

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 28, 2024

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. Together we will achieve our goals through System co-design in a culturally safe and meaningful way".

In the 2024/2025 year, OSMH plans to support a balanced QIP across the dimensions of quality. This will include a total of five indicators touching all 4 Priority issues set by Ontario Health (OH). These include:

- Did you receive enough information when you left the hospital?
- Percentage of staff (Directors, Senior Team and the Board) who have completed Indigenous Cultural Safety Training
- The number of lost time incidents due to workplace violence injury
- ED wait time to inpatient bed (90th percentile)
- Number of new coordinated care plans (CCP's) created for CHF

and COPD – OHT collaborative indicator

ACCESS AND FLOW

OSMH continues the commitment of improving patient access and flow internally and in partnership with the Couchiching Ontario Health Team (COHT). There are two QIP indicators focused on quality improvement for the OH priority of Access and Flow.

ED wait time to inpatient bed (90th percentile) is reflection of flow within the Emergency Department but also acts a larger Hospital flow indicator. This indicator includes initiatives to ensure the availability of inpatient bed resources, supported by predicted/timely discharges, interdisciplinary care teams, early and regular ambulation of patients and an overall philosophy of the “right patient in the right bed and the right time”.

The collaborative QIP indicator, Number of new CCP’s created for CHF and COPD is a joint metric for both OSMH and the COHT. This builds on the work completed last year around the creation of CCP for frail seniors and overall chronic disease management strategy. The quality improvement initiatives impact patients in the community, outpatient care and inpatient visits. The achievement of a care plan that is accessible by all providers to inform and coordinate care can minimize exacerbations of CHF & COPD and reduce the need for inpatient admissions.

EQUITY AND INDIGENOUS HEALTH

OSMH continues to invite and provide 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. Patients have the opportunity to provide the name and pronouns for which they wish their health care team to utilize. This aims for our LGBTQ2S community to experience more inclusive and respectful 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.

This year will be the first year OSMH has added an equity indicator on the QIP. The indicator, Percentage of staff (Directors, Senior Team, the Board) who have completed Indigenous Cultural Safety training is part of the on-going commitment of culturally safe care. The hospital is not new to offering education and training, however evolving from voluntary opportunities to a goal of 100% of Senior Leaders and Governors is a first.

PATIENT/CLIENT/RESIDENT EXPERIENCE

For nearly a decade now, OSMH has benefited from an active and engaged Patient and Family Advisory Council. OSMH PFAC members are embedded into numerous areas of the hospital, from care teams to quality committees, and have been providing insightful and welcomed feedback at every opportunity. In the spirit of collaboration, the OSMH PFAC recently joined forces with the Couchiching OHT PFAC to enhance learning and awareness. Along with PFAC, the hospital also facilitates a Community Engagement Committee and Accessibility Advisory Committee.

The quality indicator within the OH priority Experience, will continue with – Did you receive enough information when you left the hospital? This will continue to build on work on this indicator from last year and in alignment with OHA a transition to a new survey provider Qualtrics. OSMH will be working towards standardization of written education and material for patients to take home.

PROVIDER EXPERIENCE

OSMH team members continue to feel residual effects of the pandemic and HHR shortages in the health care sector. We continue to see increased of sick time and overtime across the organization and other stress related issues. We have been successful to drive down usage of agency nursing to zero in the final quarter of last year.

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;
- 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.

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.

The QIP indicator in the Priority of Safety is The number of lost time incidents due to workplace violence injury. This indicator continues work from last year and the hospital will be reviewing and further customizing the educator and training provided to staff.

POPULATION HEALTH APPROACH

OSMH has long recognized the value of a population health approach, working closely with numerous local health care providers, agencies, government organizations, and primary care leads to coordinate care even before the advent of the Ontario Health Team model. By the time OHTs arrived, our hospital and community had a strong foundation of trusted partnerships to build from which were key to early successes of the Couchiching OHT (COHT) and certainly played a role in the COHT being named to a short list of OHTs selected to lead acceleration of the health team model across the province. OSMH is proud to be an anchor partner of the COHT and celebrate jointly in the success of programs such as the Couchiching Health at Home (CHAH) program that has enabled a growing number of patients to receive care in home instead of hospital.

OSMH is the physical home to the COHT Care Clinic and we worked in partnership over the past year to introduce care services geared toward patients without a family physician, a growing issue in our community and across Ontario. This clinic along with other COHT initiatives is a demonstration of the local and provincial priorities to improve primary care access. Our commitment to a population health approach remains strong and we are eager to continue to build on the successes to date.

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/DESIGNATED LEAD

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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 **March 28, 2024**

Ligaya Byrch, Board Chair

Sheila Marner, Board Quality Committee Chair

Carmine Stumpo, Chief Executive Officer

Jill Colin, Other leadership as appropriate
