



**Ontario  
Health**

**Quality Improvement Plan (QIP)**

# **Narrative for Health Care Organizations in Ontario**

May 18, 2022

## OVERVIEW

The Woodstock Hospital Quality Improvement Plan (QIP) has been developed with a focus on Patient Centred Care; care and services tailored to the patient and their family with their input, feedback and participation. We continue to work with our community partners to provide an integrated and seamless experience along the continuum of care, valuing the wide span of knowledge and expertise they share with us and our patients. Consultation and coordination amongst the many different service providers within the system occurs regularly to enable patients' access to care when they need it. The work plan aligns with our strategic plan to create great care together and incorporates our value statement, striving to serve others. It also builds on our collective strengths, expertise, and shared values for the betterment of our patients, their families, and our community, while taking into account our strategic pillars of caring, empowering, growing, and connecting. This plan has also been aligned with our operational plan; accreditation requirements; our core mission, vision, and values; our service accountability agreements; and patient feedback. Over the past year, in the face of the COVID-19 pandemic, the organization has been particularly mindful of safe transitions of care from one provider to the next and ensuring we are providing the adequate patient and family information and education with each transition. Our Quality Improvement Plan is an integral quality tool that incorporates indicators that have been selected with input from a wide variety of stakeholders. These stakeholders include our Patient and Family Advisory Council, Physicians, staff, and community partners, who have also been consulted to provide their insights into the smooth flow of continuous care. Feedback from our patients and their

families has been paramount to many of the process improvements that have been implemented as part of our QIP's to ensure that we are providing safe, effective, equitable, efficient, timely, and patient-centred care. Our 2022/23 QIP focuses on efficiency, communication, and strategies to ensure transitions in care flow from one provider to the other with ease, timeliness, and patient safety in mind.

## REFLECTIONS SINCE YOUR LAST QIP SUBMISSION

There have been numerous quality improvement achievements from the past year at Woodstock Hospital however our greatest achievement has been our ability to tackle the challenges placed on our organization by the pandemic while ensuring continuous quality improvement.

Over the past year, we have concentrated our efforts on the COVID 19 pandemic while still ensuring quality, safety, and accountability to our patients. Early on, in response to the COVID 19 pandemic and to ensure patient and staff safety, we implemented temporary negative pressure rooms on our medicine unit and converted a number of CCU and ED rooms to negative pressure. We have been successful in creating hot and cold zones in the Emergency Department to ensure those at higher risk are triaged and safely isolated to minimize risk to other patients in the department. Through these initiatives and strong collaboration with Infection Prevention and Control (IPAC) and front line staff, we have successfully minimized the risk of COVID spread within our organization and are proud to note we have not had any outbreaks within our facility.

With the onset of the pandemic, and to meet the needs of our community and others, we were able to successfully implement various measures to assist these key stakeholders.

We were able to successfully implement an on-site COVID 19 Clinical Assessment Centre. Despite fluctuating directives and swabbing criteria since the beginning of the pandemic, we have been able to successfully modify staffing and hours of operation to meet these requirements. More recently we initiated the process of becoming a Clinical Assessment Centre that provides clinical evaluations, and engaged with St. Mary's hospital to implement the antiviral program for those who may meet the criteria, therefore reducing potential hospitalizations.

During the pandemic we were able to assist our local long term care and retirement homes that were experiencing outbreaks by redeploying staff to these facilities and sending our Infection Control experts into the homes to complete assessments and provide recommendations. We were also able to support the hospital sectors by accepting both COVID positive and negative patient out of our catchment area and province to our hospital during the height of the COVID pandemic to assist with load levelling and capacity challenges.

We continued to focus on ensuring smooth transitions in care, both within our organization and on discharge. We have exceeded our target of greater than 50% of patients being transferred from acute care to Rehab or Complex care beds within 90 minutes, ensuring safe transitions occurred in a timely fashion between services. The focus of our 2021/22 QIP was also on ensuring our patients and families received enough information in writing about their symptoms or health problem on discharge. Strong

collaboration with our Patient and Family Advisory Council enabled us to review all educational materials given to patients during their hospital stay and on discharge. Together with standard workflow processes, patients and family involvement we were able to exceed the Ontario average of 73.6%

## **PATIENT/CLIENT/RESIDENT PARTNERING AND RELATIONS**

QIP discussions have occurred at our Patient and Family Advisory meetings, Quality Committee and Ethics Committee meetings where patients and family members are part of the committee.

Although the pandemic has posed challenges with in-person engagement, we have leveraged virtual platforms to facilitate this engagement and feedback. Based upon patient and family surveys and feedback, we have chosen indicators that target clear communication, safe patient transitions of care, and a focus on the community's increased concern of substance abuse. We have also had discussions with our region's Ontario Health Team (OHT), Home and Community Care and Mental Health outreach staff, as well as our two community hospital partners, to review areas of common interest and practice. We have also standardized our patient relations process that works jointly with our patients and their family members to identify concerns, investigate, and complete care reviews determining how we can improve health care policies and processes.

## PROVIDER EXPERIENCE

As we recognize the strain that the COVID 19 pandemic has placed on our healthcare providers, we as an organization have implemented strategies to support our staff. To assist our providers in finding joy in their work, we have continuous communication with frontline staff. Through huddles, we identify problems and solutions, we also communicate increased availability of educational and IPAC support, provide increased leadership rounding from Senior Team on the units, and issue COVID 19 Situation Reports weekly for staff, detailing organizational and community updates and changes related to the pandemic. To ensure that our staff feel heard and supported, we circulated a wellness survey, using the feedback to form our wellness plan and initiatives. During the pandemic, we also saw a rise in the reporting of Workplace Violence incidents. We have implemented mitigation strategies that include increased security personnel on site, a working group with local police to discuss adverse incidents, and signage placed throughout patient care areas that indicate workplace violence will not be tolerated. All reported incidents of workplace violence are investigated by our management team with referrals to EAP as necessary. We have also recently updated our Code of Conduct policy to institute better measures for healthcare workers. We also created a "just culture" video that explains how we do not place blame and shame on individual healthcare workers, but rather examine systems to ensure our teams are comfortable reporting adverse events when they occur.

## EXECUTIVE COMPENSATION

The portion of salary at risk for each individual senior executive has been set at 2% of base salary. This compensation formula applies to the following individuals: CEO, VP Patient Care/CNO, VP Finance /CFO, and Chief of Staff. Equal portions of the 2% at risk to salary will be attached to each indicator and subtracted accordingly if improvement initiatives are not achieved by March 31, 2024.

## CONTACT INFORMATION

Nicole Felker Quality and Risk Facilitator 519-421-4233 x 3667  
nfelker@woodstockhospital.ca

**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 MAY 20, 2022

*ET Taylor*  
\_\_\_\_\_  
Board Chair

\_\_\_\_\_  
Board Quality Committee Chair

*Pam Jacy*  
\_\_\_\_\_  
Chief Executive Officer

*Daniel*  
\_\_\_\_\_  
Other leadership as appropriate

\_\_\_\_\_

**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 May 24, 2022

Board Chair

*Doree Webster*  
Board Quality Committee Chair

Chief Executive Officer

Other leadership as appropriate

\_\_\_\_\_