

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 31, 2026



OVERVIEW

Hôpital Notre Dame Hospital (Hearst) has long been a cornerstone of health and community life in the region. What began as a small, faith run facility in the early 20th century has grown into a modern, fully accredited hospital that serves roughly 10,000 people across a vast stretch of Northern Ontario. Despite its size, the hospital maintains a warm, community centered atmosphere, shaped by its bilingual heritage and deep local roots.

The hospital's 44 beds are divided between acute care and complex continuing care, allowing it to support patients through everything from short term medical needs to long term care and daily living assistance. Its emergency department operates around the clock, providing essential care in a region where distances are long and medical resources are spread thin.

Inside the building, the hospital offers a wide range of services. Diagnostic imaging, laboratory testing, respiratory therapy, physiotherapy, pharmacy services, surgical programs and outpatient oncology services all operate under one roof. Through telemedicine and a steady rotation of visiting specialists, residents gain access to expertise that would otherwise require hours of travel.

ACCESS AND FLOW

Hôpital Notre-Dame Hospital (Hearst) is committed to delivering patient-centered, high-quality care while fostering strong partnerships with local, regional, and Ministry stakeholders. Collaboration remains essential to sustaining and expanding access to care within our geographically isolated region.

Over the past year, several initiatives have been launched to improve access to care close to home and strengthen patient flow throughout the hospital. Since March 2026, Hôpital Notre Dame Hospital (Hearst) has been able to provide Total Parenteral Nutrition (TPN) to inpatients, eliminating the need to transfer patients to other facilities for this service and allowing them to remain in their own community while receiving specialized care.

At the same time, work is underway to introduce the Home First Initiative within the Emergency Department. This approach focuses on identifying patients at risk of admission due to challenges coping at home and engaging the full interdisciplinary team early in their ED visit. By maximizing the use of community based services, the initiative aims to prevent avoidable admissions, ensure safe and appropriate discharge planning, and ultimately enhance patient flow across the organization.

For the past 5 years, the Hospital has independently funded and operated a locum-based medical clinic to address a primary care gap affecting more than 60% of residents. In the last year, we have also introduced the virtual clinic option at the locum clinic. Although there is no dedicated external funding for this clinic, it plays a critical role in improving access to primary care and reducing pressure on the Emergency Department. The Hospital is also registered with the Emergency Department Locum Program (EDLP) to mitigate the risk of service disruption, as the nearest alternate Emergency Department is over 90 kilometers away.

To ensure service continuity, the Hospital has increased the use of agency personnel and coordinates physician coverage regionally. The Hospital is also exploring the implementation of a respite bed

and actively participating in the Home First initiative to improve discharge planning, enhance patient flow, and optimize acute care bed capacity while maintaining safe, high-quality care.

EQUITY AND INDIGENOUS HEALTH

Hôpital Notre-Dame Hospital serves a predominantly Francophone community, with approximately 85% of residents identifying French as their primary language, and a significant number of residents from Constance Lake First Nation. The region is also experiencing increasing population diversity, making culturally safe, respectful, and effective care a core priority.

To support indigenous patients and families, the Hospital works closely with the Patient Navigator services offered through the Jane Mattinas Health Centre, as well as with community partners, including representatives from First Nations organizations. These collaborations help address communication challenges, support care coordination, and ensure that culturally safe practices are integrated into service delivery.

In addition, the Hospital is actively providing staff with ongoing cultural awareness, trauma-informed care, and Diversity, Equity, and Inclusion (DEI) training. These initiatives equip personnel to deliver care that is respectful, responsive, and inclusive, while fostering a safe and supportive environment for patients and staff alike.

Recognizing the linguistic needs of the community, the Hospital prioritizes scheduling bilingual personnel or ensuring access to translation support when patients request information in French. Hôpital Notre-Dame Hospital also adheres to its Code of Conduct

and Ethics, promoting a discrimination-free workplace and ensuring equitable employment and care practices, regardless of race, color, religion, sex, gender identity, sexual orientation, or other protected characteristics.

PATIENT/CLIENT/RESIDENT EXPERIENCE

Patient partnership remains an ongoing priority and focus. Currently, three patient representatives actively participate in various Hospital Board Committees and contribute to reviewing policies that directly impact patient care. Our Patient and Family Advisory Committee is very active, providing input on service delivery, patient experience, and hospital initiatives. The Hospital is also reviewing its patient satisfaction questionnaires and the way they are made accessible, ensuring that all patients and families can provide meaningful feedback in a format that meets their needs. Additionally, the Hospital publishes a monthly newsletter to keep patients, families, and the community informed about services, programs, and initiatives.

As a small community, patients and their families frequently contact the hospital or its CEO directly to raise concerns or provide feedback. To maintain open lines of communication and respond to community needs, the Hospital holds bi-monthly meetings with members of the Constance Lake First Nation and staff from the Jane Mattinas Health Centre. These collaborative efforts ensure that patient voices are heard, culturally appropriate practices are maintained, and concerns are addressed in a timely and meaningful way. The Hospital also accommodates cultural ceremonies whenever possible, recognizing the importance of traditional practices in supporting holistic care and the well-being of patients and families.

PROVIDER EXPERIENCE

Hôpital Notre-Dame Hospital (Hearst) relies on over 25% agency staff to help meet the demands of our services and is actively recruiting using all available resources. To support recruitment, we have been offering letters of intent for employment and summer student positions, with the goal of retaining graduates once they complete their programs. The Hospital has successfully filled the Nurse Educator position, whom provides guidance and support to new and junior staff.

To further strengthen workforce retention and capacity, the Hospital is reviewing and enhancing onboarding procedures to better prepare new staff for their roles and integrate them into the workplace culture. More detailed exit interviews are being implemented to gather actionable insights and identify opportunities for improvement. The Hospital is also actively working on succession planning to ensure continuity in key roles and build internal leadership capacity for the future.

Communication across the organization is enhanced through weekly team huddles, which allow staff to share updates, discuss challenges, and coordinate patient care effectively. In addition, the Hospital now has active wellness and social committees, which organize initiatives and activities to foster a positive work environment, support mental health, and strengthen team cohesion, helping to retain staff and improve overall workplace satisfaction.

SAFETY

To monitor and improve patient safety, the Hospital uses incident reporting software—recently upgraded from RL6 to QRM—which allows staff to track and manage incidents effectively. Generated reports are reviewed with staff and presented at Board Quality of Care meetings every three months. Managers analyze incidents, their frequency, and potential trends with their teams in a non-punitive manner, encouraging honest reporting and focusing on identifying practical solutions. As a result, a "Back to the Basics" training program will be implemented to address any issues identified through this process. The Hospital also constantly reviews its policies and conducts random audits to ensure compliance and identify opportunities for improvement.

Additionally, upgrades to the Emergency Department have been made to improve patient flow and enhance security for both staff and patients. The Hospital is planning to renovate one of the rooms on the acute floor to repurpose it as a safe room, providing a secure environment for patients who may be at risk or in crisis. To further enhance safety, the Hospital is exploring the hiring of security guards to patrol the facility and be present during incidents that may pose a risk to patients or staff.

These initiatives collectively support a safer, more efficient, and responsive care environment while reinforcing a culture of accountability, continuous quality improvement, and staff and patient well-being.

PALLIATIVE CARE

Hôpital Notre-Dame Hospital integrates palliative care across the illness trajectory, ensuring that patients with life-limiting illnesses

and their families receive coordinated, compassionate, and patient-centered support from diagnosis through end-of-life. Care is delivered in alignment with the Quality Standard for Palliative Care and the Palliative Care Health Services Delivery Framework, addressing physical, psychosocial, cultural, and spiritual needs.

Palliative care is delivered through a multidisciplinary team approach involving physicians, nurses, social workers, and collaboration with Home and Community Care partners. Individualized care plans reflect patient values, advance care wishes, and symptom management goals. Regular case reviews ensure coordinated transitions between hospital and home, promoting continuity and reducing unnecessary hospitalizations.

The Hospital works closely with Home and Community Care services to support patients who wish to remain at home whenever possible. Coordinated discharge planning, symptom management education, and caregiver support align with provincial standards emphasizing care in the least restrictive and preferred setting.

Social Work services provide counseling, advance care planning discussions, emotional support, and referrals to community resources. Families receive support during illness and follow-up bereavement care, ensuring continuity and holistic support beyond the hospital setting.

Patient and family satisfaction surveys, advisory committee input, and quality audits are reviewed regularly to identify improvement opportunities. Incident reporting and interdisciplinary case reviews further support continuous quality improvement.

Through this coordinated, team-based approach, Hôpital Notre-Dame Hospital enhances quality of life, supports dignity, and ensures compassionate care for patients and families throughout the continuum of serious illness.

POPULATION HEALTH MANAGEMENT

Hôpital Notre-Dame Hospital (Hearst) actively participates in multiple community working groups in collaboration with the Town of Hearst, local counselling services, the Family Health Team, paramedic services, and other partners. These collaborative efforts focus on addressing broader social determinants of health, including homelessness, food insecurity, and other non-medical social needs that significantly impact overall health outcomes.

In recent years, the number of patients presenting with mental health and addiction concerns has continued to rise. In response, the Hospital has strengthened its collaboration with specialized mental health and addictions service providers to ensure timely access to assessment, treatment, and community based supports. To further enhance care for this population, a standardized clinical pathway is being developed. This pathway is designed to improve continuity of care, optimize the use of community mental health and addiction resources, and reduce the workload placed on nurses and physicians.

In response to increasing caregiver strain and gaps in community supports, the Hospital is exploring the implementation of a respite bed. This initiative would provide short-term care for patients whose caregivers require temporary relief, helping to prevent burnout, reduce avoidable hospital admissions, and support individuals in remaining safely in their homes whenever possible.

In addition, the Hospital collaborates closely with the Indigenous Patient Navigator and representatives from the First Nation community to better understand and respond to the population's health priorities and unique needs. These partnerships support culturally safe care, improved coordination, and services that are responsive to the communities we serve.

EMERGENCY DEPARTMENT RETURN VISIT QUALITY PROGRAM (EDRVQP)

The 2025–2026 fiscal year marked the first time Hôpital Notre-Dame Hospital conducted EDRVQP audits. One of the main challenges we encountered was accessing the reports that identify which visits are eligible for audit. Quarterly reports are only available after few months after the quarter end, which makes it difficult to complete all required audits throughout the year. We were able to obtain some clarification during P4R meetings with Ontario Health, but the number of visits meeting the audit criteria remained very low. This limited sample size made it challenging for our team to identify common root causes or broader themes for improvement.

Despite these challenges, our EDRVQP audits helped us identify two quality improvement initiatives that address specific access to care issues within our community.

The first initiative focuses on improving the continuum of care for our aging population at risk of hospital admission. In alignment with Ontario Health's operational direction to address the growing number of ALC patients in hospital settings, we aim to implement a process to proactively flag these patients. Once identified, they

would be assessed by our interdisciplinary team, who would coordinate additional community based services. The goal is to enhance home support, reduce return visits to the ED, and ultimately decrease the number of ALC patients occupying hospital beds.

The second initiative responds to the increasing number of patients presenting to the ED with withdrawal symptoms. Our team has developed a policy and procedure to standardize the admission process for patients with addiction related needs. We are also strengthening partnerships with our local Mental Health and Addiction Services to ensure a more seamless continuum of care and reduce repeat ED visits.

EXECUTIVE COMPENSATION

A portion of annual base salary for members of the Executive Team is directly tied to achieving key Quality Improvement Plan (QIP) targets. Specifically, the Chief Nursing Officer, Chief Financial Officer, Chief Information Officer, and Chief Human Resources Officer each have 5% of their base salary contingent on meeting these goals. This structure aligns leadership compensation with organizational performance on priority QIP objectives.

For the 2026–27 QIP, two indicators have been selected for inclusion in the Executive Compensation Plan:

Hospital Bed Occupancy (Target: <105%)

This indicator supports timely access to care, reduces Emergency Department congestion, and promotes safe patient flow.

Maintaining occupancy below 105% requires effective capacity management, proactive planning, and strong collaboration across

the care continuum.

Equity, Diversity, Inclusion, and Anti-Racism (EDI-AR) Education Completion (Target: 80%)

Increasing staff completion of EDI-AR education strengthens cultural safety and supports equitable, person-centered care. This indicator reflects the expectation that executive leadership will champion equity, reduce systemic barriers, and foster an inclusive organizational culture.

Linking these indicators to executive compensation ensures that leadership accountability is aligned with the hospital's strategic priorities and with Health Quality Ontario's (HQO) focus on improving patient experience, advancing equity, and supporting safe, reliable care.

CONTACT INFORMATION/DESIGNATED LEAD

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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 27, 2026**

Julien Plourde, Board Chair

Melanie Paul, Board Quality Committee Chair

Dominic Morin, Chief Executive Officer

Myrca Tremblay, EDRVQP lead, if applicable
