

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 26, 2026

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.

Bingham Memorial Hospital is a 17-bed facility located in the community of Black River-Matheson, with an associated 20-bed long-term care facility (Rosedale Center) attached to the hospital.

Lady Minto Hospital is a 33-bed facility located in the community of Cochrane, with an associated 37-bed long-term care facility (Villa Minto) 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 the 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, 2027, 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

Experience:

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

Safety:

- Prevent adverse medication events by endeavoring to complete o Best possible medication history on all admitted patients

o Medication reconciliation on all discharged patients

- Improve Ensure Team Members are safe from incidents of workplace violence.

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

Over the past year, we strengthened our commitment to equity and culturally safe care through the introduction of an Equity, Diversity, Inclusion, and Belonging (EDIB) Committee. This committee is dedicated to raising awareness and supporting education for Team Members on these essential values. As part of this work, we prioritized EDIB education by integrating key EDIB learning into new staff orientation, helping to ensure these principles are embedded early and consistently across the organization.

In alignment with this work, we also established an Indigenous Culture Advisory Committee (ICAC), developed in partnership with

Indigenous leaders and community representatives. This committee reflects our commitment to strengthening relationships and fostering meaningful collaboration with Indigenous partners. Together with our Indigenous partners, we are developing an action plan focused on advancing Indigenous-specific anti-racism efforts, promoting reconciliation, and reducing barriers to equitable healthcare access.

Through these partnerships, we remain committed to improving health outcomes and ensuring care is culturally, physically, and psychologically safe. We will continue to build relationships grounded in respect, accountability, transparency, and open communication, while continuously exploring opportunities to improve quality and promote health equity.

Our Indigenous partners include:

- Ininev 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

PATIENT/CLIENT/RESIDENT EXPERIENCE

Our organization remains dedicated to fostering a culture of patient engagement by welcoming feedback and suggestions that support high-performing, patient-centered care.

Aligned with Accreditation Canada, we continue to distribute patient experience surveys upon discharge from the Emergency Department, Inpatient, and Outpatient areas. These surveys provide valuable insight and anonymous feedback that supports continuous quality improvement.

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

The Patient and Family Advisory Council (PFAC) continues to meet regularly and remains an active contributor to organizational quality improvement initiatives. Over the past year, PFAC members have continued to support the development and review of the Quality Improvement Plan (QIP) and our Patient Declaration of Values. Council members have also provided input on the administrative process for the Emergency Department experience survey. The PFAC's ongoing contributions continue to positively influence the patient experience

PROVIDER EXPERIENCE

Healthcare workers continue to face increasing challenges, with fatigue and burnout contributing to recruitment and retention pressures across the healthcare system. Maintaining a healthy workforce and retaining current Team Members is essential to ensuring high-quality care, service continuity, and organizational growth.

The MICs Group of Health Services is committed to fostering a positive workplace culture through supportive leadership at the Executive and Program Lead levels, ongoing professional development opportunities, effective communication, and strong collegial relationships between front-line Team Members and managers. We recognize that a respectful, inclusive, and psychologically safe work environment is key to supporting staff wellbeing and engagement.

To strengthen recruitment and retention efforts, we continue to focus on staff experience initiatives that support work-life balance, promote wellness, encourage recognition, and enhance opportunities for learning and growth. Through ongoing engagement with Team Members, we aim to identify opportunities to improve workplace culture and support retention while ensuring our teams feel valued, supported, and empowered to deliver safe, high-quality patient care.

SAFETY

Over the past year, the hospital faced ongoing challenges related to Health Human Resource shortages. Despite these pressures, our Team Members demonstrated remarkable perseverance, commitment, and flexibility, ensuring the continued delivery of safe and compassionate care. Preventing serious patient safety incidents, including never events, remains a key organizational priority and is supported through consistent monitoring, staff education, and strengthened clinical supports.

Several initiatives were implemented to enhance patient safety and reduce the risk of preventable harm, including:

Strengthening our Patient Attendant program to provide additional observation and support for patient care.

Introducing a second Clinical Scholar role to support nursing staff orientation and provide bedside assistance.

Providing Team Members with Personal Safety Response devices to enhance staff protection and support timely response during high-risk situations.

Implementing a new incident reporting platform (QRM) as part of Expanse, improving the reporting, tracking, and review of safety incidents and near-misses. This strengthens our ability to identify trends, address contributing factors, and implement timely preventative actions to reduce the risk of never events.

PALLIATIVE CARE

Over the past year, the hospital strengthened palliative care services by hiring a part-time Palliative Care Lead, who established referral criteria and focuses on early identification of patients with palliative care needs. This role supports timely care planning, appropriate referrals, and coordination across the organization and community partners. Staff education and patient/caregiver resources continue to be provided to support engagement and ensure care aligns with the Quality Standard for Palliative Care and the Ontario Palliative Care Network model of care.

POPULATION HEALTH MANAGEMENT

Since joining the ÉSO (Équipe de Santé Ontario) Cochrane District Ontario Health Team (OHT), the MICs Group of Health Services continues to support and enhance the delivery of high-quality, patient-centered care.

As the OHT evolves, we have maintained focus on 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)

A review of Emergency Department Return Visits (EDRVQP) identified documentation gaps as a key theme. In several cases, documentation did not clearly outline the clinical reasoning behind decision-making at the time of the index visit, particularly with respect to discharge decisions for higher-risk or more complex patients. Limited documentation sometimes made it difficult to determine whether the return visit represented an expected progression of illness or whether additional assessment, intervention, or follow-up planning may have been beneficial.

Documentation related to medication counselling and adherence was also frequently unclear. In many charts, it was not documented whether patients were taking medications as prescribed or whether discussions occurred regarding barriers to adherence, patient understanding of treatment plans, or the proper use of

medications. This was particularly relevant for higher-risk medications and chronic disease treatments such as inhalers or steroids, where adherence may significantly impact patient outcomes and the likelihood of return visits.

A number of cases involved patients with complex or high-risk clinical profiles, including individuals with severe chronic disease, mental health conditions, high-risk medications, and elderly patients with multiple comorbidities. In these situations, clear documentation of clinical reasoning and discharge planning is especially important to support continuity of care and understanding of clinical decisions.

Overall, the findings suggest opportunities to strengthen documentation practices within the Emergency Department. Reinforcing documentation expectations and exploring structured supports within the electronic health record, such as prompts or standardized discharge documentation, may help ensure that clinical reasoning, medication counselling, and discharge planning are more consistently captured.

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. Provide targeted education to nursing staff on the Best Possible Medication History (BPMH) process to improve knowledge, consistency, and compliance.
2. Conduct regular audits of BPMH completion and accuracy, with timely feedback shared to clinical teams to support continuous improvement.

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. Prevent adverse medication events by endeavoring to complete medication reconciliation on all discharged patients

CONTACT INFORMATION/DESIGNATED LEAD

For more information, feel free to contact:

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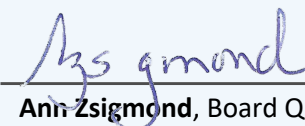
SIGN-OFF

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, 2026**



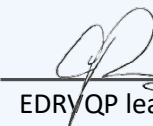
Danielle Deslaurier, Board Chair



Ann Zsigmond, Board Quality Committee Chair



Paul Chatelain, Chief Executive Officer



EDRYQ lead, if applicable