

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

April 23, 2026



OVERVIEW

Sioux Lookout Meno Ya Win Health Centre (SLMHC) is a multi-site, integrated health organization serving about 35,000 people across Sioux Lookout and 33 First Nations communities in Northwestern Ontario. The organization provides emergency, inpatient, surgical, mental health and addiction services, traditional healing, and long-term care.

As a rural and remote hospital, SLMHC faces unique challenges related to access to care, patient flow, and capacity. The Emergency Department (ED) serves as the main access point for care due to limited alternative services in the region. The organization continues collaborating with Indigenous communities to support culturally safe, person-centered care.

Compared to the previous year, which included a broader set of indicators, SLMHC has adopted a more focused approach for the current QIP cycle. The organization has prioritized a smaller number of indicators that highlight areas of lower performance, either compared to last year's results or provincial benchmarks. This targeted approach enables more meaningful improvement efforts, more efficient use of resources, and stronger monitoring of outcomes in key areas.

ACCESS AND FLOW

SLMHC continues to face significant pressures related to patient flow and access to care. Key priorities include reducing ED length of stay for admitted patients, improving ED wait times for inpatient beds, and decreasing the rate of patients leaving without being seen (LWBS). Ongoing challenges involve high occupancy levels, limited inpatient bed capacity, and delays in discharge processes, all of which impact ED flow. Improvement efforts focus on strengthening triage procedures, optimizing bed management, and enhancing communication across departments. These initiatives remain underway as the organization continues to address system-level constraints.

EQUITY AND INDIGENOUS HEALTH

SLMHC serves a large Indigenous population across remote First Nations communities and is dedicated to providing culturally safe, equitable, and person-centered care. The organization continues to collaborate with the Registered Nurses' Association of Ontario (RNAO) and has embarked on the Indigenous-focused Best Practice Spotlight Organization (BPSO) program this year. This partnership aims to be dynamic and mutually beneficial, supporting the co-creation, implementation, and evaluation of a tailored BPSO designation in collaboration with Indigenous communities.

Additionally, continuing to monitor region-specific conditions, such as blastomycosis, supports early detection of health issues affecting the population and aligns with these efforts and broader priorities related to equity, diversity, and inclusion.

PATIENT/CLIENT/RESIDENT EXPERIENCE

Enhancing the patient experience remains a top priority, focusing on improving communication and ensuring patients understand their care after discharge. Patient experience survey results have identified opportunities to clarify discharge instructions and follow-up care.

Efforts have been aimed at strengthening communication practices, such as verifying patient understanding before discharge. Continued monitoring of patient feedback will support further improvements.

PROVIDER EXPERIENCE

SLMHC continues to face workforce challenges common in rural and northern areas, including recruiting and keeping healthcare providers. Efforts to improve provider experience include strengthening onboarding, supporting staff training, and enhancing communication across teams.

Ongoing initiatives aim to help staff deliver high-quality care while managing rising patient numbers and system pressures.

SAFETY

Patient safety priorities include enhancing medication reconciliation at discharge and improving early detection and management of sepsis.

Efforts to improve medication reconciliation have concentrated on evaluating current practices and finding ways to enhance processes. Sepsis remains a key clinical focus, with ongoing efforts to support early recognition and prompt intervention to improve patient outcomes.

PALLIATIVE CARE

SLMHC continues to support palliative and end-of-life care through interdisciplinary collaboration and patient-centered approaches. Efforts focus on ensuring patients receive appropriate, compassionate care aligned with their needs and preferences.

Ongoing work includes strengthening coordination of care and supporting transitions across care settings.

POPULATION HEALTH MANAGEMENT

SLMHC consistently tracks population health trends and addresses regional health concerns, including conditions like blastomycosis, to promote early detection and treatment. Working together with regional partners and community groups fosters a coordinated strategy for population health and improving access to care.

EMERGENCY DEPARTMENT RETURN VISIT QUALITY PROGRAM (EDRVQP)

In 2025, foundational work was initiated to establish the Emergency Department Return Visit Quality Program (EDRVQP) audit process. An initial planning meeting was held with clinical leadership to review audit requirements and expectations. Following this discussion, an interprofessional team was identified, including representation from Quality Improvement and the Emergency Department.

At this stage, implementation remains in the early phases, with a primary focus on process development, team engagement, and initiation of data tracking.

Moving forward, the organization will continue to refine the audit methodology and data collection processes. It is anticipated that by the next QIP submission cycle, more comprehensive data will be available, including baseline measures and performance outcomes to support ongoing quality improvement efforts.

EXECUTIVE COMPENSATION

Executive compensation aligns with the organization's Quality Improvement Plan and performance metrics. Performance-based pay is tied to reaching QIP targets, in accordance with provincial standards.

CONTACT INFORMATION/DESIGNATED LEAD

Shanthive Asokan

Quality Assurance, Decision Support, and Quality Improvement Lead

Sioux Lookout Meno Ya Win Health Centre

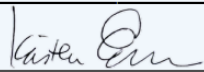
OTHER

SLMHC will continue monitoring performance, engage leadership and clinical teams, and enhance initiatives throughout the year to support high-quality, patient-centered care.

SIGN-OFF

It is recommended that the following individuals review and sign-off on your organization's Quality Improvement Plan (where applicable):

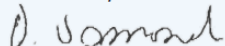
I have reviewed and approved our organization's Quality Improvement Plan on



Board Chair



Board Quality Committee Chair



Chief Executive Officer

EDRVQP lead, if applicable

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
April 9, 2026

Kristen Carroll, Board Chair

Darrell Morgan, Board Quality Committee Chair

Dean Osmond, Chief Executive Officer

EDRVQP lead, if applicable
