

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 28, 2023

 WOODSTOCK HOSPITAL

 Ontario
Health

OVERVIEW

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Woodstock Hospital is dedicated to delivering patient centred, excellent health care to the residents of Oxford County and surrounding areas. We are a fully accredited hospital that offers a full range of services including: outpatient care, diagnostic imaging, inpatient acute care, emergency services, post-acute care, and regional satellite services for dialysis and chemotherapy to name a few.

Our Mission, Vision and Values reflect our need for quality improvement and ensuring patient engagement in all we do. Our mission is to deliver community oriented, personalized, quality care while our vision is to work collaboratively with our patients and community. Values include: compassion, innovation, resourcefulness, collaboration, and leadership, within an ethical framework. We strive to serve others; building on our collective strengths, expertise and shared values; for the betterment of our patients, their families and our community.

We are most proud of our continuing engagement with our patients, families, community, employees and other stakeholders when developing and implementing our quality improvement plan (QIP) and the lessons we learn along the way. The creation of our QIP is guided by the quadruple aim for healthcare improvement:

- Enhance patient experience
- Improve population health outcomes
- Improve front-line provider experience
- Maximize value

We focus on using a co-designed participatory approach to achieve our quality goals and solutions. We involve key stakeholders from

the beginning to encourage sustainability of our initiatives. These key stakeholders include:

1. Our patients and families
 - a. feedback received throughout the last fiscal year
 - b. guidance from our Patient and Family Advisory Committee
2. Ontario Health's quality Improvement team
3. Employees and physicians within our organization
4. External partners from our community and other organizations

As with our strategic plan, our focus is on quality improvement, patient and community engagement, ensuring safe changeovers between care transition points, while ensuring safety of our patients and staff.

Other quality improvement achievements from this fiscal year include attaining Stroke distinction from Accreditation Canada in partnership with the Heart and Stroke foundation of Canada on our inpatient rehabilitation unit and a successful internal audit for Accreditation Canada Diagnostics in our laboratory. We are proud of our 6 laboratory employees who eagerly completed the Internal Auditing Course and applied rigorous assessments during our live audit.

Our 2023/24 QIP was vetted through various teams and committees including: Senior Leadership Team, Patient and Family Advisory Council (PFAC), Medical Advisory Committee (MAC), Nursing Advisory Committee (NAC), Oxford Ontario Health Team, Quality Improvement Committee of the Board, who recommended the QIP for approval by the Board of Directors.

Our initiatives for the 2023/24 Fiscal year include goals within the quality domains; safe, effective, patient-centered, efficient and equity. We aim to improve time to inpatient bed from the emergency department, did you receive enough information from

our staff about what to do after discharge from the hospital, best possible medication discharge plan, numbers of workplace violence incidents and education for our staff on truth and reconciliation and cultural and religious practices of our Sikh community. Like other hospitals throughout Ontario, Woodstock Hospital struggled to meet all of our Quality improvement targets as a result of the continued Covid-19 pandemic and staffing shortages. We succeeded in successfully implementing an Addictions Response Resource Program to assist with reduction of repeat emergency visits within 30 days following a substance abuse visit by engaging the patient early on with our Addictions response worker to ensure all community referrals are completed and warm hand overs are occurring.

PATIENT/CLIENT/RESIDENT ENGAGEMENT AND PARTNERING

All of our QIP initiatives have been co-designed with our patients, families, community, employees, physicians and external partners. Quality Improvement Plan discussions have occurred at all levels of our organization and have included: Patient and Family Advisory meetings, Quality Committee and Ethics Committee meetings which all include patients and families as participating members. We have successfully embedded a patient or family representative in all of our committees including a patient representative as a voting member on our Board of Directors. We began engagement with our patient and family representatives early in the process during meetings when determining QIP indicators for the fiscal year 2023/24. These partners brought valuable insight from a patient's perspective including identification of both the need for ensuring safe transitions in care, which include Best Possible Medication History (BPMH) reconciliation on discharge and ensuring adequate

information is being provided to the patient about what to do if they are worried about their condition post discharge.

Recognizing the increase in our Sikh population in Woodstock and surrounding area and the need to be more inclusive, it was identified by our PFAC members that our staff require increased education to understand the cultural and religious practices of the Sikh community. Based on this suggestion we added this to our QIP with the aim of providing culturally safe care. Ongoing work will be completed with our Sikh PFAC and Board member and other members of the community to ensure cultural and religious awareness is provided to our staff. This includes lunch and learns, community engagement sessions for Sikh Heritage month and LMS learning modules. Initial engagement has occurred to develop a one page summary for staff on care practices at end of life by our PFAC and Board member. Roll out of this education to all staff will ensure we are meeting the needs of the patient population we serve. Since the inception of our newly created Workplace Harassment and Violence Prevention Committee, a representative from our patient and family advisory committee has been part of our team. The representative co-designs our work plan and staff questionnaires.

Although the ongoing pandemic has posed challenges with in-person engagement, we continue to leverage virtual platforms to facilitate engagement and feedback with tools such as patient and family surveys, Webex meetings and email.

PROVIDER EXPERIENCE

The COVID-19 pandemic has resulted in a significant array of challenges among staff. Some of these include but not limited to, staffing challenges, reduced vacation time, increased stress, the requirement to work longer hours, increased patient volumes and

severity, as well as general feelings of uneasiness. As an organization we completed a staff Wellness Survey designed with the intention of acknowledging the hard work and dedication of staff during this difficult period and the need to address and improve the overall wellness among hospital staff.

The survey garnered a total of 222 responses from staff. 98% respondents indicated that in the past twelve months, they found most work days to be at least somewhat stressful, and 68% of respondents reported finding most days to be quite or extremely stressful. When asked in the past year, how staff enjoyed coming to work each day, 42% of staff reported that they always or usually do while 58% reported that they sometimes or never do. When asked which of the following activities would increase their sense of wellness, staff provided the results seen in diagram Q3.

Learning a new skill and enjoying a private hobby were the most popular answers where getting involved in a group was the least popular answer. Furthermore, staff were asked which of the wellness initiatives would you find to be most beneficial if offered by the hospital (results seen in diagram Q4).

The most popular answers among staff were on-site staff event/activity and on-site staff/department challenges or contests while the least popular answer was an after-hours team-based sport/activity.

Survey respondents were not only given the option to choose from suggested wellness initiatives but they were also given the option to propose specific involvement/participatory-based initiatives that the hospital could implement to further promote wellness. Of the 222 total survey responses, 125 respondents provided options while 97 respondees refrained from answering. Of the respondees,

the strongest trends among responses were:

- 22% of respondents felt physical health and fitness initiatives such as yoga, team sports, fitness challenges, staff gym or health and wellness benefits would be most beneficial
- 16% of respondents felt offering massage, reflexology or meditation, mindfulness mental health support or burnout prevention coaching would be most beneficial
- 11% of respondents felt addressing/improving staffing ratios would be most beneficial
- 7% of respondents felt free lunches/coffee, more frequent BBQs or gift cards would be most beneficial
- 7% felt improving department culture/togetherness, training, and promoting inclusion would be most beneficial

Lastly, when asked what format of participatory-based wellness initiatives would be most appealing, the most common responses were during working hours with 58% of respondents selecting on-site/in person and 20% selecting online or virtually. The least commonly selected option was virtually/online after hours, selected by 12% of respondents.

With the information provided, our Wellness Committee was able to implement multiple initiatives throughout the organization. We purchased 4 massage chairs, 3 of which are rotated through the organization to ensure everyone has the opportunity to use the chairs and one will have a permanent location in a quiet room for staff enjoyment. Feedback on this initiative has been very positive. We continue to engage front line staff with staff appreciation lunches including a luncheon presented by the Board members to promote an environment that all staff are appreciated at every level within the organization. Other initiatives include; yoga sessions, massage sessions, town hall meetings, senior team rounding to promote a supportive environment. Repeat wellness Survey will be

completed for follow up post wellness initiatives to ensure staff feedback.

To engage our frontline workers in identifying opportunities for improvement, we are working on our patient safety huddle project. This opportunity promotes frontline participation in all departments to bring forward their quality improvement ideas and solutions.

Q3) Which of the following might you choose if you were looking to increase your sense of well-being? Please rank from 1 to 5 (1 being your most likely choice, 5 being your least likely choice)

Ranking	1	2	3	4	5	Total Responses	Weighted Average Score	Relative Ranking
Learn a new skill (e.g. taking a cooking class)	40	73	50	21	20	204	2.55	1
Get involved in a group (i.e. joining a book club)	13	25	50	76	46	210	3.56	5
Participate in a team-based activity (i.e. being a part of a sports team)	42	30	36	43	60	211	3.23	4
Discover/pursue meditation (i.e. learning/doing yoga)	43	43	47	38	41	212	2.96	3
Enjoy a private hobby (i.e. scriptbook[ing])	77	35	29	27	49	217	2.71	2
	35,48%	16,13%	13,36%	12,44%	22,58%	100,00%		

Q9) Which of the following wellness initiative examples would you find beneficial to be offered by the hospital? Please rank from 1 to 5 (1 being the most beneficial, 5 being the least beneficial)

Ranking	1	2	3	4	5	Total Responses	Weighted Average Score	Relative Ranking
On-site staff sport/activity % of Responses	79	47	32	19	16	193	2.20	1
Online/virtual wellness/educational sessions % of Responses	40.93%	24.35%	16.58%	9.88%	8.29%	100.00%		
In-person wellness/educational sessions % of Responses	35	34	33	54	45	201	3.20	4
On-site staff/departement challenge/contests % of Responses	17.41%	16.97%	16.42%	26.87%	22.39%	100.00%		
After hours team-based sports/activity % of Responses	29	41	54	47	24	195	2.98	3
	14.87%	21.03%	27.68%	24.10%	12.31%	100.00%		
	30	54	59	41	15	199	2.78	2
	15.08%	27.14%	29.65%	20.64%	7.54%	100.00%		
	29	22	17	36	96	200	3.74	5
	14.50%	11.00%	8.50%	18.00%	48.00%	100.00%		

WORKPLACE VIOLENCE PREVENTION

Like most hospitals in Ontario during the pandemic, we noted an increase in both physical and verbal abuse leading us to recognize the need to focus further efforts on workplace harassment and violence prevention. To respond to these increases and to ensure that staff feel supported we have created a Workplace Harassment and Violence Prevention Committee which includes front line staff, Directors, Managers and a patient representative. This committee is using best practice guidelines to identify gaps in our current policies and procedures and working on a robust plan to ensure staff safety within our organization. This includes promoting a just culture that encourages increased reporting of all events while ensuring a decrease in the total number of harmful incidents that occur within the organization.

Underreporting of workplace harassment and violence is a common

problem in workplaces. Our committee is scheduled to release a survey to all staff working at Woodstock Hospital at the beginning of April of this year. This will assist us in examining what we are doing well, what we need to work on and what are the diverse experiences of the people that work here.

Currently all harmful workplace violence incidents are investigated by the Director of the unit and an Occupational Health representative. If required, post meeting referrals are made to the Employee and Family Assistance plan (EFAP). All harmful incidents are also reviewed at our weekly Management Huddles, Joint Health and Safety Committee and reported to the Board through our Quality Committee and Board presentations.

We have implemented mitigation strategies that include increased security personnel on site with increased hands on training, staff education on Non-Violent Crisis Intervention and signage placed throughout patient care areas that indicate workplace violence will not be tolerated. Increased investment was done by the organization to ensure all staff in high risk areas have RFID badges to be worn at all times and panic alarms have been installed in areas that RFID badges are unable to be worn such as in MRI and CT areas.

In collaboration with Woodstock Police and Ontario Provincial Police and our two neighbouring hospitals we have signed a joint Police Hospital Transition Agreement and continue to have quarterly working groups with local police forces to discuss adverse incidents and potential strategies to prevent further occurrences. This agreement ensures a joint signing of transfer of accountability for any aggressive patient that is brought in by police that has been apprehended under the Mental Health Act. Joint education sessions have occurred and continue to occur between emergency department staff, police, Emergency medical services and MHEART

personnel in the community.

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. All staff within the organization are provided mandatory NVCI (Non Violent Crisis Intervention) training on hire and recertification is completed every two years. In light of recent violent incidents in our Emergency Department and Mental Health unit, the addition of MOAB (Management of Aggressive Behaviour) training will be completed this year by our Security and Emergency Department teams.

PATIENT SAFETY

To support quality improvement, enhance patient safety and a just culture, we have made changes to our incident reporting system that ensures staff feel supported when entering patient safety events. To promote a just culture and close the loop on all patient safety events, we expect judicious investigations using a systems based approach, timely closure of files, appropriate feedback to those involved and recommendations implemented.

As an organization we will be rolling out patient safety huddles on all units including both clinical and non clinical areas. The huddles will focus on quality improvement ideas with mitigation strategies from frontline staff, using a systems approach when reviewing adverse events and near misses, sharing lessons learned from these reviews and end with celebrations of the hard work completed by our staff.

As an organization we use patient experience stories that involve concerns and compliments to make quality improvement changes within our hospital. Patient stories are completed at least quarterly and are viewed at many committee meetings including unit based,

Quality Council, PFAC and at the Board. Changes that have been implemented or strategies for change are also reviewed with each story.

Quality of care reviews and chart audits continue to be completed within the organization to ensure any underlying treatment issues or potential risks to our patients are identified. Quality of care reviews involve our front line staff, physicians, Directors, VP Patient Care and our Quality and Risk Specialist. Quality of care review recommendations are reported to the involved patients or their next of kin, our frontline staff and the Quality Committee of the Board. Implementation of the recommendations are tracked by our patient safety team.

HEALTH EQUITY

Recognizing that disparities and inequities occurring in our healthcare system can affect patient outcomes, we provided mandatory in class and learning modules (LMS) training to all of our staff on 2SLGBTQIA+. In person sessions were provided to all leaders within the organization, our mental health employees and registration staff. The LMS module education on 2SLGBTQIA+ was created and tasked to all remaining staff within the organization for completion.

In response to the Truth and Reconciliation Commission’s call to action, we will be providing education to all of our staff on the history, experiences and stories of Indigenous peoples in Canada. Our goal is to recognize the inequities faced by Indigenous peoples in Canadian history so we can improve the care they receive at our hospital.

This fiscal year we are focusing on collecting sociodemographic data using our electronic patient records, incident management system and surveys. Our focus will be on reviewing this demographic data

to identify, report and focus on inequities in care.

The City of Woodstock has seen a large increase in our Sikh population. As part of our 2023/24 QIP we are going to work with our PFAC and other community members to provide education and awareness on Sikh traditions and religious practices. Our PFAC member has completed a "one pager" for staff on Sikh religious and cultural beliefs and recommendations regarding healthcare that have been shared with all front line staff. We continue to work with our patient and community advisors in the planning of awareness of Sikh Heritage month with community and in hospital sessions. Our community has seen an increase in substance misuse so we collaborated with our community partners and initiated an Addictions Response Resource Program. We want to thank our community partners for working together with our team to create program pathways to ensure the needs our patients are met. The Addictions Response Resource social worker services Oxford County residents accessing addiction services at Woodstock, Tillsonburg and Ingersoll hospitals, providing a bridge and warm transfer to our community partners.

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

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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

March 28, 2023

[Signature]
Board Chair

[Signature]

Board Quality Committee Chair

[Signature]
Chief Executive Officer

[Signature]
Other Leadership as appropriate
