SAH QUALITY IMPROVEMENT PLAN NARRATIVE

MARCH 2026



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OVERVIEW

At Sault Area Hospital, quality improvement is embedded in our daily work and organizational culture. Our team is committed to strengthening patient care, safety, and experience through continuous improvement and collaboration across the organization. These priorities align with Ontario Health System goals to improve timely access to care, strengthen patient safety, and advance health equity across the province.

Over the past year, we have advanced several quality improvement initiatives and gained valuable insights about pacing improvements, supporting teams, and sustaining results over time. Through this reflection, we recognized that maintaining focus on several key priorities from our previous planning cycle will allow us to deepen our impact and build more reliable, sustainable improvements.

Our Quality Improvement Plan (QIP) continues to emphasize improving patient access and flow, with a focus on reducing time to Physician Initial Assessment and ambulance offload delays so patients can receive the right care at the right time.

We also remain focused on preventing hospital-acquired infections, particularly Clostridioides difficile. In addition, we are improving care for older adults at risk of delirium through initiatives such as the Delirium Aware Safer Healthcare (DASH) campaign. Together, these efforts help reduce harm and support safer hospital stays.

This year, we are also introducing a new patient experience indicator. Our initial focus will be on establishing baseline data, listening to patient and family feedback, and using these insights to guide improvement efforts over time. This learning-focused approach will help build a strong foundation for meaningful, measurable enhancements to the patient and family experience.

We value the contributions of our Patient and Family Advisors and Volunteers with lived and living experience; their insights inform quality initiatives, projects, and committee work across the organization, helping ensure improvement efforts remain grounded in person-centred care. These partnerships support steady and sustainable progress in the year ahead.

These priorities reflect our commitment to person-centred care, system collaboration, and measurable improvement in the health and well-being of the communities we serve.

ACCESS AND FLOW

Timely access to care is essential to safe, high-quality health services and a positive patient experience. At Sault Area Hospital, improving patient flow remains a key priority. Our focus is on ensuring patients receive the right care in the right place at the right time while reducing delays and supporting safe, coordinated transitions throughout the patient journey.

Key strategies include strengthening care coordination from entry to discharge through improved triage processes, optimized service capacity, and enhanced interdisciplinary communication. Standardized care pathways, early discharge planning, and close collaboration with community partners support smoother transitions and help reduce unnecessary wait times.

To support efficient inpatient flow, we continue to advance initiatives that improve bed utilization and address barriers to discharge. Daily patient flow huddles, proactive bed management, and shared accountability across clinical teams help respond to real-time capacity challenges and ensure patients are cared for in the most appropriate setting.

Partnerships with primary care providers, Ontario Health AtHome, and regional health system partners are essential in supporting earlier intervention and seamless transitions. These collaborative approaches help patients access needed services closer to home while reducing pressure on hospital services.

Our efforts are guided by data-informed decision-making. Quality indicators, patient experience insights, and operational dashboards provide real-time visibility into system performance, enabling teams to identify trends, inform planning, and respond proactively to emerging pressures. These initiatives are monitored through real-time operational dashboards and quality indicators, enabling rapid identification of trends and responsive action.

By prioritizing timely, coordinated, and equitable care, we continue to strengthen system efficiency, support safe transitions, and enhance the care experience for patients and staff.

EQUITY AND INDIGENOUS HEALTH

Sault Area Hospital is advancing equity and Indigenous health through sustained, partnership-driven action aligned with Ontario Health's First Nations, Inuit, Métis and Urban Indigenous Health Framework. Our work focuses on supporting culturally safe care, Indigenous self-determination, and system accountability.

In partnership with local First Nations, Métis partners, and Indigenous organizations, we have embedded Indigenous Patient Navigator roles to improve access, continuity of care, and the care experience for Indigenous patients. These roles support culturally safe communication, assist patients in navigating hospital services, and strengthen connections to community-based supports. We have also established a Manager of Indigenous Health position to provide sustained leadership, coordination, and accountability for Indigenous health initiatives.

We are co-developing an Indigenous Health Multi-Year Plan (2026–2029) with partners, grounded in Indigenous teachings and community priorities. Key initiatives include expanding Indigenous Patient Navigator coverage to evenings and weekends, supporting additional clinical areas, delivering Indigenous-led cultural safety education for staff and physicians, strengthening access to ceremony, Elders, and traditional medicines, and exploring opportunities to respectfully incorporate traditional healing practices into care planning.

This work is supported by hospital-wide governance, including a corporate Diversity, Equity, Inclusion, and Anti-Racism Policy that reinforces accountability and organizational responsibility for addressing racism, including anti-Indigenous racism.

We are also strengthening data, analytics, and evaluation capacity to support measurement, transparent reporting, and continuous improvement while respecting Indigenous data governance principles.

Through sustained partnerships and a commitment to reconciliation, we continue working to reduce health inequities, improve care experiences and outcomes, and advance Indigenous health across the Algoma district.

PATIENT | CLIENT EXPERIENCE

At Sault Area Hospital, the voices of patients and families are central to the design and improvement of care and services. Patient experience is a key indicator of quality, influencing safety, outcomes, and overall satisfaction with care.

This year, our focus is on establishing a strong baseline understanding of patient experience across the organization. To support this work, we are developing a Patient Experience Dashboard that will integrate multiple sources of feedback—including formal surveys, patient relations data, and additional patient experience touchpoints—to provide a comprehensive view of the patient journey.

Measuring patient experience is a vital form of patient engagement that helps the hospital understand the needs, preferences, and perspectives of those receiving care. We are aligning our approach with the Ontario Hospital Association's recommendations by transitioning to Ontario Health–benchmarked patient experience surveys, facilitated through Qualtrics. This approach ensures standardized and unbiased data collection and supports meaningful benchmarking across the health system. Insights gathered through patient experience surveys and Patient and Family Advisor engagement inform quality improvement priorities and support the co-design of service improvements.

In addition to survey data, the dashboard will incorporate broader insights gathered across the organization, enabling leaders to identify trends, understand contributing factors, and respond proactively to opportunities for improvement.

This work supports legislative requirements under the Excellent Care for All Act and Accreditation Canada standards while also strengthening the organization’s ability to translate feedback into action. By establishing a strong baseline and continuously learning from patient perspectives, we are better positioned to enhance care delivery, improve patient and family satisfaction, and strengthen overall organizational performance.

SAFETY

Patient safety is a foundational priority at Sault Area Hospital, supported by a coordinated, proactive approach to quality improvement. We align key safety initiatives, including patient access and flow, falls prevention, infection prevention and control (IPAC), antimicrobial stewardship, and the Delirium Aware Safer Healthcare (DASH) campaign.

Improving patient flow is an important contributor to patient safety. Timely admissions, coordinated transitions, and effective discharge planning reduce overcrowding and create safer care environments. These improvements enhance situational awareness, support consistent staffing patterns, and reduce risks associated with delayed care and environmental pressures.

Flow improvements also strengthen falls prevention. Crowded units and delayed transfers can increase fall risk due to inconsistent mobility supports and communication gaps during transitions of care. Through coordination, standardized handover processes, purposeful rounding, and improved access to mobility supports, teams work to promote safer patient movement and reduce preventable harm.

Patient flow initiatives also support infection prevention and control. Timely bed placement and reduced patient movement help maintain appropriate isolation practices and environmental cleaning standards. These efforts are reinforced by antimicrobial stewardship strategies that promote appropriate antibiotic use and reduce the risk of resistant organisms and hospital-acquired infections.

Organizational oversight is provided through governance structures. The Patient Quality and Risk team reviews critical incidents, severe events, and near misses to identify system-level risks and implement targeted mitigation strategies. This approach supports continuous learning and helps prevent recurrence. Lessons learned from incident reviews, safety monitoring, and improvement initiatives inform ongoing organizational learning and the refinement of safety practices.

Complementing these efforts, the DASH campaign promotes shared accountability, situational awareness, and consistent safety behaviours. Safety huddles, recognition activities, and real-time feedback strengthen communication and early risk identification.

Together, these initiatives reflect our commitment to continuous improvement and a resilient safety culture, strengthening our capacity to prevent harm and improve patient outcomes.

POPULATION HEALTH MANAGEMENT

Sault Area Hospital is applying population health management principles to better respond to evolving community health needs through collaboration, data sharing, and cross-sector partnerships. Our strategic direction emphasizes collaboration with community and regional partners to improve coordination across hospital and community-based care.

Through partnerships within the Algoma Ontario Health Team, Indigenous health partners, and local social and community organizations, we are working to better understand population-level health needs and barriers to care. Particular focus has been placed on supporting older adults, Indigenous patients, and individuals facing challenges accessing primary or community-based care. These efforts reflect a shared commitment to coordinated planning and integrated service delivery.

Population health approaches are also reflected in Indigenous health initiatives. Indigenous Patient Navigators support self-identified Indigenous patients across care settings, helping improve access, strengthen communication, and support smoother transitions between hospital and community services. This work is guided by Indigenous partnership and lived experience and advances culturally safe and equitable care.

We have implemented a virtual queuing system in the Emergency Department as a demand-management strategy. This approach allows appropriate low-acuity patients to wait safely outside the hospital while maintaining their place in the queue, thereby reducing congestion, improving patient flow, and enhancing the patient experience.

In response to sustained hospital overcapacity driven by an aging population, SAH partnered with community stakeholders to pilot a short-term Transitional Support Program at Windsor Place. This initiative supports individuals whose needs align with the program while maintaining patient choice and established long-term care placement processes.

Additional initiatives, including the hospital's Diversity, Equity, and Inclusion Working Group and multi-year accessibility planning, further inform efforts by identifying systemic barriers and guiding equitable access to care.

Through collaboration and data-informed planning, we continue to strengthen coordinated approaches to improve health outcomes across the community.

QUALITY IMPROVEMENT AND EMERGENCY DEPARTMENT RETURN VISIT QUALITY PROGRAM

During the 2024–2025 reporting period, the Emergency Department participated in the Emergency Department Return Visit Quality Program and completed 50 chart reviews in accordance with program requirements. No sentinel events were identified.

Ongoing performance monitoring identified an elevated Left Without Being Seen rate as a key quality concern. Contributing factors included prolonged Physician Initial Assessment times, limited access to community-based primary care, increased mental health and substance-related presentations, and a growing number of complex geriatric patients requiring extended assessment and discharge planning. Elevated Left Without Being Seen was recognized as both a patient safety concern and an indicator of impaired patient flow.

In response, the hospital invested significantly in the Emergency Department to implement several targeted quality improvement initiatives aimed at enhancing access and patient flow. These include optimizing physician coverage, introducing a Nurse Practitioner role, expanding the flow nurse model, and implementing a dedicated Triage Reassessment Nurse to ensure regular reassessment of patients waiting for care.

The department also implemented a Virtual Home Waiting Room, allowing appropriate low-acuity patients to wait off-site while maintaining their position in the queue. This approach has helped reduce congestion within the department and support more efficient patient movement.

Additional initiatives include strengthened discharge planning supports for high-risk older adults and improved follow-up coordination for patients with substance use needs.

Early improvements in Physician Initial Assessment times and Left Without Being Seen rates have been observed, and performance continues to be actively monitored as part of ongoing quality improvement efforts.

EXECUTIVE COMPENSATION

Sault Area Hospital has long maintained a performance-based component within executive compensation to support accountability for quality and organizational performance. Executive compensation is aligned with the organization's strategic priorities, including the Quality Improvement Plan (QIP), in accordance with the Excellent Care for All Act.

Executive positions include the President and Chief Executive Officer; Chief of Staff; Vice President, Medical Affairs; Vice President, Clinical Operations and Chief Nursing Executive; Vice President, Corporate Services and Chief Financial Officer; and Vice President, People, Planning and Partnerships.

A defined portion of executive compensation is linked to the achievement of annual performance goals and objectives aligned with the organization's strategic priorities and QIP indicators. These goals support measurable improvements in quality, patient safety, access to care, and patient experience.

Performance is assessed annually, and compensation adjustments reflect the degree to which established quality improvement targets and organizational objectives have been achieved. This approach reinforces leadership accountability for advancing quality outcomes and ensuring that improvement efforts remain a shared organizational priority.

QIP INDICATORS AND TARGETS FOR 2026 – 2027

Strategic Focus	Priority Area	Indicators	Baseline 2025 – 2026	Target 2026 - 2027
Compassionate Person-Centred Care	Access and Flow	**Ambulance Offload Time** (90th Percentile)	**41** Minutes	**30** Minutes
		ED Wait Time to Physician Initial Assessment (90th Percentile)	**6.2** Hours	**5.3** Hours
	Safety	**Rate Of Hospital-Acquired Clostridioides Difficile Infections (C.Diff)**	**0.35** per 1,000 patient days	**0.38** per 1,000 patient days
		Delirium Recognition LMS Training Completion RN/RPN Staff ≥100 Days	**N/A**	**87%**
	Patient Experience	**Rate of Patient Positive Experience**	**N/A**	**Collecting Baseline**

CONTACT | DESIGNATED LEAD

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SIGN-OFF

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



Mark Lepore
Chair SAH Board of Directors



Johanne Messier-Mann
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Ila Watson
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