Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 23, 2026

Ontario Health

OVERVIEW

Over the past year, AHCS has continued to operate as a small, rural, northern organization delivering integrated care across multiple service areas, including acute care, long-term care, primary care through the Family Health Team, a RAAM clinic, and mental health counselling. This model supports strong continuity of care for our patients and clients; however, like many healthcare organizations, we have faced ongoing challenges related to recruitment and retention of qualified staff.

Throughout the year, staffing shortages have persisted across all departments—from clinical services to support services and leadership roles. Despite these pressures, our teams have demonstrated remarkable resilience and commitment, ensuring that essential services continue to be delivered safely and effectively. Even in the context of resource constraints, the organization has remained focused on meeting the expectations of Ontario Health, particularly in the areas of quality, risk management, equity, diversity, patient safety, and staff retention.

A key achievement this year has been the development and implementation of foundational frameworks aligned with Accreditation Canada standards. These include the Quality and Safety Framework, Ethics Framework, Equity, Diversity and Inclusion Framework, and a Communication Framework. Notably, the Quality and Safety Framework integrates our various quality improvement, risk management, and patient safety initiatives into a cohesive structure. This provides greater visibility into organizational priorities and establishes a strong foundation for ongoing quality advancement.

At the operational level, each department developed and executed workplans aligned with the organization's strategic and operational priorities. Staff engagement in this process has been strong, with many identifying and leading quality improvement initiatives within their respective areas. Regular use of surveys and performance tracking has supported monitoring of progress against these plans, while also highlighting opportunities for further improvement. These departmental workplans continue to inform and align with the broader organizational operational plan.

Over the past year, there has also been a significant focus on strengthening the organization internally. This included the launch of a new website and updated signage across all facilities, reflecting the organization's new name and enhancing its visibility and identity.

Looking ahead, the organization recognizes the need to expand its focus beyond internal development to strengthen external relationships and community engagement. Priorities for the coming year include increasing collaboration with community partners, expanding the Patient and Family Advisory Council (PFAC), participating more actively in community forums, and promoting awareness of services across the district. In addition, there is a strong commitment to working more closely with regional healthcare organizations to share resources, align programs, and improve access to care across northern communities.

While challenges remain—particularly in staffing and funding—AHCS is well-positioned to build on the progress made this year. By maintaining a strong focus on quality, collaboration, and community engagement, the organization will continue to advance its mission of delivering accessible, high-quality care to the populations it serves.

ACCESS AND FLOW

Our organization is uniquely positioned to enhance patient access across the entire continuum of care. By operating the hospital, long term care home, Family Health Team, and home care services under one integrated structure, we can coordinate seamlessly and ensure individuals receive the right care, in the right place, at the right time.
We are also fortunate to have a full complement of physicians serving our remote community. Their ability to work across multiple care settings—combined with strong communication and a collaborative, innovative approach—supports high quality, patient centered service delivery.

Our strong primary care access contributes to consistently maintaining approximately 50% hospital occupancy. As a result, patients can remain safely in their homes longer, supported by home care and Family Health Team nursing services. This capacity also enables us to accept transfers from neighbouring hospitals that are experiencing over capacity pressures.

In the coming year, we will expand urgent primary care access to further improve timely care and reduce unnecessary emergency department visits—particularly for CTAS level 4 and 5 concerns. We are also active partners at our OHT's Access and Flow table, collaborating with regional stakeholders to identify and implement system wide solutions that strengthen patient access.

To enhance navigation across the health and social service systems,

we are developing a new role dedicated to supporting patients as they connect with the services they need. This initiative will streamline access, reduce barriers, and promote a more coordinated experience for individuals and families.

EQUITY AND INDIGENOUS HEALTH

Over the past several months we have been building the foundation for our Equity, Diversity and Inclusion (EDI) framework. This has included reviewing policies, learning from other hospitals and developing our own framework and five-year plan. We connected with our Regional Hospital who shared their EDI policy review tool (or EDI lens) and we adopted their approach on using this guide when we review our own policies and support staff education in the future.

We joined the Provincial EDI Committee that meets once a month and includes about 70 members from healthcare organizations across Ontario. It has shown that we share similar challenges, including limited funding, limited staff time and balancing other organizational priorities with other small hospitals. We also connected with the North Director of Health Equity, French Language Services and Priority Populations at Ontario Health who explained how Ontario Health's EDI and Anti-Rasism Framework can work to guide the work that we do at our organization. We also reached out to another small hospital who is using their framework in practice and they explained how they used OH's framework to shape their priorities, actions and measurements. For example, in advancing Indigenous health equity, their work includes creating safer spaces for Indigenous patients and staff, offering smudging education and strengthening land acknowledgments.

We also connected with Thunder Bay Regional's Director of Indigenous Collaboration, Equity and Inclusion who shared practical ideas for evaluating our spaces and one idea was conducting a walk through of our organization to identify areas for improvement related to our framework. We did these walk throughs with both our managers and also our board of Directors who had different ideas which were all valid and included into our framework and five year plan.

One of the main pillars in our framework is Education and training and we have reached out to Seven Generations as they offer in person, interactive presentations style training for a full day for as many staff as we wish. We are also bringing in Mukwa Consulting who will provide education to our board members and leaders about Anishinabe spiritual practices and review historical perspectives and epistemology.

We also need to understand the sociodemographic data of our staff, patients and community. We are gathering this data through our patient experience surveys and when registering in our hospital as well as gathering data from our staff during the hiring process so we can make our education relevant and inclusive for all staff.

As we move forward with cultural safety education, it will be important to build respectful relationships with local Elders and surrounding Indigenous community members to be included in this education. The framework we built also aligns with Accreditation Canada standards and will be discussed at staff huddles, staff meetings and other staff gatherings regularly. We are just starting our journey to embracing EDI into everything we do within and without our organization.

PATIENT/CLIENT/RESIDENT EXPERIENCE

Over the past year, our organization has continued to strengthen its approach to quality, safety, and patient/resident experience. Through comprehensive surveys, feedback mechanisms, and structured committees, we gather and analyze information that guides decision making and drives continuous improvement. This Quality Improvement Plan (QIP) outlines our current processes, areas of focus, and key initiatives that support high quality, safe, and patient centered care across all sectors of our organization.

We routinely collect patient, client, and resident experience information across all departments through standardized surveys. This data supports our commitment to transparency and system learning. We share the results through the following ways. 1. Patient and Family Advisory Council (PFAC): Regular review of survey results, including patient comments recognizing exemplary staff contributions. 2. Board of Directors: Routine presentation of experience metrics and organizational insights. 3. Staff Communication: Highlights and trends shared quarterly through the CEO newsletter.
All patient- and resident-identifying details are de identified prior to distribution, while positive staff recognitions are retained to support a culture of appreciation. Survey findings and feedback are reviewed at multiple organizational levels to ensure meaningful interpretation and prompt action.

Our LTC continuous Quality Improvement committee also met 4 times this past year. This committee reviews resident satisfaction survey results and prioritizes improvement initiatives that are aimed at enhancing the daily living experience of residents. An example for this upcoming year is improving accuracy of resident laundry distribution after concerns were raised by the Family Council regarding mislabeled or misdirected clothing. We also decided to have the LTC manager meet randomly with the residents and their families to have real time conversations which will focus on their comfort, any concerns and discuss their willingness to report any issues they experience.

We maintain an accessible feedback system where patients, residents, families, and community members can submit comments or complaints. Our commitments include:
• Acknowledging and responding to all complaints within five days.
• Treating all feedback seriously and respectfully.
• Using themes from feedback to guide quality improvement planning.
A key priority is fostering a culture where staff feel comfortable submitting incident reports and where patients and residents feel safe expressing concerns without fear of negative repercussions.

We have developed our first Quality and Safety Framework to align with our strategic plan and promote a shared understanding of quality and safety principles across the organization. The framework is modeled on the Canadian Quality and Patient Safety Framework, developed by the Canadian Patient Safety Institute (CPSI) and the Health Standards Organization (HSO). This ensures our improvement priorities reflect best practices in the Canadian health system. The purpose of the framework is it:
• Integrates patient, client, and resident experience data.
• Supports consistency in decision making across programs.
• Provides a unified approach to quality and safety.
• Serves as the foundation for systematic improvement initiatives.
We are currently in the early implementation stages, with plans to

embed the framework more fully across departments in the coming year.

PROVIDER EXPERIENCE

Over the past year, our organization experienced significant staffing challenges due to multiple medical leaves among our management team. The resulting shortage of leaders created a substantial increase in workload and placed considerable pressure on our existing managers. Because we were unable to secure temporary managerial support for the vacant roles, the risk of burnout among our leadership team increased notably.

Despite these constraints, we successfully filled most long standing vacancies during the fall hiring period. Our Human Resources team actively participated in recruitment fairs, attracting new graduates seeking permanent employment and financial incentives that would help offset student debt. We also leveraged several government programs and incentives, including CCPN funding for full time nurses, and offered reduced housing costs to individuals relocating to our remote community. These housing supports included the use of hospital-owned residences as well as properties sublet through local rental partnerships.

To further understand and address workforce needs, we administered the Accreditation Canada Workforce Survey, which provided valuable insights into staff challenges and organizational culture. In addition, we implemented regular one on one meetings between managers and staff, creating dedicated time for open communication and strengthening employee engagement. Our ongoing “High Five Fridays” initiative continues to promote a culture of appreciation by highlighting peer to peer recognition across the organization.

We remain committed to supporting staff who wish to pursue further education that aligns with organizational needs. This includes financial assistance for training programs and reimbursement for related travel. We have effectively accessed available government funding, as well as support from our local Ontario Health Team (OHT), to help offset education and professional development costs.

Recruitment and retention continue to pose significant challenges due to our remote and geographically isolated location. Nonetheless, we maintain an aggressive and innovative approach to recruitment and continue exploring creative strategies to retain existing employees and attract new talent. Although the struggle is ongoing, our team consistently demonstrates resilience, ensuring service continuity and meeting the needs of our patients and community.

SAFETY

We feel our organization should support and provide an environment where staff, patients, residents and their families feel safe to report and discuss adverse events or system failure. We are working hard at having a Just culture so reporting and review of the incidents is done in a timely manner without fear of reprisals. This past year we had training from HIROC around Critical Incidents and Disclosure which was very helpful to our team. We also started Morbidity and Mortality rounds 3 times a year, creating policies and procedures around this so we ensure we continue to offer this valuable resource to review incidents without fear of reprisal. We have updated our Critical Incident policy and procedure as well as

our disclosure policy. The coming year will be a time of education for staff around these important areas in patient safety.

We are a small hospital and we do not provide surgery but we did look into the Never Events For Hospital Care in Canada booklet put out by Health Quality Ontario and we created a list of never events that may happen in our hospital such as providing the wrong blood product to a patient or a pharmaceutical error resulting in patient death or serious harm. We now have a list of the never events that apply to our hospital and we are doing training with the staff about these events.

For medication safety we have many checks in place to ensure that patients do not receive the wrong medication such as double signatures on high-risk medications, automatic medication dispensing with checks and balances to help staff recognized they may be pulling the wrong medication. We also give all IV medications through an IV pump with a medication library, so the dosing is set so patients get the correct dose at the right drip rate. Our pharmacy also does regular audits and provides education to physicians and staff around making medication ordering and dispensing as safe as possible.

We have noticed an increase in the number of pressure ulcers in our Long-Term Care home over the past year and part of this is attributed to our lack of Occupational therapist and dietitian in the home. We have both these positions filled now and we are purchasing off-loading devices for the LTC as well as all residents with any type of wound are to be referred to the dietitian for review. We have made this one of our priorities in this year's quality improvement plan as we believe having the right staff in place will help reduce the number of pressure ulcers.

PALLIATIVE CARE

The Palliative Care Health Services Delivery Framework provides guidance for delivering high quality, culturally safe palliative care across Ontario. Our organization is currently reviewing this framework to support the development of our own comprehensive palliative care model. Because we provide palliative services across multiple settings—including the hospital, long Term Care (LTC), and the community—our goal is to ensure that patients and their families receive timely, equitable, and high quality care regardless of location.

Our LTC home has implemented several initiatives to enhance the palliative experience for residents and their families:

• Dedicated Palliative Care Room:
A specialized space has been established to support comfort and family presence. The room includes a pull out couch, mini fridge, coffee maker, toaster, and ample room for multiple family members to gather.

• Early Identification of Palliative Needs:
Staff consistently use the Palliative Performance Scale (PPS) to help determine where a resident is in their palliative journey. This enables earlier and more accurate care planning.

• Culturally Sensitive Care:
The cultural liaison from the local Native Friendship Centre reviewed our palliative practices and provided recommendations to support culturally appropriate, resident centered care.

• Family Support Following Death:
After a resident passes away, families receive a sympathy card along with information about locally available grief counselling

resources.

The hospital has identified several opportunities to strengthen and expand the cultural safety and quality of palliative care:
• Creating Culturally Appropriate Spaces:
During our Equity, Diversity, and Inclusion (EDI) tour, staff recognized the need for dedicated space for culturally meaningful end of life practices, particularly for Indigenous patients who may wish to smudge with family members.
• Commitment to Equitable, High Quality Care:
Our goal is to offer care that is equitable, culturally safe, linguistically appropriate, and well coordinated for both patients and families.
• Engagement With Indigenous Communities:
To ensure culturally safe practices, we will continue to strengthen relationships with local Indigenous communities, Friendship Centres, and Métis organizations.
• Training and Capacity Building:
While many staff have received palliative care training, our five year EDI plan includes expanding cultural sensitivity education, specifically related to palliative care.
• Grief and Bereavement Supports:
Our Patient and Family Advisory Council (PFAC) noted the need for offering grief and bereavement resources to families following a patient's death. They are currently exploring options, including adopting an approach similar to LTC by sending condolence cards with resources attached.

Our community based palliative services focus on early engagement, coordinated care, and supporting patients at home as long as they choose:
• Early Access to Specialized Support:
The Palliative Care Nurse Practitioner (NP) through Ontario Health at Home often connects with patients shortly after receiving a diagnosis that may lead to palliative care. This allows for proactive planning and early symptom management.
• Interdisciplinary, Collaborative Care:
The NP works closely with local physicians, Family Health Team nurses, the Occupational Therapist, Physiotherapist, and family members to develop holistic care plans that reflect each patient's goals and needs.
• Support for Aging and Dying at Home:
Through coordinated services and home nursing support, many patients are able to remain at home for as long as they wish, with families actively involved in the planning and care process.

Across all care settings—hospital, Long Term Care, and community—we are committed to delivering palliative care that is compassionate, culturally safe, equitable, and responsive to patient and family needs. By aligning with the Palliative Care Health Services Delivery Framework and strengthening partnerships with Indigenous communities and community care providers, we are building a cohesive, person centered approach to palliative care that reflects the diverse needs of our reg

POPULATION HEALTH MANAGEMENT

As a member of the Rainy River District Ontario Health Team (RRD OHT), our organization collaborates closely with another hospital, a Family Health Team, and two Indigenous led health organizations—partners who were instrumental in the original formation of the OHT.

Aligned with the Rapid Improvement Support Exchange (RISE) framework, our OHT is currently positioned in Step 1, which emphasizes understanding the populations we serve and identifying priority groups for focused initiatives. At present, we are concentrating on two priority areas: diabetes and mental health. The Rainy River District includes a significant Indigenous population that is at elevated risk for diabetes, and multiple health agencies provide diabetes related services aimed at addressing the rising prevalence of the disease.

In addition to the growing burden of chronic disease, the district is experiencing increases in homelessness and substance use. The Mental Health Working Group has identified substantial gaps in mental health and addiction services across the region. To support more timely and effective care, we now have two Rapid Access to Addiction Medicine (RAAM) clinics—one of which opened recently—as well as Safe Beds services. One of our hospitals has also received substance use disorder funding to help divert individuals with addiction-related needs from emergency departments toward more appropriate and supportive care pathways.

To strengthen our population health management capabilities, the RRD OHT has engaged a consulting firm to conduct a comprehensive needs assessment. This survey will evaluate access to care, transportation challenges, and residents' ability to navigate the local health system. The findings will help the OHT identify system-wide service gaps and inform strategic planning.

Additionally, the OHT has agreed to implement a population health analytics system that will improve our ability to gather and interpret data related to community health needs. Recognizing the historical misuse of Indigenous health information, the OHT has mandated that all leaders complete OCAP® (Ownership, Control, Access, and Possession) training. This ensures that First Nations data is collected, governed, and applied in accordance with Indigenous data sovereignty principles as we advance population health management across the district.

EMERGENCY DEPARTMENT RETURN VISIT QUALITY PROGRAM (EDRVQP)

This is the first year that we were able to do the audits as part of the EDRVP program and we discovered a few things. We saw the following trends in the data that was collected:

1. The physicians were not looking into the patient's past to get a better sense of their history
2. That nursing was either not completing vitals or they if they were completing vital signs, then they were not documenting them and
3. There was a breakdown in communication between nurses and physicians

Some of the change ideas were:

1. Add a discharge vitals assessment in the ER form so it is completed at each discharge of a patient
2. To do education sessions surrounding vitals/frequency based on CTAS levels
3. Importance of communication to the physician
4. Also with the upcoming Meditech Expanse automation, patient information will be easier to access for physicians

One other thing to note was as a small hospital, we had to complete

10 audits. In total for Q3 and Q4 of 2024/25 and Q1 and Q2 of 2025/26 there were 40 visits that were identified from our emergency department. Of those 40 visits, it was very difficult to find 10 that could be used for audits. She did select 10 audits but of those, the physician found that after she did an assessment on each one, only 6 were deemed to have quality issues.
One quality improvement initiative that will be implemented is education for the nursing staff around vital signs and reviewing our policy for repeat of abnormal vital signs prior to discharge with clear communication of abnormal vitals to MRP. They will also add a line on the ER form to document the discharge vital signs.

Another quality initiative is to flag high risk medications and risks specific to elder care that will be auto flagged in the system when ordering to remind the practitioner prior to ordering about the risks. The new EMR will have this feature.

EXECUTIVE COMPENSATION

We've defined (A) the executive level roles in our organization and the percentage of their salary at risk; (B) the organization's QIP indicator targets linked to these executives' performance-based compensation, (C) terms describing how the at-risk salary is paid out in relation to target achievement. We've summarized in (D).

A. Executive-level roles and corresponding Performance Based Compensation
- President and CEO: 5% annual base salary
- Chief Nursing Officer: 5% of annual base salary
- Chief Financial Officer: 5% of annual base salary
- Chief of Staff: 5% of annual contract salary

B. Quality Improvement Targets

Timely: Patient/client perception of timely access to care: Increase this to 85%
Patient-Centered: Percentage of respondents who responded "completely" to receiving enough information about their condition increase to 80%
Timely: 90th percentile emergency department wait time to impatient bed decrease to 2 hours
Safe: Percentage of long-term care residents whose stage 2 - 4 pressure ulcers worsened reduce to 5%
Equity: Completion of sociodemographic data collection increase to 75% of patients

C. Terms
The indicator targets are equally weighted; therefore, achievement of all targets would result in 100% payout; partial achievement of targets would result in partial payout in a manner determined by the board of directors.

D. Summary
Achievement of the five QIP targets listed above account for a percentage of performance-based compensation. Thus, for our senior management team, 5% of annual compensation is linked to the achievement of the five QIP targets listed above.

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

_____

Board Chair

Board Quality Committee Chair

Chief Executive Officer

EDRVQP lead, if applicable