

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 10, 2023

North Bay Regional
Health Centre  Centre régional
de santé de North Bay



OVERVIEW

North Bay Regional Health Centre (NBRHC) strives to be a highly reliable health care organization. Our patients and families, board of directors, physicians, employees and volunteers value and actively engage and collaborate in continuous quality improvement.

During the peak of the COVID-19 pandemic, our quality improvements centered on maintaining patient access to programs and services, infection control, patient safety, employee safety and well-being and care partner engagement.

In 2022 - 2023, NBRHC was able to unveil our new strategic plan. Over 700 people in our Health Centre and community provided us with valuable insight to help us develop our new set of strategic directions. Together we achieved the following:

- Reimagined our vision and mission, as well as the values that will guide our actions
- Defined how we will best support our staff, patients and communities through Ontario's health system transformation and pandemic recovery
- Outlined how we intend to work together as partners in health
- Determined how we intend to leverage digital advancements, innovation and evidence-informed decision making to provide best care

As we continue to grow as an organization that objectively measures the success of our efforts against our strategic directions, we continue to make yearly improvements to our Organizational Strategic Scorecard. This Strategic Scorecard includes our QIP priorities and metrics. NBRHC Leaders, Subject Matter Experts and

Teams are committed to collaborating on the QIP change ideas and look forward to sharing our journey and lessons learned.

PATIENT/CLIENT/RESIDENT ENGAGEMENT AND PARTNERING

Partnering with patients and families remains a priority for NBRHC. In addition to learning from our Patient Experience Surveys and our Patient and Family Complaint and Compliment Reporting and Trending, the Quality Team co-designed the change ideas for the QIP with patients and families. This was done by conducting waiting room surveys with patients and families attending our Programs and Services with a focus on the three QIP priorities. Subject Matter Experts were then brought together for each QIP priority to collaboratively develop the change ideas using the lived experience and direction from our Patients and Families, along with best practice to develop the change ideas. Finally, the Subject Matter Experts socialized each priority and the work plan with our Senior Leaders and Directors to enable and assure positioning on the 2023-24 operational plans.

PROVIDER EXPERIENCE

The NBRHC Occupational Health, Safety and Wellness Team actively engage staff in identifying opportunities for improvement. Specific strategies include:

- Thorough reviews of employee incidents which includes conversations with involved staff, their managers and others who are involved, to seek out insight into opportunities for improvement
- Encouraging employees and leaders to provide us with feedback and recommendations for opportunities for improvement
- Engaging members of the three Joint Health and Safety Committees (JHSC) in review of incidents and seek out feedback and recommendations for opportunities for improvement
- JHSC committees conducting joint (worker and manager) workplace inspections, where they can engage in conversations with staff
- Engaging front line staff in conversations by way of the Extended Leadership Team go-see-learns
- Attending unit huddles conducting “safety roadshows”
- Occupational Health, Safety and Wellness Team Members engaging in Go-See-Learns to better understand the work

WORKPLACE VIOLENCE PREVENTION

NBRHC has a Workplace Violence and Prevention Program and Policy that was developed with the purpose of minimizing and preventing Workplace Violence against all staff who work at the Health Centre. The organization's commitment to safety is reconfirmed in our strategic plan by ensuring our staff, physicians, students and volunteers work in an environment that promotes an inclusive culture of health and wellness for all. NBRHC engaged frontline staff in the Workplace Pulse Survey (conducted every two years) in order to collect feedback to identify new initiatives that further support a safe work environment and improve patient care. On an ongoing basis, NBRHC reviews best practice, staff feedback and workplace violence incident reporting to continuously improve our program, tools and resources to work safely. Trending data is provided to the Quality of Care Committee and the Quality Committee of the Board.

In 2023-24, NBRHC looks to expand our Staff Duress Program and continue our Senior Leadership go-see-learns with a focus on Workplace Violence Prevention. Lessons learned and opportunities identified from the go-see-learns creates a culture and environment where employees' psychological and physical health and well-being is a priority.

Following a workplace violence incident, immediate support is provided to staff by coworkers, leaders and the occupational health team. Upon review of the incident, recommendations for improvements are generated and based on applicable legislation; incidents are reported to the Ministry of Labour and Joint Health and Safety Committee.

PATIENT SAFETY

NBRHC is committed to patient safety and applies an integrated model that includes identifying and responding to incidents. The model includes an electronic incident reporting system, standard work to respond to incidents, use of a decision matrix to determine incidents requiring comprehensive analysis and application of the principles from the Canadian Patient Safety Institute's Canadian Incident Analysis Framework. Lessons learned and improvements are shared back with teams at huddles, departmental meetings and at various hospital committees such as Falls Prevention Committee, Medication Safety and Least Restraints Committee. Furthermore, critical incidents are reported to the Board of Directors and incident trending and org-wide improvement efforts are shared quarterly with the Quality Committee of the Board, the Quality of Care Committee, Medical Advisory Committee, Nursing Practice Advisory Committee and the Managers' Committee.

HEALTH EQUITY

NBRHC continues its quest towards building a more inclusive, diverse and equitable environment for its patients, families, employees, physicians, volunteers and surrounding community. The Health Centre launched a formalized Equity, Diversity and Inclusion (EDI) work effort that will lead us to the development of a multi-year plan aimed at addressing the various components that impact the dimensions of equity, diversity and inclusion. As key starting points to this important initiative, we will be dedicating this next fiscal year to assembling an inventory of our current practices around EDI, as well as establishing mechanisms that will enable us to start tracking key data points related to EDI. This inventory and data will then serve as key inputs that will allow us to define our EDI journey and roadmap. Additionally, we will continue to leverage available formalized educational sessions such as trauma-informed leadership, cultural sensitivity training and indigenous cultural safety training.

EXECUTIVE COMPENSATION

The executives who will participate in the QIP executive compensation program are:

1. President and Chief Executive Officer
2. Chief of Staff
3. Vice President Corporate Services and Chief Financial Officer
4. Vice President of Mental Health Services
5. Vice President of Clinical Services and Chief Nursing Executive

The calculation model for executive compensation is summarized below:

The percentage of performance pay will be a maximum of 1.0 % of base salary for each eligible executive as determined by the Board of Directors.

The performance of each executive is linked to the number of lost time employee incidents. The performance goal is the percentage of monthly health and safety go-see-learns completed by members of the extended leadership team with a focus on violence prevention and furthering a culture of safety.

CONTACT INFORMATION

For more information about our QIP, please contact Alexis St-Jean, Director, Quality, Risk and Analytics at Alexis.St-Jean@nbrhc.on.ca or Teresa Taillefer, Manager, Quality and Professional Practice at Teresa.Taillefer@nbrhc.on.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 10, 2023**

Jamie Graham, Board Chair

Dr. Erin Truswell, Board Quality Committee Chair

Paul Heinrich, Chief Executive Officer

Other leadership as appropriate
