

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

June 22, 2023



OVERVIEW

Arnprior Regional Health (ARH) is a progressive 140-bed organization that includes a fully accredited acute care community hospital, nursing home, and extensive community programs. We have an amazing team of more than 400 dedicated staff, approximately 165 physicians, and many committed volunteers across all programs and three sites.

ARH is an anchor partner with Ottawa Four Rivers Health Team responsible for about 33,182 people and an active partner supporting the Primary Care Family Health Team in our community. ARH keeps pace with clinical innovations and is a regional hub engaging and serving residents of West Ottawa, McNab/Braeside, Arnprior and portions of Mississippi Mills. ARH is constantly changing and growing to meet the needs of our local communities. As a partner in health, ARH is committed to listening to and responding to meet the needs of those we serve, because together, we create a thriving community.

ARH is a regional leader and hub for selecting acute, long-term care and other health care services, and we are constantly changing and growing to meet the needs of our local communities. We are keeping pace with clinical innovations and finding new ways of delivering care in a community setting. In April 2022, we broadened our surgical program with a greater focus on day surgery and worked with the Queensway Carleton Hospital to perform 360 low acuity Total Knee Arthroplasty surgeries. By bringing all these services and more under the ARH umbrella, we enhance patient, client and resident care and improve navigation of the healthcare system.

In September 2022, Arnprior Regional Health was Accredited with Exemplary Standing under Accreditation Canada's Qmentum accreditation program. This is the highest possible level of performance and marks the fourth consecutive time we have received this result. In November 2022 ARH's Ontario Breast Screening Program (OBSP) received accreditation by the Canadian Association of Radiologists (CAR) for a maximum period of three (3) years. The technical images as well as the clinical mammograms met all standards. Arnprior Regional Health's Board of Directors recently approved a new Strategic Plan for 2023- 2026.

In 2022 Falls reduction and Falls prevention initiatives were identified as a strategic priority for both the hospital and our LTC Program. The Hospital team focused on reducing the rate of falls on the inpatient unit and the 2022/23 results showed a steady reduction of falls from 13.7/1000 patient days (Q1 average) to 9.2/1000 patient days (Q3 average). Similarly, at the Grove LTC (Long Term Care) home, the team focused on the % of residents who had a fall within the last 30 days and have continued to implement strategies and processes to reduce the number of falls, with increased success. The Grove has developed a strong partnership with RNAO , AdvantAGE and other external partners to further enhance training, education and implementation of best practices in fall prevention. Falls reduction remains a strategic priority for the 2023/24 year.



PATIENT/CLIENT/RESIDENT ENGAGEMENT AND PARTNERING

Arnprior Hospital has identified COPD Transitions in Care on this year's QIP. The goal is to enhance the effectiveness of self-management support and interventions provided to COPD patients upon hospital discharge through the implementation of standardized clinical education pathways, dedicated medication review, and referral to community programs before discharge.

Patients and families were asked to provide feedback on their experience when discharging from the hospital Inpatient Unit back to their homes in the community. Opportunities for improvement were highlighted in the areas of medication teaching, readiness for discharge, and community referrals to the Cardiopulmonary Rehab program through ADFHT. ARH's Change Ideas in the QIP address

these opportunities in care. Patients and families will again be asked for input and feedback through 48-h post discharge follow-up.

The Grove has Resident and Family and active and welcome participants in the process of revising the 2022/2023 Resident/Family Satisfaction survey, as well as the Care Transition Resident/Family Satisfaction Survey. The question “Do residents feel they can speak up without fear of consequences?” has been included in the past two surveys for the residents with resounding affirmation. Additionally, the inclusion of “Do residents feel they have a voice and are listened to by staff” is part of the 2023 survey. The Care Transition Resident/Family Satisfaction Survey was co-designed largely by family and residents and has been very effective in capturing feedback and identifying gaps. Since the inception of this survey tool, the outcomes have continually improved. This tool is given to residents and families post “move in” to identify gaps and opportunities in the transition to Long Term Care.

Every team within the home is co-designed with input from family, friends and resident participation to improve outcomes. The home actively seeks input through ongoing surveys generated by both families/residents and staff. There is a secure dropbox in the lobby for anyone to provide input, as we solicit input into the co-design of programs, activities, communication and care.

PROVIDER EXPERIENCE

Our health care professionals identify quality improvement opportunities and actively participate on action teams to identify and develop the change ideas/actions, and set the goals and targets for the quality improvement initiatives. Many of our teams hold daily quality and safety huddles with multidisciplinary staff involvement to assist in identifying opportunities for quality and/or safety improvements.

Psychological safety for providers was identified as a priority dimension in our 2022-23 Patient safety Plan (PSP), and a key area of focus for ARH's 2023- 2026 Strategic Plan includes “Our People”. This strategic direction focuses on recruitment and retention, and recognition as well as professional development. We will continue to build staff capacity through professional and leadership educational opportunities. ARH is committed to maintaining a culture of mutual respect, compassion, recognition, as well as support for the mental health and wellbeing of our staff. Our culture is founded in diversity, equity, and inclusion, which drives decision making, service delivery, leadership, and partnerships across the organization.

WORKPLACE VIOLENCE PREVENTION

Workplace violence is taken very seriously, and ARH has a robust policy on violence prevention.

ARH recognizes the potential for violence in the workplace and therefore will make every reasonable effort to identify potential sources of violence to eliminate or minimize these risks. Non-Violent Crisis Intervention (NVCI) was identified as one of ARH's priority areas for staff education and the organization invested in an onsite educator for NVCI. Staff in high-risk areas are identified for initial training activity. ARH staff are offered onboarding and annual training for workplace violence prevention through SURGE Learning and Managers must complete MOL Training: Supervisor Health and Safety Awareness Training.

Arnprior Regional Health has an incident reporting system (PEARLS) that ensures consistent management of incidents involving staff, patients/residents/clients, or visitors. De-identified workplace violence and harassment incidents metrics are reported on a quarterly basis to our Board of Directors and on a monthly basis to our Joint Occupational Health and Safety Committee (JOHSC) (staff-to-staff incidents, staff to patient or resident incidents, and patient/resident incidents to staff).

EAP/Lifeworks support is available to any staff member needing assistance or support after a work-related incident.

PATIENT SAFETY

In the recent 2022 Accreditation Canada Survey, Arnprior Regional Health received Accreditation with Exemplary Standing and was commended for its overall focus on Quality Improvement, Patient

Safety and Patient Experience.

Patient safety and quality improvement initiatives are identified through near misses, complaints, incidents, and accidents and are logged through PEARLS (Incident Reporting System). There is a well-developed patient safety plan and identifies six priority areas to provide the necessary structure to ground and build future safety initiatives: 1. Responding to Safety Events, 2. Teamwork and Communication, 3. Continuous Patient Safety Learning, 4. Building Reliability, 5. Leadership, and 6. Psychological Safety.

To support a culture of continuing patient safety learning, program-based incident report data and quality incident review findings are shared at Program specific Quality Committees, MAC, and Quality Committee of The Board.

Patient Safety stories are shared by patients and families at Quality Committee of The Board.

ARH has an Operational Quality of Care and Patient Safety Committee that has membership from across the organization. This committee supports the monitoring and evaluation of quality improvement within clinical services, including conducting critical incident reviews. The committee also monitors the hospital's Accreditation activities and provides input and feedback to the development of the annual Quality Improvement Plan, Patient/Resident Safety Plan and Person and Family Centered Care (PFCC) Plan and any initiatives developed in partnership with the Ottawa West Four Rivers - Ontario Health Team.

Additionally, The Grove closely monitors and analyzes all Resident

Safety Incidents and they are documented on the 24 hour communications report as well as documented and logged through PEARLS (Incident Reporting System). Each incident becomes part of the monthly roll up of indicators reported to the Quality Committee of the home and of The Board. All Resident safety incidents are share at a timely manner with families and reviewed at care conferences

Families are notified of all Resident Safety Incidents and are updated during the investigation process, as per the home policy. If this incident falls within the scope of reporting requirements to the Ministry of Health, a Critical Incident is submitted. As with all Resident Safety Incidents, a formal debrief is provided to all involved, including family members. A Falls Toolkit, containing fall mats, person alarms, non-slip socks, hip protectors and other resources have been made readily available for staff to access to mitigate falls and falls with injuries.

Through LTC Clinical Programs Teams, Leadership Team, complaints and near misses, there are multiple streams to formally review all relevant incidents, bring forth recommendations, strategies and recommendations through the Quality Committee. Resident Safety Incidents are shared with staff at huddles on each home area not only to better understand the root cause or nature of the incident and context in which it occurred, but also to review what is in place to mitigate or remove future risk and injury. When each investigation is completed, staff are involved in the debrief process and have opportunities to provide input.

Patient Safety outcomes are posted throughout the home, visually showcasing indicator targets and outcomes. Family and resident

input and presence alike are welcomed and valued on the Quality Team. As a result of concerted collaboration to decrease falls, details of a resident fall incident were shared with the team. In response, the staff, residents and family members collaborated and informed change in the practice of how they utilized and stored stools in the dining room, before and after mealtime

HEALTH EQUITY

Beginning in April 2023, as part of implementing ARH's new three-year Strategic Plan, a Diversity and Inclusion Working Group will be tasked with developing an action plan and framework for building and promoting cultural competence at ARH.

EXECUTIVE COMPENSATION

The Executive Team at ARH have 2% of their base salary as pay at risk, and the at risk component is tied to achievement of the quality improvement goals as well as the strategic goals as determined by ARH Board of Directors.

CONTACT INFORMATION

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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 27, 2023

Cathy Jordan, Board Chair

Jenny Buckley, Board Quality Committee Chair

Leah Levesque, Chief Executive Officer

Raeline McGrath, Other leadership as appropriate
