

2023-24 QIP Narrative

Overview

Introduce your QIP with a brief overview of key facts or highlights that you think a member of the public would like to know. This opening paragraph will set the context within which you are doing your improvement work. Tell us about your corporate strategy and how the QIP reporting reflects your strategic plan.

Riverside Health Care is a multi-function health care system serving the residents of the Rainy River District. Riverside consists of a hospital in Fort Frances, health care centres in Emo and Rainy River, a long-term care home, and non profit supportive housing. Each community is also served by mental health and addictions, community support services, diabetes education, and assisted living (Fort Frances, Atikokan and Rainy River).

We are part of the Rainy River District OHT. The majority of the population we provide service to is rural and remote, spread over a large geographical area with a small population of 19,437 (Census 2021). The District has an aging population with 20.1% of the residents 65 years or older, a higher indigenous population with 27% of the population identifying as Aboriginal (Canada = 4.3%).

Riverside is a fully accredited, multi-site organization that was awarded exemplary standing from Accreditation Canada in the fall of 2019.

Riverside works closely with community stakeholders to enhance and integrate the delivery of services. Riverside is affiliated with the Northern Ontario School of Medicine (NOSM), as well as several colleges and universities to provide learning opportunities for students in all disciplines of the health care field.

Riverside strives to provide a welcoming, respectful, and culturally sensitive environment. Riverside is proud of the excellent quality and range of services provided to allow our patients, residents, and clients to receive care close to their home communities.

Patient/client/resident engagement & partnering

Describe how you have co-designed initiatives related to QIPs with diverse representation from patients/clients/residents. Please provide 1 to 2 examples of these initiatives, including how you gathered and incorporated experience feedback from patients/clients/residents and caregivers. Co-design means involving the patients in the design process and working with them to understand their met and unmet needs.

The Riverside Patients & Family Advisory Council (PFAC) meets quarterly and has an active membership. The Rainycrest LTC Family Council meets regularly throughout the year. We have very active Resident Councils that meet regularly at all our long-term care sites.

Meetings with Elders from local First Nation Communities and with Gizhewaadiziwin Health Access Centre (GHAC) representative occurred over the past year. Through these partnerships, Riverside continues to enable teams to meet the cultural needs of the people we serve.

Riverside is currently working with Indigenous representatives and front-line staff to create ceremonial spaces at each site. Multi-faith worship spaces are being created at each site as well.



Riverside has 21 routine experience surveys that gather feedback from all areas of care and service throughout the organization. We continue to focus on the feedback we received from our patients, residents, clients, care providers and community to continue to enhance the experience provided at Riverside.

Within our Community Services, we have many examples of engagement. These include the gazebo project at Front Street Manor that was led by a caregiver of a former resident (now deceased) in collaboration with residents and staff. Improvements were also made to the Meals on Wheels process and menu based on client feedback.

The Mental Health and Addictions program has a Rapid Access Addition Medicine (RAAM) Clinic with a Peer support and outreach program. Workers with lived experience (former clients) are engaging in these activities and have input into co-design.

In November 2022, after a dynamic fundraising campaign, Riverside Healthcare installed a new CT scanner and digital mammography machine. The funds to purchase this equipment, as well as improvements to the x-ray room, the purchase of an elevating fluoroscopy table were raised through the “Picture This” capital campaign, led by the Riverside Foundation for Health care, raising \$1.7 million – a fantastic example of community engagement for quality improvement at Riverside!

Provider experience

Our consultations revealed a significant concern with health care providers’ (regulated and unregulated) experiences in the current environment (e.g., burnout related to decreased staffing levels). In this section, please describe your organization’s experience with these challenges and the ways you are supporting health care workers. How do you engage health care workers in identifying opportunities for improvement?

Recruitment and retention continue to be a priority for Riverside. Like health care organizations across the country, the turnover rates and vacancy rates are high at Riverside. These challenges are exacerbated with an aging and declining population in Northerwestern Ontario. Riverside was successful in recruiting and onboarding 15 foreign workers in 2022-2023 and has been approved for an additional 50 LIMA foreign workers.

Staff appreciation events are held regularly. Riverside holds two large staff appreciation events at each site annually (Summer BBQ & Holiday Lunch), and monthly “Pop Up” staff appreciation events at all Riverside locations. During the holiday seasons, regular draws for prizes are held.

Riverside launched the staff Portal in 2022-2023, accessible to all staff through the internet. This initiative improves communication throughout the organization. Regular and continued engagement of



Front-Line Staff is a priority for all managers. Regular staff meetings are in place in all departments as well as embedding front line engagement into all quality improvement activities.

Lunch with Leadership, an opportunity for members of the Senior team to sit down for lunch with front line staff began in 2022. This initiative is an opportunity for leadership to hear from the team members about their experience working at Riverside. A number of staff are randomly selected and invited for lunch. The lunches rotate through all Riverside sites.

Riverside launched the Riverside Innovation Program in May 2022. Staff are encouraged to submit ideas on how to improve how we provide care and service, ideas for more effective workflows and processes. There were two innovation applications supported through the Innovation Grant. This grant, of up to \$5000, is selected through a friendly “Dragons Den” style panel.

Significant improvements were made to the staff lounge at Rainycrest LTC. These improvements included renovations to add a kitchenette to the room, new tables, chairs and couches as well as repainting the space with vibrant colours. This initiative was led by front line staff members and together the team co-designed the space.

Riverside’s Employee and Family Assistance Program (EFAP) aids our staff and their families in building resilience and mental health.

Maintaining a strong and well skilled team is foundational to providing excellent care. A new Nurse Educator position was introduced to provide ongoing training and skill building to our teams. The entire leadership team within Riverside is developing their management and leadership skills through the Harvard Manage Mentor program.

Workplace Violence Prevention

A health system with a culture of quality creates the conditions for staff to thrive, and ensuring their safety is one element of this. By addressing violence and incivility in our organizations, we will be creating safer environments for our workers and improving patient care. Describe how workplace violence prevention is a priority for your organization. For example, how is it reflected in your strategic plan, how is it measured, do you report on it to your board, and have you made significant investments to improve in this area? What are you planning to do differently this year? When providers are involved in a workplace violence incident, what mechanisms are in place to ensure they receive support, resources, and follow-up?

Preventing Workplace Violence continues to be a priority for Riverside. A clear and consistent reporting process is in place for incidents reported that are Workplace Violence and are reviewed at many levels. The appropriate Joint Occupational Health and Safety Committee is notified of all incidents. These are reviewed at their monthly/quarterly meetings, the appropriate union is made aware, and the event is reviewed at our OH&S monthly huddle where we discuss incidents and possible solutions, education. When an event occurs, or risk is identified, a safety plan process is initiated. In some cases, a no trespass order has been issued and the individual’s access is restricted.



In addition to the required JOSHC at each Riverside site, a separate committee was recently formed consisting of leaders and physicians. This committee is intended to address safety concerns related to the physicians experience at Riverside.

Health and safety statistics, including Workplace Violence incidences are communicated monthly, and posted on OH&S Boards in all facilities.

Riverside has made significant financial investments to further prevent and mitigate workplace violence. These investments include, installing additional FOBs through LVGH, upgrades to the security camera system, increase presence of security guards, as well as training staff in non-violent crisis intervention and gentle persuasion approach.

Additional workplace violence prevention strategies are planned for the coming year. This includes further utilizing the emergency pendant process and providing weekly WPV rates to the senior team. Riverside continues to add security features to increase our ability to locking down our buildings and continuing our use of security personal.

Riverside works closely with the OPP and Treaty Three Police. Meetings with OPP occur regularly to discuss events, issues, complaints, and work on solutions together

Patient Safety

To help support quality improvement, enhance a safe and just culture, and improve the success of incident analysis, explain what processes are in place at your organization to learn from patient safety incidents? How do you share learnings back to team members and patients/residents/families to prevent future recurrences?

- *Patient safety examples: learning from patient safety incidents*
- *Patient stories: use storytelling to drive change and fuel action*
- *Patient Safety and Incident Management Toolkit provides a set of resources that focuses on actions to take following patient safety incidents*

Processes and feedback mechanisms to share lessons learned and experiences. A few examples could include:

- ☒ *Hospital: using the structured morbidity and mortality and improvement (MMI) rounds*
- ☒ *Primary care: quality and patient safety rounds*
- ☒ *Long-term care: care conference or care team meeting*
- ☒ *Home and community care: care conferences*

For continued support in relation to the patient safety question in your narrative section, please email

QualityandPatientSafety@ontariohealth.ca to join the new online patient safety community of practice. Members will have the opportunity to come together with peers across all health sectors to discuss improvement opportunities and share learnings from patient safety-related incidents.

When patient safety incidents occur a report through the Adverse Event Management System (AEMS) is made. AEMS supports reporting of patient/resident/client safety incidents as well as reportable events. All incidents are investigated by managers and part of that is sharing learning and improvement process with the entire team. An employee incident section will be developed this year.

Process for event reviews include debriefs, huddles and QCIPA. All recommendations are shared with staff, MAC, patients/residents/clients/families as appropriate.

Learning from adverse events are communicated to team members via departmental communications (memo's, e-mails, staff meetings), as well as the staff newsletter and intranet when appropriate.



Patient Safety Data Trends are reviewed quarterly. Trends and any planned quality improvement is shared with leaders, Committees, Board, MAC, PFAC and will now be posted on Intranet for future.

Quality, Safety & Risk are part of every department standing item on staff meeting agendas as well as many committee agendas. Leaders routinely discuss any safety incidents, issues, concerns with staff on regular basis and bring forward any concerns.

Recent infrastructure improvements including upgrades to the sprinklers systems and air conditioning at Rainycrest LTC and Rainy River Health Centre were important activities to contribute to our patient and residents safety.

The requirement of e-learning modules including LGBTQ, multicultural, indigenous, and customer services training builds capacity within the team to provide services and care that is culturally and psychologically safe for those who work and are cared for at Riverside.

Health Equity

We are seeking to understand how organizations are recognizing and reducing disparities of health outcomes, access, and experiences of diverse populations, including Indigenous Peoples; Black, racialized, and 2SLGBTQIA+ communities; Francophone populations; high-priority populations; and older adults in their quality improvement efforts. How is your organization working to promote health equity? Describe how your organization is collecting sociodemographic data, including race-based data. Where possible, please provide examples of how your organization has implemented a strategy that focuses on non-medical social needs, such as those related to culture/cultural barriers, income, food security, housing, health literacy, and social connection

The advocacy and advancement for a Medically Stable Patient Transportation (MSPT) system through Riverside has led to an increase in access for those residing in rural/remote areas of the District. MSPT is working to improve health outcomes by making transportation for medical/social wellness appointments available for those who would otherwise not have reliable and/or affordable transportation. There has been a proposal made to enhance transportation within the OHT, which includes better access to paramedic, client transportation – within and between communities.

Riverside has worked to improve access for District residents who require home care services in order to stay healthy and safe in their own homes, many of whom are older adults by securing the Community Nursing “overflow” contract with H&CCSS.

Riverside opened a 9-bed congregate style of housing for those suffering with the ill effects of MH&A disorders and/or chronic homelessness with a 24/7 staffing pattern, has improved access to care for this vulnerable/high priority population.

Nurse practitioner positions were approved and are being recruited for the Emergency Department and LTC homes. This will improve access and care to our patients and residents greatly. Riverside also saw increase activity in surgical specialty areas including orthopedics and urology. This allows patients to have surgery close to home and does not require additional time and travel to a larger centre.



Executive compensation

Note: Required for hospitals only.

Please describe how you have connected executive compensation to the priorities in your QIP, with special consideration for the priority QIP indicators. For guidance on how to complete performancebased compensation, please review the document Performance-Based Compensation and the Quality Improvement Plan.

Executives accountable to performance-based compensation include the President & CEO, Vice President Clinical Services & CNE, Chief Financial Officer and Chief Human Resource Officer. The executive team continues to support the quality improvement work of our staff across all sites and all sectors within the QIP, as well as ensuring we are fostering engaged work teams. The indicators selected for performance-based compensation are:

- Revised medication management internal audit process (Acute & LTC)
- Appropriate referral to Mental Health follow up for those meeting criteria through the Emergency Department
- Experience Survey Redesign

The percent of salary linked to each achievement of the QIP targets recommended by the Riverside Board of Trustees is 3% for President & CEO, 2% for Executive Vice President Clinical Services & CNE and 1% for Chief Financial Officer and for Chief Human Resource Officer. The terms that will be used to determine payout are detailed in the chart below.

Measure/Indicator	2022.23 performance	2023.24 Target	Overall Weight per indicator	Total Weight CEO	Total Weight EVP	Total Weight CFO & CHRO	100% Earned	50% Earned	25% Earned	0% Earned
Revised medication management internal audit process (Acute & LTC)	20%	40%	33.3%	1%	0.66%	0.33%	40% or higher	-	-	20%
Appropriate referral to Mental Health follow up for those meeting criteria through the Emergency Department	67%	69%	33.3%	1%	0.66%	0.33%	69% or higher	68%-60%	59%-50%	Less than 49%



Experience Survey Redesign	Not applicable	Milestone 2	33.3%	1%	0.66%	0.33%	Milestone 2 or better	Milestone 1	Less than Milestone 1	Not started
TOTAL			100%	3%	2%	1%				

Contact information

You can opt to include your contact information so that other organizations can connect with you after your QIP is posted publicly.

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