

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 19, 2025



P.O. Box/C.P. 37, 125 Hogan Rd, Nipigon, ON P0T 2J0



OVERVIEW

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 2025/26 Quality Improvement journey, we are focusing on the patient/resident experience, staff safety, 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; 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 providing resources to all ER mental health visits and others that are important to our

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ACCESS AND FLOW

NDMH runs "lean" and tries to find efficiencies in "access and flow" with limited services due to the rural nature of our Organization. These "lean" services also extend to available resources in the community which further erode the access to appropriate and timely care that our community deserves.

We have been working closely with community partners to maximize these efficiencies in patient flow. We hold bi-weekly interdisciplinary rounds on acute care that involves Home and community care case manager, Delico case manager, Nipigon District Family Health team counsellor and nurse, and all allied health team members from within the Hospital. This process helps with patients that we see through the Hospital, but the vision for NDMH in this new fiscal year is to have intentional conversations to build more strategic partnerships between primary care and hospital care that maximize the communities access to the right care at the right time. We are also working hard on applications to the Ministry for a LTC build that would provide the community with the appropriate access to LTC beds based on the 2021 population statistical data. We are running an Urgent Care lead by NP's who provide the community access to same day appointments which takes some stress off the Emergency Department.

Our community has a RAAM clinic that provides the community with addiction services in their home community. We have worked in collaboration with the Family Health team in getting this service up and running.

We have been using funds available to provide added assisted living services to people in the community who are high risk of presenting to the Hospital as ALC.

EQUITY AND INDIGENOUS HEALTH

NDMH has formed a strong and successful partnership with our community's local Indigenous leaders. 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. We have recently 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 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.

PATIENT/CLIENT/RESIDENT EXPERIENCE

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

At NDMH, our Senior Leadership team is very aware and responsive to staff burnout. 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. Leadership has been focusing on staff recognition, when staff go over and above the call of duty, we write personalized expressions of gratitude. We held sessions for both administration and all staff from "Your Health Space" which focused on Psychological Health and Safety, Managing Stress in the Workplace, Staff Burnout, Dealing with Grief and Loss, Fostering Trauma Informed Workplaces, Exercising Mindfulness in the Workplace, and Inspiring Psychological Well-Being.

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.

Our Senior Leadership group has embarked on group leadership training from certified flourishing coaching which allows our team to pull together and acquire skills and coping strategies to lead as a group. We are also doing individual leadership training through

Franklin Covey. This focus on leadership training is intended to help strengthen the culture of our senior leaders which will in turn positively effect change on the organization as a whole.

SAFETY

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, Emergency care, Urgent Care, Long-Term care, Assisted Living in the community, a Health Centre in Beardmore and we are coordinate care with the Nipigon District Family Health Team through shared service agreements. 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. We have created a Quality of Care program to help guide investigations of incidents and to guide managers in looking towards process improvements. 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 an action plan to address any concerns brought forward from the analysis.

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

PALLIATIVE CARE

AT NDMH we have strived to provide excellent, patient/resident centred palliative care services to our region. We have a dedicated Hospice room that provides our patients/residents opportunity to access palliative/hospice care in a home like setting, while still having access to Hospital amenities. We have a strong relationship with Hospice Northwest, which provides a robust list of volunteers who can provide support to palliative patients that require someone to sit with them when they are in their "last days".

We have a nurse who has spearheaded our palliative care initiatives out of a passion for this sector care. She applied for a palliative care fellowship with RNAO (Registered Nurse of Ontario) which provided access to fund a position to help bolster our palliative care offerings at NDMH. The main focus of the fellowship was the implementation of a "Last Days of Life Palliative Care order set", and also a "Last Days of Life Palliative Care Order Set for Indigenous Traditional Medicines and Cultural Practices".

We have also created a process to prioritize Early Identification of patients from nearing the end of life and who could benefit from Hospice/Palliative approach. As part of our QIP, we have created a detailed process for admitted patient's who present with a life limiting illness to receive a ESAS (Edmonton Symptom Assessment System) form and completed on admission and discharge. This form is faxed to the Nipigon District Family Health Team on discharge to ensure that these patients can be offered services that might help prepare for Hospice/Palliative care.

POPULATION HEALTH MANAGEMENT

NDMH is an official signatory member of the accelerated Noojmawing Sookatagaing (Healing Working Together) Ontario Health Team with an actively engaged seat at the Leadership Working Group, Collaborative Council, and multiple mental health and addiction working groups. The vision of the local OHT is to be a leading integrated care system, where partners work together to achieve the best outcomes and care experience for the people of the City and District of Thunder Bay. This connection aligns with, and supports shared commitments such as, but not limited to, shared focus on demonstrating improvements to patient experience and outcomes, continued focus on integrated care, population health management and health equity, and patient/family and caregiver engagement. As an accelerated OHT, there is a lot of collaborative work occurring among all signatory members and working groups to identify and create approaches to care that meet the unique needs of the many communities across our vast OHT geography, including our own Nipigon District area.

EMERGENCY DEPARTMENT RETURN VISIT QUALITY PROGRAM (EDRVQP)

At NDMH we have been already participating in EDRVQP practices in and around mental health return visits to our ED. Our auditing team will consist of medical records employees, our Nurse Manager, and the CNE. We will continue to support our QIP initiative around mental health which ensures resources and supports are offered on discharge to every patient who presents to the Emergency Department with mental health concerns. We will audit all return visits this coming year which lead to admission and use the data to drive future QIP initiatives based on the data.

EXECUTIVE COMPENSATION

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 less than 10% of incidents that result in "lost time" AND
2. Percentage of mental health patients who receive an offer for follow up services following a mental health visit with a target of 85%.

Compensation will be awarded as follows:

Each indicator will carry 1.5% compensation weight equaling 3 % total compensation paid to Chief Executive Officer, Chief of Staff, Chief Nurse Executive, Chief Financial Officer prorated by performance outlined below.

85-100 % = 100 % compensation

75-85 % = 50% compensation

< 75 % = 0 % compensation

CONTACT INFORMATION/DESIGNATED LEAD

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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 on

Board Chair

Board Quality Committee Chair

Chief Executive Officer

EDRVQP lead, if applicable
