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Change Happen.



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



**L'HÔPITAL**  
DU DISTRICT DE  
**GERALDTON**  
DISTRICT  
**HOSPITAL**  
**GERALDTON**  
OODENA AAKOZIIWIGAMIG

3/15/2024

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## Overview

The objective of Geraldton District Hospital's (Hospital) Quality Improvement Plan (QIP) is to provide safe, effective, timely, and efficient patient-centered care to our community that is easily accessible and is integrated with our community partners. This is achieved through the QIP and through the Hospital's quality improvement process, which has been in place for the past twenty (20) years and continues to evolve. The process starts at the grass roots level where all staff are encouraged to bring forward quality improvement initiatives to our Quality, Risk & Safety (QRS) Committee to be tested and monitored. The QRS committee meets as needed throughout the year and is comprised of organizational leadership and front-line staff from various departments. The Committee's goals align with that of the Hospital, as they are involved in developing new initiatives that improve the overall quality of care and monitoring indicators with respect to patient safety. The QRS committee reports to the Quality Improvement Committee (QIC). The QIC is comprised of senior leadership, board members and clinical care staff/frontline staff.

For the past seven (7) years, the Hospital has focused the QIP around quality issues that were brought forward by the community and our partners in the region. This focus aligned with our current Strategic Plan, which highlighted the need for partnerships with stakeholders and communication to ensure seamless transfers of care for our patients. For this QIP we are integrating with new Ministry/Ontario Health (OH) priorities and responding to new challenges that have arisen following the pandemic.

## QI Achievements from the Past Year

Due to the fallout of the COVID-19 pandemic, the last few years have been very challenging. It's been a difficult time for staff and for all those that we care for. We strived to keep quality in the forefront as much as we could during this time, celebrating our successes as we went. The greatest achievements were seen in our ability to maintain staffing and stay open.

### Innovation in the Emergency Department

Over time and following the COVID-19 pandemic, there has been an increase in physician burnout/recruitment issues that has impacted our staffing levels and staff quality of life. We have also seen that the majority of our ED visits (around 88%) are CTAS 3/4/5 visits, that could realistically be seen through a primary care clinic. Recognizing that staffing the ED with physicians was becoming increasingly challenging, and that most of our visits do not require a physician to be seen, we have been fully utilizing Nurse Practitioners (NPs) in our ED. Since implementing this strategy, we have seen a decrease in average wait times and an increase in physician work-life balance. This has been a major change in our staffing model that has had significant positive results. We now have multiple NPs hired who provide coverage of the ED, supporting the physicians during their shifts and seeing less critical patients.

## Physician Recruitment & Avoiding ED Closures

This model has also allowed the Hospital to remain open and recruit physicians to our community. Whether it be through virtual physician coverage or locum coverage, the Hospital's ED has remained open. This is during a time where EDs across the province were experiencing periods of closure. This is largely in part due to the introduction of NPs in the ED. This strategy has attracted new full-time/part-time physicians and expanded our locum pool greatly, allowing more flexibility/comfort in scheduling, and reducing the burnout on our physicians. We also have a pool of locums who will work at our Hospital in an emergency situation, which has created a buffer in times of need.

## Access and Flow

We have done a number of things in the last year to improve access and flow in our organization. Facility-wide we have undergone a revamp of our Hospital signage; this was necessitated by old signage, and changes in flow throughout the organization. The revamp included 'paw prints' on the floor and colour-coding, to lead the patients directly to where they need to go. We have also recently added an Out-Patient Clerk to our staffing complement. They will be located on the lower level under the ED, where the majority of out-patient services are. This will help in diverting patients away from the ED, where they would have to register in the past despite not being an ED patient. The clerk will also support the out-patient services by doing scheduling and referrals for their services – this includes referrals, which are more accessible for our patients. This new change will make for a much better flow through the organization, that brings patients directly to the place they need to go to for their care.

In the ED, we are also working on a number of initiatives to improve access and flow. Our nursing staff are working closely with the physicians and NPs to advocate for early admission of ED patients, if medically appropriate. This will free up space and resources in the ED in a more efficient manner. We are also looking at designing and implementing a short-stay admission package for use in a Critical Decision Unit (a care area where patient's disposition is indeterminate). This will also help in freeing up space/resources in the ED. And finally, we will be monitoring ED patients that are LWBS (Left Without Being Seen) – these are patients that registered in the ED but left before being seen by a physician. We will be looking for causes/patterns to determine the best course of action to reduce these occurrences.

For the LTC home, we are starting an initiative to have residents assessed and treated within the home, if possible, to avoid the resident having to be brought to the ED. Our residents have the right to receive medical care in an efficient and timely manner; to achieve this we have officially recruited the services of NPs who work in our ED. When a resident has an acute medical issue that requires assessment by a practitioner, the NP can come into the home to provide temporary immediate care for the resident until the resident's Most Responsible Practitioner (MRP) can be contacted for follow up. Having to get residents on stretchers or wheelchairs and transport them to the ER, outside of their familiar environment can cause added undue stress to the resident, especially if they have cognitive impairments. Having NPs assess and treat the resident within the resident's home environment will provide our residents with better and more efficient access to care. This will also in turn affect our ED by relieving some added stress on the already stressed department.

# Equity & Indigenous Health

In general, Ontario Health North West (OHNW) has a more distinct population than the rest of the province and faces many unique challenges pertaining to the health of the population. However, with the geographic area of OHNW being so large and the communities being so rural/remote, different regions within the OHNW have even more unique health populations. In the Greenstone region, we have a much higher rate of mental health related issues than the provincial average. We also have issues with lack of services/coordination in our area, including but not limited to supportive housing.

Due to the large geographic catchment area that we serve, as well as the unique demographics, the Hospital always strives to provide services that are accessible and culturally competent to the entire population. Our catchment area includes the majority of Greenstone, which is a municipality that spans 3170 km<sup>2</sup> and includes multiple communities and First Nations. Therefore, transportation and accessibility have always been and continues to be a concern.

The Greenstone area also has a high population of Francophone and Indigenous people. To reflect this, we took great care in gearing our community engagement sessions during our Strategic Plan development towards making them as accessible as possible for everyone. Through the use of French language translators, and visiting the First Nations in person, we had a high turnout and very high-quality discussions that helped to inform the creation of our Strategic Plan and QIP direction. We also have many French speaking staff and we have French translation services available, upon request. We make great efforts in respecting the patient's preferred language throughout their visit to the Hospital. In order to ensure equity and indigenous health, the Hospital also has an Anishnabe Liaison Committee, with membership from all of the First Nations that are in our Hospital's catchment area. This Committee is a partnership between the Hospital and First Nations, with a focus on improving communication, providing education opportunities, sharing, and providing a forum for understanding.

In addition to this, we have a spiritual room, with capabilities to perform smudging ceremonies, that is accessible to any patients that would like to make use of it during their hospital stay. In 2019, our entire Management staff underwent Indigenous Cultural Safety training; an 8-week long course that was highly informative and interactive. In 2020/2021 we had all of our frontline staff take part in this education as well, which was an investment in our staff that is culturally sensitive and spread across our organization. These are initiatives that the Hospital will continue to build upon in order to create a culture of care that is equitable for all.

# Patient/Resident/Client Experience

We are looking to ramp back up our PFAC (Patient & Family Advisory Council) meetings and recruit/reengage with our PFAs (Patient & Family Advisors) on a regular basis. We also continue to receive feedback through our comment cards and any patient compliments/complaints that are submitted. A new change is that we've enhanced the ease of access to our comment cards through a QR code. Patients can now scan a QR code that's located in each department, that will send them to the Hospital website with all of the available comment cards, which they can fill out online. This allows patients/visitors to provide feedback immediately as they leave the department/Hospital. On Acute Care (AC), we have updated the discharge process to improve patient access in providing comments on care received, through actively offering comment cards on discharge, and following-up post-discharge.

On LTC, we have initiated a Pen Pal Project with local schools in which elementary school children and LTC residents correspond through letter writing and art projects. Students also plan to visit in person as the project continues.

For the students: They learn how to build empathy, create healthy relationships, develop communication skills and learn more about the world around them. They can also share their culture while providing the opportunity to have intergenerational relationships which they may not be exposed to at home. Each post includes an art piece which is created using therapeutic techniques to help the children practice mindfulness, decrease anxiety, improve hand-eye coordination, promote creativity and improve their literacy skills. Correspondence is done in both French, English and Ojibway.

For the residents: Residents have the opportunity to connect with the children, share their personal histories as well as learn more about their young partners. They also include art and creative pieces for the children (including hand painted Christmas ornaments, drawings, valentine's cards etc). It allows residents to build new relationships, reflect on, and share their life stories with a new audience and connect to the outside; this decreases the sense of isolation that come with being in LTC during outbreaks.

We also received funding through a local donation campaign and a grant proposal has been submitted through NOHFC to create a community garden for the residents near the gazebo. Benches and wheelchair accessible planter boxes have been commissioned from a local carpenter with delivery set for Spring of 2024. This will revitalize the outside area for the residents to create an amazing environment.

## Provider Experience

There has been a significant impact on staff stress management, work-life balance, and overall quality of life throughout the pandemic. It has been an extreme challenge from a variety of fronts, including infection prevention and control, working constantly and more than ever, constant sick time, and constant changes to rules, regulations, and treatment options. We've increased our efforts through our Employee Health & Wellness Committee and Staff Satisfaction Survey Action Plan to promote a healthy and positive work environment, through regular employee events that they can participate in safely, and employee recognition events where we celebrate their constant hard work. This has helped and has made a difference, however there is still a high degree of staff burnout that is persisting and will take time to work through.

To work on this, we have revamped our Employee & Family Assistance Program (EFAP) by engaging with a new provider – Telus Health. Their EFAP program is more effective and more accessible than our past EFAP, and includes an app that can be accessed by all staff for free, any time, and has a number of resources available to them with all sorts of health-related supports.



# Safety

The Hospital is committed to providing a safe environment for all staff, volunteers, visitors, patients and their families. As such, the organization provides a wide range of training and education that allows staff and our volunteers to be prepared for any potential workplace violence events. This training includes training from the Crisis Prevention Institute (CPI Training) of non-violent crisis intervention for the entire Hospital staff. For nurses and volunteers, the Hospital provides education on Zero Tolerance and Gentle Persuasive Approach (GPA), and for all nursing staff, P.I.E.C.E.S (Physical, Intellectual, Emotional, Capabilities, Environment, Social & Cultural).

In addition to the education/training provided, the Hospital's management is also involved in ensuring that their staff works in a safe environment. Managers are involved in annual risk assessments for their departments, where staff communicate to their managers any area where they feel that safety could be improved. Regular monthly inspections are performed through the Joint Health & Safety Committee on all parts of the facility. The Hospital also has a Workplace Violence & Harassment Prevention Program that oversees the prevention of violence and harassment in the organization. Staff are encouraged to report any and all instances of violence in the workplace, as there is zero tolerance for it within our organization. New signs have been posted in our ED recognizing the Hospital's stance on this, and has also been communicated throughout the community to ensure everyone is aware.

The Hospital also works with outside agencies to support a safe workplace. The Ontario Provincial Police (OPP) visit our Hospital and LTC home once a year to do inspections of the facility to identify any areas of concern related to staff/patient safety. Based on their feedback we will make changes to the physical structure of our facility and the procedures that we follow to prevent violence. We also employ security guards on a 7 day/week basis, with coverage every night for 8 hours (midnight-8am). Their presence ensures that our staff and patients are protected/supported as they work/stay in our Hospital. Through staff recommendations, the Hospital also installed 'panic alarms' in AC, ED and LTC. When triggered, the Charge Nurse on duty is notified as well as the Ontario Provincial Police, which allows for quick response time in the case of an emergency. In addition to this, we have also added 'door locks' by department to help with lock down procedures. We are exploring additions to this by looking in to personal safety alarms for staff while working in high-risk areas. Further planned improvements include retrofitting a room in the ED to create a safe Mental Health space that can be used prior to admitting patients to AC, and adding panic alarms to other locations in the Hospital that are experiencing increases of violent events.

Workplace Violence will continue to be a priority in our 2023/2024 QIP, as we continue to put a focus on violence in the workplace to ensure that our organization is safe for our staff, volunteers, patients, and their families. Encouraging reporting of violent events is the first step, with the second step being ensuring that when a violent event does occur, a Code White and subsequent response is triggered.

Patient Safety, and Patient Safety events, are reported and tracked through our robust event reporting process. We have a software solution called RL6 that allow any staff to report any event that occurs in the workplace. These events are automatically sent to the responsible manager, whose responsibility it is to follow-up on the event, conduct an investigation if necessary, recommend system improvements to mitigate future events, and to provide a resolution to the event. The events are also reported to and reviewed by various committees (depending on the event type), including: Falls Committee, Pharmacy & Therapeutics Committee (LTC & AC), Joint Health & Safety Committee, Workplace Violence &

Harassment Prevention Committee, Quality, Risk & Safety Committee, Quality Improvement Committee, Manager's Meetings, and at quarterly Board Meetings. By reviewing the events at these meetings, management and staff can come up with solutions/mitigation strategies to enhance patient safety and create a better environment for patient care. These meetings/reviews are also an opportunity to look for trends/patterns, or to address increases in specific events or lack of reporting in other events.

## Population Health Approach

The Hospital works closely with its regional partners to support our catchment area population. We have a Hospital committee that includes representatives from dozens of regional agencies called the Healthier Community Advisory Committee (HCAC). The HCAC is a venue for information sharing and updates on new or existing services that are available through their respective agencies. The Hospital also has a robust referral process that ensures that patients are connected to the care that they need, in an accessible and timely manner. As part of the City & District of Thunder Bay Ontario Health Team, we will continue to work with our partners to ensure relevant and inclusive care for our patients, that is coordinated across the district.

## Performance-Based Compensation – Accountability Management

The purpose of Performance-Based Compensation is to drive accountability for the delivery of quality improvement. By linking compensation to the achievement of quality dimension core indicator targets, the Hospital is able to: drive performance, improve quality, establish clear performance expectations and create clarity about expected outcomes. The Hospital is also able to ensure consistency and transparency in the application of performance incentives and drive accountability with respect to the delivery of the QIP.

Performance-based compensation applies to the following positions:

1. Chief Executive Officer (CEO) – Board decided and approved
2. Chief Financial Officer (CFO) – CEO decided and approved\*
3. Chief of Staff (COS) – Board decided and approved
4. Chief Nursing Executive (CNE) – CEO decided and approved\*
5. Chief of Clinical Services (CCS) – CEO decided and approved\*

\*(Numbers 2, 4 and 5 are decided upon collaboratively by CEO, CNE, CCS & CFO)

### Executive Positions – Percent Compensation

Year April 1 <sup>st</sup>	CEO	CFO	COS	CNE	CCS
2024/25	0% - Board decision	Internal decision	0% - Board decision	Internal decision	Internal decision
2025/26	TBD	TBD	TBD	TBD	TBD

### Manner in Which Compensation is Linked to Performance

The legislation and regulations do not include specific requirements regarding the percentage of salary that should be subject to performance-based compensation, the number of targets that should be tied to executive compensation, weighting of these targets, or what the targets should be. A clear link between QIP indicators and performance-based compensation fulfills the requirements of the ECFAA (Excellent Care for All Act). Performance-based compensation should be something that is led by the individual organization to drive performance and improvement on organization-designated priorities.

### Executive Compensation – Selected Indicators

Executive Position	Quality Dimension	Indicator	Target
CEO	Effectiveness	Total Margin	>0.0
CFO	TBD	TBD	TBD
COS	Timely	Reduce Wait Times in ED – Complex Patients	<12 Hours
CNE	Patient Safety	Reduce Hospital Acquired <i>C. difficile</i>	<1.0
CCS	Access/Patient Centred	Ultrasound Appointments/Bookings	<8 days

The percentage of salary and indicators may be amended from year to year at the discretion of the Board of Directors. Should one or more of the targets not be met because of extenuating circumstances beyond the control of the Executive, then the Board of Directors may amend the percentage of the salary at risk for the respective Executive.



## 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 : Eric Pietsch

Quality Committee Chair: Ralph Humphreys

Chief Executive Officer : Darryl Galusha