

Let's Make Healthy
Change Happen.



Quality Improvement Plan (QIP) Narrative for Health Care Organizations in Ontario



ST. JOSEPH'S
GENERAL HOSPITAL
ELLIOT LAKE

March 2023
(2023/24)

ontario.ca/excellentcare

Overview

St. Joseph's General Hospital Elliot Lake (SJGHEL) is an acute care hospital which is approved to operate 55 beds providing quality health care services to the residents of Elliot Lake and the North Shore communities. SJGHEL provides service to the residents of this catchment area because it is the only community hospital between Sault Ste. Marie and Sudbury that offers services such as ICU, OBS, Dialysis, Chemotherapy, a Hospice Suite and Surgery. With our Patients First philosophy, SJGHEL's vision is to be recognized as leaders in Northern health integration. Our mission as a Catholic Healthcare organization is to build on the legacy of our Catholic founders, the Sisters of St. Joseph, and to continue the healing ministry of Jesus, serving all who come to us for care.

SJGHEL's Quality Improvement Plan (QIP) is one component of our overall planning process. To inform the development of the QIP, SJGHEL evaluates past performance, assesses trends, and incorporates feedback from staff, physicians, patients, families and residents. We understand that integration of the QIP with our strategic goals and planning, our operational plans, our accountability agreements, Accreditation Canada's Required Organization Practices, and Health Quality Ontario's Quality Framework are essential. Aligning these components will help guide our fiscal responsibility and accountability to our patients in the delivery of high quality care.

Our 2023/24 Quality Improvement Plan (QIP) includes four indicators centered on three themes:

Theme 1- Service Excellence

- A) We strive to ensure patient complaints are acknowledged in a reasonable time frame to address concerns and improve quality care.

Theme 2 - Safe and Effective Care

- A) To maximize patient safety through a reduction in medication errors, SJGHEL aims to have each patient's medications documented and reconciled when they are admitted, at care transition, and at discharge to home or alternate care setting.
- B) Infection prevention and control is a crucial aspect of providing safe care. To help reduce health care-associated infections and the spread of infectious diseases, SJGHEL will be focused on hand hygiene compliance with physicians, staff, and volunteers.
- C) A hospital with a culture of quality creates the conditions for staff to thrive, and ensuring their safety is one element of this. Workplace violence is a high priority within Ontario's health care sector. SJGHEL will continue to work to make our hospital safer, increase the comfort in reporting incidents of workplace violence and improve attitudes and our workplace safety culture.

SJGHEL aims to continually improve our:

1. **Effectiveness & Efficiency:** We deliver quality care at lower than provincial expected cost per weighted case.
2. **Integration:** SJGHEL is an integrated health services provider (hospital, long term care home and addiction treatment centre). We also work closely with local physicians, visiting specialists, the Elliot Lake Family Health Team, the North East Community Care Access Centre, Red Cross, Ontario Provincial Police and area health and social service providers to enhance continuity of care.

Through our commitment in transitioning to Meditech Expanse, we have leveraged the expertise of our tertiary health care partners in maintaining a seamless medical record, physician office integration (POI) and the Ontario Lab Information System (OLIS). These serve one purpose - to ensure that patient information is current and available to healthcare providers who require it to help the patients they serve.

3. **Patient and Family Centered:** Our commitment to providing Core Larger Small Hospital services is evidence of our patient focus. For example, delivering cost effective obstetrical services in the community ensures care closer to home and decreases barriers for access. We do this because it is the right thing to do. In addition to providing care in the community, it enhances our recruitment and retention of young healthcare professionals and physicians, which contributes to comprehensive care being delivered in Elliot Lake.
4. **Patient Safety:** Through continuous monitoring and evaluation of patient safety metrics and initiatives, such as medication reconciliation and sepsis protocols, we learn what is working and what is not. This provides evidence to inspire our healthcare providers to continually improve the quality of patient safety. We understand that better patient safety doesn't just happen; we all have a role in making it happen.

Lastly, it is important to note one key input into the strategic planning process was broad consultations with key stakeholders. SJGHEL completed extensive outreach via focus groups and face-to-face meetings with community members and partner organizations. Discussion forums have been held with stakeholders such as members of the public, the Board of Directors, employees, physicians and volunteers. Areas of high importance to stakeholders included:

- accessing care close to home,
- integrated/coordinated care,
- a talented workforce of highly skilled physicians and staff,
- technological enablement, and
- specialty services provided in the community.

Through this strategic planning process, SJGHEL has developed our strategic directions and goals which will guide our work and are integral to the development of our QIP.

Patient Engagement and Partnering

SJGHEL engages patients and their families through the use of patient experience surveys which are distributed on a scheduled basis to discharged patients and given to all patients seeking care through our emergency department or outpatient clinics.

The process of strategic planning has also provided an additional means of face-to-face dialogue with patients and families to enhance engagement, learn of opportunities to improve our engagement strategies, and to inform the development of QIP goals.

With a patient- and family-centered approach and the goal of improving the patient experience throughout the hospital, we focused our efforts on renewing our patient experience survey and delivery model, as well as additional methods of engagement to gather feedback, such as at the point of care with the "Happy or Not" terminal, as well as through follow up discharge telephone calls to patients discharged from our Medical/Surgical Unit.

In addition, SJGHEL has designated a Patients Relations Officer and a Quality and Patient Safety Coordinator, both who will collaborate with patients, families, residents and clients in order to review current practices of engagement, enhance our compliments and complaints process, and ensure the public is aware of how to access the Patients Relations process. The goal is to gather patient feedback, concerns and compliments to provide insight and knowledge. This permits SJGHEL to track and identify key trends and approaches for continual improve on the delivery of services, quality care and patient safety.

Lastly, our hospital recognizes that we must move through the continuum of patient engagement from consultation, involvement, to partnership. We have an active Patient and Family Advisory Council (PFAC) which includes members of the public spanning Indigenous and Francophone representation, those accessing programs centred in principles Senior-Friendly Care, as well as family members of and clients that have accessed programming focussed on substance abuse and rehabilitation. These individuals are referred to as Patient and Family Advisors (PFAs).

The purpose of our PFAC is to:

- Provide our hospital with the patient and family perspective in the planning and delivery of programs and services.
- Assist our hospital in continuous improvement of quality of care and service we provide to meet the needs of our patients and their families.
- Bring the voices of patients and families to the discussion of how we can improve the overall patient experience.

The objectives of our PFAC are to:

- Show commitment to improving care for all patients and family members at our hospital by ensuring that the patient is the focal point of all discussions.
- Contribute ideas and suggestions that will enhance patient and public involvement in health service planning and decision-making so that the patient has a voice in the delivery of health care services.
- Promote improved collaboration and relationships between patients, families, and staff.
- Improve the experience of patients and families when interacting with our hospital.

Our PFAs possess a valuable and unique perspective which represents the sum of their personal experience as end-users of the healthcare system, as members of various patient groups, and as members of our community. PFAC is engaged in many different aspects of organization change such as policy development, renovations, projects and initiatives such as patient communication boards as well as wayfinding for the organization. The feedback and input received from our Patient and Family Advisors is invaluable for guiding organizational decision making.

It is important to note that two of our PFAs also sit on our internal Quality and Patient Safety Committee (QPSC). This Committee reports to the Quality Committee of the Board and seeks to promote a culture of quality care that aligns with our organization's strategic objectives, as well as the mission, vision and values of SJGHEL. The QPSC is comprised of Senior Leaders, Managers and Department Leads, with each department being responsible for submitting their own Quality Improvement Plan, which provides baseline data for chosen key performance indicators (KPIs) and includes pertinent information on planned improvement initiatives and ideas for course-correction when goals are not being met. The inclusion and active involvement of our two PFAs on the QPSC ensures that our organization is consistently grounded in "the patient experience" to ensure that proposed initiatives, programming, and services aim to provide quality, patient-centred care.

Provider Experience

SJGHEL recognizes the importance of the Provider Experience in our current healthcare climate; our organization has not been immune to the significant challenges and stressors imposed on healthcare staff over the past few years such as Health Human Resource (HHR) constraints and related staff burnout. As such, our hospital has engaged our staff to identify areas where improvement could be made in our staffing patterns, as well as communications strategies, staff-centred programming, appreciation initiatives, etc.

SJGHEL experienced significant HHR issues during the pandemic, especially on our Laboratory and Nursing units which include an Emergency Department, Continuing Care unit (ALC), Intensive Care unit, Medical Surgical unit and an Obstetrics unit. In early 2021, the Human Resources department worked directly with the Nursing Leadership Team to devise a plan to alleviate the pressures and stress brought on by severe understaffing on the Nursing units. Our organization was able to find a suitable agency and dedicated a sizeable budget to bring on Agency Nurses on all of our units to provide the professional support so greatly needed during a very trying time.

During the pandemic, our organization also began to devise various ways of communicating transparently with staff, so that they felt included, informed, and integrated across departments. One such initiative is the "CEO Huddle". The Chief Executive Officer (CEO) sends out a weekly communication each Monday to all staff and Board of Trustees that includes information such as:

- staff achievements - both professionally and in their personal lives - i.e., fundraising efforts, community involvement, etc.
- current organizational change initiatives - i.e., renovations and facilities improvements,
- highlighting various departmental "recognition weeks" and giving shout-outs to the staff members within these departments,
- communicating pertinent information, such as the results of the SJGHEL Patient Experience Survey,
- new staff announcements,
- retirement announcements,
- staff service awards, etc.

This top-down approach to staff communication displays that the organization has a commitment to transparency and open communication pathways and this initiative has been well-received by staff.

SJGHEL implemented a structured "Compliments" program overseen by the Patient Relations Officer and the Quality and Patient Safety Coordinator. Compliments submitted from patients and their families are entered into our formal incident management system (RL6) for tracking and audit purposes and are then highlighted with staff. These staff members receive a special Thank You Card that outlines how their actions contributed to SJGHEL's standards for the delivery of quality, safe, patient-centred care, as well as the inclusion of coffee/muffin vouchers and lunch vouchers for those staff that go above and beyond the call of duty.

Our Senior Leadership Team ensures that each department is acknowledged and provided recognition for their contributions to our organization by highlighting each department during various "Recognition Weeks". The department and all of their staff are highlighted in the CEO Huddle communications, and the department Manager or Lead plans a celebratory lunch and various tokens of appreciation throughout the week to ensure that staff know they are seen, they are valued as individuals and as part of a team, and their work is valued and appreciated.

In addition, SJGHEL recently re-launched the Quality Work Life Committee (QWLC). This Committee actively works to promote employee activities and events as a corporate wellness initiative. With the support of our Senior Leadership Team, the Committee plans fun and inclusive events that all employees are invited to participate in. Staff have enjoyed a Summer Staff Appreciation Day and BBQ - complete with raffles and prizes, a dress-up/costume day and a BBQ lunch for Halloween, a staff Christmas turkey raffle, as well as the construction of "Wellness Rooms" at each of our locations - which include state-of-the art massage chairs that staff can access 24 hours a day.

Workplace Violence Prevention

SJGHEL recognizes that workplace violence is a high priority within Ontario's health care sector and that a culture of quality creates the conditions for staff to thrive, and ensuring their safety is one element of this. Our organization's goal is to focus and work to improve our reporting culture in order to make our hospital safer and improve attitudes and our workplace safety culture.

In 2016, SJGHEL implemented an electronic incident management system (RL6) which has enabled tracking of volumes, the types of incidents, and the analysis of key trends. The ability to compile, audit, analyse and report on this type of data has greatly assisted our organization with the development of various policies and procedures, programming, and services to address noted gaps and trends brought forward by data analyses.

In 2020, SJGHEL began an organization-wide implementation of staff safety initiatives brought on by an incident that occurred in our Emergency Department. Recognizing this as an opportunity to "do better" for our staff in terms of workplace violence prevention, our organization sought consultation from a third-party agency to help in the development of a report, which posed many recommendations for the improvement of staff safety and the prevention of workplace violence. It was decided by Senior Leadership to implement ALL recommendations from the report, as our organization recognized the strength that the combined initiatives provided in driving a safe workplace environment for our staff. Some of the initiatives implemented from the report include:

- Nursing Stations enclosed from floor to ceiling with entrances to the Nursing Stations equipped with control pads to gain entry to the area.
- Installation of 48 hard wired panic buttons throughout the hospital for easy access to emergency assistance.
- Implementation of 16 wireless panic FOBs for staff members to wear on their body when working by themselves or at a distance from their coworkers.
- Installation of monitored security cameras throughout the hospital and grounds.
- Increased lighting installed in the areas outside the building, including staff parking areas.
- Creation of a new *Workplace Conduct* policy with the aim to assist all employees in understanding what is expected of them in the performance of their duties. This new policy encompasses and amalgamates previous workplace violence policies and defines SJGHEL's workplace culture, setting out the type of safe, respectful work environment that our organization wants to provide for all of our employees. This new policy outlines 3 key areas:
 - **Section A:** Ontario Human Rights Code Violation,
 - **Section B:** Workplace Sexual Violence and Harassment prevention and
 - **Section C:** Misconduct in the Workplace.

- Review and update of all existing Codes including Code White (Violent Person).
- Development and implementation of new Codes:
 - **Code Silver** (Person with a Weapon) and
 - **Code Purple** (Hostage).

Through the collaborative efforts of SJGHEL's Joint Health and Safety Committee and the Emergency Procedures Committee, primary staff education initiatives were rolled out in September 2022 to ensure that everyone at our hospital is aware of what specific Codes entail and what their defined roles and expected actions are when they come face-to-face with a Code situation.

In the coming year, the Joint Health and Safety Committee and the Emergency Procedures Committee, in collaboration with the Human Resources department, Clinical Education and Department Managers/Leads, will continue to develop and implement organization-wide education on workplace violence, including training for all staff in Non Violent Crisis Intervention, to improve knowledge, attitudes, and our culture of reporting.

Patient Safety

SJGHEL has a strong commitment to patient safety and quality improvement. Our Hospital supports the provincial government's public reporting requirements that help to enhance patient safety, improve performance and strengthen the public's confidence in Ontario's hospitals. Patient safety is a priority at our hospital, and we strive to create a "just culture" that features:

- acknowledgement of the high risk and error-prone nature of health care activities,
- a blame-free environment where individuals can report errors and close calls without fear of reprimand or punishment,
- an expectation of collaboration to seek solutions and create quality improvement action plans, and
- a willingness on the part of the organization to divert resources for addressing safety concerns.

In 2022, as part of our organization's work under Accreditation Canada standards, SJGHEL reviewed and updated our "Patient Safety Program" along with the related "Patient Safety Action Plan". Coupled with our Integrated Risk Management Plan (IRMP) and Quality Improvement Plan (QIP), SJGHEL possesses a fulsome quality framework, which is then operationalized into day-to-day through departmental measures, which supports a culture of safety at SJGHEL.

Our hospital's current Patient Safety Program exists to identify the structures and processes within our organization through which patient safety incidents are assessed and improvements are carried out. At SJGHEL, ensuring patient safety is everyone's responsibility. The purpose of our Patient Safety Program is to provide all staff with direction and guidance for the delivery of safe care. It is sometimes difficult for staff to understand why both safety and quality improvement plans are needed. The related Patient Safety Plan delineates the specific, expected roles, responsibilities and accountabilities related to patient safety across our organization.

SJGHEL's Patient Safety Program and Patient Safety Action Plan support patient safety and reduce risk to patients and employees through creating and sustaining a safe environment that ensures:

- recognition and acknowledgment of risks to patient safety,
- initiation of actions to reduce these patient safety issues and risk,
- set processes for internal reporting of patient safety incidents and corrective actions taken,
- a focus on processes and systems,
- organizational learning about patient safety, and
- supporting and sharing knowledge about patient safety issues to foster organizational learning and a culture of patient safety within SJGHEL and other organizations.

SJGHEL recognizes that patient safety plans, quality plans, etc. are only as good as the leadership behind them. If each department is not held accountable and encouraged to work together in harmony towards organizational goals, this type of programming becomes a paper exercise. Our hospital acknowledges the importance of involving leadership in the evaluation of progress towards patient safety goals to ensure that course-correction can occur promptly and efficiently at the department level when required. As such, SJGHEL recently implemented a formal Quality and Patient Safety Committee (QPSC). The QPSC advises the Board and provides appropriate recommendations in respect of matters of quality and patient safety and promotes a culture of patient safety and quality care that aligns with the strategic objectives, as well as the mission, vision and values of SJGHEL. This Committee oversees the performance of Hospital and QIP goals, other externally reported quality indicators, and quality reviews. The QPSC is responsible for evaluating SJGHEL's Quality Improvement Program, of which the Patient Safety Plan and Risk Management Program are component parts. Minutes from this Committee are shared with the Board of Trustees. The QPSC is comprised of members of the Senior Leadership Team, Managers of Patient Care Services and Department Heads and receives summary information on key performance indicators (KPIs) from each department that clearly outline performance in meeting standards related to quality and patient safety. Each department is responsible for submitting their own Quality Improvement Plan, detailing summary data for various KPIs related to quality and patient safety, including information on planned improvement initiatives when KPIs indicate we are not meeting set goals for various programming and services.

In order to collect data to drive continuous quality improvement and identify gaps with patient safety programming, SJGHEL has a "just culture" of incident reporting that ensures consistent management of incidents. To reduce the risk of injuries and liability arising out of incidents, such events are to be documented and reported promptly in accordance with organizational policies and procedures such as:

- Critical Incident Management
- Disclosure of Critical Incidents/Harm to Patients
- Incident Reporting

Critical incident management processes are in place at SJGHEL with the aim to:

- ensure that hospital personnel are given the opportunity to respond in the best interest of patients, their families and the organization, and
- ensure that the underlying causes of significant incidents are identified, and that changes in the organization's systems and processes are made to reduce the probability of such an event recurring in the future.

Patient safety opportunities are identified by the analysis of patient safety incidents, employee incidents, near misses, potential for violence environmental risk assessments, Accreditation Canada, HIROC Risk Assessment Checklists, long term care compliance checklists, Pharmacy audits, etc. Patient safety issues are remedied immediately if quick fixes are identifiable. If larger scale improvement initiatives, such as the development of new programming or implementation of revised services, are required then specific issues are brought forward to the appropriate Committee for internal review. At SJGHEL, formal internal Committees such as the QPSC, Pharmacy and Therapeutics Committee, as well as the Infection Prevention and Control Committee are responsible for overseeing various Patient Safety indicators, which are regularly audited, reported and discussed re: necessity for review and changes to existing policies & procedures, development of new practices or the implementation of new programs to mitigate risks, etc. Decisions/actions from the analysis of specific issues at the Committee level and any resulting programs are documented in the Patient Safety Plan. This plan is monitored for progress by the Board of Trustees, Senior Leadership and the QPSC and regularly shared with all staff on SJGHEL's Intranet and the Quality Boards on all units.

Health Equity

In 2021, SJGHEL's Senior Leadership Team examined our organization's previous Strategic Plan and decided that "The Patient Experience" should be a singular pillar/goal and function as "Our Focus". Within this pillar it is clearly defined that patients are to be "treated like family", that our organization will provide "quality, safe, compassionate patient and senior-centred care" and our organization will strive to provide programming and services that ensure "access and equity for all".



ST. JOSEPH'S GENERAL HOSPITAL ELLIOT LAKE

STRATEGIC PLAN 2022-2026

STRATEGIC GOALS

Our FOCUS	Our CULTURE	Our APPROACH	Our COMMITMENT
The Patient Experience	Inspired Employees	Unity	Demonstrated Leadership
<i>Treated like family</i> <i>Quality, safe, compassionate, patient and senior-centred care</i> <i>Access and Equity for all</i>	<i>Ensuring employee safety in a just culture with a focus on Health Human Resources (HHR) challenges and opportunities</i> <i>Setting the standard of Civility and promoting cultural diversity</i> <i>Creating an environment of staff appreciation</i>	<i>Fostering collaboration and partnership</i> <i>Coordination with Regional services</i> <i>Transformation of service delivery— "One stop shop"</i>	<i>Upholding the legacy of Catholic Health Care Services</i> <i>Through all communications</i> <i>To provide First Class Services as a Centre of Excellence</i>

Our MISSION
As a Catholic Healthcare Organization our mission is to build on the legacy of our Founders, the Sisters of St. Joseph of Sault Saint Marie, and continue the healing ministry of Jesus, serving all who come to us for care.

Our VISION
Our vision is to work in collaboration with health providers to establish a first class Centre of Excellence for patient health care in our region.

Our VALUES

- Compassion
- Humility and Harmony
- Respect
- Integrity
- Social Responsibility
- The Sacredness of Life

SJGHEL is committed to championing inclusion, diversity, equity and accessibility at our organization. We value the inherent worth of every person including age, ancestry, disability, gender expression, gender identity, race, religion and sexual orientation.

We acknowledge that we are on the ancestral, treaty and title lands of the Anishinaabe people in the Robinson Huron Treaty area. We recognize the neighbouring First Nations of Serpent River, Mississauga and Sagamok Anishinabek as well as the local Métis who occupied this land. At SJGHEL, we recognize the diverse nature of our communities. Our hospital actively seeks to create culturally safe and respectful spaces for our patients and families who identify as First Nations, Inuit, Métis and urban Indigenous.

We support our Indigenous patients and their families by:

- Providing assistance navigating the healthcare system.
- Helping co-ordinate services.
- Liaising with members of the Healthcare Team to ensure continuity of care.
- Assisting with access to language and translation services.
- Providing support during clinic visits and other appointments.
- We work with our Healthcare Team to provide support and education to ensure the delivery of culturally sensitive and safe care.
- We work with our Regional Partners to address system issues with the goal of improving the patient experience with care and access to services.
- We believe that our differences enrich our ability to develop creative and innovative approaches to deliver first-class patient care.
- We recognize that the responsibility to create a culture of inclusion and each of us is personally responsible to hold ourselves and each other accountable.

SJGHEL also serves the "Oldest Community" in Canada. 36% of our population is over age 65, and by 2031, 56% of our population will be over age 65. As such, our hospital leverages an evidence-based framework to create an environment, culture and standard of care that aligns with seniors' unique physical, cognitive, and emotional needs, to optimize health, maximize safety, and involve patients and families to become full participants in their care. Our Senior Friendly Care team is interdisciplinary, with members from Senior Management, nursing, physiotherapy, social work, speech-language pathology, pastoral care, the Oaks Centre, St. Joseph's Manor and Community Members/Hospital volunteers.

SJGHEL is proud to provide services in many languages spoken within our local communities and recently implemented a Wayfinding signage project to convert our external and internal directional signage to include English, French and Ojibway. At SJGHEL, we believe these type of initiatives recognize our cultural heritage and make our services more equitable and accessible to the populations we serve.

Executive Compensation

The Excellent Care for All Act (ECFAA) requires that a percentage of compensation be linked to achievement of performance targets. Our Quality Improvement Plan is approved by the Board of Directors and selected indicators are directly linked to Executive Compensation.

At St. Joseph's General Hospital Elliot Lake, the following executives are included in the Performance-based compensation plan and 8% of their base salary is linked to the achievement of the specific priority targets as approved annually by the Board of Directors.

- Chief Executive Officer
- Chief Nursing Executive
- Chief Financial Officer
- Vice President, Human Resources, Strategy & Transformation

Achievement of performance targets is evaluated annually the period of April 1- March 31 of the given year to determine executive compensation. All the executives are evaluated against the same performance indicators and targets.

Terms:

- 1) The four indicators are weighted equally (2% each).
- 2) Achievement of the target would result in 100% payout, partial achievement of targets will result in partial payout, as determined by the Board of Directors

If less than 50% of the target is achieved, no compensation is paid.
If more than 50% of the target is achieved, that percent of the compensation is paid out (for example, if a target is 60% achieved, then 60% of the compensation for that indicator would be paid out).

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

_____ Jeremy Stevenson, CEO	_____ Date
_____ Connie Free, CNE	_____ Date
_____ Elaine Johnston, Board Chair	_____ Date