

Let's Make Healthy  
Change Happen.



## Quality Improvement Plan (QIP) Narrative for Health Care Organizations in Ontario



June 2021

This document is intended to provide health care organizations in Ontario with guidance as to how they can develop a Quality Improvement Plan. While much effort and care has gone into preparing this document, this document should not be relied on as legal advice and organizations should consult with their legal, governance and other relevant advisors as appropriate in preparing their quality improvement plans. Furthermore, organizations are free to design their own public quality improvement plans using alternative formats and contents, provided that they submit a version of their quality improvement plan to Health Quality Ontario (if required) in the format described herein.

[ontario.ca/excellentcare](http://ontario.ca/excellentcare)

## Overview

The Strength of Who We Are:

### Vision Statement

Further develop and strengthen health system partnerships to meet the evolving needs of our community.

### Mission Statement

Providing high quality, patient-centred care to our community, delivered by a dedicated team.

### Values - ICARE

- I - Integration
- C - Community
- A - Accountability
- R - Respect
- E - Excellence

### Tag Line

You Can Count on Me

### The 2019-2022 Strategic Plan for AMGH is centred on our 4 Pillars of Excellence:

#### People Pillar

- Develop a comprehensive human resource strategy
- Ensure and promote a healthy workplace for staff, physicians and volunteers
- Actively engage our community partners in the planning and evaluation of hospital services
- Provide education to our community regarding health, wellness and system transformation

#### Quality Pillar

- Develop a Quality Improvement Plan according to the Excellent Care for All Act
- Continuously evaluate our programs and services against the best available evidence

#### Partnership Pillar

- Strengthen existing and develop new partnerships with our local and regional healthcare providers
- Develop partnerships with local providers and community resource agencies to promote wellness strategies for our community

#### Sustainability Pillar

- Maintain our commitment to ongoing development and growth in our three Centres of Excellence: Women's Health, Services for Seniors and Mental Health and Addictions
- Maintain a balanced operating budget
- Achieve the ability to invest in capital and infrastructure at AMGH

## Describe your organization's greatest QI achievement from the past year

The Alexandra Marine and General Hospital is exceptionally proud of our ability to navigate the global COVID-19 pandemic while maintaining its commitment to the best quality of care possible. While some of the 'usual' business was delayed as hospital leadership focused on the new pandemic 'normal', the organization continued to produce results that validated our commitment to quality was not compromised. The greatest achievement for 2020/21 was our ability to maintain a 100% rate of patients who would recommend this facility to their friends and family.

## Patient/client/resident partnering and relations

AMGH increased our commitment to communicate with the community we serve in order to provide information and support throughout the pandemic. AMGH utilized social media, a new 'AMGH Communications' forum internally in addition to weekly Clinical Leadership updates to staff and CEO updates weekly.

There was a noted decline in the return of patient experience surveys over the past two years in comparison with emergency room visits and eligible discharges. A new refreshed plan has been devised to increase collection of patient experience data, however due to public health measures/restrictions this plan is currently on hold with an anticipated start date in August 2021. The plan includes:

- Frequent communication on AMGH social media to request input with links for online completion included in messaging
- Engagement of volunteers to telephone recent outpatients or discharged patients to review experience surveys over the telephone
- Inclusion of personal notes, emails and concerns in our reporting structure to the Quality Improvement Committee

AMGH's goal is to develop a comprehensive and multi-year plan to develop a patient/staff engagement framework to ensure that the patient/staff voices are an embedded part of decision making at AMGH into the future.

The AMGH Community Advisory Committee continues to be an active Committee of the Board that represent our hospital as liaisons with our Community. Their engagement throughout the pandemic has been crucial to bridging some of the misinformation and fear the pandemic has created in our community.

## Workplace Violence Prevention

AMGH is extremely proud of the work that we have completed to address workplace violence.

For 2021/22 AMGH has increased the level of training for our staff to assure they have the knowledge, skills and abilities to respond to situations that are escalating into potential violence or have escalated into a violent/risky situation. All staff are currently undertaking *Healthcare Aggressive Response Training*. This training provides theoretic training regarding how to identify escalating behaviour and respond, how to recognize their own responses to such situations and tactics to employ to potentially verbally de-escalate this situation.

AMGH is committed to using the least force/physical interventions as possible, but also recognize that due to the increasing acuity of our Mental Health population, staff require physical disengage training and ongoing training for proper use of restraints. Due to the pandemic, the in-person training is anticipated to resume in the Fall of 2021. In addition to training staff in this new program, AMGH will also invest in certifying in house trainers to assure we can continue to train new and existing staff on an ongoing basis.

In addition, AMGH will be investing in a personal alarm system that will assure our at risk staff have personal alarms that will identify their exact location when assistance is required.

## Collaboration and Integration

AMGH is one of 62 partner members for the OHT in Huron Perth which was designated by the Minister of Health under the *Connecting Care Act, 2019* to provide a continuum of integrated and coordinated care and support services to the population served by the HPA-OHT with a view to achieving the Quadruple Aim: better health outcomes, better patient and family and caregiver experience, better provider experience, and better value. In addition, a need to integrate diversity, equity and inclusion is a commitment of the HPA-OHT.

AMGH continues to work collaboratively with many of our partner organizations and peers as follows:

- Maitland Valley Medical Centre (MVMC)
- Inter Hospital Laboratory Partnership (IHLP) – member organization
- Ontario Laboratory System (OLIS)
- London X-Ray Associates
- SW Digital Imaging
- Medishare
- Health Hearts Program
- SW Small Talk Program
- Ontario Infant Hearing Program
- Huron Perth Addictions and Mental Health Alliance (HPAMHA) – member
- Choices for Change
- Human Services and Justice Coordination Committee – AMGH Chair
- Huron County Homelessness Taskforce
- AMGH and Huron Perth Healthcare Alliance (HPHA) have a shared model of care for pharmacy and information technology services, in addition to shared print service, regional email, transcription dictation services
- SW Hemodialysis satellite site with London Health Sciences
- SW Stroke Network – Telestroke site for Huron County
- SW Maternal Newborn Child Youth Network – member
- Western Ontario Access to Care
- SW Regional Wound Care Program

In addition to our ongoing partnerships, AMGH has engaged in many new and enhanced partnerships as a result of the COVID-19 pandemic including but not limited to the following:

- Collaboration with the MVMC to operate a COVID-19 assessment centre in our community
- Collaboration with MVMC in pandemic planning in regards to utilization of human resources, supplies and space to meet impending surges and increased need to patient care
- SW Regional Bed Management collaboration among all the CNE/VPs
- Participation in all COVID related committee and task forces
- Partnering with Huron Perth Public Health (HPPH) to implement and encourage public health measures to promote health and safety of our community
- Partnership with HPPH to provide onsite vaccination for staff and patients
- Partnership with HPPH to access COVAX the provincial COVID-19 vaccination database

### **Engagement of Clinicians, Leadership & Staff**

AMGH identified a multi-year gap in formal leadership development opportunities/programs due to fiscal constraints, the impact of the pandemic and limited human resources to coordinate such efforts. Small Rural Transformation Funding has provided an opportunity for the Senior Leadership Team at AMGH to invest in formal leadership development in collaboration with a professional leadership development firm. This development series will focus on developing our leaders into coaches. This will help AMGH develop a more comprehensive competency framework through the use of evidence-based tools and methodologies.

AMGH is in the process of refreshing our website for ease of use and to assure we comply with access legislation. AMGH has increased its profile on social media in addition to creating internal communications tools to provide regular and timely updates to staff.

### **Executive Compensation**

The Excellent Care for All Act (ECFAA) requires that a percentage of compensation for organizational CEO's, Executives, and Leaders reporting directly to the CEO be linked to achievement of performance targets chosen from the Quality Improvement Plan (QIP). AMGH is committed to meeting the goals within the QIP.

AMGH has historically withheld 3% of salary contingent upon successful achievement and/or movement toward achieving the identified goals. We are equally cognizant that there has been an ongoing salary freeze and that achievement of some goals is impacted by barriers outside of the control of the organization.

Pay for Performance target:

CEO/President - 3%

Chief Nursing Executive/VP - 3%

Chief Information Officer/VP - 3%

Chief of Staff – 3%

Pay for Performance Indicators for 2021/22:

- Would you recommend this organization to your friends or family? Goal 100% with a 5% margin.

### Contact Information

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### Other

Sign-off

It is recommended that the following individuals review and sign-off on your organization's Quality Improvement Plan (where applicable):

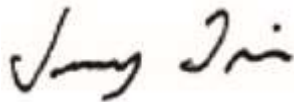
I have reviewed and approved our organization's Quality Improvement Plan



Allan Ball, Board Chair



Donna Partridge, Board Quality Committee Chair



Jimmy Trieu, President / Chief Executive Officer