

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 18, 2025



OVERVIEW

Serving a catchment area of approximately 4,300 Lady Dunn Health Centre (LDHC) services, Wawa, White River, Missanabie, Dubreuilville, Michipicoten First Nation and surrounding area. Our Mission, Vision, and Core Values are entwined in everything that we do at Lady Dunn to ensure the best possible patient care is provided.

Mission: To provide our communities with high quality health services.

Vision: Excellent health care for every one, every day.

Core Values:

Respect: We value the dignity and uniqueness of every individual. We demonstrate fairness and consistency in our interactions.

Trust: We value reliability, dependability and are accountable for our actions.

Integrity: We value professional and ethical conduct. Honesty and openness are the hallmarks of the way we conduct our business.

Compassion: We respond to needs of others with empathy and concern.

Inclusiveness: We value people with diverse backgrounds, cultures, skills, beliefs and attitudes.

LDHC continues to focus on the priority initiatives of our Strategic Plan 2022 – 2027 - Focus on quality in delivering our services, Create and Sustain Organizational Resilience, Integrate and partner with others to better serve our communities and Seek and Optimize Financial Resources. As we did in the development of our strategic direction, LDHC will continue to consult with community partners, patients, families and staff to ensure that we continue to deliver the highest level of quality care.

LDHC also continues to participate in Accreditation Canada and we will undergo our onsite survey in November 2025.

The 2025-26 Quality Improvement Plan will focus in all areas; Access and flow, Equity, Experience and Safety. For Access and flow we will participate in the Emergency Department Return Visit Quality Program (EDRVQP).

The targets set for this year's QIP reflect the commitment to continuous quality improvement. The QIP balances quality improvement and client experience.

ACCESS AND FLOW

In line with the LDHC Strategic Directions and Goals "we hold ourselves to the highest standards by ensuring that we deliver care based on evidence based best practices and by always putting clients first". The Access and Flow indicators outlined in the QIP will keep us reducing wait times and improving the patient experience. We are currently in the process of collecting baseline data and establishing standards through CIHI submissions. We have been participating in this process since October 2024. Our data stabilization period is currently set to end March 31, 2025. We continuously work towards removing any obstacles interfering with system flow and providing timely access to care.

EQUITY AND INDIGENOUS HEALTH

Lady Dunn Health Centre is committed to reducing health inequities and advancing Indigenous health across the region.

Over the past year LDHC became a collaborative partner with Maamwesying Ontario Health Team (MOHT). Key members of the LDHC staff and leadership team participated in a Kaizen event and Indigenous Blanket Exercise with Indigenous community members to address regional needs in transitions. Out of this event a Transitions in Care Working Group was implemented to focus on improving the process for continuity in care.

In addition, this past year LDHC moved forward with the Indigenous Self-Identification question at registration to help better understand who our patients are and how we can do things differently. Patients voluntarily self-identify upon registering for services. The MOHT has applied for and secured funding to move forward with the Indigenous System Navigator Role to be shared at LDHC; the onboarding process is underway. LDHC and MOHT are also working cooperatively on a Self-ID Awareness Communications Campaign.

As part of the QIP during the upcoming year we will work to increase the percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and

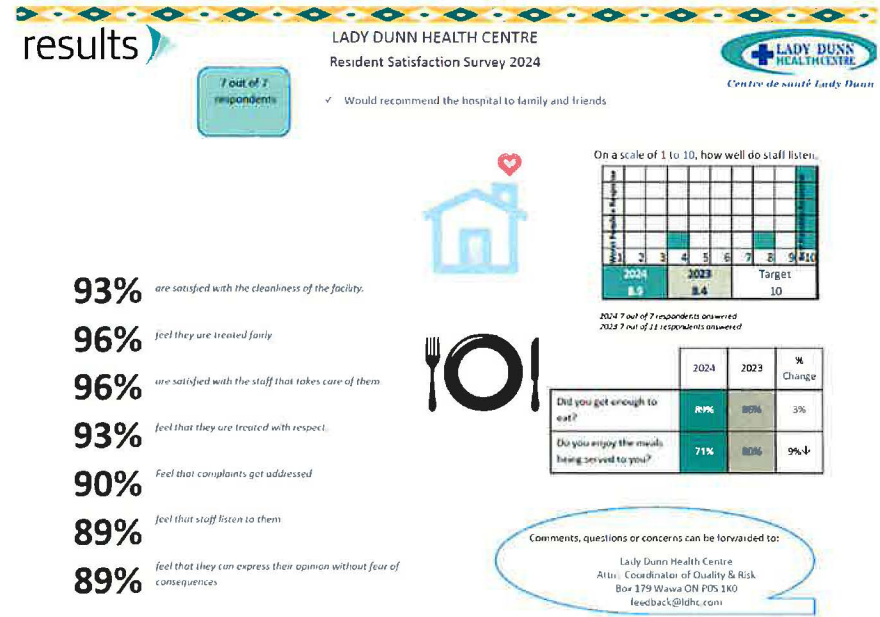
PATIENT/CLIENT/RESIDENT EXPERIENCE

Lady Dunn Health Centre continues to actively engage patients, residents and families to better understand the priorities that are important to them and their quality of care received at LDHC. Direct input from patients and families is encouraged to enhance quality improvement to the care and services provided. LDHC uses in-house resident and patient satisfaction surveys to gain feedback regarding the programs, services and care provided. For Long Term Care, input is sought from the residents and their families regarding care and overall experience at LDHC. The results are shared with the care teams as well as the residents and their families through the Family and Resident Council meetings. For inpatients/outpatients, input is sought through patient experience surveys following their appointment or discharge. Results are shared with the corresponding departments and used to develop improvement plans. Opportunities for system improvements also flow through the client concern handling process.

Experience will continue to be in the forefront this year through the following QIP Experience indicators:

- Did patients feel they received adequate information about their health and their care at discharge?
- Do residents feel they can speak up without fear of consequences?
- Do residents feel they have a voice and are listened to by staff?

Below are two examples of Experience Survey results.



	Current Performance	2023	% Increase/Decrease	Target Goal
2024				
1. I received confirmation on the details of my test before starting the procedure.	93%	86%	↑7%	95%
2. Staff that provided services to me were polite and respectful.	100%	93%	↑7%	95%
3. Staff respected my privacy.	95%	93%	↑2%	95%
4. I am satisfied with the Walk-in Clinic hours of operation for my x-ray/ECG	100%	88%	↑12%	95%
5. I am satisfied with the ultrasound booking process (old - The booking process was fast and easy.)	100%	83%	↑17%	95%
6. I am satisfied with the time I spent in the waiting area.	100%	79%	↑21%	95%
7. I am satisfied with the comfort and ease of my test.	99%			
8. The test environment was neat and clean. (old - The testing area was welcoming and a calm environment.)	100%	89%	↑11%	95%
9. I observed staff sanitizing their hands.	86%	82%	↑4%	95%
10. Overall I am satisfied with the care and service I received.	100%	86%	↑14%	95%
11. Would you recommend this hospital to your friends and family?	100%	100%	No change	100%
12. Were we able to accommodate any special needs that you required? Total of 22 responses - (5) Yes: 100%, (17) N/A				

PROVIDER EXPERIENCE

As with most healthcare facilities, recruitment and retention remain a top priority for LDHC. The North Algoma Medical Recruitment and Retention Committee (NAMRRC) is a collaboration of LDHC, the Municipality of Wawa, Wawa Medical Group, Wawa Family Health Team, and other community partners. The NAMRRC's mandate is to plan and implement an integrated approach to recruitment and retention of health professionals for the North Algoma community. In addition to the NAMRRC, LDHC has a Student Placement Coordinator to assist individuals interested in a career in health care.

SAFETY

Lady Dunn Health Centre is committed to ensuring that risk management and safety are part of the culture threaded throughout all processes and operations.

LDHC participates in HIROC's Annual Risk Assessment Checklist self-assessment program. This program assists LDHC in providing focus for ongoing risk management and safety processes throughout the organization.

In 2024/2025 LDHC brought focus to Patient Safety through multiple Armband Audits to ensure proper patient identification. Following each subsequent audit the involved departments were engaged and education provided as needed according to the results. The final audit of the cycle brought a result of 100%; 100% of the information on 100% of the patient armbands audited was correct.

Additionally, we focused on improving processes around facility wide safety through reviewing and updating specific policies. ie: Code Silver

LDHC will continue to focus on safety indicators as noted in the QIP through the close management of the below:

- Rate of medication reconciliation at admission
- Percentage of long-term care residents not living with psychosis who were given antipsychotic medication
- Percentage of long-term care residents who fell in the last 30 days

EMERGENCY DEPARTMENT RETURN VISIT QUALITY PROGRAM (EDRVQP)

Lady Dunn Health Centre is participating in the Emergency Department Return Visit Quality Program (EDRVQP). The team conducting audits and implementing the quality improvement initiatives associated with the EDRVQP will be an ad hoc group of the Medical Advisory Committee (MAC). The group will be comprised of members of the MAC, the ED lead, members of nursing team along with other key hospital department personnel will be engaged as needed. ie Diagnostic Imaging, Laboratory etc. The ERNI Coordinator will provide the MAC with the return visit data monthly. The MAC will conduct a high level review of the data and recommend the return visits that are to undergo an audit investigating the cause of the return visit. The ad hoc group will collectively identify any quality issues or adverse events that were present and present process improvement recommendations to address the issues identified. The process improvement recommendations will be implemented in accordance with the LDHC Continuous Quality Improvement Program.

EXECUTIVE COMPENSATION

The Chief Executive Officer and the Director of Patient Care performance compensation will be based on the Lady Dunn Health Centre's executive compensation framework.

CONTACT INFORMATION/DESIGNATED LEAD

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Wawa ON P0S 1K0
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quality@ldhc.com

OTHER

Ontario Health Quality reports publicly on patient safety quality indicators for the Province of Ontario regarding hospital associated infections, hand hygiene compliance, patient safety and harm. The following indicators are reviewed as part of the LDHC Quality Improvement Program:

- Hand Hygiene Compliance
- Surgical Safety Compliance
- Critical Incidents
- Critical Medication Events
- Falls
- Patience Experience
- Percentage of staff vaccinated against influenza

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 17th, 2025

Danette Mathias

Board Chair

Danette Mathias

Board Quality Committee Chair

K. Oplow

Chief Executive Officer

[Signature]

EDRVQP lead, if applicable
