

Quality Improvement Plan Narrative, 2023/24

OVERVIEW:

Introduce your Quality Improvement Plan (QIP) with a brief overview of your areas of focus and quality improvement initiatives that you think a member of the public would like to know about. We are interested in hearing about what is important to you. You may wish to include a description of how you are working to improve care within your organization or an achievement your organization is most proud of. Tell us about your corporate strategy and how QIP reporting aligns with your strategic plan. This opening paragraph will set the context for what you will be working toward through your QIP.

Recommended length: 250 words.

The Nipigon District Memorial Hospital (NDMH) is an accredited, 37 bed facility serving the community of Nipigon, ON and surrounding area. NDMH is a small hospital attached to a Long-Term Care home and an Emergency Department that operates 24/7.

It is an exciting time for our small hospital as we are coming to the end of our current Strategic Plan. We have made great progress in our strategic plan initiatives despite the ongoing pandemic. Over the past 3 years we have remained committed to aligning our patient centered care philosophy and quality healthcare framework with our initiatives and organizational priorities. For instance, we have worked on recruitment/retention and improving staff and physician satisfaction, establishing relationships with local partners such as our Indigenous leaders and the Ontario Provincial Police and we have been successful in providing integrated quality and safe health care from our Urgent Care outpatient clinic.

As we embark on our 2023/24 Quality Improvement journey, we are focusing on the patient/resident experience, workplace violence prevention, mental health and early identification of palliative care. We have chosen to focus on a small number of quality issues that are important to the healthcare system; issues that have been particularly impacted by COVID-19 and need our attention to help support health system recovery. This year's priorities have been developed in consultation with our patient/resident and family advisors as well as our senior leaders, physicians and the Board. We have chosen to focus on local issues such as repeat visits to ER for mental health that are important to our communities.

PATIENT/CLIENT/RESIDENT ENGAGEMENT & PARTNERING:

Describe how you have co-designed initiatives related to QIPs with diverse representation from patients/clients/residents. Please provide 1 to 2 examples of these initiatives, including how you gathered and incorporated experience feedback from patients/clients/residents and caregivers.

Our QIP progress is a standing agenda item on the following committee agendas: Senior Management, Medical Advisory Committee, Patient/Resident and Family Centered Care, and Quality Committee. We engage our staff, physicians, patients/residents and caregivers in the QIP planning and development of the work plans.

We also engage with the public through our patient relations process via surveys and feedback forms. Conducting open ended surveys allows our patients and caregivers to provide first-hand input on their care experience and about which aspects of their care that they would like to see improved.

Our organization supports and understands the importance of active engagement of staff, physicians, patients/residents and caregivers in developing and implementing our quality improvement plan.

PROVIDER EXPERIENCE:

Our consultations revealed a significant concern with health care providers' (regulated and unregulated) experiences in the current environment (e.g., burnout related to decreased staffing levels). In this section, please describe your organization's experience with these challenges and the ways you are supporting health care workers. How do you engage health care workers in identifying opportunities for improvement?

At NDMH, our Senior Leadership team is very aware and responsive to staff burnout. This past year we have conducted two (2) "pulse check" surveys with our staff related to the COVID-19 pandemic and one element of the survey focused on burnout. We asked staff if they were feeling burnt out and furthermore, if they had any suggestions as to how Senior Management could assist with relief of burnout. In July 2022, at the time of the first pulse check our organization had 129 staff and out of the 129 staff, we received 45 responses. 71% of those staff indicated they felt burnt out. For the most part, staff offered suggestions such as increase staff and offer retention bonuses as a means to mitigate the burnout. Ongoing interventions include hiring agency nurses to ensure vacation time is granted, offer extra time off through payroll deduction, and we have been creative in combining vacant part time positions to offer full time opportunities and provide more fulsome coverage on the units. We host many initiatives to create a positive environment such as a draw for a gift card to reward perfect attendance, an annual staff BBQ and this year we had a staff and children's Christmas party to name a few initiatives.

Our organization also supports an open-door policy and therefore Managers and the Executive Leadership are accessible to staff for any concerns they may have.

Other ways that we engage with staff are through monthly staff meetings. Memos that inform of any changes we are required to implement, unit meetings and safety huddles to discuss Just in time information that requires a discussion and the opportunity to ask and answer questions.

WORKPLACE VIOLENCE PREVENTION:

A health system with a culture of quality creates the conditions for staff to thrive, and ensuring their safety is one element of this. By addressing violence and incivility in our organizations, we will be creating safer environments for our workers and improving patient care. Describe how workplace violence prevention is a priority for your organization. For example, how is it reflected in your strategic plan, how is it measured, do you report on it to your board, and have you made significant investments to improve in this area? What are you planning to do differently this year? When providers are involved in a workplace violence incident, what mechanisms are in place to ensure they receive support, resources, and follow-up?

NDMH has made great progress and remains committed with respect to workplace violence prevention. We have made workplace violence prevention a priority by including it on our QIP for the past few years. Initially, we took steps to create a culture of reporting within the organization. Workplace violence is also embedded in our strategic plan and as such, we established a Workplace Violence Prevention committee and engaged staff and board members. The main objective of the committee has been to create a workplace violence program for the organization including development or revision of policies, education, risk assessments and emergency planning such as Code White.

In 2023-2024, our organization aims to reduce workplace violence incidents by 50%. We are also committed to ensuring that workplace violence incidents do not result in lost time for our staff. Some strategies that we plan to initiate this year are to send letters to offenders when there is an incident of violence toward staff, work with the OPP to address serious incidents – i.e. no trespass orders, follow up with staff within one business day of occurrence to seek their feedback or suggestions for improvement and offer training to staff on mental health first aid best practices. We continue with our contract with a Security Company from Thunder Bay (1 hour west) to provide additional security when required. We continue to make every effort to provide additional staff to support close or constant observation for all Form 1 patients and other patients with Mental Health issues as required.

We have successfully installed cameras both inside and outside of the hospital with viewing monitors at the nursing stations and in the maintenance department. There are also 4 panic buttons within the facility that will directly dispatch to OPP for assistance. All staff wear personal centrak badges which signal a distress call with the press of a button. We develop and implement a safety plan for every high-risk situation that we are alerted to. The multidisciplinary team is included in developing the safety plan and once completed, staff sign the plan indicating their agreement with the plan which is then shared with the rest of the department. We have a shared risk assessment with the Police when they bring a patient to the Emergency Department that includes a shared risk score for the patient and a plan for keeping staff and the patient safe that may include police staying until the patient's risk score has been reduced by interventions and re- evaluated.

Our strategic plan focuses on the quadruple aim which includes provider and patient and family satisfaction. We believe happy safe staff provide excellent care and leads to better outcomes for everyone.

PATIENT SAFETY:

To help support quality improvement, enhance a safe and just culture, and improve the success of incident analysis, explain what processes are in place at your organization to learn from patient safety incidents? How do you share learnings back to team members and patients/residents/families to prevent future recurrences?

NDMH is committed to patient/resident safety at all levels within the organization. We have developed a Patient/Resident Safety Plan designed to improve patient/resident safety, reduce risk and respect the dignity of those we serve by assuring a safe environment. Safety is a key part of our integrated quality framework, our safety plan and a priority for our strategic plan. NDMH is unique in that we are acute care, long term care, assisted living in the community, a Health Centre in Beardmore and we are linked

with the Family Health team. We are governed by the Long-Term Care Act, Public Hospital's act and must adhere to many expectations with regards to the Excellent Care for All Act and Incident reporting. It is our belief that happy and healthy staff provide excellent care and great outcomes.

The objectives of our patient/resident safety plan are to:

- Encourage organizational learning about medical/health care errors
- Incorporate recognition of patient safety as an integral job responsibility
- Provide education of patient/resident safety into job specific competencies
- Encourage recognition and reporting of medical/health care errors and risks to patient/resident safety without judgment or placement of blame.
- Involve patient/resident in decisions about their health care and promote open communication about medical errors/consequences which occur.
- Collect and analyze data, evaluate care processes for opportunities to reduce risk and initiate actions
- Report internally what has been found and the actions taken with a focus on processes and systems to reduce risk
- Support sharing of knowledge to effect behavioral changes in itself and within NDMH by sharing of information.
- Ensure staff are educated in order to deliver competent care
- Ensure staff have the tools to ensure a safe environment for the patient/resident and staff
- Ensure Leadership commitment and shared responsibility for patient/resident safety

Specifically, patient stories are shared at the Patient/Resident and Family Advisory, Quality Committee and Board meetings. We utilize a specific template to share patient stories which assists in driving change and fueling action.

We have a process for staff to report patient safety incidents online via Surge Learning. Managers and senior leaders are able to follow up on the incidents and close the communication loop. In some cases, a quality of care review is undertaken to provide the opportunity to learn from critical occurrences while promoting a blameless culture within the organization. Training on how to conduct root cause analysis/ process reviews has been provided to build capacity on how to use this important tool and to implement system wide changes.

We conduct the safety culture survey provided by Accreditation Canada and develop and implement and action plan to address any concerns brought forward from the analysis.

The physicians participate in monthly, structured morbidity and mortality rounds.

HEALTH EQUITY:

We are seeking to understand how organizations are recognizing and reducing disparities of health outcomes, access, and experiences of diverse populations, including Indigenous Peoples; Black, racialized, and 2SLGBTQIA+ communities; Francophone populations; high-priority populations; and older adults in their quality improvement efforts. How is your organization working to promote health equity? Describe how your organization is collecting sociodemographic data, including race-based data. Where possible, please provide examples of how your organization has implemented a strategy that focuses on

non-medical social needs, such as those related to culture/cultural barriers, income, food security, housing, health literacy, and social connection.

NDMH has formed a strong and successful partnership with our community's local Indigenous leaders. A Indigenous Advisory was formed in 2019 and we ensure changes are brought to this Committee for their input. Cultural safety training is mandatory each year for all staff. We have undertaken a blanket exercise with members of the Board of Directors, hospital staff and staff from the Family Health Team and we plan on making this an annual event. We have renovated our Hospice room to allow for smudging in the room and we have developed an end of life order set to involve traditional healers, teas and ceremonies. We recognize and celebrate Indigenous Awareness Day and partner with the Township, neighboring townships and our local Chiefs to provide a morning of recognition and learning.

We have updated our registration process to request individuals to self-identify and if they would like to be served in their language. We participate annually in a French Languages program and make changes every year to move toward offering care in French when required. French speaking staff wear badges identifying them and implement policies to reflect our commitment. Each year we bring an update on the progress to the Board of Directors.

We also conduct an annual review of Accessibility services we provide. Last year we renovated the laboratory and added a wheelchair accessible washroom for patients and renovated the blood collection room to offer wheelchair access as well as added a sink that offers wheelchair access if required. An annual report is provided to the Board of Directors.

In purchasing our mask supplies over the last few years, we have included pediatric friendly masks as a well as clear masks for the hearing impaired that lip read. We also purchased two sets of earphones that act as hearing aids so staff can communicate with patients with poor hearing that either do not wear hearing aids or could not bring them with them.

In the fall of 2022, we started to offer Urgent Care appointments in the evenings so members of the community could see a Nurse Practitioner without taking time off work and to offer same day service to anyone from our area even if they are not rostered to a Physician

EXECUTIVE COMPENSATION:

Please describe how you have connected executive compensation to the priorities in your QIP, with special consideration for the priority QIP indicators. For guidance on how to complete performance-based compensation, please review [Performance-Based Compensation and the Quality Improvement Plan](#)

In Accordance with legislative requirements, the following positions (Senior Team) are subject to performance-based compensation:

- President and Chief Executive Officer
- Chief of Staff
- Chief Nursing Executive
- Chief Financial Officer

We will be attaching compensation to the following (2) indicators

1. Workplace Violence Prevention with a target of 50% reduction in incidents **AND**
2. Repeat ER Visits for Mental Health with a target of reducing repeat visits to 6%

Compensation will be awarded as follows:

One (1) percent for Chief Executive Officer, Chief of Staff, Chief Nurse Executive, Chief Financial Officer

85-100 % = 100 % compensation

75-85 % = 50% compensation

< 75 % = 0 % compensation

Madison Boudreau
Chief Nursing Executive