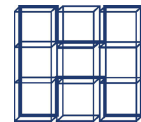


Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 28, 2024



Lake of the Woods
District Hospital



Ontario
Health

OVERVIEW

Lake of the Woods District Hospital (LWDH) is committed to delivering high quality, integrated care for the patient and families that we serve, a principle directed in the Excellent Care for All Act (ECFAA). The goal of the organization is to ensure that every patient experience is a positive one, and that our patients are provided with the highest quality and safest care possible.

The 2024-2025 LWDH Quality Improvement Plan will be the guide used to drive quality improvement in the organization. The engagement of patients, clinicians, and community partners in its development is essential for the result to be relevant and meaningful. In addition, we are directed by numerous evidence-based best practice resources that define high quality performance such as Accreditation Canada, Safer Health Care Now, Healthcare Excellence Canada, and Health Quality Ontario.

For the 2024-25 Quality Improvement Plan, LWDH has identified key drivers for quality planning and are also aligned with:

1. LWDH's Board Vision, Mission and Value Statement
2. LWDH's Strategic Plan
3. Home and Community Care Support Services' Annual Business Plan
4. Health System Funding Reform (HSFR)
5. Hospital Service Accountability Agreement (H-SAA) and Multi-Sector Service Accountability Agreement (M-SAA)
6. Health Quality Ontario's (HQO) Strategic Plan
7. Public Reporting of Hospital Performance
8. Accreditation Canada's Required Organizational Practices (ROPs)
9. Healthcare Excellence Canada
10. HIROC Risk Assessment Checklist (RAC) and the Integrated Risk

Management (IRM) Program which results in subsequent QI initiatives.

In addition, the Quality Improvement Plan commands active consultation and participation with our dedicated health care partners to achieve the plan's objectives. Key internal partners are LWDH staff and credentialed professional staff. Key external partners include Ontario Health North, the Northwestern Health Unit, the Sunset Country Family Health Team, Kenora District Services Board, Pinecrest District Home for the Aged and Wiigwas Elder and Senior Care, the Ontario Provincial Police, Treaty #3 Police Services, Ambulance Services, Kenora Chiefs Advisory, Firefly, CMHA Kenora, KACL, WNHAC, and hospitals in Northwestern Ontario.

While we are confident our QIP will provide the necessary framework and road map to guide us on this journey towards relentless quality improvement, we understand that patients, their families, and our staff play an integral role in the provision of excellent care for all.

The indicators for this year's QIP include:

1. Time from initial assessment to disposition/discharge.
2. Average time patients waited for first assessment in the Emergency Department.
3. Percent discharge summaries sent from hospital to community care provider within 48 hours of discharge.
4. Percentage of complaints received which are related to diversity, equity, and inclusion.
5. 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?

6. Medication reconciliation at discharge: Total number of discharged patients for whom a Best Possible Medication Discharge Plan was created as a proportion the total number of patients discharged.
7. Number of workplace violence incidents (Overall).
8. Rate of incidents reported related to issues in management of medications.
9. Percentage of patients readmitted to hospital within 30 days of discharge after hospitalization for mental illness or addiction.
10. Repeat ED visits within 30 days for mental health and addictions.

ACCESS AND FLOW

At LWDH, ensuring seamless hospital access and efficient patient flow are integral to delivering exceptional care to our community. Our initiatives are tailored to address the unique needs of our region while striving for excellence in service delivery.

Currently, LWDH is working on the following Emergency Department specific initiatives to enhance access and flow:

- Pay for Results (P4) initiatives strategies relate to stabilizing staffing, maintaining 24-hour access, recruiting and retaining staff to reduce dependency on ED Locum Program and agency nursing.
- Investment in processes that accelerate movement of admitted patients from ED to assigned inpatient areas such as a dedicated housekeeping, patient transport resource, clerks.
- Nurse Practitioner Service for lower acuity patients that present in the department.

Additional access and flow improvement initiatives include:

- Investment in roles/initiatives such as education and training to enhance inpatient bed capacities and reduce inpatient length of stay.
- Ensure ALC leading practices are in place and implemented in all areas.
- Prudent utilization of ALC funding to facilitate timely discharges of patients and prevent prolonged admissions.
- Overflow contracts (nurses, personal support workers and allied health) to manage our own home care services to facilitate timely discharges of patients.
- Increasing and improved access to community stroke, cardiac, pulmonary rehab and amputee OT and PT resources to facilitate seamless transitions post-discharge.
- Investments in client navigation and discharge planning.
- Creation of a day surgery unit aiming to alleviate congestion in post-op admissions and day surgery stays that tend to use acute care beds.

Through these initiatives, LOWDH is committed to optimizing hospital access, improving patient flow, and ultimately, enhancing the overall quality of care for residents of Lake of the Woods District.

EQUITY AND INDIGENOUS HEALTH

At Lake of the Woods District Hospital, we are committed to promoting diversity, equity, and inclusion (DEI) in all aspects of our organization to cultivate an environment where everyone feels accepted, valued, and respected. We recognize that individuals from diverse backgrounds face unique challenges when it comes to

their healthcare, and we strive to reduce the disparities of health outcomes, access, and experiences that occur within our healthcare system.

We believe that healthcare is a fundamental human right, and we are dedicated to providing quality care to all members of our community. We value the contributions of each individual, and we are committed to promoting equity by striving to ensure that everyone has access to the same opportunities and resources within the hospital, regardless of their race, gender, sexual orientation, religion or ability. We believe that achieving equity in healthcare requires both acknowledging and addressing systemic biases that occur within the industry.

To achieve our goals, we continuously work with our community partners, Patient Family Advisory, Accessibility, DEI, and 2SLGBTQIA + Committees to evaluate our policies, practices, and programs to ensure that they are equitable and inclusive. We work to eliminate systemic barriers that prevent individuals from accessing the care they need, and we actively seek out ways to engage with diverse communities to better understand their unique healthcare needs. Our unique geographical location positions us to meet the immediate healthcare needs of residents of the City of Kenora, as well as a large surrounding area, including several First Nations Communities. The work of our Current Operations Innovation Working Group, Indigenous Advisory Council, and All Nations Health Partnership strives to address systemic barriers and inform the provision of culturally safe care to our First Nations communities, both within and outside of our hospital.

We recognize that non-medical social needs can play a significant

role in determining health outcomes. For example, cultural barriers, income inequality, food insecurity, and inadequate housing can all have a detrimental effect on health. Therefore, we have implemented several strategies to address these issues. For instance, our various Mental Health and Addictions programs along with partnerships with community organizations facilitate client connection to housing resources, income maintenance, supported employment, meaningful community/cultural activity, and other social services.

Through our ongoing efforts, we strive to create a healthcare environment that is accessible, respectful, and responsive to the diverse needs of our patients, families, and community. We hold ourselves accountable to these values and welcome open dialogue and ongoing feedback from our patients, employees, and community members to continue to improve our diversity, equity, and inclusion efforts.

PATIENT/CLIENT/RESIDENT EXPERIENCE

As per the Excellent Care for All Act (ECFAA, 2010), and Accreditation Canada standards, Lake of the Woods District Hospital consistently incorporates patient partnering and relations within its QIP. This year, the Patient and Family Advisory Committee was actively involved in the development of the QIP. To ensure the QIP information reflects the perspectives of patients, we have actively engaged with them to hear their insights, reflective of their experiences.

LWDH also gives power to the patient's voice through its Patient Relations process, annual Patient Experience Surveys, feedback obtained from the post discharge follow-up questionnaire, and the

review of reported adverse incidents and complaints. We always encourage open and honest communication with patients and their families. This information is considered in the selection of the annual QIP indicators. LWDH believes that patient engagement positively shapes the quality of our services. The organization understands that the LWDH Patient and Family Advisory Committee will guide our quality work even further.

In partnership with the Kenora Chiefs Advisory (KCA) we have added Indigenous Client Navigators, and in partnership with WNHAC a Transitions Facilitator to our team. As an employee of KCA, the Client Navigators work with Indigenous patients in problem solving and navigating the discharge process. This is another source of feedback from our Indigenous patients.

The organization has a process to effectively manage feedback, reporting, and communication of patient concerns and complaints. The hospital Board and the organization's expectation is that all reported patient complaints are managed and resolved within one (1) month. The Quality, Patient Safety, and Risk Management Committee of the Board reviews complaints quarterly, to identify trends and areas to improve. The organization believes that all concerns and complaints provide opportunities for quality and service improvement within the health care system.

The LWDH Board has expanded its membership from nine (9) to 12 community members and has established cross-representation between the Board and the Patient and Family Advisory Committee to strengthen connections and improve communication between the Board and the patients and families of LWDH. The Board has approved their standing committee terms of reference to include

community representation on their Quality, Patient Safety, and Risk Management Committee and Audit and Finance Committee. Patient engagement is a current focus of the Board and Patient and Family Advisory Committee. The organization is working toward expanding the role of the Patient and Family Advisory Committee, recruiting more members, and integrating the voice of the patient into future quality improvement projects.

PROVIDER EXPERIENCE

Lake of the Woods District Hospital recognizes the increased pressures on staff and healthcare providers within our organization and the resulting impacts on burnout attributable to the increased pressures in health care. In an effort to help support staff through the current challenges in health care, reduce staff burnout, and enhance quality of care, LWDH has and continues to strive for a collaborative approach to address staffing shortages and provide resources to staff to support their wellbeing.

LWDH offers many staff wellness initiatives offered through the organization's active Wellness Committee and Sunshine Club. These committees plan regular activities and provide resources for staff to help promote all facets of wellness. Additionally, the organization has an on-site staff physiotherapist that is dedicated to staff wellness, ergonomics, and rehabilitation. The organization offers EAP assistance to all staff as well as free access to local mental health services.

It is important to us to recognize the hard work of our staff and show gratitude. LWDH offers service recognition awards to celebrate and appreciate staff for their years of service and hard work. We have endeavoured to express our thanks and support of

staff during this challenging time by offering additional supports for staff such as accommodating work-from-home arrangements when possible, to assist with child care needs.

We recognize that the needs of our staff may change in congruence to the demands on the healthcare system and workload. It is important to us to hear from staff regularly to tailor initiatives to their needs. LWDH utilizes the Worklife Pulse Tool to better understand our teams' overall experience working in our hospital. The Worklife Pulse Tool is currently completed by staff every four years as part of the Accreditation Canada survey, however we have identified a need to utilize this tool on an annual basis to ensure staff have more frequent opportunities to identify areas of improvement to support work-life balance.

SAFETY

At LWDH, patient safety is paramount. We strive to not only prevent risk of harm and harm to patients, but also to continuously learn from patient safety incidents in order to improve the quality of care we provide. To support this commitment, we have established robust systems and processes to identify, report, and analyze patient safety incidents.

When an incident occurs, it is immediately reported to the Quality and Risk program through the RL Incident Reporting System. A thorough investigation to determine the root cause and contributing factors is conducted by the manager of the department, with assistance from Quality and Risk when necessary. All follow-up is documented in the system, as well as the resolution.

When a significant incident or near miss occurs, information is then

shared with applicable staff and leadership to identify opportunities for improvement and implement corrective actions. For example, through the Medical Quality Assurance Committee, QCIPA Review, etc. LWDH utilizes Grand Rounds to help educate hospital and professional staff on patient safety items identified during incident investigations. Grand Rounds are held almost weekly at our organization and all staff are invited to attend. We also share important patient safety information through our internal staff newsletter.

All reported complaints are reviewed on a quarterly basis by the LWDH Quality, Patient Safety, and Risk Management Committee of the Board to help identify trends and areas for improvement. This committee also receives data around incident reporting including number of incidents reported, type of incidents reported, and severity levels. This committee has representation from the community, the Patient and Family Advisory Committee, and the Board of Directors to ensure knowledge and information sharing.

Beyond the investigation of individual incidents, we also conduct regular safety audits and engage in ongoing staff education and training to promote a culture of safety throughout the hospital. Our goal is to create an environment where everyone is empowered to speak up about potential safety concerns and actively participate in the continuous improvement of our patient care process.

POPULATION HEALTH APPROACH

Lake of the Woods District Hospital (LWDH) is dedicated to advancing population health through collaborative efforts within the All Nations Health Partner Ontario Health Team (ANHP-OHT). Established to address the diverse health care challenges and

inequities within our region, the ANHP-OHT is committed to meeting the unique needs and goals of the communities it serves.

Central to our mission is the improvement of health care services for all individuals while remaining responsive to the specific needs of Indigenous communities. We strive to create a seamless continuum of care across all health care providers, ensuring access to services closer to home and delivering health outcomes that surpass provincial standards.

Through our collective efforts, we aim to nurture supportive environments for health care providers, recognizing their vital role in delivering quality care. Additionally, the ANHP-OHT is committed to building an All Nations hospital and campus, fostering an inclusive and culturally sensitive health care environment.

The ANHP-OHT has embarked on a multitude of projects, including initiatives focused on Mental Health and Addictions, Digital Health, Primary Care, Home and Community Support Services, Health Human Resources Strategy, Data and Performance, Privacy, and COVID-19 Response. By working closely together on these projects, we are able to leverage our collective expertise and resources to address the diverse needs of our population and enhance overall health outcomes.

At LWDH, we are proud to be part of the ANHP-OHT and remain steadfast in our commitment to advancing population health and improving the well-being of our communities.

EXECUTIVE COMPENSATION

In accordance with the Excellent Care for All Act, 2019 (ECFAA), performance-related pay available to designated executives is paid as a lump sum based upon attaining defined performance goals.

Performance-related pay objectives applies to all designated executives, which includes the President and CEO and the Vice Presidents.

The sum of all objectives includes but is not limited to the following:

- Quality Improvement Plan
- Strategic Objectives
- Financial Goals
- Internal Business Process
- Learning and Growth
- Project and Strategic Plan execution

Accountability for the execution of both the annual QIP and Corporate Strategic Plans are delegated to the President and CEO from the Board of Directors through a delegation of authority policy. The plans are reviewed, approved and monitored by the Board of Directors through performance evaluations of the President and CEO which are then cascaded to all the designated executives of the hospital.

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):

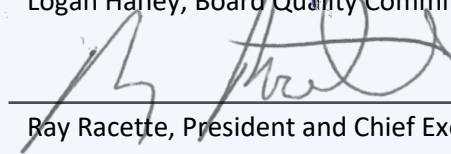
I have reviewed and approved our organization's Quality Improvement Plan on **March 14, 2024**



Brent Lundy, Board Chair



Logan Haney, Board Quality Committee Chair



Ray Racette, President and Chief Executive Officer

Other leadership as appropriate