

Let's Make Healthy
Change Happen.



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



ST. JOSEPH'S CARE GROUP

04/01/2022

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

St. Joseph's Care Group (SJCG) combines tradition and innovation in responding to the unmet needs of the people of Northwestern Ontario since 1884. We are here for our clients, offering a broad range of programs and services in Addictions & Mental Health, Rehabilitative Care, and Seniors' Health across eight sites in the City of Thunder Bay. With over 2,200 staff and growing, we pride ourselves on maintaining our values of Care, Compassion, and Commitment. We are always changing, always finding new ways to meet the needs of the people we serve, and always here for you when you need us.

SJCG is pleased to submit one Quality Improvement Plan (QIP) for 2022-23 for our hospital and long-term care homes: St. Joseph's Hospital, Bethammi Nursing Home and Hogarth Riverview Manor.

SJCG will focus on the following improvement themes: service excellence, timely and efficient transitions, safe and effective care. These quality improvement themes align with our 2020-2024 Strategic Goals to provide safe and culturally sensitive care, engage clients and their families in care planning and improve transitions in care.

1) SERVICE EXCELLENCE

We will focus on improving results to the following client experience questions to improve communication and engagement with clients and their families in their care:

- Did clients feel they received adequate information about their health and their care at discharge? (hospital only)
- Do clients/residents feel they can speak up without fear of consequences?
- How often did staff involve you in planning your (or your family member's care)?
- How often did staff listen carefully to you?

2) TIMELY AND EFFICIENT TRANSITIONS

To facilitate system flow and increase timely access to hospital services we will focus on:

- Reducing acute care wait time for rehabilitative care at St. Joseph's Hospital
- Continuing to reduce alternate level of care days (ALC) in hospital

3) SAFE AND EFFECTIVE CARE

To provide safe and effective care, we will concentrate on the following:

- Improving our process in documenting palliative care needs in hospital and long-term care
- Enhancing workplace safety to reduce the number of workplace violence incidents

Reflections since your last QIP submission

Over the past 18 months, we needed to realign our priorities to focus on responding to COVID-19. Some planned quality improvement initiatives were put on hold as we adapted to this new and continually changing environment. At the same time, we leveraged our transitions in care quality improvement work with Thunder Bay Regional Health Sciences Centre (Thunder Bay's only acute care hospital) to safely respond to "surge" when demand for services exceeded existing capacity. In addition, rapid tests of change were conducted for admission and discharge processes to adapt infection control guidelines to safely transition clients from acute care without unnecessary delay.

The pandemic accelerated our adoption of virtual technologies for the provision of care. Outpatient clinics that could safely provide services virtually, did so. Virtual technologies also helped clients and families stay in touch when in-person visits were not possible. The Regional Palliative Care Program expanded its 24/7 Consultation Line in response to identified needs. A post discharge call back process, using telephone initially, ensured seniors discharged from hospital, transitioned home safely. The adoption of remote care monitoring expanded capacity to monitor health status and demonstrated older adults and their caregivers can manage computer technology in most instances.

SJCG established an Isolation Shelter for anyone experiencing homelessness or are underhoused who could not heed the advice of public health to 'stay home and self-isolate.' Over 1,300 clients made the decision to voluntarily isolate in a safe environment with medical and social supports. The Isolation Shelter preserved the acute care hospital system for those in need, and protected the emergency shelter system. Many community partners were involved in making this Isolation Shelter possible.

Patient/client/resident partnering and relations

Client & Family Partners adapted to new web-based technologies, continuing to work "virtually" alongside SJCG staff to change and shape care, including the development of St. Joseph's Hospital's Visitation policy. At no time did visits pause for clients at end-of-life.

We continued to integrate client and family perspective into our quality committee structure by increasing the number of Client & Family Partners within our quality committee membership.

SJCG maintained consistent and proactive communications with our Client & Family Partners, and sought their input into the design of our public communications about our pandemic response.

Provider experience

SJCG has developed a multi-year Health Human Resources Plan to support a healthy work environment for our staff, physicians, volunteers and learners. Conducting employee experience surveys, enhancing our staff and volunteer recognition program and implementing a plan to improve health and wellness are key actions within the plan.

To address staff concerns related to COVID-19, ongoing communication updates were provided from the Incident Management System (IMS) Committee as direct email from the President & CEO and in our all-staff electronic newsletter. Additionally, a 'microsite' was built within our Intranet where staff could quickly find key information including IMS Policies, current precautions (travel, masking, etc), and a dedicated page of wellness and mental health supports. Our Employee and Family Assistance program was available to provide support to all staff and their families, and our Addictions & Mental Health services provided additional resources for staying well.

To address staff shortages and respect those staff redeployed in response to pressures within bedded care programs, our attention was centered on communication and training. Innovative staff roles and models such as 'unit helper', interprofessional nurse and rehabilitation 'pod' teams were developed and implemented. In collaboration with staff, the roles and models were evaluated and process improvement is underway in preparation for a future deployment.

Resident experience

For long-term care only.

To enhance social connectedness within our long-term care homes, Hogarth Riverview Manor is establishing a Resident and Family Liaison position to proactively address concerns with resident and families. As well, a key indicator we are implementing within our long-term care homes is tracking the number of therapeutic recreation activities. This indicator will be reported to our Resident and Family Councils.

Executive Compensation

Our executive team's compensation includes 3% of base pay at risk based on the following indicators approved by the Board of Directors. These indicators have been chosen to reflect the highest improvement priorities.

Indicator	Percentage of Pay at Risk
Increase percentage response to the client satisfaction question "How often did staff involve you in planning your (or your family member's care)? Always	1%
Number of workplace violence incidents reported by workers (as defined by OHSA) will not increase	1%
Proportion of hospitalizations where patients with a progressive, life limiting illness are identified to benefit from palliative care and subsequently (within episode of care) have their palliative care needs assessed using a comprehensive, holistic assessment	1%

The performance indicators tied to the executive team's compensation will be directly linked to outcomes that are within the executive team's control or influence. The three indicators will be team-based, and not individually measured at this time.

Upon annual review (March 31, 2023), the Board and the President/CEO will determine whether the goal has been met, and whether the full 3% of at risk salary (or a portion thereof) will be paid out to each member of the executive team (including the Chief of Staff). The Board solely determines the compensation for the President & CEO.

Members of the executive team included in the at-risk compensation plan are:

President & CEO
Chief of Staff
Vice President, Rehabilitative Care
Vice President, Addictions and Mental Health
Vice President, Seniors' Health
Vice President, People, Mission and Values
Vice President, Infrastructure and Planning and Chief Financial Officer

Sign-off

I have reviewed and approved our organization's Quality Improvement Plan

Board Chair:	Susan Fraser	<u>original signed by Susan Fraser</u>
Board Quality Committee Chair:	Naomi Abotossaway	<u>original signed by Naomi Abotossaway</u>
Chief of Staff:	Peter DeBakker	<u>original signed by Peter DeBakker</u>
President & CEO:	Kelli O'Brien	<u>original signed by Kelli O'Brien</u>