

Let's Make Healthy
Change Happen.



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



ST. JOSEPH'S CARE GROUP

3/15/2024

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, Long-Term Care and Supportive Housing 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. As an example, SJCG is the regional lead for the Ontario Structured Psychotherapy (OSP) Program.

SJCG is pleased to share our 2024-2025 Quality Improvement Plan (QIP) for St. Joseph's Hospital, Bethammi Nursing Home and Hogarth Riverview Manor. SJCG will focus on the following priority issues: Access and Flow, Equity, Experience, and Safety. New for our 2024-2025 QIP is the addition of an Equity indicator emphasizing the focus on educating staff about racism and discrimination. St. Joseph's has prioritized this work as it a key building block to ensure we deliver culturally safe care.

Access and Flow

In response to Ontario Health's strategic direction related to improving system capacity, access and flow, SJCG has optimized opportunities for rehabilitation, complex continuing care and community-based care. Work completed to date related in this area includes:

- Completion of a current state analysis and development of an action plan that aligns with QIP indicators, Accreditation standards and strategic actions.
- Implementation of enhancements in performance monitoring with emphasis on ALC throughput
- Revitalization of coalitions with partners in acute care and Ontario Health North (OHN) focusing on enhancing organization-wide client flow.
- Redesign of committee structures to enable: individual, organization and system level problem solving, planning, monitoring and reporting. Committees reviewed include: Joint Discharge Operations Team with Home and Community Care, Joint Transitions in Care committee, and OHN System Access and Capacity committee.
- Enhanced practices and policies related to referrals, admission, Emergency Department diversion, regional access and surge protocols.
- Provided additional resources to support residents in Seniors Supportive Housing to enable them to safely live independently for longer.

Specific Outcomes and Drivers of Performance:

SJCG's focus on improving flow has yielded performance results over the past year. Wait times for hospital admission have decreased (9 days to 6 days), occupancy levels have increased (86% to 92%) and ALC levels have decreased. These outcomes are attributed to both addressing operational challenges (staffing levels) and implementing innovative solutions through collaboration with partners.

SJCG has prioritized activities related to retention and recruitment (see Provider Experience section). These efforts have yielded results within the hospital sector, realizing improvements in vacancy rates for select nursing and rehabilitation staff (decreasing from a peak of 30% to 10% over the past year).

With respect to program specific initiations, SJCG undertook an initiative to "pull" clients from acute care with a direct admission from the local emergency department to SJCG's geriatric or Home and Community Care services. As a result of this program, acute care admission were avoided for 25% of individuals assessed. Of those diverted from acute care, 75% of individuals were discharged home with support services and the remaining 25% were admitted to inpatient geriatric services.

For the upcoming year, SJCG plans to prioritize: completion of interdisciplinary team reviews for client care planning, a review of admission and discharge criteria, and provision of equitable access to services for those residing across our region.

Equity and Indigenous Health

As an organization, SJCG is committed to cultivating and promoting a culturally safe environment characterized by equity, diversity and inclusion (EDI); ensuring awareness, attention, and respect for the diversity of individuals is demonstrated by all within our organization.

Indigenous Health:

SJCG's commitment to Indigenous health is exemplified through the establishment of the N'doo'owe Binesi division and the appointment of a new Vice President to engage the region and integrate Indigenous perspectives within our organization. Our Ogichidaa Onaakonigewin (Elders Council), linked to the Mission & Equity Subcommittee of the Board, provides guidance on Indigenous matters. Members of the Elders Council also supported the work of the Strategic Planning Steering Committee and Quality Steering Committee.

To combat racism and discrimination, we've developed a comprehensive policy and procedure integrating Indigenous practices like the Sharing Circle process, and engaging Elders and Knowledge Keepers for support. Mandatory and targeted training programs such as Wake the Giant and Repairing the Sacred Circle promote cultural competency and reconciliation.

In community and regional engagement, we collaborate with Indigenous communities and organizations to co-create solutions, address health disparities, and enhance access to culturally safe care.

We've also implemented a corporate initiative for Indigenous self-identification, connecting clients with Indigenous health services. The rehabilitation division ensures Indigenous clients receive cultural support via referral to the Nanaandawe'ewin (Traditional Healing Program), an initiative integrated into the 2024/25 QIP, aiming to ensure Indigenous clients' have the right to access to traditional medicine, ceremony and health practices.

Broader Equity, Diversity and Inclusion:

SJCG recently struck a dedicated EDI Council (EDIC) providing us with a comprehensive EDI foundation and framework. The EDIC has completed robust engagement and consultation, seeking feedback from staff, physicians and volunteers to identify barriers that may be present to employees, while addressing the systemic biases and gaps that exist. This invaluable information has informed initiatives which support our multi-year EDI Action Plan.

Specific initiative completed in the last year based on the EDI Action Plan include: creation of a dedicated multi-faith space, striking a 2SLGBTQIA+ working group, launching a new racism and discrimination policy and procedure, developing an anti-racism and discrimination framework, and striking a Mission and Equity sub-committee of the Board of Directors with oversight of the organizational approach to eradicating racism and discrimination.

SJCG recognizes the importance of ensuring that everyone feels respected, supported, valued and safe to be their true selves. To this end, we continue to strive for the creation of an inclusive environment where everyone is able to fully participate and contribute in shaping our healthcare services in a meaningful way.

Patient/client/resident experience

SJCG has a long-standing history of engaging clients and their families in both individual care planning and informing the design of health care service delivery.

Engagements of Clients and Families in Care Delivery and Organizational Planning:

Over the past year, SJCG has emphasized efforts to engage clients and families more comprehensively in our organizational planning and governance activities. Specific accomplishments made in this area include: creation of and filling a client and family partner role within the Board of Directors, and increasing participation of client and family partners in major organization and system planning committees including: Strategic Plan Steering Committee, Quality Program Steering Committee and the North West Regional Digital Health Council.

SJCG has established multiple forums for client and family engagement (Community Engagement Councils, Resident Councils, and Family Councils). These councils meet regularly to engage the membership in each divisions' strategic and quality initiatives. In addition, SJCG also has an organizational Client and Family Council that provides guidance to the Leadership Team regarding both strategic initiatives and more fulsomely, insight into how we advance work to achieve the goal of providing people centred care.

Monitoring and Improving the Client Experience:

SJCG completes an annual client satisfaction surveys to measure the client experience. Survey results are compiled at the department, division and corporate level and are reviewed by: individual teams, leadership team and the Board of Directors. Reviews of these results are used a kick off to drive planning for improvement initiatives.

Through the annual QIP process, client satisfaction results accompanied by extensive engagement inclusive of client and family partners inform priorities. This past year, areas of improvement focused on:

- Staff listen carefully to clients;
- Clients and families are involved in their care planning;
- Clients feel comfortable to raise a concern; and
- Clients feel they receive enough information on discharge.

As outlined in the 2024/25 QIP, SJCG plans to continue to prioritize this work.

Provider experience

SJCG is committed to the people we employ; strategically prioritizing wellness, development and overall experience. A summary of major activities is provided below. As outlined in the Client Flow section, ensuring we support those delivering care is critical to enable the delivery of high quality care.

Recruitment and Leadership Development

Over the past year we have undertaken innovative recruitment strategies including expansion of: our social media footprint, in-person connection with the labour market, and use of creative pathways to recruit foreign trained healthcare professionals. Recognizing those who work with us are often best positioned to connect prospective applicants with careers at SJCG, we launched an employee referral program rewarding staff for introducing new talent to SJCG.

We recognize that teams require strong leaders, and have implemented a LEADS-based leadership development program for the management and LEADS the Way Lite program for informal leaders. To further expand leadership development opportunities, SJCG recently launched a LEADS ECHO program providing a regular forum for leaders to come together with peers, build supportive relationships, and informally connect regarding leadership challenges.

SJCG continues to support development of our staff in their current roles and in pursuit of additional skills and qualifications through the provision of education funding, tuition loans, academic assistance, as well as internal development opportunities.

Provider Wellness:

With respect to wellness initiatives, SJCG has launched a multi-year corporate wellness plan working to enhance the quality of work-life of our people. A semi-annual survey allows corporate benchmarking and monitoring of staff wellness levels as well as identifying opportunities for improvement to prioritize.

Within the past year, wellness plan examples of include investing in on-site massage services for staff, establishing colouring walls in staff break areas, deploying kindness carts throughout our many sites and shifts, providing staff reflection opportunities before and after shifts, reimbursement for staff investments in supporting their own wellness

Our recognition program has been redesigned based on staff feedback. Continuation of amendments made based on feedback include: prioritizing development of flexible working arrangements, continued recognition and celebration of our healthcare professionals, and bringing teams together through summer BBQs and holiday lunch gatherings.

Safety

SJCG has a robust process to track, investigate and debrief client safety incidents. This information is collated and reported at the department, division, leadership, and governance level.

SJCG has a formalized review process whereby incidents with significant injury or harm (rating of severe, death or critical) receive more in depth reporting through a quality of care review process inclusive of root cause analysis. The severity of injury influences the level of investigation and reporting within the organization. Individual case reviews and debriefings often generate recommendations for process change.

On a quarterly basis, summary results are provided to the Leadership Quality, Safety and Risk (LQSR) Committee. This committee is comprised of members of leadership team, the Chief of Staff, subject matter experts (quality, risk management, human resources), front-line clinical staff and client and family partners. This reporting generates

significant discussion regarding broader opportunities for quality improvement. These sharing's are intended to be shared at divisional and departmental forums where detailed planning for quality improvement occurs.

In 2024/25, SJCG plans to refine the reporting provided to the LQSR Committee. Information shared will be limited to areas where there is organizational focus (e.g. falls and wounds) or where significant trends or anomalies in data are noted. The shift to more targeted reporting is intended to yield more focused conversations regarding drivers and safety measures. It is also anticipated this will allow for an enhanced linkage to be drawn between observed data and quality improvement activities. To minimize the risk of quality issues being overlooked, a comprehensive annual report containing all client safety indicators will be prepared and reviewed in detail.

Population Health Approach

St. Joseph's Care Group (SJCG) is an active participant of the Thunder Bay and District Ontario Health Team, Noojmawing Kootegeaing. On this local health team, SJCG is a member of the Leadership Team, along with partners from primary care; children's mental health; community health centre and others from across the Thunder Bay District. The President & CEO and Vice-President, N'doo'owe Binesi (Indigenous Health) are also members of the Noojmawing Kootegeaing Collaboration Council, where over thirty partners gather monthly to identify and create plans to address local population health priorities. Finally, SJCG is represented on several of Noojmawing Kootegeaing's working groups, including the Indigenous Health Working Group, where there will be a focus on the impact of determinants of health and relationship-building to address the negative health effects.

Both SJCG Clinical Vice-Presidents work on population-based health approaches to care with partners across the North West Region through the Regional Specialized Services Network. Through this network, all four local OHTs in the Region are engaged in region-wide processes to address key population health priorities. In addition to involvement with Ontario Health Teams, SJCG has long-standing partnerships with the public health units and several health service providers in which, together, they directly address homelessness, addiction, access to care, racism and several other significant population health issues in our Region.

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 (total of 3%)
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 members') care? Response - Yes, definitely	1%
Percentage of clients positively responding during post discharge call to the question: Did you receive enough information from hospital staff about what to do if you were worried about your condition or treatment after you left the hospital? Response – Yes, Completely	1%
Percentage of staff who have completed relevant equity, diversity, inclusion and anti-racism education – Repairing the Sacred Circle Part Two	1%

The performance indicators tied to 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.

Upon annual review (March 31, 2025), the Board of Directors 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).

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

President & CEO
 Chief of Staff
 Vice President, Clinical & Chief Nursing Executive
 Vice President, Clinical and Community Health
 Vice President, People and Mission
 Vice President, Infrastructure and Quality & Chief Financial Officer

Contact Information/Designated Lead

Shelley McAllister
Director, Quality
St. Joseph's Care Group
shelley.mcallister@tbh.net
(807) 343-4354

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 (signed copy on file)

Board Chair _____(signature)

Board Quality Committee Chair _____(signature)

Chief Executive Officer _____(signature)