



**Ontario  
Health**

**Quality Improvement Plan (QIP)**

# **Narrative for Health Care Organizations in Ontario**

June 14, 2022



**WEST HALDIMAND  
GENERAL HOSPITAL**

## OVERVIEW

The vision for West Haldimand General Hospital (WHGH) was developed in consultation with patients/families, staff, physicians and Board members and defines our broad and aspirational image of the future. Our vision is "To be the best rural hospital, through partnerships and integration" West Haldimand General Hospital is a community of people dedicated to transforming the patient and family experience through innovative and collaborative approaches to care, knowledge and leadership. This plan is created annually as part of West Haldimand General Hospital's commitment to continuously improve the delivery of safe, quality patient and family centered care.

WHGH is committed to an unwavering focus on our strategic directions:

- High Reliability Healthcare
  - : Fostering Continuous Improvement
  - : Anticipating Tomorrow's Need
- Exceptional Experience
  - : Leveraging our Aspirational Culture
  - : Nurturing Powerful and Purposeful Partnerships
- Exceptional Environment
  - : Rethinking and Refreshing our Facility
  - : Redeveloping our Emergency Department
  - : Optimizing and Upgrading our Equipment and Technology

The Quality Improvement Plan for 2022-23 will focus on the following priority measures:

- Timely Transitions: Timely transfer of stroke patients

- Patient Centered: ED patients' receiving adequate information at discharge
- Patient Centered: Number of deaths reported to TGLN
- Effective Care: Early Identification of patients who would benefit from a palliative approach to care
- Safety: Reduction in reportable workplace violence
- Safety: Hand hygiene before patient contact
- Safety: Reduction in falls causing harm

The previous Ontario Action Plan for Healthcare, Ontario Hospital Association Strategic Plan, Health Quality Ontario priorities and Provincial Priorities were integrated as the 2022-23 improvement plan was developed for the organization. Common themes such as safe and effective care, access to care and improved patient experience are embedded in this Quality Improvement Plan (QIP).

## REFLECTIONS SINCE YOUR LAST QIP SUBMISSION

West Haldimand General Hospital is proud of the improvements made in providing our patients with safe and effective care. These past two years West Haldimand was challenged with continuous risk management requirements due to the global Pandemic. Not only was there urgent need to ensure the safety of all patients, staff, volunteers and families from the viral threat sweeping across the nation, but there were also challenges of resources in and outside of the hospital that impacted resources to support the community.

One of our highlighted Quality Improvement Initiatives for West Haldimand General Hospital were to improve Hand Hygiene

compliance rates to maintain 85%. for moment number one. West Haldimand employees, physicians and volunteers worked diligently at supporting each other in exceeding this goal to over 90% compliance rates across the organization. This change initiative was exceeded due to the enhanced accountability through leadership organizational auditing completed throughout the Hospital, growing the support and awareness of practices and reporting on opportunities and shared experiences. This surpassed our expectation by approximately 10%.

This goal has helped to reduce the potential transmission of resistant organisms and viruses within the organization. Due to the prompt initiation of outbreak measures, collaboration and team supports, and hand hygiene rates we have seen a reduction in outbreaks, their impacts and duration. West Haldimand General Hospital has been able to curb their outbreaks and have been able to maintain below the regional benchmark rates. Additionally, potential organisms that could be transmitted between patients have continued to be below regional benchmark scores.

## **PATIENT/CLIENT/RESIDENT PARTNERING AND RELATIONS**

West Haldimand General Hospital has partnered with organizations to drive healthcare change for patients both while in hospital and once discharged from the hospital. Our partners over the past year supporting our initiatives are the Haldimand Norfolk Health Unit, Rapid Access Addiction Medicine (RAAM), Community Addiction and Mental Health Services (CAMHS), Home and Community Support Services (HCSS), Alzheimer's Society and Norfolk General

Hospital. To elevate our practice regarding staff and patient experience we continue to do staff and patient rounding and have strengthened partnerships with both Six Nations and Mississauga's of the Credit Indigenous communities, to broaden our Patient and Family experience. Our Quality Committee of the Board participates in virtual Gemba Walks quarterly and clinical leadership involve front line staff to focus on patient flow and timely access to care. West Haldimand General Hospital is working with our Ontario health team partners in a meaningful way to provide services in a coordinated way to support population health.

Our Patient and Family Advisory Council involved in discussion regarding the content of our Quality Improvement Plan. Information was brought to the Patient and Family Advisory Council about patient experience, patient safety and inclusive spiritual space development for consideration as we continue on our path of continuous improvement. The Patient and Family Advisory Council collaborate in the continual improvement of inclusive cultural development and patient experience improvement approaches. Strategies are embedded in our QIP to address our commitment to hearing our patient's voice and making changes to improve the quality of care. West Haldimand General Hospital leaders round with our patients, and welcome feedback through our online Patient Experience Feedback platform, and reach out to hear their perspective on their experience at the hospital and encourage them to tell their story about their journey in the healthcare system. Through this standardized approach to information sharing and collaboration with our patients and their families, stories and themes are brought to Program Committees where these teams

develop change ideas to meet the needs of our patients/families and support the strategic directions of the hospital, as well as shared at the Board of Director meetings.

## PROVIDER EXPERIENCE

Workplace Violence Prevention is a strategic priority at West Haldimand General Hospital. Educational sessions including a "Mock Code Silver" training session will be completed within the next year. Further education and developmental focus on de-escalation programming will be created for staff education purposes in the 2022-23 Quality Improvement change initiatives. Workplace violence indicators are included in our Quarterly Dashboard Report to the Quality Committee of the Board.

## EXECUTIVE COMPENSATION

Executive compensation will be attached to Quality Indicators included in this Quality Improvement Plan for the President and CEO, Vice President of Finance, Vice President of Patient Care, Chief Human Resources Officer and Chief of Staff.

## 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 May 30, 2022

David Skye

Board Chair

Catherine Rozman

Board Quality Committee Chair

Kim Mullins

Chief Executive Officer, Interim

Other leadership as appropriate