

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 27, 2025



OVERVIEW

Orillia Soldiers' Memorial Hospital (OSMH) is a central hub to our community, providing comprehensive and integrated care. As a trusted healthcare provider, we serve our community through a wide range of acute, specialized, local, regional and community-based programs, ensuring that every patient receives safe, timely and effective care. Together, as an anchor partner of the Couchiching Ontario Health Team, we continue to drive collaboration and integration to improve care transitions, health outcomes and patient experience. By strengthening quality, innovation and partnerships we are shaping a health system that is responsive, sustainable and designed around the needs of our patients and families. Our 2025/2026 Quality Improvement Plan (QIP) reflects our ongoing efforts to enhance patient outcomes, improve care coordination, and foster a culture of continuous learning and excellence. This past year OSMH launched the Quality Improvement Framework, further strengthening our culture of continuous improvement. Its implementation has helped drive meaningful progress and reinforce our commitment to excellence. Our 2025/2026 Quality Improvement Plan reinforces this commitment. Grounded in evidence-based practices and patient feedback, our QIP priorities align with the dimensions identified through Ontario Health (OH) including access and flow, equity, experience and safety. This year, OSMH will focus on six indicators spanning across the quality dimensions. These include:

- Did you receive enough information when you left the hospital?
- Percentage of staff (executive-level, management or all) who have completed relevant equity, diversity, inclusion, and antiracism training
- The number of lost time incidents due to workplace violence injury

- Rate of delirium onset during hospitalization
- Emergency department wait time to inpatient bed (90th percentile)
- Number of potential admissions avoided with utilization of the CHaH program

ACCESS AND FLOW

OSMH is continuing to focus on providing patients with the right care in the right place at the right time through indicators within the access and flow dimension. This year there are two indicators measuring advancement within this category. The first indicator, emergency department wait time to inpatient bed (90th percentile), is an indicator representing not only wait times in the emergency department but also overall hospital flow. As such, initiatives supporting improvement in this indicator have been focused organization-wide including creating efficiencies in bed turnover times to strategies related to discharges and conservable patient days. While the indicator is best suited within the access and flow category, we also recognize that wait time for an inpatient bed is an important indicator to patients and their families. Therefore, we remain committed to identifying opportunities to reduce this target, thereby enhancing patient comfort and creating a seamless hospital transition experience.

The second indicator supporting access and flow is grounded in the collaborative and integrated nature of the culture at OSMH. The custom indicator, number of potential admissions avoided with utilization of the Couchiching Health at Home (CHaH) program, directly focuses on the innovative and strong community partnerships that have been developed. As an upstream strategy for access and flow, the continued practice of referring to the CHaH program, supports preventing hospitalization when not required, ensuring capacity for those requiring acute care services.

EQUITY AND INDIGENOUS HEALTH

Orillia Soldiers' Memorial Hospital believes we have a responsibility to improve diversity, equity, and inclusion efforts to better serve patients, families and team members. We are committed to

listening, learning and understanding to ensure every person can work and receive care safely, openly and honestly. OSMH has an organization-wide Diversity, Equity, Inclusion, Reconciliation and Belonging (DEIRB) Committee comprised of members across the hospital. Bringing diversity of thought to the table, this group helped co-create the statement that appears on our website that demonstrates our commitment to inclusion. With an appreciation for Indigenous Health in Indigenous hands, the hospital has signed a letter of relationship with the Indigenous Health Circle. This partnership has allowed us to work together to understand the needs of our Indigenous population who seek safe access to care. Further, we collaborate to educate our team members on Indigenous Health and commit to learning at every level of the hospital. With support from Rama First Nations, we have an Indigenous Patient Navigator (IPN) dedicated to supporting the care journey for those who identify as Indigenous. The hospital holds itself accountable for learning about Indigenous Cultural Safety and the impact it has on patient care and the experience of those that follow a care journey. Part of this accountability is learning and the hospital has added an indicator on the QIP to commit to this learning where we leverage the Knowledge to Action (KTA) framework set out through the Indigenous Health Circle. Last year was the first year to use the indicator “Senior Leadership and Board has received training in Indigenous Cultural Safety”. With a commitment to 100% and a signal that it starts with leadership, this year for 2025/2026 we broaden the indicator to look at all forms of equity, diversity and inclusion training and for a commitment to have 75% of leaders receive training. This leadership base is responsible for leadership of the entire hospital so their education is critical to supporting learning at all levels. Health equity is key all of our patients and in particular the Indigenous community is one

where we continue to invest our time to learn about the needs of the population to provide the right care at the right time, in the right way. A very strong example of this is an innovative project for Christian Island, bringing home dialysis closer to those who have geographic barriers to access care. This work has been recognized provincially.

PATIENT/CLIENT/RESIDENT EXPERIENCE

Enhancing patient experience is a key priority for OSMH, aligning with Ontario Health's focus on access, quality and integrated care. OSMH continues to have both an active and engaged Patient and Family Advisory Council as well as patient advisors who provide important feedback and perspectives on all aspects of planning, delivery and evaluation of care for patients. From our strategic plan down to daily operations, OSMH celebrates regular opportunities for intentional co-creation with patients and families. Patient experience is an important gauge to measure how we are doing at delivering quality care. Data obtained from patient experiences at OSMH serve as a rich source of information to guide and shape our work. We prioritize gathering insights through patient surveys in addition to regular collaboration and direct engagement with our patient and family advisory team. We continue to work with the Ontario Hospital Association (OHA) to develop department specific surveys to provide meaningful opportunities for patients to provide feedback. This approach is essential in shaping meaningful improvements, ensuring that the voices of our patients and families are embedded in our decision-making. Several key initiatives over the past year include the redesign of inpatient whiteboards and development of a service animal policy. For the 2025/2026 QIP, we are continuing to focus on "did you receive enough information when you left the hospital". While primarily fitting within the patient experience category, this indicator bolsters quality improvement initiatives aimed at enhancing patient safety. For instance, a discharge brochure co-created with a patient advisor serves as an example of this approach.

PROVIDER EXPERIENCE

"We are Soldiers" is one of three pillars of the hospital's strategic

plan. The hospital is committed to the investment in people ensuring engagement and retention are anchored in co-creation and design of programs and initiatives using the voice of team members. As a medium-size acute care hospital nestled north of the GTA, it has become important to recruit distinctly for talent. Using an approach to hire locally has garnered much success with people understanding that they can stay in Orillia and live and work in the same place. A referral program called myReferral was put in place as we know that often the best way to attract people to your organization is through recommendations of those that work there. This program acknowledges this effort and awards team members whose referral ends up in a hire with a monetary token of acknowledgement. This program has helped us recruit people to the hospital by knowing that the importance of our culture and the way we treat people is appreciated if someone is willing to refer. The hospital believes strongly in gratitude and holds an annual event specifically to give thanks for those who choose to show up every day and work in our facility. Moments are celebrated monthly with small gestures and quarterly with opportunities to meet and engage with others. We have created and continue to embrace a caring environment and take the time out to celebrate with our team members. Team members look forward to these events and highlight how much they value these opportunities. Safety is critical to our culture and creating a culture of safety is something we work on each day. We have created custom training to meet the needs of our changing patient population and work to provide training so that our team members feel secure and supported in the work they do. We leverage our 90-day interview and our stay interviews to learn about what is working well and what needs improvement to inform our people plan. We have a few key corporate priorities focused on the team member

experience and have expanded that to our student experience as well. One such program occurs when our CEO and CNE take the time together to meet and engage with our student nursing groups. This creates presence and demonstrates our desire to commit to a positive learning environment for students who we hope one day choose Soldiers' as a place to work. We want people to see Soldiers' as a place to stay to have a career and not just come for a job. We offer programs where applicable to our credentialed staff as we are all one team.

SAFETY

Patient and team member safety continue to be a fundamental priority at OSMH. Patient safety is guided by our rigorous quality structure, legislation and our quality improvement framework. The development and implementation of our annual QIP is a great example of this as our indicators have been chosen carefully from various inputs including patient safety data, information through our data analytics team, patient experience information and through consultation with our teams. Staff safety is also supported through rigorous processes and structures and guided by legislation including along the occupational health and safety act (OHSA) and workplace violence prevention legislation. At OSMH, we believe that supporting a safe environment for team members is essential to delivering high-quality patient care. Proactive measures such as risk assessments, mandatory staff training and our processes for reporting, debriefing, analysis and addressing any risks, support mitigation strategies to maintain a safe workplace. This year, OSMH has chosen two indicators representing patient safety and team member safety respectively. The first indicator is new to the QIP this year and has been chosen not only to align with provincial priorities, but to support our population demographics.

Over the past year, there have been initiatives in many departments including the emergency department and surgical services focused on patients with a diagnosis of delirium. Supporting this indicator on the QIP will help to streamline and coordinate that work ultimately strengthening quality improvement in this area.

The number of lost time incidents due to workplace violence injury will remain as a continuing indicator on this year's QIP to sustain changes put into place this past year and continue to support new strategies to address this important program.

PALLIATIVE CARE

OSMH supports palliative care by integrating education, collaboration and community partnerships to ensure comprehensive, patient-centered care. Key initiatives over the last year have included the addition of a new palliative care room on one of our inpatient units and educational opportunities for the interdisciplinary teams to complete LEAP and Renal LEAP training as well as other formal palliative care certificates. Our regional dialysis program has been recognized provincially for their great work offering a distinct stream for "comfort focused kidney care" for those with end-stage renal disease who chose to not do dialysis as a treatment option. The hospital also works closely with community palliative programs including hospice, and the North Simcoe Muskoka Hospice Palliative Care Network to support and facilitate seamless transitions between hospital and home-based care. Through these partnerships, patients and families have access to home care services, hospice support and specialized resources.

POPULATION HEALTH MANAGEMENT

In keeping with the vision of integration, OSMH continues to support and lead integrated approaches with all community partners, understanding the role that we play as an anchor partner in an accelerated OHT. We recognize that our demographic population is aging and across the province there is an increase in prevalence of chronic disease. Aligning with our vision, we take our responsibility to consider population health in our quality improvement initiatives very seriously, recognizing our significant role in the general health and well-being of our community.

As a leader with our partners in integrated care, we have demonstrated successes in developing creative programs that improve access and transitions in care for our community including the Couchiching Health at Home (CHaH) program, that supports patients receiving care in the right place at the right time. OSMH also played a leadership role in developing primary care clinics within our community supporting proactive management of care and access for unattached patients. For the 2025/2026 QIP, we have selected an indicator that highlights the importance of continuing to work with our partners, supports further integration and leveraging the value of these types of programs outside of our walls. The indicator, number of admissions avoided with the utilization of the CHaH program, measures the effectiveness of referral and utilization of admission avoidance methods from the emergency department and also the effectiveness of the program from the community standpoint.

EMERGENCY DEPARTMENT RETURN VISIT QUALITY PROGRAM (EDRVQP)

As a result of the Emergency Department Return Visit Quality Program (EDRVQP) audits from the preceding year, OSMH implemented quality improvement initiatives that included training and education for frontline staff. This was supported with two new resources including a Clinical Nurse Educator and a Clinical Nurse Scholar. The Clinical Nurse Educator initiative focused on improving the skill set of the nursing team, developing and providing ED focused courses, setting up the Simulation Lab with scenarios applicable to the ED, and creating a two-day critical care skills day to practice and enhance necessary skills for an ED nurse. To support hands-on, in the moment training for nurses to the ED, the Clinical Nurse Scholar position was implemented. The position was initially branded as a Clinical Orientation Support Nurse, however, was subsequently aligned with the Clinical Scholar program launched by the Ministry. The Clinical Scholar primarily supports direct mentoring of new nursing hires over the first few months of their working experience. Both initiatives have been very well received by clinical teams and has improved staff retention.

The Emergency Department return visit audit this year identified key quality improvement themes, including patients who left without being seen, highlighting opportunities within this population. The data has prompted the development and implementation of a process change for timely follow up and monthly review of cases by the Emergency Department Leadership. Another portion of return visits involved older adults, emphasizing the need to focus on senior-friendly care and improved delirium recognition and management.

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. Executive compensation has been linked to four of the six indicators as two indicators are newly added this year. Both the patient experience and equity indicators have been weighted at 30%, with the consideration that they are not new indicators with a continued commitment to quality improvement. The indicator, "ED wait time to inpatient bed" and "the number of lost time incidents due to workplace violence injury" have both been weighted at 20% reflecting a continued commitment however, there can be variability in system pressures that may impact performance.

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 27, 2025

Lawre Pietras, Board Chair

Sheila Clark, Board Quality Committee Chair

Carmine Stumpo, Chief Executive Officer

Brandon Lewicki, EDRVQP lead, if applicable
