

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

June 29, 2022



OVERVIEW

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 digitally advancing, 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. In developing the QIP, we obtained input from our patients and families along with leadership, providers and team members. We also engaged with the KW4 OHT through the development of the Collaborative QIP (cQIP), reflected on the areas to include in our QIP that were pertinent to our services, and have included alternate level of care as a collaborative focus for this year.

In addition, we have critically reflected on our performance to date and how we compare to our peers to determine our areas of greatest opportunity. Quality, safety, and improving patient engagement and experience are key components of our strategic goals. Through close guidance from our Quality and Patient Safety

Committee of the Board, we have developed our QIP to focus our improvement efforts and to deliver on our promise to deliver a world class experience for patients, families and team members. As we continue to strive to improve the quality and safety of our care in 22/23, Grand River Hospital is embarking on a journey to create an updated values based operating framework that includes clarity and direction for how we will achieve the highest possible quality outcomes but also continue to progressively build a culture where the patient experience, engagement of our people and quality is inherent in the organization's DNA. In addition, build on other existing staff and team recognition awards, we are developing a Board Award focused on celebrating and acknowledging quality improvement efforts across the organization.

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REFLECTIONS SINCE YOUR LAST QIP SUBMISSION

These past couple of years and the lessons we have learned from

responding to the global pandemic have highlighted and reinforced many things. Most importantly, the strength, compassion and dedication of our team, the power and strength of our partners, and that our reason for being is the people we serve and the people who deliver that service.

We have embedded quality improvement throughout our response efforts, including conducting formal lessons learned exercises which have been used to develop a robust pandemic response playbook, as well as shaped the changes and improvements we have made at each step of the journey.

During 2020 and 2021, Grand River Hospital participated in three accreditation processes. Accreditation is a process to evaluate the organization against standards and processes to ensure quality and competence. The accreditation engagements included Accreditation Canada assessing the entire organization, the Ontario College of Pharmacists (OCP) assessing our pharmacy and medication practices, and Institute for Quality Management in Healthcare (IQMH) assessing our Laboratory and Pathology processes. We achieved a high level of standing with all of these evaluations. In our organization wide Accreditation Canada assessment, we achieved Accreditation with Exemplary Standing – the highest award available. In order to sustain these exceptional results, our teams have embedded an ongoing review process for the Accreditation standards in their quality work in order for us to achieve every day readiness for evaluation.

Going forward, as we move towards post pandemic recovery and renewal, quality improvement will continue to be central to our work. We are embarking on a renewed journey to identify an organizational approach to quality improvement. In addition, we

will be focussing on strengthening our processes for our teams to monitor their performance on quality indicators, and for the team members doing the work to identify quality improvements through quality huddles with each team.

PATIENT/CLIENT/RESIDENT PARTNERING AND RELATIONS

Within our Strategic Plan, advancing our patient engagement strategy is prominent. In order to support this, we added a Patient Engagement and Experience Consultant to the organization, which is a new role for us. In 2021, our Patient Engagement Strategy was developed with best and leading practices embedded. As part of this strategy, we have advanced a number of new processes including launching a Patient Engagement Steering Committee, active recruitment for an expanded Patient and Family Advisory Network, and networking opportunities for our advisors.

In addition to this work, we continue to have three program specific Patient and Family Advisory Committees (PFACs) in our Cancer, Renal and Mental Health and Addictions programs that are active and thriving. Some highlights of their work include:

- Cancer PFAC – improving culturally appropriate care for Indigenous and LGBTQ2S community members
- Mental Health and Addictions PFAC – participating in a program and service review for Mental Health and Addictions
- Renal PFAC – contributing to staff orientation and PFAC web page development

We have leveraged use of virtual platforms to ensure that we can

continue to support engagement with patients and families while we continue to limit in person engagement throughout the pandemic. In addition to our active PFACs, patients and families have also been engaged in a growing number of initiatives including:

- Participating in numerous planning and project committees
- Participating in interviews for leadership and staff positions
- Informing our pandemic response policies including Care Partner Visiting Guidelines and Vaccination Policy

In 2022/23 we will continue to focus on building capacity and confidence of our existing and new PFAs, supporting staff in their patient engagement work, and further development of our patient engagement processes.

PROVIDER EXPERIENCE

There has been significant concern for the wellbeing of our staff who have endured unprecedented stressors throughout this pandemic. Feedback from staff 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.

Support for staff through this challenging time has included a variety of interventions that focused on both the general safety for staff who are working in close proximity to the virus and some targeted interventions to address the secondary mental health effects related to the pandemic.

Some examples of these interventions have included:

- Numerous mental health support additions for both group and individual support
- Enhanced Occupational Health and Safety and Infection Prevention and Control staff availability for support to teams
- Access to on site vaccination and PCR testing
- Ongoing screening of everyone entering the hospital
- Purchase of additional PPE and equipment to support safety

EXECUTIVE COMPENSATION

The Senior Leadership Team at GRH all have a pay at risk component to their overall compensation. The pay at risk percentage ranges from 5% (EVP and VPs) to 15% (CEO and COS) 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.

CONTACT INFORMATION

Please contact Andrea Guth, Director, Quality, Risk, and Patient Experience for any questions or sharing of ideas.

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 _____

Board Chair

Board Quality Committee Chair

Chief Executive Officer

Other leadership as appropriate
