Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

February 29, 2024

OVERVIEW

North Shore Health Network (NSHN) has experienced many challenges and opportunities in defining the strategic direction for the three hospital sites, Long Term Care home, and Community Support Services under this one umbrella corporation.

The organization has a new Strategic plan that will ensure the organization is focused on the identified priorities and attributes of a successful organization. The incredible system issues that hospitals are facing across the province have a significantly bigger impact on the ability to deliver equitable and quality care to the rural population.

NSHN is committed to working with district partners, Ontario Health, and the Ministry of Health to advocate for the needs of rural healthcare, to be at the tables where strategies are being developed to improve care, and to use creativity in developing proposals for funding that would address the unique challenges NSHN faces.

NSHN has identified that based on the demographic and population health data of people who access care that focusing on providing senior friendly evidenced based care would be a key strategic direction.

From September, 2023 ALC days have decreased from 54% to25% end of Q3 of 2023/2024. The HSAA agreement for 24/25 sets a target ALC ration of >=1. The current ratio is 2.5

ACCESS AND FLOW

NSHN has 10 Complex Continuing Care (CCC) beds located on the Long Term Care unit. They have historically been used as the most appropriate unit to provide the care to patients waiting for a Nursing Home bed.

With the decrease in the number of ALC patients, 4 of the CCC beds have been converted to Restorative Care beds. The Geriatric team wraps the right services around the patient with the goal of determining the right place for the patient go once it is determined that maximum independent functionality has been met.

The volume of Emergency visits at the NSHN Richards Landing site has increased significantly. The facility is small which impacts flow and length of stay and increased risk of adverse outcomes. There is only one physician working 24/7. The solution to address this clinical situation was to introduce a Nurse Practitioner (NP) to work independently and collaboratively with the physician.

For 2 years the NSHN Thessalon Emergency Department has been staffed by locum physicians. There have been times when no locums were available to cover the shifts. To prevent an Emergency Room closure, the Emergency Department was covered by an NP.

NSHN is collaborating with Home and Community Care Service, the Huron Shores Family Health Team, Algoma OHT, and Ontario Health to come up with short, medium, and long term solutions to address the dire shortage of Home and Community care staff assigned to this rural area who are unable to support people in their homes due to human resource shortages.

EQUITY AND INDIGENOUS HEALTH

NSHN has invested in education opportunities for staff, providers, administration, and Board members to attend various programs focusing on learning about the indigenous culture and beliefs. Some of the learning opportunities have been through on line courses or attendance at more interactive and experiential sessions.

In 24/25 there will be a workplan put in place to move strategically forward in not only learning about the Indigenous culture and beliefs but more importantly plan on how to transfer the knowledge into practice to improve care.

NSHN has signed a collaborative agreement with the Maamwesying OHT.

Purpose of the Partnership Service Agreement
Vision:
Work together to provide coordinated and seamless health care across the lifecycle to ensure optimal outcomes for our shared Indigenous patients/clients.

Mission:
Support Indigenous health in Indigenous hands by jointly ensuring:
1. access to quality care that improves patient, caregiver and provider satisfaction
• access to equitable and culturally safe care
• value within the healthcare system

NSHN has a partnership with the Bembowopka Residential Treatment centre. A Nurse Practitioner (NP)

provides outreach episodic health care services to avoid residents having to go to the Emergency Department for care.

Members of the Geriatric team and a Maamewsying team have formed a collaborative that is focusing on improving the transition from hospital to community services offered in the various indigenous communities.

The 24/25 Quality Improvement plan includes an indicator that measures compliance to asking "do you self-identify as Indigenous?" This indicator is associated with the action plan that the collaborative pathway team identified.

PATIENT/CLIENT/RESIDENT EXPERIENCE

Every clinical department has a Quality Committee. The committee ensures that patient experience surveys are conducted and reviewed minimally once/year. The results of the survey are reviewed by the Committee. The areas of improvement are identified and action plans developed and implemented.

The report is shared with all staff. Staff are engaged in the improvement initiatives. NSHN has a Patient and Family Advisory Council (PFAC). The Council provides feedback on new initiatives and brings forward stories about patient experience for discussion and resolution. PFAC members are asked if they are interested in participating on committees or work teams where the voice of the patient/family is essential to inform the work.

The Long Term Care unit has a Resident Council and a Family Council. The Councils feedback related to the quality of life and safety of the residents. An example, is the work that is being done to improve the physical environment. The Councils have been engaged in choosing new flooring, renovation of the activity room, new paint colours, and are participants on the pleasurable dining project.

Concerns and complaints are documented in the Quality and Risk Management software program. The steps include:
1) Documentation of the concern/complaint which includes the time received
2) Review of the incident by the Manager after investigation
3) The action plan to address the incident which includes a follow up conversation with the complainant

The Managers "huddle" with their staff to share the high level overview of the incident and actions that are necessary to improve patient experience.

PROVIDER EXPERIENCE

NSHN is experiencing challenges in recruiting Registered Nurses (RNs) and Registered Practical Nurses (RPNs). The priority of the organization is to ensure that the permanent nursing staff are not overwhelmed with excessive overtime and quality patient care is not jeopardized. This has necessitated the contracting of Nursing Agency staff. The risk to the organization is the financial impact which is not sustainable.

The financial incentives that the province has put in place have not significantly made a difference in

recruiting new staff. Recruiting for part time positions has not been successful. With the notion that offering full time positions might be a more attractive recruitment strategy, a number of full time positions have been posted externally. All RNs, RPNs and NPs work at full scope of practice.

The Human Resource Department is being restructured to be better positioned to support recruitment and retention work.
The Long Term Care unit has embarked on an innovative culture improvement strategy. The staff have taken the lead in developing and driving the initiatives forward with the Manager in a supportive role.

Physician provider experience is an important component of any plan to improve workplace culture and experience. The Acute Care unit has a Hospitalist Program. Currently, there are 5 local physicians who are willing to participate in an 8 week roster. Locum coverage has been secured to fill in the gaps. This may not be sustainable in the long term. To mitigate this issue, NPs have been identified as an alternative provider. A NP Hospitalist role is in development.

SAFETY

NSHN's approach to patient safety is to incorporate both clinical and environmental plans related to patient safety and minimizing risk through proactive actions. Patient safety incidents are documented in the Quality Risk Management software program. Action plans are included in the documentation and are signed off when implemented. The Patient Safety Dashboard has organization wide indicators which are reviewed by the Internal Quality and Risk Management Committee and the Quality Committee of the Board. The dashboard includes project work that has been identified as a priority e. g. purchase of new Intravenous pumps.

Patient safety is a priority consideration that informs the purchase of yearly capital equipment. The Joint Health and Safety committee reviews patient safety issues that have been identified by front line staff. The issues are brought forward to management for review, analysis and feedback on next steps.

The Emergency Preparedness Committee is the oversight committee related to ensuring that all staff, providers, visitors, and volunteers are knowledgeable about the Emergency codes.

The Geriatric team has implemented the Caregiver ID program. In the education package there is a learning module on patient/visitor safety.

The Standardization Committee is reviewing the supplies in stock across all three sites. Through this work the team has identified that there is access to supplies that are not currently safe to use based on best practice e.g. the physiotherapist identified that there was a neck collar that should not be used. This item has been removed from stock.

POPULATION HEALTH APPROACH

NSHN is a signatory agency with the Algoma Ontario Health Team (AOHT). The CEO and CNE are active participants in the work of the AOHT to ensure that the voice and needs of the rural partners is heard and included in planning. NSHN is actively engaged with the

Maamewsying OHT (MOHT) e. g. priority focus is transitions of care which is already in place between our agencies.

NSHN has partnered with Algoma Public Health (APH) and the Huron Shores Family Health Team to work collaboratively in providing immunizations for influenza and covid across the east Algoma corridor. NSHN has partnered with APH to provide a culturally safe and equitable access to health care services to our local Mennonite communities. The need for assistance in the Mennonite communities was identified when there was a significant covid outbreak. APH and a NP from NSHN partnered to provide an outreach service. During this response to COVID, it was identified that the Mennonite community members had limited access to primary care due to physician vacancies, and a reluctance to go to the
Emergency Department for care.
NSHN has implemented a culturally sensitive outreach health care clinic staffed by a NP and physician once a month. The Mennonite Bishops have accepted the service and work collaboratively with the provider team to facilitate and support the needs of their community members. A recent pertussis outbreak in their communities was identified by APH. The NP developed the management plan which included identification, assessment, and prescribing medications. This strategy was effective in avoiding emergency visits and hospital admissions.

EXECUTIVE COMPENSATION

The Excellent Care for All Act (ECFAA) requires that a percentage of compensation be linked to achievement of performance targets. Our Quality Improvement Plan is approved by the Board of Directors and selected indicators are directly linked to Executive Compensation.

At the North Shore Health Network, the following executives are included in the Performance-based compensation plan and 8% of their base salary is linked to the achievement of the specific priority targets as approved annually by the Board of Directors.

- Chief Executive Officer
- Chief Nursing Executive
- Chief of Staff
- Chief Financial Officer
- Chief Risk and Communications Officer

Achievement of performance targets is evaluated annually during the period of April 1- March 31 of the given year to determine executive compensation.

INDICATOR	TARGET PERFORMANCE	COMPENSATION	
		100% attainment	*Target unattained*
EQUITY **Registration Staff (Admitting. Acute Care & Emergency Department Staff across all three sites)** % patients screened at registration who have been asked the question "Do you self-identify as Indigenous?"	*>=93.0%*	1% payable to CEO, COS 0.3% payable to CNE, CFO, CRCO	*0% payment*
EQUITY **Leadership Team** % of the leadership team who have completed relevant equity, diversity, inclusion and anti-racism education.	*100%*	1% payable to CEO, COS 0.3% payable to CNE, CFO, CRCO	*0% payment*
EXPERIENCE **Acute Care** % of respondents who responded "yes" 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?"	*>=92.0%*	1% payable to CEO, COS 0.4% payable to CNE, CFO, CRCO	*0% payment*

CONTACT INFORMATION/DESIGNATED LEAD

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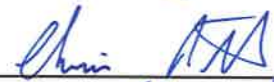
SIGN-OFF

It is recommended that the following individuals review and sign-off on your organization's Quality Improvement Plan (where applicable):

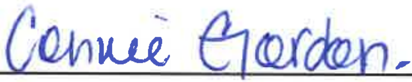
I have reviewed and approved our organization's Quality Improvement Plan on February 28, 2024.



Board Chair Chris Astles

Board Quality Committee Chair Marcel Denis

Chief Executive Officer Tim Vine.



Other leadership as appropriate Connie Gordon, CNE