

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 31, 2025

OVERVIEW

In April 2024, the Boards of Grand River Hospital and St. Mary's General Hospital jointly announced their intent to form a single Hospital organization. On March 24, 2025, the Hospitals received approval from the Ministry of Health to become Waterloo Regional Health Network (WHRN) effective April 1, 2025. This decision was rooted in team and community input, leveraging over 90 years of partnership, and is driven by a shared commitment to provide exceptional patient-centred care that reduces barriers to access and improves outcomes. As we merge, we continue to build on a history of collaboration between both Hospitals, including the new Hospital and redevelopment project. By combining resources, knowledge, and expertise, we aim to deliver seamless, high-quality care that better meets the needs of the communities we serve.

We are committed to a person-centered approach that ensures timely, equitable, and safe care. Our focus is on improving patient flow, minimizing unnecessary hospital stays, and strengthening partnerships with primary care providers and community organizations. By prioritizing health equity, we actively work to reduce disparities through ongoing education, policy development, and collaboration, including efforts toward Truth and Reconciliation. We continually refine our patient and family engagement strategies, emphasizing lived experiences and diverse perspectives to co-design care processes that truly meet patient needs.

As we look to the future, our goals are to further integrate our services, enhance access to care, and develop new models for population health management. We remain committed to fostering an inclusive, safe, and innovative environment for both patients and

staff, driving us toward a healthier, more connected community.

ACCESS AND FLOW

Patient volumes and acuity continue to rise throughout the Region of Waterloo, and Grand River and St. Mary's continue to adapt existing overflow and surge pathways. Updated surge protocols have allowed the Hospitals to consistently operate at more than 100 per cent capacity especially during peak surge periods. The Hospital merger has further strengthened our ability to work together, focusing on aligning the surge bed management strategy and equalizing pressures across our Hospitals, ensuring an even distribution of capacity and resources across all sites.

We continue to focus on Alternative Level of Care (ALC) rates and throughput data. We have worked diligently to improve ALC coding accuracy and provide education to clinicians entering ALC data. By leveraging community partnerships, we can proactively identify patients who may require an ALC designation. This system integration and early identification ensure all patients receive timely, appropriate care, leading to faster recovery and fewer unnecessary Hospital visits.

The development and implementation of a transition discharge planning model within the Emergency Department has improved patient flow, providing patients with a smoother and more coordinated discharge process. By using an interdisciplinary approach, this model ensures that various health-care professionals work together to address patients' needs, making it easier for them to transition from the Hospital to home or other care settings. This approach reduces unnecessary duplication of services while encouraging earlier discussions about discharge, allowing patients

and their families to prepare better for what comes next. The positive early outcomes indicate that patients are receiving better support during this critical time, leading to improved overall experiences and potentially better health outcomes. As we explore expanding this discharge planning model over the next year, we aim to enhance care even further and ensure every patient leaves feeling better than when they arrived.

Patient flow continues to improve transfer processes for patients back home or other health-care facilities by developing a real-time tracking document, allowing us to determine when requests are received by other organizations or when requests are sent out. This tracking document will continue to improve our bed availability and ensure we are meeting our repatriation commitments.

EQUITY AND INDIGENOUS HEALTH

The Hospitals are advancing cultural safety and capacity building in Health Equity. We are enhancing organizational competency across all levels, and we aim to empower leadership and point-of-care team members to apply an equity lens in their roles, promoting a more inclusive and effective space that celebrates diversity. Significant strides were made in sociodemographic data collection, now underway in the Medical Imaging program and expanding to other clinical areas in 2025/26. The "Count Me In" demographic data collection with team members will be expanded next year in 2026.

The merger presents a unique opportunity to foster healthier communities dedicated to eliminating disparities and advancing Indigenous Health and Reconciliation (IHR). A newly established tri-hospital Indigenous Advisory Circle is adopting a co-creation

approach to address health inequities and foster relationships with community. As an example, the Indigenous Cancer Plan, developed with the Waterloo–Wellington Regional Cancer Program and Cancer Care Ontario, ensures personalized cancer care for Indigenous patients. By collaborating with Indigenous communities, we're creating culturally safe health care spaces that improve well-being and reduce cancer burden.

Team education opportunities continue with inclusive leadership training and population specific education. In 2025/26, a goal is to develop an IHR curriculum. Employee Resource Groups (ERGs) have provided diverse perspectives and lead initiatives to build cultural awareness, advise on hiring for key positions, and planning for the new Hospital site. In 2025/26, we plan to add Disabilities and Newcomers groups to the ERGs. We will begin to implement elements of the Black Health Plan for Ontario in the next fiscal year, and we will continue to expand our relationship with KW4 Ontario Health Team (OHT) to address systemic inequities.

PATIENT/CLIENT/RESIDENT EXPERIENCE

Measuring and improving patient experience is an essential driver towards our goal to deliver a world-class experience for patients and caregivers. We continued to mature existing patient engagement structures and established new tools and processes that will lay the foundation for continued success as the Hospitals merge. We continue to use digital patient experience surveys across the Hospitals and have been working with the Ontario Hospital Association to join their provincial benchmarking initiative. We also established consistent processes for sharing meaningful patient stories with the Senior Leadership Team and Medical Advisory Committee meetings. This includes regularly scheduled meetings and presentations, survey feedback, and follow-up discussion to reflect on the stories, identify lessons learned, and determine actionable steps to improve patient care. Based on survey responses, feedback from the Patient Relations process, and direct sharing with clinical units, these stories provide valuable context and depth to operational, policy, and quality improvement decisions. In 2025/26, we plan to work closely with clinical leaders to co-design improvements tailored to how patient experience survey data is shared to improve its impact upon quality initiatives and day-to-day care provision.

We aim to align patient experience survey processes across the Hospitals to establish a unified Patient and Family Advisory Council. This new council will complement existing patient and family engagement efforts across all locations and will guide the co-creation of a patient and family engagement strategy to serve the new Hospital system and the Region of Waterloo for years to come.

PROVIDER EXPERIENCE

In 2025/26, we will focus on a listening strategy for the two Hospitals to support managing change, fostering engagement, and ensuring a smooth patient-experience cultural integration. The plan will provide a structured way to gather team feedback (including physicians and volunteers), address patient concerns, and shape the future workplace to better align with teams' needs and expectations. A first and important step will be to focus on the results of the joint-Hospital engagement survey (January 2025).

Across both Hospitals, nearly 60 per cent of 6,500 medical, clinical and corporate team members completed the survey, providing us with foundational data as we move towards a unified Hospital organization. We will share and discuss the results with team members regularly and identify actionable results and plans of action, together. The lifecycle of our listening strategy will include semi-annual pulse surveys, allowing us to track progress on the key areas identified through the larger survey. We are committed to sharing our findings and improvements based on this survey feedback, ensuring transparency and fostering a collaborative space where team members feel heard and valued. We can also track the progress of onboarding and exit surveys providing critical workforce insights that will assist us in improving team member retention and our culture overall.

We will also be developing a talent management strategy that will provide a comprehensive approach to attracting, developing, retaining, and optimizing a high-performing workforce that aligns with the merged Hospital's mission and patient care goals. This strategy aims to ensure the Hospital has the right teams and expertise in place to deliver the right care in the right place and at the right time.

SAFETY

Patient safety is a priority across all Hospital sites, reflected by continued collaborative improvement efforts. Best practices are implemented regularly, enhancing overall patient safety experiences and outcomes. For example, the daily safety call, where all program leaders gain situational awareness of safety or risk concerns across both Hospitals, was unified in December 2024. This sharing system of safety approaches creates and sustains a culture of safety to prevent or reduce patient safety incidents.

Another avenue to communicate safety events is through the electronic incident reporting systems. The organization supports a reporting culture that aligns with "Just Culture" thinking, a way to create a fair and supportive workplace where people feel safe to report mistakes and learn from them. Team members report events which are investigated in collaboration with the program, support services, and Quality and Patient Safety. For example, there was a reported incident involving an epidural, triggering discussions focused on strategies to prevent recurrence. Through collaborative efforts led by Digital Transformation, a team including pharmacy and health-care providers from the Hospitals started a quality improvement project to prevent harm associated with anticoagulant use with an epidural. Numerous improvement designs were implemented, including an alert and associated workflow through the electronic health information system. Job aids were developed to support processes, policy was revised to reflect changes, background rules and forced function alerts were created, and the volume of alerts fired was analyzed. This work shows the collaborative efforts that align with enhancing patient safety across two organizations through proactive efforts before harm occurs, celebrating collaborative relationships, and sharing

reduce the risk of harm.

PALLIATIVE CARE

Grand River recently commissioned an expert review of palliative care services. Recommendations from the review have begun being implemented, starting with the Hospital establishing the Regional Palliative Care Collaborative (RPCC). The RPCC provides leadership to all sectors in the use of evidence-based palliative care delivery frameworks and to align regional and service-specific quality standards and indicators.

Early identification of patients who would benefit from a palliative approach to care enhances the patient experience and is a focus of the Hospital through education and process improvement. Serious Illness education (“Helping Patients Face a Serious Illness: 7 Keys to Improve the Patient and Provider Experience”) has been provided to team members in the Oncology and Heart and Chest programs. In addition, teams in the Medicine and the Heart and Chest programs have attended LEAP™ training sessions, a multidisciplinary and holistic palliative care course, providing in-depth learning on the essential skills of the palliative care approach for health-care professionals.

We will develop a sustained, multi-year palliative care education initiative in 2025/26 to promote the palliative care approach across more Hospital services and enhance the competencies of primary care providers, with support from specialist palliative care providers.

Process improvements for Palliative Care include the development of a “Goals of Care Pathway” with clear accountabilities of the

physician, nurse and social worker in the Renal program. This pathway can be leveraged to spread goals of care completion in a phased approach to other clinical services throughout the Hospital. In addition, the palliative approach is now integrated in the care of Heart and Chest inpatients and outpatients.

POPULATION HEALTH MANAGEMENT

As long-standing partners in the KW4 OHT, both Hospitals collaborate with over 40 health and social care organizations, as well as patients, caregivers, and community members to improve care integration. Through a shared commitment to a population health management approach, we analyze and refresh demographic and health outcome data by neighborhood to address inequities and guide improvement initiatives. This work has identified four neighborhoods in Kitchener-Waterloo that are disproportionately impacted by chronic conditions, access barriers, and lower screening rates, informing targeted interventions.

Key initiatives of our population health management approach include participation in the Seamless Care Optimizing Patient Experience (SCOPE) program, which connects complex patients, including newcomers and marginalized groups, with navigational support to reduce Emergency Department visits. Additionally, we have the Rapid Access to Primary Care (RAP) program and the PREVENT Clinic at The Boardwalk, which addresses cardiac risks for underserved populations, such as newcomers and those without stable housing. We also embrace a "Home First" philosophy to reduce hospital stays by facilitating early discharges and seamless transitions to home-based care through programs like “Let’s Go Home” (LEGHO) and Home at Last.

The Hospitals actively engage community representatives in the planning of a new joint Hospital, ensuring that data and insights from diverse parties inform its development. A dedicated Site Selection Panel and Patient and Family Advisory Council, informed by the Indigenous Advisory Circle ensure that diverse voices shape decisions, supporting a future of equitable, data-driven care.

EMERGENCY DEPARTMENT RETURN VISIT QUALITY PROGRAM (EDRVQP)

At Grand River, the 2023 audits revealed an opportunity to enhance the education of Emergency Department (ED) physicians to reduce return visits by improving management of patients. The initiatives to improve patient flow include one-on-one coaching and education between ED physicians and the Chief of ED as well as case studies presented at monthly ED physician meetings. More than 25 one-on-one coaching sessions were delivered, and 12 case study presentations. In return we observed a 66 per cent reduction in the number of return visits related to management of patients.

Chart audits conducted at Grand River during the 2024 calendar year identified the need to better manage the care of the pediatric patient population by the ED multidisciplinary team. Our quality improvement plans are two-fold. First, the ED Clinical Lead has coordinated and will facilitate a simulation-based education series in collaboration with McMaster University. This highly engaging and intensive education series will include the following topics: management of status epilepticus, status asthmaticus, diabetic ketoacidosis, and trauma. Second, in collaboration with Grand River's pediatric and children's program, an ED/Pediatric Education Practice Lead was created to provide day-to-day nursing education on pediatric care and management for team members in the ED.

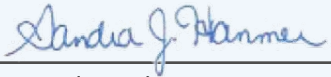
EXECUTIVE COMPENSATION

All indicators will be tied to executive compensation. Executive compensation program awaiting Ministry approval.

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



Board Co-Chair



Board Co-Chair



Chief Executive Officer

EDRVQP lead, if applicable
