

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 31, 2026

OVERVIEW

Land Acknowledgement

We acknowledge that Brant Community Healthcare System (BCHS) is located on land that has been the traditional territories of Indigenous peoples for at least 10,000 years. Today, their descendants – the Haudenosaunee and Mississauga nations – continue to reside in the Grand River region. Several centuries ago, these two groups entered into a social and political agreement known as the Dish with One Spoon Wampum, which called upon people to help one another and commit to ensuring that the natural environment would be cared for so that future generations would benefit from what the land provided. This ancient philosophy, based upon mutual respect and a shared responsibility to put aside differences to ensure human and social wellness, are values that BCHS will continue to uphold and to strive for when working with Indigenous patients, families, and staff.

Programs & Services

BCHS is a large, two-site community hospital system serving Brantford, Brant County, Six Nations of the Grand River, Mississaugas of the Credit First Nation, and surrounding communities. With 330 beds, BCHS is an affiliated teaching site of McMaster University's Michael G. DeGroote School of Medicine. Brantford General Hospital is a regional acute health centre, while The Willett, Paris provides urgent care and transitional beds. Brantford General Hospital:

- Ambulatory Care
- Cancer Treatments

- Complex Care
- Critical Care
- Diabetes Education
- Diagnostic Imaging
- Emergency Care
- Geriatric Services
- Indigenous Health Services
- Inpatient Medicine
- Rehabilitation
- Integrated Stroke
- Laboratory Medicine
- Labour & Delivery
- Mental Health
- Neonatal Intensive Care
- Palliative Care
- Pediatrics
- Pharmacy
- Surgery

The Willett, Paris:

- Urgent Care
- Transitional Beds

BCHS is proud to have most recently earned Accreditation with Exemplary Standing in 2023 from Accreditation Canada. We are committed to ongoing quality improvement to respond to the rising demands and increasing expectations for healthcare services of our rapidly growing community. BCHS maintains momentum as an Accredited organization, working towards our next on-site survey that will take place in 2027.

Strategic Plan 2025-2030: “Leading Beyond Care”

As we look to the future, our commitment remains to deliver high-quality, person-centered care to improve patient experience and outcomes.

2026/2027 Quality Improvement Plan Goal Summary:

- Reduce Emergency Department (ED) wait times: Improve physician initial assessment time from 6.45 to 5 hours or less.
- Improve hand hygiene practices: Increase the compliance of hand hygiene moment #1 from 75.4% to 90%.
- Increase access to timely surgery: Improve access to hip fracture surgery rates within 48 hours from by from 70.1% to 80.9%.
- Reduce the risk of hospital-acquired pressure injuries: Reduce documented hospital-acquired pressure injuries of Stage 2, 3, 4, or unstageable from 2.38% to 2.0%.
- Improve patient experiences: Increase positive responses to survey question regarding receiving adequate information at discharge from 62% to 67%.
- Shorten ED wait times for inpatient beds: Reduce the time admitted patients wait for an inpatient bed 20 hours and decrease the daily average number of patients who are waiting in the ED at 8am for an inpatient bed to 5.4 patients.
- Advance equity and inclusion: Ensure 90% of all BCHS staff complete diversity, equity, inclusion and anti-racism training.

ACCESS AND FLOW

BCHS is advancing a focused quality improvement strategy aimed at improving access, optimizing patient flow, and ensuring patients receive the right care, at the right time, in the right place, by the right provider. Through targeted initiatives across the organization, we are strengthening transitions of care, reducing avoidable delays, and aligning resources to meet patient needs efficiently and effectively.

Within the Emergency Department (ED), an integrated team – including ED Navigation, Geriatrics, Ontario Health at Home, and Community Support Services – collaborates to identify patient needs early and support timely, appropriate care. Guided by the Home First philosophy, teams work together to ensure patients access the most suitable level of care. By leveraging tools that identify high-risk patients, we strive to provide early, coordinated interventions that enhance safety, support informed decision-making, and improve outcomes for patients across the continuum of care.

For patients requiring admission to hospital, proactive bed management, timely assessment, and daily interdisciplinary coordination reduce delays, improve patient flow, and maintain timely access to inpatient care. Enhanced discharge planning practices and stronger post-acute coordination support safe transitions, promote recovery, and ensure continuity of care with internal teams and community partners. BCHS is also reviewing current programs targeting mobility and functional independence to support improved recovery trajectories and reduce overall length of stay.

EQUITY AND INDIGENOUS HEALTH

In BCHS' 2025-2030 Strategic Plan, Champion Equity is identified as an organizational value, and each of the four Strategic Pillars includes a key objective that describes our commitment to equity, diversity, inclusion, and belonging.

Our 2026/20276 QIP goals recognize that we are serving some of the most vulnerable people in our communities. As such we have developed goals that are aimed at improving access, enhancing safety, and advancing diversity, equity, inclusion and anti-racism education for all staff. In particular, we are prioritizing Indigenous cultural awareness training for staff to strengthen BCHS' delivery of culturally safe and respectful care to Indigenous community members.

The findings provided valuable insight into understanding the experiences, perspectives, and needs of our BCHS employees, professional staff, and volunteers and influenced the development of our Current State Report and DEI-B Roadmap, setting the priorities of BCHS leaders for the next three years.

Guided by our “Celebrate, Educate, Engage” model, we have made significant progress across eight key pillars: DEI-B Leadership and Governance, Data Gathering and Insights, Communication and Awareness, Training and Education, Inclusive Practices and Cultural Awareness, Community Engagement and Allyship, Accountability and Transparency, and DEI-B Progress and Future Focus. Major highlights include honouring and celebrating culturally specific dates, expanding inclusive and accessible practices and programming, and committing to training and education through e-Learning modules and in-person sessions.

Moving forward, BCHS remains focused on fostering a culture where everyone feels seen, heard, and respected, as well as aligning our 2025-2030 Strategic Plan to address existing systemic barriers.

The Indigenous Health Service Team works collaboratively with leadership, staff, and physicians to improve the Indigenous patient experience at BCHS and advance cultural safety. This year we have launched the Indigenous Health Strategy (IHS), the principles and directions of the IHS will be woven into the ongoing work of all clinical programs and services across both sites. In early 2026, we opened the Traditional Medicine clinical space where patients can participate in energy work, learn cultural teachings, and dialogue with trained Indigenous integrated medical staff. BCHS is very proud to be one of the few hospitals that provides in hospital traditional medicine along side Western medicine through our Indigenous medicine physicians.

The Indigenous Health Team has evolved to include a Cultural Navigator and an Integrated Medicine Navigator. The team continues to educate staff through virtual and in-person sessions.

PATIENT/CLIENT/RESIDENT EXPERIENCE

BCHS has established a Patient and Family Advisor (PFA) Program to enable the community and patients and families to assist us in the co-design of our services. PFAs assist us in the design of key processes that impact patients in the hospital.

Our CEO's Patient and Family Advisory Committee meets monthly, and all Program Councils have a PFA, bringing the patient and family

voice to each discussion and decision.

To support the 2026/2027 QIP planning, all QIP working groups included a PFA to provide input and support in setting ideas and targets. This QIP was presented to the CEO's Patient Family Advisory Committee to solicit input on whether:

- The goals and planned improvement initiatives selected address key patient concerns
- Our incremental approach to target setting was reasonable given our current environment
- How best to communicate this plan and our progress externally

Notably, our PFAs developed a PFA Patient Experience Rounding Program, where PFAs regularly visit clinical units to speak with patients about their experiences during their stay. Whether through friendly conversations that provide meaningful human connection or by gathering recommendations to improve care, the PFA Rounding Program has strengthened a culture of person-centered care and amplified the patient voice as a key driver of quality improvement.

Recently, BCHS expanded its digital Patient Experience Surveys to include mental health and critical care patient populations, strengthening the collection of meaningful patient experience data and using these insights to inform targeted quality improvement initiatives that enhance patient-centered care. To further strengthen accessibility and response rates, patient experience surveys are now integrated into discharge processes through QR codes on discharge forms and are also supported by trained volunteers at discharge to assist patients in completing them.

Together, these initiatives provide a meaning platform for patients and families to share their experiences and feedback, reflecting BCHS's deep commitment to listening, learning and continuously improving care by transforming patient insights into actionable improvements.

PROVIDER EXPERIENCE

At BCHS, we continue to prioritize the provider experience, as we know caring for those who care for others is essential to ensure we are providing high-quality and safe care to patients.

We continuously strive to focus on supporting and empowering our staff. Our BCHS Peer Support Program is an emotional support program that works to improve the psychological health and safety, resiliency, well-being, and sustainability of all employees, volunteers, and learners at BCHS. As we continue to enhance the Peer Support Program at BCHS, we are now piloting a Physician Peer Support Program with medical learners. This initiative aligns with our ongoing commitment to fostering a culture of health, safety, and well-being across our organization. In 2025-2026, 142 referrals were made to the Peer Support program.

Our Wellness and Recognition Committees also provide resources to our frontline staff. This past year, we were happy to continue our Annual Recognition Awards Night, where we could celebrate and recognize the dedication and successes of our exceptional healthcare workers. The Wellness and Recognition Committees hosted the first Self-Care Symposium at BCHS and continued to host an organizational Wellness Fair. Additionally, BCHS has committed to the monthly circulation of the Wellness Wagon, designed to

encourage staff to take a moment for personal well-being by providing light snacks and other wellness-enhancing items. The impact of the Wellness Wagon is felt by patients, including someone who shared that “[BCHS’] actions of a free treat to staff, has made a difference and it was quite noticeable”. Further reinforcing our dedication to employee wellness, as of January 2026, BCHS now has wellness spaces at both the Brantford General Hospital and the Willett Hospital. These spaces offer a peaceful setting for staff, professional staff, volunteers, and learners to relax and recharge for short periods and includes a massage chair.

Staff safety and well-being remain key priorities in our efforts to enhance the provider experience. As part of this commitment, we are implementing Safety Talk Huddles—regular discussions aimed at reinforcing workplace safety measures and identifying opportunities for continuous improvement to ensure BCHS remains a safe and supportive environment. Recognizing the critical role of mental health in overall well-being, we have also partnered with our Peer and Outpatient Mental Health Social Workers to introduce a Skills Education Series for staff. This initiative is designed to provide valuable tools and resources that support mental wellness and resilience among our team members.

Additionally, Brant Community Healthcare System developed a multidisciplinary working group dedicating to civility. In July 2025, this group launched a survey to better understand the state of civility within the organization, identify action plans, and shape the future state of civility. Following the survey, Think Tank sessions were held to further understand staff perspectives and ultimately inform the development of BCHS' Choose Civility campaign. The working group has since supported program areas by providing

education at unit huddles, developed an organizational policy, and integrated the concepts into formalized leadership training offered at the organization.

BCHS also prioritizes provider development, by offering two training courses to build leadership skills. Building Bridges is a program for any clinical or non-clinical staff and includes a virtual session followed by in-person sessions. Upon completion of Building Bridges, those who are identified as “high performing, inspiring leaders”, can apply to participate in Emerging Leaders. The Emerging Leaders program includes in class sessions, mentorship with a leader, and applied presentations. During the 2025-2026 fiscal year, 82 staff members participated in Building Bridges, while 19 staff members participated in Emerging Leaders.

Another component of BCBS' engagement plan with staff includes the "Health Standards Organization Global Workforce Survey" The survey instrument integrates Safety-I (when things go wrong) and Safety-II (when things go right) to support ongoing learning and development at the frontlines of care. We utilize this information to inform what we are doing well, and where opportunities lie to enhance all aspects of the quintuple aim of healthcare: improving patient experience, population health, reducing costs, care team well-being and health equity. The data from this survey is analyzed and shared back with all levels of the organization to inform the development of action plans. Additionally, we hear from our staff and physicians through Quality Improvement Huddles, Senior Leader Rounding, Manager Rounding, Town Halls, and our Virtual Suggestion Box.

SAFETY

At BCBS, we continuously strive for the highest standards in quality and safety and patient experience, always aiming to exceed expectations. Incident reporting of safety events (including near misses/good catches) is crucial to the continuous quality improvement process and is intended to improve patient safety. As such, all BCBS staff and physicians must report all patient and visitor safety incidents in the patient safety incident management system (Safety Incident Management System/"SIMS").

BCBS promotes a 'just culture' and utilizes a 'systems' approach to review safety events. We have adopted the Canadian Incident Analysis Framework (Healthcare Excellence Canada) as a best practice tool for reviewing and learning from incidents at BCBS. We have refined our algorithms, decision-making tools, and resources to support in the management, disclosure, and review of incidents.

Learning from patient safety incidents to prevent recurrence drive quality improvement at BCBS. Incident reports for each program are reviewed daily by leaders and the Quality and Risk team. Any identified trends or concerns are shared with the Program Leadership, Program Quality Councils, Quality & Operations Committee, Senior Team and/or the Quality Committee of the Board as per the established reporting schedule. Learnings from incidents and recommendations for improvement are also shared at Program Quality Councils and at team Quality Improvement Huddles.

Patient stories serve as catalysts for change across our organization. These stories, sourced from feedback received by the Patient Experience Office—be it compliments, complaints, or inquiries—are shared at the onset of meetings throughout the organization. The

Patient Experience Office shares stories from emails or telephone conversations that recount concerns, positive experiences, or inquiries. These stories, carefully selected based on prevalent trends, provide a platform to highlight areas for improvement. The profound impact of patient stories resonates throughout the organization, propelling us toward continuous improvement in quality, safety, and patient experience.

PALLIATIVE CARE

BCHS delivers high-quality palliative care across the organization, supported by both a dedicated inpatient palliative care unit and collaborative partnerships throughout all inpatient areas. The inpatient palliative care unit features private rooms designed to support end-of-life care, providing patients and their families with comfort, dignity and privacy. Patients who are admitted to the unit, receive care from a designated palliative care physician who oversees patients' treatment and supports goals of care. Beyond the unit, palliative care is provided throughout other inpatient units in collaboration with the palliative care team through physician referral, shared care planning, and ongoing education that strengthens staff skills and confidence in managing palliative and end-of-life needs.

To ensure excellence in care, nurses and PSWs working within the inpatient palliative care unit are supported in obtaining further palliative care certification within six months to one year of hire. BCCHS is fortunate to have support from the Hamilton Niagara Haldimand Brant Regional Cancer Program, which provides opportunities for employees to participate in Pallium Canada's Learning Essential Approaches to Palliative Care (LEAP™) training courses. Completion of this training is required for team members

within their first year of hire.

BCCHS also maintains a strong partnership with Ontario Health at Home to support patients and families who wish to return home for palliative and/or end-of-life care, ensuring safe and coordinated transitions. The Three Wishes Program further enhances patient- and family-centred care by honoring meaningful wishes that support compassionate and personalized end-of-life experiences.

As part of the Post-Acute program at BCCHS, the palliative care team participates in Quality Council meetings, sharing program initiatives and helping to guide organizational and program specific improvement efforts. The Post-Acute council includes physicians, nurses, PSWs, support staff, and Patient and Family Advisors. Together, members review processes, assess program performance, and identify opportunities for quality improvement, while incorporating insights and feedback, received from frontline staff and our patients and their families, to continuously strengthen the delivery of care across BCCHS.

POPULATION HEALTH MANAGEMENT

Since 2021, BCCHS has proudly been one of the 19 signatory agencies which form the Brantford Brant Norfolk Ontario Health Team (BBNOHT). The BBNOHT takes a population health management approach to achieving its mission of "together we deliver and advance integrated, equitable and person-centred healthcare".

BCCHS is committed to advancing population health management in partnership with the BBNOHT. Aligned areas of focus include alternate level of care (ALC), hospitalizations for ambulatory care sensitive conditions including diabetes, chronic obstructive

pulmonary disease (COPD) and heart failure, and in cancer screening. The BBNOHT establishes targets alongside local partners to align or exceed provincial performance.

Working in together with BBNOHT to meet these targets will help maximize local health system resources, ensuring patients receive the right care, in the right place, at the right time. For example, in previous years BCHS has worked alongside the BBNOHT to establish a “Let’s Go Home” program, standardized frailty assessments, implement cancer care pathways for unattached patients, and is currently exploring integrated care pathways for chronic disease management. BCHS will continue to work to enhance the continuum of care, particularly in supporting primary care and community-based services to ensure acute care resources are available to those who need it most.

Advancing the continuum of care and services for at-risk communities through collaboration with community partners is essential to supporting priority populations with pressing health needs. A multi-organizational approach to an integrated care model is grounded in a shared vision of improving health outcomes, upholding patient-centred care and enhancing the patient experience for our region’s priority populations.

EMERGENCY DEPARTMENT RETURN VISIT QUALITY PROGRAM (EDRVQP)

Status Update on Quality Improvement Priorities

LWBS Rates

Reducing the number of patients who Leave Without Being Seen

(LWBS) remains a key focus for our emergency department (ED). In 2024-2025, our LWBS rate was 6.7%. This year it improved to 4.8%. Enabling factors included consistent utilization of medical directives and improved Physician Initial Assessment (PIA) times.

For this years’ submission, we maintained our focus on LWBS by auditing ten LWBS instances in addition to the 50 required audits. As previous, we found that LWBS rates remain driven by PIA time, with improvements in this metric remaining a priority. Last year, we flagged patients with substance use disorders as being at increased risk of LWBS. There was a reduced number of such cases in this years’ audits, and we consider it a positive signal that the population is being recognized and prioritized for placement. We explored implementing a new medical directive for this patient group, but ultimately felt it would not address the root issue.

PIA Time

The 90th percentile PIA time was 7.28 hours in 2024-2025. This year, it has improved modestly to 6.77 hours. We expanded physician assistant coverage in high-acuity areas, but staffing challenges mean we struggle to fill this shift daily. We have undertaken multiple PIA improvement initiatives, with the addition of a trial evening physician flex shift yielding the greatest positive shift in the data. We are recruiting aggressively for emergency physicians to implement a permanent evening flex shift and will fill it with our current staffing as able in the interim.

Quality Issues Identified and Planned Initiatives

Sentinel Diagnosis Analysis

Our sentinel diagnosis cases were all related to acute myocardial infarction (AMI). We identified opportunities to ensure correct application of our institutional high sensitivity troponin algorithm and to improve documentation of risk assessment, with use of Internal Medicine consultation prior to discharge where appropriate.

LWBS Analysis

Among the 16 LWBS cases audited, a key theme was that LWBS continues to be driven by lengthy PIA times in the evening. While pediatric care at our site is a success, amongst the audits we identified two young patients who LWBS, an outcome likely driven by long PIAs. As an opportunity, we will revise our LWBS policy to ensure that pediatric patients with a high acuity and low CTAS score are prioritized for placement and assessment. This will involve multidisciplinary collaboration. In this way, we expect to reduce LWBS rates and improve patient outcomes in this vulnerable population.

Non-Sentinel Diagnosis Analysis

A recurring theme in this group was the elderly patient with acute functional decline. While avoiding unnecessary admissions helps reduce ED boarding, we must balance priorities of system capacity and patient safety.

Cross-functional teams remain at the core of improved safe discharge planning, and this remains an ongoing focus for our clinical teams. Opportunities for support include improved

documentation highlighting discharge risk mitigation strategies, and ensuring the clinical team has all possible information for use in disposition decisions. This includes notes from Emergency Medical Services (EMS) that can be delayed in reaching the clinical chart related to challenges of our paper environment.

Despite ongoing system challenges, our ED team remains resilient and committed to quality improvement through innovation and teamwork.

EXECUTIVE COMPENSATION

Subject to compliance with the Broader Public Sector Executive Compensation Act (BPSECA), 2014, a percentage of an executive's base salary is linked to the achievement of a defined number of performance improvement indicators set out in the Quality Improvement Plan.

CONTACT INFORMATION/DESIGNATED LEAD

If you have any questions, comments or concerns about our QIP or the hospital in general you can reach at us at the following contact points:

The Brantford General
200 Terrace Hill Street
Brantford, ON
N3R 1G9
519-751-5544

The Willett, Paris
238 Grand River St. North
Paris, ON
N3L 2N7
519-442-2251

You can also learn more about us at our website at:
www.bchsys.org or follow us on social media.

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 30, 2026**



David Diegel, Board Chair



Dr. Mackenzie Slifierz, Board Quality Committee Chair



Bonnie Camm, Chief Executive Officer



Dr. Melissa Hayward, EDRVQP lead, if applicable
