

2025/26 Quality Improvement Plan
"Improvement Targets and Initiatives"

Headwaters Health Care Centre 100 Rolling Hills Drive, Orangeville , ON, L9W4X9

AIM	Measure										Change			
Issue	Quality dimension	Measure/Indicator	Type	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	External Collaborators	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure
P = Priority (complete ONLY the comments cell if you are not working on this indicator) O= Optional (do not select if you are not working on this indicator) C = Custom (add any other indicators you are working on)														
Access and Flow	Timely	90th percentile ambulance offload time	P	Minutes / Patients	CIHI NACRS / For ERNI hospitals: Dec 1, 2023, to Nov 30, 2024 (Q1 and Q2)	916*	39 mins at 90th percentile (average of	37 mins (5% improvement)	Ontario Health mandatory indicator. Working towards theoretical best of 5% improvement	Total overall Central Region 90th percentile is 42 minutes	1)EMS offload nurse model of care review with data verifications	1. Applied 24/7 offload nurse funding through county 2. PDSA cycle for offload nurse and roles and responsibilities	Emergency Department staffing to ensure EMS offload nurse is supported as needed during surges	Provincial target
		90th percentile emergency department wait time to physician initial assessment	P	Hours / ED patients	CIHI NACRS / ERNI hospitals: Dec 1, 2023, to Nov 30, 2024/Non-ERNI hospitals: Apr 1, 2024, to Sept 30, 2024	916*	2024/25 Q1 - 3 average is 5 hours	4 hours	Ontario health mandatory indicator		1)Using ED workload PDSA cycles and assessing 2) Nurse practitioner and physician assistant model of care review	DART and Dashboard	Review DART and daily dashboards routinely	Currently 5.4hrs
		Daily average number of patients waiting in the emergency department for an inpatient bed at 8 a.m.	P	Number / ED patients	CIHI NACRS / Apr 1 to Sep 30, 2024 (Q1 and Q2)	916*	2024/25 Q1 - 3 average is 0.15	0 - 1 patient at 0800h	Ontario Health target 0-1 patients; with the goal of maintaining and/or improving current performance.		1)Currently exceeding targets no new initiatives however assisting other hospitals with offloading	Continue Process of DART and Dashboards	Review DART and daily dashboards routinely	Currently at HHCC hitting goals and will continue with: 0-1
		Alternate level of care (ALC) throughput ratio	C	Ratio (No unit) / ALC patients	WTIS / 2024-2025	916*	0.92	>1.00	Strategic Plan and HSAA		1)Continue to promote Headwaters2Home program 2) Continue to explore new partnerships through the OHT Integrated Care Advisory Committee 3) Established and implemented the ALC checklist to have early identification and to start the process 4) ALC discharge co-payment and planning letter to families to provide smooth transition	1. Promotion of home as destination from time of patient admission and through discharge planning meetings 2. Optimize Headwaters2 Home program	Daily reporting via Expanse - Daily Patient Report	Value greater than 1
Experience	Patient-centred	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?	O	% / Survey respondents	Local data collection / Most recent consecutive 12-month period	916*	81%	82%	Target 2.5% over 24/25 performance	OHA, Qualtrics Working Groups	1)Review registration process to ensure it includes capture of patient email address as first step in process.	Optimization of Qualtrics across the organization, ensuring reasonable response rate for each survey population	Number of survey responses received	Determine response rate with new survey tool
					Qualtric Patient Survey						2)Develop/review current state for discharge package and education in each clinical area.	Map current state of discharge process and associated patient information for each clinical area.	Number of discharge process maps completed	Process Maps completed for all in-patient departments
											3)Engage Patient & Family advisors in organizational and department-based committees.	NEW: Recruit Patient & Family Advisors for department-based committees.	Number of departments with PFA as part of the team	80% of patient and family advisors are actively participating in Quality and
Safety	Effective	Percentage of patients discharged from hospital for which discharge summaries are completed within 48 hours of patient’s discharge from hospital.	C	% / Discharged patients	CIHI portal / 2026-2027/ Hospital collected data	916*	0.755	0.8	Target from last year carried over with goal to improve each quarter with a theoretical best target of 100% discharge summaries completed within 48 hours discharge		1)Assess current state for discharge summary process and procedure. 2. Ensure physician engagement in any workflow.	1. Review current documentation requirements and criteria. 2. Provide any necessary training, education for physicians regarding timelines for completion.	Discharge Summary Reporting Monthly	80% completion of summaries within 48 hours of discharge