

Quality Improvement Plan (QIP)

# Narrative for Health Care Organizations in Ontario

March 27, 2026



## OVERVIEW

Cambridge Memorial Hospital (CMH) continues to advance its vision of Building Healthier Communities Together through coordinated improvement efforts that strengthen quality, safety, equity, and system integration. Recognized by Forbes as a top employer, CMH's performance is grounded in a culture that prioritizes patient safety, staff well-being, and responsible stewardship.

Our five strategic themes guide corporate planning and regional collaboration, ensuring alignment with Ontario Health priorities and the needs of our growing community.

CMH is one of seven hospitals in Canada with the Choosing Wisely Quality Improvement designation. Over the next 24 months, we will pursue Choosing Wisely Leadership Status, reinforcing our commitment to evidence-based care and resource stewardship.

In November 2026, CMH will implement a new regional Health Information System (HIS). This transformation will modernize clinical documentation, strengthen medication safety through closed-loop medication administration and computerized prescriber order entry, reduce duplication, and improve continuity of care across partner organizations.

CMH continues to advance health equity and Indigenous reconciliation through structured action plans and strengthened community partnerships. We are also participating in a regional Master Planning process to forecast infrastructure needs over the next 25 years, ensuring long-term capacity aligns with projected population growth.

Despite ongoing fiscal pressures across the healthcare system, CMH is forecasting a balanced financial position this year, reflecting disciplined management and operational efficiency.

## ACCESS AND FLOW

Improving access and patient flow remains a core focus of CMH's 2026/27 QIP.

Over the past year, CMH achieved measurable improvements in ambulance offload times - a critical system indicator reflecting coordination between hospital and paramedic services. These gains contribute to improved regional flow and emergency response capacity.

Time to provider initial assessment in the Emergency Department remains an area of focus. In 2026/27, CMH will streamline triage and intake processes, standardize workflows, and use data analytics to improve timeliness and patient experience.

CMH is also targeting reductions in conservable bed days by strengthening discharge planning, enhancing interprofessional coordination, and improving partnerships with community providers. Reducing unnecessary bed occupancy will increase acute care capacity and reduce delays for patients awaiting admission.

Together, these initiatives support the delivery of the right care, in the right place, at the right time, while contributing to improved system performance.

## EQUITY AND INDIGENOUS HEALTH

CMH's Diversity, Equity, and Inclusion (DEI) Plan is guided by four

priority themes: Inclusive Language and Images, Education and Tools, People and Processes, and Creating Safe Spaces.

- Inclusive Language and Images: Increased engagement in Diversity Calendar events, development of an Inclusive Communications Guide, and creation of a CMH Photo Repository.
- Education and Tools: Launch of a DEI Toolkit, expanded professional development opportunities, and the L.E.A.R.N. Challenge to promote continuous learning and allyship.
- Creating Safe Spaces: Strengthening the Diversity Council's advisory role and establishing Employee Resource Groups (ERGs).
- People and Processes: Development of a formal DEI policy and refreshed Hospital Wide Orientation to embed equity principles organization-wide.

CMH's Truth & ReconciliACTION Plan aligns with Ontario Health's framework and focuses on: building and sustaining relationships, ensuring equitable access to culturally safe care, enhancing education and capacity, and ongoing measurement and evaluation.

Key initiatives include:

- Strengthening partnerships with the Regional Indigenous Advisory Circle (IAC).
- Advancing the Indigenous staff-led Clinical Recommendations Project.
- Revising the Smudging Policy to improve access and awareness.
- Promoting Indigenous Cultural Safety Training, with a goal of 100% completion among leaders.

Progress is monitored regularly to ensure accountability and

sustained impact.

## **PATIENT/CLIENT/RESIDENT EXPERIENCE**

Patient experience data, including surveys and feedback from the Patient and Family Advisory Council (PFAC), informs CMH's quality improvement priorities.

Emergency Department wait times continue to be a primary concern identified by patients and families. In response, CMH is implementing improvements in communication and transparency to better inform patients during their visit and improve comfort while waiting.

The 2026/27 QIP also prioritizes improving the discharge experience. Clear discharge instructions and appropriate follow-up support are essential to patient recovery and to preventing avoidable readmissions. Improvement efforts will focus on ensuring patients leave hospital confident in managing their care at home.

PFAC members played a key role in updating CMH's Patient Declaration of Values, which has been approved by the Board and publicly posted. A performance scorecard has been developed to measure alignment with these values and reinforce transparency and accountability.

## **PROVIDER EXPERIENCE**

A stable and supported workforce is foundational to high-quality care.

In July 2025, CMH achieved Gold Level Healthy Workplace Certification through Excellence Canada, reflecting sustained efforts to enhance psychological health and workplace culture.

To support staff during the upcoming HIS implementation, CMH launched a Change and Wellness Champion program, identifying 52 champions across programs to promote engagement, resilience, and psychological safety.

Additional workforce initiatives include:

- Expanded mental health benefits at no additional cost to staff and medical professionals
- A trial on-site fitness space to promote physical wellness
- Recruitment and retention strategies, including referral bonuses, participation in the New Graduate Guarantee Program, Clinical Extern and Clinical Scholar roles, and engagement with the Community Commitment Program for Nurses

CMH was also recognized again as a Waterloo Region Top Employer in 2026, reflecting continued investment in workforce sustainability.

## SAFETY

Preventing never-events remains central to CMH's patient safety strategy.

The implementation of the new HIS in fall 2026 will significantly strengthen medication safety through barcode-enabled closed-loop medication administration and computerized prescriber order entry. These enhancements reduce transcription errors, support real-time decision-making, and improve care coordination through a regional patient record.

CMH continues to foster a culture of safety through:

- Choosing Wisely quality improvement initiatives and pursuit of Leadership Status
- Targeted Spotlight education sessions addressing high-risk clinical areas
- High-fidelity simulation training to proactively identify and mitigate system risks
- Gamified learning approaches to improve engagement and knowledge retention

These efforts support continuous systems improvement and align with provincial patient safety priorities.

## PALLIATIVE CARE

CMH integrates palliative care throughout the illness trajectory to improve quality of life for patients with life-limiting illness and to support families and care partners. Our approach aligns with the Ontario Palliative Care Health Services Delivery Framework and Quality Standard by emphasizing early identification, interdisciplinary care, education, and family engagement.

Three key initiatives demonstrate this commitment:

### 1. Interdisciplinary Education and Capacity Building

CMH has implemented a five-hour palliative care education program for new Medicine and Surgical nurses, with expansion to the Emergency Department in partnership with Hospice Wellington. This builds frontline capacity to identify patients earlier, support goals-of-care discussions, and manage complex symptoms. The program builds on prior DeSouza certification training completed by nursing staff across Medicine, ICU, and Surgery.

### 2. Family-Centred Supports and End-of-Life Resources

To enhance the experience of patients and families, CMH has introduced palliative care carts and developed educational materials that outline what to expect during the dying process. These tools support informed decision-making, prepare families emotionally and practically, and promote compassionate bedside care. By normalizing conversations about end-of-life and ensuring access to clear information, CMH improves patient and family experience during critical moments.

### 3. Medical Assistance in Dying (MAID) Education

CMH provides structured MAID education through lunch-and-learn sessions led by a Clinical Scholar. These sessions ensure that nursing staff understand clinical procedures, ethical considerations, and communication approaches related to MAID. This education strengthens provider confidence, ensures safe and compliant practice, and supports compassionate, patient-centred end-of-life care.

Together, these initiatives enhance clinical capacity, promote early

and informed care planning, and improve the overall quality of life for patients and families receiving palliative care at CMH. Ongoing feedback from staff and families informs continuous improvement efforts in this area.

## **POPULATION HEALTH MANAGEMENT**

As a founding member of the Ontario Health Team (OHT), CMH plays a leadership role in advancing integrated, population-based care across the sub-region. Through active participation in governance and working groups, CMH contributes to coordinated planning, shared accountability, and system-level solutions that address the evolving health and social needs of the community.

CMH is engaged in OHT initiatives focused on improving primary care attachment and timely access to care. In 2026/27, this includes continued support for the OHT Stabilization Clinic and SCOPE (Seamless Care Optimizing the Patient Experience) program, which aim to improve care coordination, reduce avoidable emergency department visits, and strengthen transitions between hospital and community providers.

To better serve equity-deserving populations, CMH partners with community organizations to address mental health, addictions, and housing instability. A key initiative is the collaboration between the Department of Psychiatry and Bridges Shelter, which provides on-site outreach and coordinated care for individuals experiencing homelessness and mental health challenges. CMH also works closely with Langs, Porchlight, and regional partners to support the CND HART Hub, improving access to integrated mental health and addictions services.

In addition, CMH has engaged with Ontario Health's Preventative Care Program leadership, including the Population Health Clinical Lead, to incorporate Social Medicine approaches in managing seasonal surge pressures. These efforts reflect a proactive, data-informed strategy that integrates clinical care with social supports to improve outcomes and system sustainability.

Through these partnerships and system leadership roles, CMH continues to advance coordinated, equitable, and person-centred care across the continuum.

## **EMERGENCY DEPARTMENT RETURN VISIT QUALITY PROGRAM (EDRVQP)**

### **1. 2025/2026 ED Return Visit QI Initiatives – Summary**

For 2025/2026, Emergency Department quality improvement initiatives that were identified in the preceding year EDRVQP focused on enhancing care for seniors and pediatric patients, improving access to diagnostics, and strengthening discharge processes. Key initiatives include advancing a senior-friendly ED using established best-practice frameworks, implementing a pediatric rapid assessment clinic to support timely access and improve ED flow, expanding access to diagnostic services with clear imaging pathways, and standardizing discharge instructions using a talk-back method to ensure patient and family understanding.

Early strategies implemented in support of these initiatives include sharing senior care best practices with the ED Community of Practice, launching the pediatric rapid assessment clinic, establishing diagnostic imaging pathways from the ED, and introducing focused ED discharge rounds to promote consistent,

clear communication across the care team and with patients.

2. Based on themes identified in the EDRVQP audit several ED QI projects have been identified to align. These include:

**Pending Results Safety Net:** Strengthen discharge safety by implementing a mandatory electronic discharge checklist highlighting pending critical results (e.g., repeat troponin) with hard stops before discharge. Oracle Cerner implementation in November 2026 will support this.

**Discharge Vitals Re-check Protocol:** Require repeat and documented normalization of abnormal triage vitals prior to discharge. Oracle Cerner implementation in November 2026 will support this.

**High-Frequency Attender Program:** Reduce avoidable ED utilization and improve continuity of care for frequent presenters through coordinated, multidisciplinary care planning. Develop a multidisciplinary care plan with scheduled follow-ups, case management, and shared ED notes for frequent presenters.

**High-Risk Self-Discharge Review:** Standardize enhanced documentation for patients declining admission, ensuring clear communication and documentation of risks, benefits, and patient understanding.

**Against Medical Advice (AMA)/Left Without Being Seen (LWBS) Reduction Initiative:** Improve wait times and communication through transparent wait-time updates (visual in waiting room and website), scheduled reassessment of waiting patients and consistent use of fast track pathways as part of ongoing patient

flow and improvement work.

## **EXECUTIVE COMPENSATION**

An annual evaluative process is in place to assign performance-based compensation for members of the Executive (Chief Executive Officer, Chief Of Staff, and Vice Presidents).

The amount of performance-based compensation available for each Executive is reflected in their individual contracts.

Performance based compensation is aligned to selected Quality Improvement Plan Indicators and Performance Metrics as determined by the Strategic Plan of the organization. Upon review the annual performance-based compensation is awarded commensurate with achieving the predetermined indicators and metrics.

## **CONTACT INFORMATION/DESIGNATED LEAD**

Liane Barefoot  
Director Patient Experience, Quality, Risk, Privacy & IPAC  
Cambridge Memorial Hospital  
700 Coronation Blvd.  
Cambridge, ON  
N1R 3G5  
lbarefoot@cmh.org

## 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

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Board Chair

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Board Quality Committee Chair

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Chief Executive Officer

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EDRVQP lead, if applicable

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