

Let's Make Healthy
Change Happen.



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



ST. JOSEPH'S CARE GROUP

04/01/2023

ontario.ca/excellentcare

Overview

St. Joseph's Care Group (SJCG) combines tradition and innovation in responding to the unmet needs of the people of Northwestern Ontario. 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. SJCG is also Northwestern Ontario's regional lead for Rehabilitative Care, Behavioural Supports, Seniors' Care, Rapid Access Addiction Medicine, and Palliative Care.

SJCG is pleased to share our 2023-2024 Quality Improvement Plan (QIP) for St. Joseph's Hospital, Bethammi Nursing Home and Hogarth Riverview Manor.

SJCG will focus on the following improvement themes: service excellence, timely transitions, safe and equitable care. These quality improvement themes align with our 2020-2024 Strategic Plan priorities to address unmet needs through the provision of quality services and keeping staff, physicians, and volunteers safe at work.

New for our 2023-2024 QIP is the addition of an Equity indicator to improve access to culturally appropriate care offered through our Traditional Healing Program (THP). For this coming year our goal is to increase the number of client referrals to the THP which facilitates access to traditional medicines, ceremonies and Elders for our clients.

Client Engagement and Partnering

In development of this QIP, we have engaged SJCG Client & Family Council and our Indigenous Community Partners. Feedback from these groups have helped to inform the development of this QIP.

Throughout implementation of our QIP we will engage our Client & Family partners to refine improvement initiatives and gain their feedback on process improvements implemented.

Seniors' Health, which includes long-term care homes and seniors' supportive housing, engages residents and families in co-designing the quality improvement plan through monthly Residents' Council and Family Council meetings at each home. Client satisfaction results are presented and based on those results, residents and families help to identify the areas that require quality improvement. In follow-up meetings, residents and families provide suggestions and feedback regarding the action plans.

Mental Health Rehabilitation services at St. Joseph's Hospital engages clients in co-designing the quality improvement plan through "What's Up" meetings, where clients have an opportunity to ask questions and provide input into a number of initiatives, including quality improvement.

Rehabilitative Care services regularly engages clients in quality improvement planning through monthly Rehabilitative Care: Quality, Safety & Risk Committee meetings, which has representation from Client & Family Partners (CFP). Quality improvement working groups specific to priorities identified in the 2023-2024 QIP will also include CFP membership to support gap analysis, goal setting, action plan development, implementation and evaluation of planned improvement initiatives.

Provider Experience

SJCG is committed to the people we employ, deliberately embedding staff, physician and volunteer wellness as a priority to the organization. The wellness initiatives that SJCG is focused on are imperative in improving and maintaining the emotional, spiritual, physical and mental health of our people, decreasing burnout and improving their employment experience. In 2022, SJCG hired a Wellness Facilitator to lead and bring focus to wellness initiatives. A new Corporate Wellness Plan was launched, designed to align with the SJCG Strategic Plan, Here for Our People, which includes working to advance our culture and continuing our caring Mission with our staff, physicians and volunteers. Through this Wellness Plan, we focus on enhancing the quality of work-life of our people through creating an environment and culture that supports, promotes and maintains their health, safety and wellness.

Multiple engagement opportunities were offered across SJCG in the past year, aimed to gather relevant feedback to inform upcoming initiatives and plans that support overall staff well-being. A Wellness Survey was conducted to engage with staff to identify opportunities for improvement to inform the Corporate Wellness Plan and support our people that may be struggling with burnout. The Wellness Survey results were analyzed to determine trends and staff were then engaged in focus groups to validate the information. The information collected through the Wellness Survey and focus groups informed our Wellness Plan goals and objectives.

In addition to staff engagement on wellness, similar methods to gather feedback on reward and recognition have informed current and future initiatives aimed at enhancing the quality of work life, and demonstrating the value of our people through recognition. Our recently restructured Reward and Recognition Program has been redesigned based upon the feedback received through staff engagement; ensuring this program remains designed for staff, by staff.

SJCG has implemented a Quality Practice structure that provides clinicians with engagement opportunities focused on sharing practice related information and gathering input in order to facilitate shared decision making.

We recognize as well that teams require strong leaders, and have implemented a LEADS-based leadership development program for the management team as well as a LEADS the Way Lite program for all other interested staff.

Workplace Violence Prevention

Workplace Violence prevention is part of our Strategic Plan: Here for Our People, with specific focus to keep staff, physicians and volunteers safe and well at work and more specifically, to provide education and training to reduce incidence of workplace violence.

We monitor improvement of prevention initiatives and reduction in workplace violence through tracking and reporting the number of incidents of workplace injuries on the SJCG Corporate Scorecard. Specific strategies to monitor, develop and make improvements in the workplace related to workplace violence include the review of Incident Analysis reports at the divisional level, Workplace Violence Risk Assessments, and established processes to communicate the risk of potential violence to workers during transitions in care. These may include electronic communication systems, transfer of care agreements, interagency transfer procedures, and inclusion of all services as needed if involved in client care delivery.

This year, we aim to:

- Develop communication strategies to inform the public (e.g. visitors) of SJCG efforts to support a safe environment for our employees, volunteers, students and clients alike.
- Continue focus on Workplace Violence Risk Assessments to support teams to engage and make improvements in their work place to decrease workplace violence incidents.
- Review and make improvements to internal processes for divisional quality and risk groups to review incidents of workplace violence and develop strategies to reduce risk.
- Enhance promotion of reporting through our electronic safety reporting system, which includes associated follow up by the appropriate manager including an investigation, intervention and corrective action to prevent further like incidents. Follow up with the employee involved is part of the process to ensure the employee is aware of any corrective actions or process changes resulting from the investigation.
- Continue progress on development and implementation of a 'critical incident debriefing – support for staff' policy and program.

Patient Safety

SJCG is committed to providing a Culture of Safety across the organization supported by the principles of a Just Culture. Through a Just Culture, we will:

- Develop an atmosphere of trust where everyone is respected, supported and treated fairly when something goes wrong
- Encourage open reporting and the discussion of errors
- Learn from errors and mistakes to improve safety and performance
- Focus on system improvement to build the safety culture of the organization

Through open reporting, we have the ability to analyze incidents as they occur as well as identify trends and quality improvement initiatives to prevent future incidents of a similar nature and make system improvements. SJCG's Quality Structure provides forums for quality of care reviews and trend analysis.

Health Equity

Indigenous Health

SJCG continues to build off of *Wiidosem Dabasendizowin: Walking with Humility Plan* to improve health equity for Indigenous People (First Nation, Metis and Inuit). Recommendations from the most recent plan, *Looking to the Southern Direction* commits to developing and implementing Indigenous-specific racism and discrimination initiatives. Education is a key area of focus with the in-house developed training "Repairing the Sacred Circle: An Indigenous Cultural Awareness and Education Primer, to help ensure clients receive safe and culturally sensitive care.

Most recently SJCG has committed to a local and community initiative called Wake the Giant, a cultural awareness project aimed at creating a more welcoming and inclusive space for Indigenous People. The Wake the Giant is part of a SJCG cultural education continuum, and mandatory Indigenous Cultural Safety training.

Equity, Diversity, Inclusion

As an organization, SJCG is committed to cultivating and promoting a culturally appropriate environment characterized by equity, diversity and inclusion (EDI); ensuring awareness, attention, and respect for the diversity of individuals is promoted and demonstrated by all within SJCG. SJCG is dedicated to EDI work, demonstrated by the hiring of a full-time permanent Director, Mission & Equity in the Fall of 2022, tasked with leading corporate equity strategy development for both staff and clients.

With a direct reporting line to the President & CEO, the EDI Council (EDIC) acts as an essential agent for establishing a comprehensive equity, diversity and inclusion (EDI) foundation and framework within SJCG. The EDIC first assembled in January 2023, acting as a sounding board and governing body, challenging SJCG to continually adapt to ensure it is meeting the unique needs of the organization. The lived experiences and knowledge that each member brings offers unique insights into their individual spheres. The Council will assist in all aspects of an environmental scan and oversee working groups struck to investigate specific issues and make recommendations for improvement.

The EDIC will be seeking feedback from staff, physicians and volunteers to identify barriers and gaps that may be present in the lifespan of the employee, while addressing the systemic clinical biases and gaps that may exist. The invaluable information obtained during this consultation and engagement phase will inform tangible, measurable and impactful initiatives to address the identified gaps specific to our organization.

SJCG recognizes the profound impact to our organization when everyone feels respected, supported, valued and safe to be their true selves. Our goal is to enhance employee engagement, productivity, creativity, and belonging. Enabling the creation of an inclusive environment where an individual and groups feel welcomed and valued so they are able to fully participate and contribute in shaping our healthcare services, is our ultimate goal.

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 survey 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%
Increase percentage response to the client satisfaction survey question “Do you feel you can raise a concern about staff without it affecting your (or your family member’s) care?” Yes, Definitely	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, 2024), 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

Contact Information

Shelby Poletti
Director, Planning & Performance
St. Joseph's Care Group
shelby.poletti@tbh.net; 807-346-2324

Sign-off

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

Board Chair: Susan Fraser original signed by Susan Fraser

Board Quality Committee Chair: Naomi Abotossaway original signed by Naomi Abotossaway

Chief of Staff: Peter DeBakker original signed by Peter DeBakker

President & CEO: Kelli O'Brien original signed by Kelli O'Brien