

Let's Make Healthy
Change Happen.



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



3/15/2020

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Overview

Structure and Priorities

The objective of Geraldton District Hospital's (Hospital) Quality Improvement Plan (QIP) is to provide safe, effective, patient-centered care to our community that is easily accessible and is integrated with our community partners. This is achieved through the QIP and through the Hospital's quality improvement process, which has been in place for the past sixteen (16) years and continues to evolve. The process starts at the grass roots level where all staff are encouraged to bring forward quality improvement initiatives to our Quality, Risk & Safety (QRS) Committee to be tested and monitored. The QRS committee meets as needed throughout the year and is comprised of organizational leadership and front line staff from various departments. The Committee's goals align with that of the Hospital, as they are involved in developing new initiatives that improve the overall quality of care and monitoring indicators with respect to patient safety. The QRS committee reports to the Quality Improvement Committee (QIC). The QIC is comprised of senior leadership, board members and clinical care staff/frontline staff.

The QIC is responsible for monitoring all indicators and quality initiatives on a regular basis to determine if the improvement measures for our indicators are obtaining the desired results, and to develop solutions for identified challenges to assist our facility in meeting our set targets. The QIC submits minutes and score cards to the Board of Directors on a monthly basis. In the 2016/17 fiscal year, we worked to restructure our quality improvement program, and with the development of the QRS and its relationship with the QIC, it is efficient and collaborative with our community partners. The purpose and scope of the QRS continued to expand in the 2018/2019 fiscal year, as the organization revitalized its Risk Management Program and continues to look for new ways to address quality and patient safety issues.

For the past four (4) years, the Hospital has focused the QIP around quality issues that were brought forward by the community and our partners in the region. This focus aligned with our current Strategic Plan, which highlighted the need for partnerships with stakeholders and communication to ensure seamless transfers of care for our patients. In past QIPs, we focused on indicators and initiatives that developed our referral process for chronic disease management programs through our community partners and we feel that we've made great strides in this area. With the development of a new Strategic Plan beginning in the 2018/2019 fiscal year, the 2018/2019 QIP and the 2019/2020 QIP have been aligned with the Strategic Plan. We've decided to maintain our direction for the 2020/2021 QIP and continue to align our quality program with the new strategic direction of the organization, along with the direction of the Ministry of Health.

The Hospital has linked the QIP directly with its strategic pillars, goals and objectives of our new Strategic Plan. The Strategic Plan was developed through extensive stakeholder consultation, in which we conducted 12 different community engagement sessions, including sessions for our staff, physicians and volunteers. These engagement sessions informed the strategic direction of our organization, in which we heard the need to focus on Access to Care, Working with Others (Partnerships), and Patient & Family-Centered Care. These are the strategic pillars of our new Strategic Plan. Through the community engagement process, we also developed refreshed Mission, Vision, and Values statements. Our 2020/2021 QIP continues to align with the strategic direction of the Hospital, as well as our new Mission – "We are committed to delivering Quality, Coordinated, Patient & Family-Centered Care" – and our new Vision – "Partnering for a Healthier Community".

Population Health

In general, the North West LHIN (NW LHIN) has a more distinct population than the rest of the province and faces many unique challenges pertaining to the health of the population. However, with the geographic area of the NW LHIN being so large and the communities being so rural/remote, different regions within the NW LHIN have even more unique health populations. In the Greenstone region, we have a much higher rate of mental health related issues than the provincial average. We also have issues with lack of services/coordination in our area, including but not limited to supportive housing. These have been identified as areas of concern for our region, and as such, they have become focal points in the creation of this year's QIP.

Our goal as an organization was to develop a QIP that focused on these issues, as well as our strategic pillars, so that we could identify ways that different organizations in the region could work together to achieve better results. With the continued development of Health Links in our region, we feel that we are making great improvements in improving the health of our most complex patients, through partnerships with stakeholders and coordinating the patients' care.

Due to the large geographic catchment area that we serve, as well as the unique demographics, the Hospital always strives to provide services that are accessible and culturally competent to the entire population. Our catchment area includes Greenstone, which is a municipality that spans 3170 km² and includes six (6) communities, and four (4) First Nations. Therefore, transportation and accessibility have always been a concern. We are looking to address this issue for complex patients through Health Links. We believe that a more connected and collaborative approach to complex patients' care will help make their health care journey more accessible.

The Greenstone area also has a high population of Francophone and Indigenous people. To reflect this, we took great care in gearing our community engagement sessions towards making it as accessible as possible for them. Through the use of French language translators, and visiting the First Nations in person, we had a high turnout and very high quality discussions that helped to inform the creation of our new Strategic Plan and QIP. We also have many French speaking staff and we have French translation services available, upon request. We make great efforts in respecting the patients preferred language throughout their visit to the Hospital. In addition to this, we have a spiritual room, with capabilities to perform smudging ceremonies, that is accessible to any patients that would like to make use of it during their hospital stay. In 2019, our entire Management staff underwent Indigenous Cultural Safety training; an 8 week long course that was highly informative and interactive. We plan on rolling out similar training to the rest of our Hospital staff in the 2020/2021 fiscal year. These are initiatives that the Hospital will continue to build upon in order to create a culture of care that is equitable for all.

QI Achievements from the Past Year

As much as the Hospital is always focused on making strides in improvement, there should always be time taken to celebrate success when it has occurred. Over the course of the last fiscal year, we have made positive changes within the organization and the community and are looking to continue to do so in the future. The greatest achievements were seen in our Health Links program's success, our LTC Home's path towards becoming a Best Practice Spotlight Organization, our culture shift towards becoming a Patient & Family-Centered Care organization, and our partnerships in Mental Health.

Health Links/Discharge Planner

Integration and partnerships, not only among community stakeholders, but also among regional stakeholders, will be a focus for the upcoming year. Although Health Links funding is coming to an end through the Ministry of Health at the beginning of the 2020/2021 fiscal year, the Hospital will continue to fund and operate this program as we have seen the benefits of it through the many patient success stories. We will continue to recruit/refer patients to Health Links, which will lead to the most vulnerable patient population having a better continuity of care across the health care system. Our Care Coordinator will help their Health Links patients access the community services they need, learn about new services that they may not have heard about, navigate the health care system and ultimately, help them achieve their health care goals. Our Health Links continues to expand, with neighboring First Nations (Ginoogaming, Long Lake #58, Aroland, and Animbiigoo Zaagi'igan Anishinaabek) being served, as well as Nakina. The program's outreach has grown as well, with referrals coming in from dozens of organizations, including: Geraldton Medical Group, Greenstone Family Health Team (GFHT), North West LHIN Community Home Care, Emergency Medical Services, and North of Superior Counselling Programs (NOSP). In the last year, the Hospital was also offered funding for a Discharge Planning position among our organization. We have combined this position with the Health Links Care Coordinator to create a more seamless process, with one person being the point of contact for seeing patients outside of the Hospital, and the same person being the point of contact for seeing patients *in the Hospital*, where they can create a plan for when they are discharged back in to the community. We believe this new position will smooth out patient flow within our Hospital and ensure that patients have a plan when they leave the Hospital.

Best Practice Spotlight Organization

In our LTC home, we are continuing our journey towards becoming a Best-Practice Spotlight Organization (BPSO) through the Registered Nurses' Association of Ontario (RNAO), in which the focus will be on pain management, dementia/delirium/depression, and palliative care – which will match well with past and future QIPs. We are now nearly two (2) years into our pre-designation phase, and we are well ahead of schedule and are already noticing positive effects through implementation of best-practice guidelines through the BPSO process. In the last year, a major success story through our BPSO process was published in the Ontario Nurses' Association (ONA) Newsletter, which focused on exploring all the 'P.I.E.C.E.S' of a person's 'personhood' – you can read about it on our [website!](#) We look forward to what our last year in the process has in store, and to sustain/spread the concept in future years!

Patient & Family-Centered Care

Our Hospital continues to build on our culture change towards becoming a Patient & Family-Centered Care organization. In the 2018/2019 fiscal year, we rolled out new comment cards that were far more patient-centered and far simpler to complete. The feedback received through them is also far more meaningful and has allowed us to make positive change, such as providing free wireless internet for patients and their families Hospital wide. These comment cards are also present (in French and English) on our new website, where they can be filled out online and submitted to the Hospital directly. We also implemented nursing rounds on the Acute Care unit, which involves our Chief Nursing Officer visiting all patients daily to ask the patients/families how they are doing and what can be improved in their care. We are continuing to recruit new Patient & Family Advisors (PFAs) to be included in our Patient & Family-Centered Care Committee (PFCCC) and other Hospital Committees. This year, we've had interest from a couple of our PFAs to be part of our QIC – and they have since become active members! Our PFAs act as patient advocates and are involved in the development and review of process changes that directly affect patients. In the coming fiscal year, we will look to involve them further through sitting on additional Hospital committees where their voices can be heard and their input received.

Mental Health Partnerships

The greatest changes in our approach to Mental Health this year came through collaboration and partnerships with community stakeholders, to take a different approach towards developing and sharing resources to better serve our population. The process started last year with our Hospital sharing data related to Mental Health Emergency Department Visits and Hospital Admissions. This allowed for informed decision making that would give us the opportunity to address gaps in care, or seize upon areas of opportunity that may not have been so apparent. Within the last year, we've gathered together various Mental Health leaders in the region including the GFHT and NOSP to put a plan in motion to better coordinate Mental Health services in our region. This includes updating the Collaborative Protocol for Mental Health, in-service education for Hospital staff from the GFHT and NOSP, better referral practices to social workers, better transitions of care for patients going back to the community (specifically from Thunder Bay), and more connections of patients with Mental Health workers while in Hospital. The partnership evolved in the later stages of the year, with our Health Links Care Coordinator/Discharge Planner also beginning a new pilot program related to mental health within our Emergency Department. This program was designed to fast-track mental health patients to see the people they need to see, or to develop referrals to the organizations that they need to be connected to. This created not only a more seamless and accessible process, but also increases coordination and collaboration among the mental health agencies/workers in our community. We hope to continue and expand upon this program going in to the future.

Additional Success Stories

Apart from these success stories, the Hospital also continued to focus on providing a safe environment to patients and staff in the 2019/2020 fiscal year, and with our improvement initiatives in place, succeeded. Hand hygiene compliance throughout the hospital was excellent again this year and is well above provincial average, which is a great success for a Hospital with an Acute Care and Long-Term Care facility. This result, especially when compared to the rates among Ontario hospitals for the last year, shows how much work staff is putting in to maintain a safe working environment. Hand hygiene compliance also ties in with Hospital acquired infections. In the 2019/2020 fiscal year, the rates of hospital-acquired CDI, MRSA and VRE were maintained and continued to be at zero (0).

It takes the effort of the entire organization to make positive change and with the commitment of leadership, staff and volunteers to safety and quality improvement, the organization looks to continue to make changes that improve the quality of care given within our facility. This year we conducted our 2019 Staff Satisfaction Survey, which showed improvement in many of the areas that were identified as needing to be improved in our 2017 Staff Satisfaction Survey. The results and feedback from the 2019 Survey were excellent with many valuable suggestions. Management has developed an Action Plan that will be carried out over the course of the next two (2) years. The results of the survey are very positive and show that the Hospital is on the right track towards ensuring that GDH is an organization that staff wants to work in, and that provides quality care to its patients.

Collaboration & Integration

The engagement process that informed the development of our new Strategic Plan also included an engagement session with our regional stakeholders. From home care to primary care, many active partners in the health care of our community attended this session where we heard three things: what the Hospital could do to improve, what the Hospital is doing well, and what the Hospital needs to continue doing in the future. This process allowed us to have a better understanding of where there are gaps in care for our patients and where we could collaborate and partner with our stakeholders to ensure that the continuity of care for everyone is improved. Our 2019/2020 QIP focused on integration and our 2020/2021 QIP will continue that trend as we look to align ourselves with one of our new strategic pillars: Working with Others.

To expand on this strategic direction, the Hospital will continue to lead community discussion through the bi-monthly committee meetings of the Healthier Community Advisory Committee (HCAC). The HCAC is a large community committee whose goal is very simple: a healthier community. This aligns with our new Strategic Plan's Vision – "Partnering for a Healthier Community". Our Chief Nursing Executive (CNE) and Chief Executive Officer (CEO) both sit on this committee and will continue to do so as we strive to achieve our Vision and make positive change in the health care delivered to our patients.

Integration and partnerships, not only among community stakeholders, but also among regional stakeholders, will be a focus for the upcoming year. With our commitment to continue the Health Links program operating in the Greenstone region, and our new pilot program in the Emergency Department for mental health, we aim to better collaborate with our community partners to provide a quality, integrated care experience. When it comes to the development of Ontario Health Teams (OHTs) within the province, we are currently working with other organizations in the North-West part of the province to put together a proposal.

Patient/Resident/Client Partnerships & Relations

Since the Hospital is located in a small, northern, rural community, we continue to engage with patients and their families to improve quality and care in our facility. Many of our internal committees involve former patients as active members. Not only do our patients and their families sit on our Accessibility Committee, Ethics Committee and Anishnabe Liaison Committee, they also volunteer at the organization to assist in providing quality care to our patients and residents.

In preparation for the development of our current Strategic Plan, the community engagement sessions that were organized and conducted in various communities/First Nations provided invaluable insight into the thoughts and needs of our patient population. Attendees included past and present patients, their families/caregivers, volunteers at the organization, Hospital staff, past board members, senior citizens, and leaders of their respective communities. We made the effort of going directly to various communities and conducting multiple sessions as we wanted to make the sessions as accessible as we could so that we may receive as much feedback as possible. This included travelling to three of the First Nations in our catchment area, sometimes travelling upwards of 100 km to reach our destination. We also conducted two of the sessions in French with the help of translators, as a large proportion of our patient population is francophone. By putting in the effort to organize and attend these sessions, they were quite well attended and we feel that we received the input necessary to inform the development of our new Strategic Plan, and in turn, our 2020/2021 QIP. As a strategic pillar in the new Strategic Plan, the organization has also made strides towards incorporating a Patient and Family-Centred Care (PFCC) model as a change in culture

Throughout the year, we've focused our efforts into developing a Patient & Family-Centered Care Committee at our organization. Led by and attended by senior management, this committee is paving the way towards an approach that will bring the patient's voice to the forefront of all of our everyday activities, so that we may embed a culture of PFCC in the care that we provide our community. As a part of this process, we are actively recruiting Patient & Family Advisors (PFAs). Their voice will be that of the patient, as they advocate for practices and guidelines that fit in with our new culture of care that puts patients and their families at the center. With individuals already involved, we will continue to have PFCC as a focus going forward into 2020/2021 and beyond.

Another way the Hospital has always, and will continue to engage patients/residents and their families, is through patient and resident feedback surveys and comment cards. The feedback provided through these tools allows the organization to narrow its focus on certain areas of concern. This process provides us with additional information that is necessary to complete the QIP in a manner that reflects the patients' concerns. In the 2018/2019 fiscal year, the Hospital updated its comment cards in an attempt to make the process much more patient friendly. This update included comment card blitzes to certain departments of the Hospital during each month, as well as a revitalization of the scoring system from a simple 1-5 scale to one that is much more intuitive for patients. This increased the number of comment cards that are completed and better captured the feedback of our patients and their families.

To reflect our continued commitment to improving our patient engagement process, and aligning with our new Strategic Plan, we will continue to include indicators that will track the satisfaction of patients with the services that they received, as well as the comfort they have with leaving our organization with enough information to care for themselves. Specifically on Acute Care, we will be introducing indicators that reflect our progress in ensuring that patient & family-centered approaches to care are followed. To expand on that, in the last year we brought in a Best Practice Coordinator from the Registered Nurses Association of Ontario (RNAO) to conduct Patient & Family-Centered Approach to Care sessions with our Nursing staff – both on Acute Care and Long-Term Care. These were mandatory sessions that provided incredible benefits to all staff involved and really allowed everyone to see the benefits and opportunity with this approach to care.

Workplace Violence Prevention

The Hospital is committed to providing a safe environment for all staff, volunteers, visitors, patients and their families. As such, the organization provides a wide range of training and education that allows staff and our volunteers to be prepared for any potential workplace violence events. This training includes training from the Crisis Prevention Institute (CPI Training) of non-violent crisis intervention for the entire Hospital staff. For nurses and volunteers, the Hospital provides education on Zero Tolerance and Gentle Persuasive Approach (GPA), and for all nursing staff, P.I.E.C.E.S (Physical, Intellectual, Emotional, Capabilities, Environment, Social & Cultural).

In addition to the education/training provided, the Hospital's management is also involved in ensuring that their staff works in a safe environment. Managers are involved in annual risk assessments for their departments, where staff communicate to their managers any area where they feel that safety could be improved. Regular monthly inspections are performed through the Joint Health & Safety Committee on various parts of the facility. The Hospital also has a Workplace Violence & Harassment Prevention Program that oversees the prevention of violence and harassment in the organization. Staff are encouraged to report any and all instances of violence in the workplace, as there is zero tolerance for it within our organization.

The Hospital also works with outside agencies to support a safe workplace. The Ontario Provincial Police (OPP) visit our Hospital and LTC home once a year to do inspections of the facility to identify any areas of concern related to staff/patient safety. Based on their feedback we will make changes to the physical structure of our facility and the procedures that we follow to prevent violence. We also employ security guards on a 6 day/week basis, with coverage every night for 8 hours. Their presence ensures that our staff and patients are protected as they work/stay in our Hospital. Through staff recommendations, the Hospital also installed 'panic alarms' in the Acute Care, Emergency Department and LTC. When triggered, the Charge Nurse on duty is notified as well as the Ontario Provincial Police, which allows for quick response time in the case of an emergency. In addition to this, we have also added 'door locks' by department to help with lock down procedures. Specifically for our Nursing floors, the Hospital renovated a room to create a 'Mental Health Safe Space', which is a room that is safe both for the mental health patient staying within the room, as well as the staff who are caring for the patient. This room was a great addition to our Hospital, as we do have a high prevalence of mental health patients, and aggressive behaviours can be prevented or diminished by caring for the patient in the proper space.

One of the most beneficial initiatives in the past year related to Workplace Violence however, has been from the feedback that we received from staff. While the RAO Best Practice Coordinator was on site conducting the Patient & Family-Centered Approach to Care sessions with staff, another portion of the time was focused on establishing a dialogue and understanding of what kind of challenges staff, and the Hospital as a whole, have on a day-to-day basis. The feedback received back from staff was excellent and resulted in an Action Plan being created directly from the comments and suggestions. This Workplace Violence Action Plan will be monitored by Management throughout the course of the year to ensure that as many initiatives that were suggested by staff will be implemented going forward.

With the inclusion of the mandatory Workplace Violence indicator and the change ideas that we've developed for the 2020/2021 QIP, we will continue to put a focus on violence in the workplace to ensure that our organization is safe for our staff, volunteers, patients, and their families.

Virtual Care

Due to the rural nature of our organization, virtual care is not only important to our patients and community, but oftentimes absolutely essential. For a large portion of the medical needs of our patient population, the necessary health care professionals do not exist within our region to care for them. Instead, we need to rely on virtual care solutions to ensure that everyone who needs effective, quality care, receives it at the right time and in the right setting.

The main tool that we have at our disposal that is also the most beneficial to patients in our community is our Ontario Telemedicine Network (OTN) system. OTN allows patients from rural communities lacking in professional human resources to connect directly to those professionals through the internet. A patient can be here at the Geraldton District Hospital, with a nurse to guide them through the visit, and be connected via a television/network connection to a specialist in another city hundreds of kilometers away – for all types of needs such as oncology, psychology, etc. This system saves our patient population from potentially travelling thousands of kilometers a year and spending significant amounts of money, to access services that are not present locally. The use of this system continues to increase year-over-year, with hundreds of connections on a yearly basis.

Another valuable tool that we employ here at our Hospital is the Regional Critical Care Response program (RCCR). RCCR is an innovative, virtual care service that leverages OTN's video conferencing equipment, specialized teams of doctors, and emergency departments throughout the NorthWest, to connect patients who are emergency situations directly with the specialty physicians who are able to help them. Patients can be seen and assessed on a moment's notice and cared for in a way that could mean the difference for them in critical situations. This is another tool that is absolutely necessary for our Hospital and one that we rely on.

Virtual care is necessary for us and all rural Hospitals – we hope to expand on the use of virtual care solutions in the future and develop new processes/systems that can allow for better/more appropriate care of our patients – in the right place, at the right time.

Performance-Based Compensation – Accountability Management

The purpose of Performance-Based Compensation is to drive accountability for the delivery of quality improvement. By linking compensation to the achievement of quality dimension core indicator targets, the Hospital is able to: drive performance, improve quality, establish clear performance expectations and create clarity about expected outcomes. The Hospital is also able to ensure consistency and transparency in the application of performance incentives and drive accountability with respect to the delivery of the QIP.

Performance-based compensation applies to the following positions:

1. Chief Executive Officer (CEO) – Board decided and approved
2. Chief Financial Officer (CFO) – CEO decided and approved*
3. Chief of Staff (COS) – Board decided and approved
4. Chief Nursing Executive (CNE) – CEO decided and approved*
5. Chief of Clinical Services (CCS) – CEO decided and approved*

*(Numbers 2, 4 and 5 are decided upon collaboratively by CEO, CNE, CCS & CFO)
Executive Positions – Percent Compensation

Year April 1 st	CEO	CFO	COS	CNE *	CCS *
2020/21	2% - Board decision	Internal decision	1% - Board decision	Internal decision	Internal decision
2021/22	TBD	Internal decision	TBD	Internal decision	Internal decision
2022/23	TBD	Internal decision	TBD	Internal decision	Internal decision

*Both the CFO and CCS, despite being executive staff, do not reach the current salary expectations of six figures; hence, we will continue to set performance indicators to maintain the highest quality levels. However, once they do reach six figures they will be subject to salary performance based implications.

Manner in Which Compensation is Linked to Performance

The legislation and regulations do not include specific requirements regarding the percentage of salary that should be subject to performance-based compensation, the number of targets that should be tied to executive compensation, weighting of these targets, or what the targets should be. A clear link between QIP indicators and performance-based compensation fulfills the requirements of the ECFAA (Excellent Care for All Act). Performance-based compensation should be something that is led by the individual organization to drive performance and improvement on organization-designated priorities.

Executive Compensation – Selected Indicators

Executive Position	Quality Dimension	Indicator	Target
CEO	Effectiveness	Total Margin	>0.0
CFO	TBD	TBD	TBD
COS	Timely	Reduce Wait Times in ED – Complex Patients	<12 Hours
CNE	Patient Safety	Reduce Hospital Acquired <i>C. difficile</i>	<1.0
CCS	Access/Patient Centred	Ultrasound Appointments/Bookings	<8 days

The percentage of salary and indicators may be amended from year to year at the discretion of the Board of Directors. Should one or more of the targets not be met because of extenuating circumstances beyond the control of the Executive, then the Board of Directors may amend the percentage of the salary at risk for the respective Executive.

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 : Dorene Boulanger

Quality Committee Chair: Ralph Humphreys

Chief Executive Officer : Lucy Bonanno