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## Quality Improvement Plan (QIP) Narrative for Health Care Organizations in Ontario



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This document is intended to provide health care organizations in Ontario with guidance as to how they can develop a Quality Improvement Plan. While much effort and care has gone into preparing this document, this document should not be relied on as legal advice and organizations should consult with their legal, governance and other relevant advisors as appropriate in preparing their quality improvement plans. Furthermore, organizations are free to design their own public quality improvement plans using alternative formats and contents, provided that they submit a version of their quality improvement plan to Health Quality Ontario (if required) in the format described herein.

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## Overview

Muskoka Algonquin Healthcare (MAHC) takes pride in serving the Muskoka and East Parry Sound communities, encompassing areas from North of Sundridge to the east of Algonquin Park. We are dedicated to providing safe, high-quality, patient- and family-centered care at our two sites located in Bracebridge and Huntsville. MAHC functions as a rural teaching hospital and maintains affiliations with various academic institutions, including the Northern Ontario School of Medicine (NOSM), as well as other colleges and universities.

**Mission:** Together, we provide outstanding integrated care to support people to live their healthiest lives.

**Vision:** Transforming healthcare together!

**Values:** Guided by our refreshed values of Compassion, Respect, Trust, Innovation, and Optimism, Muskoka Algonquin Healthcare is committed to fostering an environment where patients, families, and staff feel valued, supported, and empowered to deliver outstanding care. These values reflect our mission by promoting compassionate interactions, respectful collaboration, transparent communication, and a culture that encourages innovation and positive change. Through this foundation, we aim to continuously improve the patient experience, strengthen teamwork, and achieve high-quality outcomes for the communities we serve.

Quality and safety form the cornerstone of MAHC's commitment to our staff, physicians, volunteers, and patients. By prioritizing the well-being of individuals, we ensure that patients and their families receive the care they rightfully expect and deserve. MAHC is dedicated to employing best practices to ensure optimal patient outcomes, guided by Health Quality Ontario's definition of a high-quality health system.

Our 2026-2027 Quality Improvement Plan (QIP) marks the tenth year of collaboration among MAHC, North Simcoe Muskoka Home and Community Care, Muskoka Health Links, the Cottage Country Family Health Team, the Algonquin Family Health Team, and the Community Mental Health Association. Collectively, we strive to enhance the quality of care for the people of Muskoka, with a history of shared QIP initiatives. As a collaborative effort, we aim to improve safe, integrated, effective, patient-centered access to care across the entire healthcare continuum.

MAHC is a key partner in the Muskoka Algonquin Ontario Health Team (MAOHT), one of the original Ontario Health Teams established to implement a new model of integrated care that better connects patients, families, and providers across the continuum. Together, we are working to build a quality-driven, equity-focused, and outcomes-based healthcare system. Our QIP leverages our strong quality and safety culture to proactively address patient and staff needs, while strengthening care transitions from hospital to community through ongoing collaboration with MAOHT and system partners.

Our ongoing quality improvement journey is informed by input from patients and their families, as well as our staff, physicians, Board of Directors, and healthcare partners. Collaboratively developing our QIP ensures that patients receive timely, appropriate care. This year's QIP comprises various quality initiatives, with departments and clinical areas identifying additional quality initiatives and performance indicators, which contribute to MAHC's Balanced Scorecard.

## Access and Flow

Optimizing access and flow within Muskoka Algonquin Healthcare (MAHC) is a focal point of our commitment to enhancing patient care delivery. We recognize that efficient access to healthcare services and streamlined patient flow are essential components of providing timely and effective care to our community.

To address this, MAHC is implementing strategies aimed at improving access to care across all levels of service. This includes initiatives to reduce wait times for appointments, enhance availability of urgent care services, and facilitate timely access to specialty care and diagnostic procedures. By focusing on improving access, we aim to ensure that patients receive the right care, at the right time, in the right setting.

Furthermore, optimizing patient flow is crucial for enhancing efficiency and minimizing delays in care delivery. MAHC is implementing measures to improve patient flow within hospital departments, including streamlining admission and discharge processes, optimizing bed management practices, and enhancing coordination between healthcare teams. By improving patient flow, we aim to minimize wait times and enhance the overall patient experience within our facilities.

Through ongoing monitoring, evaluation, and continuous improvement efforts, MAHC is committed to optimizing access and flow to ensure that patients receive timely, efficient, and high-quality care. By prioritizing these efforts in our Quality Improvement Plan, we are dedicated to advancing the delivery of patient-centered care and improving health outcomes for our community.

Key Emergency Department (ED) access and flow indicators include:

- **90th percentile ambulance offload time (AOT):** Ambulance offload time is the duration (time elapsed) between the time of ambulance arrival at the emergency department and the time the ambulance transfer of care process is complete. *Ontario Health Target is 30 mins.*
- **90th percentile Emergency Department to physician Initial Assessment:** is the duration (time elapsed) between a patient being triaged or registered (whichever comes first) and physician initial assessment. *Ontario Health Target is 3.4 hours*
- **Daily average number of patients waiting in the Emergency department for an inpatient bed at 8am:** Daily average number of patients waiting in the Emergency department for an inpatient bed at 8am, number of patients in the emergency department waiting for an inpatient bed at 8a.m is the number of people who had been admitted but who, by 8 a.m., had been waiting at least 2 hours since disposition, were still in the emergency department (i.e., not yet in an inpatient bed), and then left the emergency department. *MAHC Target assigned by Ontario Health is 2 patients.*
- **90th percentile Emergency Department Length of Stay for non-admitted patients, low acuity:** is the duration (total time elapsed) between time of triage or registration (whichever occurs first) and the time the patient leaves the emergency department. It is limited to patients who are triaged as less severe and who leave the emergency department without being admitted. *Ontario Health. Target is 4 hours.*
- **90th percentile Emergency Department Length of Stay for non-admitted patients, high acuity:** is the duration (total time elapsed) between time of triage or registration (whichever occurs first) and the time the patient leaves the emergency department. It is limited to patients who are triaged as more severe and who leave the emergency department without being admitted. *Ontario Health Target is 7 hours.*

Recognizing that inpatient flow directly impacts emergency department pressures, MAHC has expanded its focus this year to include key inpatient performance indicators:

- **Average Length of Stay (LOS) for Acute Patients:** is the duration (average number of days) between admission and discharge for patients receiving acute inpatient care. This indicator reflects inpatient efficiency and directly impacts hospital capacity and Emergency Department access and flow. MAHC Target: Achieve performance at or below the Ontario median (50th percentile) or a  $\geq 5\%$  reduction from baseline year.
- **Average Length of Stay (LOS) for Quality-Based Procedure (QBP) Patients:** is the duration (average number of days) between admission and discharge for patients within designated QBP clinical cohorts. This indicator reflects adherence to evidence-informed clinical pathways and funding expectations. MAHC Target: Achieve a  $\geq 5\%$  reduction from baseline for prioritized QBP cohorts and movement toward Ontario peer median performance.
- **Average Length of Stay (LOS) for Alternate Level of Care (ALC) Patients:** is the duration (average number of days) patients designated as ALC remain in hospital after no longer requiring acute care services. It reflects system integration and access to community-based care. MAHC Proposed Target is a  $\geq 5\%$  reduction in ALC days compared to prior year.
- **28-Day All-Cause Hospital Readmission Rate:** is the percentage of patients who are readmitted to hospital within 28 days of discharge for any cause. This indicator ensures that efforts to reduce length of stay do not adversely impact quality of care or discharge safety. MAHC Target: Achieve a  $\geq 5\%$  reduction from baseline or maintain performance at or below Ontario average.
- **Conservable Bed Days:** is the number of inpatient days identified as potentially avoidable based on expected length of stay benchmarks for case mix. It reflects opportunities to improve discharge planning and overall patient flow. MAHC Proposed Target is a  $\geq 5\%$  reduction in conservable bed days from baseline year.

These indicators collectively support a balanced approach to improving efficiency while maintaining quality and patient safety. In particular, reducing length of stay and conservable bed days will improve capacity, while monitoring readmissions ensures that discharge practices remain safe and effective.

Through continuous monitoring, data-driven decision-making, and collaboration with system partners, MAHC is committed to sustained improvements in access and flow. These efforts are embedded within our Quality Improvement Plan and are essential to ensuring timely, efficient, and high-quality care for the communities we serve.

## Equity and Indigenous Health

Equity and Indigenous health are fundamental to our commitment to providing comprehensive and inclusive healthcare services. We understand that achieving equitable healthcare requires proactive efforts to eliminate disparities and ensure that all individuals, regardless of background or identity, have access to high-quality care. Additionally, we are dedicated to implementing strategies that prioritize Indigenous health and well-being. This involves creating environments within our hospitals that are not only culturally safe but also culturally affirming, where Indigenous patients feel respected, valued, and understood. It also means actively working to increase access to culturally appropriate healthcare services that meet the unique needs of Indigenous communities. This includes initiatives such as implementing cultural competency training for healthcare providers, fostering partnerships with Indigenous organizations and communities, and integrating Indigenous healing practices into our healthcare delivery model.

By prioritizing hospital equity and Indigenous health, we aim to create a healthcare system that not only provides equitable access to care but also respects and celebrates the diversity of the communities we serve. Through our collective efforts, we strive to build a healthcare system that is inclusive, compassionate, and responsive to the needs of all patients, including Indigenous people.

- **Ensure MAHC executive-level, management, and PFAC members complete relevant Indigenous Cultural Safety, equity, diversity, inclusion, anti-racism education.** *Target 80% completion rate.*

## Patient/Client/Resident Experience

MAHC has demonstrated a strong commitment to amplifying the voice of patients. The inception of the Patient and Family Advisory Council (PFAC) in January 2017 marked the beginning of a concerted effort to integrate patient perspectives into MAHC's initiatives. Several patient and family advisors, representing diverse regions of Muskoka, were recruited to ensure comprehensive representation. This advisory committee plays a vital role in reviewing and providing input for the Quality Improvement Plan (QIP).

Since its establishment, patient and family representatives have actively participated in various MAHC projects, including the STEMI project launch, Endovascular Access workgroup, Capital Plan Development Task Force and Capital Redevelopment Steering Committee. Additionally, they have contributed to minor renovation projects such as the refurbishment of the labour and delivery room at the HDMH Site. Their involvement extends to serving as regular members on several committees, including Ethics, Family Practice, Obstetrics, Emergency Department, and Quality and Patient Safety committees.

Looking ahead, MAHC aims to expand its team of Patient Experience Partners, with plans to recruit and educate more members across clinical care teams. The PFAC has identified areas for improvement and seeks enhanced involvement in patient satisfaction initiatives in the upcoming year, aligning with the overarching goal of advancing person-centered care at MAHC.

- **Did patients feel they received adequate information about their health and their care at discharge?** Percentage of respondents who responded positively to the following question: "Did you receive enough information from hospital staff about what to do if you were worried about your condition or treatment after you left the hospital?" *Target >70%.*

## Provider Experience

MAHC formed a successful partnership with Your Health Space, a program initiative through the Canadian Mental Health Association (CMHA). This includes departmental mental health education sessions focused on the prevalent challenges faced by essential workers. Given the unique needs of each department, employees were able to engage and help select target topics.

The Occupational Health and Safety (OHS) and Employee Wellness team have collaborated with Corporate Educators to support and improve employee access to wellness programs. Our Employee Assistance Program (EAP) is a confidential service available 24/7 for staff to provide support for a wide range of concerns, including stress, trauma, emotional well-being, and family matters. This program is also available to all members of the employee's household. Employee Assistance Program coordinators are brought onsite to assist with

decompression and resilience-building sessions following traumatic medical events and emergencies. Access to care is further supported through coordinator visits and staff huddles.

MAHC additionally provides staff with information about the Frontline Wellness Program through Waypoint and promotes community wellness initiatives, events and programs, to further break down the stigma and barriers surrounding mental wellness.

MAHC's goal is to foster a culture that promotes awareness of wellbeing, encourages positive coping strategies, and supports the development of a healthy, resilient workforce. Current efforts focus on promoting available resources, embedding wellness into daily practice, and ensuring staff have timely access to appropriate supports. OHS remains available to guide employees through this process and provide support as needed.

Looking ahead, priorities include enhancing coordination between OHS, leadership, and education teams, strengthening early intervention approaches, and expanding timely post-incident supports such as debriefs and onsite presence. Ongoing evaluation of program effectiveness will help identify gaps and ensure initiatives remain practical, responsive, and aligned with the evolving needs of staff.

## Safety

Ensuring quality care and patient safety stands as a strategic priority for MAHC. Each member of our staff bears responsibility for delivering safe patient care and service. Every day, our dedicated team endeavors to excel in the safe provision of high-quality care. MAHC remains steadfast in its commitment to employing best practices to achieve optimal patient outcomes. To guide us in this pursuit, MAHC has embraced Health Quality Ontario's (HQO) definition of a high-quality health system and adheres to the Canadian Patient Safety Framework, aiming for:

- Enhancement of key quality and safety areas
- Reduction of unwarranted care variation
- Reinforcement of the delivery of high-quality health services to enhance patient experience and outcomes

Every individual within the organization plays a pivotal role in ensuring patient safety. Roles and responsibilities pertaining to patient safety are clearly outlined in position profiles, performance appraisals, handbooks, and orientation materials. The prevention of patient injury takes precedence in all actions undertaken and is the shared responsibility of each employee and physician practicing within our hospital. Adherence to rules and procedures aimed at minimizing the possibility of patient injury is integral to our patient safety initiative.

The Balanced Scorecard serves as a conceptual framework for translating MAHC's vision into a set of performance indicators. These indicators gauge progress toward realizing our vision, with additional indicators measuring the long-term drivers of success. At MAHC, the Balanced Scorecard encompasses relevant indicators developed at the departmental level. In instances where targets are not met, we develop and implement action plans for process improvement, measuring results and ensuring ongoing monitoring of indicators to ensure sustained performance. Process improvement efforts leverage the FOCUS (Find, Organize, Clarify, Understand, Select) – PDSA (Plan, Do, Check Act) methodology, involving departmental or cross-functional teams. MAHC fosters a supportive environment for all staff and physicians to report errors, near misses, and adverse events. We meticulously track these reported events to identify trends and patterns necessitating investigation and improvement, perpetuating a culture of continuous learning and awareness. Patients rightfully expect safe care, and our healthcare providers at MAHC remain steadfast in delivering care that promotes better health and fosters safe, effective outcomes for patients.

- **Medication Reconciliation at Discharge:** Percentage of discharged patients for whom a Best Possible Medication Discharge Plan was created out of the total number of patients discharged. Target of 70% completion rate.
- **Rate of workplace violence incidents resulting in lost time injury:** Rate of reported workplace violence incidents by hospital workers that resulted in a lost time injury within a 12-month period. For quality improvement purposes, hospitals are asked to collect data on the number of violent incidents reported by workers that result in a lost time injury, including physicians and those who are contracted (e.g., food services, security) as defined by the Occupational Health and Safety Act. Target is <15% of staff incidents.

## Palliative Care

Muskoka Algonquin Healthcare (MAHC) is committed to advancing a coordinated, high-quality palliative care approach that aligns with the Ontario Health Quality Standard for Palliative Care and the Ontario Palliative Care Network Model of Care. Our goal is to ensure that patients and families receive compassionate, person-centred care that addresses physical, emotional, cultural, and spiritual needs across the care continuum.

MAHC recognizes that a formalized palliative care program, including standardized policies and a dedicated interdisciplinary team, is not yet fully established. This has been identified as a priority area for quality improvement and system development.

To address this gap, MAHC is actively working toward:

- Developing and implementing a formal palliative care policy and standardized care pathways
- Establishing a dedicated interdisciplinary palliative care team (physicians, nurses, social work, and spiritual care)
- Strengthening collaboration with community care partners to support continuity of care, transitions, and goals-of-care alignment
- Enhancing staff education and competency in palliative care principles, including symptom management, communication, and end-of-life care

Through these initiatives, MAHC aims to improve access, consistency, and quality of palliative care services, ensuring alignment with leading practices, provincial standards, and Accreditation Canada expectations.

## Population Health Management

MAHC is committed to improving healthcare quality through a Population Health Approach. This approach recognizes that health outcomes are influenced by various social, economic, environmental, and behavioral factors beyond just medical interventions. By embracing this holistic perspective, we aim to address the diverse needs of our population while promoting wellness, preventing illness, and reducing health disparities. We utilize standardized order sets across the organization that create accessible and timely management to pain and symptom management for our patients. MAHC fosters early engagement of local hospice and Ontario Health at Home to support patient and family palliative care settings. These partnerships allow for seamless care transitions and coordinate access to healthcare providers. The palliative care team of physicians work with the interdisciplinary care team to support ongoing education to staff, patients, and families.

We emphasize data-driven decision-making, community engagement, and proactive health promotion and prevention strategies. Through robust data analytics, we identify health trends, disparities, and areas for improvement within the population of Muskoka. Engaging with stakeholders such as residents, healthcare providers, and local organizations will ensure that interventions are culturally sensitive and responsive to our community needs.

Furthermore, we focus on enhancing care coordination, addressing health inequities, and implementing continuous monitoring and evaluation mechanisms. By fostering collaboration among healthcare providers, integrating services, and targeting interventions towards marginalized and underserved groups, our healthcare system aims to achieve equitable access to high-quality care. Through ongoing evaluation and refinement, we are committed to realizing our vision of optimal health outcomes for all residents of Muskoka.

### **Executive Compensation**

At Muskoka Algonquin Healthcare (MAHC), executive compensation is directly linked to organizational performance and quality outcomes. Each senior leader establishes annual performance goals that are aligned with the Strategic Plan and the Quality Improvement Plan (QIP), and that reflect accountability within their respective portfolios. All executives have 3% compensation that is designated as pay-for-performance and is contingent on the achievement of approved performance goals and objectives, including those set out in the QIP.

### **Quality Improvement and Emergency Department Return Visit Quality Program**

Focusing on the quality of care in our emergency departments, MAHC participates in this program to build culture of continuous improvement. It is designed to help clinicians and hospitals in Ontario identify, audit and investigate underlying causes of return visits to their emergency departments and take steps to address them. As part of the program, we review data on emergency department visits, conduct audits on return visit cases where hospital admission was required, investigate causes that could signal quality issues, explore opportunities for improvement. When a patient returns to the emergency department and requires hospital admission after an initial visit for the same or a related concern, it may represent a gap in quality care. Although some return visits are unavoidable – they happen for reasons that cannot be prevented, such as natural disease progression, or are scheduled, some return visits are preventable and occur due to gaps in the quality of care provided in the index visit. In fact, the goal of auditing return visits is not to decrease the overall number of return visits, which could lead to unintentional consequences, such as increased admission or unnecessary testing, but to identify instances of potentially preventable harm and improve care by addressing quality issues that led to their occurrence. Thus, the goal is to encourage continuous and ongoing quality improvement, that is the foundation of high-quality emergency care.

### Contact Information/Designated Lead

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Chair, Board of Directors

Dave Uffelmann  
Interim Chair, Quality and Patient Safety Committee of the Board

### 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

Board Chair original signed\_\_ (signature)

Board Quality Committee Chair \_\_\_\_\_ (signature)

Chief Executive Officer original signed \_(signature)

Other leadership as appropriate original signed\_\_ (signature)