

Let's Make Healthy  
Change Happen.



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



ST. JOSEPH'S CARE GROUP

2026-27

[ontario.ca/excellentcare](https://ontario.ca/excellentcare)

## Overview

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

SJCG is pleased to share its 2026–27 Quality Improvement Plan, which applies to St. Joseph's Hospital, Hogarth Riverview Manor, and Bethammi Nursing Home. The QIP aligns with Ontario Health's quality priorities and reflects organizational priorities identified through Accreditation Canada standards, system planning, performance data, and engagement with clients/residents, staff, physicians, and partners (IHEC).

For 2026–27, SJCG's QIP focuses on five quality dimensions: Access and Flow, Equity and Indigenous Health, Patient/Client/Resident Experience, Provider Experience, and Safety. The selected indicators and improvement initiatives emphasize system integration, equity, sustainability, and learning, and are aligned with SJCG's Strategic Plan priorities 2024-28 and our Quality and Safety Framework.

## Access and Flow

St. Joseph's Care Group will continue to strengthen access and flow by focusing on length of stay (LOS) optimization, proactive discharge planning, and system-integrated care pathways that support timely transitions across the continuum of care. Last year, we piloted the LOS indicator in one inpatient rehab and across mental health inpatient areas. This year, our goal will be to further reduce the LOS in the same rehab inpatient unit supported by another indicator of establishing two goals of care within 72 hours. Clinical teams will implement standardized admission and referral review processes, ensuring rapid clarification of client goals, functional needs, and anticipated discharge requirements at the outset of care. Structured feedback loops with referring partners will be strengthened to support shared accountability for appropriateness of referrals, readiness for admission, and discharge timing.

In mental health inpatient services, flow improvement efforts will be supported through earlier engagement in wellness planning. Pre-admission and early-stay wellness discussions will improve alignment between clients, families, and care teams, reducing avoidable delays related to goal clarification, supports planning, and transition readiness.

Performance will be monitored through quarterly reporting of median length of stay and key process measures. Improvement work will be supported through interdisciplinary review, rapid-cycle testing, and collaboration with system partners to resolve barriers that extend beyond organizational boundaries.

Through this focused and coordinated approach, SJCG aims to improve client flow, support timely access to the right care in the right setting, and contribute to broader system sustainability while maintaining high-quality, person-centred care.

## Equity and Indigenous Health

SJCG will advance equity, Indigenous health, and cultural safety by embedding consistent, system-wide practices that promote identification, access, and connection to culturally appropriate supports across all areas of the organization. This work is grounded in SJCG's Quality and Safety Framework embedding Two-Eyed-Seeing approach, developed in 2025–26 through extensive research and, staff and Indigenous community engagement. The framework explicitly affirms SJCG's commitment to Anti-Racism and Discrimination, Equity, Diversity and Inclusion, Indigenous Cultural Safety, and Truth and Reconciliation, and positions these principles as foundational to high-quality and safe care.

A key priority for the upcoming year is strengthening the voluntary self-identification process for Indigenous clients while integrating Indigenous cultural safety practices into frontline care. Building on prior learning, SJCG will implement a standardized manual compliance monitoring process across hospital inpatient units to improve consistency, reliability, and accountability. Clear workflows, defined roles, and quarterly reporting will support timely follow-up and continuous improvement.

Education remains a critical enabler of this work. In 2025–26, more than 45% of staff completed *Repairing the Sacred Circle*, SJCG's Indigenous Cultural Safety education primer, exceeding the initial target of 30%. In 2026–27, SJCG aims to exceed a cumulative 60% staff completion, supporting increased confidence and competence in culturally safe care planning and improved quality of care for Indigenous clients.

This work complements SJCG's broader equity, diversity, and inclusion initiatives and reinforces cultural safety, respect, and inclusion as integral to everyday practice, decision-making, and care delivery.

## Client/resident experience

SJCG will deepen its focus on client, and resident experience by strengthening meaningful involvement in care planning, transitions, and dining, informed by experience data and direct engagement with clients and families. This work reflects the understanding that positive experiences are closely linked to effective communication, shared decision-making, and clarity throughout the care journey.

This focus is further guided by SJCG's Two-Eyed Seeing Quality and Safety Framework, which brings together Indigenous and Western ways of knowing to better understand and respond to lived experience. The framework encourages teams to listen differently, value diverse perspectives, and consider the whole person when interpreting experience data and designing improvements.

In addition to the annual experience survey, SJCG will begin collecting and reviewing monthly data for all experience-related QIP indicators to enable more timely identification of trends and opportunities for improvement. Efforts will continue to focus on listening to clients and families, involvement in care planning, comfort raising concerns, and clear communication during transitions and discharge. Experience data will be reviewed at program, leadership, and Board levels.

Operationally, care teams will integrate experience insights into quality improvement activities, with particular attention to early and structured care planning to support understanding, goal alignment, and transition readiness. The Client and Family Council and the Indigenous Client and Family Committee will play an active role through strengthened connections to leadership and governance.

By intentionally linking experience data, Two-Eyed Seeing principles, and operational improvement, SJCG aims to enhance transparency, partnership, and responsiveness, ensuring people remain at the centre of care delivery and system improvement.

## Provider experience

SJCG will continue to prioritize provider experience as a critical enabler of quality, safety, and system performance. Recognizing the interdependence between staff wellbeing, leadership capacity, and care outcomes, SJCG will focus on strengthening workforce stability, engagement, and support.

Recruitment and retention efforts will continue through innovative and multi-faceted strategies, including enhanced outreach, internal referral programs, and creative pathways to attract and integrate new talent. Leadership development will remain a key priority, with continued investment in LEADS-based programs and peer learning forums that support leaders in navigating complex operational and human challenges.

Provider wellness initiatives will be guided by findings from the semi-annual wellness survey, allowing SJCG to monitor trends, identify pressures, and respond with targeted interventions. Initiatives aimed at supporting psychological safety, reflection, and connection will be sustained and refined based on staff feedback.

As the implementation of the two-eyed seeing quality program, guided by the new quality and safety framework, spreads across all inpatient and outpatient services at the hospital site and community programs, particular attention will be paid to supporting teams through change. Clear communication, workload awareness, and opportunities for frontline input will be embedded into improvement efforts to ensure staff feel supported, informed, and engaged in solutions.

Through sustained focus on leadership, wellbeing, recognition, and engagement, SJCG aims to foster a healthy work environment where staff feel valued, equipped, and connected to organizational purpose, enabling them to deliver high-quality, compassionate care.

**Safety**

SJCG will continue to strengthen a culture of safety by using data, learning, and engagement to prevent harm and drive continuous improvement. This work will be further supported by the implementation of SJCG’s Two-Eyed Seeing Quality and Safety Framework, which integrates Indigenous and Western ways of knowing and embeds Indigenous Cultural Safety, Equity, Diversity and Inclusion, and Anti-Racism as core elements of safe, high-quality care.

The framework incorporates the Medicine Wheel to reflect a wholistic, people-centred approach to safety that recognizes physical, emotional, mental, and spiritual dimensions of wellbeing. By viewing safety through this broader lens, SJCG anticipates enhanced understanding of risk, improved responsiveness to client needs, and strengthened trust and partnership with clients and families.

Incident data will continue to be reviewed at departmental, divisional, leadership, and governance levels, with a sustained emphasis on learning and just culture. Incidents involving significant harm will undergo in-depth quality of care reviews, including root cause analysis, to identify contributing factors and system-level improvement opportunities.

Building on prior analysis, targeted safety initiatives will focus on implementing and monitoring improvements identified through multi-incident reviews, including medication management enhancements. Progress will be tracked through defined measures and reviewed through the Leadership Quality Safety and Risk Committee.

Through these efforts, SJCG aims to strengthen safety culture, reduce preventable harm, and ensure safety remains integrated into everyday practice and organizational decision-making.

**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, anti-racism education - Repairing the Sacred Circle 1 (All Staff)	2%
"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%

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 three indicators will be team-based, and not individually measured.

Upon annual review (March 31, 2027), 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 Planning & Chief Financial Officer

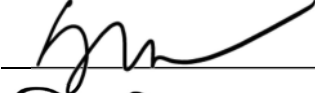
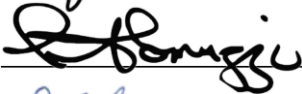
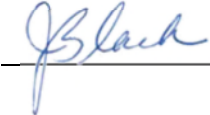
## Contact Information/Designated Lead

Sumeet Kumar  
Corporate Director of Quality  
St. Joseph's Care Group  
[sumeet.kumar2@tbh.net](mailto:sumeet.kumar2@tbh.net)  
(807) 343-4354

## 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)