

## 2022-23 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.

### **Reflections since your last QIP submission**

*Describe your organization's experiences since your last QIP. Given the focus on COVID-19 response over the past 18 months, we are aware that organizations are resetting their quality efforts. How has quality improvement work changed for you and how will you fit quality improvement work into the changes you have made to your organization during the pandemic?*

Similar to many health care organizations, Riverside experienced a reduction in health human resources in the past two years. During the pandemic, many staff chose to retire or resign from work, while others choose to reduce their worked hours. Recruitment during the pandemic was challenging. Now as the pandemic wains, we are focusing many of our quality improvement initiatives on recruitment, retention and quality of work life for our team members.



Throughout the pandemic, Riverside also focused on quality improvements on infection control practices, outbreak management and providing care in innovative ways (ie remotely). Much of this quality improvement was achieved virtually because meeting in person and moving across health care sites was limited.

### ***Patient/client/resident partnering and relations***

*How has your partnering with patients work changed in the past year? What are the challenges? Have you been able to utilize innovations to sustain or advance this work?*

PFAC and LTC Family Councils went to a virtual format in 2020, maintaining the same meeting frequency and mandates. Off-site, in person meetings were held with the Rainycrest family council when restrictions allowed. LTC resident councils continue to meet in person, when it was safe to do so.

Regular meetings with the 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. Traditional and cultural practices continued within pandemic constraints, i.e. smudging in negative pressure room during winter months, as well as the introduction of Traditional Healer visits and an ICC (Indigenous Care Coordinator) presence. Riverside also implemented mandatory Cultural Competency training and Understanding Indigenous Peoples Story in Canada training for all staff and physicians.

Riverside has continued to focus on feedback avenues, such as satisfaction/patient experience surveys for valuable feedback from our patients, residents, clients and their families. Most surveys are offered both electronically (via links, QR codes) and by paper format.

To ensure our patients families continued to be informed about on-going changes to visiting policies, Riverside staff called and emailed family members about these changes regularly. Our communications team kept the community informed on visiting policy changes through press releases, posters, newsletters and social media.

In LTC and the acute care areas, the video conferencing and window visits with families was introduced. Many families participated with success. Later on, outdoor visiting was possible and Riverside installed outdoor gazebos at each location to provide a private and pleasurable visiting area for our patients and residents.

During the pandemic acute care patients were provided bedside telephones and televisions, free of charge.

At Non-Profit Supportive Housing (NPSH) congregate dining programs had to be cancelled due to the pandemic. NPSH Management and staff worked together to create an alternate method of congregate dining by delivering prepared meals to individual doors with time set aside for staff to socialize with clients, with proper PPE in place, during the dining period. Outdoor dining events were planned in a



space that residents were able to physically distance and enjoy a meal along with the company of others all the while ensuring pandemic related safety measures were followed.

At Community Support Services (CSS), pandemic related restrictions forced the CSS Adult Day programming to discontinue for long periods of time over the last couple of years. The team at CSS came up with a solution to assist District residents who would normally attend to the group sessions by assigning a staff member to attend to participants homes and engage in activities geared to the personal likes of the individual. This ensured that regular attendees maintained a scheduled activity in an effort to help ward off the effects of social isolation for our senior clients.

Remote Care Monitoring (RCM) was introduced for Riverside's Diabetes Education Programming (DEP) clients. RCM works to combat a pandemic driven lack of face-to-face visits in-office by using a virtual modality for clients to interact with their clinicians via their personal electronic devices (phone, tablet, computer). Instant messaging along with daily "check-ins" helped clients navigate the often complex pathways to maintaining good health when dealing with this chronic disease. Positive results in an initial pilot led to the expansion of RCM for diabetics expand beyond Riverside to other agencies providing diabetic care within the local OHT and to providers in another regional OHT outside of the District.

## ***Provider experience***

*Our consultations revealed a significant concern with what health care providers are experiencing in the current environment. In this section, please outline your experience with these challenges. How have you supported staff? (How have concerns such as burn out, mental health workplace violence been addressed)*

Recruitment and retention is a main focus for Riverside. Similar to many health care organizations, a number of staff choose to resign, retire, or work fewer hours during the pandemic. There has been an increase in agency staff utilization and overtime, and a decrease in staff being able to utilize their vacation. Our 2022.23 QIP reflects these challenges as well as our plans to improve in these areas.

Staff appreciation events were a focus in 2021. Riverside holds two large staff appreciation events at each site annually (Summer BBQ & Holiday Lunch), and recently introduced monthly "Pop Up" staff appreciation events. Riverside now has a Team Store, available to all staff to purchase Riverside branded clothing and accessories. Each team member was gifted Riverside branded lanyards, mug and other daily use items. In lieu of the regular holiday gatherings, Riverside held daily staff draws with exciting prizes for staff to win.

Riverside continues to provide EFAP to all staff and their families (4% of Riverside staff took part in the EFAP in 2021) to support our staff and their families in building resilience and mental health.

Providing an environment free from violence is a priority. Riverside did see a decrease in workplace violence incidents in 2020.2021 with regular security onsite and screening all patients and visitors. In



the LVGH emergency department a treatment room was redeveloped to be an appropriate space to use as a safe room for patients.

Improving communication is another focus for Riverside. During the pandemic most meetings went to a virtual format. Riverside invested in equipment and applications to enable teams to meet virtually.

Being unable to have large staff meetings, many departments held small huddles that allowed staff to maintain social distance and still have face to face communication with their leaders. Regular check ins by leaders with staff was key to ensure mental, physical and emotional health was well amid the busy environment of providing care and service in a pandemic environment. Department leadership did daily rounds to link in with their staff member regularly, either in person or over the phone. Many leaders where managing teams remotely, as they were unable to work multi site.

Riverside maintained active COVID-19 care units throughout the pandemic and rotated staff in and out of isolation areas to prevent burnout. Processes were in place to ensure that the isolation nurse was checked on frequently. With active COVID-19 patients in the facilities, protected Code Blue education was provided. Regular FIT testing was available and increased during periods of outbreaks. Staff were audited routinely on donning and doffing and hand hygiene practices to reduce the risk of acquiring an infection from work. Vaccine clinics were held onsite for staff convenience and vaccine policies were implemented to ensure all staff were protected. Development of negative pressure rooms in each area was completed to ensure safe practice of AGMP's

## ***Resident experience***

*Note: For long-term care only.*

*Our consultations revealed concerns that the existing resident experience indicators were not as relevant to residents' experiences in today's climate. Looking forward to next year's QIP, we are asking for your input regarding indicators that would reflect residents' social connectedness. We are interested in knowing more about what your organization is doing or plans on doing to restore and enhance social connectedness. You may wish to direct us to a survey question or a measure for which you are currently collecting data.*

LTC resident engagement had to pivot early in the pandemic. Riverside quickly adapted to strategies and developed processes for window and outdoor visits, video chats and telephone calls. New outdoor gazebos were installed at each facility to provide a private and home-like environment for residents and patients to meet with their friends and families, while enjoying fresh air. These strategies were adapted with each wave of COVID and with each set of restrictions. Screening and vaccination requirements evolved, following ministry guidelines, to ensure resident safety was maintained while supporting meaningful visits from families and caregivers.

A new Resident Experience and Activation Coordinator position was implemented to further advance, and standardizes the resident experience and activation program across all LTC sites.

## 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 performance based compensation, please review the document Performance-Based Compensation and the Quality Improvement Plan.

Executives accountable to performance based compensation include President & CEO, Vice President Clinical Services & CNE and Chief Financial Officer

The executive team continues to supporting 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:

- Customer Service training
- Quality of work life - vacation utilization
- Appropriate referral to Crisis Response for those meeting criteria through the Emergency Department

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 Director, Human Resources. The terms that will be used to determine payout are detailed in the chart below.

Measure/Indicator	2021.22 performance	2022.23 Target	Overall Weight per indicator	Total Weight CEO	Total Weight EVP	Total Weight CFO & Director HR	100% Earned	50% Earned	25% Earned	0% Earned
Customer service training	Not applicable	80%	33.3%	1%	0.66%	0.33%	80% or higher	79.9%-75%	74.9%-70.1%	70% or lower
Quality of work life - vacation utilization	81.7%	90 %	33.3%	1%	0.66%	0.33%	90% or higher	89.9% - 85.5%	85.4%-81.1%	81% or lower
Appropriate referral to Crisis Response for those meeting criteria through the Emergency Department	52%	65%	33.3%	1%	0.66%	0.33%	65% or higher	64.9%-58%	57.9%-51.9%	52% or lower



TOTAL			100%	3%	2%	1%				
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### ***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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### ***Other***

*Is there anything else you would like to share with us about quality improvement in your organization that has not been mentioned above*