



## Headwaters Health Care Centre Quality Improvement Plan 2025 – 2026

## OVERVIEW

Headwaters Health Care Centre (Headwaters) is a medium-sized community hospital located in Orangeville, Ontario, serving the regional areas of Dufferin County, Wellington County and Caledon. This region represents a mix of rural and semi-urban geographies forecasted to grow faster than the provincial average, reaching a combined population of 266,000 in 2041.

Headwaters' top priority is to provide safe, high-quality, patient centered care, as demonstrated by our Accreditation Canada survey result of Exemplary Standing in October 2023. Our purpose, values, and key strategic directions, One Community, Caring Together, articulate our vision for the future, identify how we want to continuously improve and adapt the care we provide, to get even better in meeting the changing health care needs of our community. Our newly developed 2024-2029 Strategic Plan and 2023-2028 Clinical Priority Plan jointly serve as practical roadmaps to guide our organization's commitment to quality patient-centered care. With an unrelenting focus on safety, we use evidence-based practices, processes, and resources wisely and are guided by an ethical decision-making framework.

We opened our Patient Experience Office in 2023 to provide more ways for patients, families, and caregivers to share their thoughts on how we can continually improve care at the program level. We have developed a Patient Experience Framework that is helping to guide engagement and active participation of our community in weaving the voice of patients into our projects. Together with an expanded Patient and Family Advisory Partnership (PFAP), we are advancing recruitment of a diverse membership and supporting the integration of PFAP at the program level to elevate the patient experience.

Our physical footprint continues to be evaluated and updated to meet the ever-changing needs of our community:

- Construction of our new Magnetic Resonance Imaging (MRI) unit began in November 2024 with target completion slated for Spring 2025 to provide increased access to care residents in our community and provide early diagnosis and proactive treatment.
- Relocation and renovation of our dialysis program was completed in October 2024 with the long-term goal of increasing dialysis treatment chairs from 6 to 12.
- Renovations to the emergency department have been approved by the Ministry of Health, with the aim to improve the patient, visitor, staff and physician experience through redesigned waiting areas, clinical spaces, and patient flow.
- Master planning has been completed with a plan for the additional long-term upgrades and changes for the next 30 years. As we define our priorities guided by the 2025 - 26 QIP, we will develop a work plan to improve quality by improving access and delivery of safe, equitable, high-quality patient centered care, while strengthening our focus on community partnerships to serve patients along their health care journey.

## ACCESS AND FLOW

Making sure our patients receive quality care in the right place at the right time is critical to supporting positive health outcomes and experiences. Providing timely access to appropriate sites of care and optimizing patient flow is therefore essential to ensure safe, high-quality, patient-centered and timely care delivery.

Over the past year, Headwaters has initiated and/or strengthened several strategies to enhance access to both internal and external health care services.

- Additional base funding from the Ministry to expand our onsite Crisis Worker within the ED, evening and weekends, provides improved access to mental health assessments, as well as information for patients and families on community mental health supports;
- Review of the Emergency Department (ED) flow completed with recommendations to improve flow, physician initial assessment (PIA) times, and patient wait times; onboarding of a Nurse Practitioner (NP) to increase throughput and decrease wait times;
- Minor renovations to the ED with updates completed to improve flow and design;
- New breastfeeding clinic implemented, through a partnership with Dufferin and area Family Health Team, bridging the gap in community availability;
- Initiated a geriatric clinic to provide comprehensive geriatric assessments and address the specific needs of our elderly patients.

Within our inpatient units and outpatient clinics, access and flow has been a major focus in many of our quality initiatives. We strive to ensure patients are receiving timely care and in the most appropriate setting.

1. Onboarding of a Psychiatrist one evening per week works with ED crisis workers to identify patients for assessment and treatment to avoid admission to hospital.
2. Over 73 patients flowed through Headwaters2Home (H2H) program with a 100% acceptance rate through a partnership with Bayshore Health Care to facilitate returning patients to their home once acute care services are no longer required. This allows for the delivery of wrap-around allied health care for up to 16 weeks, leading to a reduction in Alternative Level of Care (ALC) rates.
3. Reduced surgical long waiter cases to 11.6%; Headwaters ranks 2nd in the province for the lowest surgical wait times when compared to other medium sized hospitals.
4. Implemented basic Interventional Radiology services to improve access to image guided procedures and reduce the inpatient length of stay.

## EQUITY AND INDIGENOUS HEALTH

Headwaters Health Care Centre is committed to ensuring equal access to care and improved well-being for all patients and their families, regardless of social, economic, or demographic status. The focus on Diversity, Equity, Inclusion and Belonging (DEIB) is a key foundation of Headwaters' People Strategy Plan, launched in April 2023, and there have been several initiatives implemented over the past year.

Headwaters is looking to establish itself as an organization that serves our diverse community and has set core principles that foster a safe and inclusive environment; acknowledging that structural racism, discrimination, gender bias and oppression do exist within our society and can negatively impact the healthcare that patients receive.

As part of the Employee Engagement Survey in 2022, workforce statistics were gathered from staff and physicians voluntarily self reporting on DEI metrics. Comprehensive leadership training was provided, and topics of learning included: Foundations of Diversity, Equity, Inclusion and Human Rights; The Identity Interrupting Bias: An Anti-bias Approach for the Workplace; Factor: Understanding Privilege and Social Locations; Bias and Discrimination: The Interpersonal Impact; Systemic Oppression: Past, Present & Future; and Action, Allyship and Tools for Change.

Our People and Culture team relaunched the previous Accessibility and Equity Committee to be expanded into our organizational Inclusion, Diversity, Equity and Accessibility (IDEA) Committee, with a vision of further embracing inclusion and diversity as a focus at Headwaters.

Ontario Health's (OH) Equity, Diversity and Anti-Racism Framework focuses on eleven (11) areas of action to achieve better outcomes for our patients, families, and providers in the health system, as well as the staff, physicians and volunteers who provide care.

Headwaters will be adopting the OH Equity Framework to formalize a DEIB action plan and Multi-Year Plan for 2025 to 2027, and this will be supported through the IDEA committee which began in Q4 of FY 23/24.

## PATIENT EXPERIENCE

Headwaters continues to partner with patients, families, and caregivers on our journey to achieving our purpose of One Community, Caring Together. Over the past year, we continued to strengthen and expand our Patient and Family Advisory Partnership (PFAP) through focused recruitment of volunteers, with many Patient and Family Advisors (PFAs) joining the discussions and planning at the Quality and Practice Committees as well as regular meetings with program leadership.

The Patient Experience Office actively engages patients and caregivers through the Patient Family Advisory Program (PFAP) in designing, reviewing, and maintaining the patient relations process.

This process offers patients, their families, and the public a confidential mechanism to voice compliments and concerns about their experience or care. It also provides feedback that can help us track the quality of patient experiences and identify opportunities for quality improvement.

Patient and Family Advisors (PFAs) continue to provide input on hospital planning and operations by participating in working groups, committees, hiring panels, and capital planning. We have been pleased to collaborate with PFAs on several key quality improvement initiatives this year, including our dialysis suite renovation and expansion, design and flow changes in our Emergency Department, and our new MyHealth Patient Portal.

## PROVIDER EXPERIENCE

Our team is comprised of 820 staff members, 215 physicians and midwives, and more than 295 dedicated volunteers. Given the current workforce challenges, we recognize that it is more important than ever to ensure we are investing in the wellness of our people. Our organization has made many advancements in the last year to ensure that our teams have the tools, resources and support they need to provide exemplary care to our patients and families.

We unveiled Our People Strategy, designed to empower and enable our staff and leaders to reach their full potential. It is built around the most predominant themes from the 2022 Employee Engagement Survey and includes four key pillars: Talent Management, Health, Wellbeing & Safety, Learning & Development, and Culture & Recognition. These pillars are grounded in our corporate values and centered on diversity, equity, inclusion, and accessibility. This multi-year initiative supports an environment fostering growth, innovation, and excellence while upholding the highest standards of care.

Through the People Strategy, we are developing and implementing an education, learning and development strategy that provides our people with internal and external opportunities to maintain and enhance their skills. As part of this work, our Foundation created a Nursing Education Scholarship Fund to complement our training, education and tuition assistance programs to further support nurses and their professional development. We continue to develop new institutional partnerships to expand and enhance educational opportunities, including organizational participation in both the Clinical Extern Program & Internationally Educated Nurses Program (Supervised Practice Experience Partnership-SPEP). We are also pleased to announce our partnership with Toronto Metropolitan University.



Headwaters continues to invest in our people by expanding and supporting the work of our leaders to ensure they attend huddles, round in all areas of the organization, and provide one-to-one sessions to staff requiring support. During this past year, Headwaters has continued to implement activities and resources to support the well-being of our people, including launching Code Lavender, a new staff support code to assist staff during the occurrence of a stressful event. We continue to provide recognition through new annual awards for Quality & Safety Improvement, Outstanding Physician, Above and Beyond awards and Headwaters

Heroes program through our Headwaters Engagement Action & Recognition Team (HEART).

One of the hallmarks of our success is the spirit of collaboration that defines us. The seamless teamwork among our staff and physicians, and the selfless dedication of our volunteers have created a harmonious environment where excellence is not just a goal but a shared reality. It is apparent that we do live and breathe our value of teamwork.

## SAFETY

Headwaters is committed to providing high quality, safe care. Foundational to this commitment is our comprehensive Integrated Quality and Safety Framework, built on the six quality dimensions of Health Quality Ontario, and which guides the organization's adoption of quality and safety principles and practices.

The Professional Practice and Quality Team members engage in the important work of supporting the evaluation, design and enhancement of processes and standards to ensure patients are kept safe while receiving care. Together with the program leadership, they explore and learn from patient safety events, and collaborate with external patient safety communities of practice to share learnings.

Headwaters utilizes a robust electronic incident reporting system that allows our frontline staff to report patient and staff safety incidents. As incidents are reported, notifications are sent to appropriate leaders, promoting immediate response, timely follow up, investigation, awareness, and support of the people involved including our patients and families. Incident reports are accessible to staff as well, who can view the status of their incident report, as well as the outcome and actions taken as a result. This helps us to close the loop for our people. Data is monitored daily by the Manager, Professional Practice, Quality & Innovation for quality assurance and trend identification purposes. The Professional Practice and Quality Team developed electronic templates to assist with safety incident investigations to ensure that all the pertinent data is collated for review, in addition to the original incident report. Clinical educators provide support and guidance to frontline staff and at the program level, which streamlines and standardizes the approach for the investigations. When a serious patient safety incident occurs, an interprofessional quality of care review is completed and root causes are identified. Strategies to address the root causes, both immediate interventions and ongoing safety practices, are developed and implemented by the teams. The outcomes of patient safety

incidents are shared at department quality rounds, safety huddles and staff in-services, as well as the Board Quality Committee.

This past year Headwaters has focused on refining the processes for clinical Quality of Care reviews that bring the entire multidisciplinary team together to investigate critical incidents, understand the causes and implement changes for future prevention.

The Professional Practice and Quality Team continues to work with each department to develop, monitor and improve program level safety metrics that are meaningful for their environment. Additional indicators, such as turnaround times for bed cleaning and facility repairs requests, are tracked at the non-clinical support services level. The Decision Support team has developed, in collaboration with each clinical program, scorecards and real time dashboards, that help teams track their performance in promoting quality and safety practices, all of which are shared on the huddle boards.

We onboarded a new Manager of Patient Safety, Legal, Risk and Compliance responsible for the design, planning and implementation of key quality and patient safety initiatives across. This new role will collaborate with all levels to foster an environment of minimizing risk and maximizing patient safety and quality care across the organization, to ensure legal requirements, enterprise risk management, business continuity & emergency preparedness are being addressed. We continue to promote safety to our patients, families, staff and physicians through our SAFETY banner.

### **Patient and Staff Safety Banner**

<b>S</b>	<b>Safe Environment</b> Please tell your manager if you have any safety concerns	
<b>A</b>	<b>Avoid Falls and Infections</b> <ul style="list-style-type: none"> <li>• Be aware of slips and trips</li> <li>• Clean hands protect lives, please wash your hands</li> </ul>	
<b>F</b>	<b>Family, Friends and Caregivers are important</b> Caregivers are important members of a patient's health care team	
<b>E</b>	<b>Everyone needs to be identified</b> <ul style="list-style-type: none"> <li>• Use two patient-specific identifiers</li> <li>• Always wear your ID badge</li> </ul>	
<b>T</b>	<b>Tell us about your health</b> Ask the patient about their current medications, symptoms and allergies	
<b>Y</b>	<b>Your next steps</b> Inform patients about what they need to know in their discharge plan	



## PALLIATIVE CARE

Headwaters is committed to supporting our palliative care patients through the enhancement of quality of life for patients facing serious illnesses. People with identified palliative care needs or their substitute decision-makers have discussions with their interprofessional health care team about their goals of care to help inform their health care decisions. These values-based discussions focus on ensuring an accurate understanding of both the illness and the treatment options so the person or their substitute decision maker has the information they need to give or refuse consent to treatment. This past year has seen the following accomplishments as follows:

- Launch of a Goal of Care process for Oncology patients to help patients understand the nature of their illness and for health care professionals to understand the patient's values and goals for their care
- Provision of Medical Assistance in Dying (MAID) procedures in our Ambulatory Care program
- Offering Learning Essential Approaches to Palliative Care (LEAP) courses for staff and physicians through the Mississauga Halton Regional Cancer Program
- Partnerships with local hospices provide palliative beds as well as social work support to patients navigating end-of-life decisions.

## POPULATION HEALTH APPROACH

Headwaters believes that our partnerships with patients, families and external collaborators continue to be one of our most valuable assets in achieving our purpose of One Community, Caring Together.

We are an active partner in the Hills of Headwaters Collaborative (HOHC) Ontario Health Team, mandated to improve the health and wellbeing of everyone who lives and provides care across Dufferin-Caledon. It includes over 38 partners from acute care, mental health and addiction services, housing, public health, social services, community supports, hospice and palliative care.

The current priorities of the Hills of OHT are categorized in five work streams:

- Integrated Care through Population Health Management & Equity Approaches
- Support Patient Navigation & Digital Access
- Collaborative Leadership
- Primary Care Engagement
- Health and Social Care Integration

Headwaters has joined several working groups within these streams to help guide our contributions to the partnership's response to these system level opportunities for improvement. These include Integrated Care/ALC/Home First Project, Palliative Care, Mental Health & Addictions, Digital Access and Physician Recruitment & Retention.

As part of our efforts to provide proactive services to promote health, prevent disease and help people live well with their conditions, Headwaters launched several initiatives with community partners:

- Continuation of the Mobile Crisis Response Team (MCRT), in collaboration with an OPP officer and Headwaters' Crisis Specialist, to provide de-escalation and appropriate mental health or addictions crisis support.
- TeleCheck and the Dufferin Community Paramedic Program are designed to make it easier for seniors, people with disabilities and those with chronic illnesses to get the care they need in their home. The free and confidential check-in programs connect TeleCheck trained staff and volunteers, paramedics with older adults to help manage their health routines and support daily wellness. New developments with TeleCheck include an upcoming partnership with Polycultural Immigrant and Community Service, to provide language translations for TeleCheck clients with multicultural needs.
- A new partnership with Toronto Grace Hospital has allowed us to expand our remote care monitoring program in the home for our geriatric populations, allowing them more dignity and the ability to age safely at home.
- Implementation of a Perioperative/Wound Care Educator and Nurse Led Outreach Team (NLOT) in collaboration with our local Long-Term Care (LTC) facilities to reduce the incidence of pressure ulcers both in hospital and in the community with a focus on preventing unnecessary Emergency Department visits.

These partnerships support the ability of the Headwaters team to care for the unique needs of our community using a population health approach for services.

## EMERGENCY DEPARTMENT RETURN VISIT QUALITY PROGRAM (EDRVQP)

The ED return visit audit highlighted a number of patients were returning to the hospital a second time for advanced diagnostic imaging. Some of these tests such as abdominal CT scan with contrast are not available at on most nights. The Diagnostic Imaging department has been working on expanding the coverage of CT availability overnight in an effort to help address these barriers. This year we will continue to monitor patients returning for advanced imaging needs due to lack of availability.

Another initiative was the launch of the Headwaters2home program. This program supported discharges from the hospital increasing supports in home for patients after a hospital visit. This program also supports the emergency department by reducing the number of avoidable return visits to the

emergency department. This program has also supported our plan to reduce ALC patients in hospital and support our Home First approach.

## EXECUTIVE COMPENSATION

The Chief Executive Officer (CEO) and the executives reporting to the CEO are accountable for the achievement of performance targets in our QIPs.

The purpose of performance-based compensation is to:

- drive performance and quality of care
- establish clear performance expectations and expected outcomes
- ensure consistency in the application of the performance incentive, accountability, and transparency
- enable teamwork and a shared purpose.

Performance-based executive compensation is linked to achieving the specific QIP targets, as well as achieving other organizational improvement targets. The amount of compensation that is performance-based for each executive team member is determined as a percentage of that member's base salary.

Headwaters' Executive Team Composition and Portion of Compensation Linked to Performance:

President & Chief Executive Officer, Chief of Staff & VP Medical Affairs, VP Patient Experience, Health Integration and Chief Nursing & Health Disciplines Executive, VP Corporate Services & CFO, and VP People & Culture will have their Performance-Based Compensation tied to the achievement of all six key indicators in the Board approved 2025-26 QIP.

## CONTACT INFORMATION

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## SIGN-OFF

I have reviewed and approved our organization's Quality Improvement Plan on March 25, 2025.

Board Chair: Melodie Mason

Board Quality Committee Chair: Gerry Merkley

Chief Executive Officer: Kim Delahunt