

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

April 6, 2023

OVERVIEW

Services de santé de Chapleau Health Services is committed to the provision of the best quality of services possible to area residents. To achieve consistency and excellence in services throughout the organization requires the participation and commitment of every individual.

It is the vision of services de santé de Chapleau Health services to be a sustainable, isolated rural health care hub focused on safe, quality, effective, and patient-centred care. Three strategic directions support the achievement of this vision:

- Ensure sustainable operations.
- Better coordinate services.
- Communicate with and engage everyone.

The Quality Improvement Plan is one component of the organization's overall Quality Management Program. The Quality Management Program is approved by the Board of Directors and involves all employees, programs, services, departments and committees in ongoing efforts to assure and improve quality throughout the organization. Through the Quality Management Program, the organization coordinates and synthesizes quality assurance and quality improvement information, processes and activities. There are three major component parts of the Quality Management Program:

- Assuring quality
- Improving quality
- Performance evaluation

Departments, Teams, Committees and groups regularly assess their

performance, comparing the results to benchmarks and best practices whenever these can be identified, in order to identify opportunities for improvement. These are prioritized and worked on throughout the year to make changes in process and structure with the objective of improving performance.

The Ministry's mandated Quality Improvement Plan is one source of potential quality improvement initiatives. Other sources include benchmarking through Accreditation Canada, risk management assessments, the patient safety plan, the Long Term Care Ministry of Health Compliance inspections and the wealth of information available at the department or program that relates specifically to its focus. SSCHS's Quality Management Program is well documented, and is recognized by the surveyors from Accreditation Canada for its comprehensive nature. SSCHS received accreditation with exemplary standing during its most recent site survey in November 2021.

This year's QIP was developed based on patient/resident/family feedback, comments and suggestions. SSCHS listens to the voice of the patient and incorporates the voice into the identified areas of opportunity and into the improvement initiatives included in this plan.

PATIENT/CLIENT/RESIDENT ENGAGEMENT AND PARTNERING

In the Long Term Care facility staff have regularly met with Residents Council and Family Council to ensure clear communication of the evolving pandemic. A member of Family Council has joined the Quality Working Group.

Technology (i.e. Teams, Zoom, social media, public website) has permitted SSCHS to communicate openly with patients/clients/residents and families. These avenues have provided opportunities for effective and timely communications.

We thrive to revamp our PFAC in 2023/24. Our objective is to restart regularly meetings with an increase in membership. The retroaction from patients/clients/residents is essential to the facilities growth.

QR codes for patient experience surveys have been posted throughout the facility in all departments to allow anonymous patient/client feedback. Concerns from these surveys are reviewed by the Quality Working Group and the Board, as well as other committees (i.e. Multi-Disciplinary committee) to allow for the development and execution of action plans.

PROVIDER EXPERIENCE

The COVID-19 pandemic has continued to have an impact on staff. Like many other facilities we have experienced staffing shortages throughout the facility, due to COVID-19. Staff have supported one another through these unprecedented times; covering shifts when possible to ensure appropriate staffing compliments.

Our staff have been exceptional at following facility policies and Ministry Directives. They have respected the swabbing, vaccination, screening and other requirements as needed. Staff have supported one another and gone above and beyond to ensure that staffing complements were met. Additional staff (agency staff) has been provided to help alleviate some of the staffing concerns when and where possible. Recruitment and retention remain a top priority for SSCHS.

SSCHS has maintained staff appreciation initiatives when/where possible. Staff also continue to have access to the Employee and Family Assistance Program (EFAP) through Turning Point, our Mental Health and Addiction program. Turning Point staff have played an integral part in ensuring staff wellness.

WORKPLACE VIOLENCE PREVENTION

Health and safety is a key component in SSCHS values stating that "We care about the health and safety of patients, clients and employees." The Workplace Violence policy is created by the Occupational Joint Health and Safety Committee and is authorized by the CEO. The policy states:

"The Board, Senior Team and management of Chapleau Health Services recognizes the potential for violence in the workplace and therefore will make every reasonable effort to identify all potential

sources of violence in order to eliminate or minimize these risks. Chapleau Health Services has zero tolerance for any type of violence, within the workplace or at work-related activities. Chapleau Health Services is committed to the expenditure of time, attention, authority and resources to the workplace in order to ensure a safe and healthy working environment for all employees and clients for whom we provide care.

In the event a violent incident or unacceptable behaviour is perpetrated by an employee, Chapleau Health Services will intervene taking any action necessary to stop the behaviour of the employee, up to and including discharge for cause.

In the event there is a violent incident or unacceptable behaviour towards an employee, Chapleau Health Services will take steps to protect the employee from further harm, including taking any steps necessary to reduce the possibility of the event recurring."

Incident analysis is conducted semi-annually and reported to the Quality Working Group and the Quality Committee of the Board. Workplace violence incidents are also tracked on the Board Indicator List. The list is reviewed quarterly by the Quality Committee of the Board.

The previous QIP's focus was to prepare staff in the event a violent incident did occur. Change ideas included conducting a mock code white and monitoring compliance with mandatory training and policy and procedure adherence. This year's QIP will focus on ensuring patients, visitors, and staff are aware of their rights, responsibilities and values as well as ensuring staff are prepared to respond to a violent incident.

PATIENT SAFETY

Services de santé de Chapleau Health Services (SSCHS) is committed to ensuring that risk management and safe practices are embedded into all processes and operations to drive consistent, effective and accountable action, and decision making in management practice and Board governance oversight. SSCHS has designed its IRM framework to be consistent with Accreditation Canada Standards and reflects the Mission, Vision and Strategic Priorities of the organization.

SSCHS participates in HIROC's Risk Assessment Checklists (RAC) self-assessment program. The RAC program assists in providing focus for the ongoing risk management and patient safety processes within the organization. In 2022, an updated policy for risk management has been completed to reflect the new updates and include HIROC Risk Assessment as part of the risk management program.

New to 2022/23, Patient safety incidents are reported and included with the overall SSCHS incident reporting database. SSCHS records all reported incidents in a central location and findings are reported on a quarterly basis to the Quality Working Group committee, and Board Quality committee. The quarterly reports are used as indicators for quality improvement plans, departmental/committee goals and objectives, and external reporting requirements. The incidents that are collected are summarized in 7 main categories; LTC Patient Safety, Acute/Emerge Patient Safety, LTC Medication, Acute Medication, Employee Incident Report, Complaints, and Patient Surveys. The categories are then further broken down to type of incidents, which provides an extra level of detail to help with identifying opportunities for improvement.

HEALTH EQUITY

The Chapleau area is home to 3 distinct indigenous communities. Partnerships and collaboration with these communities has not generally been sustained. The goal of SSCHS is to develop trust relationships with these communities and work together to deliver care in a culturally safe manner. At this time no formal programs have been developed, however senior leadership has been mandated by the board to work on relationships in order to better serve our neighbors.

EXECUTIVE COMPENSATION

Members of the SSCHS Executive Team have their compensation linked to achieving specific QIP targets as well as achieving other individual performance targets. The amount of compensation that is performance-based for each Executive Team member is determined as a percentage of that member's base salary. The performance-based compensation percentages at risk for the 2023-24 fiscal year are as negotiated in the employment agreements.

To enhance the accountability and ability to achieve success, the targets identified in the QIP form the basis for several performance goals for the leadership team, staff and physicians. Each member of the Executive Team will have his/her performance-based compensation tied to the achievement of all indicators listed in the 2023-24 QIP.

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 29, 2023**

Luc Tessier, Board Chair

Nicole Loreto, Board Quality Committee Chair

Dawn Morissette, Chief Executive Officer

Julie Connelly, Other leadership as appropriate
