

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 28, 2025



OVERVIEW

Thank you for reading Haliburton Highlands Health Services' (HHHS) 2025/26 Quality Improvement Plan.

We are pleased to present the first annual Quality Improvement Plan aligned with our new Mission, Vision, Values and Strategic Directions as well as Ontario Health's Key Priorities of Access and Flow, Equity, Patient Experience, and Safety.

Our Mission: Optimizing health and wellbeing in Haliburton County through growth and innovation.

Our Vision: Together – be the model of excellence in rural healthcare.

Our Values: Compassion, Accountability, Integrity, Respect

Our Strategic Directions:

1. Deliver Compassionate, high-quality person-centred care.
2. Nurture and support a thriving team culture.
3. Cultivate partnerships and strengthen care delivery.
4. Build the future through sustainable and responsible resource management.

This past year has been marked by many achievements:

- The introduction of CT Scan and Mammography services.
- Together, we achieved Accreditation with Commendation.
- With Haliburton County Emergency Medical Services (EMS), we

implemented a Fit2Sit program in the ED. This program helps us triage and support patient care more efficiently, ensuring everyone receives the attention they need in a timely manner.

- Outpatient Physio Clinics were reopened at both Haliburton and Minden Health Hub, now accepting referrals for post-operative and acute-related therapy.
- Two new Community Support Services (CSS) vans are helping us transport more community members to important medical appointments, and more long-term care residents to engaging social events.
- Five Counties Children's Centre re-established its presence with a renovated 700-square-foot space at our Minden Health Hub, allowing staff to support more children, youth, and families.
- The Mental Health Program including Canadian Mental Health Association (CMHA) and Fourcast were welcomed into the Minden Health Hub to an accessible and brighter space with access to many additional supportive programs and services.
- Throughout the year, we hosted our Summer and Winter Engagement Series, bringing together patients, community members, local leaders, and experts.

Finally, we are making significant progress on our Hospital and Long-Term Care Master Plans, which will guide the future vision for HHHS. These plans are being co-designed with our community so that we continue to meet the evolving needs of our community and provide the highest standard of care for generations to come.





ACCESS AND FLOW

In January 2025, HHHS joined hospitals across Ontario by participating in the Province's Pay for Results (P4R) Program for Emergency Departments. The P4R program is a funding model designed to help reducing wait times in busy EDs across Ontario. The program supports smaller Emergency Departments by helping to "ensure equitable access to health care across Ontario as they act as important access points to health care services for Northern and rural patients."

This is accomplished through:

- Monitoring and improving Emergency Department performance;
- Setting and achieving provincial wait time goals; and
- Improving patient experience and working conditions in Ontario's Emergency Departments.

Our approach to supporting this initiative in the coming year involves the development of a standard workflow, a consistent approach to data collection at the local level and a constant validation of data at the provincial level. Ensuring the validation of Emergency Department data reported through the Epic Electronic Medical Record System will be an important contributor to our success.

Due to our concerns with data validation, we will not be tying this metric to executive compensation for 25/26. However, we will continue to focus on admission avoidance strategies and discharge planning on admission as ways of optimizing the flow of patients through our hospital and best serve the needs of our patients.



EQUITY AND INDIGENOUS HEALTH

HHHS acknowledges that our facilities are located on the traditional territories of the Mississauga Anishinaabe and the traditional unceded territory of the Algonquin Anishnaabeg people and in the territory covered by the Williams Treaties. HHHS recognizes the enduring presence, history, and contributions to the land and community of Indigenous Peoples.

In 24/25, we rolled out mandatory education on the Michi Saagiig Treaties, specifically as interpreted by the People of Curve Lake. In February 2025, the Board approved our first Land Acknowledgement Policy that ensures HHHS demonstrates respect for Indigenous cultures and fosters awareness across the organization.

In 25/26, our focus will be on 2SLGBTQ Health - specifically enhancing our knowledge and competencies in trans health. Our goals are:

1. To develop a body of education and training in collaboration with community partners;
2. Educate and train the leadership team and Board with an expectation of 100% completion;
3. Roll out education to all HHHS staff.

Our plan is through education and increasing awareness, we can better serve our changing community and create a welcoming space for all citizens.



PATIENT/CLIENT/RESIDENT EXPERIENCE

As stated in our Overview, the year 24/25 was marked by many achievements in the area of Patient/Client/Resident Experience. New services like mammography and CT scanning secure a better experience by ensuring residents of Haliburton County have timely access the lifesaving diagnostics and will not have to travel far afield to do so. Our Mental Health Outpatient Program moved to its' safe, modern facilities at our Minden Health Hub. Rebranding our Minden site to the Minden Health Hub was completed in collaboration with stakeholders and is aligned to our vision to be the model of excellence in rural healthcare.

In 24/25, we launched our patient satisfaction surveys through the Qualtrics web platform. In 25/26, we are excited to begin utilizing the data and feedback and expanding our reach. Likewise, we continue to work with our Resident and Family Councils at Hyland Crest and Highland Wood to provide the best experience possible for our residents. In 25/26 we will be focusing on further developing our Resident-Focused Care Model by making our Homes exactly that – homes. In collaboration with residents, families, staff and volunteers, we will be transforming these spaces into comfortable environments where the sole focus is on meeting the residents where they live and delivering friendly and timely care of the highest quality.





SAFETY

At HHHS, we view safety as a verb as much as a noun. It is a series of actions we undertake to prevent harm, reduce harm, optimize patient outcomes, and improve our processes. It is also about creating the cultures that sustain these actions.

In December 2024, we launched training on "Just Culture." In a Just Culture environment, errors and threats to patient safety are seen as opportunities to learn about weaknesses in the system (rather than in individuals) that need to be addressed.

Healthcare workers and patients/clients/residents/family members feel comfortable and motivated to report errors and threats to their safety. This information is used to learn and make system changes to improve safety.

In 25/26, we will be leveraging this cultural shift to fuel improvements in two areas - Falls in Long-Term Care and Workplace Violence.

Going into 25/26, we are proud that our lost time due to workplace violence in 24/25 was zero but recognize that this success cannot make us complacent. We have a duty to care for those who care for our patients/clients/residents. This year, we will be implementing programs throughout HHHS that allow staff to support each other and share best practices to minimize violence of any kind in the workplace.

Reducing falls in any organization can be a challenge especially in Long-Term Care where balancing safety with quality of life are important. Our Hospital and LTC Teams will collaborate to

modernize our organization-wide falls prevention and harm mitigation program to be cohesive and comprehensive.

EXECUTIVE COMPENSATION

Board of Directors holds the President and CEO and Chief of Staff responsible to ensure delivery of the strategic plan and to improve quality of care, by establishing clear performance expectations and accountabilities. As per the Excellent Care for All Act, a portion of executive compensation is linked to achieving the performance improvement targets set out in our Quality Improvement Plan.

For each indicator tied to executive compensation, the percentage of the goal achieved will be rewarded accordingly. Performance on indicators will typically be evaluated on an annual basis, either fiscal or calendar year. In some cases, quarterly results may be considered in the assessment of performance achievement.

Targets for indicators are outlined in the table below. Achievement of all targets would result in 100% payout; partial achievement of targets will result in a partial payout as determined by the Board of Directors, based on an assessment of the degree to which the targets are achieved.

Metrics to be Included in the Executive Compensation for 2025-26:

Indicator		Baseline	Target
Access & Flow	# ALC days as a percentage of all inpatient acute care bed days (cQIP)	26.70%	25%
Equity	Percentage of staff (executive level, management or all) who have completed relevant equity, diversity, inclusion, and anti-racism education.	100% 2024/25 Management/ELT /Board	100% Management/ELT /Board
Experience	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?"	55.32% overall top box	70% Avg ED/Acute
	Do residents feel they have a voice and are listened to by staff? (By Home)	HW 81.82% HC 83.33%	85%

CONTACT INFORMATION/DESIGNATED LEAD

If you wish to contact Haliburton Highlands Health Services with questions, concerns or suggestions related to our Quality Improvement Plan, please reach out to:

Steven Lofkrantz, RPN Manager Risk, Quality & Patient Safety
 (705) 457-1392 ext. 2263
 Quality@hhhs.ca

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 28, 2025**

Irene Odell, Board Chair

Diana Niven, Board Quality Committee Chair

Veronica Nelson, Chief Executive Officer

EDRVQP lead, if applicable
