

Let's Make Healthy
Change Happen.



Quality Improvement Plan (QIP) Narrative for Health Care Organizations in Ontario



3/25/2024

This document is intended to provide health care organizations in Ontario with guidance as to how they can develop a Quality Improvement Plan. While much effort and care has gone into preparing this document, this document should not be relied on as legal advice and organizations should consult with their legal, governance and other relevant advisors as appropriate in preparing their quality improvement plans. Furthermore, organizations are free to design their own public quality improvement plans using alternative formats and contents, provided that they submit a version of their quality improvement plan to Health Quality Ontario (if required) in the format described herein.

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Overview

Woodstock Hospital is committed to providing people-centred, exceptional healthcare services to the residents of Oxford County and surrounding areas. As a fully accredited, schedule one hospital, we offer a comprehensive range of services, including but not limited to: outpatient care, diagnostic imaging, inpatient acute care, emergency services, mental health services, post-acute care, and regional satellite services for dialysis and chemotherapy.

Our services are driven by our mission to deliver community-oriented, personalized, and high-quality care. To achieve our mission, we have set our vision as working collaboratively with our patients and community. We strive to uphold our mission and vision by serving others; building on our collective strengths, expertise, and shared values; for the betterment of our patients, their families, and our community. Our Quality Improvement Plan (QIP) incorporates our mission, vision, and values with the quadruple aim for healthcare improvement. Our QIP aims to enhance the patient experience, improve population health outcomes, improve front-line provider experience, and maximize value.

We focus on using a co-designed people-centred care approach to achieve our quality goals and solutions. We involve all key stakeholders from the outset as equal partners to ensure the sustainability of our initiatives. These key stakeholders include:

1. Our patients, caregivers, and families
2. Ontario Health's Improvement team
3. Employees within our organization
4. External partners from our community and other organizations

We are very proud of our continued success in reducing the length of stay and improved patient experience in our Emergency Department (ED). We are currently number one in the province out of 74 hospitals in our Pay for Results overall ED performance metrics. We are committed to promoting quality improvement in these areas by engaging with our patients, families, community, employees, physicians, and other stakeholders to implement strategies for any issues or lessons learned with access and flow.

Our initiatives for the 2024/25 fiscal year include goals within the quality priorities identified: access and flow, equity, patient experience, and safety. We aim to improve access and flow through the Emergency Department by reducing overall emergency room length of stay, and time to inpatient bed. Under the domain of equity, our focus will be on providing Anti-Black Racism education to all staff within the organization. To address patient experience, we are continuing to create change initiatives for the indicator: 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? The safety of our patients and our workers within the organization is a priority so we have selected the indicators; best possible medication discharge plan, and the number of workplace violence incidents resulting in lost time.

Access and Flow

Ensuring smooth access and flow within a hospital is crucial for efficient and effective patient care. To optimize these processes, our hospital has implemented standardized procedures for admissions and discharges, including a daily review of Time to Inpatient Bed (TTIB) metrics. This allows us to identify any bottlenecks or delays in the admission process promptly. Additionally, we regularly review outliers and implement changes to improve efficiency. Our standardized processes include:

1. Stat bed cleaning procedures to minimize turnaround times.
2. A discharge nurse for all medical patients
3. Discharge instructions for patients.
4. Phone calls within 48 hours of discharge, ensuring patient understood instructions and any other questions can be answered.

Collaboration plays a key role in improving access and flow by fostering strong partnerships and sharing information. This ensures a continuity of care and reduces unnecessary delays. We hold bimonthly meetings with long-term care (LTC) facilities and retirement homes to enhance communication and streamline patient transitions between care settings.

We have introduced two new roles in the ED. The first is a Geriatric Emergency Management (GEM) nurse who conducts Assessments of Urgency and Assistance (AUA) for all patients at risk, including those with Alzheimer's disease. This proactive approach, allows us to identify patients who may benefit from additional support services in the community, ultimately reducing the need for hospital admissions or additional ED visits. The second role is an Alzheimer's support person for the Dementia Resource Team (DRT). The DRT provides, specialized care and guidance to patients and their families for patients who are identified in the ED with early onset or progressive dementia.

To facilitate seamless transitions for patients returning home after hospitalization, our hospital has established a robust partnership with Home and Community Care services. This collaboration helps prevent unnecessary hospital admissions and promote patient well-being outside of the hospital setting, by coordinating care and support services in the community.

All these initiatives have assisted us in ensuring our community receives the right care, in the right place, at the right time.

Equity and Indigenous Health

Recognizing that disparities, inequities, and discrimination occurring in our healthcare system affect patient outcomes, we have provided mandatory training to all staff on the history and experiences of Indigenous and Sikh individuals. The Indigenous awareness education included learning about residential school survivors and how we, as healthcare providers, can work towards Truth and Reconciliation. To provide training on Sikh experiences:

1. We worked with a member of our local Sikh community, who is also a member of our Patient and Family Advisory Council (PFAC), in arranging a guest speaker to present on Sikh traditions and practices.
2. We also provided in person and online education for the rest of our staff from what we learned at the presentation and from our Sikh community member.

The third training we initiated for our staff was on unconscious bias. Unconscious bias refers to, the attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner. Unconscious biases can influence our perceptions and interactions during patient care without our awareness. This training was completed either in person or through online modules.

Our Equity, Diversity, Inclusion and Belonging (EDIB) Committee initiated our work plan last year based on the Ontario Health Framework. Our committee consists of frontline staff, our President/CEO, other leaders and PFAC members to ensure transparency and engagement throughout the organization and in the community. To promote a sense of inclusion, we are hanging welcome banners in various languages based on our community demographics. Our EDIB Committee and PFAC, along with the hospital's Board of Trust have reviewed these banners.

We are happy to report that the rate of completion by our staff for all mandatory training was 95.8%. To support our continued efforts to educate staff on health inequities and discrimination, we will be rolling out Anti-Black Racism training with a target set for, 95% of all staff to be trained by the end of the 2025 fiscal year.

Patient Experience

Promoting an exceptional patient experience lies at the core of our commitment to delivering people-centered care. To achieve this goal, our hospital has implemented various initiatives aimed at enhancing communication, engagement, and satisfaction throughout the patient journey.

One significant step we have taken is completing bedside patient experience surveys done by our Chief Nursing Executive and Vice President of Patient Care, our Patient Experience Director, and our patient representatives. By actively seeking feedback from patients and their families, we gain valuable insights into their experiences and can recognize and implement concerns for improvement. Improved collaboration and communication between the frontline staff, physicians, and patients has been one of the outcomes of these surveys. This initiative not only fosters transparency but also encourages a culture of continuous improvement.

To ensure the patient's voice is heard and valued, a Patient and Family Advisory Council member now serves as a voting member on our hospital Board. This ensures that patient perspectives are integral to decision-making processes at our highest level of governance.

We are committed to amplifying and empowering patient voices by capturing their stories, as well as implementing changes within our departments based on the feedback patients provide. One change we made from patient feedback and input from our PFAC members, was to our after-hours processes for MRI and CT scans. This change in process, ensured easier access, understanding of information and convenience for our patients.

Another change we rolled out hospital-wide this fiscal year, was our new patient TV/entertainment system. Patients and their families had contacted our patient relations office to express concerns about our old TV system not functioning well. We then initiated a co-designed project with our patient representatives in the selection of the new platform. They were able to provide valuable input regarding product choice, desired services, personalized entertainment, and information options. We also involved other patients, their families, and our staff by bringing in sample TVs to help us understand what the best experience means for everyone. Using feedback from all stakeholders, we also included virtual appointment and patient education applications on the new TV/entertainment system, to ensure we can meet the needs of the future.

Additionally, patient education materials, policies and information handouts undergo thorough evaluations by our PFAC team, guaranteeing that patient and family perspectives are integrated into all facets of hospital operations.

By prioritizing patient feedback, engagement, and representation, we are dedicated to fostering a people-centred culture where every voice is heard, ultimately enhancing the patient experience.

Provider experience

We currently have approximately 1,200 employees working in our organization. Given the challenges posed by the pandemic, our hospital has placed a significant emphasis on supporting the overall well-being of our staff. During the past fiscal year, we have fostered staff wellness through the following initiatives:

1. Promoted the access and use of our enhanced Employee and Family Assistance Program (EFAP) coverage after recognizing the increased need for mental health supports. Health Benefits include expanded coverage for mental health services by a psychologist, registered psychotherapist, or social worker. We have also reinvigorated our Critical Incident Stress Management (CISM) team, that provides staff with emotional debriefs after an incident.
2. We continue with our quarterly all staff town hall meetings via webinar, to keep staff informed about any changes or initiatives occurring within the organization. There is also an opportunity to submit anonymous questions to be answered during the session by the Senior Team. While these sessions are well attended, they are also recorded and posted on our internal intranet to allow staff to view later if they are unable to attend.
3. Continued engagement between the Senior Team and frontline staff in all departments was recognized as mutually beneficial to both groups. Acknowledging the significance of this initiative, the Senior Team persists in conducting "Heels Up" sessions, which involve purposeful rounds and interaction with frontline staff across the organization to gather their insights on workplace culture and transformations. Utilizing standardized questions during "Heels Up" sessions, helps minimize unconscious bias and ensures that all interviewees have an equal chance to voice their concerns.
4. Our Wellness Committee continues implementing multiple actions based on staff feedback throughout the organization. These include, but are not limited to, a staff baseball tournament, food trucks, massage chairs, and candy grams. We also collaborate with our community partners to provide wellness events that include barbeques, massage sessions, and a wellness fair.

5. Human Resources has also introduced a new learning program called Gro**WH** as part of the hospital's commitment to learning and development. The first of these initiatives available to all staff, called Enh*nce, consists of workshops on communication, managing conflict, engagement, wellness, change management, trust, emotional intelligence, and group dynamics. The second program called Elev*te, was created to invest in our people by developing dynamic leaders throughout the organization. This program educates current or future leaders in areas such as critical thinking, developing communication and conflict skills, building and motivating teams, and driving results.

6. Recruitment and Retention post-pandemic continues to be a challenge for most organizations within the healthcare sector, including our hospital. To address this, we have implemented a clinical extern program in the summer and throughout the year. This program promotes our hospital as both a current and future workplace. Through this program, we have been successful in hiring six post-summer externs. Recognizing that the pandemic has limited the clinical experience opportunities for new nurses, we continue to utilize clinical scholars. This opportunity ensures at-the-elbow support for new nurses, improving our retention rate to 90% for new hires. We have also increased our engagement with colleges and universities during job fairs, and we also successfully held our own job fair with over 60 participants. This collaboration led to us successfully hiring staff to join our organization.

7. To encourage and support a Just Culture for all staff throughout our hospital, we have started implementing our Safety and Quality Improvement Huddles. Our goal in implementing these huddles in all departments is to provide a psychologically safe space for all staff to speak up about concerns while encouraging to work on continuous quality improvement.

Safety

Patient safety is the cornerstone of our organization's commitment to providing high-quality healthcare. In our relentless pursuit of excellence, we have implemented a series of initiatives to foster a culture of safety and continuous improvement.

First and foremost, we recognize the importance of learning from patient safety events. To this end, we have incorporated the practice of sharing lessons learned from such events during regular unit huddles. By openly discussing incidents and near misses, we create opportunities for reflection and proactive problem-solving, ultimately enhancing our ability to prevent future occurrences.

In addition to safety huddles, we are dedicated to equipping our staff with the necessary knowledge and skills to prioritize patient safety. This includes providing just culture training to all employees, fostering an environment where reporting errors is encouraged, and balancing accountability with fairness and learning.

Additionally, our commitment to people-centred care ensures that all staff members receive comprehensive training in patient safety principles. By emphasizing the importance of putting patient safety at the center of every decision and action, we empower our team to deliver care that is not only effective but also safe and compassionate.

Transparency and accountability are also fundamental to our approach to patient safety. We regularly share Patient Safety Committee minutes with our Quality committee, ensuring that key insights and initiatives are communicated and acted upon at the organizational level. To ensure that patient perspectives are integrated into our safety efforts, a Patient and Family Advisory Council (PFAC) member also sits on our Patient Safety Committee. To promote trust, we also conduct Quality of Care Information Protection Act (QCIPA) reviews, with facts, causes, consequences, and actions taken shared openly with patients and their families.

Furthermore, we are engaging with our patient and family partners to brainstorm new innovative ideas on how to share learnings about patient safety with our patient partners to prevent future occurrences. This people-centred care approach involves asking those who receive care, how they would like to learn about the safety of the care we provide. One change idea we are already working on is a more comprehensive patient safety report on our external website and hospital newsletter.

In conclusion, our organization's unwavering dedication to patient safety is reflected in our proactive approach to learning, training, transparency, and collaboration. By prioritizing safety at every level, we strive to create an environment where patients can confidently receive the highest standard of care.

Population Health Approach

Woodstock Hospital has continued to be a strong partner within the Oxford Ontario Health Team (OHT) by being an active participant and providing leadership on all teams within the OHT. At the heart of this partnership lies our commitment to people-centred care and smooth transitions from the hospital to home. Through engagement with our community partners, we have implemented Patient-Oriented Discharge Summary (PODS) instructions for all palliative patients discharged from the hospital to home. This initiative changes how discharge instructions are created, making them more accessible and understandable for patients and their families. OHT's innovative technology allows us to tailor instructions to each patient's care needs, ensuring they leave with the knowledge and resources necessary for a successful, supportive transition to home.

Moreover, identifying the increase in chronic disease within our community, we have partnered with EMS at the OHT table to promote EMS Remote Care Monitoring for Chronic Illness Management. Through this program, we empower patients to take control of their health from the comfort of their home. By monitoring vital signs and symptoms remotely, the team can intervene early, prevent exacerbations, and reduce the need for hospitalization or frequent emergency room visits.

As mentioned earlier, we have also implemented the GEM nurse and the Dementia Resource Team to work with our increasing aging population and those individuals' experiencing dementia.

With these exciting collaborations, we're taking a significant step towards delivering comprehensive, people-centered care. Together with the OHT, we are transforming healthcare delivery and making a positive impact on the lives of those we serve.

Another area we focus on is our mental health services. With the noted rise in mental health concerns, our health professionals work collaboratively to provide much needed services to individuals experiencing mental health issues. According to the Mental Health Act, every psychiatric facility is mandated to offer five essential services including, consultation and education, inpatient services, outpatient services, day care services and emergency services. Our health professionals actively engage and collaborate with our community partners to develop and enhance programming to fulfil each essential service. Through identification of program gaps, needs assessments and capacity analysis, we have successfully co-created, enhanced and developed numerous programs which contribute to the core programming offered at Woodstock Hospital. Partnering with others has directly resulted in the development of Community Psychiatry Sessional programs, Addictions Response Resources, the Crisis Response Team, the Transitional Case Management Program, Peer Support, Binge Eating Disorders Group, the Critical Incident Stress Management Team and the Talk In Counselling program. Through collaboration we hope to continue developing programming which meets the mental health and addictions needs of Oxford County.

Executive Compensation

The portion of salary at risk for each individual senior executive has been set at 2% of the base salary. This compensation formula applies to the following individuals: CEO, VP of 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, 2025.

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

Board Chair  DocuSigned by:
Patrice Hilderley
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Board Quality Committee Chair  DocuSigned by:
Lisa Symons
2E9B7D88E07746F...

Chief Executive Officer  DocuSigned by:
Peggy Perry
77CFD428DF82446...

Other leadership as appropriate  DocuSigned by:
Cynthia Smart
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