

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

April 5, 2024

OVERVIEW

Campbellford Memorial Hospital (CMH) is a 38-bed health care facility located in Trent Hills. It serves approximately 40,000 Northumberland, Peterborough, and Hastings County residents, as well as a large seasonal population of cottagers and tourists enjoying the beautiful Kawartha Lakes Region and the Trent River System.

CMH provides a comprehensive array of acute care services including a Special Care Unit, Endoscopy Surgical Suite, Diagnostic Imaging Department, Laboratory, numerous Out-Patient Clinics, 24/7 Emergency Department and community programs including Mental Health, GAIN, and Supportive Housing.

CMH has developed the 2024/25 Quality Improvement Plan (QIP) aligned with its vision to be a recognized leader in rural health care, creating a healthy community through service excellence, effective partnerships and the development of innovative hospital services. CMH has focused on the QIP priority issues of Access and Flow, Equity, Experience, and Safety.

We are confident that CMH will continue to achieve the priorities as set out by the QIP given a renewed dedication and commitment of excellence of our staff and physicians, the engagement of our Board, and leadership and the support and collaboration of community partners.

ACCESS AND FLOW

Providing patient care at the right place and the right time is a priority at Campbellford Memorial Hospital. CMH is committed to continuous improvement related to optimization of key wait time metrics that have an impact on patients and families.

Collaborative partnerships have been established and initiatives identified to improve wait times in the Emergency Department ultimately impacting left without being seen rates and ambulance off load delay times.

Key initiatives that CMH will continue to focus on include further partnerships with community partners, Implementation of Alternative Level Of Care and Senior Friendly strategies, as well as increasing awareness and adoption of virtual care consults and referrals.

EQUITY AND INDIGENOUS HEALTH

CMH has identified opportunities to improve the knowledge at the leadership level in relation to equity, diversity, and inclusion (EDI). Establishment of an internal JEDI (Justice, Equity, Diversity and Inclusion) has provided the necessary framework to create CMH policies to guide practice specific to EDI, recommend educational opportunities around 2SLGBTQIA+, Indigenous, Mental Health, Black and racialized communities, and high priority populations in efforts to understand and reduce health disparities.

EDI education can be sourced from various health care organizations with different focuses for learning. Leadership at CMH will have the opportunity to choose an area of interest based on the EDI working group recommendations and take the lead on closing the knowledge gap across the team. This initiative will support and guide CMH with respect to further strategic planning related to the accreditation standards pertaining to EDI.

PATIENT/CLIENT/RESIDENT EXPERIENCE

CMH collaborates with the Patient and Family Advisory Committee (PFAC) in a co design model with respect to operational process and policy design. CMH relies on PFAC and Patient Experience surveys to gather diverse perspectives and input to inform decision making related to met and unmet needs and change initiatives.

CMH engaged the PFAC in development and writing of our Patient Directory, and continue to be integral partners in providing input into multiple required organizational practices policies related to Accreditation Canada.

CMH utilizes patient experience feedback through the compliments and complaints process and has recently implemented a new patient experience platform called Qualtrics for the Emergency Department and Inpatient Unit. CMH commits to look for every opportunity to meaningfully engage patients and their families in our quality improvement efforts.

The 2024/25 QIP has continued to identify opportunities for patients and PFAC members to be key stakeholders in co design with respect to the 4 system level priority areas. CMH will seek to engage through various operational committees and working groups.

The 2024/25 QIP priority "experience" - Our patients feel they received adequate information about their health and their care and discharge, involves direct experience feedback and PFAC working groups which will then be utilized to develop change ideas and action plans to support the needs of our patients and families.

PROVIDER EXPERIENCE

CMH, like many other small hospitals, continues to be impacted by the health human resource challenges and the ability to recruit and retain trained skilled health human resources (HHR). The ability of small rural hospitals to recruit HHR has been identified as a major challenge across the province. Factors such as rural location, limited resources, competitive incentive pay, critical mass, and overall burnout, has led to long term full time and part time vacancies and challenges with recruitment and retention within the organization.

CMH continues to prioritize recruitment and retention as a strategic goal and is focusing on ways to provide support to the teams through stabilization of health human resources post pandemic. CMH intends to recruit, retain and develop highly skilled and engaged people who are empowered and inspired to provide quality, person-centred care and services.

Although not explicit as a goal on the QIP, CMH has processes in place to engage health care workers in the overall recruitment strategy through an Employee Retention Committee, development of ongoing retention strategies, and gathering of formal input through unit based councils regarding innovative solutions to the HHR crisis. CMH has also partnered with local secondary and post-secondary education centres to increase engagement through adding student placement positions and high school co-op placements.

SAFETY

Workplace violence prevention remains a core dimension of our Strategic priority and the QIP. Workplace violence incidents are a growing concern for smaller communities and CMH is committed to taking steps to minimize risk and maximize preparedness. By measuring the number of violent incidents reported by hospital employees we can empower our teams to be their own safety champions while providing valuable feedback for change ideas.

Conducting overall risk assessments will enable CMH to create a culture of quality improvement and workplace health as it relates to workplace violence. CMH is focusing on recruitment and retention strategies which include initiatives that ensure overall safety and an environment that promotes conditions for staff to thrive and feel safe while at work.

Change ideas specific to staff training (NCVI and GPA), appropriate patient screening, workplace assessments and interprofessional simulation learning will promote a culture of safety and provide the necessary tools for staff to work towards workplace violence prevention.

EXECUTIVE COMPENSATION

An executive leadership compensation pay equity review for 2024/25 will be presented and approved by the CMH Board April 2024 .

As a mandatory component of the Excellent Care for All Act, 2010, compensation of the Chief Executive Officer (CEO) and other members of the Senior Leadership Team are linked to the achievement of the corporate annual strategic goals— many of which are embedded in the work outlined within the QIP.

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 **March 31, 2024**

C. Hayward, Board Chair

L Mathewson, Board Quality Committee Chair

J Hohenkerk, Chief Executive Officer

H Campbell, Other leadership as appropriate
