

Quality Improvement Plan (QIP)

# Narrative for Health Care Organizations in Ontario

March 26, 2025

## OVERVIEW

The MICs Group of Health Services (MICs) is a legal partnership consisting of three partners:

Matheson – Bingham Memorial Hospital

Iroquois Falls – Anson General Hospital

Cochrane – Lady Minto Hospital

Anson General Hospital is a 34-bed hospital located in the community of Iroquois Falls that owns and operates a 69-bed long-term care facility (South Centennial Manor) not physically attached to the hospital.

This organization provides core services such as acute and complex continuing care, hospice, emergency services and out-patient services (i.e. lab, diagnostic imaging, physiotherapy, clinical nutrition, and oncology). This organization also provides other important programs such as the MICs Diabetes Program, visiting specialist clinics and the Ontario Telemedicine Network.

The MICs Group of Health Services has recently refreshed its Strategic Plan for 2023-2026. Our Organization's Mission is "Partnering to deliver excellent health care for our communities" and our Vision is "Quality care for everyone always!" The core Value of the organization is reflected in the following: "Caring for Today and Tomorrow".

The Quality Improvement Plan and selected indicators are aligned with our Hospital Service Accountability Agreement, our Community Partners' Strategic Plans, Accreditation Canada and the MICs Group of Health Services' Strategic Plan. EDIB (Equity, Diversity, Inclusivity and Belonging), Partnerships, Safety, Seamless

Care and Sustainability are key priorities in all of the aforementioned plans prompting the organization to put strategies in place to make improvements in these areas of focus.

Our Quality Improvement Plan demonstrates that Anson General Hospital and its partners within the MICs Group of Health Services are committed to delivering high quality services and focusing on creating positive patient experiences.

By March 31st, 2026, the Anson General Hospital is committed to:

#### Access and Flow

- Reduce the number of patients who visited the emergency department and left without being seen by a physician

#### Equity

- Increase knowledge and awareness regarding equity, inclusion, diversity and belonging.

#### Experience:

- Improve the patient experience within the Emergency Department by providing information about managing their health after discharge.

#### Safety:

- Ensure Team Members are safe from incidents of workplace violence.
- Ensure safe medication practices by improving scanning of patient armbands.

## ACCESS AND FLOW

Ensuring our patients receive the right care, in the right place, at the right time is essential for achieving positive health outcomes and experiences. With the growing demand on healthcare services driven by an aging population, a shortage of primary care physicians, an increasing prevalence of chronic diseases, and the rise of complex health needs, it's crucial to closely monitor access to care and transitions between services.

To better understand and address these challenges, the MICs Group of Health Services tracks key indicators, including:

- Hospital occupancy rates
- Emergency department length of stay
- Alternate Level of Care (ALC) rates and throughput ratio

## EQUITY AND INDIGENOUS HEALTH

The MICs Group of Health Services is committed to strengthening partnerships within our community to better meet the diverse healthcare needs of our population. We are collaborating to promote health equity and continuously explore ways to improve quality while ensuring care is culturally, physically, and psychologically safe.

Over the past year, we established an Equity, Diversity, Inclusion, and Belonging (EDIB) committee, dedicated to raising awareness and educating our Team Members on these essential values. We have also prioritized delivering EDIB training across the organization.

Additionally, we are committed to building and strengthening relationships with First Nations, Inuit, and Métis communities, grounded in respect, accountability, and open communication. Our Indigenous partners include:

- Ininew Friendship Centre
- Sweetgrass Health Centre
- Taykwa Tagamou Nation
- Apitipi Anicinapek Nation
- Attawapiskat First Nation
- Fort Albany First Nation
- Missanabie Cree First Nation
- Chapleau Cree First Nation
- Kashechewan Cree First Nation
- Moose Cree First Nation
- Weenuk First Nation
- Northern Lights Metis Council

## PATIENT/CLIENT/RESIDENT EXPERIENCE

Our organization is dedicated to fostering a culture of patient engagement, welcoming feedback and suggestions to create an environment of high-performing, patient-centered healthcare.

In partnership with Accreditation Canada, we distribute patient experience surveys upon discharge from the Emergency Department, Inpatient, and Outpatient areas. These surveys offer an opportunity for improvement through anonymous patient feedback.

Patients and their families are also encouraged to share compliments or concerns via the MICs Group of Health Services website and Patient Relations process.

Additionally, the Patient and Family Advisory Council (PFAC) continues to meet regularly, contributing to a range of initiatives. Over the past year, Council members have reviewed the Quality Improvement Plans, the Emergency Department experience survey, the hospital signage project, and the patient wellness room. We've also successfully recruited a new member with extensive experience, whose insights help shape strategic health policy priorities. The Council's contributions have a direct impact on the care and overall healthcare experience for our patients.

## PROVIDER EXPERIENCE

Healthcare workers continue to face increasing challenges, with fatigue and burnout contributing to retention issues as providers leave their roles and professions.

Maintaining a healthy workforce and retaining current Team Members is crucial to ensuring high-quality care and supporting organizational growth. The MICs Group of Health Services is committed to fostering a positive workplace environment through supportive leadership at the Executive and Program Lead levels, ongoing professional development, effective communication, and strong collegial relationships between front-line Team Members and managers.

## SAFETY

Over the past year, the hospital faced ongoing challenges due to a shortage of Health Human Resources. Despite these challenges, our Team Members demonstrated remarkable perseverance, commitment, and flexibility, ensuring the continued delivery of safe and compassionate care to our patients.

A few key initiatives that supported this effort include:

- Launched a Patient Attendant program to provide additional support for patient care
- Established a Clinical Scholar role to support nursing staff orientation and bedside assistance
- Developed a Just Culture policy to foster a supportive work environment
- Created a Personal Safety Response System policy for enhanced staff protection
- Invested in permanent resources to ensure the successful post-optimization phase of our electronic medical record (Meditech Expanse) upgrade

## PALLIATIVE CARE

Our organization has undertaken several initiatives aimed at enhancing palliative care, aligned with the Quality Standard for Palliative Care and the Ontario Palliative Care Network model of care. These initiatives reflect our commitment to organizational readiness, improving health human resource competency, promoting patient, resident, and care partner engagement, and focusing on effective processes to support care.

Caregiver and Patient Information Sessions: We recognize the importance of keeping patients and caregivers well-informed, as

outlined in the Ontario Palliative Care Network's focus on patient and family education. By posting caregiver and patient information on our webpage and Facebook page, we ensure timely access to information about available supports. This fosters engagement, empowering patients and families to make informed decisions about their care, thus promoting active involvement in care planning.

**Staff Training:** Our routine staff training in palliative care (such as LEAP and fundamentals of palliative care) helps build the competencies needed to provide high-quality care. This directly supports the health human resource competency theme and ensures staff are equipped with the necessary knowledge and skills to provide care that aligns with the Quality Standard for Palliative Care.

**Care Transitions Coordinator:** Our care transitions coordinator's involvement in various palliative care committees exemplifies our organization's commitment to patient engagement and care coordination. This role advocates for better education, service funding, and access to care, aligning with the Ontario Palliative Care Network's emphasis on seamless transitions and barrier-free access to services.

**Palliative Care Lead Clinician:** We are actively exploring the introduction of a Palliative Care Lead Clinician to strengthen our palliative care services. This role will serve as a key driver for clinical leadership, providing consistent education and mentorship to both staff and physicians. By ensuring that all care providers are well-equipped with up-to-date knowledge and skills, the lead clinician will enhance our organization's health human resource

competency.

Additionally, this role will directly address the gap in care for patients without a primary care physician, ensuring that palliative needs are met through direct care provision and community-based orders. This approach is crucial for ensuring that all patients receive the care they need, particularly those in more vulnerable or underserved populations.

**Collaboration with Community Organizations:** By collaborating with organizations like Ontario Health at Home, Red Cross, and our local Family Health Team, we ensure timely and seamless access to palliative care, improving continuity and accessibility.

**Weekly Rounding for Early Identification:** Through weekly rounds, we ensure that patients' palliative care needs are identified early and addressed with comprehensive care planning. This proactive approach to care aligns with quality statements about early identification and tailored care planning for palliative patients.

**Palliative Care Team for MAID:** By developing a multidisciplinary palliative care team with three MAID practitioners, we address the specific needs of patients seeking Medical Assistance in Dying (MAID), providing thorough assessments and support. This supports the quality standard's emphasis on providing compassionate and comprehensive end-of-life options in line with patient values and needs.

Through these initiatives, we are actively fostering an environment where the quality of care meets the standards set forth in the Quality Standard for Palliative Care and Ontario Palliative Care Network model of care recommendations. By strengthening staff

competencies, improving community access, and providing holistic, patient-centered care, we ensure that the highest quality of palliative care is consistently delivered.

## POPULATION HEALTH MANAGEMENT

Since joining the (ÉSO) Équipe de Santé Ontario Cochrane district Ontario Health Team (OHT) in August 2023, the MICs Group of Health Services has committed to supporting and enhancing the delivery of high-quality, patient-centered care. While the OHT is in its early stages, we have identified three key priority populations that are central to our efforts:

- Older adults who are at risk of or experiencing frailty, including those requiring alternate level of care (ALC) and palliative care
- Individuals facing mental health and addiction challenges
- Individuals without access to primary care providers

With these priority populations in mind, we aim to develop a comprehensive, collaborative plan that focuses on the following key improvements:

**Enhancing Care Planning:** Implementing targeted improvements in care planning that ensure more effective delivery and better patient outcomes.

**Improving Care Transitions:** Strengthening care transitions to ensure seamless experiences for patients moving between care settings, reducing gaps and improving continuity of care.

**Regional Best Practices for Patient Navigation:** Assessing and integrating regional best practice models for patient navigation, ensuring alignment with provincial guidance to enhance

accessibility and support for patients.

**Supporting Self-Management:** Developing and implementing robust self-management supports to empower patients in managing their health and improving their overall well-being.

## EMERGENCY DEPARTMENT RETURN VISIT QUALITY PROGRAM (EDRVQP)

The MICs Group of Health Services is in the early stages of participating in the Emergency Department (ED) Review and Quality Improvement Program (EDRVQP). Our audit and quality improvement team is currently being formed, consisting of key stakeholders such as Program Leaders, Executive Leads, Health Records and emergency department staff. Together, we will work collaboratively to gather data, identify areas of improvement, and implement quality initiatives.

In the initial phase, the team will be focused on setting up a comprehensive audit process and defining key performance indicators (KPIs) that will help guide our audits. Our initial audits will involve reviewing patient wait times, patient satisfaction, clinical outcomes, and focus on establishing our baseline data to understand where improvements are needed.

## EXECUTIVE COMPENSATION

The MICs Group of Health Services is a multi-site health service organization and includes the following three hospitals and respective Long-Term Care facilities:

- Matheson: Bingham Memorial Hospital (Rosedale Centre)
- Iroquois Falls: Anson General Hospital (South Centennial Manor)
- Cochrane: Lady Minto Hospital (Villa Minto)

Total compensation at risk of base salary for the Chief Executive Officer (CEO) will be 5% (3% to the achievement of targets + 2% personal performance)

Total compensation at risk of base salary for the following Executives will be 3% (1% to the achievement of targets + 2% personal performance)

- Chief Nursing Officer
- Chief Financial Officer
- Chief Human Resources Officer
- Director of Operations

Performance Based Compensation-1% of annual compensation is linked to the achievement of the following targets:

1. Increase knowledge and awareness regarding equity, inclusion, diversity and belonging including anti-racism for new hires
2. Implementation of the Personal Safety Response System (PSRS) policy across the organization

Total compensation at risk for the Chief of Staff will be 3% to the achievement of targets.

The annual amount of 3% per annum will be linked to the achievement of the following target:

1. Ensure safe medication practices by improving scanning of patient armbands.

## CONTACT INFORMATION/DESIGNATED LEAD

For more information, feel free to contact:

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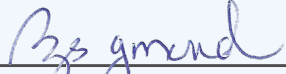
## SIGN-OFF

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

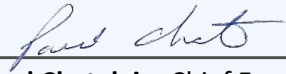
I have reviewed and approved our organization's Quality Improvement Plan on **March 26, 2025**



**Danielle Delaurier**, Board Chair



**Ann Zsigmond**, Board Quality Committee Chair



**Paul Chatelain**, Chief Executive Officer



**Isabelle Boucher**, EDRVQP lead, if applicable

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