

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 31, 2024



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, ambulatory care services, obstetrical and women's health, 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 500.

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 140.

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 update MHA Strategic Plan in 2024. We have selected three strategic priorities to focus on:

- 1) Collaborate for Exceptional Care and Experiences
- 2) Engage, Support and Inspire Our People
- 3) Advance How We Deliver Care. Our goals are selected to achieve our vision.

Our Quality Improvement Indicators (QIP) indicators are aligned with our New Strategic Plan priorities and goals. FY 2024/25 QIP Indicators are:

Strategic Priorities & Goals	Indicators
<p>Collaborate for Exceptional Care and Experiences We will:</p> <ul style="list-style-type: none"> • Provide compassionate care and patient-centered experiences through communication and engagement with our patients, families and care providers • Continue to enhance quality and safety in alignment with our quality priorities • Leverage technology to achieve the next phase of digital care delivery 	<ol style="list-style-type: none"> 1) Inpatients - Did patients feel they received adequate information about their health and their care at discharge? 2) ED - 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? 3) Rate of medication reconciliation at discharge. 4) Hand Washing Compliance(Audits) - Moment 1 (before touching a patient) by Hospital Care Provider.
<p>Engage, Support and Inspire Our People We will:</p> <ul style="list-style-type: none"> • Respect and embrace diversity, equity, inclusion and antiracism in our environment • Empower engagement, team safety, trust and belonging by establishing effective employee, physician and volunteer recognition, well-being and recruitment & retention strategies 	<ol style="list-style-type: none"> 5) Percentage of (new and returning) staff who have completed relevant equity, diversity, inclusion and anti-racism education.
<p>Advance How We Deliver Care We will:</p> <ul style="list-style-type: none"> • Invest in relationships and collaborate with our strategic partners to achieve our vision and strategic priorities, now and into the future • Advance Capital Infrastructure, Information Technology and Financial Opportunities to respond to the evolving needs of our hospitals, communities, and the overall healthcare system 	<ol style="list-style-type: none"> 6) Average and 90th percentile ambulance offload time (aligned with P4R strategy)

EQUITY AND INDIGENOUS HEALTH

Justice, Equity, Diversity, Inclusion and 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 the 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 and supporting diversity in the healthcare work force, addressing health disparities and promoting inclusive policies and practices.

The MHA Board of Directors 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 in 2023, was to ensure all leaders at the MHA receive designated cultural competency. In FY 24/25, we will continue on our path and broaden this education to staff at the front-line.

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

- Through engagement with the local Indigenous leader at Ontario

Health, Middlesex London Ontario Health Team and peer hospitals, continuing on our journey to be safe healthcare provider for our Indigenous communities.

- Supporting and increasing trust with the local 2SLGBTQIA+ community through the annual MHA Pride flag raising and supporting local Pride events
- Seeking and supporting diversity amongst our Patient and Family Advisory Council (PFAC) and MHA Board of Directors
- Supporting care close to home and reduce wait times through new service provision (i.e. future Magnetic Resonating Imaging (MRI)).
- 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.

PATIENT/CLIENT/RESIDENT EXPERIENCE

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.

In January 2022, we established our Patient and Family Advisory Council (PFAC), initially meeting virtually with three active members. In 2023, we ran a recruitment campaign and successfully on-boarded five new members representing both the SMGH and FCHS regions. This Council is co-chaired by the Vice President of Clinical Services and a PFAC member. Since the initial meeting, PFAC has confirmed the Terms of Reference, and reviewed various policies including the Patient Relations policy & procedure and occurrence management policy & procedure. In 2023, PFAC

developed a new Patient Declaration of Values. This was released to the hospital and community in February 2024 with the help of local media and support of the PFAC who attended both SMGH and FCHS to share this work with patients and families. PFAC also continues to contribute to our Quality Improvement Plan. PFAC has been instrumental in improving our pediatric patient experience, which provides each child with a stuffed animal and book on the day of their surgery. They are able to take their “support” stuffed animal to the OR and they wake up with them beside them. Current projects of the PFAC include sanctuary assessments for inclusivity, reviewing interview tools to ensure questions on patient/family experience and cultural inclusivity.

MHA continues to be named as one of RNAO’s Best Practice Spotlight Organization. Currently the BPSO is continues to work on the Patient and Family Centered Care and Falls Prevention 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. In 2023, the patient pathway was rolled out which includes relevant patient education and information related to their hospital stay. We were able to recruit two new nurses to our BPG working group, and plan ongoing recruitment for program sustainability.

In 2023, our Qualtrics Patient Survey was implemented and is electronically provided to all patients who visit the ED, inpatient units and day surgery. This feedback is constantly evaluated and is instrumental in improving the patient/family experience across the MHA aligning with ensuring patients have a positive experience and everything they need on discharge. The MHA also launched

Seamless MD, a new technology solution that is for patients undergoing total hip and knee replacement patients to better support patient education, experience and communication with their providers. In 2023, working with Seamless MD MHA also added ankle/foot surgeries.

PROVIDER EXPERIENCE

The MHA's new re-envisioned vision statement is "Exceptional People providing Exceptional Care". The new 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, but significant more 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, in 2023 MHA 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 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 was surveyed to assess provider experience with Wellbeing initiatives and identify further opportunities for support and improvement. The results from this survey helped in some of the foundational work of the Wellness Committee, and provided leadership some strategies to continue to improve our workplace.

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

SAFETY

At MHA, we believe ensuring patient safety 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.

Hospitals have an endless opportunity to focus on quality and

safety initiatives. As part of the 2024/25QIP, and emerging from pandemic challenges, the MHA is returning to foundational components of patient safety. Ensuring a strong patient safety foundation will support the future advancement of quality and safety initiatives within the organization. We take pride in the 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 2024/25, the MHA will continue to focus on quality and safety around these priorities:

- 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 on-call surgical coverage at SMGH and FCHS
- Improved patient safety for CT transfers from FCHS to SMGH
- Improved patient education on discharge after surgery (i.e. Seamless MD).

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. 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:

- 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
- 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 five years to improve staff, physicians, and volunteer safety in the workplace. As a result of which no employee has reported workplace violence incidents resulting in lost time injury. Our baseline is zero for FY 23/24.

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 2024/25 MHA QIP the pay at risk compensation is being applied to the following two metrics:

1. Percentage of staff (new & returning) who have completed relevant equity, diversity, inclusion, and antiracism education.
2. Hand Washing Compliance Audits - Moment 1 (before touching a patient) by Hospital Care Provider.

This compensation formula applies to the Executive Positions outlined under the Excellent Care for All Act performance-based compensation, and will apply only to permanent roles for 2024/25 (April 1, 2024, to March 31, 2025)

Each indicator for the pay at risk for 2024/25 will be reviewed at the end of the fiscal year to determine whether the targets have been fully or partially achieved or not met. Full achievement will be based on 80-100% of the improvement target; partial will be based on achieving 50-79% of the target. 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 MHAs performance related to the QIP.

CONTACT INFORMATION/DESIGNATED LEAD

Julie McBrien
 President and CEO
 Middlesex Hospital Alliance
 Julie.McBrien@mha.tvh.ca

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 27, 2024



Board Chair



Board Quality Committee Chair



Chief Executive Officer

Other leadership as appropriate