

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

April 2, 2024

OVERVIEW

Change is the norm in health care and Atikokan Health and Community Services is not an exception. Atikokan Health and Community Services is a new name for our organization to take on but it better reflects the diversity of health care services that we now provide to our community. We merged with the Atikokan Family Health Team April 1, 2023 and also took on the nursing home care contract for our community. These two changes were large in scope and fraught with many concerns and issues as we all worked together to bring our organizations together as one while also learning new skills and procedures for offering home care nursing services to our community. We now have the ability to serve our community seamlessly.

As part of the change, our Quality Improvement plan now incorporates Primary Care as well as LTC and Acute Care. The shift from priority indicators to a focus on four priority issues and a suite of optional indicators has allowed us to customize our quality improvement plans for this upcoming year. Staff were excited about this change as we are a small organization who found many of the priority indicators from the past were not relevant issues for our small institution. Instead we have created change ideas and indicators that will help us really implement positive changes in our Hospital, Long Term Care and Family Health Team.

March 28, 2023 saw a new CEO take the helm as well as all new senior managers and many new department managers, with many of the positions being filled through internal promotion which speaks highly to the quality of succession planning and leadership development that AHCS has. We embarked on several strategic planning sessions to help create a roadmap that provides direction

on where we see this newly formed organization heading in the future.

We also teamed up with our Rainy River District OHT members to look at our cQIP and are working hard this year to make sure we are collecting the right data from our numerous partners and working collectively to improve services in our district.

Overall, this past year has been a year of bringing service providers together while creating a better understanding amongst our health partners of how we can all work together to improve health care services in our community, our district and beyond. It has been a year of immense change but we have lots to be proud of, and we continue to strongly forge ahead in the service of the community and our people.

ACCESS AND FLOW

Partnering with the Family Health Team and Home Care for Nursing and Occupational Therapy has allowed us to create better access and flow for patients in our community. The primary care nurses are also the home care nurses so there is a continuity of care between accessing their primary care provider and sharing what is happening with a home care client. They share an EMR with the Physicians in our community and both work very closely together so flow for patients has become more seamless than it was before.

The Chief Nursing Officer provides clinical oversight to the Family Health Team and also to the nurses in the hospital and our LTC. This provides her with the ability to determine if and when there are discrepancies or issues with referrals, discharges, primary care access etc. and it allows her to streamline policies and processes which enhances communication amongst providers and improves

the patient's experience with our services. An example of this is when she noted there was an increase in Emergency room visits on Mondays and Fridays so she provided more hours available for same day next day appointments with the Nurse Practitioner at the Family Health Team.

As an OHT we hired a consulting firm to review transportation issues in within our district for patients getting to medical appointments both in and out of the district. A working group was struck to review the report and create a plan to improve transportation. Ideas to improve transportation include hiring a coordinator who will coordinate patients and specialists and out of town appointments in order to improve access to care. We are also looking at using transportation to bring patients from remote communities to Fort Frances for access to mammography. This is part of the change idea to improve the number of women within a specific age to get regular mammograms as part of cancer screening initiatives.

EQUITY AND INDIGENOUS HEALTH

With the dramatic increase in the need for agency staff we are becoming a more multicultural organization with staff representing many different races and religions. We also have a large population of Ukrainians who have come to Canada to work at one of our local mills which has increased our need for proper translation services. Several members of our Patient and Family Advisory Committee represent our Metis and Indigenous community members and their feedback on our policies and procedures has been invaluable.

We have recently made ethnicity and diversity training mandatory for all of our staff and can track who has taken the training. We are translating many of our brochures and posters into Ojibway, French and Ukrainian to reflect the cultures who are accessing our services. As part of our operating plan we are surveying our staff regularly to find out if they feel they are being discriminated against based on their age, gender, sexual orientation, religion or ethnicity.

Our HR Generalist is taking Ethnicity and Diversity training over and above what our hospital is offering and she is working on an Ethnic and Diversity policy and procedure. We are also meeting with our Indigenous partners within our OHT including the directors of the Gizhewaadiziwin Health Access Centre and the Giishkaandago'ikwe Health Services. These ongoing interactions has opened our eyes as to the importance of acknowledging the many different ethnicities in our area and this enables us to learn and offer many more diverse and culturally appropriate services for our patients and our community.

PATIENT/CLIENT/RESIDENT EXPERIENCE

The change in management and merging with the Family Health Team meant re-examining the role of the Patient and Family Advisory Committee. We revised our Terms of Reference and set out what our goals are for the committee in the coming years. We revised our complaints policy with input from the PFAC and have discussed at length how we can get a patient navigator for our community as this is the number one concern of the PFAC.

We applied for funding for a patient navigator under two different streams of funding. Our Indigenous representative on the PFAC wrote a thought-provoking letter explaining why our community needs a culturally educated patient navigator in our emergency room. We were unsuccessful in obtaining funding through the primary care stream but we are hopeful funding will come through as part of the Innovative Funds sponsored by the Ministry.

We began using the patient experience surveys available through the Ontario Hospital Association for both our in-patients and those who attend our emergency department. We have had great response over the past year and now we are working on an outpatient survey for those who attend our outpatient areas such as the Family Health Team, Community Counselling, our Lab or our Rehab Department. We are also redesigning our website so it encompasses the Family Health Team, Hospital, Long Term Care and Community Counseling to enable patients to find the right service that they need from the right service provider in our

PROVIDER EXPERIENCE

It has been a year of intense change, following several years of a pandemic resulting in low staff morale. We did a cultural survey in

the summer to get a better understanding of how our staff were feeling following the many changes that had happened since the pandemic started. The results were analyzed by the board and managers at the strategic planning retreat held in the fall. We developed ideas to help improve staff morale which will hopefully improve the overall culture of the organization.

The CEO is presently doing Listening Tours with each department to find out how they are feeling about their departments or their teams and looking at their struggles and possible solution to their struggles. We have also implemented one on one meetings with every staff member and their manager. Performance evaluations are now being scheduled by HR so every one gets an evaluation on their anniversary hire date.

The new strategic plan has a strategic goal of creating a place where everyone wants to work. Every department is to develop a staff recognition plan for their staff members and twice a year we will implement a staff survey to see if the recognition plans are improving our staff morale and our culture in general.

We have also had to hire agency staff who make almost double the wages that our own staff make. This has created issues amongst the staff over this past year and we are working hard to find ways to address their concerns. The shortage of staff has also increased burnout and staff turn over. In the summer Dr. Velji did a tour of Northwestern Ontario and we made several recommendations to improve staffing in the north. We are waiting for feedback to see if any of our recommendations will be implemented by the Ministry.

SAFETY

We continue to promote staff safety through training on the use of Code White and Code Silver. We recently changed our online Risk Management tool to a different tool that is easier to edit and the staff find it much easier to use when reporting patient safety incidents as well as violent incidents.

We recently hired a part time Quality and Risk Manager assistant to help improve all our quality and risk processes including improving how we provide staff training on patient safety. In creating a new patient safety reporting system we discovered that we need to redo many of our risk management policies and strengthen our education around disclosure to patients.

Our residents in Long Term Care continue to have responsive behaviours but we continue to work on providing proper staff education on how to deal with these behaviours and reduce their risk for injury. We have had mandatory Nonviolent Crisis Intervention training for all our staff to help them stay safe and know how to deal with any violent incidents that may take place no matter where they are located in any of our facilities.

We also purchased a vocera for every person working in the hospital to wear at all times. Everyone now has a panic button they carry on their person and they are logged in during their entire shift. Next year we will continue to expand on patient safety and continue to implement and update policies and procedures that help staff and patients stay safe.

POPULATION HEALTH APPROACH

We are an integral part of our Ontario Health Team and sit at the leadership table. We often discuss the many needs of the different populations that we serve including those that need access to mental health, addiction treatment, primary care, housing, emergency services and long term care. Our OHT has representation from a vast array of health service providers including District Services Board, the Health Unit and the Canadian Mental Health Association. We are working on setting up a PFAC for the OHT and we have a Primary Care Committee that is becoming more robust as it grows.

Since we now have Primary Care as part of our organization we offer immunizations to all ages who need them, we provide dressing changes and other nursing care in patients homes when needed and we are working with the other OHTs in the region to develop clinical pathways for standardized care for patients with COPD and CHF. Our social workers at the Family Health Team and the Community Counselling work together so they are able to offer mental health services to all ages in our community as well as virtually to other communities which improves access in our district to mental health services.

The integration with primary care and home care has afforded our newly named organization to look at our population as a whole and determine the needs of this population so we can work together to provide seamless care.

EXECUTIVE COMPENSATION

Executive Compensation is linked to performance as follows:

Chief Executive Officer 3% - Improve Equity both within our organization and in the services we offer to the public and improve patient and resident satisfaction with the services we provide both in patient, outpatient, in LTC and in the emergency room.

Chief Nursing Officer 3% - Improve Access and Flow for patients as well as patient safety such as improving the process for Medication reconciliation.

Chief Financial Officer 3% - Improve organizational financial health through shortening the length of time we have empty LTC beds and reducing workplace violence resulting in loss time and increases in sick time.

The board may use discretion in reviewing the cause of under achieved targets, the impact on compensation and allow partial compensation for achieving partial targets.

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 **March 28, 2024**

Beth Fairfield, Board Chair

Barb Wiens, Board Quality Committee Chair

Jennifer Learning, Chief Executive Officer

Other leadership as appropriate
