

**Quality Improvement Plan (QIP)** 

# Narrative for Health Care Organizations in Ontario

May 26, 2022

## **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 include inpatient medical/surgical beds and complex continuing care beds, with two operating rooms. The Emergency Department sees approximately 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 2021 to develop a refreshed 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 refreshed 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 four key strategic directions below, with an emphasis on the provision of quality health care services:

# Quality of Care:

We will deliver the highest quality care to achieve the best possible

experience and outcomes for our patients and their families.

#### We will:

- Employ best practices to promote safe care and optimize outcomes
- Expand the use of evidence-based practices and measurable outcomes to drive continuous quality improvement
- Actively inform, engage and support patients and caregivers, respecting their values, preferences, diversity and needs to enable the care team to provide compassionate, collaborative, and timely patient-/family-centred care
- Deliver coordinated, responsive, and integrated care in the right place at the right time to support successful transition across the continuum of care

# Strength in People:

We 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

### System Integration:

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

### Financial Performance:

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 model for improvement used to effectively analyze and implement change will be the "Plan, Do, Study, Act" (PDSA) model.

The 2022/23 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.

# REFLECTIONS SINCE YOUR LAST QIP SUBMISSION

RVH has seen significant success and maintenance of some targets that were considered high performing areas when compared to other hospitals across the province. Most areas of the work plan were successfully implemented resulting in the maintenance of safe hospital care and increased communication between health care providers and patients/families admitted to the hospital.

The National Research Council has changed the questionnaire for patient satisfaction which has altered the achievable targets for all hospitals. Ontario hospitals are currently in the process of changing vendors to support out patient satisfaction questionnaires which may alter this tool. As we continue our quality improvement journey emphasis on the home first philosophy, we will continue to decrease the alternative level of care rates in our hospital. This indicator requires constant emphasis to ensure we are meeting targets and benchmarks that are part of our quality improvement plan.

The implementation of Best Practice Guidelines through our work as

a Best Practice Spotlight Organization has resulted in significant achievements again this past year. RVH has implemented Best Practice Guidelines including screening for delirium, dementia and depression in older adults; assessment and prevention of functional decline. Most recently RVH has implemented the fall prevention guideline to further enhance our ability to decrease Alternative Level of Care patients in our hospital.

RVH encompasses the following parameters/data for Renfrew County in the development of the quality improvement workplan.

### Population Health:

The population health data for Renfrew County catchment areas has been obtained from the Renfrew County Community Health Profile. This report was developed in March 2016 and provides a brief overview of the socio-economic and health status of residents served by the Renfrew County and District Health Unit. It is intended to inform the work of Health Unit staff, community partners, government decision makers and community members as we work to address local health issues and improve health.

Population size, growth, age and fertility:

Just over 105,000 people live in Renfrew County and District. A higher proportion of the population is over the age of 45 compared to Ontario. The population is aging and growing slowly. The fertility rate in Renfrew County and District has increased in recent years to 50 live births per 1,000 females ages 15-49 and is higher than Ontario.

## Culture and language:

Prominent cultural groups are German and Polish. A small proportion of the population (2%) belong to a visible minority and only 5% are immigrants. About 2% are registered treaty Indians and almost 8% claim Aboriginal identity. The population is predominantly English speaking.

#### Income:

Median incomes are lower than Ontario as a whole. However, the prevalence of low income is lower than Ontario (12% vs 14%).

## **Employment and Education:**

Employment indicators such as labor force participation rate, unemployment rate, and full-time vs part-time work are similar to those for Ontario. A small proportion of the population age 15 and over has a post-secondary certificate, diploma, or degree.

### Life Expectancy:

Life expectancy for females (82.8 years) is significantly lower in Ontario. Life expectancy for males (79 years) is similar to Ontario.

## Availability of Physicians:

There are more general family physicians per 100,000 population than Ontario, but there are fewer specialist physicians.

### Well-Being:

The proportion of the population that perceives their health and mental health as very good or excellent is similar to Ontario. However, the proportion that perceives that most days are quite a

bit or extremely successful (29%) is significantly higher in Ontario.

## Reportable Infectious Diseases:

Incidence rates of selected reportable infectious diseases are comparable to or lower than Ontario.

#### Health Risks Factors:

Rates of high alcohol intake, smoking, and obesity among adults are higher than Ontario. Other health risk factors such as overweight, vegetable and fruit consumption 4 or fewer times per day and physical inactivity during leisure time are comparable to Ontario. The prevalence of these risk factors is concerning in both jurisdictions.

#### Cause of Death:

The leading causes of death are cancers, circulatory diseases, respiratory diseases, and injuries. Mortality rates are similar to Ontario except for circulatory diseases which are higher.

# **EQUITY:**

Health equity refers to the study of causes of differences in the quality of health and healthcare across different populations. RVH embraces the opportunity to ensure quality of healthcare across different populations. Many staff at RVH participated in Indigenous culture training education sessions and a committee related to cultural diversity, equity and inclusion has been struck to further enhance our hospital knowledge and work in this area. A diverse Patient and Family Advisory Committee also helps to ensure appropriate care for all. As part of this work RVH meets with the

local Mennonite community we service yearly to ensure appropriate care has been provided.

The main QI initiative for 2022/2023 is to support the Renfrew Victoria Hospital role in the Ottawa Valley Ontario Health Team. Initiatives and work will target two populations: those with mental health and addictions and those deemed ALC. Access, quality and patient flow being important pieces to this work. RVH has seen significant success and maintenance of some targets that were considered high performing areas when compared to other hospitals across the province. Most areas of the work plan were successfully implemented resulting in the maintenance of safe hospital care and increased communication between health care providers and patients/families admitted to the hospital. Initiatives and work will target two populations: those with mental health and addictions and those deemed ALC. Access, quality and patient flow being important pieces to this work.

### Collaboration and integration

As part of the provincial initiative to make health care more collaborative, integrated and patient-centered, a local team comprised of dozens of health and social service partners submitted an application to become an Ontario Health Team (OHT) for this area.

In October 2021, The Province of Ontario announced the approval of this OHT which was made up of health and social service providers in several municipalities in Renfrew County and South Algonquin Township. This new OHT for our area will result in a

regional coordinated health care approach that will connect family physicians and their patients more effectively with hospitals, paramedics, long-term care, mental health services, community health centers and other parts of the health care sector. The temporary name for the OHT was "Network 24".

The focus of the Ontario Health Team will be on frail seniors and those struggling with mental health and addictions as well as helping residents connect with family doctors and primary care teams.

The catchment area covered by this newly announced Ontario Health Team includes a broad and diverse set of communities in and around the Ottawa Valley. The area stretches from Renfrew to Deep River, and includes the communities of Calabogie, Barry's Bay, Eganville, Cobden, Pembroke, and Petawawa, as well as those along Highway 60 to South Algonquin Township. The area covers approximately 7,600 square kilometers and 80,000 residents.

In February 2022, a new name was adopted, and it is now known as the Ottawa Valley Ontario Health Team. Since the approval in October 2021, 50 agencies and organizations have officially signed on to be part of the OHT including RVH

RVH recently completed our hospital accreditation with Accreditation Canada in December 2021. We achieved "exemplary status" from this visit, which is the highest designation that an organization can achieve.

Additionally, much work will continue to prepare RVH for the second and third floor redevelopment. Another aspect of care is the expansion of our Operating Room program and services that will allow more key speciality services to provide care closer to home and help with the extreme surgical backlogs post the COVID pandemic. To date gynecology is planning hub and spoke women's health model, ENT services will be expanding to RVH along with haematology services that are now been provided in our ambulatory care setting and the RVH oncology unit.

# PATIENT/CLIENT/RESIDENT PARTNERING AND RELATIONS

The Patient and Family Advisory Committee continues to meet regularly, and members are involved in care team meetings regularly in all areas of the hospital.

In June of 2019 RVH along with several other organizations forming part of an Alliance 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 EHR which includes POC Bar code scanning for 2 client identifiers.

The Patient & Family Advisory Council advise the hospital on matters pertaining to the patient experience as one example of their role. The PFAC has been involved with a number of change initiatives implemented in 2021/2022 such as review of the RVH

2021-2026 Strategic Plan, accreditation preparation and visit along with active participation at all care team meetings. We will continue to engage and involve the group in the 2022/2023 year.

The Committee has been involved in the numerous change initiatives through the COVID pandemic and provided advice and support to the hospital during this challenging time related to visitation and other aspects of care. The committee members also participated at some regional committee tables to provide input into ethical frameworks and surgical decisions during the COVID pandemic. We will continue to engage and involve the group in the 2022/2023 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 group which resulted in the development of a newsletter for renal patients that is published quarterly
- NRC Patient Satisfaction data is used to make changes in care as well. 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

- 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**

Provider experience

The Quality Improvement Plan for 2022-2023 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.

RVH values working closely with our partners and strives to best meet the needs of all that we serve. In 2022-2023 we are focusing on education related to mental health and wellness for the leadership team and all employees. A committee that is in its informing stage is I.D.E.A. (Inclusion, Diversity, Equity and Accessibility). This is another area of focus for education.

During the COVID pandemic RVH continually offered mental health supports that were available through our region and our EAP program to staff in our weekly newsletters. Operational meetings were held daily or weekly during all phases of the pandemic to ensure opportunity for provider engagement wherever possible.

Workplace Violence Prevention

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 has 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.

#### **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:

- Patients discharged with After Visit Summary sent to their Primary Care Physician
- Medication Reconciliation
- Improve patient satisfaction
- 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 2022/23.

As per the above statement, two percent of executive compensation will be associated with two of five 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**

Christene Ferguson, VP Patient Care Services/CNE

#### **OTHER**

RVH will continue our journey with the Electronic Health Record project and work towards achieving HIMSS level 7. We are currently at HIMSS level 6 in the Atlas Alliance.
RVH will continue recovery plans from the COVID pandemic and remain an active participant in our OHT work as our OHT evolves in our catchment area.

# **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

Board Chair Board Quality Committee Chair Chief Executive Officer Other leadership as appropriate