

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

Collingwood General and Marine Hospital March 30, 2026



**Ontario
Health**

Overview

General and Marine Hospital (CGMH) is the largest healthcare provider in South Collingwood Georgian Bay, and home to approximately 1,200 employees, physicians, midwives and volunteers. Our 84-bed hospital offers a comprehensive range of services, including 24/7 Emergency Department care, General Medicine, Internal Medicine, General Surgery, Orthopaedics, Critical Care, Obstetrics and various specialty clinics. CGMH is committed to enhancing the patient journey by improving access and flow, prioritizing safety, and embracing innovative practices. With a focus on elevating quality, developing team, and building capacity, CGMH aims to meet the needs of a growing and aging population, all while staying true to our vision of delivering **Outstanding Care For Life**.

We take immense pride in our inspired team of healthcare professionals who are committed to delivering high-quality care through innovation, collaboration, and strong partnerships. Our team's continuous innovation has helped reduce surgical wait times and significantly improved our alternate-level-of-care (ALC) throughput. Our commitment to quality improvement has driven us to implement an extensive Quality Program, expand our Patient, Family, and Caregiver Advisory Committee (PFCAC), and incorporate Patient and Family Advisors (PFA) into our projects and initiatives, ensuring the patient voice is heard at all levels.

The **2026/27 CGMH Quality Improvement Plan (QIP)** will focus on improving access, patient flow, the patient experience, and the delivery of safe care. The key performance metrics identified for these priority areas include:

1. Bedside medication verification (BMV) rate, focused on patient safety.
2. 90th percentile ambulance offload time.
3. Daily average number of patients waiting in the emergency department for an inpatient bed at Midnight.
4. Percentage of patients rating their overall experience as "9" or "10."
5. Development of Diversity, Equity, Inclusion, and Belonging (DEIB) committee with terms of reference, regular meetings and framework.

These metrics, aligned with key performance indicators on our **Performance Dashboard**, ensure CGMH remains dedicated to providing outstanding care to our community, driven by our strategic directions: **Elevate Quality Through Best Practices, Develop a High-Performing and Inspired Team, and Create Capacity to Serve our Growing Population**.

Access and Flow

CGMH is committed to ensuring patients have timely access to the care they need. To improve patient flow and reduce ambulance offload times, we are utilizing dedicated funding, in collaboration with the County of Simcoe, to ensure patient accommodation when emergency department (ED) beds are unavailable.

Despite progress, rising ED volumes and inpatient overcapacity present ongoing challenges. To address these, we are refining discharge planning from the moment of offload, ensuring early identification of needs, involving patients and families in care decisions, and ensuring smooth transitions from inpatient units to community-based services.

By implementing best practices, standardizing discharge procedures, and enhancing cross-sector

collaboration, we aim to reduce admission-to-placement times, alleviate ED wait times, and improve ambulance offload efficiency.

Equity and Indigenous Health

At CGMH, we are committed to fostering a hospital environment where every individual feels valued, respected, and empowered. Our focus on **Diversity, Equity, Inclusion, and Belonging (DEIB)**—formerly IDEA—is a core Foundational Commitment and is deeply embedded in our values: *Be Kind, Support Each Other, Lead by Example, and Keep Growing*.

Following the successful 2024 launch of mandatory equity and Indigenous health education for all staff, we are now evolving our approach from foundational learning to **structural governance**. For the upcoming year, our primary objective is the formal establishment of a **DEIB Committee**. This body will operate under a defined Terms of Reference and a comprehensive framework to ensure DEIB principles are woven into the fabric of our policies and patient care strategies.

Central to this evolution is our partnership with the Hospital Development Committee's **Indigenous Advisor**. By leveraging this expertise, we will ensure our DEIB framework is culturally informed and specifically addresses the needs of Indigenous communities and those facing systemic health inequities.

Through these formalized structures, CGMH is moving beyond awareness toward sustainable, meaningful action.

Patient/Client Experience

CGMH is dedicated to enhancing the patient and family experience by fostering compassionate, personalized care, improving communication, and creating a supportive environment. Actively listening to patient and family feedback, drives continuous patient experience improvement. Feedback is gathered through various channels, including surveys, emails, phone calls, and direct interactions with patients and families. All feedback – including compliments, complaints, and suggestions – help inform our strategies for improvement.

The **Quality and Safety Committee, PFCAC, Quality Committee of the Board**, and the **Board of Directors** review aggregate patient experience data, starting each meeting with a patient experience story to identify lessons learned. Recent feedback has led to improvements such as updated visitor policies and enhanced patient discharge information.

We continue to focus on “overall experience” as an indicator in our 2026/27 Quality Improvement Plan (QIP) to track our progress and ensure continuous improvement. Through these efforts, CGMH is committed to strengthening the patient experience and achieving the best possible outcomes for those in our care.

Provider Experience

CGMH is committed to developing a high-performing and inspired team by promoting collaboration, continuous learning and shared goals. We recognize the importance of supporting our staff through strengthening CGMH's culture, investing in CGMH team members and scaling up our workforce.

Our strategies include:

1. The Wellness Working Group, which organizes wellness events and community activities throughout the year.
2. Monthly free hot beverages for all CGMH Team members, and staff working during long weekends, covered by the Hospital Foundation.
3. Our People Inspire, a peer-to-peer recognition program that celebrates staff accomplishments.
4. Special events such as Years of Service and Board Awards of Excellence to honor staff for their dedication.
5. Innovative recruitment strategies, including a healthcare career event for high school students and the Housing for Healthcare Portal, which helps new employees find housing in the area.
6. Employee engagement surveys to gather insights and improve workplace culture.
7. CGMH leadership team members shadowing different departments to foster collaboration and improve communication.

These strategies work collectively to support staff recognition, recruitment, and retention at CGMH, ensuring a positive and productive work environment.

Safety

Patient safety is a top priority at CGMH, where we foster a culture of quality and safety focused on preventing harm. We emphasize the reporting of safety incidents, interdisciplinary reviews, and feedback loops to identify opportunities for improvement.

Our **Patient Safety Plan** integrates people, policies, and procedures to meet our safety goals. A critical element of the plan is the reporting and analysis of safety events and near misses, followed by a robust feedback process that engages frontline staff in quality and safety improvement efforts.

We also standardize safety learnings through **Quality and Patient Safety Huddles** and facilitate regular visits by senior leaders to discuss safety concerns and track improvement opportunities via SharePoint.

These efforts help reinforce CGMH's unwavering commitment to patient safety and continuous improvement.

Palliative Care

CGMH is dedicated to providing high-quality palliative care, with a focus on improving patient support, enhancing staff capacity, and streamlining system navigation. Our partnership with **Hospice Georgian Triangle** has led to the establishment of a specialized palliative care nurse role, ensuring smooth care transitions and connecting patients to community-based resources.

Our social worker plays a key role in discharge planning, long-term care placement, and guiding families through complex healthcare decisions, ensuring patients understand their rights and care options. These initiatives align with the **Ontario Palliative Care Network** model by promoting timely identification and enhancing transitions from acute care to supportive services.

Population Health Approach

CGMH is enhancing its population health strategies by forming new partnerships and strengthening existing collaborations. These initiatives focus on the needs of our aging community, including our work with **North Simcoe Muskoka Specialty Geriatric Services** to improve care for frail seniors. Additionally, we have partnered with the **South Georgian Bay Ontario Health Team (SGBOHT)** to implement a care model for patients with **Congestive Heart Failure (CHF)** through the establishment of Heart Function Clinic, facilitating their transition from acute care to community support.

We also collaborate with **Waypoint, CAMH, OPP**, and our **Mobile Crisis Response Team** to support individuals in crisis and have introduced the **Mobile Acute Psychiatric Service (MAPS)** program to prevent unnecessary ED visits.

Through initiatives such as **CGMH@home** and partnerships with **Toronto Grace Hospital, Bayshore, Ontario Health**, and our **OHT**, CGMH continues to focus on improving care continuity and coordination for our patients, ensuring they receive the best possible outcomes.

Emergency Department Return Visit Quality Program

CGMH is actively engaged in the Emergency Department Return Visit Quality Program (EDRVQP) to support safe, high-quality care and reduce potentially avoidable return visits to the Emergency Department. Through regular review of return visit audits, CGMH identifies opportunities to strengthen clinical decision-making, discharge planning, and follow-up care for patients at higher risk of return.

Based on recent audit findings, CGMH is focusing on initiatives that support diagnostic reliability, safe discharge decision-making, and enhanced care planning for elderly and medically complex patients. This includes ongoing education, interdisciplinary case reviews, and collaboration with internal teams and community partners.

These efforts aim to continuously improve patient safety, strengthen transitions of care, and support better patient outcomes while reducing avoidable Emergency Department return visits.

Executive Compensation

CGMH's Board of Directors is committed to strengthening the accountability of our organization to ensure appropriate use of valuable public funds. As such, key performance indicators are reported on quarterly with executive performance plans reported annually. Each of these are posted on the CGMH website.

CGMH leaders are held accountable for performance on strategic initiatives and metrics associated with the QIP monthly. Each member of the CGMH's executive team is evaluated on their ability to meet a wide range of performance targets. A portion of their compensation is directly linked to the achievement of the organization's Quality Improvement Plan targets.

Contact Information/Designated Lead

Rosemary Frketich
Vice President, Patient Services and Chief Nursing Executive

Sign-off

It is recommended that the following individuals review, approve, and sign-off on your organization's Quality Improvement Plan (where applicable):



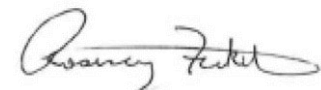
Board Chair



Board Quality Committee Chair



Chief Executive Officer



Vice President, Patient Services and Chief Nursing Executive



Chief of Staff