

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 31, 2023



OVERVIEW

The vision for West Haldimand General Hospital's (WHGH) Quality Improvement Plan, 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". Our mission is "to ensure access to quality healthcare for everyone who enters our doors". WHGH is a community of people dedicated to transforming the patient and family experience through collaborative approaches to care, knowledge and leadership through embedding our values of Innovation, compassion, accountability, respect, and excellence into our daily practices. 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:

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

The Quality Improvement Plan for 2023-2024 will focus on the following priority measures:

- o Timely access to care:
 - Wise use of blood products for patients with pre-hemoglobin levels less than 80g/L
 - Reduction in wait times for non admitted CTAS 3 patients
- o Patient Centered:
 - Inpatients' receiving adequate information at time of discharge
- o Effective Transition:
 - Proportion of patients with a progressive, life limiting illness, are identified to benefit from palliative care, and subsequently (within the episode of care), have their palliative care needs assessed using a comprehensive and holistic assessment
 - Reduce unnecessary time spent in Acute Care-Alternative Level of Care (ALC) rate
- o Safety:
 - Number of Workplace Violence Incidents resulting in injury reported by staff
 - Reduction in medication errors where transcription is involved
- o Equitable:
 - Top box results for question "During your visit, did you encounter difficulties or problems regarding-Disability, Culture/Ethnicity/ Race, Sexual Orientation, Language, Religion, etc."

The Ontario Action Plan for Healthcare, Ontario Hospital Association Strategic Plan, Health Quality Ontario priorities and provincial priorities were considered as the 2023-24 improvement plan unfolded 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).

PATIENT/CLIENT/RESIDENT ENGAGEMENT AND PARTNERING

Members of the Patient and Family Advisory Council (PFAC), as well as members from the community, contributed to the content of the Quality Improvement Plan. Patient and Family Advisor feedback and participation is integrated into committee decisions. With committee growth, PFAC members will be part of the membership of our Program Committees, representing the patient voice at every meeting. Information is brought to the Patient and Family Advisory Council about patient experience, patient safety and senior friendly hospital initiatives for consideration as we seek opportunities for improvement. Strategies are embedded in our QIP to address our commitment to hearing our patient's voice and making changes to improve the patient experience. West Haldimand General Hospital leaders round with our patients 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 and are a part of every Board meeting, to learn and endorse change ideas developed to meet the needs of our patients/families and support the strategic direction of the hospital.

PROVIDER EXPERIENCE

West Haldimand General Hospital reflects frequently on the hard work and dedication of its employees, physicians and volunteers. Recognition of these efforts is done through a multifaceted approach ranging from thank you cards, catered lunches, and draws, to internal and externally shared spotlight articles, social media posts and special awards.

Regardless of the dedicated work that the employees contribute to the organization, there are still decreased staffing levels experienced throughout the organization. During this past year West Haldimand General has been faced with numerous vacancies across regulated and nonregulated positions. With an increase in vacancies, the leaders are cognizant of the burnout risk that could occur for staff working additional shifts. To mitigate this, ample focus has been placed on advancing our annual “Wellness Week”, to a continual focus for staff. This week provided educational opportunities for staff to learn about healthy lifestyle choices, mental health conditioning, and activities to highlight everyday opportunities to focus on their ‘why’. To build on this, the senior team has increased their departmental rounding, to hear first hand about the concerns staff are having, and the innovative ideas that are brought forward. Plans include scheduling “Coffee with the CEO” sessions, where staff and the CEO meet and chat about opportunities. The CEO has created wellness focus groups with staff, initiated a Wellness/Wellbeing Committee, as well as department immersions, where the CEO works alongside staff, where attention is placed on daily operations and future initiatives and how they are integrated into the Mission, Vision and Values of the Organization. There have been satisfaction and engagement surveys provided to frontline staff and leadership to better understand the struggles by all levels of employees, to further help develop action plans and mitigation strategies.

Identifying concerns and opportunities regarding staffing levels has been elevated to frequent vacancy and daily staffing conversations at leadership safety huddles. This provides recommendations on strategies to deploy and critical staffing solutions to implement on

case by case basis. Aggressive recruitment strategies are underway to continue to reduce the remaining staffing vacancies. These include utilization of agency staffing, participation in job fairs, creation of recruitment videos, employee referral programs, nursing student programs, new grade guarantee initiatives (NGGI), community commitment program for nurses (CCPN), review and refreshment of job positions, signing bonuses and more.

WORKPLACE VIOLENCE PREVENTION

Workplace Violence Prevention is a strategic priority at West Haldimand General Hospital. Each leader conducts immediate review of occurrences and collaborates with stakeholders to develop mitigation strategies, which are then disseminated and actioned. Workplace violence occurrences are included in our Quarterly Dashboard Report to the Board. Education and roll out of a newly developed, de-escalation program is included in our change ideas for this year to help reduce occurrences. Staff will continue to participate in ongoing education through the electronic learning platform, Mock Codes, and debriefing sessions. The debrief on situations aims to heighten the staff awareness and confidence in reacting to and reporting of workplace violence.

PATIENT SAFETY

West Haldimand has refreshed their Integrated Quality and Patient Safety Framework which demonstrates their commitment to quality and safety at all levels. This framework illustrates the strategies for the hospital to monitor and improve on quality of care and services within specified timeframes. Patient safety and incident management toolkits are available as resources that focus on actions to take following patient safety incidents. To help support quality improvement, enhance a safe and just culture, and improve

the success of incident analysis, West Haldimand General Hospital engages in a multidimensional approach to incident review. Occurrences are reported electronically through a tracking tool. This tracking tool disseminates information directly to the leaders responsible for the departments involved, the quality director and for occurrences at higher severity level, directly to the senior team. Those responsible to the departments complete an investigation using Just Culture processes, and complete root cause analysis to identify improvement strategies. These occurrences are discussed daily at unit level safety huddles to aid in sharing experiences and learning opportunities with others. Occurrence rates are shared at all levels within the organization and are posted on Quality Boards within departments for staff, and public access. Patient stories, occurrences and recommended actionable items are shared at Medical Advisory Subcommittees, and Board meetings to help drive change and fuel action.

Issue resolution processes are available online, and on the units providing opportunities for patients and families to share their feedback. Metrics on trending, response times and resolutions are shared with all levels of staff, board members and patient and family advisors.

Improvement opportunities are continually sought out from staff on reporting and disseminating processes, to ensure timely access to reporting, data retrieval and corrective action implementation. Patient family and advisors are also involved in reviewing these processes, ensuring West Haldimand General maintains a integrated partnership with its community members.

HEALTH EQUITY

West Haldimand General strives to maintain relationships with all of its community members, by living the mission, ensuring access to quality healthcare for all who enters our doors. To reduce disparities amongst the populations they serve, West Haldimand General is working on collecting data to support practice changes to better serve the growing population.

Some of those strategies include:

- collection and utilization of preferred name
- mode of arrival to hospital

Current strategies to meet non-medical social needs include:

- partnering with Brant community health services to utilize services with the indigenous patient relations navigator
- referrals to Six Nations Home and Community Care Support Services
- LEGHO (Let's Go home) program
- DREAM (Dementia resource education and mentorship) program
- Integrated Coordinated Care plans
- community para medicine
- Haldimand and Norfolk social service referrals for housing needs for people at risk of losing their home or have no permanent residence
- Assistance organizing meals on wheels, or use of food bank

Quality initiatives for 2023-24 speak to practices related to inclusion review, through surveying patients in relation to receiving equitable care. Strategies to drive this include further patient and family advisor involvement on processes, customer service training for staff and senior friendly framework overview.

EXECUTIVE COMPENSATION

Executive compensation is attached to indicators in our Quality Improvement Plan and linked to the roles of President and Chief Executive Officer, Vice President of Finance, Vice President of Patient Care, Chief Human Resources Officer and Chief of Staff.

CONTACT INFORMATION

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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

Other leadership as appropriate
