

Quality Improvement Plan (QIP)

# Narrative for Health Care Organizations in Ontario

March 6, 2023



## OVERVIEW

Grand River Hospital (GRH) acknowledges that much of our work takes place on the traditional territory of the Neutral, Anishinaabeg and Haudenosaunee peoples. Our hospital is situated on the Haldimand Tract, the land granted to the Six Nations that includes six miles on each side of the Grand River. We are committed to reconciliation working with Indigenous partners to ensure GRH provides a culturally safe space for First Nations, Inuit and Metis people to receive care based on community identified priorities.

As the largest healthcare organization in the Waterloo Wellington region, Grand River Hospital, it's Board of Directors, team members, providers, and volunteers strive to be leaders within the healthcare community. In 2021, Grand River Hospital launched our new Strategic Plan, developed through consultation with our patients, families, hospital team members, partners, community and community leaders.

We have created a bold strategy to deliver on our vision to be a world class health system supporting healthier lives. Our strategy seeks to unleash our full potential and unlock our Region's capability as a hub for excellence in patient care, teaching and innovation. Powered by this strategy, strengthened by our partnerships, committed to our people and digital advancement, Grand River is securing the future health of our community.

As part of our planning process, we continue to focus our work by bringing together various plans into a single Integrated Plan. The Quality Improvement Plan (QIP) is one component of this integrated plan. To deliver on our strategy, and as we continue to strive to improve the quality and safety of our care in 23/24, Grand River

Hospital is committed to focusing our QIP on partnering with patients, families and the community to address timely access to care, medication reconciliation, team member and patient safety and patient experience. We have adopted a renewed GRH quality framework and a whole-system approach to quality to achieve the high-quality outcomes in our strategic plan.

## PATIENT/CLIENT/RESIDENT ENGAGEMENT AND PARTNERING

Patient engagement is a key driver of a world class experience for patients and families, and is a strategic priority outlined in the hospital's 2021 - 2025 strategic plan. Significant progress has been made on integrating patient engagement across all clinical and corporate programs at Grand River Hospital, with a focus on establishing foundational elements of a Patient Engagement and Experience Program.

Program-specific patient engagement activities continued within each of our three Patient and Family Advisory Committees (PFAC) in the Oncology, Renal, and Mental Health and Addiction programs. In addition to the significant contributions of our PFAC groups, Patient Family Advisors (PFAs) within our newly formed PFA Network participated in improvement initiatives by actively contributing to the following:

- Patient Portal Steering Committee
- Patient Engagement and Experience Steering Committee
- Digital Roadmap review team
- Care Partner Visiting Group
- Patient Experience Strategy Development Steering Committee
- Integrated Planning Committee of the Board

- PFA representation on select program Quality Councils

Patients were actively involved in the development of Clinical Service Plans with associated quality improvement initiatives, with six PFAs contributing to clinical service planning in eight clinical programs, including: Emergency, Medicine, Stroke, ICU, Surgery, Mental Health and Addictions, Childbirth and Pharmacy. PFAs participated in data analysis discussions and were involved in recommending program priorities for further consideration.

With the implementation of the Patient Engagement Strategy well underway, Grand River Hospital established an organization-wide, multidisciplinary Steering Committee, inclusive of PFAs, to develop a four-year Patient Experience roadmap. Our areas of focus include:

1. Laying the foundational building blocks for world class experiences
2. Embedding service excellence into everything we do
3. Designing seamless experiences for patients

This year, Grand River Hospital will endeavor to enhance service excellence through optimizing communication between patients and health care providers including initiatives such as: piloting customer service training in the ED; co-designing and piloting Patient Communication Boards in three programs; and implementing a consistent approach to performance huddles.

Partnering with PFAs on specific working groups and determining additional ways to engage patients in meaningful ways at pre-determined touch points and projects has been identified and prioritized this year.

## PROVIDER EXPERIENCE

Grand River Hospital's newest strategic plan for 2021-2025 "Aiming High" is launched and well underway, keeping our vision of striving to be "a world class health system supporting healthier lives" at the forefront. This vision not only means that we aim to be a world class health system in delivery of patient care, but confirms our commitment to supporting the health and well-being of our 5000+ team members. We care about all of our team members and want to ensure that their physical, mental, psychological and spiritual health is prioritized. We have further defined this commitment to our team members in both our 2022 Diversity, Equity and Inclusion Strategy, our 2022 People Plan, our 2022 Well-being Strategy, and our Truth and Reconciliation Strategy.

There has been significant concern for the health and well-being of our team members who have endured unprecedented stressors throughout this pandemic. Feedback from our team members has indicated that there have been numerous health issues and stress responses to the demands of the pandemic, including but not limited to mental health concerns, substance abuse and burnout. Hospital leaders have invested in the development and implementation of the Well-being Strategy, a sub-strategy of the hospital's People Strategy. It serves as a long-term plan that will shape the future of our commitment to the physical and psychological health and safety of our team members. Support for team members through this challenging time has included a variety of interventions that focus on 5 different success factors including Safe and Healthy Workplace, Engaged Leadership, Inclusive Well-being Culture, Meaningful and Sustainable Work and Team Member Recognition. GRH has utilized a variety of methods to engage health care workers in the process of identifying improvement

initiatives including focus groups, interviews, and surveys.

Some examples of these interventions have included:

- Mental health benefits and resources for teams and individuals
- Investment in health human resources dedicated to well-being
- Intentional "rounding" with point-of-care teams (e.g. Well-being on Wheels program)
- Free digital mental health app - supporting mindfulness, sleep and meditation strategies
- Learning/professional development opportunities for all team members
- Workplace well-being challenge activities to encourage team member to prioritize their own health and well-being
- Team Member Appreciation events

## WORKPLACE VIOLENCE PREVENTION

Grand River Hospital is committed to providing and fostering a positive and respectful workplace free from actual, attempted or threatened violence and from harassment. We are committed to taking all reasonable precautions to prevent workplace violence and harassment to protect our team members. With this commitment in mind, we have developed a wellbeing strategy that will be implemented over the coming years; this strategy includes a priority focus on workplace violence prevention and respectful workplace promotion. This focus is reflected in our QIP this year as we aim to decrease the number of workplace violence incidents reported by hospital workers. We continue to measure, track and report the number of workplace violence incidents regularly to our Senior Leadership Team, Quality Committee of the Board, and GRH's Violence Prevention Committee. In addition, Occupational Safety works with high-incident departments to determine incident root cause and identify measures to reduce risk and future similar occurrences. Lastly, funds have recently been allocated to make improvements to the physical environment in select high-risk areas of the organization; these improvements were recommended following an external audit of our violence prevention program, and their status is reported on regularly to the above groups as well.

## PATIENT SAFETY

Patient safety is our top priority at Grand River Hospital. Incident reporting of safety events (including near misses/good catches) is crucial to the continuous quality improvement process of the hospital and is intended to improve the overall system of safety. As such, all Grand River Hospital representatives must report all patient and visitor safety incidents in the incident management system (SafetyNet). Grand River Hospital promotes a 'just culture'

and utilizes a 'systems' approach to incident reviews. We have chosen to adopt the Canadian Incident Analysis Framework (Canadian Patient Safety Institute) as a best practice tool for reviewing and learning from incidents at GRH. We have developed algorithms and decision-making tools and resources to support team members and leadership in managing, disclosing, and reviewing incidents.

Learning from patient safety incidents and preventing recurrences drive continuous quality improvement at Grand River Hospital. Summary reports of incident reports for each program are reviewed by the clinical manager and/or program director or designate, to monitor for trends or concerns. Any identified trends or concerns are shared with the Program's Quality Council and brought to the attention of Senior Quality Team and/or the Quality Committee of the Board as per the established reporting schedule. In addition, the risk management department reviews the data for corporate trends. A newsletter from the Chief of Staff's Office sharing quality initiatives and learnings from reviews is circulated on a regular basis (every 2-3 months) to support organizational learning from incidents. Learning from incidents and actions for improvement are also shared in clinical program newsletters and at team huddles.

Patient stories are shared at the beginning of meetings across the organization to drive change and fuel action. The stories are selected from feedback received into the patient relations team as compliments, complaints or inquiries. Emails or telephone conversations that tell the story of a concern, positive experiences or inquiries are crafted by the patient relations team. These stories are provided for various meetings and committees, including a weekly story shared at the Senior Leadership Team Meeting. Stories

are selected based on current trends (e.g., family presence during COVID) and provide opportunity to highlight areas for improvement. The impact of patient stories is felt strongly throughout the organization and is a driver for continuous improvement in quality, safety and patient experience.

## HEALTH EQUITY

Grand River Hospital has developed a Diversity, Equity and Inclusion and Truth and Reconciliation Strategy. Two key areas of focus include health equity and truth and reconciliation. The organization has developed a Health Equity commitment to guide us in addressing barriers to care and the reduction of inequitable health outcomes. We are on a journey to develop a Health Equity framework with our community and are collaboratively partnering to ensure that Health Equity at GRH actively includes and reflects the communities we serve. Within the cancer program, a multi-year LGBTQ quality plan seeks to support safer care for this population. This plan includes a staff readiness assessment (developed in partnership with Wilfrid Laurier University), patient facing communication, and policies and procedures. A partnership has also been established with the Centre for Family Medicine Mobility Clinic and the regional oncology program to support a specific cancer screening initiative for individuals with physical disabilities.

In partnership with the local Indigenous community, we are working to finalize the Truth and Reconciliation strategy. This strategy reflects the priorities communicated by the Indigenous community including traditional healing in hospital, receipt of culturally safe care which includes staff training, and building productive relationships. In addition to this work, the cancer program has drafted a First Nations, Inuit, Metis and urban

Indigenous (FNIMul) Cancer Plan aligned with Ontario Health's FNIMul cancer plan. This plan focuses on partnership to increase access to care, for example cancer screening. We recognize Indigenous people as the traditional stewards of this land. We offer a land acknowledgement in opening up all meetings, reflecting on our commitment to truth and reconciliation.

Within the withdrawal management program, Grand River Hospital has partnered with two local organizations to develop and implement an Indigenous care pathway. Within the cancer program, the commitment to patient education and health literacy can be seen in the approval of a full-time patient education coordinator role – this role will focus on the organization's response to health literacy, development of culturally appropriate material. Training modules for health literacy competencies have been developed and embedded within standards for daily nursing functions and new team member orientation. Furthermore, the organization has recruited a coordinator to support improving access to both medical and non-medical supports for those who are unable to obtain/afford access.

## EXECUTIVE COMPENSATION

The Senior Leadership Team at Grand River Hospital all have a pay at risk component to their overall compensation. The pay at risk percentage ranges from 5% (EVP, VPs and COS) to 15% (CEO) depending on role.

The overall performance, and resulting pay at risk earned, of an SLT member is based on their performance related to (1) Strategic objectives (2) Operational targets – of which QIP measures are a component, and (3) their alignment with organizational values.

The QIP results impact 30% of the Operational targets component of pay at risk. This results in a 12% to 15% impact on overall pay at risk, depending on role, as follows:

CEO, EVP and COS = 12%

VPs = 15%

QIP performance for SLT members is measured based on the weighted results of all QIP measures.

## 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 6, 2023**

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**Sandra Hanmer**, Board Chair

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**David Graham**, Board Quality Committee Chair

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**Ron Gagnon**, Chief Executive Officer

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Other leadership as appropriate

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