

Let's Make Healthy
Change Happen.



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



ST. JOSEPH'S CARE GROUP

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Overview

St. Joseph's Care Group (SJCG) combines tradition and innovation in responding to the unmet needs of the people of Northwestern Ontario. We provide a broad range of programs and services including Mental Health and Addictions, Rehabilitative Care, Long-Term Care and Supportive Housing across multiple locations in the City of Thunder Bay. SJCG is also Northwestern Ontario's regional lead for Rehabilitative Care, Seniors' Care, Rapid Access Addiction Medicine, Palliative Care and the Ontario Structured Psychotherapy Program.

SJCG is pleased to share our 2025-2026 Quality Improvement Plans (QIP) which covers St. Joseph's Hospital, Hogarth Riverview Manor and Bethammi Nursing Home. For the upcoming year, SJCG's QIP will focus on the following priorities: Access and Flow, Equity, Experience, and Safety. The indicators identified within the QIP align with our new Strategic Plan and priorities identified through Accreditation Canada's self-assessments of standards.

Access and Flow

In response to Ontario Health's operational direction to improving system capacity, SJCG has optimized opportunities for rehabilitation, complex continuing care and community-based care. Work completed includes:

- Participation in a variety of local and regional tables with system partners focusing on enhancing organization-wide client flow. Tables support resolution of issues related to flow spanning from individual client issues to multi-stakeholder and system level to system challenges.
- Sustainment and refinement of initiatives previously implemented in both the inpatient and outpatient hospital settings that promote flow across the system. Examples include enhanced services within the inpatient units to promote improved admissions from acute care for frail seniors and remote client monitoring which enables clients to receive support following discharge.
- Sustainment of innovative models of care provided within supportive housing services to enable individuals to be discharged from a hospital into a safe and supportive community setting.

Specific Outcomes and Drivers of Performance:

SJCG's focus on improving flow has yielded results this year. Occupancy in the hospital regularly exceeds 95% while wait times for admission have remained stable. These outcomes are attributed to both addressing operational challenges (staffing levels) and leveraging strong working relationships with system partners.

For the upcoming year, SJCG's inpatient rehabilitative care team has identified length of stay (excluding ALC) as a key objective to support flow. The team has identified that the rapid development of care plans including discharge planning upon admission will be a key driver of reducing length of stay.

Equity and Indigenous Health

As an organization, SJCG is committed to cultivating and promoting a culturally safe environment characterized by equity, diversity and inclusion (EDI); ensuring awareness, attention, and respect for the diversity is demonstrated by all within our organization.

Indigenous Health:

SJCG's commitment to Indigenous Health is exemplified through the hiring of additional resources within the N'doo'owe Binesi division. Our Ogichidaa Onaakonigewin (Elders Council), linked to the Mission & Equity Subcommittee of the Board, provides guidance to our organization. Members of the Elders Council were integral to the development of our 2024/2028 Strategic Plan.

To combat racism and discrimination, SJCG has completed activities at both governance and operational level. Significant Board activities included the approval of an anti-racism framework and issuance of a commitment statement acknowledging the Board's role in addressing systemic racism and discrimination. At the operational level, key accomplishments include:

- Roll out of policies and procedures related to racism, discrimination and the rights of Indigenous peoples. A key policy advanced was the Indigenous Cultural Safety policy;
- Expansion of the voluntary self-identification process for Indigenous clients and formalization of processes to connect clients identifying as Indigenous with N'doo'owe Binesi; and
- Completion of mandatory training to for both managers and staff related to racism and discrimination.

The 2024-25 QIP focused on the rehabilitative care division where 43 successful referrals connected Indigenous clients with cultural support provided via the Nanaandawe'ewin (Traditional Healing Program). For the upcoming year, the QIP continues to focus on the implementation of voluntary self-identification for Indigenous clients and expanded education for staff.

Broader Equity, Diversity and Inclusion:

SJCG continues to support a dedicated EDI Council (EDIC) providing us with a comprehensive EDI foundation and framework. The EDIC completed robust engagement, seeking feedback from internal stakeholders to identify both barriers present to employees and systemic biases and gaps that exist. This engagement led to the development of a multi-year EDI Action Plan. Specific initiatives completed in 2024/25 year in alignment with the EDI Action Plan include: launch of a virtual library with EDI related self-directed learning into mandatory education, and hosting organization wide celebrations during pride week.

SJCG recognizes the importance of ensuring that everyone feels respected, supported, valued and safe to be their true selves. To this end, we continue to strive for the creation of an inclusive environment where everyone is able to fully participate and contribute in shaping our healthcare services in a meaningful way.

Patient/Client/Resident Experience

SJCG has a long-standing history of engaging clients and their families in both individual care planning and the design of health care service delivery.

Client and Family Council:

St. Joseph's Care Group has a group of extremely dedicated volunteers that contribute their time to support the enhancement of services. These client and family partners are engaged on both specific initiatives (work groups, projects) and integration into standing committees.

Client and family partners have a committee (the Client and Family Council) which now has a direct connection with both SJCG's Leadership Team (through a member of Leadership Team being on Council) and the Board of Directors (the Chair of the Council sits on SJCG's Board of Directors).

Recently, the Client and Family Council adopted new terms of reference and broadened its membership to include all areas of the organization. Work is underway to develop a standing work plan that improves the linkage between the council and the operations of the broader organization.

Monitoring and Improving the Client Experience:

SJCG completes an annual client satisfaction survey to measure the client experience. Survey results are compiled at the department, division and corporate level and are reviewed by: individual teams, leadership team and the Board of Directors. Reviews of these results are key to identify priorities areas for future improvement initiatives.

Through the annual QIP process, client satisfaction results accompanied by extensive engagement inclusive of client and family partners inform priorities. This past year, areas of improvement focused on:

- Staff listen carefully to clients;
- Clients and families are involved in their care planning;
- Clients feel comfortable to raise a concern; and
- Clients feel they receive enough information on discharge.

For the upcoming year, SJCG plans to leverage both the information from the annual client survey as well as other data sources that are available at the divisional and program level to monitor and enhance the experience for clients.

Provider Experience

SJCG is committed to the people we employ; strategically prioritizing wellness, development and overall experience. A summary of significant activities completed is below. As highlighted in the Client Flow section, ensuring we support those delivering care is critical to enable the delivery of high quality care.

Recruitment and Leadership Development

Building on recent success, we continue to leverage novel recruitment strategies. Areas of focus include enhancing our social media presence, prioritizing in-person connection with the labour market, and use of creative pathways to recruit foreign trained healthcare professionals. Recognizing those who work with us are in a position to connect

prospective applicants with careers at SJCG, we provide an employee referral program rewarding staff for introducing new talent to SJCG.

We recognize that teams require strong leaders. We continue to expand a LEADS-based leadership development program for the management and LEADS the Way Lite program for developing leaders. To further expand leadership development, SJCG recently launched a LEADS ECHO program providing a regular forum for leaders to come together, build supportive relationships, and informally connect regarding leadership challenges.

SJCG continues to support the development of staff in their current roles and in pursuit of additional skills through the provision of education funding, tuition loans, academic assistance, and promoting internal development opportunities.

Provider Wellness & Recognition:

With respect to wellness, SJCG has a multi-year plan aimed at enhancing the quality of work-life. SJCG administers a semi-annual wellness survey which provides the ability to monitor trends related to staff wellness levels and identify opportunities for improvement.

Over the past year, examples of initiatives completed related to wellness include: deploying kindness carts throughout all sites and shift rotations, providing staff reflection opportunities before and after shifts, and reimbursing for staff investments made supporting their own wellness.

Our recognition program evolved from staff input. Initiatives supported include providing opportunities for flexible working arrangements, continued recognition and celebration of our healthcare professionals, and bringing teams together through summer BBQs and holiday lunch gatherings.

Safety

SJCG has a robust process to track, investigate and debrief client safety incidents. This information is reported at the department, division, leadership, and governance level.

SJCG has a formalized review process whereby incidents with significant injury or harm receive more in depth reporting through a quality of care review process inclusive of root cause analysis. Individual case debriefings often generate recommendations for process change.

On a quarterly basis, summary results are provided to the Leadership Quality, Safety and Risk (LQSR) Committee. This committee is comprised of senior leadership, Chief of Staff, front-line clinical staff, client and family partners and subject matter experts. This year the presentation of safety data was amended with the aim of focusing discussions and driving quality improvement. This reporting generates significant discussion regarding broader opportunities for quality improvement. These sharing's are communicated at divisional and departmental forums where detailed planning for quality improvement occurs.

The review of safety data trends provides a platform to assess where a deeper data review is justified. This was demonstrated at St. Joseph's Hospital in 2024/25 where a multi-incident analysis was completed for medication management. This process revealed opportunities for improvement which are planned for implementation in 2025/26.

Executive Compensation

Our executive team's compensation includes 3% of base pay at risk based on the following indicators approved by the Board of Directors. These indicators have been chosen to reflect the highest improvement priorities.

Indicator	Percentage of Pay at Risk (total of 3%)
Percentage of staff who have completed relevant equity, diversity, inclusion and anti-racism education – Repairing the Sacred Circle 1	2.00%
Response to the Question: Did the hospital staff provide you with clear instructions on how to manage your care and treatment after leaving the hospital? Response: Yes, definitely	1.00%

The performance indicators tied to executive team's compensation will be directly linked to outcomes that are within the executive team's control or influence. The indicators will be team-based, and not individually measured.

Upon annual review (March 31, 2026), the Board of Directors will determine whether the goal has been met, and whether the full 3% of at risk salary (or a portion thereof) will be paid out to each member of the executive team (including the Chief of Staff).

Members of the executive team included in the at-risk compensation plan are:

President & CEO
Chief of Staff
Vice President, Clinical & Chief Nursing Executive
Vice President, Clinical and Community Health
Vice President, N'doo'owe Binesi
Vice President, People and Mission
Vice President, Infrastructure and Quality & Chief Financial Officer

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

Board Chair  (signature)

Board Quality Committee Chair  (signature)

Chief Executive Officer  (signature)