

Quality Improvement Plan (QIP)

# Narrative for Health Care Organizations in Ontario

March 27, 2025

## OVERVIEW

The MICs Group of Health Services (MICs) is a legal partnership consisting of three partners servicing three different geographically divided communities:

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

Rosedale Centre: Our smallest long-term care home, accommodating 20 residents and operating as our only ELCAP home. Serving six communities within the Black River-Matheson Township, it is conveniently located in a dedicated wing of Bingham Memorial Hospital, ensuring seamless access to medical support and services.

South Centennial Manor: Our 69-bed long-term care home is the largest within the MICs Group and the only stand-alone LTC home. Located in the heart of Iroquois Falls, just a few blocks from Anson General Hospital, this home plays a vital role in the community. With redevelopment plans set for the coming years, we are committed to enhancing the home to better serve residents and meet evolving care needs.

Villa Minto: Our 37-bed long-term care home, featuring five of our newest rooms and an activity room extension added in 2016, is seamlessly integrated within a dedicated wing of Lady Minto Hospital, providing residents with convenient access to medical care and services.

## OVERVIEW

The MICs Group of Health Services remains committed to its 2023-2026 Strategic Plan, guided by our Mission—"Partnering to deliver excellent health care for our communities," and our Vision—"Quality care for everyone, always!" Our core Value, "Caring for Today and Tomorrow," underscores our dedication to delivering compassionate, high-quality care.

MICs Long-Term Care (LTC) homes embrace a Person-Centered Care model, prioritizing the unique healthcare needs and overall well-being of each resident rather than solely focusing on illness. Our operations are designed in accordance with Ministry legislation and Best Practice Guidelines, in mind, ensuring safe, inclusive, and accessible care. Legislative requirements outlined in the Fixing Long-Term Care Act, 2021, Ontario Regulation 246/22, and Ministry of Health & Long-Term Care directives serve as the foundation for regulatory compliance and quality standards. Each resident's care plan is developed using a comprehensive approach, integrating their medical history, individual preferences, and the Residents' Bill of Rights.

Resident well-being is supported through a broad spectrum of services, including nursing and personal care assistance, skin and wound care, behavioral supports, specialized dementia care, senior mental health services, foot care, dental care, medication and treatment administration, pain management, specialized dietary services, laundry, social and recreational programs, on-site therapies, restorative care, and in-house medical services.

Our Quality Improvement Plan demonstrates that MICs Group of Health Service LTC homes are committed to delivering high quality

services and focusing on creating positive Resident experiences.

By March 31st, 2026 the Rosedale Center is committed to:

Efficiency:

-Evaluate every ED visit to determine the contributing factors that led to the visit and identify possible preventative measures.

Equitable:

-Support all residents, families and employees in an inclusive environment, by increasing awareness on equity, diversity, inclusion and belonging.

Resident-centered:

-Ensuring residents are engaged in meaningful discussions about their care expectations

Safety:

-Improving pain management practices reducing the risk of complications such as decreased mobility, falls, and functional decline, while promoting comfort and dignity.

## ACCESS AND FLOW

Making sure our Residents receive quality care in the right place at the right time is critical to supporting positive health outcomes and quality experiences. In order to achieve smooth transitions our home works closely with internal and external partnerships. The need for careful monitoring accessibility and transitions in care for our Residents stem from increased demand on services from an aging population; increased staffing challenges; lack of long term care bed availability; increased Resident complex needs; increased mental health needs and complex dementia care.

To help us identify our challenges, the MICs Group of Health Services monitors:

- Long Term Care home applications with complex health care needs
- Audits appropriate documentation and assessment
- Changes in resident health status
- Admission & Discharge ratios
- Reported critical incidents that result in injury with transfers to the hospital
- Works with Behavioural supports Ontario to promote smooth transitions

## 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 next year, we are 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:

- Ininev Friendship Centre
- Sweet grass 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**

The MICs Group of Health Services is committed to a culture of resident engagement. It is crucial to hear from our resident population to drive quality changes and improvements in the right direction. We welcome any suggestions and feedback to support an environment of high-performing, transcendent, resident-centered healthcare at our long term care homes.

In partnership with Accreditation Canada, resident experience surveys are distributed during quarterly care conferences from the nursing team, and QR codes can be found at the entrance of each home. MICs LTC homes have pushed for growth and development in areas of technological advancement which will continue to enhance our ability to gain Resident and family feedback. Implementing Project AMPLIFY, Inter RAI, PCC QRM module and RNAO Clinical Pathway assessment tools, demonstrates our commitment to improving information gathering platforms to allow us to safeguard and improve quality standards throughout our long-term care homes.

Residents and their families can also share compliments and concerns at each long term care home via the MICs Group of Health Services' website and Resident Relations Process. MICs is committed to growing our relationships with members of the Resident and Family Council and support councils to meet throughout the year and provide valuable feedback and are encouraged to be involved in quality improvement initiatives for our homes.

## **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

During the past year, the MICs Group of Health Services continued to experience challenges with a shortage of Health Human Resources. However, through perseverance, MICs has continued to champion quality improvement efforts and sought to keep key initiatives moving forward despite the challenges. Even through our struggles we recognized essential key areas of improvement and established quality improvement and organizational growth priorities. MICs understands that prioritizing key areas of focus, developing a plan and re-evaluation throughout the year will ensure success.

Below are a few examples:

- Launched RNAO Clinical Pathway Assessment Best Practice tools
- Employed a LTCH IPAC/Quality Lead position
- Established a LTCH Educator and Placement coordinator
- Launched an antipsychotic medication management team
- Leveraged Point Click Care Technologies to expand system capabilities
- Strengthened partnerships with Care RX pharmacies
- Formulating plans to establish Project Amplify to ease transitional care
- Planning the implementation of Inter RAI
- Partnering with Residents, families, communities and multi-disciplinary teams to bring holistic care approaches

## PALLIATIVE CARE

Our organization recognizes the importance of providing high-quality palliative care that aligns with the Quality Standard for Palliative Care and the Ontario Palliative Care Network model of care. While we are not yet fully positioned to meet the Ministry's

long-term vision for palliative care, we are actively working toward these milestones through resource allocation, staff education, and enhanced supports. The following initiatives demonstrate our commitment to fostering a strong palliative care culture within our long-term care homes.

1. **Integration of Palliative Conversations in Care Conferences**  
Recognizing the importance of early engagement in end-of-life discussions, we are integrating structured palliative conversations into our routine care conferences. These discussions will help residents and their families gain a better understanding of a palliative care approach, identify preferences, and explore available supports. By normalizing these conversations, we aim to promote resident-centered care planning and a smoother transition into palliative care when needed. This initiative supports the Quality Standard for Palliative Care, which emphasizes early identification of palliative care needs and ongoing communication to ensure that care is aligned with the resident's goals and values. However, achieving full implementation across all homes will require staff training, process development, and additional resources to facilitate these discussions effectively.

2. **Enhanced Palliative Care Training for Staff**

A key challenge in advancing our palliative care strategy is ensuring that staff feel confident and competent in providing high-quality, compassionate end-of-life care. To address this, we will expand access to palliative care training through programs such as: Learning Essential Approaches to Palliative Care (LEAP) and Fundamentals of Palliative Care. By building capacity in pain and symptom management, emotional and psychosocial support, and end-of-life communication, we aim to strengthen health human resource

competency and improve the overall palliative care experience for residents. While these training programs align with best practices in the Ontario Palliative Care Network model of care, resource limitations and staffing constraints currently impact our ability to implement training at the scale needed. To bridge this gap, we will advocate for additional funding and staff support to ensure consistent access to education and mentorship in palliative care.

### 3. Development of Dedicated Palliative Care Spaces

A dignified and comfortable environment is essential for residents as they approach end of life. To enhance the care experience for both residents and families, we are working toward the development of designated palliative care areas within our homes. These spaces will be designed to provide: Privacy and comfort for residents and their families, supportive resources for symptom management and emotional well-being and a calming, homelike atmosphere that fosters peace and dignity.

While we recognize that not all homes are fully equipped to create dedicated palliative care spaces at this time, we are actively exploring feasible strategies for implementation, including reallocating existing spaces and securing resources to enhance the care environment. Although not all homes have a designated palliative care room, our staff remain committed to ensuring that residents receive privacy and comfort within their own rooms. Interventions are in place to support palliation for each resident, including enhanced symptom management, environmental modifications, and emotional and psychosocial support for both residents and their families. These measures help create a dignified and supportive space for end-of-life care, regardless of the physical limitations of our facilities.

### Conclusion

We acknowledge that long-term care homes are not yet fully prepared to meet the Ministry's vision for a comprehensive palliative care model. However, through incremental improvements in staff training, family engagement, and environmental supports, we are making meaningful strides toward delivering high-quality, resident-centered palliative care. Our continued focus will be on securing additional resources, strengthening education, and refining our processes to ensure that every resident receives compassionate and dignified end-of-life care in alignment with best practices.

### **CONTACT INFORMATION/DESIGNATED LEAD**

Paul Chatelain, CEO

Paul.Chatelain@micsgroup.com

Isabelle Boucher, Chief Nursing Officer

Isabelle.Boucher@micsgroup.com

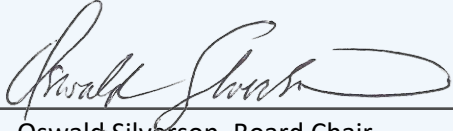
Jennifer Emond, Director of Care

Jennifer.Emond@micsgroup.com

## 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**



Oswald Silversen, Board Chair



Oswald Silversen, Board Quality Committee Chair



Paul, Chatelain, Chief Executive Officer



Jennifer Emond, EDRVQP Lead, if applicable

---