spend their final days in a community setting or at home.

To support these activities, WHGH provides palliative education to staff and physicians, equipping them with the skills to deliver empathetic care. We also offer emotional and bereavement support services, recognizing the profound impact on caregivers. By embedding these practices, WHGH ensures that palliative care is a proactive, respectful, and deeply integrated component of our healthcare delivery.

POPULATION HEALTH MANAGEMENT

West Haldimand General Hospital (WHGH) recognizes that health is shaped by complex social, economic, and environmental factors. In developing our 2025–2028 Strategic Plan, we conducted an extensive environmental scan to identify the future-state needs of our community. This iterative process involved direct consultation with community members, diverse healthcare partners, and non-traditional stakeholders, ensuring our strategic direction is rooted in population health management principles.

As an active member of our local Ontario Health Team, WHGH uses these insights to co-design proactive, integrated solutions for the Hagersville and Haldimand County regions. We are currently bridging gaps along the continuum of care through:

Integrated Digital Transformation: We are committed to upgrading our Electronic Medical Record (EMR) system to ensure seamless information exchange across the care curriculum. This will provide providers and partners with immediate access to health files, reducing silos and improving patient outcomes.

Addressing Infrastructure Vulnerabilities: To meet the needs of our community within an aging facility (originally opened in 1964), we are prioritizing the refresh and optimization of our infrastructure. This includes evaluating and upgrading mechanical, electrical, and structural assets to maintain a safe, modern healing environment that is responsive to the increasing complexity of our patients.

Strategic ALC Management: Through targeted internal process improvements and early discharge identification, we have successfully addressed social determinants of health that lead to

Alternate Level of Care (ALC) designations, ensuring our acute care capacity remains available for our growing community.

By leveraging data-driven insights and strengthening community partnerships, WHGH is moving beyond traditional hospital walls to create a more equitable, efficient, and forward-thinking healthcare system for all generations.

EMERGENCY DEPARTMENT RETURN VISIT QUALITY PROGRAM (EDRVQP)

Upon launching our participation in the Ontario Health Emergency Department Return Visit Quality Program (EDRVQP), West Haldimand General Hospital (WHGH) implemented structured multidisciplinary reviews of 48-hour return visits requiring admission or transfer. This process has significantly strengthened collaboration between our physicians and nurses, fostering a culture of systems-based reflection. Through these audits, we identified recurring high-risk themes, particularly within abdominal presentations such as appendicitis, bowel obstructions, and ovarian pathology requiring surgical transfer. Other prominent trends included complex cardiac cases involving NSTEMI and saddle pulmonary emboli, as well as infectious processes—such as cellulitis progressing to sepsis—and electrolyte abnormalities requiring acute intervention.

While the majority of cases reflected appropriate initial assessments followed by natural disease evolution, the audit process highlighted critical opportunities to enhance discharge safety-netting, serial reassessment documentation, and interfacility communication. Small-volume sites like ours continue to navigate challenges related to limited local imaging and specialist availability;

however, we are proactively addressing these through physician-led Morbidity and Mortality rounds. Targeted quality initiatives now include the implementation of standardized high-risk discharge checklists, reinforced cardiac and troponin escalation criteria, and a dedicated abdominal pain imaging pathway. Furthermore, we are enhancing sepsis screening and deploying a new transfer communication checklist to optimize the use of shared electronic records. These structured interventions, supported by quarterly audit cycles, reinforce WHGH's commitment to documentation excellence and system-level patient safety.

EXECUTIVE COMPENSATION

Executive compensation is attached to indicators in our Quality Improvement Plan and linked to the roles of President and Chief Executive Officer, Vice President of Finance, Vice President of Clinical, Chief Human Resources Officer and Chief of Staff.

CONTACT INFORMATION/DESIGNATED LEAD

Jennifer Edwards
Director of Quality, Clinical Practice and Risk

(519) 426-0130 extension 3454

SIGN-OFF

It is recommended that the following individuals review and sign-off on your organization's Quality Improvement Plan (where applicable):

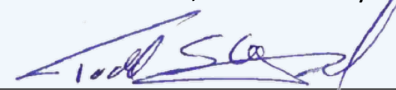
I have reviewed and approved our organization's Quality Improvement Plan on **March 23, 2026**



Haley McIntosh, Board Chair



Victoria Hanson, Board Quality Committee Chair



Todd Stepanuik, Chief Executive Officer

EDRVQP lead, if applicable