

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 26, 2026



OVERVIEW

Alexandra Hospital, Ingersoll (AHI) is an accredited 26 bed hospital serving Ingersoll and the surrounding areas since 1909. AHI is committed to supporting the health of our communities with excellent patient care and accessible specialized services close to home. Our services include a 24/7 Emergency Department, Acute Care, Complex Continuing Care, Diagnostic Services, Occupational and Physiotherapy Services, Ambulatory Clinics, and the Oxford County Cardiac Rehabilitation and Diabetes Education Centre of Excellence.

After many years of a strong partnership, and engagement with team members, physicians, patients, partners, volunteers, and the community, the Boards of Directors of Alexandra Hospital, Ingersoll (AHI) and Tillsonburg District Memorial Hospital (TDMH) voted for a full integration of the two hospitals in 2024.

In December 2024, AHI and TDMH received approval from the Ministry of Health for the hospitals to proceed with a full amalgamation under the name Rural Roads Health Services (RRHS) as of April 1st, 2026.

The AHI & TDMH Joint Board of Directors approved a Common Brand Policy in June 2025 in alignment with our future Integration date of April 1, 2026. This new policy enabled the hospitals to begin to use the RRHS brand shortly thereafter. The Joint Board of Directors also approved becoming a Common Board of Directors as of June 30, 2025; as a transition step to a fully integrated future board.

The hospitals celebrated the launch of the new organization name

and logo by hosting branding events. The Executive Team had the opportunity to hand out new RRHS lanyards to team members while they enjoyed complimentary ice cream at an ice cream truck event. Members of the Executive Team utilized a mobile cart to visit departments to share the new branding with team members and offer new RRHS swag and treats.



ACCESS AND FLOW

Access and Flow is a continued priority for AHI. AHI has advanced targeted quality improvement initiatives focused on access and flow, safety, and patient experience to ensure patients receive the right care, in the right place, at the right time. A key initiative is called Enhancing Patient Flow through Effective Discharge Strategies, which embeds provision of an Estimated Discharge Date (EDD) within 24 hours of admission. The project team identified the top 50 diagnoses from hospital admissions and cross referenced

with the Canadian Institute for Health Information (CIHI) for the average length of stay. The patient receives a package upon admission with information about their stay at the hospital, the discharge planning process, and their EDD. This work was supported by updated discharge planning policies, patient and family education packages, and ongoing team member education to promote early goal setting and proactive discharge planning.

The hospital received the opportunity to start a new program to help prioritize a “home first” discharge model called the Hospital to Home (H2H) program. This program operates outside of the traditional provincial home care model providing the hospital the opportunity to partner directly with a community home care service provider. The program promotes safe and timely transitions from hospital to home for patients with complex needs who may otherwise face prolonged hospital stays. Eligible patients are provided with up to 16 weeks of continued home care after discharge from the hospital. The program also provided the opportunity to hire a full-time navigator to support patients from the time of hospital discharge to completion of their home care support program for an enhanced patient experience. The hospital is already seeing real time benefits with patients able to return home with home care supports in place on the day of discharge, allowing the hospital to reduce their length of stay in hospital, prevent avoidable admissions, and improve overall system flow. Since launching on October 27th, there have been 44 patients enrolled in the program through AHI and TDMH!

The hospital was also successful with the recruitment of a discharge planner position. Utilizing Pay for Results (P4R) funding, this position supports both AHI and TDMH with complex discharge

planning. They work collaboratively with the interprofessional team to support patients and families with discharge planning, community resource utilization, and more!

TDMH continues to operate a Transitional Care Unit (TCU) with great success, after opening this 12-bed unit on April 1st, 2025. The TCU operates using a model of care similar to that found in long term care. Patients are provided with the opportunity to participate in social activities, communal dining, and ongoing rehabilitation and restorative activities. This provides the opportunity to have patients in a supportive environment while they wait for long term care and other non-hospital discharge locations thus helping to create capacity for acute medical beds within both AHI and TDMH.

For F2026/27, the hospital will prioritize the QIP access and flow metric for 90th percentile Ambulance Offload Time (AOT). The hospital continues to prioritize this Pay for Results (P4R) metric by partnering with Emergency Medical Services (EMS). The hospital is planning to work collaboratively with EMS to implement a 'Fit to Sit' program.

EQUITY AND INDIGENOUS HEALTH

In F2025-26, the hospital focused on providing Equity and Anti-Racism education to our leaders and the hospital's Equity, Diversity, and Inclusion (EDI) committee members. This education was also extended to all team members through our learning management system. The EDI committee supported the creation and implementation of organizational policies to reflect the hospital's commitment to a culturally safe workplace. The EDI committee conducted a team member demographic survey to better understand the diversity within our organization, current state of

understanding EDI concepts, and opportunities for learning and education.

The EDI committee continues to be active in celebrating various events throughout the year including the National Day for Truth and Reconciliation, Pride Month, United Way's Coldest Night of the Year, Tampon Tuesday and more!

The hospital's F2026-27 QIP will include the indicator measuring the percentage of staff who have completed relevant EDI-Anti-Racism education. Based on feedback from the demographic survey, the plan for education this year will focus on gender diversity and inclusivity for all staff. The EDI committee is committed to benchmarking gender inclusivity educational material, creating a learning module, creating a gender inclusivity policy, and provide the opportunity for a lunch and learn education session to support the awareness of the EDI committee and what the team is working on.

The hospital continues to be an active member of the Oxford Ontario Health Team (OHT) Equity Community of Practice; a forum where regional healthcare organizations can work together, share information, ask questions, identify barriers, and work together to propose solutions to advancing equitable healthcare for everyone in Oxford County.



The hospital welcomed local Indigenous vendor Becca Neepin, Owner of Two Row Creations/R&B Creations to celebrate Indigenous Culture in September 2025.

PATIENT/CLIENT/RESIDENT EXPERIENCE

AHI, along with many other regional hospitals, have promoted a web app based application called MyCarePortal. MyCarePortal is a secure online portal where enrolled patients can view, download, and share their test results and discharge notes available in their electronic health record. The hospital's Clinical Informatics and Registration teams led the promotion and ongoing enrollment of patients with MyCarePortal. Ensuring patients have access to their medical information aligns with the hospital's strategic direction to be a part and support an integrated health hub.

The hospital continues to have volunteers support patient experience rounding (PER) where trained volunteers utilize an iPad to conduct patient experience surveys while patients are still in hospital. This allows the team to understand the patients

experience in real time and provides the hospital with the opportunity to provide timely intervention if needed. The results of our patient experience surveys continue to be shared at various committees and groups quarterly.

For F2026/27, the hospital will continue to prioritize the patient experience metric for percentage of respondents who responded "Completely" to the following question: "Did you receive enough information from hospital staff about what to do if you were worried about your condition or treatment after you left the hospital?" This will be the fourth year the hospital has prioritized this metric. The hospital has seen steady performance improvements over the years with varying initiatives from re-vamping the patient experience surveys, implementing patient experience rounding, and executing an organization wide approach to sharing results. This year the hospital will focus on enhancing discharge processes by clinicians and will consider adding a sub-question to better understand potential opportunities to enhance the discharge experience.

PROVIDER EXPERIENCE

As part of the Accreditation Canada assessment process, the hospital completed the Accreditation Canada Global Workforce Survey (GWS) in the fall of 2025. The GWS is an engagement survey that encourages the hospital's workforce to play an active role in improving the quality and safety of the care they deliver and their work environment. It was developed to make a powerful connection between working conditions and the physical, psychological, and safety culture within the organization. The hospital's Accreditation Team promoted the GWS through cafeteria promotions with treats, ensuring the computer rooms were

available for use, huddle board posters with the survey QR code, having weekly draws for prizes (new RRHS swag or a free hot beverage from the gift shop), and weekly communications advertising the survey. As the Accreditation Team continues to analyze the information, results will be shared back with team members. Team members will have the opportunity to participate in identifying opportunities for improvement and co-create an action plan to address those opportunities.

The hospital's Integrated Wellness Committee continues to support team member experience by providing monthly wellness activities. Below are the monthly wellness activities that have been scheduled:

- January - “Chase the Blues Away” On Blue Monday, free soup to all and Employee and Family Assistance Program (EFAP) information/brochures provided for support options
- February - Self-care snack cart/offering to sign up for Free Yoga class
- March - Giving back to community-supporting united way” light house” for new transitional beds
- April - “Step into Spring” Walking challenge
- May - Spring snack cart with plants/seeds
- June - Staff appreciation and wellness donated ice cream & lemonade snack cart distribution
- July - “Guess the Desk Contest” Hub postings and Weekly draws
- August - Mindfulness event of Bingo
- September - Apple themed snack cart
- October - “Walking buddy challenge” Bring a buddy and count steps for weekly prizes and grand prize winners
- November - Christmas Theme Snack Cart
- December - Door Decorating Contest with pizza gift card prizes

SAFETY

AHI included a hospital acquired pressure injury (HAPI) metric as part of our F24/25 QIP. TDMH has implemented the Registered Nurses of Ontario (RNAO) Best Practice Guidelines for Pressure Injury Prevention. The hospital continues to make pressure injury prevention a priority by continuing pressure injury audits quarterly and reporting this to our Quality, Risk, and Patient Safety (QRPS) Board Committee. In support of our commitment to evidence-based practice, AHI & TDMH recently applied and was accepted to become an RNAO Best Practice Spotlight Organization (BPSO)!

In F2025/26, the hospital focused on rate of delirium during hospitalization. This metric supported the link between the Delirium Awareness Safer Healthcare (DASH) project, Alternate Level of Care (ALC) Leading Practices and Senior Friendly Care. Delirium will continue to be a priority focus in our F2026/27 QIP. The hospital's delirium project lead had the pleasure of sharing back to the DASH group on the link between the DASH campaign and the hospital's QIP initiatives! The hospital participated in the Ontario Delirium Flag Campaign demonstrating the hospital's commitment to providing safe, supportive, and senior friendly care. This year the DASH team will focus on continuing the Confusion Assessment Method (CAM) and Delirium auditing and share back this information utilizing a newly developed Medical Advisory Committee (MAC) Quality Report and Operational Quality Committee Report. There continues to be variability in the data. The hospital will continue to create awareness of hospital acquired delirium, optimize the delirium medical directives, and enhance utilization of patient bedside whiteboards in support of delirium prevention.

Over the past year, the hospital has transitioned to electronic employee incident occurrence reporting through our incident management program called RL 6. This enhancement supports streamlining and timely access to employee related incident reports. When an employee submits the incident occurrence report, there is an automatic trigger to their leader as well as the Occupational Health Nurse to support a prompt review and follow up. Education has been provided to both team members and leaders to support successful submission and follow-up. Monthly reports are also available which assists in necessary reporting.

In preparation for the Tillsonburg Hospital's Ontario College of Pharmacists (OCP) assessment this year, both AHI and TDMH had the opportunity to complete a Code Silver tabletop exercise. This tabletop exercise focused on medication management with the pharmacy team, Ontario Provincial Police (OPP), McKesson, and hospital team members in attendance.

Patient Safety efforts are further highlighted at the hospital during Patient Safety Week! The hospital held its 3rd Annual Patient Safety Champion Awards. This award provides the opportunity for team members to nominate a fellow coworker who they feel continually demonstrates their commitment to patient safety leading by example and fostering a culture of safety each and every day.

At AHI, Justine Semple from the Housekeeping Department won the 2025 Patient Safety Champion Award! Justine won the award for the outstanding attention to detail in following cleaning and disinfection protocols and collaboration with the Infection Prevention and Control (IPAC) team to develop a new practice. Thank you Justine for your ongoing commitment to Patient Safety!

The hospital also celebrated a team who demonstrates their ongoing commitment to patient safety. AHI and TDMH have an integrated Antimicrobial Stewardship Program (ASP) run by our Pharmacist and Infection Prevention and Control (IPAC) practitioners. The ASP team meets weekly to review patient culture and sensitivity reports where they make recommendations to the most responsible physician. ASP strives to reduce antibiotic resistance by limiting unnecessary exposure, promoting targeted use, shortening therapy, and monitoring resistance trends. Thank you to our ASP team members!



Delirium Flag Awareness Flag Campaign



2025 Patient Safety Champion Awards



Mock Code Silver Tabletop Exercise



2025 Patient Safety Champion Awards

PALLIATIVE CARE

At AHI, we have a designated palliative care suite within the inpatient unit to support patients and families experiencing end-of-life care. This is a dedicated space to ensure privacy, compassion, and comfort for the patient/family receiving care.

Although AHI does not have specialized palliative care services on-site, we are able to consult with community palliative care physicians to provide specialized palliative care support and services for inpatients. We are also able to enhance discharge planning for patients wishing to leave the hospital by accessing specialized palliative care support in the community through the Oxford Palliative Care Outreach Team (PCOT). The healthcare team collaborates with the patient and family on their end-of-life care goals and how we can help support those wishes.

POPULATION HEALTH MANAGEMENT

It is important for Alexandra Hospital to contribute towards promoting health, preventing disease and helping people live well within our communities and surrounding areas. The Oxford County Cardiac Rehabilitation and Diabetes Education Centre of Excellence has taken the initiative to schedule group sessions and drop-in programs within the hospital and at locations within Oxford County.

New sessions were developed last year, and most sessions welcome all patients. Sessions include Diabetes 101, Blood Pressure 101, Exercise 101, Diabetes and Healthy Feet and Craving Change. Patients and caregivers have the opportunity to learn more about diet, exercise, blood pressure and foot care and provide an evaluation after the session.

AHI and TDMH are active participants in the Oxford Oxford Health Team (OHT) Equity Community of Practice where regional health care organizations connect to discuss health inequities, Equity, Diversity, and Inclusion (EDI) initiatives, and share resources.

EMERGENCY DEPARTMENT RETURN VISIT QUALITY PROGRAM (EDRVQP)

At AHI, return visit audits are initially conducted by a Registered Nurse (RN) who works in the Emergency Department (ED). They review the details of both visits and complete the first part of the audit template. The interprofessional team then comes together to review each audit case and identify any opportunities for improvement. The interprofessional team consists of an RN, Chief of ED, Director of Clinical Services, Manager of ED, and Quality Specialist. The goal is to meet quarterly to review. However, this has been a challenge with coordinating schedules, turnover, and ED resource demands. When the team does come together to review

the audits, it is very interesting to recognize themes and see processes that could be improved.

Based on the review of our EDRVQP audits, AHI is planning to review Diagnostic Imaging services availability. AHI currently has limited diagnostic imaging services available and utilizes a call back process for diagnostics required for patients overnight. A review of processes will help to determine patient complexity, the impact on patient access to care, and to identify if there are current processes that could be improved.

AHI also plans to explore a left without being seen (LWBS) process for high-risk patients. Given the province wide pressures with access and flow, the hospital is committed to ensuring high risk patients who leave without being seen by a practitioner receive a case review and follow up if required.

AHI has also identified opportunities for education and training on unique return visits where enhanced documentation and utilization of community resources may be considered.

EXECUTIVE COMPENSATION

The executive team's compensation is linked to the performance of the Access and Flow, Equity, and Experience QIP metrics. The Chief Executive Officer has 5% applied as pay for performance, whereas the Chief Nursing Executive/VP Clinical Services, Chief Quality Officer/VP Human Resources and Risk, Chief Operating Officer/VP Finance and Chief of Staff have 2% applied as pay for performance.

CONTACT INFORMATION/DESIGNATED LEAD

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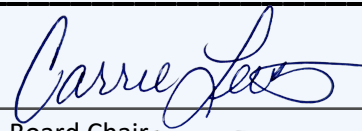
OTHER

The hospital has embarked on the implementation of a data quality program this year called 3terra. 3terra is a Data Quality Assist (DQA) platform that supports internal reporting and helps to identify opportunities to improve health records coding and clinical documentation. It is currently used by over 80 acute care hospitals across 45 Ontario health systems. DQA supports that hospital information and data accurately reflects quality of care. Hospital data quality impacts important areas including quality improvement, system planning, and funding.

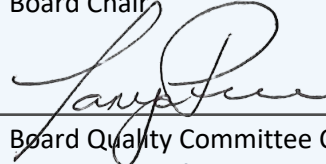
SIGN-OFF

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

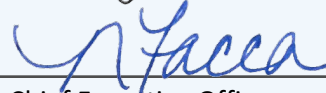
I have reviewed and approved our organization's Quality Improvement Plan on



Board Chair



Board Quality Committee Chair



Chief Executive Officer



EDRVQP lead, if applicable