

Quality Improvement Plan (QIP)

# Narrative for Health Care Organizations in Ontario

April 4, 2023



## OVERVIEW

Middlesex Hospital Alliance (MHA) is comprised of Strathroy Middlesex General Hospital (SMGH) and Four Counties Health Services (FCHS). The two community hospitals are located in the Western Region of Ontario Health.

SMGH is a full-service medium-size patient/family-centered community hospital providing a comprehensive range of emergency, diagnostic, surgical, obstetrical and ambulatory care services, as well as both primary and secondary care. The hospital operates 54 acute care beds. Medical staffing includes a number of active local family physicians, internists, surgeons and specialists. Total staffing for the hospital including full-time and part-time staff is approximately 508.

FCHS is a rural patient/family-centered primary care facility providing emergency, diagnostic, and ambulatory care services close to home. The hospital also operates 12 acute care beds. Serving approximately 23,000 residents, it is located in the village of Newbury at the intersection of Lambton, Kent, Middlesex and Elgin Counties. Medical staffing includes a number of active local family physicians and visiting specialists. Total staffing for the hospital including full-time and part-time staff is approximately 133.

FCHS has an active Adult Day Centre and supports numerous community programs such as Meals on Wheels, and VON's Palliative Care Volunteer Program. The FCHS is a partner with the Four Counties Community Villa, which is located on FCHS property. The Villa offers supportive housing to its residents.

At the MHA, we are constantly assessing, responding and evolving to meet the needs of our dynamic community, and it is our vision to become the hospital of choice for patients/families, physicians, and employees in the area. To accomplish our mission and vision, after much internal and external engagement with key stakeholders and partners, the MHA Board of Directors are launching the new MHA Strategic Plan 2022-2026, in spring 2023. We have selected three strategic priorities to focus on: Delivering Exceptional Care, Support and Inspire Our people and Build for Growth and our goals are selected to achieve our vision. Our Quality Improvement Indicators (QIP) indicators are aligned with our strategic priorities.

FY 2023/24 QIP Indicators in alignment with New Strategic Plan (MHA will be launching new strategic plan at the start of the summer of 2023)

Strategic Priorities & Goals	Indicators
<b>Deliver Exceptional Care</b> <ul style="list-style-type: none"> <li>• <i>Compassionate care experience</i></li> <li>• <i>Improve quality by adopting best practices and standards</i></li> <li>• <i>Improve continuity of care transitions for patients</i></li> <li>• <i>leverage technology to support better connected care</i></li> </ul>	1) Patient Experience: Did you receive enough information when you left the hospital. 2) Percentage of patients discharged from hospital for whom medication reconciliation is provided. 3) Hand Washing Compliance - Moment 1 (before touching a patient) by Hospital Care Provider. 4) Inpatient Falls with Serious harm.
<b>Support and Inspire Our People</b> <ul style="list-style-type: none"> <li>• <i>Develop an innovative employee retention strategy</i></li> <li>• <i>Design an effective employee retention strategy</i></li> <li>• <i>Develop a Diversity, Equity &amp; Inclusion program</i></li> <li>• <i>Strengthen our focus on wellness &amp; wellbeing</i></li> </ul>	1) Number of workplace violence incidents. 2) Percentage of MHA leaders that have taken designated Justice, Equity, Diversity and Inclusion training.
<b>Build for Growth</b> <ul style="list-style-type: none"> <li>• <i>Assess service delivery in alignment with community needs</i></li> <li>• <i>Continue SMGH revitalization project</i></li> <li>• <i>Strengthen corporate cyber security position</i></li> <li>• <i>Enable and sustain a long term financial plan</i></li> <li>• <i>Strengthen our partnerships to advance high quality care</i></li> </ul>	1) Percentage of discharge summaries Turn Around Time (completed) within 48 hours of discharge.

## PATIENT/CLIENT/RESIDENT ENGAGEMENT AND PARTNERING

The Mission Statement of the MHA is “to provide the healthcare we would expect for our own families.” Provision of this care is only successful if patients and their families/caregivers are engaged and involved at the bedside and/or in an advisory capacity.

Planning for the introduction and establishment of our Patient and Family Advisory Council (PFAC) began well before the COVID-19 pandemic, but unfortunately implementation was temporarily suspended due to the challenges of the pandemic. We successfully launched PFAC virtually in January 2022, with three very active and engaged PFAC members. This Council is co-chaired by the Vice President of Clinical Services and a PFAC member. Since this initial meeting PFAC has confirmed the Terms of Reference, and reviewed various policies including the Patient Relations policy & procedure and occurrence management policy & procedure. PFAC members have further discussed and made suggestions about visiting policies, patient safety, and wait times. One significant goal of PFAC has been the development of a new Patient Declaration of Values. This will be released to the hospital and community following approval in the spring of 2023 by the MHA Quality, Patient Safety and Risk Management Committee and the Board. PFAC has also contributed to our Quality Improvement Plan.

MHA has been involved with RNAO’s Best Practice Spotlight Organization program and is currently rolling out the Patient and Family Centred Care Best Practice Guidelines (BPG). We acknowledge that patients who engage in their care, need to have the necessary and understandable information to make appropriate care decisions. One initiative from this BPG roll-out aims to improve communication with our patients/families while they are in

hospital by providing each of them with a personalized pathway that includes relevant patient education and information.

The MHA will also be implementing a new on-line patient experience survey in 2023/24. This feedback is vital to improving the patient/family experience across the MHA. The MHA has also launched a new technology solution that is being piloted for total hip and knee replacement patients to better support patient education, experience and communication with their providers.

## **PROVIDER EXPERIENCE**

The MHA's new vision statement is "Exceptional People providing Exceptional Care". The new MHA vision places an increased emphasis on our people, we know that without us supporting and caring for them – exceptional care for our patients will not be possible.

With the current Health Human Resources Crisis, the MHA continues to focus efforts related to on-going recruitment, and a more significant focus is now directed toward retention and supporting a healthy workplace.

The MHA is committed to being an Employer of Choice where the health and wellbeing of our employees is paramount. As a means to further our commitment and support our strategic goals, the MHA has formed the Wellbeing Committee.

The objective of the Wellbeing Committee is to enhance the inclusive programs and initiatives that support a healthy lifestyle and create a healthy environment in which we live and work. This encompasses the physical, mental and social health of our employees and recognizes that employees' values, personal

development and work within the MHA contribute to their overall wellbeing at work and at home. The MHA also reviewing and revising policies with this in mind, including our Remote Work policy.

The Wellbeing Committee comprises five integrated sub-committees. Each of these sub-committees meet independently to further support the goals and objectives of the Wellbeing Committee as a whole. The sub-committees are:

1. Recognition – Focusing on employee recognition
2. Wellness – Providing pro-active initiatives to support wellbeing
3. Diversity and Inclusion - To intentionally promote diversity, equity and inclusion through active learning and growth
4. Social –Increasing social connections and building positive relationships with others in the workplace
5. Engagement – Measuring employee engagement and motivation

In 2023/24, employee and physician engagement will be surveyed to assess provider experience with Wellbeing initiatives and identify further opportunities for support and improvement.

The President and CEO had also initiated a monthly "CEO Connect" Newsletter to provide staff and physicians with important updates and improve communication across the organization.

## **WORKPLACE VIOLENCE PREVENTION**

Keeping our staff, physician, patients and all the healthcare workers on-site safe is an important part of what we do every day. Preventing workplace violence and harassment has been a strategic priority for MHA for some time, and will continue to be, as

highlighted in our new strategic plan and QIP. MHA appreciates the value in reducing the risk of workplace violence and harassment and we continue to equip our employees with supports, hands-on skills and strategies to deescalate and manage potential violent situations.

These strategies are aimed at preventing the risk of injury and illness, improving employee satisfaction, safety and wellbeing, and sustain an open and transparent reporting culture.

Key strategies to support Workplace Violence Prevention at the MHA includes:

- Establishment of Workplace Violence Prevention Committee
- All Workplace violence incidents are investigated, reviewed at Joint Occupational Health and Safety Committee, and Quality, Safety and Risk Committee of the Board
- Emergency Codes review and revisions, including Code White, to ensure alignment with workplace violence prevention strategies
- Implementation of 24/7 security at both the sites to address immediate concerns
- Initiation of workplace violence and verbal de-escalation training for staff in high-risk departments, in partnership with our security provider.
- High-risk patient specific care plans and staff safety plans developed, as required.

Significant work has been done in the last 5 years to improve staff, physicians, and volunteer safety in the workplace. In the spirit of continuous improvement, 2023/24 will focus our attention on auditing our processes and data to ensure that we are capturing and de-briefing all workplace violence incidences.

## PATIENT SAFETY

At MHA, we believe ensuring patient safety inside our hospital walls is a core foundational duty and responsibility. Patients should expect to feel safe, trust the care they are being provided and avoid unintended harm during their hospital visit/stay.

Hospital have an endless opportunity to focus on quality and safety initiatives. As part of the 2023/24 QIP, and emerging from 3 years of pandemic challenges, the MHA is returning to a foundational components of patient safety. Ensuring a strong patient safety foundation will support the future advancement of quality and safety initiatives at the organization. We take pride in a MHA culture of reporting and investigating patient safety incidents, including near misses. The MHA also has a very active and engaged Quality, Safety and Risk Committee of the Board, which provides oversight for quality and safety at the organization.

For 2023/24, the MHA will focus quality and safety around these priorities:

- Eliminating inpatient falls with serious harm
- Improving hand washing compliance
- Improving medication reconciliation at discharge
- Improving turnaround time for patient discharge summaries
- Congestive Heart Failure Quality-Based Procedure Project through OHT
- Improved surgical coverage at SMGH and FCHS
- Improved patient safety for CT transfers from FCHs to SMGH.

## HEALTH EQUITY

As per Health Quality Ontario (HQO) Health Equity definition is: Health Equity allow 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.

The MHA has adopted HQO definition and is in the process of developing a Justice, Equity, Diversity and Inclusion (JEDI) framework/strategy. The aim of the JEDI strategy is to promote a healthcare (hospital) system that is accessible, equitable, and respectful of all patients, regardless of their backgrounds. JEDI in healthcare can be achieved through various measures including, training staff to provide culturally competent care, supporting diversity in the healthcare work force, addressing health disparities and promoting inclusive policies and practices.

The MHA Board and Senior Leadership Team considers Healthy Equity as a key organizational priority and has adopted JEDI as QIP indicator. Education of MHA leaders is the first step towards building and providing culturally sensitive culture at the MHA. Our first key deliverable, on this path forward, is to ensure all leaders at the MHA receive designated cultural competency training for the populations we serve.

Other initiatives to increase healthy equity for the communities and populations we serve, include:

- Through partnerships with the Indigenous community, provide opportunities to recognize, educate and reflect on the National Day for Truth and Reconciliation Day
- Supporting and increasing trust with the local 2SLGBTQIA+ community through the annual MHA Pride flag raising and supporting local Pride events
- Supporting care close to home and reduce wait times with future Magnetic Resonating Imaging (MRI) services

- Partnership with Neighborly Pharmacy, for a retail pharmacy on-site for patient/family convenience and increased accessibility
- Review of internal policies, job descriptions etc to reflect inclusive language.

## EXECUTIVE COMPENSATION

Under the Excellent Care for All Act (ECFAA) legislation, hospital organizations are required to link Senior Executive compensation to the achievement of performance improvement targets. Senior Leadership of the MHA is held accountable for achieving targets that are laid out in the MHA's Quality Improvement Plan (QIP). The percentage of salary at risk for each individual executive has been set at 2% of the base salary. For the 2023/24 MHA QIP the pay at risk compensation is being applied to the following two metrics:

1. Discharge summaries Turn Around Time (completed) within 48 hours
2. Justice, Equity, Diversity and Inclusion training for MHA leaders

This compensation formula applies to the following permanent roles that have completed any required probationary period: President & CEO, VP Clinical Services & CNO, VP Corporate & CFO/CIO, VP Strategic Partnerships, Director of Human Resources and Chief of Staff.

The achievement of improvement targets for these two metrics will result in 100% payout. Partial achievement of targets will result in partial payout. The Board of Directors has the discretion to modify the amount of the performance-based compensation (subject to the 2% maximum) following assessment of the MHA's performance related to the QIP, in the event that there has been significant achievement of the objectives specified but the targets set out in the QIP have not been achieved.

## 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 31, 2023**



**Catherine Osborne**, Board Chair



**Melanie Stanley**, Board Quality Committee Chair



**Julie McBrien**, Chief Executive Officer

Other leadership as appropriate