

Quality Improvement Plan (QIP)

# Narrative for Health Care Organizations in Ontario

April 10, 2026

## OVERVIEW

Lady Dunn Health Centre is proud to serve as a cornerstone of care for the Wawa and surrounding Algoma communities, delivering high-quality, patient-centred services close to home. As a small rural hospital, we recognize the unique challenges our patients face—including geographic isolation, limited access to specialists, and an aging population—and we are committed to closing those gaps through innovation, collaboration, and continuous quality improvement. One of our most significant achievements has been strengthening integrated care pathways across acute care, long-term care, and primary care services, ensuring smoother transitions, reduced wait times, and more coordinated follow-up. Through strong partnerships with regional providers and a dedicated, multidisciplinary team, we have enhanced access to diagnostics, virtual care, and chronic disease management supports. Building on this momentum, our Quality Improvement Plan (QIP) activities will focus on further improving timely access, patient safety, and patient and family experience, ensuring that every individual who walks through our doors receives safe, equitable, and compassionate care.

The Lady Dunn Health Centre maintained their Accreditation with Exemplary Standing from Accreditation Canada in our November 2025 survey.

## ACCESS AND FLOW

Lady Dunn Health Centre (LDHC) supports timely access to care and efficient patient flow through coordinated planning, monitoring of key performance indicators, and continuous process improvement. The organization tracks indicators such as emergency department wait times, admission and discharge processes, length of stay, and Alternate Level of Care (ALC) utilization to identify bottlenecks and improvement opportunities.

Interdisciplinary collaboration supports proactive discharge planning beginning at admission, with early involvement of patients, families, and community partners to facilitate smooth transitions of care. Regular bed utilization reviews and daily care team huddles help optimize patient movement and ensure appropriate placement within the organization.

LDHC also works closely with regional partners to support access to primary care, long-term care, and community services, reducing avoidable delays and supporting continuity of care. Process improvements are evaluated through ongoing data review and patient feedback to ensure that access initiatives are effective and sustainable.

Through continuous monitoring, collaboration, and evidence-informed improvements, LDHC promotes safe, efficient patient flow and equitable access to care across its services.

## EQUITY AND INDIGENOUS HEALTH

Lady Dunn Health Centre is committed to advancing Indigenous health and equity by fostering culturally safe, respectful, and inclusive care for First Nations, Inuit, and Métis patients and families. Recognizing the ongoing impacts of colonization, systemic racism, and geographic barriers, our organization is working to reduce disparities in access, experience, and outcomes.

Lady Dunn continues to work on strengthening relationships with local Indigenous communities through meaningful engagement and partnership with Maamwesying Ontario Health Team. We aim to integrate Indigenous perspectives into care planning, decision-making, and evaluation processes. This includes collaborating with community leaders, Elders, and knowledge keepers to ensure services reflect cultural values and needs.

Key initiatives include enhancing cultural safety training for staff, providing access to an Indigenous Service Navigator through Maamwesying OHT. We are also focused on identifying and addressing gaps to better understand inequities and measure progress.

Lady Dunn Health Centre is committed to creating a welcoming environment where Indigenous patients feel safe, respected, and heard. Through continuous learning, accountability, and partnership, we strive to deliver equitable care and contribute to improved health outcomes for Indigenous populations in our region.

## PATIENT/CLIENT/RESIDENT EXPERIENCE

Lady Dunn Health Centre systematically integrates patient, resident,

and family experience feedback into its quality improvement activities. Feedback is collected through patient satisfaction surveys, suggestion boxes, compliments and concerns processes, and engagement with Patient and Family Advisors and Resident/Family Councils.

Survey results and qualitative feedback are reviewed by leadership and care teams to identify trends, priority areas, and opportunities for improvement. Findings directly inform annual Quality Improvement Plan priorities and action plans. Where opportunities are identified, targeted initiatives are implemented (e.g., service adjustments, workflow changes, communication improvements), and outcomes are monitored to evaluate impact.

Feedback results and improvement actions are communicated to staff and stakeholders to promote transparency and shared accountability.

Through this structured and continuous feedback loop, Lady Dunn Health Centre ensures that patient and family experiences meaningfully guide quality improvement efforts and service enhancements.

Experience will continue to be in the forefront as always 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.





## Resident Satisfaction Results 2025



## PROVIDER EXPERIENCE

Lady Dunn Health Centre (LDHC) has prioritized workforce stability and a positive workplace culture as foundational elements of quality care. Recognizing the challenges of rural health human resource recruitment and retention, LDHC has implemented and continues to strengthen targeted strategies to attract, support, and retain staff.

Recruitment initiatives include proactive outreach, partnerships with educational institutions, participation in regional recruitment efforts, and promotion of rural practice opportunities. The organization leverages incentive programs where available and supports streamlined onboarding processes to facilitate timely integration of new hires.

Retention efforts focus on fostering a supportive and respectful workplace culture. LDHC promotes employee engagement through regular staff surveys, open forums, and leadership visibility. Feedback from staff is reviewed and incorporated into action planning to address concerns related to workload, communication, and team functioning. Professional development opportunities, mentorship, succession planning, and access to continuing education are supported to enhance career growth and job satisfaction.

To strengthen workplace culture, LDHC advances initiatives aligned with staff well-being, recognition, and psychological safety. Interdisciplinary collaboration, team-based care models, and regular communication mechanisms (e.g., huddles and leadership updates) promote transparency and shared accountability. Workplace health and safety measures, along with wellness initiatives, further support a healthy work environment.

Through these coordinated recruitment, retention, and culture-building strategies, LDHC aims to maintain a stable, engaged workforce that supports high-quality, safe, and patient-centered care.

## SAFETY

Medication reconciliation on discharge remains below target and is a primary focus area for improvement in 2026–2027. Quarterly performance (79%, 76%, 79%) reflects inconsistency in documentation completion.

Contributing factors identified include:

Incomplete reconciliation entries (one missed medication results in non-compliance)

Variability in physician documentation practices

Potential workflow challenges within the Meditech system (“submit” vs. “finalize” process)

Improvement Actions Underway:

Review of results at Medical Advisory Committee (MAC)

Individual physician performance feedback

Workflow clarification and system review

Reinforcement of documentation standards

The organization recognizes discharge reconciliation as a moderate–high patient safety risk and will continue targeted interventions through the upcoming period.

## EMERGENCY DEPARTMENT RETURN VISIT QUALITY PROGRAM (EDRVQP)

The EDRVQP Audit 2025–26 functions as both a case-level review instrument and a strategic quality improvement driver. By standardizing return visit evaluation, it:

Promotes accountability

Encourages reflective clinical practice

Identifies system-based contributors to patient harm

Facilitates targeted, measurable improvement initiatives

Ultimately, the audit strengthens patient safety, enhances diagnostic accuracy, and supports a culture of continuous quality improvement within the Emergency Department.

The audit findings will be presented in a case study for learning purposes for the greater team.

## EXECUTIVE COMPENSATION

Lady Dunn Health Centre (LDHC) maintains a compensation framework for its executive leadership team that aligns with the Broader Public Sector Executive Compensation Act (BPSECA) and applicable Ontario regulations. Executive compensation is structured to support organizational performance, accountability, and achievement of strategic priorities, including quality and patient safety goals.

A portion of executive performance evaluation and compensation is directly linked to the achievement of annual Quality Improvement Plan (QIP) objectives. Performance-based compensation is contingent upon measurable progress toward approved QIP targets, including indicators related to patient safety, patient experience, access and flow, and workforce stability. Achievement is assessed through established performance metrics, board oversight, and formal evaluation processes.

The Board of Directors reviews executive performance annually, including progress on QIP commitments. This ensures leadership accountability for advancing quality, safety, and patient-centred care while maintaining responsible stewardship of public resources.

Through this structured alignment of executive performance and QIP priorities, LDHC reinforces a culture of quality improvement, transparency, and shared accountability across the organization.

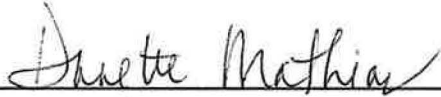
## CONTACT INFORMATION/DESIGNATED LEAD

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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 31, 2026**



Danette Mathias, Board Chair



Danette Mathias, Board Quality Committee Chair



Kadean Ogilvie, Chief Executive Officer

Louise Needham, EDRVQP lead, if applicable

