

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 28, 2025

OVERVIEW

For the second year in a row our organization experienced incredible staffing shortages along with staff who were unsatisfied with their work environments for a variety of reasons. We knew we had to make some drastic changes to our organization if we wanted to improve our staff retention and make this a more attractive place to work. After thoughtful reflection we decided that we needed to change how our organization was structured in terms of leadership and staffing. We wanted the changes to be thoughtful and based on evidence so we held some facilitated sessions with various staff members, conducted several different staff surveys and we reviewed patient and resident survey results. We also reviewed years of past patient and resident data gathered from various sources. Improving quality comes through reviewing the data, creating an idea for change, implementing the change and then evaluating it thoroughly.

The results of the focus groups and the data analysis prompted us to announce planned changes to our staffing models on our nursing units and in our housekeeping department. We also developed a new organizational structure which resulted in a reduction in managers and but an increase in department leads. To help staff understand the reasoning behind the planned changes, we provided the results of the data and provided a set time line for when all the changes would take place. We wanted to provide as much notice as possible about the changes so we chose the start of the new fiscal year to launch the changes. We will plan to evaluate the changes over the next couple years to see if staffing improves as well as job satisfaction.

To help our departments stay focused on set tasks we developed

and launched department workplans at the beginning of this last fiscal year. These work plans feed up into our operational plan which determines what we are doing as an organization to meet our overall strategic plan. Restructuring the organization was not in our operational plan this year but it became such a need during the year that we had to add it to make a drastic change if we wanted to meet our main strategic goals of caring for our staff, caring for our patients and caring for our organization. All our changes should be tied into our strategic plan and communication to help staff understand that these major changes help our organization meet our strategic goals.

ACCESS AND FLOW

We always want to improve access to our primary care services so one of our main goals this past year was to offer same day next day access to our Nurse Practitioner Monday to Friday. We reviewed the Nurse Practitioner's caseload and made some changes to her client load so we could offer more same day/next day appointments. The Family Health Team also began offering evening clinics once a week to allow patients more access to primary care. We will review our ER numbers to see if these changes do actually reduce our ER CTAS level 4 and 5 visits.

We worked all year as part of our OHT on our ALC numbers through our cQIP initiatives as well as our Access and Flow meetings held by our OHT. These meetings bring together representatives from primary care, the hospital, home care and community supports so we can share ways we can work together to reduce the number of ALC patients in our district. We started trialing the use of a delirium scale in our hospitals to see if this would help to identify patients at risk for becoming ALC. We also had a nurse and a mental health

counsellor take a course on offering a frailty program in our community to those identified as being at risk to become ALC. We will continue to work as a group on identifying the right tool to use to identify possible ALC patients as we discovered that there are many factors that go into potentially making a patient become ALC including poverty, homelessness and food insecurity.

We hope the frailty program will help keep patients in their homes by helping them to receive the right services that can support their individual needs. We also observed how the hospital in Fort Frances hired an ALC nurse and learned how this position was making a difference in keeping patients out of their hospital. We plan to create the same type of position this year that will work in conjunction with our frailty nurses to keep patients out of hospital.

We have several hospitals in our region who frequently experience surge in patient numbers so some hospitals don't have beds that they can accept a repatriated patient into from the Regional Hospital. This causes patient surges and those hospitals with higher ALC numbers really struggle so our hospital regularly offers to take their patients until a bed opens up in their local hospital and they can return home.

EQUITY AND INDIGENOUS HEALTH

As part of our Operational workplan we are incorporating Equity, Inclusion, Diversity and Antiracism education and training for all our staff each year. We implemented the Voyce App which provides a translator within 30 seconds to improve communication with our patients. This app also has the ability to offer Ojibway and Cree interpretation which is incredibly helpful for our community population.

We are monitoring how often this app is utilized and we are also collecting socio-economic data from all our sites so we can review the data and plan for various training opportunities around the cultures identified.

We are trying to get money to hire a patient navigator/patient advocate that has Indigenous knowledge so they can help patients and residents who are Indigenous access our services in a manner that meets their needs and makes them feel comfortable and welcome to our facilities.

We asked in our outpatient surveys if they felt they received unbiased care from our various departments and the results were very positive.

We also have several staff members where English is not their first language so we are looking at translating some of our policies and procedures into their mother tongue to try to make it easier for them to understand our policies and procedures in their specific departments.

We are also looking to partner with some of our remote communities to coordinate appointments with various services and coordinate transportation so it is easier for these patients to access our services.

PATIENT/CLIENT/RESIDENT EXPERIENCE

We are very interested in feedback from our patients and residents so we know where we need to make improvements. We are consistently sending out patients surveys every quarter for those who stayed in our hospital and also those who came to our emergency room.

We are providing all patients who visit one of our out patients services a patient experience survey at the end of each visit. Our PFAC committee suggested that we ask if patients and residents know how to make a complaint and if they did know how to make a complaint, did they make a complaint and were they satisfied with the outcome. These questions were added to the surveys but we had many "not-applicable" answers, so we are going to make revisions to the questions to make them easier to understand.

We also want to know if they feel they were given unbiased care and if they felt they waited the right amount of time before they were able to have their appointment either for lab work, physiotherapy or an x-ray. The feedback was generally very positive and all results are reviewed by our quality council as well as our Quality Committee of the board. The survey results are also shared with our staff in the CEO's monthly newsletter as the patients often comment about the great food or how clean their room was or about a particular staff member who took care of them. This has had a very positive impact on our staff as it reinforces that their work is really appreciated by the patients.

PROVIDER EXPERIENCE

AHCS continues to struggle to recruit staff. We redid our organizational structure, allowing for more staff in heavier patient care areas as well as increased the hours of some positions to reduce the overall workload. We hope these changes will result in making our jobs more attractive.

We have finally been able to utilize the CCPN funding now that the ministry provides extra money if you moved to a rural location. This incentive has helped us to hire 4 new nurses since the change was announced and they have to stay here for 2 years so this will help stabilize our staffing and hopefully improve our recruitment efforts.

Housing for new staff has been an issue as there is very little available in our community. We have been allowing new staff to stay in one of our locum houses at a very reduced rent until they are able to find a place of their own to live. It helps them to get to know some of the other staff members and eases them into living in a small, rural community. The more staff we are able to hire the less we depend on agency nurses so we have vacant housing that we can utilize to support our staff. We have also put in place a physician recruiter through our HR team and they are working on purchasing swag for our community and arranging social events that they can attend along with the rest of the hospital staff so they feel part of our community and meet other staff members while they are here.

SAFETY

We continue to promote safety by setting up a new training program for our emergency codes and also developing a system to

track who receives the training. We continue to review our incident reports looking for patterns of behaviour so we can make a change in our policies and procedures to hopefully reduce the number of times the incident occurs.

This upcoming year we are going to audit the Best Possible Medication History (BPMH) for all admitted patients so we can ensure that the staff are getting the right list of medications from the patients before they are admitted to the floor which then impacts the physician Medication Reconciliation documents. Our focus this upcoming year will be on disclosure of patients safety incidents which will include training our staff on how to disclose a patient incident properly .

It was noted by Compliance with the Ministry of Long Term Care that we have a low number of falls in our LTC compared to the national average and a very high number of residents who are restrained. We are taking a closer look at these numbers and reporting them quarterly to the board as well as to our Quality Council. We have already started working with the staff to reduce the number of restraints being used and also providing ongoing education to them about the proper use of a restraint.

We also started up our LTC Continuous Quality Improvement committee again which looks at various quality issues brought up by different staff members or the residents. Some of the things we reviewed included medication errors, resident safety and resident food concerns. This committee will continue to meet and work with our team to address quality issues brought forward by the Resident's Council and the Family Council as well as issues arising from our resident surveys and staff members.

PALLIATIVE CARE

Palliative care is provided within our hospital, our Long Term Care home and through our primary care team offering this service so patients can die in their home if they wish. We also support the use of MAID in all areas of care.

Palliative care in our Long Term Care home is very well done but some of our resident families found that there was not enough room for all the family members who wanted to stay with their loved one while they were dying. It was determined that we needed to provide a better space so we turned a double resident room into our palliative care room. This will allow us to provide improved support to residents with large families and also be able to offer a coffee area, a washroom and comfortable seating while they sit with the resident.

In the hospital we have always strived to provide great palliative care. We have set standards for how we expect patients and families to be treated when someone is deemed palliative. We also have standard end of life orders to facilitate making the patient as comfortable as possible. We utilize MAID whenever it is requested and we have a palliative care NP who provides support to the physicians and nurses while they do MAID. The kitchen also sends up muffins and coffee for families and provides meals as needed to support those who wish to stay around the clock. We also do not have a restriction on the number of family members allowed in the private room. The feedback we receive from family members following the death of a loved one is always very positive and they appreciate the care given during such a difficult time for everyone.

For our primary care we partner with the Palliative Care NP

mentioned above and the physicians and nurses who provide care in the home. This group supports anyone who wants to palliate at home. We also partner with Paramedicine and Home Support as often as we can. The hospital will also lend equipment and supplies as needed to the nurses and the NP in order to support the patient remaining in their home.

POPULATION HEALTH MANAGEMENT

We are an integral part of the Ontario Health team and sit at the Leadership table. This year we hired an Executive Director which has enabled our OHT to become more focused on meeting our population health needs in our OHT district.

We have improved access to the RAAM clinic in Fort Frances as our district has a high number of people who have mental health and addiction issues. The Peer support program and the addictions counsellor who are part of the RAAM clinic are provided by the two mental health agencies within Fort Frances and they have offered to provide supports to Atikokan as we look at setting up our own RAAM clinic. Atikokan has a CATC in our community but staffing issues have threatened their closure this past year which forced our hospital and Family Health Team to put in a proposal to the ministry for a fully functioning RAAM clinic supported by our many partners including the Fort Frances RAAM and St. Joseph's hospital in Thunder Bay. This is still a work in progress and we are awaiting to see if we receive funding for the RAAM clinic here in Atikokan.

The Regional Specialized Services Network which consists of 30 system partners, eight regional service provider organizations, four OHTs, Ontario Health, academic partners, provincial support partners and PFAC representatives work together to support areas where a regional need is identified. They are providing our district

with a program assistant who will provide 10 hours a week to support our COPD and CHF programs. They also have provided funding to hire a nurse practitioner who will follow up with anyone in the region who has a positive cancer screen result but is unattached. This position has yet to be filled but we have a high population that is at risk for cancer so it is very important that anyone who received a positive cancer screen result receives follow up by primary care and are not lost in the system.

Our Family Health Team supports our population health through providing immunizations, maternal education, frailty program for anyone over the age of 65, cancer screening through pap tests and FIT tests and many other programs that address population health and chronic diseases. We work closely with our local health unit in order to support the population needs in our community and our district.

EMERGENCY DEPARTMENT RETURN VISIT QUALITY PROGRAM (EDRVQP)

This was our first year with the Emergency Department Return Visit Quality Program (EDVQP) and as we are a small hospital we focused on setting up our audit team and determining how the process will work once we start receiving the reports from the Ministry. Our team consists of our lead, Dr. Sara Vanderloo, our Chief Nursing Officer, Stacey Wood and our Quality Improvement/Risk Assistant Twila S. This team will meet either just before or following the Record and Audit Committee meeting.

Prior to the meeting, the health records department will pull a report which outlines which patient charts meet the criteria for an audit. The lead will do a quick review of the report to ensure that all the charts make sense for an audit. These charts will then be reviewed by the committee members who will look for quality issues. Once they have identified the quality issues, they will determine a plan to address them and report their quality ideas to the Quality Council so they can be implemented and evaluated.

The first report is scheduled for July of 2025 and then the EDVQP committee will meet and begin the above outlined process. They plan to meet quarterly.

EXECUTIVE COMPENSATION

Executive Compensation is linked to performance as follows:

Chief Executive Officer: 3% - Improve the services that we offer through improving our ability to offer services that are equitable and meet the diversity of the population that we serve. Also improve same day next day access to primary care.

Chief Nursing Officer: 3% - Improve patient and resident satisfaction with the services that we provide both as in patient, ER patient and an outpatient. They will work with the Chief of Staff on improving our Er metrics around waiting to see a physician and leaving without seeing a physician.

Chief Financial Officer - 3% Improve the amount of time that maintenance takes to fix up newly vacant Resident room on LTC so it meets the expected standard of 7 days.

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, 2025**

Stacey O'Sullivan, Board Chair

Jody Labossiere, Board Quality Committee Chair

Jennifer Learning, Chief Executive Officer

Sara VanderLoo, EDRVQP lead, if applicable
