Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

June 26, 2026

Ontario Health

OVERVIEW

Weeneebayko Area Health Authority (WAHA) takes a practical, organization-wide approach to improving care. Our focus is on patient safety, access to services, equity, and the overall experience of care for patients and families. Quality improvement work is guided by provincial priorities and shaped by the needs of the communities we serve.

At WAHA, quality improvement is part of everyday work across all programs and sites. Each department develops and monitors yearly key performance indicators (KPIs) that align with organizational priorities and the Quality Improvement Plan. These measures help teams understand how they are performing, identify risks, and focus improvement efforts on areas that have the greatest impact on patient care and safety.

Information from performance data, incident reports, complaints, audits, and patient experience feedback is reviewed regularly to guide improvement activities. Progress and key quality indicators are also reported to leadership, the Board of Directors, the Quality of Care Committee, and the Patient, Family and Elder Advisory Council to support transparency, shared accountability, and community input.

Serving remote, rural, and predominantly Indigenous communities means our improvement efforts must remain flexible and responsive to local realities. WAHA places a strong emphasis on culturally safe care, reducing barriers to accessing services, and improving coordination across programs and sites.

Accreditation also plays an important role in strengthening quality

and safety at WAHA. Laboratory and Diagnostic Imaging services are currently accredited, and the organization is working toward full organization-wide accreditation over the next three years.

Through leadership oversight, regular review of performance indicators, and engagement with staff and community members, WAHA continues to strengthen a culture of learning and continuous improvement that supports safe, respectful care.

ACCESS AND FLOW

For the 2026–2027 planning cycle, Weeneebayko Area Health Authority (WAHA) has identified Access and Flow as a key priority to help ensure people receive the right care, in the right place, at the right time. This priority reflects both provincial expectations and the unique realities of delivering care in remote, rural, and predominantly Indigenous communities along the James Bay coast. Factors such as geography, weather-dependent transportation, limited local services, workforce challenges, and complex patient needs can all affect how and when care is accessed across the region.

Over the past year, WAHA has taken several practical steps to improve access and patient flow across the continuum of care. These efforts have included improving Emergency Department flow, strengthening medication reconciliation at admission and discharge, introducing standardized violence risk assessment practices, and expanding patient experience surveys. Together, these initiatives support safer transitions between community care, hospital services, and regional referral centres, while improving coordination among care teams working across multiple sites and communities.

In 2026–2027, WAHA will continue building on this work by further integrating access and flow improvements into everyday operations. Planned efforts include increasing medication reconciliation completion rates, improving Emergency Department throughput, strengthening communication and handover processes between sites, and making better use of real-time data to support timely decision-making. Tools such as electronic health record prompts, staff education, and clear leadership accountability will help support these improvements.

WAHA is also continuing to strengthen engagement with patients, families, and caregivers, including Indigenous patients and families, by increasing participation in patient experience surveys and sharing results more regularly. This helps ensure improvement efforts are informed by community voices and lived experiences, supporting more coordinated, culturally respectful, and equitable care.

EQUITY AND INDIGENOUS HEALTH

Weeneebayko Area Health Authority (WAHA) is committed to improving health equity and supporting better health outcomes for Indigenous peoples. Much of the population served by WAHA is Indigenous, and the organization recognizes the importance of addressing systemic barriers and ensuring care is culturally safe, respectful, and responsive to community needs. This work aligns with Ontario Health priorities and reflects WAHA’s responsibility to provide equitable care in remote and northern communities along the James Bay coast.

Over the past year, WAHA has taken several steps to strengthen

equity and Indigenous health across the organization. This includes supporting the involvement of patients, families, and Elders through the Patient, Family and Elder Advisory Council, expanding patient experience surveys to better understand barriers to care, and reinforcing expectations for respectful and culturally safe care through staff education and leadership oversight. WAHA has also continued to strengthen incident reporting, complaint review, and follow-up processes so that concerns related to equity or access can be identified and addressed.

In 2026–2027, WAHA will continue building on this work by integrating equity considerations into everyday operations. Planned efforts include improving communication and care transitions, supporting better access to services for remote and fly-in communities, and using data to better understand differences in access, experiences, and health outcomes.

WAHA also remains committed to ongoing engagement with Indigenous patients, families, Elders, and community partners. Listening to community voices helps ensure services reflect local priorities and lived experiences. Through these efforts, WAHA aims to strengthen trust, support culturally safe care, and contribute to more equitable health outcomes for the communities it serves.

PATIENT/CLIENT/RESIDENT EXPERIENCE

Weeneebayko Area Health Authority (WAHA) is committed to using feedback from patients, clients, residents, families, and caregivers to guide quality improvement and strengthen people-centred care across the organization. Experience surveys and other forms of feedback help WAHA better understand how care is received and where improvements are needed to enhance access, communication, safety, and cultural safety.
WAHA collects experience information through patient experience surveys, compliments and complaints processes, and direct feedback shared with staff, leaders, and advisory groups. Survey results and key themes are reviewed regularly by program leaders and the Quality team to identify strengths, gaps, and opportunities for improvement. These findings are shared with clinical teams to support local improvement efforts, accountability, and ongoing learning.

In 2026–2027, WAHA will further strengthen how experience feedback is collected and used. The organization has partnered with Qualtrics XM to improve survey distribution, data collection, and reporting to better support QIP requirements and quality improvement activities. Surveys will also be translated into Cree to improve accessibility and ensure feedback can be shared in a language that is meaningful for many of the communities served by WAHA.

Experience data will be linked to quality indicators and improvement plans at both the program and organizational levels. Leaders will use this information alongside clinical and safety data to guide decisions and help prioritize improvement efforts.

WAHA will also focus on closing the feedback loop by sharing survey results and actions taken in response to feedback with staff, patients, and communities. Members of the Patient, Family, and Elder Advisory Council will help review findings and provide input on improvement initiatives. By embedding experience feedback into routine quality improvement work, WAHA ensures that patient and family voices directly inform how care is planned, delivered,

evaluated, and improved across the organization.

PROVIDER EXPERIENCE

Weeneebayko Area Health Authority (WAHA) recognizes that a supported and engaged workforce is essential to delivering safe, high-quality care. Improving staff experience, recruitment, and retention remains a key organizational focus, particularly given the challenges of providing care in remote and northern communities.

WAHA has implemented a range of practices to support staff well-being and workplace culture. These include flexible work arrangements such as remote and hybrid roles where appropriate, virtual meetings and education, and adaptable scheduling to support work–life balance. Virtual solutions are also used to reduce travel burden, improve access to expertise, and support collaboration across sites.

Recruitment and retention efforts are supported through competitive compensation, targeted recruitment incentives, and role optimization to ensure staff can work to full scope of practice. WAHA continues to explore innovative staffing models, including virtual and hybrid roles, to address workforce shortages while maintaining continuity and quality of care.

Partnerships play an important role in supporting workforce development and staff experience. WAHA works with academic and system partners, including Queen's University through the Weeneebayko Health Education Campus, to support local education pathways and future workforce recruitment. Partnerships with organizations such as Sinai Health support access to specialized services and virtual clinical collaboration, strengthening care delivery and reducing pressure on local teams. Data and public health partnerships through the Minomathasowin program, including work with ICES and academic partners, also support planning and learning across the organization.

By prioritizing staff well-being, flexibility, professional growth, and collaboration, WAHA continues to foster a respectful and supportive workplace culture that benefits staff, patients, and the communities we serve.

SAFETY

Weeneebayko Area Health Authority (WAHA) considers the prevention of never events a core component of its overall patient safety strategy. Never events are serious, preventable incidents that can cause significant harm, and WAHA is committed to reducing the risk of these events through standardized processes, staff education, strong clinical governance, and continuous learning.

WAHA's approach to preventing never events is grounded in proactive risk identification, evidence-based practices, and a strong safety culture that encourages reporting, learning, and improvement. Key prevention strategies include standardized clinical protocols, routine safety audits, use of electronic health record safeguards, incident reporting and review through Meditech Expanse, and clear accountability at both the clinical and leadership levels. These strategies are supported by ongoing staff education and regular review of trends, near misses, and incidents to identify system gaps before harm occurs.

A key focus area for WAHA is medication safety, given the complexity of care transitions across remote and regional settings.

To reduce the risk of medication-related never events, WAHA has strengthened medication reconciliation processes at admission and discharge, supported by pharmacy involvement, provider education, and monitoring of completion rates. Medication incidents and near misses are reviewed through a structured quality and safety review process, with follow-up actions communicated to teams to prevent recurrence.

WAHA also uses learning from incidents to inform policy updates, workflow changes, and targeted education. This approach supports safer care transitions, reduces the risk of serious medication errors, and reinforces shared accountability for patient safety.

Through consistent application of prevention strategies, learning from incidents, and engagement of staff and leadership, WAHA continues to strengthen its systems to prevent never events and promote safe, high-quality care for the communities it serves.

PALLIATIVE CARE

At Weeneebayko Area Health Authority (WAHA), we recognize that more patients in our communities are living longer with serious and life-limiting illnesses. Many want care closer to home, surrounded by family, culture, and community. In response, WAHA is strengthening palliative and end-of-life care across all sites and is actively recruiting a dedicated Palliative & End of Life Clinical Coordinator to help lead this work.

Palliative care at WAHA is not limited to the last days of life. It begins earlier—when someone is diagnosed with a serious illness—and focuses on comfort, symptom control, clear communication, and planning based on what matters most to the patient and family.

Three examples reflect our commitment to improving quality of life:

1. Earlier conversations about goals of care.
Care teams are supporting timely discussions about patient wishes, substitute decision-makers, and preferred place of care. Documenting these plans helps reduce crisis transfers and ensures care aligns with patient values.

2. Strengthening symptom management skills.
Through education and clinical support, nurses and physicians are building confidence in managing pain, breathlessness, and other complex symptoms within the community setting.

3. Culturally grounded care.
We work alongside Elders, families, and community partners to incorporate traditional practices and respect cultural preferences at end of life.

By recognizing the need and recruiting dedicated leadership, WAHA is taking practical steps to improve comfort, dignity, and coordination of care for patients and families across the region.

POPULATION HEALTH MANAGEMENT

Weeneebayko Area Health Authority (WAHA) supports population-level health planning through programs that focus on prevention, equity, and community-identified needs. This includes the Indigenous Primary Care Team, chronic disease prevention and management programs, and the Minomathasowin (Mino) Healthy Living public health program, which work with communities to understand health priorities and support culturally appropriate care.

WAHA also incorporates harm reduction approaches as part of its commitment to equity and Indigenous health. Harm reduction services and education support safer care for individuals and communities experiencing substance use and related health challenges, and help reduce barriers to accessing care. These approaches recognize the social and historical factors that impact health and aim to meet people where they are.

Together, these programs use community input, health data, and partnerships to guide planning and improvement efforts. This work supports more equitable access to care, prevention of chronic disease, and improved health outcomes across the continuum of care, particularly for Indigenous peoples and remote communities served by WAHA.

EMERGENCY DEPARTMENT RETURN VISIT QUALITY PROGRAM (EDRVQP)

At WAHA, key quality improvement priorities from the previous year's EDRVQP audit included strengthening discharge communication and documentation, as well as improving patient flow and reducing delays in care. The goal was to ensure patients and families clearly understood their condition, when to return, and follow-up needs, while also improving coordination across teams to support timely care. The intended recipients were emergency department patients, as well as physicians, nursing staff, IPD, and Facility Services.

To support this work, we focused on improving safety-netting practices, reinforcing clear discharge instructions, and increasing awareness of the importance of documenting clinical decision-making. Ongoing staff education was provided to improve documentation accuracy, recognizing its impact on reporting and decision-making. Education was also provided to IPD and Facility Services on the importance of timely bed availability to support patient flow and readiness.

In addition, we worked to better identify root causes of delays. This remains in progress, as delays were not always recognized early, highlighting the need for more proactive monitoring and escalation processes.

Our audit data showed that most return visits were either unrelated (3 cases) or due to expected progression of illness (5 cases), with no clearly unsafe discharges identified. This suggests that overall assessment and discharge decisions were appropriate, while still highlighting opportunities to strengthen communication and documentation.

Key lessons learned included the importance of clear discharge instructions, early identification of delays, and strong communication across teams. Challenges included competing clinical demands and resource limitations in a remote setting.

Moving forward, we will continue to strengthen documentation, improve discharge communication, and implement a more proactive escalation process (e.g., huddles) to identify and address delays early. We will also use patient feedback, including our recently implemented OHA survey, to guide further improvements.

EXECUTIVE COMPENSATION

The executive leadership team at Weenebayko Area Health Authority is held accountable for achieving the QIP targets through performance-based compensation. For the 2026/27 QIP, the executive leadership team will have at least 2% of performance-based compensation tied to a subset of the indicators in the QIP. The selected indicators will be derived from the complement of targets and initiatives outlined in the QIP.

CONTACT INFORMATION/DESIGNATED LEAD

Members of the public are encouraged to contact Weeneebayko Area Health Authority's (WAHA) Quality Department with any questions or feedback related to the Quality Improvement Plan (QIP). The Quality Department can be reached by phone at 705-658 -4544, ext. 2012, providing a direct point of contact for inquiries about quality initiatives, improvement projects, and quality of care.

The Quality Department is located in Moosonee at 34 Revillon Road, 2nd Floor. Individuals may also contact the department by email at patient.experience@waha.ca.

WAHA welcomes questions, feedback, and engagement from patients, families, caregivers, and community members as part of its commitment to transparency, continuous improvement, and people-centred care.

OTHER

Quality improvement at Weeneebayko Area Health Authority (WAHA) is part of how we work every day. It is not limited to one program or project. Instead, it is something that happens across the organization, with staff, leaders, patients, families, and communities all contributing to improving care.

We recognize that providing health care in remote and northern communities comes with unique challenges. Because of this, our improvement efforts focus on practical solutions that reflect the realities of the communities we serve. Feedback from patients, families, and Elders plays an important role in guiding this work. We also learn from incident reviews, complaints, audits, and patient experience surveys to understand where improvements are needed

and how we can make care safer and more responsive. Accreditation is also an important part of WAHA's quality and safety efforts. Our Laboratory and Diagnostic Imaging services are already accredited, and we are working toward organization-wide accreditation over the next three years. This work includes strengthening policies and procedures, improving consistency across sites, and supporting staff through education and training so that safe, reliable care is provided across all programs.

Our quality improvement work is closely connected to patient safety, access to care, health equity, and Indigenous health. Regular monitoring of performance, clear accountability, and leadership oversight help keep improvement efforts focused and meaningful.

Above all, we see quality improvement as a shared responsibility and a partnership with the communities we serve. By working together and continuing to learn from experience, WAHA aims to provide care that is safe, respectful, and responsive to the needs of the people and communities along the James Bay coast.

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 1, 2026**

Carmen Tozer, Board Chair

Sandra kioke, Board Quality Committee Chair

Lynne Innes, Chief Executive Officer

Laura Copat, EDRVQP lead, if applicable