

Let's Make Healthy
Change Happen.



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



L'HÔPITAL
DU DISTRICT DE
GERALDTON
DISTRICT
HOSPITAL
GERALDTON
OODENA AAKOZIIWIGAMIG

3/09/2023

ontario.ca/excellentcare

Overview

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 nineteen (19) 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 six (6) 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, all QIPs since have been aligned with the Strategic Plan.

Due to the ongoing COVID-19 pandemic, our Board has decided to extend our Strategic Plan for an additional two (2) years; as such, there has not been many changes to our QIP over the last few years, with the only changes added to reflect the ongoing changes/challenges due to the pandemic. This year we are renewing the fulsome QIP process, integrating with new Ministry/Ontario Health (OH) priorities and responding to new challenges that have arisen throughout the pandemic.

The Hospital has linked the QIP directly with its strategic pillars, goals and objectives of our 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 2023/2024 QIP continues to align with the strategic direction of the Hospital, as well as our Mission – “We are committed to delivering Quality, Coordinated, Patient & Family-Centered Care” – and our

new Vision – “Partnering for a Healthier Community”. The development of, and our involvement in, the beginning of a new Ontario Health Team (OHT) in the City & District of Thunder Bay will inform our QIP process as well. The first year focus of the new OHT will be Mental Health and as such, we have transferred that focus to our 2023/2024 QIP process.

QI Achievements from the Past Year

Due to the ongoing COVID-19 pandemic, the last 4 years have been very challenging. It’s been a difficult time for staff and for all those that we care for. We strived to keep quality in the forefront as much as we could during this time, celebrating our successes as we went. The greatest achievements were seen in our evolving Mental Health program and our innovative solution to wait times and other challenges in the Emergency Department (ED) related to staffing throughout the pandemic.

Mental Health Program

Over the last few years, the Hospital has seen a significant increase in mental health and substance abuse type visits coming through the ED. Not only has the volume increased, but the severity of the visits has as well along with the likelihood of seeing the same patients on numerous occasions. Recognizing that this was a change that we were witnessing as the pandemic moved along, we changed our services to reflect this in 2022/2023. We saw the need to increase our staffing, dedicated to mental health; but not only that, in looking at the data we also saw the need to increase the hours that mental health staff are available to see patients. As such, we recruited a second Social Worker and as a team, our Social Workers provide off-hour emergency mental health coverage. These staff members respond to mental health crisis in the ED or see non-critical patients to ensure that they have the supports that they need when they leave our Hospital. Going into 2023/2024 there is still more work to be done – our Mental Health program is being revamped to better suit the ever-changing needs of our community.

Innovation in the Emergency Department

Over time and throughout the COVID-19 pandemic, there has been an increase in physician burnout that has impacted our staffing levels and staff quality of life. We have also seen that the majority of our ED visits (around 70%) are CTAS 4/5 visits, that could realistically be seen through a primary care clinic. Recognizing that staffing the ED with physicians was becoming increasingly challenging, and that most of our visits do not require a physician to be seen, we are now fully utilizing Nurse Practitioners (NPs) in our ED. Since implementing this strategy, we have seen a decrease in average wait times and an increase in physician work-life balance. This has been a major change in our staffing model that has had significant positive results. We now have multiple NPs hired who provide coverage of the ED, supporting the physicians during their shifts and seeing less critical patients.

Physician Recruitment & Avoiding ED Closures

This model has also allowed the Hospital to remain open and recruit physicians to our community. Whether it be through virtual physician coverage or locum coverage, the Hospital’s ED has remained open. This is during a time where EDs across the province were experiencing periods of closure. This is largely in part due to the introduction of NPs in the ED. This strategy has attracted new full-time/part-time physicians and expanded our locum pool greatly, allowing more flexibility/comfort in scheduling,

and reducing the burnout on our physicians. We also have a pool of locums who will work at our Hospital in an emergency situation, which has created a buffer in times of need.

Reflections Since Your Last QIP Submission

COVID-19 has had a significant impact on our Hospital, much like the rest of the world. Despite that, we have been able to maintain a focus on quality improvement and have continued with most of our processes. We have had regular QIC meetings and Risk Management meetings. We did pause our QRS meetings for a good portion of the pandemic, but have since restarted regular meetings. We have had to adjust some of our plans and delay others, however we have tried our best to maintain our efforts. We are adjusting and making changes to a large portion of our last QIP, recognizing the changing priorities of OH, the region, and our community.

Patient/Resident/Client Engagement & Partnering

COVID-19 has made it very challenging related to partnerships and relations with patients, residents, and their families. There have been times where no visitors are allowed, or only 1 for a short time, or a few but with restrictions, etc. We have had to be innovative where we could, allowing virtual visits or visits for End-of-Life patients where appropriate. Residents have had the most impact, being mostly secluded throughout the pandemic, unable to have their loved one's visit. That has since eased up, with nearly all restrictions removed, and that has had a positive effect on their well-being. In a similar vein, we've had significant challenges with our Patient & Family Advisory Committee (PFAC) meetings. Where we used to meet regularly, we paused during the pandemic and we found it harder and harder to engage our Patient Family Advisors (PFAs). Fortunately, we do have a PFA on our QIC who has been able to attend regular meetings and provide feedback. We are now looking to ramp back up our PFAC meetings and recruit/reengage with our PFAs on a regular basis. We also continue to receive feedback through our comment cards and any patient compliments/complaints that are submitted. A new change is that we've enhanced the ease of access to our comment cards through a QR code. Patients can now scan a QR code that's located in each department, that will send them to the Hospital website with all of the available comment cards, which they can fill out online. This allows patients/visitors to provide feedback immediately as they leave the department/Hospital.

Provider Experience

There has been a significant impact on staff stress management, work-life balance, and overall quality of life throughout the pandemic. It has been an extreme challenge from a variety of fronts, including infection prevention and control, working constantly and more than ever, constant sick time, and constant changes to rules, regulations, and treatment options. We've increased our efforts through our Employee Health & Wellness Committee and Staff Satisfaction Survey Action Plan to promote a healthy and positive work environment, through regular employee events that they can participate in safely, and employee recognition events where we celebrate their constant hard work. This has helped and has made a difference, however there is still a high degree of staff burnout that is persisting and

will take time to work through. As such, staff wellbeing is being added to this year's QIP as a focus for improvement initiatives in the next year.

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. New signs have been posted in our ED recognizing the Hospital's stance on this.

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 7 day/week basis, with coverage every night for 8 hours (midnight-8am). Their presence ensures that our staff and patients are protected/supported as they work/stay in our Hospital. Through staff recommendations, the Hospital also installed 'panic alarms' in the Acute Care, ED 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. Further planned improvements include retrofitting a room in the ED to create a safe Mental Health space that can be used prior to admitting patients to Acute Care (AC), and adding panic alarms to other locations in the Hospital that are experiencing increases of violent events.

Workplace Violence will continue to be a priority in our 2023/2024 QIP, as we 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. Encouraging reporting of violent events is the first step, with the second step being ensuring that when a violent event does occur, a Code White and subsequent response is triggered. This will ensure that the event is handled in a safe and coordinated manner. An increase in 'mock' Code Whites will also occur over the course of the next fiscal year, which will allow for training and improvements to our current Code White response process.

Patient Safety

Patient Safety, and Patient Safety events, are reported and tracked through our robust event reporting process. We have a software solution called RL6 that allow any staff to report any event that occurs in the workplace. These events are automatically sent to the responsible manager, whose responsibility it is to follow-up on the event, conduct an investigation if necessary, recommend system improvements to mitigate future events, and to provide a resolution to the event. The events are also reported to and reviewed by various committees (depending on the event type), including: Falls Committee, Pharmacy & Therapeutics Committee (LTC & AC), Joint Health & Safety Committee, Workplace Violence & Harassment Prevention Committee, Quality, Risk & Safety Committee, Quality Improvement Committee, Manager's Meetings, and at quarterly Board Meetings. By reviewing the events at these meetings, management and staff can come up with solutions/mitigation strategies to enhance patient safety and create a better environment for patient care. These meetings/reviews are also an opportunity to look for trends/patterns, or to address increases in specific events or lack of reporting in other events.

Health Equity

In general, Ontario Health North West (OHNW) 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 OHNW being so large and the communities being so rural/remote, different regions within the OHNW 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.

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.

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 them as accessible as possible for everyone. 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 Strategic Plan and QIP direction. We also have many French speaking staff and we have French translation services available, upon request. We make great efforts in respecting the patient's 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. In 2020/2021 we had all of our frontline staff take part in this education as well, which was an investment in our staff to ensure that the culturally sensitive culture spread across our organization. These are initiatives that the Hospital will continue to build upon in order to create a culture of care that is equitable for all.

In 2023/2024, one of the main parts of our focus on Mental Health and the redevelopment of our Mental Health Program will be on addressing and supporting the housing/food concerns in the region. Houselessness and food security has been an increasing concern that the Hospital has been absorbing, with patients coming to the ED for a meal or a place to stay for the night, especially in the colder months.

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 * |
|----------------------------|---------------------|-------------------|---------------------|-------------------|-------------------|
| 2023/24 | 0% - Board decision | Internal decision | 0% - Board decision | 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 : Darryl Galusha