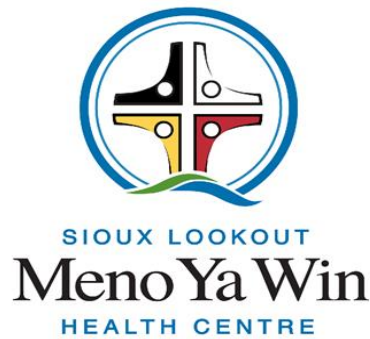


Let's Make Healthy
Change Happen.



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



1/25/2023

This document is intended to provide healthcare organizations in Ontario with guidance as to how they can develop a Quality Improvement Plan. While much effort and care have 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

Sioux Lookout Meno Ya Win Health Centre (SLMHC) is a 52-bed accredited acute care hospital with an additional 21-bed ELDCAP facility, the William A. George Extended Care, located off-site. Grounded in the cultural values of the Anishinaabe people, SLMHC provides a broad range of acute and specialized services across the continuum of primary health care. These include chronic disease prevention and management services, mental health counselling and addiction services, and surgical services along with various acute and other integral outpatient programs. SLMHC serves a population of approximately 30,000 residents, across a vast geography in northern Ontario, with approximately 85% identifying as Indigenous. Our care is based on recognizing the relationship between the person's physical, emotional, mental, and spiritual aspects.

SLMHC's vision is to be a *“Centre of Excellence in First Nations and northern health care by working together to improve the health status of individuals, families, and communities now and for generations to come”*, SLMHC is committed to its 2023-2024 Quality Improvement Plan (QIP). Leveraging information gathered from various community engagement opportunities, SLMHC developed the QIP in alignment with our strategic priorities.

SLMHC's Strategic Goals and Strategies: The strategic plan serves as a guide for the Executive, Management, Staff, and Physicians of SLMHC in all decision-making as well as program or operational planning. In consideration of the constantly changing healthcare environment, there may be a need to adopt new strategies or alter the current strategies to ensure our services provide the best value to our patients while maintaining optimal performance as an organization. The following are the strategic goals and strategies for SLMHC:

- SLMHC will explore New and Expanded Hospital Services.
- SLMHC will advocate for high-quality health services through Financial Growth and Sustainability.
- SLMHC is committed to Investing in People.
- Innovations and Partnerships.

QIP Indicator's Overview: Our 2023-2024 QIP demonstrates our ongoing commitment that reflects our commitment to *‘Excellence Every Time’* and it fits within our strategic pillars of Quality, Service, People, Innovation, Finance, and Efficiency. In this fiscal year 2022-2023, though the pandemic was still lingering around we were able to achieve almost 7 out of 15 indicators, which achieved the desired target and among the rest of the 8 indicators three are performing better than their previous year's performance. Workplace violence is one of the hospital's reported indicators, which is significantly trending down over the years since it has been started to be tracked and monitored in QIP. It started from 38 cases in 2018/2019 to 14 cases in 2022/2023 cases in the current fiscal year still we are working towards our target of having zero workplace violence incidents in our hospital. Our staff training and implementation of our Vocera smart badges are a bigger player in achieving these results.

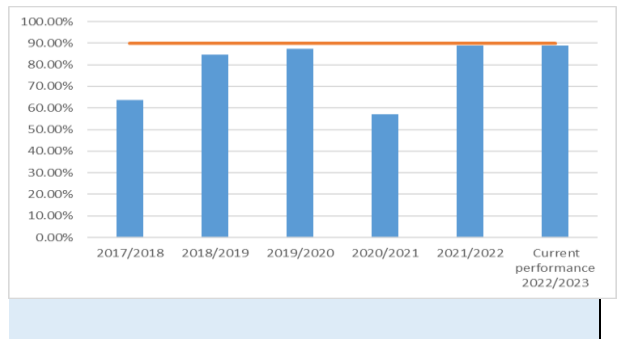
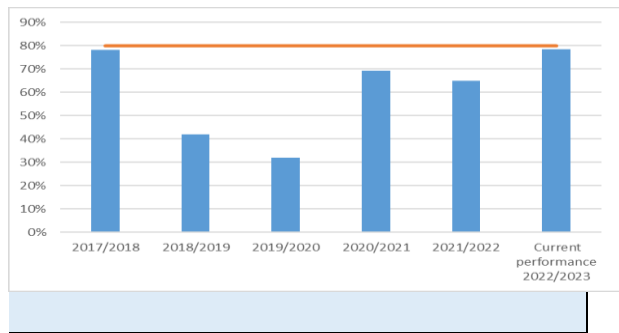
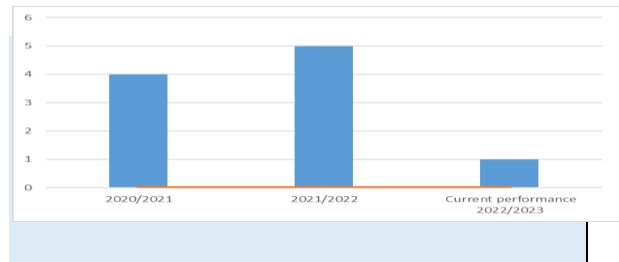
CHART: One of our Best Performing Indicator's Results



Table: SLMHC's 2022-2023 QIP Indicators and their current performance with Target

Indicators that achieved the target	2021-2022	Current performance 2022-2023	Target	Trend
Number of ED visits for a modified list of ambulatory care-sensitive conditions* per 100 long-term care residents.	<5	<5	To maintain the current low level	
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences".	88.89%	90.91%	95%	
Percentage of respondents who responded "completely" to the following question: 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?	-	72%	80%	
Number of workplace violence incidents reported by hospital workers (as defined by OHSA) within a 12-month period.	21	14	0	

<p>Number of workplace violence incidents reported by LTC workers (as defined by OHSA) within a 12-month period.</p>	<p>5</p>	<p>1</p>	<p>0</p>
<p>"Were you or your caregiver asked what your NEEDS or CULTURAL values are when making decisions about your care? (Your unique needs, customs, beliefs, rituals, traditions, such as any or all of the following: accessibility needs; dietary restrictions such as gluten-free, vegetarian etc.; interpreter assistance for all languages; family members or close friends present; visits by clergy members, elders, or spiritual leaders; visits to the multi-denominational chapel; access to the traditional ceremonial room; traditional healing options; sacraments or sacred rituals; whom you would like to make decisions about your care if not you; etc.) (Percentage of Hospital Inpatients responding, "Strongly Agree" Top- Box)</p>	<p>65%</p>	<p>78.39%</p>	<p>80%</p>
<p>"Were you or your caregiver asked what your NEEDS or CULTURAL values are when making decisions about your care? (Your unique needs, customs, beliefs, rituals, traditions, such as any or all of the following: accessibility needs; dietary restrictions such as gluten-free, vegetarian etc.; interpreter assistance for all languages; family members or close friends present; visits by clergy members, elders, or spiritual leaders; visits to the multi-denominational chapel; access to the traditional ceremonial room; traditional healing options; sacraments or sacred rituals; who you would like to make decisions about your care if not you; etc.) (Percentage of Hospital Inpatients responding, "Strongly Agree" Top-Box)</p>	<p>89%</p>	<p>88.89%</p>	<p>90%</p>



Patient/client/resident Engagement and Partnering

Quality Assurance Department: For better and standardized engagement between our staff, QA team and the clients we serve, we are planning to build a Quality Assurance platform which will be more formalized and interactable with the client-service staff and Quality Assurance team/department. Based on the COVID impact from the past 2 years and our Board's decision, we are looking to redesign and improving the Quality Department/Program by adapting to new technology and system enhancement which will directly help the Quality Assurance department to improve the quality of all the health services provided to our clients in Sioux Lookout and the 33 communities that we serve. The formalized and automated Quality-Assurance/QIP platform initiative will help us to improve better tracking data and trends; support staff involved in stressful events; improve Auditing and foster culturally appropriate services that support the principles of high quality and reliability. Through which, the expected outcomes are:

- Better QA/QIP tracking for risk remediation
- Increased incident reporting
- Lower turnover rates
- Improved patient satisfaction rates
- Greater employee satisfaction
- Decreased cost utilization
- An improved overall patient safety environment
- Increases patient satisfaction and quality of our overall health services provide to our clients and the 33 communities we serve.

The current QIP method relies on the survey results, including the survey kiosks. Also, we have included the feedback from the Board, Accreditation Canada, and the Quality committee, on the Quality improvement plan for the quality improvement activities. Furthermore, we are working forward for more standardized and interactive Quality improvement activities through the QA department in the upcoming years.

Provider experience

As we are all aware, workplace stressors have been exacerbated by the COVID-19 pandemic, increasing rates of burnout related to decreased staffing levels, and placing an unprecedented strain on Ontario's healthcare system. And in ways of supporting our staff and workshops related to Mandatory Management Psychological Health & Safety Workshop Fostering Well-Being Through Leadership, which are funded by the Ministry of Health. So SLMHC partnered with CMHA Ontario's Your Health Space (YHS) program to bring this workshop to our management team.

In the current environment, there is a significant concern among healthcare providers due to the burnout related to the decreased staffing levels and staff retention to support nursing retention and stabilize the current nursing workforce during these critical times SLMHC Temporary Retention Incentive program for Nurses through the provincial government was provided to our full time or part-time, casual, all practicing nurses (RNs, RPNs, NPs) have been provided. Further, Proactive efforts are made to address retention and recruitment issues by promoting from within and working in close collaborations with post-secondary first nations and affiliated partners to attract skilled and qualified professionals to work in rural.

A great number of Staff activities like Staff appreciation barbeques, Christmas dinners, Kids outdoor movie night, Recognition initiatives – i.e., years of service awards, parking space, signing Retention-bonuses, Employee and Family Assistance Program, and Community Mental Health Program provides “walk-in” supports for the staff of the SLMHC are also provided.

As an organization in reducing wait time in MRI scans. we are implementing a new Magnetic Resonance Imaging MRI unit that will help provide better health care services both closer and sooner for our patients and service area. An MRI unit is crucial for ensuring proactive and timely healthcare services for residents served by us here at SLMHC. Currently, our patients endure wait times and required travel for MRI scans in both Thunder Bay and Winnipeg. An MRI unit at SLMHC will improve access to healthcare services for our patients, and it will reduce wait times as patients look to access MRI scans.

Workplace Violence Prevention

SLMHC is committed to providing a safe and supportive environment for our employees, patients, and stakeholders. Workplace Violence is included as a measure on the yearly QIP. With the support of our Board of Directors and the Senior Executive, the organization has undertaken a full review of the Workplace Violence Prevention program and is currently addressing any gaps by leveraging recommendations provided by the Ministry in June 2017. We do not tolerate workplace violence and we endeavour to identify, mitigate, and prepare for the risk of violence through training and reporting structures. We conduct regular risk assessments and deliver workplace violence training to all staff (i.e., non-violent crisis intervention). We review/investigate all reports of violence (using utilizing root cause analysis) and take corrective action as appropriate. Vocera Smart badge has helped speed up the response time to critical events the right rapid response group members receive the right notification on their Smart badge and can act fast thereby boosting staff safety and patient experience in SLMHC.

Patient safety

In SLMHC we have a high priority on patient safety. We have implemented Hand hygiene as one of our Quality indicators in our hospital even before the pandemic, from the year 2018/2019 we are monitoring Hand hygiene in our QIP work plan and also the results are displayed department-wise and publicly in visitor areas. And frequent audits are conducted and on spot, training is provided to the staff who missed step-in-hand hygiene. On average, we have 80% of the time overall compliance with hand hygiene and we are working towards the gold standard of 100% on this indicator.

And through Riskpro our safety and event reporting program, SLMHC currently uses to report and track safety event information and data collects factual information about a safety event that occurred (for example, for a patient falls and medication error, employee general complaints, etc. are being collected). SLMHC uses the World Health Organizations definitions of Levels of Harm/Event Severity (from Level 1 No harm, Level 2 Mild Harm, Level 3, Moderate Harm, Level 4 Severe harm, and Level 5 Death) for both Hospital staff and visitors and our residents at our long-term care homes. Once the report is submitted, Staff who submit reports can see the progress of the file. Also, an email alert is sent to the leadership team members whose departments are directly affected. All applicable department leaders will be alerted if a report affects multiple departments. Follow-ups and Root Cause Analysis will be completed to correct the issue depending upon, whether the file will be closed. It also acts as a tool for staff Providing suggestions on how to prevent the same, or similar, event from happening in the future.

Health Equity

“Health Equity allows people to reach their full health potential and receive high-quality care that is fair and appropriate to them and their needs, no matter where they live, what they have, or who they are” - Health Quality Ontario. At SLMHC, our mission, vision, and values speak directly to creating an environment that is supportive and inclusive for all, regardless of age, race, religion, sexuality, or gender identity. We serve a very unique population where the first nation population and we are focused on providing highly culturally appropriate care for the population we serve. We also make sure by tracking them in our surveys we provide them by asking did we provide culturally appropriate care. On average, we always receive a top box result of almost 80% in our hospital services and 90% in our extended care homes.

Language barrier where the elder population: the population we serve mostly we deal is the first nation population where our patient speaks (Ojibwe, Oji-Cree, Cree), we provide translation services for our patients and for the upcoming year we are planning to translate the survey questions in Oji-Cree that will facilitate our elder population who has the language barriers to give their input in our surveys thereby contributing in our quality improvement efforts by receiving the survey from the elder population. There is on-site translation-services for the indigenous population, which consists of 90% of admitted patients; these translators are respected by the patients, families, and staff members as a valued and essential asset to the care provided. They also become strong advocates for the patients. Furthermore, learning conversational Ojibwe training (Anishinaabemodaa) language classes, which are provided with every Friday at noon to our staff, to help them work with our clients with better cultural understanding. Ultrasounds are provided to the northern remote communities in collaboration with SLFNHA with the mobile unit facility.

In aligning with our commitment to our mission statement *“embracing diversity”* and holding ourselves accountable to our values of *compassion, respect, and quality*, we have set out an environment which is supportive of the two-spirited, lesbian, gay, bisexual, transgender, and queer (2SLGBTQ+) community. Research tells us that members of the 2SLGBTQ+ community experience higher rates of mental health concerns are less likely to have routine screening for certain cancers and chronic conditions and are less likely to access care when they need it. These facts are rooted in real or perceived discrimination and harassment when accessing the health care system in 2022 SLMHC started to provide the mandatory course 2SLGBTQ Foundations Course which was developed by Rainbow Health Ontario (RHO), a program of Sherbourne Health, as a seven-module course in our hospital. to all staff. The course provides foundational knowledge for providing care to 2SLGBTQ people. with high-quality inclusive, affirming, welcoming; culturally sensitive care. deliver appropriate care to members of the 2SLGBTQ+ community.

As a hub of the north, we are the first point of contact for health care for them. So, we understand their unique challenges in travelling and sometimes there exists a language barrier where the elder population. We offer translation services and in promoting health equity and culturally safe and inclusive care SLMHC has a traditional sweat lodge complementing the healing room (for first nation patients and clients). Anishinaabe Cultural Training and Indigenous Cultural Safety Training customized for agency staff (to address high numbers of agency staff and high turnover rates)

Executive Compensation

Executive compensation is tied to the improvement target with a 3% salary at risk for the CEO and a 1% salary risk for our executive team. In SLMHC, the senior management takes responsibility for the quality of performance.

Contact Information

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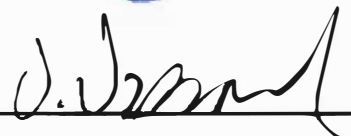
Sign-off

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.

Board Chair  (signature)

Board Quality Committee Chair  (signature)

Chief Executive Officer  (signature)

Other leadership as appropriate _____ (signature)