

Let's Make Healthy
Change Happen.



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



L'HÔPITAL
DU DISTRICT DE
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24/03/2025

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Overview

The goal of Geraldton District Hospital's Quality Improvement Plan (QIP) is to deliver safe, effective, timely, and efficient patient-centered care that is accessible and well-integrated with our community partners. This objective is pursued through the QIP and the Hospital's ongoing quality improvement process, which has been in place for over twenty years and is continuously evolving based on suggested indicators from Ontario Health. The process begins at the grassroots level, where all staff are encouraged to submit quality improvement initiatives to the Quality, Risk & Safety Committee (QRS) for testing and monitoring. The QRS Committee, which meets as required throughout the year, consists of organizational leadership and front-line staff from various departments. The goals of the QRS Committee align with the Hospital's overall mission, as it plays a key role in developing initiatives aimed at enhancing the quality of care and monitoring patient safety indicators. The QRS Committee reports to the Quality Improvement Committee (QIC), which includes senior leadership, board members, and clinical care/frontline staff.

As part of the ongoing quality improvement framework, many of our focuses are on monitoring Key Performance Indicators (KPIs) tied to the Pay-for-Results (P4R) program, ensuring alignment with provincial emergency department priorities. This elevated focus on KPIs for P4R will support the monitoring of quality metrics, further enhancing our hospital's accountability and transparency in delivering patient care. Through lessons learned over the past year, the Hospital has recognized areas in need of improvement, particularly in relation to metrics such as length of stay. We are committed to engaging local physician groups in collaborative efforts to address these areas and improve Emergency Department (ED) performance. This includes working together to streamline processes and implement targeted strategies aimed at reducing length of stay and enhancing overall patient flow in the ED. This partnership with local physicians will be a crucial component in improving ED outcomes and meeting the needs of our community.

Access and Flow

Geraldton District Hospital is devoted to optimizing system capacity and ensuring timely access to evidence-based care that meets the needs of our diverse population. We understand that the integration of services and the enhancement of patient flow are essential to improving outcomes and the overall patient experience. Our focus is on creating a seamless, patient-centered care system, and we are actively working in partnership with other health service organizations across various sectors, including primary care, home and community care, long-term care, and other hospitals.

In alignment with this vision, we are undertaking several strategic initiatives aimed at supporting individuals in remaining in their homes and communities for as long as possible, while avoiding unnecessary hospitalizations or emergency department visits. Through our partnership with the regions Ontario Health Team Noojmawing Sookatagaing, we are exploring and mapping the state of home care and community resources. We are keenly aware of the need to deliver care in the most appropriate setting, and we are taking proactive steps to ensure that patients are seen at the right place and at the right time.

Our newly launched Walk-In Urgent Care Service, available two days a week, is a pivotal initiative designed to ease the strain on the ED by offering a timely, alternative care option for patients with non-emergent health issues. By redirecting these patients to the most appropriate care setting, the service helps reduce ED wait times, ensuring that patients receive care in the right place at the right time. This initiative plays a crucial role in enhancing patient flow and is expected to improve key ED performance metrics, such as reduced wait time and overall patient flow. The Walk-In Urgent Care Service reflects our commitment to providing timely access to care, ultimately elevating the patient experience and ensuring a higher standard of care for all.

As part of the P4R onboarding project, the Hospital is launching a new Emergency Department Return Visit Quality Program (EDRVQP) focused on reducing Emergency Department return visit rates. By tracking patients who return to the ED within a short period, the program aims to identify gaps in care that may contribute to repeat visits. Through this data-driven approach, we will refine our discharge processes, improve follow-up care, and address underlying quality issues, such as discharge instructions and treatment outcomes. The insights gathered will help prevent unnecessary re-hospitalizations and ensure timely adjustments are made through the broader Quality Improvement Program (QIP) for continuous improvement in care delivery.

We continue to foster strong partnerships with home and community care organizations available in the region including Dilico and Ontario Health at Home. This enables us to deliver services that allow patients to receive care in the comfort of their own homes, thereby reducing the need for hospital-based care. We are also prioritizing the timely access to primary care by working with the local Family Health Team and Ontario Health, ensuring that patients are able to connect with healthcare providers quickly and efficiently. This is key to preventing the escalation of health issues that may lead to unnecessary ED visits or hospitalizations.

Our ongoing commitment to collaborative care and system integration reflects our dedication to delivering high-quality care that is responsive to the needs of our community. We are confident that the work we are undertaking, in partnership with other health service organizations, will continue to improve system capacity, reduce unnecessary hospitalizations, and ensure that patients receive timely, evidence-based care in the most appropriate and accessible settings.

Equity & Indigenous Health

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.

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 the majority of Greenstone, which is a municipality that spans

3170 km² and includes multiple communities and First Nations. Therefore, transportation and accessibility have always been and continues to be a concern.

Geraldton District Hospital is committed to advancing health equity and fostering Indigenous health and cultural safety in alignment with Ontario Health's mission to reduce health inequities and improve outcomes for all communities. We recognize the importance of strategic and sustained efforts to improve access to healthcare services, experiences, and outcomes for marginalized populations, including Indigenous communities, who often face significant barriers in accessing care.

As part of our Quality Improvement Plan, we are prioritizing Diversity, Equity, and Inclusion (DEI) training for all staff. This training will be a cornerstone of our work to improve cultural competency and ensure that our healthcare providers are equipped with the knowledge and skills necessary to deliver care that is inclusive, respectful, and sensitive to the diverse backgrounds of our patients. By embedding DEI principles in our daily practices, we aim to create a more equitable environment for all patients and to ensure that we address systemic barriers that disproportionately affect Indigenous communities.

In addition to DEI training, we are exploring funding opportunities through external organizations such as Matawa and Ontario Health to collaborate on the recruitment and hiring of an Indigenous Liaison. This key role will support the Hospital in developing and implementing culturally safe care pathways for Indigenous patients, ensuring that their unique health needs are addressed with respect and understanding. The Indigenous Liaison will also serve as an advocate for Indigenous patients, providing them with support navigating the healthcare system and helping to create stronger partnerships between the Hospital and Indigenous communities.

Geraldton District Hospital will continue to work closely with local Indigenous leaders and healthcare providers to ensure that our services are culturally appropriate, accessible, and aligned with the values and traditions of Indigenous communities. Through these ongoing efforts, we aim to reduce health inequities, improve the quality of care, and create a healthcare environment where all individuals, including Indigenous patients, feel valued and respected.

We are committed to taking actionable steps to advance health equity and Indigenous health, ensuring that all patients, regardless of their background, have access to the care they need and deserve. By embedding these priorities into our QIP and working in partnership with Indigenous communities and external organizations, we are confident in our ability to make meaningful progress towards creating a more equitable and inclusive healthcare system.

Patient/Resident/Client Experience

At Geraldton District Hospital, we firmly believe that patient and family feedback is a critical component in our ongoing commitment to quality improvement. By actively engaging with our patients' experiences and perspectives, we can identify opportunities for growth and ensure that we are consistently providing care that meets their needs and exceeds expectations. As part of our Quality Improvement Plan, we have established several strategic initiatives designed to effectively incorporate information from experience surveys and other feedback mechanisms into our continuous improvement processes.

One key initiative that we have implemented is Patient Experience Rounding, a collaborative effort led by our Social Work Department. This initiative ensures that we engage directly with patients throughout

their care journey, capturing real-time feedback and understanding their experiences firsthand. Through these rounding sessions, we aim to create an open and transparent dialogue with patients, encouraging them to share their thoughts, concerns, and suggestions for improvement. This approach allows us to identify issues, address patient concerns promptly, and gather valuable insights that will inform the development of targeted improvement strategies. We have already seen positive results in terms of increasing the volume of comment card submissions, ensuring that patient voices are captured more consistently and comprehensively.

In addition to the rounding initiative, comment cards remain a crucial feedback tool for our hospital. We ensure that these cards are easily accessible (both through paper and electronically) and encourage patients and their families to provide feedback on their care experiences. This valuable input is reviewed regularly during our Manager's Meetings, where we discuss trends, patterns, and specific comments to identify areas for improvement. These discussions are not just a forum for reviewing feedback; they are an opportunity to create actionable improvement plans that are directly informed by the voices of those we serve. Whether it's addressing operational inefficiencies, improving communication, or enhancing the overall patient experience, each comment is treated with the utmost importance.

As part of our commitment to transparency and accountability, we ensure that feedback and improvement plans are shared across relevant departments, and that staff are involved in the process of developing and implementing solutions. By involving staff at all levels in this process, we foster a culture of continuous learning and improvement, where every team member feels empowered to contribute to the betterment of patient care. Additionally, we track the progress of our improvement initiatives and assess whether the changes we've implemented are positively impacting patient experiences.

We also recognize the importance of not only collecting feedback but also acting on it in a way that drives meaningful change. As part of our QIP, we continually assess the effectiveness of our feedback mechanisms and explore new ways to engage patients and families in the improvement process. This includes expanding our focus on digital feedback tools, ensuring we provide multiple avenues for patients to share their experiences in the manner that is most convenient for them.

Ultimately, at Geraldton District Hospital, we are committed to transforming patient feedback into a driving force for improvement. By integrating patient and family insights into our care delivery, we ensure that every patient's voice is heard and that their experience helps shape the future of the care we provide. Through our comprehensive approach to feedback collection and review, we are confident that we can continue to elevate the quality of care and the patient experience, creating an environment that is responsive, compassionate, and focused on the needs of those we serve.

Provider Experience

Our organization is dedicated to creating a supportive and enriching environment that fosters the recruitment, retention, and overall well-being of our staff. To that end, we have developed multifaceted initiatives that are designed to enhance staff experience and promote a culture of excellence.

First and foremost, we continue to offer a Employee and Family Assistance Program (EFAP), which provides confidential support for our employees and their families. This program covers a wide range of services, from mental health counseling and financial advice to legal assistance, ensuring our staff has access to the resources they need to thrive both personally and professionally.

In addition to our EFAP, we have an ongoing Tuition Support Program that helps incentivize potential employees to come practice in a rural area.

To support the growth of our workforce and encourage staff referrals, we have introduced a Referral Hiring Bonus, rewarding current employees for recommending qualified candidates who go on to join our team. This initiative not only strengthens our recruitment efforts but also promotes a sense of ownership and camaraderie among our staff.

Furthermore, we are proud of our partnership with Confederation College to offer the Practical Nursing Program, which provides our employees and the broader community with a pathway to further their education and training in nursing. This collaboration helps to address the growing demand for skilled healthcare professionals, ensuring we have a pipeline of talent ready to contribute to the success of our organization.

We recognize the importance of fostering a sense of belonging and community within the workplace. As part of this effort, we offer a Staff Primary Care Clinic once a month, providing our employees with convenient access to healthcare services. This initiative promotes the health and well-being of our staff, making it easier for them to prioritize their health while balancing the demands of their work and personal lives.

Finally, we celebrate and appreciate the hard work and dedication of our staff through Staff Appreciation Lunches held every month. These gatherings provide an opportunity for our team to come together, share a meal, and show gratitude for the contributions of each individual. These lunches help to build and cultivate a positive, supportive workplace culture where staff feel valued and recognized.

Through these initiatives and others, our organization is dedicated to creating a work environment that attracts, retains, and supports our employees, ensuring that we continue to provide exceptional care while fostering a culture of well-being, learning, and collaboration.

Safety

Fostering a culture of safety that ensures the well-being of both our patients and healthcare workers remains a priority this QI cycle. This commitment is central to our quality improvement initiatives, which are designed to prevent or reduce patient safety incidents. We recognize that creating a safe environment requires a multi-faceted approach that addresses all forms of harm, physical, mental, and emotional, and focuses on the well-being of every individual within our care.

Our journey toward safety begins with our zero-tolerance policy, which firmly prohibits any form of violence, harassment, or abuse, whether it comes from patients, visitors, or staff members. This policy is communicated clearly and consistently to all employees, patients, and visitors, and is strictly enforced. Any violations are met with immediate and appropriate action to ensure that a safe environment is maintained for everyone.

In line with the recommendations from the RNAO Best Practice Guidelines (BPGs), we have made it a priority to address violence, harassment, and bullying within the healthcare setting. We are in the process of implementing a summary of the RNAO BPGs' recommendations across all departments, ensuring our staff are equipped with the knowledge and skills necessary to prevent, identify, and

address these harmful behaviors. This initiative emphasizes both patient and staff safety, promoting an environment of respect and care at all levels of our organization.

Collaboration with our community partners plays an important role in our safety planning. We understand that safety cannot be achieved in isolation, which is why we engage with external organizations including law enforcement. This collaboration allows us to create more effective and comprehensive safety strategies that extend beyond our hospital, ensuring that we are prepared to address a wide range of potential safety concerns.

Enhancing the effectiveness of our security services is another key component of our safety strategy. Our Security Team is undergoing additional training focused on de-escalation techniques and conflict resolution, ensuring that they are ready to handle any security situation with a calm and measured approach. They have also received safe physical intervention technique training. During this training, Security learned how to safely manage and de-escalate physical situations without causing harm to themselves, others, or the person in crisis. These techniques are designed to protect everyone involved by focusing on control and safety rather than restraint or aggression. The goal is to provide them with the skills to intervene safely when necessary while minimizing the risk of injury and maintaining a calm and respectful approach. This training helps reduce the risk of harm to both staff and patients, particularly in high-stress scenarios.

In our commitment to ongoing improvement, we continue to invest in staff education. We offer regular training programs such as Non-Violent Crisis Intervention and Gentle Persuasive Approach, which are essential for our team members to effectively manage crisis situations. These courses provide practical tools and techniques for responding to challenging situations in a way that protects everyone involved and minimizes harm.

As part of our commitment to preparedness, we conduct regular Code White drills. These drills simulate emergency situations involving violent or aggressive patients, giving our staff the opportunity to practice coordinated responses and become familiar with the procedures in place. By routinely practicing these scenarios, we ensure that our staff are always prepared to act swiftly and effectively in the event of a real emergency.

In response to the increasing need for specialized care, we have submitted plans and secured funding to retrofit an office into a secure, up-to-code mental health room. This new space will be designed specifically to meet the needs of patients in mental health crises, offering them a safe and supportive environment that aligns with best practices in care and safety.

We believe that safety is a shared responsibility, and as part of our efforts to ensure transparency, we encourage a culture of reporting. All incidents, concerns, and potential safety risks are reported through our RL6 reporting software, and these reports are reviewed at the departmental manager level as well as various hospital committees depending on the nature of the safety issue. This open approach helps us to maintain transparency, identify emerging trends, and develop timely action plans that address any issues before they escalate.

Through these collective efforts, we are working to build and sustain a culture of safety. By integrating these strategies into our Quality Improvement Plan, we are dedicated to continuously enhancing the safety of our environment for both patients and staff, ensuring that everyone who comes through our doors feels supported, respected, and safe.

Palliative Care

The hospital is committed to delivering high-quality palliative care through a collaborative, patient-centered approach that supports both the individual and their families. Palliative care is essential to ensuring that patients experience comfort, dignity, and support during their final stages of life, and our hospital is dedicated to providing the best care possible by aligning with the Quality Standard for Palliative Care and the Ontario Palliative Care Network model of care recommendations.

One of the most impactful ways we deliver high-quality palliative care is through the leadership of our Social Work Department, which chairs the Regional Palliative Care Committee. This committee brings together healthcare professionals across the region to improve the quality and consistency of palliative care. Through this leadership, we ensure that best practices and standards are being followed, while also fostering collaboration between hospitals, community providers, and support services. This committee is instrumental in aligning regional care practices and ensuring that patients and families receive a seamless and compassionate care experience, regardless of their location.

Another key initiative in our palliative care approach is our partnership with Hospice Northwest to manage the co-located hospice suite within our acute facility. This collaborative effort allows patients who require specialized palliative care to be cared for in a peaceful, dedicated space that focuses on comfort and family involvement. This integration ensures that patients in need of hospice care receive the highest standard of care in an environment that promotes dignity, choice, and respect. Hospice Northwest's support also extends to providing guidance on best practices and expertise in palliative care, further enhancing the quality of care provided in the hospice suite.

In addition to these initiatives, we are committed to ensuring that our health human resources have the necessary skills and expertise to provide exceptional palliative care. As part of our efforts to build capacity, we have been sending staff for LEAP (Learning Essential Approaches to Palliative Care) training to improve their competency in palliative care principles. Our goal is to bring this high-level training in-house, allowing all staff to be educated on the key principles of palliative care and better equipped to support patients and families facing end-of-life decisions.

Additionally, we recognize the importance of patient, resident, and care partner engagement in the delivery of palliative care. As part of our commitment to holistic support, we have developed a Palliative Family Care Guide, which serves as an informative resource for families navigating the palliative care journey. This guide provides families with essential information on what to expect during palliative care, practical tips for supporting their loved one, and how to access additional services and resources. This resource empowers families, supports informed decision-making, and promotes a sense of preparedness and involvement in the care process.

Through these activities, Geraldton District Hospital demonstrates a strong commitment to providing high-quality palliative care that aligns with the established standards and recommendations in the Ontario Palliative Care Network model of care. Our focus on access to palliative care, health human resource competency, patient and care partner engagement, and interdisciplinary processes that support care ensures that we deliver comprehensive, compassionate, and effective palliative care to those who need it most.

Population Health Approach

We recognize the importance of population health management as a key element in improving the health and well-being of our community. As part of our ongoing commitment to patient and family centered care, we actively engage with various partners to co-design solutions. Through collaboration with local health service organizations, we aim to address the unique needs of the population in our catchment area. This includes a focus on understanding the diverse social determinants of health, identifying population health needs, and improving outcomes for individuals across the continuum of care.

Our participation in the Ontario Health Team Noojmawing Sookatagaing allows us to be part of a broader regional effort focused on delivering integrated, patient-centered care. The work of Noojmawing Sookatagaing highlights the ongoing initiatives aimed at improving access to homecare and primary care, addressing health inequities, and creating person-centered solutions. The team's collaborative approach involves population identification with co-design efforts through interviewing people living with or having lived experience.

Locally, the Hospital works closely with its regional partners to support the health needs of our catchment area population. We have a well-established Healthier Community Advisory Committee that brings together representatives from dozens of regional agencies. The HCAC serves as a vital platform for information sharing, collaboration, and updates on new or existing services available through these partner organizations. This committee ensures that our hospital remains connected to the broader network of services and community-based organizations, promoting a coordinated and efficient approach to care.

Additionally, we have been improving our referral processes to ensure that our patients are connected to the appropriate care in a timely and accessible manner. Whether through direct referrals to specialized services, mental health support, or social programs, we endeavour to ensure that no patient falls through the cracks, and that their care is seamlessly integrated with the services provided by our partners.

Emergency Department Return Visit Quality Program

At Geraldton District Hospital, our approach to conducting audits and implementing quality improvement initiatives as part of the Emergency Department Return Visit Quality Program (EDRVQP) involves a collaborative team effort led by the Chief of Staff and the Chief Nursing Executive. The process begins with chart audits, which will be conducted by both the COS and CNE. Charts flagged for review will be screened by the CNE, and any identified issues will be reviewed in detail with the COS. This ensures a comprehensive, dual-perspective review process, integrating both clinical and nursing insights into the evaluation of care quality.

Once quality issues are identified through the chart audits, they will be presented at the Quality Improvement Committee meetings. The QIC serves as a forum for discussing the findings, collaborating on potential solutions, and developing actionable quality improvement plans. Input from various committee members, representing different departments and the public, is essential for addressing identified quality issues and ensuring the implementation of effective solutions. This

collaborative process allows us to drive continuous improvement in our Emergency Department's care delivery.

As part of our EDRVQP participation, we have identified two key quality issues for focused improvement this year:

Left Without Being Seen (LWBS):

A critical quality issue is the number of patients who leave the Emergency Department without being seen by a healthcare provider. This issue not only affects patient outcomes but also has a direct impact on patient satisfaction and trust in the care system. Through our quality improvement initiatives, we will examine factors contributing to LWBS, such as wait times, patient flow, and triage processes. Our focus will be on optimizing these areas, enhancing patient flow, and reducing wait times to ensure that more patients receive the care they need in a timely manner.

Delays Related to Emergency Department Structure and Their Impact on Patient Experience:

Another priority is understanding how delays within the Emergency Department's operational structure—such as staffing models, transfer processes to tertiary centers, and coordination with external consults—impact patient experience. Delays in these areas can negatively affect patient satisfaction, outcomes, and overall care delivery. As part of our quality improvement efforts, we will assess the current staffing models and understand their impact, evaluate the efficiency of transfer protocols, and explore ways to streamline communication with tertiary centers and external specialists.

As this is an iterative process, we anticipate that additional areas for improvement may be identified as the audit process continues. We are committed to remaining responsive and adaptable as new challenges and opportunities emerge throughout the year.

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
2024/25	0% - Board decision	Internal decision	0% - Board decision	Internal decision	Internal decision
2025/26	0% - Board decision	0% - CEO decision	0% - Board decision	0% - CEO decision	0% - CEO decision

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. Compensation will be discussed during the March Board of Directors meeting each year during the In-Camera section.

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	Time from Registration to Triage	<15 minutes
CCS	Access/Patient Centred	ED Troponin Turnaround Time	<60 minutes

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 : Eric Pietsch

Quality Committee Chair: Mike Davis

Chief Executive Officer : Darryl Galusha

EDRVQP lead: Edward Hargassner