

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 18, 2024



OVERVIEW

Renfrew Victoria Hospital (RVH) is a small community hospital located in Renfrew, Ontario, about one hour west of Ottawa. It serves a catchment of 100,000 people that encompass all of Renfrew County to provide services. Regional Programs include Addiction Treatment Services, Domestic Violence and Older Adult Protection Services Program and a Chronic Kidney Disease Program. The hospital offers a wide range of services and has 55 beds which includes inpatient medical/surgical beds and complex continuing care beds, with two operating rooms. The Emergency Department sees over 25,000 patients each year and the hospital also has a satellite systemic therapy unit to allow cancer care services closer to home.

RVH embarked on a journey in 2023 to review the strategic direction for the organization. Our mission "to provide the best possible health care experience for our patients and families" and our vision "to be a model of excellence in health care" align with our QIP journey. We have been engaged in the development of a yearly quality improvement plan for many years and will continue our journey with focus on success of the new strategic plan for the organization.

The mission, vision, values, and strategic direction provides the direction for the delivery of quality health services. The quality improvement plan is aligned with the hospital's key strategic directions below, with an emphasis on the provision of quality health care services:

Values:

- **Quality:** We are committed to continuously improving the quality of health care we provide.
- **Safety and Wellbeing:** We make every effort to support the safety and wellbeing of all individuals within our environment.

- **Leadership and Accountability:** We champion innovation and collaboration to anticipate and respond to the changing needs of our community in a fiscally responsible manner. We foster a culture of ownership, innovation and teamwork that promotes resiliency.
- **Respect:** We respect the rights, dignity, diversity and values of each individual.
- **Engagement:** We believe care is enhanced through the active participation of patients and their caregivers. We value the contribution of each individual and our community partners in the organization.

ACCESS AND FLOW

System integration at RVH: We will strengthen relationships and embrace innovative opportunities to advance the delivery of seamless, high quality health care that is responsive to our community's needs.

We will:

- Create a climate that encourages access to collaborative, coordinated health care
- Implement and optimize systems and processes
- Expand the use of evidence-based performance measures and best practices
- Mobilize technology and equipment that enhances quality, safety and efficiencies in care while mitigating risk
- Invest time and resources to deepen strategic relationships with key partners.

Outreach programs include an Assisted Living Services program (ALS) that cares for seniors in their homes, an addiction treatment services program, diabetic counselling, and palliative care. RVH received additional funding to support ALS patients outside of our current catchment area including Cobden and Calabogie along with more spaces in Renfrew totaling 20 more spaces for patients. RVH is working to reduce disparities of health outcomes and improve access to care throughout our catchment area. Social supports in addition to medical and health care are provided by social workers, specialized geriatric assessors and nurses, pastoral care, and our community Meals on Wheels program, amongst other resources.

EQUITY AND INDIGENOUS HEALTH

RVH has recently formed an IDEA (inclusion, diversity, equity, and accessibility) committee to support health equity aims. This committee is intended to promote health equity and foster inclusivity and belonging. This committee provides a cultural event calendar in our biweekly communique and recognizes events throughout the year, such as Black History Month and the National Day for Truth and Reconciliation. In addition to training on accessibility for all staff, and training on pronouns and gender diversity, RVH also provides indigenous cultural safety training, and provides safe spaces for smudging and culturally important practices. Patients are also able to self-identify in their MyChart their own gender and pronoun preferences and are able to change this.

RVH has access to the census data of the broader community and are reviewing this against our organization's personal demographics, where available, to see if they reflect this of the broader community. RVH also actively participates on a number of regional hospital and healthcare EDI and accessibility committees to share best practices.

RVH values working closely with our partners and strives to best meet the needs of all that we serve. In 2024/2025 we are focusing on continued education related to mental health and wellness for the leadership team and all employees. The committee I.D.E.A. (Inclusion, Diversity, Equity and Accessibility) has been established and key members of our staff are participating providing better service to all patients.

PATIENT/CLIENT/RESIDENT EXPERIENCE

In June of 2019, RVH along with several other organizations formed the Atlas Alliance and implemented a new Electronic Health Record.

PFAC members have been actively engaged in many change processes/activities and have made decisions regarding communications for "My Chart", which is the patient's ability to view their own health records. RVH is now able to respond to real time data and increased patient safety through the use of the EHR which includes bar code scanning for 2 client identifiers.

The Patient & Family Advisory Council advises the hospital on matters pertaining to the patient experience as one example of their role. The PFAC has been involved with several change initiatives implemented in 2023/2024 such as review of the RVH Electronic Health Record along with active participation at all care team meetings.

The RVH Patient and Family Advisory Committee (PFAC) continues to help improve decision-making processes, patient experience, and patient safety. PFAC members strongly advocate for clients and their care needs. The projects they work on add value to client and family experiences. This committee continues to provide valuable insight and observations on many pertinent topics including our visitor guidelines and restrictions, strategies to improve patients' stays when visiting was restricted, and signage for the public. The committee also played an integral role as mentioned in the hospital's highly successful accreditation survey in 2021. RVH's Patient and Family Advisory Committee (PFAC) was pleased to have its meetings in person again this year, after nearly two years of virtual meetings during the pandemic. The PFAC committee has welcomed five new members this year and continue to recruit for this committee ongoing. RVH has implemented a new patient satisfaction survey platform, Qualtrics, that will be collecting feedback from our patients who have received care in the emergency department or as an inpatient. This committee has also played a valuable role in reviewing RVH's revised Accessibility Plan

which helps ensure that the patient's experience at RVH is free from any barriers. We continue to appreciate the input of this valuable committee and look forward to continuing this partnership in the 2024/2025 year.

RVH uses a variety of other approaches to engage patient/families:

- Focus groups will be conducted with all patients at various phases of construction of the second and third floor redevelopment project. These will continue with the upcoming capital projects for Emergency Department.

- Discharge planners phone some patients >65 after discharge to get feedback on care at RVH. The information is tracked and trended as well as reported back to teams, Board CQI committee and PFAC

- Patients and families were invited to participate in focus groups which resulted in the development of a newsletter for renal patients that is published quarterly

- A structured process is in place for patient/family feedback at our hospital and this feedback is tracked/trended and changes are made when required. RVH was involved in a process with the Atlas Alliance partners have set up a new patient satisfaction survey which has been in place since June 2023 at RVH.

- Patients are involved in trials for new equipment that is purchased whenever possible

For the upcoming year RVH will continue our work related to best practices to maintain our RNAO Best Practice Spotlight Organization designation.

In our accreditation survey in December 2021, RVH met and exceeded all standards related to patient and family centered care and our work was described as "stellar" by the surveyors.

PROVIDER EXPERIENCE

RVH will champion an environment that positions RVH as the organization of choice for staff, physicians, volunteers, and partners where everyone is empowered to be the best they can be.

We will:

- Sustain and enhance an inclusive environment that values and supports diversity, physical and psychological health, safety, continuous learning, and wellness
- Inspire a culture of mutual respect, empowerment and engagement that encourages collaboration, ownership, and innovation
- Employ strategies to attract and retain the best possible individuals
- Communicate clear expectations and provide meaningful recognition of our people
- Promote opportunities and support ongoing development and education to meet the changing needs of our health care team and our community

The Quality Improvement Plan for 2024/2025 continues to focus on initiatives that will engage all clinicians, leadership, and staff at our organization. Our hospital values promote leadership and innovation by all our staff in the development of programs and services.

In the 2024/2025 year RVH will embark on a new journey to prepare for our next accreditation planned for December 2025.

Our employee wellness committee continues to work with our staff/physicians at RVH post pandemic to ensure appropriate support is in place. Front line/clinical staff are key members of this committee and actively participate in what is needed. Bi-weekly newsletters provide valuable information on supports available to

all staff at RVH.

RVH continues to be an active participant and leader at numerous committees formed to move the Ottawa Valley Ontario Health Team forward to ensure the best care for our providers.

SAFETY

RVH has an extremely robust policy related to patient incidents and critical incidents. A structured process is in place to review all incidents involving key physicians and staff to ensure changes and follow up take place.

Patient safety is embedded into the culture of this hospital and part of Accreditation focus to ensure safety remains a top priority.

Patient concerns/incidents are reported quarterly to the Board CQI Committee along with changes made. Patients attend board meetings to relay their story and/or patient letters are shared regularly at RVH Board Meetings.

RVH conducts daily discharge rounds, team meetings, family meetings and joint discharge rounds for alternate level of care decisions. This process engages the team, patients, and families in safe and timely discharges.

Violence in the workplace presents a risk to the well-being of Renfrew Victoria Hospital staff, physicians, volunteers, patients, and visitors. It is everyone's responsibility to prevent violence in the workplace. At RVH, we strive to create a positive environment with mutual respect and open communication.

In response to Bill 168 (Act to amend the Occupational Health and Safety Act with respect to violence and harassment in the workplace and other matters), RVH has updated its violence and harassment policies and programs, employee reporting and incident investigation procedures, an emergency response procedure for violent events, and a process to deal with incidents,

complaints, and threats of violence. Extensive education has taken place for all RVH staff. Staff in key areas of the hospital have received non-violent crisis intervention training, which includes gentle persuasion approach training and general education on the new policies, procedures, and protocols. RVH has implemented a more robust panic alarm system and recommendations from the Occupational Health and Safety Committee as well as front line staff are actioned as soon as possible and as able.

RVH continues to work with our paramedic and police partners to ensure safe transitions of care for both mental health and addiction patients requiring care at our hospital.

POPULATION HEALTH APPROACH

In our catchment area, we have a significant number of Mennonite communities. RVH leadership visit and meet with the leadership of these communities annually to discuss how to better provide services in a manner that is culturally safe. For example, we have a hitching post to accommodate horse-drawn buggies and all staff are familiar with how to support patients who do not have health cards and pay for services.

To support French-speaking patients and clients, all of RVH's regional programs have been officially designated as bilingual under Ontario's French Language Services Act (O.Reg 551/22) – our dialysis, addictions treatment service and regional assault care programs. In addition, translation services are available in over 300 languages (including indigenous languages, and ASL, amongst others).

EXECUTIVE COMPENSATION

Two percent of compensation for executives (defined as Chief Executive Officer, Chief of Staff, VP Patient Care Services/CNE, VP Corporate Services and VP Financial Services) is linked to two of the four following indicators:

- Percentage of complaints acknowledged.
- Medication Reconciliation
- After visit summaries
- Number of workplace violence incidents

The Senior Executive team will be responsible to ensure success in the four key indicators. Refer to the QIP Workplan for specific performance targets for 2024/2025

As per the above statement, two percent of executive compensation will be associated with two of four QIP indicators within the RVH plan.

Indicator data will be reviewed at the CQI Board Committee quarterly with regular feedback to the Finance Committee and overall Board Committee of the hospital to ensure targets are met.

CONTACT INFORMATION/DESIGNATED LEAD

Mary-Ellen Harris, VP Patient Care Services/CNE
harrism@renfrewhosp.com
613-432-4851 x225

OTHER

We will demonstrate financial discipline and innovation to support high quality care that responds to the evolving needs of our patients and their families.

We will:

- Enhance existing and seek out new revenue streams
- Deliver financial transparency and accountability to our

stakeholders

- Nurture a strong community relationship that encourages continuous investment in RVH
- Promote a culture and employ strategies that optimize utilization of resources
- Employ performance measures and benchmarks that effectively focus our actions on improving financial performance
- Strategically invest in infrastructure, equipment, and technology to provide a safe environment

The QIP is based on priorities identified by the Continuous Quality Improvement Committee (CQI) of the Board, Senior Management team and care teams. The QIP is a tool to affirm and map the commitment of the Board of Directors and all staff in the continuous pursuit of positive clinical outcomes, positive patient experiences and positive staff work life. The plan is aligned with accreditation standards and recommendations. The balanced scorecard approach ensures key improvement initiatives in the areas of safety, effectiveness, access to care integration and patient-centered care.

CQI is a method that evaluates and continuously improves the caliber of care and service delivered from a patient perspective. CQI embraces quality by focusing on continuous process improvement, teamwork, staff, and patient empowerment.

Each member of the senior administration team will work with his/her departments to have defined improvement targets and initiatives to the strategic priorities. The mode for improvement used to effectively analyze and implement change will be the "Plan, Do, Study, Act" (PDSA) model.

The 2023/2024 aims and measures can be viewed in the attached detailed work plan. Targets and benchmarks along with change ideas are clearly identified within the workplan.

RVH continued our EHR project and achieved HIMSS level 6 in the Atlas Alliance, which is excellent and ahead of many other hospitals in the province/country.

RVH will continue recovery plans from the COVID pandemic and remain an active participant in our OVOHT work as our OHT evolves in our catchment area. Many RVH team members are co-chairing committees and subcommittees to ensure patient needs in our local catchment area remain a high priority for our OHT.

Numerous indicators are being developed at the Ottawa Valley Ontario Health Team to monitor performance and progress.


Quality Improvement Plans are also being developed at the OVOHT

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


March 27/2024.



Board Chair



Board Quality Committee Chair



Chief Executive Officer

Other leadership as appropriate
