

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 5, 2024



OVERVIEW

Stevenson Memorial Hospital (SMH) is a progressive, acute care, community-based hospital located in the Town of New Tecumseth that services south Simcoe and surrounding communities. SMH offers 38 inpatient beds and a range of outpatient diagnostic and treatment services, including cataract, general surgery, fracture clinic, diagnostic imaging, maternal childcare, outpatient mental health, and dialysis, as well as an Emergency Department with 24/7 coverage.

SMH was accredited with Exemplary Standing from Accreditation Canada in 2021, the highest standing in the health care quality and safety program awarded by this organization. The future continues to be bright at SMH and there are several projects and developments that the organization will be focusing on over the next year including our next accreditation survey in Fall 2024.

The Senior Leadership and Leadership Teams have completed the strategic planning process, and the organization has released the new strategic plan for 2023-2028. The planning process sought feedback from community stakeholders, as well as staff and physicians. Strategic priorities will include Hospital Redevelopment; IT Infrastructure; OHT Leadership and Integrated Care Models; Senior Friendly Care/Alternate Levels of Care; Equity, Diversity & Inclusion; and Reducing Wait Times for Surgical Procedures.

As part of the strategic planning process, the Teams have reaffirmed the Vision, Mission, and Values as follows:

VISION: Setting a New Standard for Community Hospital Care

MISSION: Promising Progress, Pursuing Perfection

Stevenson Memorial Hospital **VALUES:** I.C.A.R.E

Every day we deliver safe, high quality health care driven by our I.C.A.R.E values: Integrity, Compassion, Accountability, Respect, and Excellence.

Much progress has been made regarding redevelopment planning. In early 2023, SMH announced the prime consultant for the design of the new expansion, Kasian Architecture. Design meetings have been completed, Senior Leadership, Leadership, Patient Family Advisors, and frontline staff provided guidance and feedback to specific details regarding each clinical and non-clinical department that will be redeveloped.

Early works projects are underway to prepare our property for construction of the hospital expansion, with an anticipated start to take place in 2025. In the interim, much needed work on the hospital continues including a \$1 million window replacement project that started in early January 2024 thanks to HIRF grant funding (Healthcare Infrastructure Renewal Fund) from the Ministry of Health. The upgrading of our hospital windows will replace dated, original windows to the building (approx. 60 years old), thus enhancing energy efficiencies and comfort in patient rooms and care areas.

ACCESS AND FLOW

SMH is approaching Access and Flow initiatives from a variety of avenues both internally and externally. We understand and appreciate how vital it is to ensure our quality improvement

initiatives are supporting patient access to care in the right place at the right time.

Through a partnership with the County of Simcoe Paramedic Services, a dedicated EMS Offload Nurse has been put in place to provide timely transition of care from ambulance crews to the emergency department. This initiative has demonstrated early success in helping flow patients from Emergency.

Stevenson@Home is another initiative launched in 2023 that has also demonstrated early success. This program provides patients with the care they need at home when they are discharged from SMH. The Stevenson@Home team consists of a patient coordinator/transition navigator, nurses, personal support workers, occupational therapists, physiotherapists, social workers and dietitians in partnership with Bayshore HealthCare. The Stevenson@Home team works closely with the patient and hospital team to make sure the care plan at home meets the patient's needs. This program continues to demonstrate a positive impact for patients and their families while supporting access and flow through the hospital.

Our recent initiative stemming from our work with Ontario Health is the Transitional Care Program in partnership with Riverwood Senior Living retirement residence and Home and Community Care Support Services, was launched earlier in 2023. This program celebrated early success and sustained success. The program provides patients who are no longer in need of acute health care services an opportunity to transition out of hospital and into a local retirement residence, where they can receive additional rehabilitative services as they await their permanent bed, either at

home or in a long-term care facility. With consent, patients will transition to Riverwood Senior Living from SMH, where a four-bed (private rooms) Transitional Care Unit (TCU) is available. The program allows patients to stay at Riverwood Senior Living in the TCU for up to 90 days. Services such as physiotherapy, occupational therapy and PSW support will be determined and provided for patients in the program as needed. A nurse practitioner from SMH also provides follow-up visits with the patient.

EQUITY AND INDIGENOUS HEALTH

Ensuring that the communities we serve have the best health outcome regardless of the barriers they face is a priority to SMH. Our newly developed Diversity Equity and Inclusion (DEI) committee works towards understanding how to better serve equity seeking patient groups. Stevenson participates in the Central Region Ontario Health teams Equity Community of Practice as well as has informal partnerships with other hospitals to share resources and develop policy. This past year in partnership with Southlake Regional Health Centre and Oak Valley Hospital we launched the use of pronouns at registration including organization education on the importance of asking for preferred pronouns.

As our focus on DEI develops, we have committed to implementing the Equity Diversity Inclusion and Anti-Racism (EDIAR) Framework on policy and program development here at SMH. This Framework was developed by Ontario Health will help keep these concepts top of mind for all leadership. A first step to its implementation will include leadership training sessions starting with the launch of mandatory education for all Full-Time staff. Compliance rates will be monitored and reported on regularly and included on the QIP as a key performance indicator for the 2024- 2025 fiscal year.

SMH will also benefit from gathering demographic information related to our immediate and surrounding communities through the implementation of patient experience surveying. This information will guide discussion in the future planning of programs and services to ensure inclusiveness, equity, and cultural safety for the diverse patient populations that access care at SMH.

PATIENT/CLIENT/RESIDENT EXPERIENCE

In transitioning into a post pandemic era, mindful shifting in visitor policies and isolation precautions during sporadic outbreaks, are in line with public health and other similar sized regional organizations. In being nimble and responsive to the changing conditions and needs of those we serve, we strive to positively impact the patient and family experience.

This upcoming year we will continue to transition policies to pre pandemic state, maintain opening visiting to allow for easier caregiver participation in care and optimize the hospital experience. In addition, we will provide further resources to patients and families at the start of their inpatient journey to better meet expectations. This includes, but is not limited to, a patient/family information brochure on what to expect during your stay and important information related to your care. This brochure was codesigned with the SMH Patient Family Advisor Council and frontline staff and leaders. SMH has partnered with another regional hospital, Royal Victoria Regional Health Centre, to gather patient experience survey data from obstetrical, emergency department and inpatient medicine patients and families. SMH has opted to provide patients and families an opportunity to share and rate their experiences using a shortened survey tool that best reflects questions surrounding the key elements during a patient's healthcare journey.

SMH continues to recruit patients and their family members to participate as Patient Family Advisors to ensure wider representation of our changing community. These members participate in a monthly Patient Family Advisor Council meeting, participate on various hospital quality committees, and are engaged in special events as they arise. We will continue to look for creative

ways to engage community members in addition to our PFAC committee.

As Ontario continues its journey to develop Ontario Health Teams (OHT) Stevenson Memorial Hospital continues to engage with partners to work towards a designated Ontario Health Team that is clinically and fiscally accountable for delivering care to their community. This newly formed OHT is looking to prioritize mental health, transitions, and palliative care within and outside of the hospital.

Our recent initiative stemming from our OHT work is the Transitional Care Program in partnership with Riverwood Senior Living retirement residence and Home and Community Care Support Services, was launched earlier in 2023. This program celebrated early success and sustained success. The program provides patients who are no longer in need of acute health care services an opportunity to transition out of hospital and into a local retirement residence, where they can receive additional rehabilitative services as they await their permanent bed, either at home or in a long-term care facility. Upon consent received, patients will transition to Riverwood Senior Living from SMH, where a four-bed Transitional Care Unit (TCU) is available. The program allows patients to stay at Riverwood Senior Living in the TCU for up to 90 days free of charge. Services such as physiotherapy, occupational therapy and PSW support will be determined and provided for patients in the program as needed. A nurse practitioner from SMH also provides follow-up visits with the patient.

PROVIDER EXPERIENCE

Ontario hospitals have all felt tremendous staffing pressures particularly over this last year. With many health care staff retiring, relocating, or joining agencies, daily operations have often been impacted. Although obvious for many, it is important to emphasize that these challenges remain and are likely to continue for months or years to come. Many hospitals across the province had been forced to suspend programs and services due to shortages. SMH has continued to put in place various strategies to keep patients safe within the hospital, only altering services as a last resort.

The organization is focusing on retention and recruitment strategies including implementation of creative scheduling and models of care to ensure safe care and a strong provider experience. Similarly, to increase recruitment Stevenson has been working closely with our academic partners in continuing to support student placements, internships, attending university road shows, and recruitment fairs near and far.

This year we enhanced our nursing clinical orientation and onboarding to better meet the needs of new graduates, internationally trained providers, and enhanced knowledge and skills of our seasoned staff members. This work will continue with specialized clinical courses as resources to the front-line staff such as the utilization of the new Clinical Scholar role.

Prevention of workplace violence (WPV) remains a strong focus for SMH. Since implementing an easier way to report WPV related incidents, we have seen increases in reporting allowing for better support and follow-up for the staff who require it. As SMH enters the next fiscal year, even more focus will be on WPV prevention by adding WPV incidents resulting in lost time injuries as a key

performance indicator to the 2024-2025 QIP. Quality improvement actions and mitigation strategies targeted at contributing factors for lost time events will be monitored and evaluated for effectiveness. We would be remiss in not mentioning our organization also maintains an extensive Employee Assistance Program for those who require professional and confidential support after an incident has occurred.

All staff training on violence prevention, including de-escalation, has gained traction with more instructors trained in Management of Aggressive Behaviours (MOAB) and Gentle Persuasive Approaches (GPA). We have committed to a phased expansion for MOAB and GPA training across all clinical areas over the next fiscal year.

SAFETY

Excellent care remains our largest priority for this upcoming year. SMH has committed to 6 initiatives related to quality of care, 4 of which are focused on safety for the upcoming 2024/2025 fiscal year.

- 1) Improving patients' time to inpatient bed or operating room. The Emergency Department is not designed for caring for patients who require a longer stay in hospital. This is why SMH is committed to looking closely at the transition between emergency patient and inpatient to minimize time spent awaiting their destination for ongoing care. The team will reassess quality improvement actions initiated during the past year and determine what measures are having a positive impact, require adjusting, or archiving.
- 2) Adequate information about health and care on discharge A large piece of a patients' stay in hospital is about learning about their

condition and how to best care for themselves or have family support when they return to their home. Similarly, not understanding their care or their condition can be very distressing. This emphasizes our team's need to provide many opportunities for questions but also provide information in a variety of forms to ensure the best understanding is achieved. This year we will introduce additional measures to provide those opportunities and ensure at discharge patients and their caregivers feel prepared and informed.

3) Medication reconciliation at discharge A large proportion of our inpatients we serve have several medications on entering the hospital and similarly go home with many medications. During a hospital stay medications are often changed, discontinued, or newly started to better manage their illness. Ensuring that the patient goes home with the correct compliment and dosage of their medications is of utmost importance and a medication reconciliation is the tool that allows providers to ensure this happens. While we will be continuing to make this a priority for the 2024/2025 fiscal year, the renewed focus will be on clinical practices to ensure providers have the knowledge and skill to optimize compliance with standards.

4) Workplace Violence Incidents resulting in lost time injuries Lastly managing patient safety incidences where care didn't go as planned can provide great insights and learning in how to improve the safety of our staff. After the launch of our electronic incident reporting platform this past year incident reports have greatly increased, providing a more accurate understanding of the safety risks and near misses that can be learnt from. The platform has allowed for better insight into emerging and occurring safety trends for patients

and staff. Leaders now have enhanced functionality to review incidents in more detail and provide follow up communication to the submitted when closing out a file. Looking forward we will further explore contributing factors and ways in which to mitigate harmful events from occurring, and in particular, those events that impact our staff and result in lost time at work.

POPULATION HEALTH APPROACH

The realities of a changing world have presented many opportunities to the Team at SMH:

- opportunities to learn more about diversity and inclusion;
- collaborating and providing leadership with community partners in the South Simcoe Ontario Health Team;
- optimize digital investments, to maintain the safety of our patients and staff, and
- increase efficiency and communication.

Our local community is growing, with a 50% population growth forecasted for Alliston and New Tecumseth, and continued development across the catchment area. This growth will support our hospital redevelopment project but will also challenge the team at SMH to continually seek efficiencies and increase effectiveness in care delivery.

One element that has not changed over the years is the willingness of the SMH Team to proactively take risks, innovate and embrace new approaches in care delivery for our local community.

EXECUTIVE COMPENSATION

Performance-based executive compensation is linked to the priorities in the QIP allowing us to:

- > Drive performance and improve quality of care
- > Establish clear performance expectations and expected outcomes
- > Ensure consistency in application of the performance incentive, accountability, and transparency
- > Enable teamwork and a shared purpose

CONTACT INFORMATION/DESIGNATED LEAD

Tracey Taylor

Director (Interim) Quality, Risk and Patient Experience

ttaylor@smhosp.on.ca

Nicole Lord

Director (returning Fall 2024) Quality, Risk and Patient Experience

nlord@smhosp.on.ca

Stevenson Memorial Hospital

200 Fletcher Crescent, Alliston ON L9R 1W7

(705) 435-3377 Ext. 4282

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

Norm Depta

Digitally signed by Norm Depta
DN: cn=Norm Depta, o=The Stevenson Memorial Hospital, ou, email=norm.depta@desjardins.com, c=CA
Date: 2024.03.21 10:53:44 -04'00'

Board Chair

Nishika Jardine

Digitally signed by Nishika Jardine
DN: cn=Nishika Jardine, o=Stevenson Memorial Hospital, ou, email=njardine@smhosp.on.ca, c=CA
Date: 2024.03.21 10:55:23 -04'00'

Board Quality Committee Chair

Jody Levac, President and CEO

Digitally signed by Jody Levac, President and CEO
DN: cn=Jody Levac, President and CEO, o=The Stevenson Memorial Hospital, ou, email=jlevac@smhosp.on.ca, c=CA
Date: 2024.03.21 10:56:00 -04'00'

Chief Executive Officer

Julia Mullen

Digitally signed by Julia Mullen
DN: cn=Julia Mullen, o=Stevenson Memorial Hospital, ou, email=jmullen@smhosp.on.ca, c=CA
Date: 2024.03.21 10:57:49 -04'00'

Other leadership as appropriate

Access and Flow

Measure - Dimension: Efficient

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Alternate level of care (ALC) throughput ratio	O	Ratio (No unit) / ALC patients	WTIS / July 1 2023 - September 30, 2023 (Q2)	0.81	0.82	Implementation of an assessment tool (Blaylock) for earlier identification of complex discharges was an early success in positively impacting flow through the hospital.	Bayshore Healthcare, Riverwood Senior Living

Change Ideas

Change Idea #1 Growth of community partnerships and resources to support patient transitions from acute care settings to alternate levels of care when deemed appropriate. Optimizing Stevenson@Home program enrollment and use of Transitional Care Unit (TCU) beds.

Methods	Process measures	Target for process measure	Comments
Community and provider awareness of program services and resources available including patient criteria for eligibility.	Transition navigator and discharge planning staff will enroll all eligible patients for applicable services.	100% of all eligible patients will be enrolled and receiving services each fiscal quarter.	SMH continues to review patient and family feedback regarding ALC initiatives to ensure safety and quality of care are a priority.

Measure - Dimension: Timely

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
90th percentile emergency department wait time to inpatient bed	O	Hours / ED patients	CIHI NACRS / ERNI hospitals: December 1st 2022 to November 30th 2023. Non-ERNI hospitals: April 1st 2023 to September 30th 2023 (Q1 and Q2)	23.10	6.50	Early success with EMS Offload Nurse position to support flow, ongoing improvement with bed management strategies (ie: Team Leader staffing/flow calls twice daily, implementation of transition navigator, increase in Stevenson@Home program options, surge capacity contingency plan), and focus on patients identified to have a complex discharge (implementation of Blaylock tool).	County of Simcoe Paramedic Services, Bayshore Healthcare

Change Ideas

Change Idea #1 Sustain with intended growth of Stevenson@Home program with approximately 30 patients having been enrolled for varying services.

Methods	Process measures	Target for process measure	Comments
Use of patient experience feedback to evaluate quality and effectiveness of services, providers and accessibility.	Incremental growth and sustainability of services with community partners to optimize flow through the emergency department, and use of acute care beds.	80% of all eligible for program are enrolled and services activated each fiscal quarter.	

Equity

Measure - Dimension: Equitable

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education	O	% / Staff	Local data collection / Most recent consecutive 12-month period	CB	80.00	Introduction of mandatory annual EDIAR education for all Full Time staff with a quarterly completion target of 20% and year-end cumulative target of 80% completion rate.	

Change Ideas

Change Idea #1 Introduction of mandatory annual EDIAR education for all current Full Time staff and new hires as they onboard.

Methods	Process measures	Target for process measure	Comments
Best practice EDIAR content provided by SURGE through eLearning platform. Course module included in annual mandatory education package.	Completion report provided through SURGE eLearning portal.	80% of Full Time staff in all departments at fiscal year end; quarterly target of 20% cumulative.	Education made available to ALL staff and mandatory for Full Time staff in all departments for first year while baseline data and feedback on course content is collected.

Experience

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
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?	O	% / Survey respondents	Local data collection / Most recent consecutive 12-month period	CB	60.00	Collecting baseline data in 3 clinical areas (Emergency Department, Obstetrics, Inpatient Med/Surg) from Patient Experience survey question. Collaborating with regional hospitals on shared license to optimize limited available resources. Collection of top box answer: Completely	Royal Victoria Regional Health Centre, Ontario Hospital Association

Change Ideas

Change Idea #1 Collection of baseline data on patient and family experience using standardized short-form surveys.

Methods	Process measures	Target for process measure	Comments
Implementation of short-form survey for patients in obstetrics, inpatient med/surg, and emergency department through shared license and partnership with regional hospitals. Surveys will be delivered using patient email address collected at registration and have provided consent in which to receive. Surveys will be delivered by regular mail upon request. Patient Experience Office, under the Quality & Risk portfolio, will oversee the implementation and report to quality committees on the effectiveness of the new delivery method (email vs mail), response rates, trends and areas requiring further follow up.	Collect baseline data of new survey delivery method (number of surveys delivered, number of responses received) each fiscal quarter.	Collect baseline data with draft targets set at 90% delivery rate, 40% response rate, and 60% satisfaction rate (choosing Completely) each fiscal quarter.	Use of the short-form survey provides insight to leaders on key elements in a patient's hospital experience that are working well, and/or have opportunity for improvement.

Safety

Measure - Dimension: Effective

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
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.	O	% / Discharged patients	Local data collection / Most recent consecutive 12-month period	70.70	75.00	Focused education, audits, and compliance reporting in all depts where med rec is required to occur. Manual validation of data remains ongoing however manageable at this time.	

Change Ideas

Change Idea #1 Improve compliance of frontline provider completion of med rec process at discharge in areas identified where med rec occurs.

Methods	Process measures	Target for process measure	Comments
Manual patient chart audits completed by pharmacy and dept leadership. Monthly reporting of findings to be shared at dept huddles and quality meetings for review and actioning where indicated.	Number of patient charts audited that are compliant with med rec process and were eligible for inclusion of the audit.	100% of all patient chart audits will have 75% completion rate of med rec for patients eligible at time of discharge each quarter.	Med rec education refresh underway with training session integrated into clinical orientation and annual skill review.

Measure - Dimension: Safe

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Rate of workplace violence incidents resulting in lost time injury	O	% / Staff	Local data collection / Most recent consecutive 12-month period	CB	0.00	Previous fiscal year the focus was increasing awareness of what workplace violence is and encouraging staff to report these types of incidents without fear of reprisal.	

Change Ideas

Change Idea #1 Track lost time incidents resulting from a WPV incident and identify contributing factors so QI action plans can be developed and put in place.

Methods	Process measures	Target for process measure	Comments
Use of electronic incident reporting system to filter contributing factors, identify trends and themes for actioning.	Mitigate risk of WPV incidents resulting in lost time; # of frontline staff in designated areas, trained in MOAB skills.	60% completion of training of staff working in high risk roles (security, crisis intervention, emergency department providers) by fiscal year end.	