

Quality Improvement Plan (QIP)

# Narrative for Health Care Organizations in Ontario

March 19, 2024



## OVERVIEW

Grand River Hospital acknowledges that the land on which we live and work today is located on the Haldimand Tract of 1784, a formally ratified agreement acknowledging six miles on either side of the Grand River as treaty territory belonging to Six Nations of the Grand River and is within the territory of the Haudenosaunee, Anishinaabe, and Chonnonton People. Grand River Hospital acknowledges the enduring presence and deep traditional knowledge, laws and philosophies of the Indigenous Peoples with whom we share this land today, their achievements and their contributions to our community. We are committed to understanding the impact of settler colonialism on the Indigenous experience in order to envision and co-create collaborative, respectful paths together in mutuality and reciprocity. (Land Acknowledgement developed by the Indigenous Employee Circle).

Grand River Hospital is one of Ontario's largest community hospitals, providing innovative, quality care to more than 840,000 residents of Waterloo Region and Guelph-Wellington. At Grand River Hospital, we are committed to delivering an exceptional health care experience with compassion, driven by inspired people, an unwavering quality focus, strong partnerships and innovative solutions, in service of our shared vision: a world class health system supporting healthier lives.

The Quality Improvement Plan is a key enabler to achieve Grand River Hospital's broader strategic plan, goals and priorities. Through our 24/25 Quality Improvement Plan, Grand River Hospital continues our commitments to improving access to care through patient flow and equity initiatives, supporting the wellbeing of our team members, and further developing patient safety and patient

experience improvements. Our adoption of a population health approach is also furthering our vision of a world class health system, where all partners in the system work to achieve better health for our communities.

## **ACCESS AND FLOW**

At Grand River Hospital (GRH), patient flow involves implementing streamlined processes that support ensuring patients receive the right care in the right place at the right time. Initiatives to support patient flow have focused on ED admission avoidance (e.g. Bloom project, DREAM project), ED diversion (e.g. SCOPE project), overflow and surge protocols and Emergency Medical Services (EMS) offload procedures. These processes optimize system capacity and timely access for our patients. Grand River Hospital has adopted these pathways as a phased approach to help guide staff, the Patient Flow Lead and After Hours Administrators to support seamless patient flow 24/7. These pathways not only reduce administrative burdens but also enhance coordination allowing for quicker response time and improved patient experiences.

The Emergency Department (ED) Surge Protocol is a graduated response mechanism put into place to deal with an overwhelming volume of admitted patients and insufficient inpatient bed capacity. The goal is to maintain patient safety and community access to emergency services by re-establishing access in the ED in less than 24 hours, and ensuring patients are cared for in the appropriate setting based on their level of acuity.

GRH is dedicated to providing quality, evidence informed access to care within our walls and supporting our community at large. This

requires the ED to have the available capacity to accept patients arriving by ambulance with the goal of off-loading EMS in a timely manner. This includes expediting patient transfer to the ED within a 30-minute timeline to return ambulances to the roads of our community.

Looking towards the future, GRH envisions further innovation in patient flow management. The integration of command center technology to further support real time patient movement will be a testament to the commitment to efficient, patient-centered healthcare.

## **EQUITY AND INDIGENOUS HEALTH**

Grand River Hospital is dedicated to advancing health equity. Our leadership development and staff training are key to promoting Diversity, Equity, Inclusion (DEI), and Truth and Reconciliation. This foundation will help us advance health equity for Indigenous, Black, refugee, immigrant, and 2SLGBTQIA+ populations. This year, we are evolving our health equity framework and statement of commitment into a practical work plan, including demographic and equity data collection for staff and patients. We presently do not collect or use sociodemographic data and recognize that we need to begin capturing this in order to better understand experiences of care and clinical outcomes for our patients; this will be a priority for our QIP in 2024/25.

Our Truth and Reconciliation draft strategy, developed with community collaboration, led us to form a tri-hospital advisory circle in Waterloo Region, which aims to harmonize Indigenous Health strategies for culturally safe care. With new hospital site planning, we are engaging with Six Nations and Mississaugas of the

Credit First Nations. 2024/25 initiatives include hiring an Indigenous patient navigator, development of an all staff education plan, and senior leaders and board education with partner hospitals.

Three employee resource groups (Black, LGBTQ, and Indigenous) engage vital voices, raise awareness and provide a DEI perspective for staff, patients and organizational initiatives. As community advisors, they deepen GRH's understanding of their communities' disparities. Their involvement in future planning is a priority for the organization.

DEI education has been pivotal at GRH. Leadership groups have engaged in Inclusive Leadership Training, anti-Black racism, and anti-racism sessions, while staff have participated in microaggression and racial trauma discussions. Our goal for 24/25 is to continue to develop broad DEI education with a healthcare focus.

## **PATIENT/CLIENT/RESIDENT EXPERIENCE**

Grand River Hospital collects patient experience data and feedback in a variety of ways, and is formalizing and expanding internal structures and processes where patient feedback is used to inform and drive improvement activities, including our Quality Improvement Plan.

Patient experience data collection on key metrics is currently underway with recent implementation of our digital patient experience surveys (Qualtrics) in select adult outpatient clinics, adult inpatient programs and our Emergency Department. Clinical leaders are being provided on-demand access to their program survey responses data to enable data-driven insights to inform immediate and longer-term improvement activities.

With a pool of over 30 Patient Family Advisors (PFAs) involved in program-based Patient Family Advisory Councils (PFACs), program Quality Councils, as well as a wide range of corporate program and organization-wide engagement initiatives, GRH benefits from diverse patient and care partner perspectives contributing to a wide range of improvement initiatives across patient-provider, program and service development and corporate policy domains. PFAs work closely with staff leads to review various program metrics and quality measures, and contribute to identifying and participating in quality improvement activities. PFAs also participate in various committees, councils and working groups to support key decision making at GRH.

Insights and learnings from patient complaints addressed by the Patient Relations Office have been leveraged at both the program and organizational level to improve specific aspects of care including communicating clearly and empathetically with patients and families, and providing culturally appropriate, safe and dignified care to members of equity-denied groups.

With GRH's ongoing focus on strengthening patient-partnering structures and processes and the resumption of organization-wide patient experience surveying, GRH is well-poised to collaborate with our patient partners to leverage patient feedback data, identify improvement opportunities and change ideas, and to monitor progress.

## PROVIDER EXPERIENCE

Grand River Hospital's strategic plan is well underway, keeping our vision of striving to be "a world class health system supporting healthier lives" at the forefront. This vision not only means that we aim to be a world class health system in delivery of patient care, but confirms our commitment to supporting the health and well-being of our 5000+ team members. We care about all of our team members and want to ensure that their physical, mental, psychological and spiritual health is prioritized. We have further defined this commitment to our team members in our 2022 People Plan and 2022 Well-being Strategy.

Support for team members through this challenging recovery phase of the pandemic has included a variety of innovative programs for those working onsite and remotely to focus on their health and well-being. In addition, GRH has utilized a variety of methods such as focus groups, interviews, and surveys to engage health care workers in identifying other opportunities to enhance our workplace culture and team member experience at GRH.

Some examples of these interventions have included: Crisis Intervention Support Management (CISM) training for identified team members to allow additional 1:1 support and team debriefings, mental health benefits and resources for teams and individuals, access to a free digital mental health app supporting mindfulness, sleep and meditation strategies, professional development opportunities for all team members such as mental health first aid, and workplace activities to encourage team member to prioritize their own health and well-being, for example yoga and therapy dogs.

## SAFETY

Patient safety is a top priority at Grand River Hospital. Patient safety incident reporting and reviews to prevent re-occurrence are crucial to the continuous quality improvement processes of GRH, to inform the initiatives to improve the overall safety of the services we provide for our communities. GRH promotes a just culture and uses a systems approach to reviewing and learning from safety incidents that occur or have potential to occur. We have adopted the Canadian Incident Analysis Framework (Canadian Patient Safety Institute) as a best practice tool for the prevention, response, analysis, and review of safety incidents at GRH. We have developed policies, algorithms for decision making, and resources, to support all team members. As part of the corporate review process, patient and family perspectives are brought forward to inform the discussion and resulting recommendations for improvement opportunities. As a recent example of improvements made as a result of patient feedback, following a cancelled procedure, GRH introduced the use of in-person sign language interpreters instead of virtual interpretation, which was found to be inadequate for patient understanding in our Deaf community.

Summary reports of safety incident reports for each program are reviewed by the appropriate leadership team for each clinical program to monitor for trends and improvement opportunities. Identified trends or concerns are shared with applicable Quality Councils and the Senior Quality Team and/or the Quality Committee of the Board as per the established reporting schedule. In addition, the data is reviewed on a regular basis for corporate trends. Standardized huddle boards at GRH contain a specific section for safety, and leaders are encouraged to share safety issues along with learnings and actions for improvement at team huddles, and with

professional staff.

## POPULATION HEALTH APPROACH

GRH is redefining the role of a hospital within our healthcare system and how we achieve better health and wellness for our population. At the core of this transformation is the adaptation of a population health approach that inspires our strategic priorities, guides our market and operational research used in clinical service planning, and develops strong partnerships and relationships within and outside of our hospital's walls.

First, directly working with local community groups, patients, and families gives us the insights and ability to co-design new and optimized services and models of care that better align with our community's care needs and are delivered in a meaningful way that promotes an exceptional care experience. By using a population-based approach and applying strategic marketing and operational research methods, we can identify existing and forecasted service gaps, such as neurosurgery and/or high-risk pregnancy, and develop clinical services and models specifically tailored to the care delivery needs of these populations.

Second, through collaborations with our Ontario Health Team and community partnerships, diverse talents are being leveraged to create innovative integrated models of care that are focused on equity-denied and/or high risk populations, well as high priority neighbourhoods within our community. Through such work, we will provide greater access to quality care in the right place, at the right time, for the right patients, by the right teams. Importantly, this will also develop the foundations for a truly integrated healthcare network that can advance the health and wellness of the individual

within the context of the health of the population.

Third, by adopting a population health approach, GRH can contribute to the development of integrated structures and relationships that are critical in becoming and sustaining a world class health system, supporting healthier lives. This approach has given us the opportunity to be a better partner within the patient's continuum of care, collaborate more effectively with our community, and better support the unification of our local and broader healthcare system.

## EXECUTIVE COMPENSATION

The Senior Leadership Team (SLT) at Grand River Hospital all have a pay at risk component to their overall compensation. The pay at risk percentage ranges from 5% (EVP, VPs and COS) to 15% (CEO) 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 represent a percentage of the Operational targets component of pay at risk. This results in a 11% to 25% impact on overall pay at risk, depending on role.

QIP performance for SLT members is measured based on the weighted results of all QIP measures.

## 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 19, 2024**



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**Sandra Hanmer**, Board Chair



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**Garth Cressman**, Board Quality Committee Chair



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**Ron Gagnon**, Chief Executive Officer

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Other leadership as appropriate

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