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# Strategic Plan 2020-2023

Strategy Performance Report  
Fiscal 2020-21  
Q3 / Q4 - May 31, 2021 Board Meeting

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## INTRODUCTION

Patient/resident and family centred care is an approach that guides all aspects of planning, delivering and evaluating services. The focus is always on creating and nurturing mutually beneficial partnerships among the organization's staff and the patients/residents and families we serve.

Providing patient/resident and family centred care means working collaboratively with patients/residents and their families to provide care that is respectful, compassionate, culturally safe, and competent, while being responsive to their needs, values, cultural backgrounds and beliefs, and preferences.

Patient/Resident and Family Centred Care is the philosophy that guides us, with *“patients, residents and their families at the centre of everything we do.”* It is based on the core concepts of dignity and respect, communication and information sharing, and collaboration and participation.

Patient/Resident and Family Centred Care shapes our values, structures and behaviors and we have embedded it into our organization through various actions, including having patient, resident & family advisors engaged in all quality opportunities, system changes and decision making forums.

Our Quality Healthcare Framework is a natural progression in advancing Patient/Resident and Family Centred Care by ensuring decisions, initiatives, and actions are focused on enhancing quality healthcare. It outlines definitions, guiding principles, enablers and drivers key to develop and sustain an integrated quality structure, accountability, systems, processes and improvement strategies to ensure an excellent experience.

To ensure an excellent patient/resident experience we will provide quality health care that is safe, effective, patient/resident family centred, efficient, timely, and equitable.

We are committed to aligning our actions and priorities to our Strategic Plan.

## HOSPITAL

<b>Vision</b>	Partnering for a healthier tomorrow to improve the quality, safety and experience of care.
<b>Mission</b>	The Hospital delivers excellence in rural health care with our partners for all residents in our communities.
<b>Values</b>	<ul style="list-style-type: none"><li>• Patient and Family Centred</li><li>• Integrity</li><li>• Respect</li><li>• Accountable</li></ul>
<b>Philosophy</b>	Patients and their families are at the centre of everything we do.

## LONG TERM CARE HOME

<b>Vision</b>	That each resident enjoys safe, effective and responsive holistic care that helps them to achieve the highest potential quality of life and experience of care.
<b>Mission</b>	The Home delivers excellence in holistic care, within a resident and family focused framework.
<b>Philosophy of Care</b>	<p>Nipigon District Memorial Hospital's Long Term Care Unit is committed to providing compassionate interdisciplinary care to persons in need of our services in an atmosphere of respect for the dignity, spiritual and cultural values of each resident. We strive for excellence in the provision of a quality of life and care for our residents ensuring that their medical, emotional, physical, and social needs are met, while encouraging each resident to maintain an optimal level of functioning in all dimensions of life.</p> <p>We value our employees and volunteers and are committed to a healthy, safe, productive and enjoyable work environment.</p>

## LEGEND

Not yet Initiated	In Progress	Completed

## STRATEGIC PILLAR 1

<p><b>PEOPLE</b> Invest in Our People</p>
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RECRUITMENT AND RETENTION					
TARGET 1	Increase Morale				
	Q1	Q2	Q3	Q4	
Flexible hours of work			Completed		
Team building exercises					
Work at home options for senior leaders			Completed		
Ensure consistent Attendance Awareness Program					
OHA's Small Hospital 50 <sup>th</sup> percentile Benchmarking data review			Completed		

### Q1, Flexible Hours of Work

- Staff who were able to flex their hours will be offered the opportunity
- A Letter of Understanding was completed with UNIFOR permitting business office to work a compressed work week

### Q1, Work at Home Options

- The option to work from home will be exercised by the Chief Nursing Executive/Chief Operating Officer, and Chief Financial Officer. Given the working environment at NDMH, Senior staff experience many interruptions in their working day. Working from home is recognized to be a valuable strategy, in particular for time sensitive work.
- Staff who were “away”, when the pandemic was declared, and required a mandatory 14 day isolation prior to returning to work, who were able to perform their duties off site, were afforded the option to do so.
- Staff who were not required to be on site to perform their work responsibilities were identified and a plan is in place for these staff to work from home, pending outbreak

status in Northwestern Ontario and direction from Thunder Bay District Health Unit and the provincial government.

**Q2, Work at Home Options**

- Memo regarding staff plans for children returning to school included the need for a contingency plan for caregiver responsibilities recognizing that a contingency plan may be challenging in these times. right now. Options available for staff will be considered on an individual basis depending on need, role, operational demands and employment legislation and/or collective agreements. Alternatives may include reduced FTE, flexible schedules, modified shifts or hours of work, short term remote work, unpaid time off or leave of absence.

**Q2, OHA’s Small Hospital 50<sup>th</sup> percentile Benchmarking data review**

- Benchmarking was undertaken for the 4 managerial positions (Lab, Nursing, Dietary and Facilities) in order to identify the external market rate for each of these positions and to create appropriate wage grids.

<b>RECRUITMENT AND RETENTION</b>				
<b>TARGET 2</b>	<b>Decrease sick time and over time</b>			
	Q1	Q2	Q3	Q4
Apply incentives for staff attendance				
Review working schedules				
Ensure consistent Attendance Awareness Program				
Reach out to other organizations for effective measures				

**Q1, Apply incentives for staff attendance**

- Twice per year, Q1/Q2 (Apr 1 to Sep 30) and Q3/Q4 (Oct 1 to Mar 31, ) those staff who have had fulfilled all of their scheduled shifts during the draw cycle will have their names entered into a draw for a 7.5 hour day off with pay. The Hospital has applied this initiative since October 1, 2019.
- Staff excluded from the incentive include those not scheduled to work during a Quarter.
- Marleen Napady, PSW received a 7.5 hour day off with pay for Q1/Q2 - 2019/20
- Kathy Buckley, MRT received a 7.5 hour day off with pay for Q3/Q4 - 2019/20
- This incentive will be trialed for one year and reviewed in September 2020.
- A review and revision of the work of the PSW on night shift was completed and amendments circulated.
- Leadership has been asked to congratulate and acknowledge staff verbally or by card or certificate
- Worklife pulse results have been circulated and Managers are validating and creating action plans to address areas with identified improvement opportunities

Q2, Apply incentives for staff attendance

- Carl Rivers, RN received a gift certificate for perfect attendance for Q1/Q2 2020/21

Q4, Apply incentives for staff attendance

- Kylie Perala, RN received a gift certificate for perfect attendance for Q3/Q4 2020/21

<b>RECRUITMENT AND RETENTION</b>				
<b>TARGET 3</b>	<b>Safety is a priority for NDMH. We will provide a safe environment for our patients, residents, staff, partners, learners and physicians.</b>			
	Q1	Q2	Q3	Q4
Develop a Workplace Violence Action Plan				
Identify gaps in current Workplace Violence Risk Assessment				
Initiate a Workplace Violence Prevention Committee including a board member				

Q1, Develop a Workplace Violence Action Plan

- A review of the Hospital’s existing Workplace Violence/Harassment Prevention Program was undertaken.
- Public Services Health & Safety Association’s Workplace Violence Prevention Program (in partnership with the Ministry of Labour) was reviewed. Focus areas were identified and a work plan was created. The workplace violence prevention requirements of other organizations was also reviewed and includes Ministry of Labour, Ontario Nurses Association, College of Nurses of Ontario, Occupational Health & Safety Act, Health Quality Ontario, UNIFOR, and Registered Nurses Association of Ontario
- An open invitation was made to all staff to join a Workplace Violence Prevention Committee with no response.
- Signs were put up throughout the facility identifying zero tolerance of abuse to staff

Q1, Initiate a Workplace Violence Prevention Committee (including a board member)

- Robert Beatty, Board Director has been recruited for the Steering Committee

Q1, Identify gaps in current Workplace Violence Risk Assessment

- Seclusion Room funding received from the NW LHIN and construction completed
- Safety Plans are now in place for staff identifying an actual or potentially unsafe situation and staff, Management and OH&S sign off in agreement to the plan



- Q2, Initiate a Workplace Violence Prevention Committee including a Board member
- Confirmed current Health and Safety Committee members' commitment to the work of the Committee. Appoint members to the Workplace Violence Prevention Committee and assign focus area according to work plan.
  - Sample Terms of Reference reviewed and amended for NDMH from PSHSA's Workplace Violence Prevention in Health Care Leadership Table

- Q2, Identify gaps in current Workplace Violence Risk Assessment
- NUR 38, Seclusion Room Protocol finalized. Education pending
  - OHS 31, Flagging Process for Patient Exhibiting Acting Out Behaviour revised. Education pending
  - Code Silver, Code White and Code Purple revised. Education pending.
  - OHS 26, Robbery revised. Education pending.
  - Developing on line reporting through Surge for Employee Incident Reporting
  - Initiate education on James Reason's Culpability theory to support a culture of safety
  - Screening relocation to decrease risk to screeners
  - Police policy implemented
  - Safety check in process for Assisted Living Program staff
- Q4, Workplace Violence Action Plan
- Code Silver reviewed and updated
  - Police Hospital transition MOU signed and education to staff provided
  - All 4 Incident reports on line awaiting finalized review by CNE and CFO and education for staff

IMPROVED STAFF, PATIENT AND PHYSICIAN SATISFACTION RATES				
TARGET 1	Improve Technology			
	Q1	Q2	Q3	Q4
Complete an Information Technology (IT) review at Nipigon Hospital		Completed		
Complete a Request for Proposal for IT needs at Nipigon Hospital				
Contract with Northern Computers to cover IT needs identified in review of IT				

- Q2, Contract being developed to improve IT/IS
- Recommendation of report being implemented in contract
  - Objectives being established
  - Contract to be signed in Q3
  - Projects included in contract with timelines

Q4, Complete a Request for Proposal

- Review of other organization’s IT revealed we pay less and receive more service
- Final review of contract under way with addition of further priority items to be added

<b>IMPROVED STAFF, PATIENT AND PHYSICIAN SATISFACTION RATES</b>				
<b>TARGET 2</b>	<b>Offer ongoing educational activities</b>			
	Q1	Q2	Q3	Q4
Mental Health Education - March			complete	
Hospice Training – Jan			complete	
PSW Person Centred Training –			complete	
Staff to spend time with TBRHSC Staff in ER, AMH and PICU. This plan changed to training at NDMH to increase confidence with team and efficiency with Physicians. Mannequin purchased and simulations occurring on a regular basis. Added to education plan				
Root cause analysis training (ISMP)– March				
Helipad Training				
Indigenous Culture Safety Training				
Nursing Education refresh				

Q1, Mental Health Education

- NUR 15, Mental Health Standard of Care for the Adult Patient was approved in May 2020
- A Mental Health Satisfaction Survey is being developed
- A Risk Manager and Lawyer educated staff and Physicians on form1, restraints and capacity in relation to treatment (HIROC)

Q1, Hospice Training

- January

Q1, PSW Person Centred Training

- 2 staff sent to training in January 2020

Q1, Root Cause Analysis Training

- Root cause analysis training provided by the Institute for Safer Medication Practice was arranged and cancelled due to COVID-19
- This education was completed in March 2021

Q1, Indigenous Culture Safety Training

- All staff are required to successfully complete the 4 Part Series on Cultural Competence and Indigenous Cultural Safety via Surge Learning. The content includes:
  - Introduction
  - Knowledge and Application
  - Indigenous Cultural Safety in Health Care (Key Terms and Historical Context)
- Indigenous Cultural Safety in Health Care (Social Determinants and Culturally Safe Care)
- 49% successful completion at end of Q1
- San'yas on line training offered to staff with 8 participants taking part
- Judy Harvey's Fellowship document, Advancing Patient and Family Centred Care During End of Life for the Indigenous Persons and Their Families at NDMH

Q2, Indigenous Culture Safety Training

- 61% successful completion of 4 Part Series on Cultural Competence and Indigenous Cultural Safety via Surge Learning at end of Q2

Q1, Nursing Education Refresh

- Complete review/revision of Ward Clerk orientation. All Ward Clerks have successfully completed the orientation.
- Completed review/revision to RN, RPN and PSW orientations to include all nursing departments (Acute Care, ER and Long Term Care). Education pending.

Q2, Nursing Education Refresh

- Annual Nursing Education Plan in draft
- Acting Nurse Educator hired
- Utilizing Surge Learning software's Policy Professional and the development of nursing education

Q4, Root Cause Analysis Training

- Root cause analysis training provided by the Institute for Safer Medication Practice was arranged and cancelled due to COVID-19
- This education was completed in March 2021

IMPROVED STAFF, PATIENT AND PHYSICIAN SATISFACTION RATES				
TARGET 3	Inter-professional team development			
	Q1	Q2	Q3	Q4
Move team together in clinic		complete		
Attend inter-professional team webinar		complete		
Develop Terms of Reference for meetings				

#### Q1, Inter-professional Development

- One office shared by NP, RN and RPN in the Family Health Team Office
- Process reviews conducted and well attended by all Inter-professional staff
- Urgent care collaborative between Physicians, FHT and NDMH
- Review of the Strategic Alliance agreement with TBRHSC and NDMH

#### Q2, Inter-professional Development

- Terms of reference put on hold due to competing priorities

#### Q3 / Q4, Inter-professional Development

- TOR continue to be on hold due to competing priorities

### **SUCCESS CRITERIA**

- Recruitment and retention
- Improved staff, patient and physician satisfaction rates

## STRATEGIC PILLAR 2

### INPATIENT

Build seamless transitions and provide integrated quality and safe health care and experiences of care.

#### INTEGRATE THE HOSPITAL AND FAMILY HEALTH TEAM AS PART OF ORGANIZATIONAL TRANSFORMATION

TARGET 1	Design integrated governance structure			
	Q1	Q2	Q3	Q4
Develop an integrated model with new by-laws	Yellow	Yellow	Yellow	Green
Develop a corporate integration document and integrated organizational structure	Yellow	Yellow	Green	Green
Engage a labour lawyer and insurance company	Yellow	Red	Yellow	complete

#### INTEGRATE THE HOSPITAL AND FAMILY HEALTH TEAM AS PART OF ORGANIZATIONAL TRANSFORMATION

TARGET 2	Develop service agreements			
	Q1	Q2	Q3	Q4
Pending outcome of level of integration	Yellow	Yellow	Yellow	Yellow
Establish a list of desired outcomes for integration first and then agreements based on this as well as input from labour lawyer and insurance (HIROC).	Yellow	Yellow	Red	Red

Q3, Develop an integrated model with new by-laws

- Reviewed models in other small Northern hospitals and health teams
- Reviewed existing agreement
- Discussed risks and benefits

Q4, Develop a corporate integration document and integrated organizational structure

- Met with lawyer to discuss Family Health Team deliverables and current agreement
- Met with Board Chair and full Board to discuss Ministry expectations

- Met with Physicians to discuss need to comply with Ministry expectations
- Minutes of Board meetings separated for Family Health Team and Nipigon District Memorial Hospital (NDMH)
- Minutes of Quality Committee to be separated also
- NDMH organizational structure updated without Director of the FHT as part of Senior Team or on call rotation

**INTEGRATE THE HOSPITAL AND FAMILY HEALTH TEAM AS PART OF ORGANIZATIONAL TRANSFORMATION**

- Much time has been spent on the Ministry requirements
- Local agreement to follow likely in the fall of 2021

<b>COORDINATE SEAMLESS DELIVERY OF CARE BETWEEN THE FAMILY HEALTH TEAM AND THE CLINIC</b>				
<b>TARGET 1</b>	<b>Build Relationships</b>			
	Q1	Q2	Q3	Q4
Collaborate to enhance operations between the FHT and the Clinic				
Collaborate with the Township on supportive housing options				
Partner with our Indigenous partners				
Work with OPP(all police divisions) on hand over of care				complete
Representation at Situation Table			complete	
Incorporate North of Superior Programs in daily referral pattern (Monday to Friday)				

Q1, Collaborate to enhance operations between the FHT and the Clinic

- Urgent care is agreed upon between parties

Q1, Collaborate with the Township on supportive housing options

- Meeting planned with developer, cancelled due to COVID
- Tcon held with potential developer Oxford

Q1 Handover of Care meeting with all police divisions

- Discussed Term of reference
- Discussed process to establish

Q1, Representation at Situation Table

- Brought a concern to situation table that resulted in a plan for a mental health patient that presented a risk to NDMH/FHT and the community

Q2, Partner with our Indigenous partners

- Indigenous Advisory Committee formed
- First Indigenous Day held
- On Sep 2, 2020 senior leadership met with Indigenous partners to discuss the provision of health care services, in remote areas, in culturally appropriate ways.
- Engagement on the LTC submission
- Indigenous end of life order set implemented

Q2, Transportation

- Meeting with LHIN to discuss stable patient transfer options for NDMH
- Participating in strategic planning for EMS
- Application for PSW to cover unit when transfers are required

Q2, Representation at Situation Table

- A situation table is a strategic alliance of human services, guided by common principles and processes in order to mitigate risk situations in a timely manner, usually within 24-48 hours. Nurse Manager has met the requirements (education / certification) in order to participate at the Situation Table.

Q2, Handover of Care meeting with all police divisions

- Draft MOU is established and second meeting held to review Terms of Reference for committee with all police divisions, Dilico and NOSP on hand over of care
- Indicator development and objectives established

Q3 / Q4, Collaborate to enhance operations between the FHT and the Clinic

- Ministry of Health Deliverables reviewed for Family Health Team
- COVID Assessment Centre activities such as swabbing staff and community as well as community vaccinations completed by FHT

Q 3 and 4, Collaborate with the Township on supportive housing options

- This has been put on hold due to COVID priorities, collaboration has continued with the Township on vaccination clinics and on future build ie: sewage hookup to town and discussion of support needed for provisional funding

Q3 / Q4, Partner with our Indigenous partners

- Indigenous engagement with LTC build
- Funding for smudging in hospice room through COVID achieved
- End of life order set implemented

Q3 / Q4, Work with OPP (all police divisions) on hand over of care

- Memorandum of understanding signed
- Education complete
- Terms of reference for Committee required as new action item

<b>COORDINATE SEAMLESS DELIVERY OF CARE BETWEEN THE FAMILY HEALTH TEAM AND THE CLINIC</b>				
<b>TARGET 2</b>	<b>Reorganize patient flow</b>			
	Q1	Q2	Q3	Q4
Assess the opportunity to address Urgent Care and urgent patient flow between the FHT/Clinic/ER Department	Green	Red	Green	Green
Assess feasibility of FHT to take over Urgent Care with Nurse Practitioner	Green	Red	Green	Green
Assess renovation to Acute/LTC and possibility to improve flow	Yellow	Yellow	Green	Complete
Seek IT solution to share information	Yellow	Yellow	Green	Green
Integration agreements	Yellow	Yellow	Yellow	Green

Q1, Flow of Patients

- Solidified hours of operation
- Hired a Coordinator
- Space reviewed for improvement
- Increased clients accessing program
- Built partnership with PACE and NOSP
- NOSP office moved on site

<b>COORDINATE SEAMLESS DELIVERY OF CARE BETWEEN THE FAMILY HEALTH TEAM AND THE CLINIC</b>				
<b>TARGET 3</b>	<b>Facilitate shared access to patient information</b>			
	Q1	Q2	Q3	Q4
Facilitate access to shared Medi Tech	Green	Green		
Dedicated work stations	Green	Green		
Transportation issues addressed with EMS	Green	Green		
Discuss options for staffing (PSW)	Green	Green		



Q1, Urgent Care

- Partnership with FHT, Physicians and NDMH
- Hours solidified and shared with public
- Collaborated with Physicians and FHT
- Plan and space created for NP led urgent care declined by Physicians

Q2, Integration Agreements

- Strategic Alliance Agreement reviewed and updated with TBRHSC
- Established process for review of Integration agreement between NDMH and NDFHT

Q3 / Q4, Assess feasibility of FHT to take over Urgent Care with Nurse Practitioner

- Hired a part time NP to run urgent care Mon- Fri.
- High rate of satisfaction from Physicians and Community
- Successful recruitment of fulltime over the summer for urgent care replacement and NP vacation coverage

Q3, Assess renovation to Acute/LTC and possibility to improve flow

- Triage area added just outside the ER to ensure patients are triaged prior to sitting in waiting room to ensure patient safety

Q3, Seek IT solution to share information

- Access to PSS added to acute care nursing station with Physician acceptance of solution

Q4, Integration agreements

- Extensive engagement with Physicians on future of FHT and Ministry compliance
- Solution to comply relies on Physician engagement, discussion are underway to seek a shared solution
- Continuous engagement will occur over Q1 and 2 of 2021 to achieve a share solution

<b>MENTAL HEALTH AND ADDICTIONS EXCELLENCE</b>				
<b>TARGET 1</b>	<b>Mental Health patients report greater access to care</b>			
	Q1	Q2	Q3	Q4
Establish wait time data (from time of referral, to time of psychiatry consult)				
Establish satisfaction survey				

Q1, Mental Health Education

- NUR 15, Mental Health Standard of Care for the Adult Patient was approved in May 2020
- A Mental Health Satisfaction Survey is being developed

Q3, Establish wait time data (from time of referral, to time of psychiatry consult)

- Wait times tracked by health records
- Trial of Mental Health Assessment Team virtually

Q4, Establish wait time data (from time of referral, to time of psychiatry consult)

- MHAT trial successful
- CEO commit to multi- year funding from Small hospital transformation dollars

Q4, Establish satisfaction survey for mental health patients

- Review of mental health surveys in other organizations
- Commitment to an ER and inpatient survey requirement
- Initiated review of all surveys including the addition of this one to satisfaction surveys

<b>WAIT LIST FOR LONG TERM CARE DECREASED BY 50%</b>				
<b>TARGET 1</b>	<b>Explore increase in long term care beds through expansion, or moving Complex Continuing Care beds, or both</b>			
		Q2	Q3	Q4
Business Case to change Complex Continuing Care beds to Long Term Care beds			Completed	
RFP for Architect			Completed	
Accessibility Survey			Completed	
Long Term Care Application for Expansion			Completed	
Examine funding for moving Acute Care beds and adding Long Term Care beds				

Q4, Examine funding for moving Acute Care beds and adding Long Term Care beds

- Provisional funding announcement for 30 bed extension
- Inaugural meeting with Minister Brian Pollard and discussed need for application for acute care build, he is committed to researching the need and informing NDMH

## SUCCESS CRITERIA

- Mental Health and Addictions excellence
- Increase the number of Long Term Care spaces

## STRATEGIC PILLAR 3

### OUTPATIENT

Build seamless transitions and provide integrated quality and safe health care and experiences of care

MENTAL HEALTH AND ADDICTIONS EXCELLENCE				
TARGET 1	Inter Professional Team development			
	Q1	Q2	Q3	Q4
Interprofessional Team development	Yellow	Yellow	Green	Green
Implement Interprofessional team rounds	Yellow	Yellow	Green	Yellow
Identify communication strategies for the team with other Allied Health Professionals	Yellow	Yellow	Yellow	Yellow
Relocate FHT and NP	Green	Green	Completed	

MENTAL HEALTH AND ADDICTIONS EXCELLENCE				
TARGET 2	Successful recruitment of FHT Social Worker			
	Q1	Q2	Q3	Q4
Recruitment initiated	Yellow	Green	Completed	

Social worker hired in Q4, 2019/20, but position became vacant in Mar 2020.

MENTAL HEALTH AND ADDICTIONS EXCELLENCE				
TARGET 3	<ul style="list-style-type: none"> <li>Suboxone Program</li> <li>Rapid Access to Addiction Medications (RAAM) Program</li> </ul>			
	Q1	Q2	Q3	Q4
Suboxone Program submission to Ministry - approved	Green	Completed		
RAAM Program initiated	Green	Completed		
RAAM Program development and expansion	Yellow	Yellow	Yellow	Yellow

Rapid Access to Addiction Medications Program commenced in Q4, 2019/20  
Q4, RAAM Program development and expansion

- Request for data on RAAM clinic to review for expansion
- Rocky Bay( BZA) requested partnership and expansion to provide service from Rocky Bay to reduce need for travel

<b>MENTAL HEALTH AND ADDICTIONS EXCELLENCE</b>				
<b>TARGET 4</b>	<b>LHIN mental health strategy implementation</b>			
	Q1	Q2	Q3	Q4
Attend mental health design event – Mar 31, 2020				Completed
Attend local design event				Completed
Seclusion Room			Completed	

Seclusion Room funding secured prior to March 31, 2020.

Q2, Seclusion Room

- NUR 38, Seclusion Room Protocol finalized. Education pending
- Increase Access to Mental Health Services
- Police Hospital Transition Group formed and terms of reference established
- MOU under development for all north shore and all Police departments
- Indicator development to occur in Q3

Q3, Police Hospital Transition

- MOU under signed with all Northshore and all Police departments
- Indicator development in TOR
- Internal Committee TOR to be developed in Q1

Q4, Police Hospital Transition

- Staff Education completed

<b>WAIT LIST FOR LONG TERM CARE DECREASED BY 50%</b>				
<b>TARGET 1</b>	<b>Increase capacity through Assisted Living Program and supportive housing initiatives</b>			
Assisted Living Program increase in services				Completed
Increase staff				Completed
Meals on Wheels Program				Completed
Implement contract				

#### Q1, Business Case

- Investigate conversion of Complex Continuing Care beds to LTC
- Involve Ministry of Health and Long Term Care and the LHIN

#### Q1, Long Term Care Application

- Application process initiated

#### Q1, Assisted Living

- Added a fourth line to schedule and hired 4<sup>th</sup> staff
- Added a satisfaction survey schedule
- Created a contract that 100% of Assisted Living clients will sign re: payment and obligations
- Ensured baseline orientation to all staff
- Implemented replacement process through staffing and wellness checks

#### Q1, Meals on Wheels

- Utilizing the Assisted Living Program staff, the program was expanded to serve people in the communities of Nipigon, Red Rock, Dorion and Hurkett. (Previously only meals were delivered in Nipigon with the use of community volunteers.) At end of Q1, 7 clients were receiving Meals on Wheels.

#### Q1 Transportation

- Identified gap in service. Participated in Strategic Planning with EMS
- Teleconference with the LHIN re: service opportunity

#### Q2, Business Case

- Service Change request to indicate we are no longer providing Complex Continuing Care level of care submitted to the LHIN
- Business Case submitted to the Ministry of Health and Long Term Care

#### Q2, Long Term Care Application

- Application submitted to the Ministry of Health and Long Term Care Sept 2020

#### Q2, Meals on Wheels

- At end of Q2, 14 clients were receiving Meals on Wheels.

#### Q2, Transportation

- Teleconference with the Ministry to discuss data and opportunity to host a stable patient transport service at NDMH

#### Q3, Transportation

- Letter of support from all Northshore hospital sent

#### Q4, Transportation

- Stable Patient Transport program initiated for NDMH and McCausland Hospital

#### Q4, Meals on Wheels Program

- Unable to use volunteers during COVID-19 pandemic, switched to Assisted Living to deliver meals
- Concern from the LHIN on variance in the ALP budget
- ALP staff concerned with delivery not being in their job description
- LHIN states unable to pay for delivery even though they understand the desire and outcome of keeping seniors at home

#### Q4, Implement contract

- FHT Coordinator for ALP has not initiated contracts
- Coordinator decided that during COVID contract initiation was not a priority

### **SUCCESS CRITERIA**

- Improve/expand Assisted Living Program
- Improve transportation