

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



2/28/2023

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.

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## **Overview**

The Perth & Smiths Falls District Hospital (PSFDH, is a two site acute care hospital organization and is pleased to present our annual Quality Improvement Plan (QIP). The PSFDH provides acute care services that consists of: Emergency, Intensive Care, Medical Surgical, Obstetrics and surgical Services to over 60,000 people within our catchment area. The PSFDH supports and aligns the delivery of hospital services with the priorities of Ontario Health. For 2023/24, the QIP continues to be directly aligned to our organization's strategic plan. Despite the ongoing challenges related to COVID-19 in our community, PSFDH remains committed to delivering on our vision to be a leading community healthcare organization, chosen to support their care and recognized as a preferred place to work and volunteer.

Our mission: We provide our community with a high-quality environment for person-centered care, built on collaboration and partnerships.

Our values: Respect and dignity; inclusion and diversity; stewardship and accountability; collaboration and partnership

Our Strategic Directions:

- Provide an excellent experience for the people we serve, every time
- Meet the changing needs of the community
- Support and empower our people
- Ensure our future sustainability

Patient and Family Advisory Council (PFAC) members continue to be involved in numerous committees and working groups that identify, develop and evaluate improvement initiatives that focus on patient and family matters. Their observations, views and suggestions are received and reviewed. Patient and family engagement directly impacts the patient experience.

Our strategic metrics are followed monthly at various levels of the organization. Our leaders review performance and adjust plans to promote success in our endeavors. Individual units will focus quality improvement plans to address our metrics with the belief that alignment and focus is key to success.

## Patient/client/resident engagement and partnering

Our strategic plans are informed by engaging our patient and family advisors. Activities that are co-designed ensures that meaningful and impactful engagement occurs regarding the care, our processes and improvements that guide quality improvement initiatives. Through COVID, the feedback provided by PFAC has helped guide us on our ever-changing protocols and processes. Some initiatives will carry over from our previous work plan to the current fiscal year. Focus this year will be to continue PFAC's work plan and to embed members in leadership interview panels and unit leadership teams. Like safety reviews, patient and family centred reviews brings the patient experience to the forefront and their ongoing recommendations helps to improve how we care for our patients and clients.

#### **Provider experience**

PSFDH is committed to supporting the wellbeing, engagement and retention of staff. We are focusing on joy at work to help reduce burnout, sick leave and staff turnover. Our Wellness Committee is focused on staff appreciation and strategically supporting our staff, physicians and volunteers. Wellness tips and resources are provided to our teams and we are committed to engaging our workforce and continue to be an employer of choice.

## **Workplace Violence Prevention**

Workplace violence prevention is a priority for PSFDH. This year we will focus on achieving a baseline of education opportunities that helps provide our staff with the tools and education such as non-violent-crisis-prevention tactics.

### **Patient safety**

Falls prevention involves managing a patient's underlying fall risk factors and optimizing the hospital's processes and toolkits. Focusing our attention on falls will provide us the opportunity to review our current toolkit and look at best practices to overcome the challenges associated with developing, implementing, and sustaining a falls prevention program.

#### **Executive Compensation**

Executive compensation meets legislated guidelines and public disclosure of salary and expenses and meets the current practices and guidelines in the province of Ontario.

## Sign-off

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

**Board Chair** 

\_\_\_\_\_ (signature)

Board Quality Committee Chair

\_\_\_\_\_\_ (signature)

**Chief Executive Officer** 

\_\_\_\_\_ (signature)

Other leadership as appropriate

\_\_\_\_\_ (signature)