

Let's Make Healthy
Change Happen.



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



6/30/2022

This document is intended to provide health care organizations in Ontario with guidance as to how they can develop a Quality Improvement Plan. While much effort and care has gone into preparing this document, this document should not be relied on as legal advice and organizations should consult with their legal, governance and other relevant advisors as appropriate in preparing their quality improvement plans. Furthermore, organizations are free to design their own public quality improvement plans using alternative formats and contents, provided that they submit a version of their quality improvement plan to Health Quality Ontario (if required) in the format described herein.

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Overview

Since OSMH's last formally submitted QIP (March 2020), improvement teams have continued in their commitment to sustaining progress on those initiatives that are especially relevant to residents of Orillia and neighboring communities. While the past 2 years have been marked by waves of disruption, Soldier's has not wavered in its commitment to serving our community with compassion and excellence.

In June 2021, OSMH unveiled its updated strategic plan, a product of countless interactions with OSMH team members, community partners, patients and caregivers, all reflecting their own experiences and aspirations for their hospital's resilient future and its integration in the Couchiching Ontario Health Team. This updated corporate strategy, was crafted during the turbulence of the pandemic and emphasizes the prioritization of connected partnerships as **"We are One Community"**, capably resilient team members as **"We Are Soldiers"**, and the declaration **"We Adapt and Advance"**, reflecting Soldiers' ongoing commitment to innovating and improving healthcare experiences in a dynamic landscape.

Later this year, OSMH's consistent commitment to delivering quality care will be affirmed by Accreditation Canada's in-depth review of the hospital's services and programs. As we regularly reflect on these nationally recognized standards, we continue to challenge ourselves to enhance our services for improved patient care experiences.

As part of OSMH's commitment to deliver excellent care for all, the annual Quality Improvement Plan serves as one of many ways that we demonstrate, both to our community and ourselves, that our ongoing efforts to improve processes has a direct result on performance measures, and ultimately the quality of each individual patient's experience at Soldier's. This Quality Improvement Plan publicly asserts our dedication to OSMH's mission statement, where ongoing improvement yields progressive "excellence", a little better every day.

Reflections since your last QIP submission

The COVID-19 pandemic has undoubtedly shifted OSMH's improvement priorities from previously identified Quality Improvement Plan indicators, but that has not stopped our commitment to sustaining the improved performance on our QIP indicators. These efforts have continued, albeit more passively, at a more at a more responsible pace.

Improvement leaders responsible for indicators listed on OSMH's 2021-2022 Quality Improvement Plan continued to report on progress to hospital leadership on a bi-weekly basis up until December 2021 when effort was redirected by a surge in COVID cases. These leaders have also continued to updated senior leadership and the Board on progress on a quarterly basis as the QIP indicators are integral to OSMH's Strategic Plan.

As pandemic pressures subside, QIP process improvements will leverage our previous commitment to A3 problem solving and improvement management. Improvement leaders that retained this practice throughout the pandemic benefitted from an ability to return to their improvement efforts for short periods of activity,

Despite the pressures experienced since the onset of the pandemic, OSMH teams have successfully driven active, rapid-cycle improvement initiatives that have had great relevance to the care needs in the context of our community. Some examples of these include:

COVID-19 Related

- Set up and monitoring of the COVID Assessment Centre
- Coordination of COVID Vaccination Clinics
- Development of the Surgical Short-Stay Unit to support surgical recovery
- Accelerated team member recruiting and redeployment
- Refined the communication and management of COVID related visitor impacts
- Virtual on-boarding and exploration of virtual care opportunities

Other Improvements

- Sustained improvements to qualify for Level-2 Choosing Wisely designation

- Increased inpatient capacity inside OSMH and in partnership with community settings (added 35 beds, retirement homes, High Intensity Support at Home program)
- People Strategy emphasis on personal wellness, mental health, and skills development

Patient/client/resident partnering and relations

The COVID-19 pandemic imposed changes to the previous means of partnering with patients. In some cases, OSMH was able to innovatively address gaps in expected service forced by the various limitations on in-person meetings.

Like many hospitals, one of the early adoptions was the use of virtual visits between inpatients and family members. Front-line team members often would support our patients directly with the technology required to connect with their family members remotely. While admittedly not an optimal solution, it was one of the primary ways our care teams provided direct relational support to our patients. Where restrictions provided for some flexibility and the weather was favourable, our patients were able to enjoy outdoor visits.

The restrictions served as a catalyst for exploring virtual care visits. Whether by phone or video conference call, OSMH care providers tested a number of different platforms and scenarios to continue to provide timely care to our community. Similarly, our Emergency Department teams piloted a Virtual Care Clinic, whereby patients with appropriate concerns could be assessed remotely via video call, supported by our telehealth team. Virtual Care options provide a valuable alternative to some, though not all, in our community.

Another strong innovation that is expected to enhance our partnerships in the community is our Essential Care Partner Program. Essential Care Partners provide basic care support to their loved one while in hospital, which will provide front-line care teams opportunity to address immediate needs on the floor that require professional attention.

OSMH also relied on strong community partnerships to innovatively address opportunities for patients to be cared for in more appropriate environments. Working with Lake Simcoe Retirement Residence and Champlain Manor, our Alternate Level of Care patients were afforded Alternate Health Facility beds. Similarly, our new High Intensity Supports at Home (HISH) program supported patients with appropriate care in their homes as appropriate.

In a more formal capacity, OSMH's Patient-Family Advisory Council continues to meet regularly and is represented at a number of critical forums that were established throughout the pandemic, such as the OSMH Command Table, COVID Operations Committee and Leadership Council. Each of these opportunities has benefited the OSMH team with the valuable input of knowledgeable patient-family advocates.

Provider experience

Since March 2020, it is generally known that care providers pressed on under increasing duress; compassionate responses became strained by over-exertion, fatigue, and hostility from patients or family members. Despite these pressures, OSMH team members exhibited high degrees of fortitude. It is a testament to the resilience of both our teams and our community partnerships that OSMH did not declare an outbreak until January 2022.

To ensure the needs of team members were being met, OSMH leadership quickly set up regular Town Hall meetings that served as a conduit for up-to-date information sharing and front-line's expression of needs. Some of the supports that OSMH Leadership identified as needs from the staff included:

- Invitation to Ethics sessions when discussing vaccination policy
- Enhanced promotion of Wellness Initiatives and Seminars (ie: Healthy People, Healthy Teams, Healthy Workplace)
- Creation of the dedicated myWellness Corner
- Mental Health First Aid
- Regular leadership rotations bringing the "comfort cart" to floors throughout the hospital
- Increased coverage of After-Hours Administrators to 24 hours a day on weekends.

As a result of the cumulative pressures of the pandemic, especially in later waves of Omicron and successive variants, OSMH teams faced a number of vacancy and short-staff issues. Some of the below were used to both enhance management capability and augment the availability of resources to OSMH Teams.

- Leadership Series training
- Use of Agency Nursing staff to fill short-term vacancies
- Accelerated recruitment efforts (additional Orientations, hiring incentives)
- Implemented Weekly Weekend Staff Scheduling meetings
- Increased Personal Support Workers in organization and new clinical areas to address volatile resource gaps

As the pandemic situation continues to evolve, OSMH Leadership is committed to supporting our front-line care teams so that our patients and families receive the best care possible.

Executive Compensation

2022-2023 Performance-based Compensation Program Participants:

The positions included in the performance-based compensation program include:

- President and Chief Executive Officer (CEO)
- VP Medical Affairs/Chief of Staff
- Executive VP, Patient Care & People Strategy
- Chief Nursing Executive (CNE) & Director
- VP Corporate Services/Chief Financial Officer (CFO)

Program Design

The program period is in line with the fiscal year, running from April 1, 2022 to March 31, 2023.

For the 2022-2023 fiscal year, the amount of performance pay is 5% of base pay for the CEO and 3% of base pay for each of the other identified participants. This money will be divided between 4 QIP objectives with performance improvement targets. The amount of performance pay allocated to each of these objectives ranges from 20% to 35% of the total amount as described in the table below. The calculation of performance pay will be pro-rated relative to success in meeting each performance goal. Calculations will be completed within 90 days of the end of the fiscal year.

As required by the Excellent Care for All Act, hospital executive compensation will continue to be linked to achieving targets in the hospital's Quality Improvement Plan (QIP). The Pay Allocation Plan for 2022-2023's Quality Improvement Plan is detailed on the image below:

OSMH Quality Improvement Plan 2022/233							
Theme	Quality Dimension	2021-2022 QIP Priority	Indicator Type	Previous Performance 2021-2022	Performance Target 2022-2023 (Justification)	Improvement Direction	Executive Compensation Weighting
ACTIVE							
Service Excellence	Patient-Centered	1. Did you receive enough information when you left the hospital?	Custom	81.3% (Q4 YTD - Prelim)	75% (Based on 2020-2021 performance)	Increase	20%
Safe and Effective Care	Effective	2. Medication Reconciliation at Discharge	Priority	85.7% (Q4 YTD)	82% (Based on 2020-2021 performance)	Increase	35%
Timely & Efficient Transitions	Efficient	3. Alternate Level of Care	Priority	20.0% (Q4 YTD - Prelim)	21.0% (Based on HSAA target of 21.6%)	Decrease	-
	Efficient	4. Access to and use of Coordinated Care Plans (OHT Focus)	Custom	-----	TBD	Collect Baseline	-
	Timely	5. ED wait time to inpatient bed	Mandatory (assumed)	22.4 hours (Q4 YTD - Prelim)	25 (Based on 2020-2021 performance)	Decrease	25%
Safe and Effective Care	Safe	6. Workplace Violence Prevention					
		Overall Number of workplace violence incidents reported	Mandatory (assumed)	344 (Q4 YTD - Prelim)	108 (Based on 2020-2021 performance)	Increase	-
The number of lost time incidents due to workplace violence injury	Custom	5 (Q4 YTD)	6 (Based on 2020-2021 performance)	Decrease		20%	
4May2022							

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

Board Chair _____ (signature)

Board Quality Committee Chair _____ (signature)

Chief Executive Officer _____ (signature)

Other leadership as appropriate _____ (signature)