

Quality Improvement Plan (QIP)

# Narrative for Health Care Organizations in Ontario

April 30, 2026



## OVERVIEW

Norfolk General Hospital (NGH) is entering a transformative era guided by our 2025-2028 Strategic Plan. This plan is anchored by a refreshed Mission: “To deliver high-quality, integrated, and innovative care, together with our partners,” and a Vision dedicated to fostering healthier communities through exceptional rural healthcare, close to home. Our Quality Improvement Plan (QIP) serves as the operational heartbeat of this strategy, ensuring that our core values—Compassionate, Inclusive, Respectful, Collaborative, Person-Centered, and Accountable—are not just ideals, but the standard of care every patient receives.

Our primary focus remains the delivery of Excellent Patient Care, and we are incredibly proud of the significant strides made this past year in enhancing the patient and family transition experience. Recognizing that the journey to wellness continues after a patient leaves our doors, NGH prioritized improving Discharge Communication. Through dedicated clinical leadership and collaborative team efforts, we saw a remarkable increase in patients reporting they received "complete" information regarding their post-hospital care.

Our Success Highlight: The percentage of patients who felt fully informed about what to do if worried about their condition after discharge rose from a baseline of 54% to 82.14% by the end of Q3.

This achievement reflects our commitment to Operational Excellence and Innovation. Moving forward, NGH is focused on "hardwiring" these initiatives into our daily workflows. By standardizing our discharge protocols and embracing digital enablement, we ensure that every patient departs our organization

empowered with the knowledge and confidence to remain healthy and safe within the community we serve.

## ACCESS AND FLOW

### Access and Flow

Norfolk General Hospital (NGH) is dedicated to ensuring patients receive the right care in the right place at the right time by prioritizing community-led transitions and reducing unnecessary hospitalizations. Central to this effort is our Nurse-Led Outreach Team (NLOT), which serves as a critical bridge between the hospital and Long-Term Care Homes (LTCH). In 2025, the NLOT conducted 1,157 clinical encounters, including in-hospital care and virtual visits. Their proactive interventions resulted in 124 successful Emergency Department avoidances by assessing residents directly in LTCHs and 22 admission avoidances where patients were assessed in the ED and safely discharged back to their homes with support.

To further support the Home First philosophy, NGH launched the Hospital-to-Home (H2H) program in mid-November. To date, the program has onboarded approximately 25–27 patients who would have otherwise been designated as Alternate Level of Care (ALC). By focusing on proactive discharge planning and collaborative partnerships with Ontario Health atHome (OHaH), we have successfully reduced our ALC patient count from a previous average of over 20 to 11 patients—meeting our fiscal year-end target.

Looking ahead to the 2026 QIP cycle, NGH will focus on improving flow by reducing the daily average number of patients waiting in the Emergency Department for an inpatient bed at 8 a.m. We aim to achieve this by enhancing collaborative communication around:

Early Transition Identification: Strengthening the dialogue between clinical teams and discharge planners to expedite administrative tasks and trigger earlier daily transitions in care.

Environmental Readiness: Improving coordination between departments to streamline bed turnover, ensuring the care environment is prepared promptly for the next patient.

## EQUITY AND INDIGENOUS HEALTH

Integrating those specific points—IDEA education and the commitment to dismantling systemic barriers—is a great move. It adds a layer of accountability by showing that your training isn't just a "check-box" exercise, but a systemic effort to change "everyday practice."

Here is the revised Equity and Indigenous Health section, incorporating those powerful elements from last year:

### Equity and Indigenous Health

Norfolk General Hospital (NGH) remains steadfast in its commitment to fostering an inclusive, equitable, and culturally responsive environment. Grounded in our core values of being Compassionate, Inclusive, and Accountable, we are actively working to dismantle systemic barriers and create a healthcare system where every individual receives equitable, respectful, and person-centered care.

A primary focus over the past year has been advancing meaningful reconciliation through Indigenous-led education and training. In collaboration with Indigenous leaders and community partners, we

identified a relevant curriculum of educational materials tailored to our local context. We prioritized the Emergency Department (ED) as the initial cohort for these modules, recognizing it as a critical point of entry where culturally safe care is paramount for building trust and improving outcomes.

Building on this foundation, our 2026-2027 QIP marks the next phase of this initiative. We are committed to:

**Facility-Wide Expansion:** Scaling Indigenous cultural safety training to the rest of the organization to ensure all staff possess the tools to deliver respectful care.

**IDEA Education:** Integrating Inclusion, Diversity, Equity, and Anti-Racism (IDEA) principles into everyday practice, ensuring staff understand and uphold these values in every patient interaction.

**Sustaining Partnerships:** Continuing to nurture strategic relationships with Indigenous leaders and organizations to ensure our path toward reconciliation remains collaborative and action-oriented.

By embedding equity and anti-racism into all aspects of care delivery, NGH is promoting diverse perspectives and working to ensure that background is never a barrier to receiving high-quality healthcare.

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

At Norfolk General Hospital (NGH), patient-centered care is the cornerstone of our mission to foster healthier communities. We believe that high-quality, integrated care can only be achieved by

actively embedding the voices of patients, families, and residents into our operational fabric. Our Patient and Family Advisory Council (PFAC) continues to grow in influence, moving beyond a consultative role to become an integrated partner in our daily operations. PFAC members engage directly through patient rounding, providing the real-time insights necessary to identify and bridge gaps in the care journey.

This commitment to listening has yielded significant, measurable results over the past year. We are proud to report that our "Would you recommend" rates have increased from 53% to 79% in top-box responses. Furthermore, our efforts to make feedback more accessible have resulted in a 58% increase in survey response rates, providing us with a more robust and representative data set to drive our quality initiatives.

Looking toward the 2026 QIP cycle, we plan to further incorporate this 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:** By utilizing the surge in data-driven insights from our increased response rates, we will hardwire improvements in areas most critical to our patients, such as the

discharge communication successes seen earlier this year.

By fostering this culture of open communication and accountability, NGH ensures that our care delivery remains dynamic, inclusive, and deeply responsive to the evolving needs of the community we serve.

## PROVIDER EXPERIENCE

Norfolk General Hospital (NGH) recognizes that an Outstanding Team is the backbone of exceptional rural healthcare. Guided by our 2025–2028 Strategic Plan, we are committed to fostering a skilled, engaged, and empowered workforce through a culture of appreciation, resilience, and clinical excellence.

A cornerstone of our provider experience strategy is our commitment as a Best Practice Spotlight Organization (BPSO). This designation serves as a vital resource for our staff, focusing on the implementation and support of Best Practice Guidelines (BPGs). By empowering our clinicians with evidence-based tools and specialized training, we are driving significant Capacity Building across all departments. This BPSO framework, coupled with our enhanced Ethics work, ensures that our providers have the structural support and professional development opportunities necessary to thrive in a complex clinical environment.

To further improve retention and workplace culture, NGH 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 based directly on ideas brought forward by the frontline

members of the group.

**Ethics Support & Moral Distress:** We are enhancing our Ethics support framework with a specific focus on addressing moral distress, providing staff with the resources to navigate difficult care decisions.

**Code Debriefs:** To support the emotional and mental health of our providers, we are implementing structured debriefing sessions following critical incidents (Codes) to provide immediate peer and clinical support.

**Active Leadership Engagement:** We are evolving leadership rounding into deeper "department immersions," allowing senior leaders to listen and take action on frontline concerns in real-time.

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

## SAFETY

Norfolk General Hospital (NGH) 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 the 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, NGH has recently begun

participating in a Zero Harm Study and 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.

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:

**Advanced Technology:** We have invested in state-of-the-art 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.

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

By combining top-tier technology with a rigorous review of daily practices, NGH ensures that safety is not just a policy, but a resilient, daily commitment to our patients.

## **PALLIATIVE CARE**

Norfolk General Hospital (NGH) 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.

**Medical Assistance in Dying (MAiD) Support:** NGH 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. Through partnerships with local hospice and home care providers, we ensure a seamless transition for patients wishing to spend their final days in a community setting or at home.

To support these activities, NGH 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, NGH ensures that palliative care is a proactive, respectful, and deeply integrated component of our healthcare delivery.

## POPULATION HEALTH MANAGEMENT

Norfolk General Hospital (NGH) 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, NGH uses these insights to co-design proactive, integrated solutions. 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.

**Infrastructure for Vulnerable Populations:** To address the needs of our aging community, we have invested in state-of-the-art beds and an updated call-bell system, enhancing safety and comfort for patients with complex needs.

**Targeted Community Support:** Our Nurse-Led Outreach Team

(NLOT) continues to play a pivotal role in population health, conducting 1,157 clinical encounters in 2025 to support residents in Long-Term Care and prevent avoidable ED visits.

**Hospital-to-Home (H2H) Success:** By onboarding patients into the H2H program, we have successfully addressed social determinants of health that lead to Alternate Level of Care (ALC) designations, allowing residents to remain in their community longer.

By leveraging data-driven insights and strengthening community partnerships, NGH 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), our small-volume emergency department implemented structured multidisciplinary reviews of 48-hour return visits resulting in admission or transfer. This systems-focused approach enabled us to identify recurring high-risk clinical themes, ranging from evolving cardiac presentations—such as STEMI and pulmonary embolism—to abdominal pathologies including appendicitis and gallstone pancreatitis. We also analyzed complex infectious and medical-social cases, such as necrotizing pneumonia and subarachnoid hemorrhage following a fall, which underscored the vital importance of reassessment documentation and "safety-netting" for vulnerable patients.

While many return visits reflected natural disease progression or evolving diagnostic imaging, the audit identified clear opportunities to strengthen interfacility communication and provide greater clarity around diagnostic uncertainty. To address these gaps, we are implementing physician-directed Morbidity and Mortality rounds and a standardized high-risk discharge checklist addressing chest pain, abdominal pain, and falls. Furthermore, we are reinforcing escalation pathways for STEMI and PE, enhancing sepsis screening protocols, and introducing structured transfer communication tools to improve continuity of care. These interventions, supported by ongoing quarterly audit cycles, ensure that our participation in the EDRVQP translates into a sustained commitment to proactive risk identification and safer transitions of care within our rural emergency setting.

## **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**



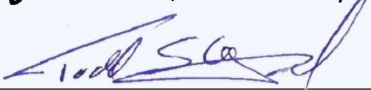
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**Peter Krause**, Board Chair



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**Lynda Clelland**, Board Quality Committee Chair



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**Todd Stepanuik**, Chief Executive Officer

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EDRVQP lead, if applicable

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