

Quality Improvement Plan (QIP)

# Narrative for Health Care Organizations in Ontario

April 6, 2023



## OVERVIEW

Orillia Soldiers' Memorial Hospital is a community of health care providers who work together to provide a wide range of health services from emergency care to community-based programs supporting our patients, their families and their caregivers. We provide vital services across Simcoe County and the District of Muskoka, including Adult Critical Care, Neonatal Intensive Care, Dialysis, Surgical Trauma, Adult Mental Health and the Regional Women and Children's Program.

Our vision, "We Are One Community", emphasizes that we are more than just a hospital and that high-quality, patient-centered care requires healthcare providers to collectively embrace and commit to the principles of integrated care. As an anchor partner of the Couchiching Ontario Health Team, we further our commitment to integrated care, guided by our co-created, shared purpose:

"We are a community that is committed to improving health and wellness"

OSMH is committed to providing care that is high-quality, safe and patient-centred. We acknowledge that quality improvement is a journey and for fiscal 2023-24 we commit ourselves to the following priorities:

- Improving patient-centeredness by ensuring patients feel that they received adequate information when leaving the hospital
- Promoting safe and effective transitions of care by ensuring patients are discharged from hospital with the correct medication
- Fostering a safe environment for patients and staff through the reduction of workplace violence

## PATIENT/CLIENT/RESIDENT ENGAGEMENT AND PARTNERING

Aligning with the terminology adopted by Health Quality Ontario, OSMH has just recently incorporated the word 'co-design' into the Terms of Reference for its longstanding PFAC (Patient and Family Advisory Council), as it more aptly describes the work that they do. The word 'co-design' is also prominent on the PFAC Stamp of Approval, added to certain documents to illustrate PFAC's engagement.

One prominent example of a co-designed initiative at OSMH is the development and evolution of an Essential Care Partners (ECP) program. As the COVID-19 pandemic wore on, and visitor restrictions remained in place, the hospital turned to its PFAC to help establish an ECP that would enable family and/or friends of patients to play a more direct role in the care of patients, and in turn, create opportunities for increased access to their loved ones.

The patient advisors soon embraced an even larger vision, to have ECPs not only available in hospital, but to work towards the establishment of a more regional ECP program that could benefit Long Term Care and other facilities where patients reside and would benefit from the existence of an ECP program.

## PROVIDER EXPERIENCE

OSMH team members have been impacted by the demands of the pandemic and HHR shortages in the health care sector. We have seen an increase of sick time and other stress related issues.

Ways we have supported health care workers:

- Focus on wellness strategy: creation of myWellness corner, comprehensive benefit review including non-union increase to mental health supports, etc.;
- Wellness initiatives including Wellness Week (healthy eating, walking, etc.);
- Alignment and review of external resources available to staff for various support (health, wellness, etc.);
- Review and change of master schedule to align both with business needs and staff preferences;
- Focus on supporting employees to take their approved vacation time including short term agency use;
- Increase in employee appreciation events, an active social committee and tokens of appreciation (comfort cart, swag, barbeques, etc.)

Engagement for Opportunities for Improvement:

- Various committees including JHSC, Workplace Violence, Hospital Association Committee, etc. allow opportunities for ideas to be raised and action plans created;
- Employees can share their feedback/suggestions with leaders in their performance engagement sessions as well at department huddles and unit council meetings;
- Regular all staff town hall with CEO where updates are shared with staff and request for feedback and opportunities for improvement;
- Work life pulse survey as regular way to monitor and ask staff about what the organization is doing well or may need to improve upon.

## WORKPLACE VIOLENCE PREVENTION

Workplace Violence (WPV) is reflected in OSMHs strategic plan, under the pillar “We Adapt and Advance”. Strategic plan tactics for 2023 involve safety huddle implementation which includes daily debriefing to ensure situational awareness on safety in all areas of the hospital. Strategy will include a renewed focus on all dimensions of Quality (Safe, Effective, Patient-centred, Efficient, Timely, Equitable).

WPV is tracked, measured and reported via our incident management & occupational health electronic systems. Statistics, incident details and trending are reported at our monthly Joint Health & Safety Committee meetings as well as at our bi-monthly WPV committee meeting. We have recently participated in the Ministry of Labour’s Workplace Violence & Transition of Care Initiative (Blitz) Inspection with excellent results.

New WPV strategies for 2023 include incorporating our CEO / CHRO led WPV committee into our Joint Health & Safety Committee, enhancing our safety communication via a quarterly Culture of Safety newsletter and standardizing safety communications for departmental huddles.

## PATIENT SAFETY

Patient Safety remains a priority for OSMH within the framework of a just culture and with intent for continuous learning. This is achieved with a comprehensive approach to a patient incident monitoring system embedded in all levels of the organization. An interprofessional group of leaders and clinicians meet regularly to review all potential incidents causing serious or critical events with the goal of identifying opportunities for learning and follow up on action plans. Action plans are regularly reported to the entire leadership team for follow up with oversight by the Quality and Safety Committee of the Board.

Incident reporting for low harm or near misses are encouraged through regular reporting and feedback. Results are monitored by the respective areas in addition to regular analysis organization wide to identify trends.

All aspects of the incident reporting system are celebrated annually during Patient Safety week to provide the OSMH team with feedback on how the incident monitoring system directly improves the quality of care at OSMH.

## HEALTH EQUITY

OSMH invites and provides patient opportunity to self-identify as Francophone, Veteran and Indigenous at present. This affords an opportunity for patients to be linked with specific resources and supports both within hospital as well as beyond, recognizing their vulnerability in participating in and navigating the health care system. This, in addition to other socioeconomic data captured at points of registration and updated with each visit and throughout the care experience, allows for review and customization of planning related to program development, accessibility, resources and infrastructure.

Working with our IT partners, patients will have the opportunity moving forward to provide the name and pronouns for which they wish their health care team to utilize. This means that our LGBTQ2S community will come to experience more inclusive and respective care, seeking to decrease systemized discrimination, support collaborative and transparent relationships with their care teams.

The installation of the Diversity Equity and Inclusion Committee has created avenues for dialogue, education and action recognizing that not only are our OSMH team members seeking inclusive and barrier-free experiences, but many also live and reside within the community and are part of the very patient population we serve.

## EXECUTIVE COMPENSATION

As required by the Excellent Care for All Act, executive compensation is linked to the hospital's Quality Improvement Plan (QIP). The OSMH Board of Directors holds hospital leadership accountable through the annual establishment of an evaluation framework and the quarterly reporting of results. These are available through our website.

## 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  
**April 6, 2023**

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**Ligaya Byrch**, Board Chair

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**Sheila Marner**, Board Quality Committee Chair

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**Carmine Stumpo**, Chief Executive Officer

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**Jill Colin**, Other leadership as appropriate

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