

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

April 14, 2025

OVERVIEW

At the Hawkesbury and District General Hospital (HGH), the Quality Improvement Plan is developed in line with our operational plan priorities and guides our quality improvement efforts throughout the year. Quarterly, progress, results and updates are shared through the corporate scorecard and shared broadly with teams across the organization. HGH has realized many quality improvement initiatives in the last year and is looking forward the year ahead as we work to further the improvements in the services we are able to provide for our community.

Over the past year, HGH has made significant strides in improving patient care and enhancing our services. We have integrated nurse practitioners into our emergency department and inpatient care teams to streamline patient flow and reduce wait times. The Remote Care Monitoring Program has been expanded to provide better support for patients at home. Additionally, we have opened a fourth operating room and formalized a partnership with the Children's Hospital of Eastern Ontario (CHEO) to better serve pediatric patients in the Prescott-Russell region. The development and implementation of the mobility team has been instrumental in reducing length of stay and readmission rates. Furthermore, we have completed a proposal to the ministry for an outpatient ambulatory care and surgical center, aiming to bring care closer to home for our community. This document will outline many of the successes HGH is proud to have accomplished in the past year and our plans as we move into the year ahead.

Looking ahead, HGH is embarking on its new 2025-29 Strategic Plan, which focuses on patient-centered care, building a strong and resilient workforce, establishing sustainable business practices, and remaining steadfast in our commitment to quality improvement. This plan will guide our efforts to enhance patient experience,

support our dedicated staff, and ensure the sustainability of our services for years to come.

ACCESS AND FLOW

Our hospital is committed to improving access and flow to ensure timely care for patients and support families in accessing the right care at the right time. HGH is proud of several initiatives implemented in the last year that aid in improving patient flow and experience. We have integrated nurse practitioners into our emergency department care team to enhance patient flow, and we have seen a marked improvement in P4R metrics and patient experience results. Additionally, we have expanded the inpatient care model to include nurse practitioners, optimizing patient flow. In the fall of 2024, we launched the Mobility Team to improve patient outcomes such as length of stay and ALC rates by promoting early and functional mobility, prioritizing quicker discharges, and emphasizing recovery at home. The Mobility Team, designed to complement existing rehabilitative services, includes an interdisciplinary team strategy with one physiotherapist, one occupational therapist who conducts home visits, one rehab assistant, and one personal care aide. Both formal feedback from patient questionnaires at discharge and informal feedback from home visits have been very positive, with patients reporting receiving patient-centered care and recommending the Mobility Team to others. Furthermore, we have implemented post-discharge phone calls, where patients are contacted within 72 hours of their discharge from the hospital and asked a series of questions to ensure they are equipped with information about follow-up care, referrals, medications, and community services. These calls have been well received by patients and family members and aim to reduce readmission rates, post-discharge emergency department visits, and increase patient and family satisfaction with the discharge process.

EQUITY AND INDIGENOUS HEALTH

In the past year and in the year ahead, we will continue to work to better understand the unique needs and gaps of our workforce and community so that we can better strategize and plan future diversity, equity and inclusion (DEI) initiatives. Our commitment to continuous growth in this area is reflected in our efforts to provide mandatory DEI education.

HGH has a Diversity and Accessibility Committee and regularly highlights key cultural events such as Truth and Reconciliation Day, Black History Month, and PRIDE, leveraging these opportunities to share key information with staff, patients and visitors. To better understand our diverse workforce, a survey intended to collect staff-reported identity data was launched. Additionally, this year's staff engagement survey included custom questions aimed at better understanding our staff's general awareness and understanding of DEI initiatives, and the results will be used to guide and shape future work in this area. Key resources for land acknowledgments for meetings and presentations have been added to the hospital intranet for all staff to access. Our electronic health record system allows all staff to add patients' preferred names and languages upon registration, facilitating a patient-centered experience throughout the care journey. Additionally, our patient portal allows patients to self-identify gender and preferred names for their healthcare teams to see. Work is currently ongoing to streamline interpretation services for languages and ASL needs to ensure timely access to these services in all care settings at HGH.

HGH prides itself on offering all services to patients in the official language of their choice and the services we provide. We are committed to continuous growth in equity, diversity, and inclusion to remain trusted partners by all within our community.

PATIENT/CLIENT/RESIDENT EXPERIENCE

HGH is committed to using patient feedback to drive continuous improvement in care delivery. We leverage Qualtrics patient satisfaction surveys across key areas, including the Emergency Department, Obstetrics, and inpatient units, to gain valuable insights into patient experiences and ensure that patient voices are heard and acted upon. These survey results are regularly shared with program managers and discussed in departmental and leadership meetings to identify trends, highlight strengths, and pinpoint areas needing improvement. By analyzing patient feedback, we ensure that our improvement efforts are data-driven and patient-centered.

Our commitment to improving patient care extends beyond surveys. The patient relations process serves as another crucial avenue for obtaining direct patient and family feedback. Concerns, compliments, and suggestions received through this process are noted and actively shared with relevant teams, allowing for timely action and organization-wide learning.

This feedback informs improvement initiatives, and progress is monitored using ongoing survey data, ensuring that interventions are effective in enhancing patient care. Whether addressing communication gaps, improving wait times, or refining discharge planning, we continuously evaluate the impact of changes and adjust strategies as needed. By embedding patient experience data into our quality improvement framework, we reinforce our commitment to providing safe, responsive, and patient-centered care.

HGH is grateful for its patient and family advisors that participate in various project teams, the Diversity and Accessibility Committee, the Quality and Performance Committee, the Quality Committee of the Board and various other forums and unit-level Program

Councils. Patient advisors are a valued and trusted voice at HGH and in the year ahead we will be launching a recruitment campaign to expand our patient and family partnership initiatives.

PROVIDER EXPERIENCE

HGH strives to attract, develop, and retain a diverse and talented workforce dedicated to providing exceptional patient care. We foster a supportive and inclusive environment that promotes professional growth, well-being, and alignment with our hospital's values and goals.

To enhance recruitment, retention, workplace culture, and staff experiences, our organization is focusing on the following key initiatives:

1. Flexible Work Schedules: We understand the importance of work-life balance and are offering flexible scheduling options to help employees better reconcile their personal and professional lives.
2. Professional Development: We are committed to continuous learning and growth. Our organization supports employees in achieving higher education and provides access to courses and certifications. In the years to come, we plan on formalizing mentorship and succession planning strategies to support career advancement.
3. Positive Workplace Culture: We are fostering a culture of inclusivity and respect. Open communication channels and employee feedback mechanisms such as CEO forums, monthly rounding with managers, flash surveys and a suggestion box were implemented to ensure a supportive work environment.
4. Wellness Programs: Recognizing the importance of employee well-being, we are now offering a premium virtual healthcare solution to our employees and physicians which provides an instant connection with licensed healthcare professionals for effective

online medical care.

5. Recognition and Rewards: We have established a robust recognition and rewards system to celebrate employee achievements and their contributions to our mission. This includes monthly awards, peer-to-peer recognition, public acknowledgment, and small tokens of appreciation.

By implementing these practices, we aim to create a fulfilling and supportive workplace that attracts and retains dedicated professionals.

SAFETY

HGH is dedicated to fostering a strong culture of safety by implementing organization-wide initiatives that proactively prevent, identify and reduce patient safety incidents. HGH regularly participates in Healthcare Excellence Canada's Canadian Patient Safety Week and leverages the various themes to fuel patient safety discussions with all staff. This annual campaign promotes awareness and education on best practices for safety, encouraging staff participation in discussions, learning sessions, and improvement efforts that reinforce patient safety as a shared responsibility. These events are always well received by HGH staff who are actively engaged in safety discussions throughout the year. Notably, this year's theme of "Broadening Our Understanding of Healthcare Harm" set the stage for meaningful conversations about how patient safety events and near misses are reported at HGH and ideas for improvements of current reporting categories were put forward to ensure all forms of harm could be better captured. Beyond awareness initiatives, we take a structured approach to incident management. All patient incident reports are quickly reviewed, ensuring timely follow-ups and action planning to

address root causes. This rapid response mechanism enhances our ability to mitigate risks, improve processes, and prevent recurrence. To sustain a learning-focused culture, we have implemented a Just Culture initiative organization-wide. This approach supports open discussions about safety events without fear of punitive actions, emphasizing learning, continuous improvement and accountability. By integrating Just Culture principles in our incident management processes, we empower staff to report concerns, helping us find solutions to enhance a culture of safety. In parallel with the just culture initiative, we began discussing the importance of near miss reporting across the organization in 2022. Since then, we have seen a significant increase in the total number of near miss reports submitted, which now represent nearly 40% of the total patient safety reports submitted. Near miss reports provide meaningful information about where gaps exist before patient safety events can occur. To further emphasize the importance of these reports, we recognize one staff member per quarter for reporting a near miss that resulted in meaningful change to prevent patient harm. These awards, called “Eye of the Tiger” awards, allow another avenue for us to recognize the amazing work done by teams across the organization and their proactive approaches in patient safety. This past year, the occupational health and safety team made an impact in workplace safety by launching a new electronic reporting platform for patient safety incidents. The new platform allows for quicker centralized reporting and follow-ups by managers. The education provided to staff and managers in preparation for the new electronic platform also provided opportunities to talk about what constitutes workplace violence, the potential for underreporting in clinical settings and served as a great reminder to staff about HGH’s commitment to a safe workplace. In addition to these initiatives, last year we implemented several

strategies specifically aimed at reducing surgical site infections in procedures such as cesarean sections and orthopedic implant surgeries. These interventions included enhanced staff education, comprehensive preoperative and postoperative patient education, staphylococcal skin and nasal decolonization utilizing antimicrobial shower and photodisinfection technology, and rigorous post-operative surveillance. As a result of these targeted efforts, we observed a significant reduction in surgical site infections, further reinforcing our commitment to patient safety and quality care.

PALLIATIVE CARE

HGH is committed to delivering high-quality palliative care through a comprehensive and patient-centered approach. Our organization has implemented several key activities to ensure we meet the highest standards of care as outlined in the Ontario Palliative Care Network model of care recommendations. This is an ongoing project.

Firstly, HGH has prioritized organizational readiness by conducting a current state assessment of palliative care at HGH and an environmental scan of comparable hospitals to identify areas for improvement. This has enabled us to develop targeted strategies to enhance our palliative care services. For example, we have established an interprofessional palliative care team that includes physicians, nurse practitioners, and other healthcare professionals who work collaboratively to provide holistic care to patients and their families.

Secondly, we have focused on health human resource competency by examining staff competencies in relation to the Ontario Palliative Care Competency Framework and the Registered Nurses of Ontario Best Practice Guidelines. We have implemented education plans to address identified needs, ensuring our staff are well-equipped to

deliver high-quality palliative care. This includes training sessions on palliative care best practices and the use of palliative care assessment tools such as the Edmonton Symptoms Assessment Scale (ESAS), the Palliative Performance Scale (PPS), Respiratory Distress Observation Scale (RDOS).

Lastly, HGH has emphasized patient and care partner engagement by actively involving them in the care planning process. We have conducted a survey to gather feedback and ensure that our services are aligned with the needs and preferences of our patients and their families. Additionally, we plan to provide education sessions to raise awareness about the benefits of early integration of palliative care and offer plain language resources focused on advanced care planning.

POPULATION HEALTH MANAGEMENT

Our organization is committed to partnering and collaborating with other organizations to address the unique needs of people in our community. We have implemented several key initiatives to improve health outcomes and access to care. The Remote Care Monitoring Program has been expanded to provide better support for patients at home post-surgery and post-discharge. We have also introduced post-discharge follow-up calls, where patients are contacted within 72 hours of their discharge from the hospital and asked a series of questions to ensure they are equipped with information about follow-up care, referrals, medications, and community services. These calls have been well received by patients and family members, aiming to reduce readmission rates, post-discharge emergency department visits, and increase patient and family satisfaction with the discharge process. Additionally, we have formalized a surgical partnership with CHEO to reduce wait times for pediatric patients in the Prescott-Russell region. We have expanded our surgical services to include lithotripsy and spine surgery to address the waitlist for the Prescott-Russell population requiring this surgery, allowing patients to receive treatment closer to home.

We leverage population health data from the Eastern Ontario Health Unit, The Archipel Ontario Health Team, and an in-depth population health analysis that HGH set out to obtain to help frame our 2025-29 Strategic Plan.

EMERGENCY DEPARTMENT RETURN VISIT QUALITY PROGRAM (EDRVQP)

In previous years, the initiative implemented to monitor test results for LWBS and AMA patients was found to be ineffective. The process was manual and potential gaps in the process did not

sufficiently mitigate risks for these patient groups. Auditing compliance to the process was also challenging due to the manual nature of the process. In partnership with our EMR hospital partners (The Atlas Alliance), we were able to implement a results pool for all patients who have LWBS or AMA that includes all tests resulted for patient LWBS without a physician initial assessment or after an AMA.

The result pool is accessible to both registered nurses and physicians. Results are reviewed daily and patients with results that require follow-up are contacted in a timely manner. The pool is monitored by the Emergency Department charge nurses to ensure ongoing monitoring.

In June 2024, the Emergency Department Stroke Working Group implemented a change in the workflow (Nascar model) to improve stroke performance indicators for patients presenting to the Emergency Department by ambulance with stroke symptoms. The working group membership included a physician, a registered nurse, the Emergency Department manager, the Emergency Department educator, a community paramedic, and a representative from medical imaging. Focused education by the educator was provided to the team. This quality improvement project resulted in significant improvements including an 89% improvement in door to MD time, and an 85% improvement in door to CT time.

The education and change in workflow (Nascar model) for patients arriving by ambulance with suspected stroke had a ripple effect on our performance related to walk-in patients. HGH will continue to expand and implement the Nascar model for stroke patients identified in triage or within the department to further improve our performance and patient outcomes in the year to come.

Pediatric population

A focus on increasing knowledge and skills related to our pediatric patients is needed to accurately assess this high-risk population. As a result of our EDRVQP audits, strategies are being explored to create additional capacity within our Emergency Department. To date, this has resulted in a planned pediatrics simulation day in partnership with CHEO.

EXECUTIVE COMPENSATION

Organizational full-time positions for which performance-based compensation applies:

- Chief Executive Officer
- Chief Performance and Quality Officer and Vice-President, Operations
- Chief Nursing Executive, Vice-President, Professional Practice
- Chief Financial Officer and Vice-President, Facilities
- Chief Human Resources Officer, Vice President, Communications

In compliance with government regulation and current executive remuneration policies approved by the Board of Directors, the performance incentive to be paid to HGH Executives is set at a minimum 7%. This incentive plan is within the current total compensation of Executive employees. For 2025-26, the performance incentive will be based on overall achievement of the plan and will not include specific weighting for the various initiatives or individual exclusions. The Board of Directors encourages a concerted executive team approach to the successful achievement of the plan to maximize gains across the organization.

CONTACT INFORMATION/DESIGNATED LEAD

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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
April 1, 2025

Guy Yelle, Board Chair

Lucie Charlebois, Board Quality Committee Chair

Frederic Beauchemin, Chief Executive Officer

Anne Guertin-Lester, EDRVQP lead, if applicable
