

Let's Make Healthy
Change Happen.



Quality Improvement Plan (QIP) Narrative for Health Care Organizations in Ontario



31/03/2025

This document is intended to provide health care organizations in Ontario with guidance as to how they can develop a Quality Improvement Plan. While much effort and care has gone into preparing this document, this document should not be relied on as legal advice and organizations should consult with their legal, governance and other relevant advisors as appropriate in preparing their quality improvement plans. Furthermore, organizations are free to design their own public quality improvement plans using alternative formats and contents, provided that they submit a version of their quality improvement plan to Health Quality Ontario (if required) in the format described herein.

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Overview

Muskoka Algonquin Healthcare (MAHC) takes pride in serving the Muskoka and East Parry Sound communities, encompassing areas extending from Nipissing to the east of Algonquin Park. We are dedicated to providing safe, high-quality, patient- and family-centered care at our two sites located in Bracebridge and Huntsville. MAHC functions as a rural teaching hospital and maintains affiliations with various academic institutions, including the Northern Ontario School of Medicine (NOSM) and over two dozen colleges and universities.

Mission: Working together to provide outstanding integrated health care to our communities, delivering best patient outcomes with exemplary standards and compassion.

Vision: As a trusted partner, we strive to improve the delivery of health care to our communities and to be known as an outstanding place to work, learn, live and be cared for.

Values: Our primary aim is to ensure the individuals we serve are provided with exceptional care and the best experience possible. Our values of accountability, respect, optimism, leadership, and engagement underpin our commitment to this aim.

Quality and safety form the cornerstone of MAHC's commitment to our staff, physicians, volunteers, and patients. By prioritizing the well-being of individuals, we ensure that patients and their families receive the care they rightfully expect and deserve. MAHC is dedicated to employing best practices to ensure optimal patient outcomes, guided by Health Quality Ontario's definition of a high-quality health system.

Our 2025-2026 Quality Improvement Plan (QIP) marks the ninth year of collaboration among MAHC, North Simcoe Muskoka Home and Community Care, Muskoka Health Links, the Cottage Country Family Health Team, the Algonquin Family Health Team, and the Community Mental Health Association. Collectively, we strive to enhance the quality of care for the people of Muskoka, with a history of shared QIP initiatives. As a collaborative effort, we aim to improve safe, integrated, effective, patient-centered access to care across the entire healthcare continuum.

MAHC is a key partner in the Muskoka and Area Ontario Health Team (MAOHT), one of the pioneering 24 teams implementing a new healthcare model to better connect patients and providers in their communities for improved outcomes. Together, we are focused on building a quality-driven, equity-focused, and outcomes-based healthcare system. Our QIP is designed to leverage the momentum of our overarching quality and safety culture, proactively addressing patient and staff needs while enhancing care transitions from hospital to community in collaboration with MAOHT.

Our ongoing quality improvement journey is informed by input from patients and their families, as well as our staff, physicians, Board of Directors, and healthcare partners. Collaboratively developing our QIP ensures that patients receive timely, appropriate care. This year's QIP comprises various quality initiatives, with departments and clinical areas identifying additional quality initiatives and performance indicators, which contribute to MAHC's Balanced Scorecard.

Access and Flow

Optimizing access and flow within Muskoka Algonquin Healthcare (MAHC) is a focal point of our commitment to enhancing patient care delivery. We recognize that efficient access to healthcare services and streamlined patient flow are essential components of providing timely and effective care to our community.

To address this, MAHC is implementing strategies aimed at improving access to care across all levels of service. This includes initiatives to reduce wait times for appointments, enhance availability of urgent care services, and facilitate timely access to specialty care and diagnostic procedures. By focusing on improving access, we aim to ensure that patients receive the right care, at the right time, in the right setting.

Furthermore, optimizing patient flow is crucial for enhancing efficiency and minimizing delays in care delivery. MAHC is implementing measures to improve patient flow within hospital departments, including streamlining admission and discharge processes, optimizing bed management practices, and enhancing coordination between healthcare teams. By improving patient flow, we aim to minimize wait times and enhance the overall patient experience within our facilities.

Through ongoing monitoring, evaluation, and continuous improvement efforts, MAHC is committed to optimizing access and flow to ensure that patients receive timely, efficient, and high-quality care. By prioritizing these efforts in our Quality Improvement Plan, we are dedicated to advancing the delivery of patient-centered care and improving health outcomes for our community.

- **90th percentile ambulance offload time (AOT):** Ambulance offload time is the duration (time elapsed) between the time of ambulance arrival at the emergency department and the time the ambulance transfer of care process is complete. *Ontario Health Target is 30 mins.*
- **90th percentile Emergency Department to physician Initial Assessment:** is the duration (time elapsed) between a patient being triaged or registered (whichever comes first) and physician initial assessment. *Ontario Health Target is 4 hours*
- **Daily average number of patients waiting in the Emergency department for an inpatient bed at 8am:** Daily average number of patients waiting in the Emergency department for an inpatient bed at 8am, number of patients in the emergency department waiting for an inpatient bed at 8a.m is the number of people who had been admitted but who, by 8 a.m., had been waiting at least 2 hours since disposition, were still in the emergency department (i.e., not yet in an inpatient bed), and then left the emergency department. *MAHC Target assigned by Ontario Health is 2 patients.*
- **90th percentile Emergency Department Length of Stay for non-admitted patients, low acuity:** is the duration (total time elapsed) between time of triage or registration (whichever occurs first) and the time the patient leaves the emergency department. It is limited to patients who are triaged as less severe and who leave the emergency department without being admitted. *Ontario Health. Target is 4 hours.*
- **90th percentile Emergency Department Length of Stay for non-admitted patients, high acuity:** is the duration (total time elapsed) between time of triage or registration (whichever occurs first) and the time the patient leaves the emergency department. It is limited to patients who are triaged as more severe and who leave the emergency department without being admitted. *Ontario Health Target is 8 hours.*
- **Alternate Level of Care (ALC) Days as a percentage of total inpatient days (also known as % ALC Days):** In collaboration with The Muskoka & Area Ontario Health Team (MAOHT) this indicator measures the proportion of inpatient days where acute care hospital beds are occupied by patients who have completed the acute phase of treatment and no longer require acute care services but remain in the hospital because alternative care options (such as long-term care or rehabilitation) are not yet available.

These patients are designated as Alternate Level of Care (ALC) by a physician or another healthcare provider.

The target for this indicator is 28% ALC days, meaning that no more than 28% of the total inpatient days should be occupied by patients designated as ALC.

Equity and Indigenous Health

Equity and Indigenous health are fundamental to our commitment to providing comprehensive and inclusive healthcare services. We understand that achieving equitable healthcare requires proactive efforts to eliminate disparities and ensure that all individuals, regardless of background or identity, have access to high-quality care. Additionally, we are dedicated to implementing strategies that prioritize Indigenous health and well-being. This involves creating environments within our hospitals that are not only culturally safe but also culturally affirming, where Indigenous patients feel respected, valued, and understood. It also means actively working to increase access to culturally appropriate healthcare services that meet the unique needs of Indigenous communities. This includes initiatives such as implementing cultural competency training for healthcare providers, fostering partnerships with Indigenous organizations and communities, and integrating Indigenous healing practices into our healthcare delivery model.

By prioritizing hospital equity and Indigenous health, we aim to create a healthcare system that not only provides equitable access to care but also respects and celebrates the diversity of the communities we serve. Through our collective efforts, we strive to build a healthcare system that is inclusive, compassionate, and responsive to the needs of all patients, including Indigenous people.

- **Ensure MAHC Board of Directors, Executive Level, Management and PFAC complete Indigenous Cultural Safety Training.** *Target 80% completion rate.*

Patient/Client/Resident Experience

MAHC has demonstrated a strong commitment to amplifying the voice of patients. The inception of the Patient and Family Advisory Council (PFAC) in January 2017 marked the beginning of a concerted effort to integrate patient perspectives into MAHC's initiatives. Several patient and family advisors, representing diverse regions of Muskoka, were recruited to ensure comprehensive representation. This advisory committee plays a vital role in reviewing and providing input for the Quality Improvement Plan (QIP).

Since its establishment, patient and family representatives have actively participated in various MAHC projects, including the STEMI project launch, Endovascular Access workgroup, and Capital Plan Development Task Force. Additionally, they have contributed to minor renovation projects such as the refurbishment of the labour and delivery room at the HDMH Site. Their involvement extends to serving as regular members on several committees, including Ethics, Family Practice, Obstetrics, Emergency Department, and Quality and Patient Safety committees.

Looking ahead, MAHC aims to expand its team of Patient Experience Partners, with plans to recruit and educate more members across clinical care teams by December 2025. The PFAC has identified areas for improvement and seeks enhanced involvement in patient satisfaction initiatives in the upcoming year, aligning with the overarching goal of advancing person-centered care at MAHC.

- **Did patients feel they received adequate information about their health and their care at discharge?** Percentage of respondents who responded positively to the following question: “Did you receive enough information from hospital staff about what to do if you were worried about your condition or treatment after you left the hospital?” *Target >70%.*

Provider Experience

At MAHC we are currently participating in creating a Psychological Health and Safety Policy with our regional partners and work with Public Services Health & Safety Association, CMHA, Your Health Space and Frontline Wellness through Waypoint which provide us with the necessary tools and resources to support the creation of a psychologically healthy and safe workplace and ensure that we meet the needs of our staff.

We are part of the Organizational Health and Wellbeing Strategy Committee in our region and have adopted the Stepped Care Model and successfully rolled out Step 6 of the Frontline Wellness program. Step 6 has provided training and tools for leadership to support a successful action plan. The Frontline Wellness program offers brief intervention which includes 4-6 therapy sessions, symptom management and CBT techniques. It also offers group programming and mini workshops for leaders and staff. These mini workshops can be designed for each team and their unique needs and create a culture of connection. MAHC’s goal is to sponsor a culture that promotes and shares the awareness of wellbeing, positive coping mechanisms and strong healthy and resilient employees and organization. MAHC is in the developing stage of a pulse survey for all staff to be able to identify opportunities for improvement regarding wellness.

The Occupational Health and Safety and Employee Wellness team are working on several wellness initiatives, such as onsite meditation, yoga, and pet therapy as well as Frontline Wellness workshops to be offered to all staff. We have rolled out the Frontline Wellness program organizationally with increased communication surrounding mental health and how to access this resource as well as others.

We are currently working with Your Health Space, which is run through the Canadian Mental Health Association (CMHA). Your Health Space provides training in several areas related to psychological health and safety. Programming is delivered through three spaces designed for Health Care Workers, Leaders and Support Staff. This service provides multiple workshops from burnout to occupational stress, mindfulness, compassion fatigue and more. We have mandatory Mental Health training booked for all of our leaders in April and will begin adding wellness moments from Your Health Space in the first quarter of 2025 for all staff.

Safety

Ensuring quality care and patient safety stands as a strategic priority for MAHC. Each member of our staff bears responsibility for delivering safe patient care and service. Every day, our dedicated team endeavors to excel in the safe provision of high-quality care. MAHC remains steadfast in its commitment to employing best practices to achieve optimal patient outcomes. To guide us in this pursuit, MAHC has embraced Health Quality Ontario’s (HQO) definition of a high-quality health system and adheres to the Canadian Patient Safety Framework, aiming for:

- Enhancement of key quality and safety areas
- Reduction of unwarranted care variation
- Reinforcement of the delivery of high-quality health services to enhance patient experience and outcomes

Every individual within the organization plays a pivotal role in ensuring patient safety. Roles and responsibilities pertaining to patient safety are clearly outlined in position profiles, performance appraisals, handbooks, and orientation materials. The prevention of patient injury takes precedence in all actions undertaken and is the shared responsibility of each employee and physician practicing within our hospital. Adherence to rules and procedures aimed at minimizing the possibility of patient injury is integral to our patient safety initiative.

The Balanced Scorecard serves as a conceptual framework for translating MAHC's vision into a set of performance indicators. These indicators gauge progress toward realizing our vision, with additional indicators measuring the long-term drivers of success. At MAHC, the Balanced Scorecard encompasses relevant indicators developed at the departmental level. In instances where targets are not met, we develop and implement action plans for process improvement, measuring results and ensuring ongoing monitoring of indicators to ensure sustained performance. Process improvement efforts leverage the FOCUS (Find, Organize, Clarify, Understand, Select) – PDSA (Plan, Do, Check Act) methodology, involving departmental or cross-functional teams. MAHC fosters a supportive environment for all staff and physicians to report errors, near misses, and adverse events. We meticulously track these reported events to identify trends and patterns necessitating investigation and improvement, perpetuating a culture of continuous learning and awareness. Patients rightfully expect safe care, and our healthcare providers at MAHC remain steadfast in delivering care that promotes better health and fosters safe, effective outcomes for patients.

- **Medication Reconciliation at discharge:** Number of discharged patients for whom a Best Possible Medication Discharge Plan was created out of the total number of patients discharged. *Target of 60% completion rate.*
- **Reduction in Workplace violence incidents:** The goal of addressing workplace violence is to reduce the number of violent incidents that occur and foster a culture of reporting. However, by necessity, the QIP indicator measures the number of violent incidents that are reported by workers – and workplace violence is known to be underreported. *Target is greater than or equal to 32 staff incidents.*
- **Rate of workplace violence incidents resulting in lost time injury:** Rate of reported workplace violence incidents by hospital workers that resulted in a lost time injury within a 12-month period. For quality improvement purposes, hospitals are asked to collect data on the number of violent incidents reported by workers that result in a lost time injury, including physicians and those who are contracted (e.g., food services, security) as defined by the Occupational Health and Safety Act. *Target is < 15% of staff incidents.*

Palliative Care

At Muskoka Algonquin Healthcare (MAHC), we are committed to delivering high-quality palliative care that aligns with the Quality Standard for Palliative Care and the Ontario Palliative Care Network model of care. Our approach focuses on comprehensive, compassionate care that addresses the physical, emotional, and spiritual needs of patients and their families.

We have established a dedicated interdisciplinary palliative care team that includes physicians, nurses, social workers, and spiritual care providers. This team works collaboratively to develop individualized care plans, ensuring that each patient's unique needs and preferences are met.

To enhance our team's competency in palliative care, we provide ongoing training and professional development opportunities. This training ensures that our staff is equipped with the knowledge and skills necessary to provide the highest standard of palliative care, reflecting the Quality Standard for Palliative Care's requirement.

Population Health Management

MAHC is committed to improving healthcare quality through a Population Health Approach. This approach recognizes that health outcomes are influenced by various social, economic, environmental, and behavioral factors beyond just medical interventions. By embracing this holistic perspective, we aim to address the diverse needs of our population while promoting wellness, preventing illness, and reducing health disparities. We utilize standardized order sets across the organization that create accessible and timely management to pain and symptom management for our patients. MAHC fosters early engagement of local hospice and Ontario Health at Home to support patient and family palliative care settings. These partnerships allow for seamless care transitions and coordinate access to healthcare providers. The palliative care team of physicians work with the interdisciplinary care team to support ongoing education to staff, patients, and families.

We emphasize data-driven decision-making, community engagement, and proactive health promotion and prevention strategies. Through robust data analytics, we identify health trends, disparities, and areas for improvement within the population of Muskoka. Engaging with stakeholders such as residents, healthcare providers, and local organizations will ensure that interventions are culturally sensitive and responsive to our community needs.

Furthermore, we focus on enhancing care coordination, addressing health inequities, and implementing continuous monitoring and evaluation mechanisms. By fostering collaboration among healthcare providers, integrating services, and targeting interventions towards marginalized and underserved groups, our healthcare system aims to achieve equitable access to high-quality care. Through ongoing evaluation and refinement, we are committed to realizing our vision of optimal health outcomes for all residents of Muskoka.

Executive Compensation

The Ontario government passed the Excellent Care for All Act (ECFAA) and Bill 16 in 2010, which required Hospital Boards to establish an “at risk” component of executive compensation and achieve targets, tied to the QIP. At MAHC, each senior leader develops goals that create synergy with the Strategic Plan and the QIP and that align with responsibilities within their portfolio and in accordance with our Executive Compensation Policy. Executive compensation is linked to performance in three performance assessment categories: Quality, Financial and Strategic. Performance assessment categories are rated on the following scale:

- Quality = 50%
- Financial = 30%
- Strategic = 20%

Each year, all executives at MAHC have 3% of their compensation “at risk”. This portion of the compensation is held back and measured against the achievement of goals and objectives.

Quality Improvement and Emergency Department Return Visit Quality Program

Focusing on the quality of care in our emergency departments, MAHC participates in this program to build culture of continuous improvement. It is designed to help clinicians and hospitals in Ontario identify, audit and investigate underlying causes of return visits to their emergency departments and take steps to address them. As part of the program, we review data on emergency department visits, conduct audits on return visit cases where hospital

admission was required, investigate causes that could signal quality issues, explore opportunities for improvement. When a patient returns to the emergency department and requires hospital admission after an initial visit for the same or a related concern, it may represent a gap in quality care. Although some return visits are unavoidable – they happen for reasons that cannot be prevented, such as natural disease progression, or are scheduled, some return visits are preventable and occur due to gaps in the quality of care provided in the index visit. In fact, the goal of auditing return visits is not to decrease the overall number of return visits, which could lead to unintentional consequences, such as increased admission or unnecessary testing, but to identify instances of potentially preventable harm and improve care by addressing quality issues that led to their occurrence. Thus, the goal is to encourage continuous and ongoing quality improvement, that is the foundation of high-quality emergency care.

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Chair, Quality and Patient Safety Committee of the Board

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

Board Chair	_____ original signed _____ (signature)
Board Quality Committee Chair	_____ original signed _____ (signature)
Chief Executive Officer	_____ original signed _____ (signature)
Other leadership as appropriate	_____ original signed _____ (signature)