

2023-2024

Health Sciences North Quality Improvement Plan



Health Sciences North
Horizon Santé-Nord



Health Sciences North
Research Institute
Institut de recherche
d'Horizon Santé-Nord

OVERVIEW

Health Sciences North (HSN) is Northeastern Ontario's regional referral and academic health sciences centre and is affiliated with the Northern Ontario School of Medicine University (NOSM U). We provide a broad range of programs and specialized services to a diverse patient population over a large geographical area, operate out of 14 sites across Greater Sudbury and have staff working in 17 other locations across the North East. We take pride in our purpose of providing high quality health services, support learning for healthcare providers and generate research that improves health outcomes for the people of Northeastern Ontario. HSN is a regional leader in programs specializing in cardiac care, oncology, mental health, trauma, and rehabilitation and our commitment and passion for safe, quality care is made possible through the dedication of every employee, medical staff, scientist, learner, volunteer and patient-partner who shape who we are as an organization and model our values each day. The Strategic Plan that drives our organization was developed through consultation with a multitude of internal and external stakeholders, including patients and families, and anchors our yearly Quality Improvement Plan (QIP).

Over the past year, HSN has continued to respond to the COVID-19 pandemic while facing health human resource challenges that persist across the country. Despite these challenges, our teams remain adaptable, resilient and committed to improving the quality and safety of care provided to patients and families. This is evident through the accomplishments of teams like the Northeast Regional Cancer Program who achieved a first-place ranking out of 14 regional cancer programs on their Q1 Quality Performance report with Ontario Health-Cancer Care Ontario (OH-CCO). The North East Specialized Geriatric Centre (NESGC) who awarded twice for their exemplary work in the community and for their response to the COVID-19 pandemic and HSN's Laboratory and Pathology Program who recently achieved 100% compliance with all Accreditation Canada Diagnostic requirements.

Accomplishments like these are made possible through collaboration with local and regional partners and through the dedication of teams across HSN. Furthermore, HSN launched the MyHSN Human Capital Management Solution (HCMS) in June of 2022 in pursuit of our goal to become digitally-enabled, and we continue to work towards the implementation of an integrated regional electronic medical record (EMR).



The North East Specialized Geriatric Centre (NESGC) was awarded the 2022 Luminary Award and the City of Greater Sudbury's Community Partnership Award.



HSN's Laboratory and Pathology Program achieved 100% compliance with all Accreditation Canada Diagnostics requirements in the fall of 2022.

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The 2023-24 Quality Improvement Plan (QIP) was developed in consultation with key stakeholders from across the organization, including Medical and Administrative Leaders and our Patient and Family Advisory Council. It aligns with our Strategic Goals to: **Be Patient and Family Focused, Be Digitally Enabled, Be Socially Accountable, to Support and Develop our People and to Strengthen our Academic and Research Impact.**

Throughout the QIP planning and consultation process, consideration was given to organizational priorities, previous Quality Improvement Plan performance and Ontario Health Regulatory requirements and recommendations.

The following four indicators have been selected by HSN for its 2023-24 Quality Improvement Plan:

	Reduction in Time to Inpatient Bed		Medication Reconciliation at Discharge
	Workplace Violence Prevention		Securing and maintaining appropriate health human resources

In alignment with our Strategic Goals to Be Patient and Family Focused and to Be Socially Accountable, we remain committed to providing services that are safe, reliable, accessible (timely), efficient, effective and equitable. As such, HSN's 2023-24 QIP will continue to focus efforts on the time it takes for a patient to be moved to an inpatient bed after admission through the Emergency Department. The organizational target for this year will be to contain the **Time to Inpatient Bed** in the Emergency Department below 29 hours at the 90th percentile. The key strategies that will drive achievement of this target will be:

Standardization of HSN patient flow practices and processes to support on-time discharge. These will include:

- Designing a standardized discharge process across inpatient units
- Utilization of clinical information to inform decision-making and on time patient discharge
- Developing a transportation pathway to ensure resources are available for earlier discharge
- Aligning an escalation process with clinical decision making

The second indicator that aligns with our Strategic Goal to be Patient and Family Focused is our aim to improve **Medication Reconciliation at Discharge**. The organizational target for this year will be to create a Best Possible Medication Discharge Plan for 75% of discharged patients. The key strategies that will drive achievement of this target will be:

- Targeted improvement in inpatient units that include those in the Surgical Program, Critical Care Program and NICU with unit specific action plans to close the gap
- Planning and implementation of Medication Reconciliation processes in the new Meditech Expanse EMR

In alignment with our Strategic Goal to Support and Develop Our People, we remain committed to providing a physically, psychologically and culturally safe environment that promotes a positive care, working, and learning experience. As such, HSN's 2023-24 QIP will continue to actively address **Workplace Violence** incidents through prevention and response measures. The organizational target for this year will be to pursue

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zero harm through prevention of workplace violence involving physical force and we will measure progress by the number of months where the number of workplace violence events involving physical force was fewer than the prior year. The key strategy that will drive achievement of the target is:

- To continue the implementation and compliance of the Patient Violence Risk Assessment Process (completion of a violence assessment tool (VAT), controls and supports, comfort planning and communication)

The second indicator that aligns with our Strategic Goal to Support and Develop Our People is to **Secure and Maintain Appropriate Health Human Resources**.

We are committed to containing the turnover rate of HSN staff to 15%, and the key strategy that will drive

achievement of this target is:

- To engage with staff to identify root causes of attrition and to develop effective countermeasures to address any gaps in alignment with the development of our organizational Wellness Strategy and ongoing recruitment initiatives


Ongoing efforts to achieve the targets for our four 2023-24 QIP indicators will be possible with the continued support of leadership and the ongoing engagement of staff, patients and families, and other important stakeholders. These indicators are priorities for HSN, and by monitoring and sustaining our improvement work, we will continue to drive quality daily and build a culture of continuous quality improvement.



HSN is Hiring! Join Us!
HSN embauche! Soyez des nôtres!

PATIENT/CLIENT/RESIDENT ENGAGEMENT AND PARTNERING

In alignment with our organizational goal to be Patient and Family Focused, Health Sciences North continues to partner with Patient and Family Advisors (PFAs) who provide the patient and family perspective in many aspects of our work and are playing a vital role in HSN's review of and alignment with Accreditation Canada standards. Patient and Family Advisors continue to act as members of various patient safety committees such as the Falls Prevention Committee, where their voice has played an integral role in co-designing services, policies/work standards, educational materials and have helped to inform improvement initiatives.




Fall Prevention and Injury Reduction

What is Fall Prevention and Injury Reduction?
To prevent patients from falling and reduce the risk of injury from falling while staying in the hospital.

How do we do Fall Prevention and Injury Reduction at HSN?

- All inpatients are assessed for risk of falls.
- Universal fall precautions are performed in all areas.
- Additional precautions (including orange armbands) are taken for patients found to be at high risk for falls.
- Education is provided to staff and patients on fall prevention strategies.



What should staff and physicians know?


- Conduct a fall risk assessment on all patients.
- Perform and discuss universal fall precautions with all patients and families.
- Perform universal fall prevention strategies on all patients.
- Follow the falls prevention standard of care related to the area you are working in.

What should patients and families know?

During your hospital stay:

- Ensure you have access to your call bell.
- Ensure the room and path to your bathroom are free of clutter and equipment.
- Ensure your glasses and hearing aids are close by.
- Ensure you have appropriate footwear (non-skid socks or non-skid shoes) on when getting out of bed.
- Consider the presence of a Designated Care Partner whenever possible.

Source: 1) Accreditation Canada. (2019). Required Organizational Practices Handbook, Version 14.



Sample: Educational material co-designed with Patient and Family Advisors

Additionally, the Patient Relations team at Health Sciences North continues to work towards deepening the level of patient engagement by referring potential patient and family partners to our Patient and Family Advisory Program and working with patients and families to help share their stories in-person or in writing with members of the Quality Committee of the Board.

In alignment with our goal to be Digitally Enabled, the Shirley and Jim Fielding Northeast Cancer Centre has proudly partnered with members of the 2SLGBTQIA+ community and Patient and Family Advisors in their ongoing efforts to enhance equity and inclusiveness in cancer screening. Patient and Family Advisor involvement continues as the team works to develop an animated video series, which will provide education for the screening of Trans People in the Ontario Breast Screening Program.

The Indigenous Health Team at Health Sciences North is leading work to identify and address priority health concerns and health equity gaps for Indigenous patients and their families continuing our work to be Socially Accountable. They are improving the First Nations, Metis and Inuit patient experience by incorporating traditional health practices and offering extra supports and services tailored specifically to their needs. HSN is proud to provide the services of Indigenous Health Navigators to guide patients and families and provide culturally appropriate support to them in their health care journey. HSN's Medicine Lodge continues to provide opportunities to focus on the holistic health needs of Indigenous patients through traditional health practices and hospital-based health care.



HSN's Medicine Lodge has been open since March of 2010 and continues to be available for patients and families.

PATIENT/CLIENT/RESIDENT ENGAGEMENT AND PARTNERING

HSN partnered with patients/families and Patient and Family Advisors to design and pilot Indigenous self-identification at the point of registration in the Cancer Program with plans to spread to the rest of the organization in 2023. HSN also sought expressions of interest from across the Northeast region including our own Patient and Family Advisors, to become members of an Indigenous Health Advisory Council, which will help guide program and service delivery for Indigenous Peoples at HSN.



On December 21, 2022, Indigenous Health Services hosted a Meet and Greet for those staff interested in helping to support various cultural initiatives.

In alignment with our goal to Support and Develop Our People, the Workplace Violence Prevention (WVP) Committee continues to benefit from the active participation of Patient and Family Advisors. Their feedback contributed to the design of a new Patient Violence Risk Assessment process that allows for the ongoing evaluation of a patient's level of risk of violence throughout their hospital stay. In December 2022, training and communication materials, developed in partnership with Patient and Family Advisors, were made available to managers, medical staff and employees, promoting the new process, which enhances staff and patient safety. Patient and Family advisors are also members of our Medical Advisory Committee, Medical Quality Assurance Committee and Quality of Care Review Committee.



Patient and Family Advisor Nick Dominelli

In alignment with our goal to strengthen our Academic and Research Impact, Health Sciences North and Health Sciences North Research Institute continue to be active participants in the Canadian Remote Access Framework for Clinical Trials (CRAFT) project, a new model for doing research that is designed to bring clinical trials to remote and rural patients. This project is a collaboration between Health Sciences North, Health Sciences North Research Institute (HSNRI), the Timmins & District Hospital, the Sault Area Hospital, Roche Canada, the Canadian Cancer Clinical Trials Network (3CTN), and other external partners to engage in "Proof of Concept" testing to apply this model to a drug trial. The Patient and Family Advisor attached to this work has been instrumental in bringing a patient and family perspective to monthly steering committee meetings at our centre, and through participation with other Advisors across Canada via the 3CTN group is sharing experiences and expertise to help bring research to remote patients. Although the proof-of-concept phase of this project will be wrapping up at the end of March 2023, HSN and HSNRI have plans to apply the CRAFT model to other research studies with the invaluable support from patient and family advisors.

PROVIDER EXPERIENCE

As we enter the fourth year of the pandemic, human resource constraints and occupancy pressures have compounded the impacts of COVID in our healthcare environment. Healthcare workers continue to demonstrate resiliency, however the intensity and duration of the pressures have had a significant and sustained impact on the wellbeing of our workforce. This requires us to collectively reassess how we engage and support retention of our qualified staff while balancing the very real need to focus efforts on recruitment to fill all vacancies. In response to the challenges being faced we've recently conducted a Quality of Worklife Survey which will help assess and guide action planning over the coming year to respond to key factors highlighted by our teams.

The impacts of COVID over the past four years include widening gaps in health human resource availability, which has affected care models. We have also seen increased reliance on overtime and significant increases in orientation requirements indicating a shift to an increasingly junior workforce. A second challenge healthcare workers have faced has been overall well-being including workplace wellness. HSN has undertaken efforts to focus on these two areas and key strategies are underway or are in development.

To address gaps in the workforce, recruitment and retention strategies have included:

- Conducting stay interviews of thirty of our nurses and managers with outcomes informing a newly developed three year talent management strategy
- Investment in four Clinical Operations Manager positions to provide on-site leadership 24/7
- Investments for staff and leadership professional development
- Offering a leadership development program for aspiring and existing leaders (both clinical and non-clinical)
- Offering a diverse number of programs and incentives to support nursing recruitment including Supervised

Practice Experiences, a Community Commitment Program and competency validations to recognize internationally trained health professionals

- Nursing graduate guarantees and new graduate initiatives for employment inclusive of science graduates
- A clinical extern program for nursing and other allied health discipline students to support student learning and the development of clinical expertise through their employment on inter-professional care teams in the provision of quality patient care

To promote wellness and overall provider well-being HSN:

- Partnered with CAMH to make available to all staff and physicians "Your Health Space" which offered workshops on burnout recovery, moral injury, occupational stress, compassion fatigue and self-care
- Maintains a "Caring for You" intranet page for all providers promoting wellness tools and resources



- Communicates information and provide linkages to focused mental health resources
- Advanced an inter-professional workplace violence prevention team to address and mitigate risks of workplace violence
- Sustained working from home arrangements where appropriate
- Will be launching a new quality of work life survey that will allow us to keep the pulse more readily on how we support our people
- Is investing in a new Wellness Lead position to develop, implement and support an organizational strategy advancing provider wellness

WORKPLACE VIOLENCE PREVENTION

Violence in the workplace is a complex issue and a significant source of harm to our employees and medical staff. Workplace Violence Prevention has been a focus of targeted quality improvement work with incremental improvements in reducing the incidents involving physical force as we work towards our ultimate goal of zero harm.

Investment has been made in improving security services at HSN by employing 25 security guards rather than contracting these security services externally. This \$700,000 investment has increased shift coverage and consistency of the security team. Reduced turnover of security staff has ensured that training in emergency and particularly code white violent behaviour response is retained and utilized. This has been most noticeable in the Emergency Department and Acute Inpatient Psychiatry units at Ramsey Lake Health Centre where most workplace violence events are reported.

The highest effort action of the Workplace Violence Prevention Committee (WPVPC) this year was the implementation of a new Patient Violence Risk Assessment (PVRA) process. The continued investment towards the Behavioural Escalation Support Team (BEST), allowed the spread of BEST across the organization in co-ordination with the promotion and implementation of the PVRA process.

The new process includes completion of a Violence Assessment Tool (VAT) at Emergency Department (ED) triage and on admission to an inpatient unit. A component of the VAT includes the implementation of appropriate controls and supports based on the level of risk identified and includes the completion of a comfort plan that identifies triggers and coping mechanism by engaging patients and their care partners. Support resources such as the Behaviour Escalation Support Team (BEST), Behavioural Support Outreach (BSO), and Addictions Medicine Consult Services (AMCS) have streamlined the approach to access services and educate

staff on appropriate referrals in support of a patient's needs or concerns. There has also been investment in in-house security services with allocation of security resources in areas identified as higher risk providing for consistent and reliable support.

A key component of the new PVRA process is communicating the level of risk with all of those involved in the patient's circle of care, which includes a new flagging symbol. This new symbol was communicated through our ED whiteboard, Patient Action Manager boards, and the level of risk was built into our care transitions processes. Communication is also being improved with our external partners as we continue to implement a police/hospital transition framework allowing the safe transfer of high-risk patients from police custody to our ED.

With the spread of the BEST, an increased security presence and the implementation of the PVRA process, we have achieved our goal this year of reducing the incidents where physical force was exercised when compared to the previous year. We continue to learn from incidents and apply countermeasures to help mitigate similar events in the future. Security helped to support the implementation of a debrief process following a Code White incident. Staff have the opportunity to review what worked well and what could have been done differently. The debrief tool also identifies contributing and precipitating factors for the patient that are used in the Root Cause Analysis (RCA) process. The critical event RCA and report out process at the WPVPC continues to be expanded and refined. Additional stakeholders are invited to conversations when mental health, dementia and delirious patients are involved in the incident, broadening our scope of countermeasures. Occupational Health and Safety (OHSS) will continue to track the leading causes of these events for future improvement work.

WORKPLACE VIOLENCE PREVENTION

BEST members continue to support staff in the prevention, intervention and response to violent incidents. Their organizational awareness of workplace violence prevention has allowed them to recognize gaps and trends in our processes. It was their recommendation to increase staff education on de-escalation skills and this year de-escalation training was included in the General Orientation process for new hires.

Our Workplace Violence Prevention improvement initiatives this year were ambitious and there is still more work to fully implement the change ideas identified. The defuse process could not be implemented as intended however will be a focus of the wellness plan for the coming year.



PATIENT SAFETY

Health Sciences North (HSN) supports a culture of safety to enhance the quality and safety of care provided to our patients. In conjunction with our values of respect, quality, transparency, accountability and compassion, HSN encourages an environment where healthcare providers, patients and their families should feel safe to report errors and concerns about situations that can lead to potential or actual harm to patients, staff, the facility or persons on HSN property.

We have developed our Safety Event Management process to include standards on how to initially report a safety event right through to how we share learnings from these with patients/families, healthcare providers involved in the event as well as others that could benefit from the learnings identified during the analysis of a safety event.

Staff are encouraged to report any good catches or harm events in the electronic reporting system. Notifications are automatically sent from the system to leadership of the area where the safety event occurred. If the severity level entered by staff meets our threshold for criticality (or critical event), an automated notification is also sent to the Quality and Patient Safety and the Senior Leadership Teams.

When an event is deemed critical, an emergency phone call is booked by the Administrative Director. A number of additional stakeholders attend this call including the Manager of the area where the event occurred, Administrative and Medical Directors, the appropriate Vice President as well as the Quality and Patient Safety Director or delegate and the Quality and Patient Safety (QPS) resource person. If after the initial investigation and emergency phone call, the event is confirmed as critical, a QPS resource person is attached to support and coach the investigation team through event analysis, which allows a team to analyze the circumstances of the event using a method called cause mapping. The team will identify and confirm cause(s) of the event and

identify measures that can be taken to eliminate or reduce the possibility that a similar event could occur in future.

Responsible Administrative and Medical Directors will prepare and report out on these events at HSN's Quality of Care Review Committee which includes a Patient Family advisor as a member. This is a standardized practice which sees Leaders provide a summary of the event, the contributing causes and solutions and describe how the team will share the learnings with those involved in the event and others identified depending on the countermeasures to be or already implemented. Discussion of disclosure also occurs to ensure the practice of communicating findings with patients and their families occurs. Finally, a monthly report on all critical events is submitted to the Medical Advisory Committee identifying the event and the measures or solutions to be implemented.

This work is monitored in a number of ways and we have set a target requiring 80% of these critical events to be closed within 30 days. Closed means that the event analysis is completed and a communication plan is defined to share the information learned. Since HSN redesigned and launched the new approach to safety event management there has been an improvement in the critical event review process and in the time it takes to complete these reviews. Prior to these process changes occurring, the rate of files being closed in 30 days in 2019-20 was 51% and in 2021-22 the rate increased to 74% moving closer to our 80% target. Our Safety Event Management process is reviewed regularly by members of the Quality and Patient Safety Team, and improvements are made based off of new learning and opportunities being identified. The team also solicits and receives feedback on the entire process from the leadership stakeholders that have participated in the Safety Event Management process as well as a dedicated group of Patient and Family Advisors who participate in and support the safety event process.

HEALTH EQUITY

The HSN and HSNRI 2019-2024 strategic plan establishes our commitment to be Socially Accountable for which health equity is a key foundation. In our strategic plan, we seek to achieve 5 key outcomes to achieve this goal with a focus on: seniors friendly care, access to mental health and addictions care, providing cultural safety and diversity training, innovative models that offer alternatives to hospitalization and the development of an Indigenous Advisory Council.

In 2019, HSN embedded social accountability into its leadership structure by creating a senior level position of Vice-President for social accountability. An Indigenous health team and Indigenous health director were established in 2019, and more recently the hiring of a clinical lead for social accountability in 2022. A coordinator position focusing on equity, diversity, inclusion and anti-racism will be introduced in 2023. Key improvement initiatives are underway to improve Indigenous Health, including but not limited to: the establishment of an Indigenous Health Advisory Council, cultural safety training, an Indigenous Cancer Plan and the introduction of self-identification. In February 2023, HSN was recognized by the Ontario Health, Indigenous Cancer Care Unit for being a “strong advocate for cancer screening closer to home for Indigenous communities and patients”.

In addition to our strategic plan, HSN has a defined French Language Service (FLS) plan. As an organization designated under the French Language Services Act (Ontario), we strive to ensure that patients are provided services in both official languages (French, English). Currently, the organization is striving to advance “l’offre active” (active offer) through education initiatives. Improvement work is ongoing, ensuring improvement of compliance on key designation requirements. Sociodemographic data: Currently there are processes in place to identify francophone patients at all points of registration. Indigenous self-identification at point of

registration has been piloted in the cancer program with plans to spread to the rest of the organization in 2023. As HSN plans for an EMR upgrade in 2023/24, updated standards for capturing sociodemographic data will be included.

Other notable examples of health equity focused improvement work includes:

- A Harm Reduction strategy that was co-designed with people who use substance (lived experiences) and community partners in an effort to improve how care is provided to patients with substance use. Key outcomes include development of a harm reduction philosophy of care, education and training for all-staff, hospital-wide Naloxone program, implementation a full continuum of care for addiction services; i.e. Addictions Medicine Unit, Addiction Medicine Consult Service and Rapid Access Addiction Medicine Clinic (RAAM).



HEALTH EQUITY

- The establishment and sustainment of the 20 bed Addictions Medicine Unit where patients admitted for medical care with concurrent addictions are provided care by an interdisciplinary team with specialised addictions training built on a harm reduction approach.
- Development of a COVID-19 Supported Isolation “Centre operation for people who are unhoused, in partnership with the City of Greater Sudbury, Homelessness Network, Canadian Mental Health Association, Sudbury and District Nurse Practitioner Clinic, HSN’s emergency department and mental health and addictions program.
- The North East Specialize Geriatric Centre (NESGC) was the recipient of the 2022 Luminary Award for their response to the COVID-19 pandemic and outstanding contributions to digital health in Ontario. A COVID Response Team was developed in Partnership with City of Greater Sudbury Paramedics to respond to the unique health care needs of older adults during the pandemic, providing virtual assessments and monitoring to support seniors who had tested positive for COVID-19. The NESGC was also awarded the City of Greater Sudbury Partnership Award for this innovative, patient-centered and collaborative work.
- Partnership with the City of Greater Sudbury to develop a 40-bed intensive treatment-housing program for people who experience homelessness and substance use.
- Partnership with Greater Sudbury Police Services and Ontario Provincial Police to implement a new Police-Hospital Transitions Protocol with the purpose of improving outcomes for individuals that have been apprehended by police officers under the Mental Health Act and subsequently accompanied to the nearest hospital emergency department for medical clearance, mental health assessment and care.

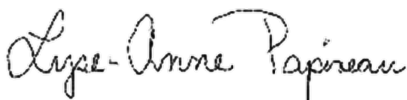
COMPENSATION

Annual performance goals will include the following three quality improvement targets for the period of April 1, 2023 to March 31, 2024:

Quality Dimension	Indicator and Target
Timely	Time to Inpatient Bed: Contain the Time to Inpatient Bed in the Emergency Department below 29 hours at the 90th percentile in each month.
Safety	Securing and maintaining appropriate health human resources: We will contain the turnover rate of HSN staff to 15%.
Safety	Workplace Violence Prevention: Pursue zero harm through prevention of workplace violence involving physical force. We will measure progress by the number of months where the number of workplace violence events involving physical force was fewer than the prior year.
Effective	Medication Reconciliation at Discharge: Create a Best Possible Medication Discharge Plan for 75% of discharged patients.



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