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Strategic Plan 2020-2023

Strategy Performance Report
Fiscal 2022-23
Q1 / Q2/Q3 (Board Mtg. Feb 28, 2023)

TABLE OF CONTENTS

Introduction 4

Hospital - Vision, Mission, Values, Philosophy 5

Long Term Care Home - Vision, Mission, Philosophy of Care 5

Legend 6

Strategic Pillar 1, People
Recruitment and Retention

Target 1, Increase Morale 6

Target 2, Decrease Sick Time and Over Time 7

Target 3, Safety is a Priority for NDMH. Provide a Safe Environment 8

Strategic Pillar 1, People
Improved Staff, Patient and Physician Satisfaction Rates

Target 1, Improve Technology 9

Target 2, Offer Ongoing Educational Activities 10

Target 3, Inter-Professional Team Development 11

Success Criteria 12

Strategic Pillar 2, Inpatient
Integrate the Hospital and Family Health Team as part of Organizational Transformation

Target 1, Design Integrated Governance Structure 13

Target 2, Develop Service Agreements 13

Strategic Pillar 2, Inpatient
Coordinate Seamless Delivery of Care Between the Family Health Team and the Clinic

Target 1, Build Relationships 14

Target 2, Reorganize Patient Flow 15

Target 3, Facilitate Shared Access to Patient Information 16

Strategic Pillar 2, Inpatient
Mental Health and Addictions Excellence

Target 1, Mental Health Patients Report Greater Access to Care 16

Strategic Pillar 2, Inpatient

Wait List for Long Term Care Decreased by 50%

Target 1, Explore Increase in Long Term Care Beds Through Expansion, or Moving
Complex Continuing Care beds, or Both 17

Success Criteria 17

Strategic Pillar 3, Outpatient

Mental Health and Addictions Excellence

Target 1, Inter-Professional Team Development 18

Target 2, Successful Recruitment of FHT Social Worker 18

Target 3, Suboxone Program / Rapid Access to Addiction Medications Program 18

Target 4, LHIN Mental Health Strategy Implementation 19

Strategic Pillar 3, Outpatient

Wait List for Long Term Care Decreased by 50%

Target 1, Increase Capacity Through Assisted Living Program and Supportive Housing . 19

Success Criteria 20

INTRODUCTION

Patient/resident and family centred care is an approach that guides all aspects of planning, delivering and evaluating services. The focus is always on creating and nurturing mutually beneficial partnerships among the organization's staff and the patients/residents and families we serve.

Providing patient/resident and family centred care means working collaboratively with patients/residents and their families to provide care that is respectful, compassionate, culturally safe, and competent, while being responsive to their needs, values, cultural backgrounds and beliefs, and preferences.

Patient/Resident and Family Centred Care is the philosophy that guides us, with *"patients, residents and their families at the centre of everything we do."* It is based on the core concepts of dignity and respect, communication and information sharing, and collaboration and participation.

Patient/Resident and Family Centred Care shapes our values, structures and behaviors and we have embedded it into our organization through various actions, including having patient, resident & family advisors engaged in all quality opportunities, system changes and decision making forums.

Our Quality Healthcare Framework is a natural progression in advancing Patient/Resident and Family Centred Care by ensuring decisions, initiatives, and actions are focused on enhancing quality healthcare. It outlines definitions, guiding principles, enablers and drivers key to develop and sustain an integrated quality structure, accountability, systems, processes and improvement strategies to ensure an excellent experience.

To ensure an excellent patient/resident experience we will provide quality health care that is safe, effective, patient/resident family centred, efficient, timely, and equitable.

We are committed to aligning our actions and priorities to our Strategic Plan.

HOSPITAL

Vision Partnering for a healthier tomorrow to improve the quality, safe and experience of care.

Mission The Hospital delivers excellence in rural health care with our partners for all residents in our communities.

Values

- Patient and Family Centred
- Integrity
- Respect
- Accountable

Philosophy Patients and their families are at the centre of everything we do.

LONG TERM CARE HOME

Vision That each resident enjoys safe, effective and responsive holistic care that helps them to achieve the highest potential quality of life and experience of care.

Mission The Home delivers excellence in holistic care, within a resident and family focused framework.

Philosophy of Care Nipigon District Memorial Hospital's Long -Term Care Unit is committed to providing compassionate interdisciplinary care to persons in need of our services in an atmosphere of respect for the dignity, spiritual and cultural values of each resident. We strive for excellence in the provision of a quality of life and care for our residents ensuring that their medical, emotional, physical, and social needs are met, while encouraging each resident to maintain an optimal level of functioning in all dimensions of life.

We value our employees and volunteers and are committed to a healthy, safe, productive and enjoyable work environment.

LEGEND

Not yet Initiated	In Progress	Completed

STRATEGIC PILLAR 1

PEOPLE Invest in Our People

RECRUITMENT AND RETENTION				
TARGET 1	Increase Morale			
	Q1	Q2	Q3	Q4
Flexible hours of work			Completed	
Team building exercises			Ongoing	
Work at home options for senior leaders			Completed	
Ensure consistent Attendance Awareness Program			Completed	
OHA's Small Hospital 50 th percentile Benchmarking data review			Completed	

Q1, Flexible Hours of Work

- Staff who were able to flex their hours will be offered the opportunity
- A Letter of Understanding was completed with UNIFOR permitting business office to work a compressed work week

Q1, Work at Home Options

- The option to work from home will be exercised by the Chief Nursing Executive/Chief Operating Officer, and Chief Financial Officer. Given the working environment at NDMH, Senior staff experience many interruptions in their working day. Working from home is recognized to be a valuable strategy, in particular for time sensitive work.
- Staff who were “away”, when the pandemic was declared, and required a mandatory 14 day isolation prior to returning to work, who were able to perform their duties off site, were afforded the option to do so.

- Staff who were not required to be on site to perform their work responsibilities were identified and a plan is in place for these staff to work from home, pending outbreak status in Northwestern Ontario and direction from Thunder Bay District Health Unit and the provincial government.

Q2, Work at Home Options

- Memo regarding staff plans for children returning to school included the need for a contingency plan for caregiver responsibilities recognizing that a contingency plan may be challenging in these times. right now. Options available for staff will be considered on an individual basis depending on need, role, operational demands and employment legislation and/or collective agreements. Alternatives may include reduced FTE, flexible schedules, modified shifts or hours of work, short term remote work, unpaid time off or leave of absence.

Q2, OHA’s Small Hospital 50th percentile Benchmarking data review

- Benchmarking was undertaken for the 4 managerial positions (Lab, Nursing, Dietary and Facilities) in order to identify the external market rate for each of these positions and to create appropriate wage grids.

RECRUITMENT AND RETENTION				
TARGET 2	Decrease sick time and over time			
	Q1	Q2	Q3	Q4
Apply incentives for staff attendance			Completed	
Review working schedules			Completed	
Ensure consistent Attendance Awareness Program			Completed	
Reach out to other organizations for effective measures			Completed	

Q1, Apply Incentives for staff attendance

- Twice per year, Q1/Q2 (Apr 1 to Sep 30) and Q3/Q4 (Oct 1 to Mar 31,) those staff who have had fulfilled all of their scheduled shifts during the draw cycle will have their names entered into a draw for a 7.5 hour day off with pay. The Hospital has applied this initiative since October 1, 2019.
- Staff excluded from the incentive include those not scheduled to work during a Quarter.
- Marleen Napady, PSW received a 7.5 hour day off with pay for Q1/Q2 - 2019/20
- Kathy Buckley, MRT received a 7.5 hour day off with pay for Q3/Q4 - 2019/20
- This incentive will be trialed for one year and reviewed in September 2020.

- A review and revision of the work of the PSW on night shift was completed and amendments circulated.
- Leadership has been asked to congratulate and acknowledge staff verbally or by card or certificate
- Worklife pulse results have been circulated and Managers are validating and creating action plans to address areas with identified improvement opportunities

RECRUITMENT AND RETENTION				
TARGET 3	Safety is a priority for NDMH. We will provide a safe environment for our patients, residents, staff, partners, learners and physicians.			
	Q1	Q2	Q3	Q4
Develop a Workplace Violence Action Plan	Yellow	Yellow	Green	
Identify gaps in current Workplace Violence Risk Assessment	Yellow	Yellow	Green	
Initiate a Workplace Violence Prevention Committee including a board member	Yellow	Yellow	Green	

Q1, Develop a Workplace Violence Action Plan

- A review of the Hospital’s existing Workplace Violence/Harassment Prevention Program was undertaken.
- Public Services Health & Safety Association’s Workplace Violence Prevention Program (in partnership with the Ministry of Labor) was reviewed. Focus areas were identified and a work plan was created. The workplace violence prevention requirements of other organizations was also reviewed and includes Ministry of Labor, Ontario Nurses Association, College of Nurses of Ontario, Occupational Health & Safety Act, Health Quality Ontario, UNIFOR, and Registered Nurses Association of Ontario
- A open invitation was made to all staff to join a Workplace Violence Prevention Committee with no response.
- Signs were put up throughout the facility identifying zero tolerance of abuse to staff

Q1, Initiate a Workplace Violence Prevention Committee (including a board member)

- Robert Beatty, Board Director has been recruited for the Steering Committee

Q1, Identify gaps in current Workplace Violence Risk Assessment

- Seclusion Room funding received from the NW LHIN and construction completed
- Safety Plans are now in place for staff identifying an actual or potentially unsafe situation and staff, Management and OH&S sign off in agreement to the plan

Q2, Initiate a Workplace Violence Prevention Committee including a Board member

- Confirmed current Health and Safety Committee members' commitment to the work of the Committee. Appoint members to the Workplace Violence Prevention Committee and assign focus area according to work plan.
- Sample Terms of Reference reviewed and amended for NDMH from PSHSA's Workplace Violence Prevention in Health Care Leadership Table

Q2, Identify gaps in current Workplace Violence Risk Assessment

- NUR 38, Seclusion Room Protocol finalized. Education pending
- OHS 31, Flagging Process for Patient Exhibiting Acting Out Behaviour revised. Education pending
- Code Silver, Code White and Code Purple revised. Education pending.
- OHS 26, Robbery revised. Education pending.
- Developing on line reporting through Surge for Employee Incident Reporting
- Initiate education on James Reason's Culpability theory to support a culture of safety
- Screening relocation to decrease risk to screeners
- Police policy implemented
- Safety check in process for Assisted Living Program staff

IMPROVED STAFF, PATIENT AND PHYSICIAN SATISFACTION RATES					
TARGET 1	Improve Technology				
	Q1	Q2	Q3	Q4	
Complete an Information Technology (IT) review at Nipigon Hospital		Completed			
Complete a Request for Proposal for IT needs at Nipigon Hospital		Not being initiated			
Contract with Northern Computers to cover IT needs identified in review of IT				Will be completed	

Q2, Contract being developed to improve IT/IS

- Recommendation of report being implemented in contract
- Objectives being established
- Contract to be signed in Q3
- Projects included in contract with timeline

IMPROVED STAFF, PATIENT AND PHYSICIAN SATISFACTION RATES				
TARGET 2	Offer ongoing educational activities			
	Q1	Q2	Q3	Q4
Mental Health Education - March			completed	
Hospice Training – Jan			completed	
PSW Person Centred Training –			completed	
Staff to spend time with TBRHSC Staff in ER, AMH and PICU (This Plan has been changed to In House Education)			On site with mannequin	
Root cause analysis training (ISMP)– March			completed	
Helipad Training			completed	
Indigenous Culture Safety Training			completed	
Nursing Education Plan refresh			Pending implementation	

Q1, Mental Health Education

- NUR 15, Mental Health Standard of Care for the Adult Patient was approved in May 2020
- A Mental Health Satisfaction Survey is being developed
- A Risk Manager and Lawyer educated staff and Physicians on form1, restraints and capacity in relation to treatment (HIROC)

Q1, Hospice Training

- January

Q1, PSW Person Centred Training

- 2 staff sent to training in January 2020

Q1, Root Cause Analysis Training

- Root cause analysis training provided by the Institute for Safer Medication Practice was arranged and cancelled due to COVID-19

Q1, Indigenous Culture Safety Training

- All staff are required to successfully complete the 4 Part Series on Cultural Competence and Indigenous Cultural Safety via Surge Learning. The content includes:
 - Introduction

- Knowledge and Application
- Indigenous Cultural Safety in Health Care (Key Terms and Historical Context)
- Indigenous Cultural Safety in Health Care (Social Determinants and Culturally Safe Care)
- 49% successful completion at end of Q1
- San'yas on line training offered to staff with 8 participants taking part
- Judy Harvey's Fellowship document, Advancing Patient and Family Centred Care During End of Life for the Indigenous Persons and Their Families at NDMH

Q2, Indigenous Culture Safety Training

- 60% successful completion of 4 Part Series on Cultural Competence and Indigenous Cultural Safety via Surge Learning at end of Q2

Q1, Nursing Education Refresh

- Complete review/revision of Ward Clerk orientation. All Ward Clerks have successfully completed the orientation.
- Completed review/revision to RN, RPN and PSW orientations to include all nursing departments (Acute Care, ER and Long-Term Care). Education pending.

Q2, Nursing Education Refresh

- Annual Nursing Education Plan in draft
- Acting Nurse Educator hired
- Utilizing Surge Learning software's Policy Professional and the development of nursing education

IMPROVED STAFF, PATIENT AND PHYSICIAN SATISFACTION RATES				
TARGET 3	Inter-professional team development			
	Q1	Q2	Q3	Q4
Move team together in clinic		complete		
Attend inter-professional team webinar		complete		
Develop Terms of Reference for meetings				

Q1, Inter-professional Development

- One office shared by NP, RN and RPN in the Family Health Team Office
- Process reviews conducted and well attended by all Inter-professional staff
- Urgent care collaborative between Physicians, FHT and NDMH

- Review of the Strategic Alliance agreement with TBRHSC and NDMH

Q2

- Terms of reference put on hold due to competing priorities

SUCCESS CRITERIA

- Recruitment and retention
- Improved staff, patient and physician satisfaction rates

STRATEGIC PILLAR 2

INPATIENT

Build seamless transitions and provide integrated quality and safe health care and experiences of care.

INTEGRATE THE HOSPITAL AND FAMILY HEALTH TEAM AS PART OF ORGANIZATIONAL TRANSFORMATION				
TARGET 1	Design integrated governance structure			
	Q1	Q2	Q3	Q4
Develop an integrated model with new by-laws			separate	
Develop a corporate integration document and integrated organizational structure			separate	
Engage a labour lawyer and insurance company			Not required unless pursue integration	

INTEGRATE THE HOSPITAL AND FAMILY HEALTH TEAM AS PART OF ORGANIZATIONAL TRANSFORMATION				
TARGET 2	Develop service agreements			
	Q1	Q2	Q3	Q4
Pending outcome of level of integration				
Establish a list of desired outcomes for integration first and then agreements based on this as well as input from labour lawyer and insurance (HIROC).				

No integration was pursued. New contract signed Dec. 2022

COORDINATE SEAMLESS DELIVERY OF CARE BETWEEN THE FAMILY HEALTH TEAM AND THE CLINIC				
TARGET 1	Build Relationships			
	Q1	Q2	Q3	Q4
Collaborate to enhance operations between the FHT and the Clinic				
Collaborate with the Township on supportive housing options				
Partner with our Indigenous partners				
Work with OPP(all police divisions) on hand over of care				
Representation at Situation Table			complete	
Incorporate North of Superior Programs in daily referral pattern (Monday to Friday)			Onhold	

Q1, Collaborate to enhance operations between the FHT and the Clinic

- Urgent care is agreed upon between parties

Q1, Collaborate with the Township on supportive housing options

- Meeting planned with developer, cancelled due to COVID
- Tcon held with potential developer Oxford

Q1 Handover of Care meeting with all police divisions

- Discussed Term of reference
- Discussed process to establish

Q1, Representation at Situation Table

- Brought a concern to situation table that resulted in a plan for a mental health patient that presented a risk to NDMH/FHT and the community

Q2, Partner with our Indigenous partners

- Indigenous Advisory Committee formed
- First Indigenous Day held
- On Sep 2, 2020 senior leadership met with Indigenous partners to discuss the provision of health care services, in remote areas, in culturally appropriate ways.
- Engagement on the LTC submission

- Indigenous end of life order set implemented

Q2, Transportation

- Meeting with LHIN to discuss stable patient transfer options for NDMH
- Participating in strategic planning for EMS
- Application for PSW to cover unit when transfers are required

Q2, Representation at Situation Table

- A situation table is a strategic alliance of human services, guided by common principles and processes in order to mitigate risk situations in a timely manner, usually within 24-48 hours. Nurse Manager has met the requirements (education / certification) in order to participate at the Situation Table.

Q2, Handover of Care meeting with all police divisions

- Draft MOU is established and second meeting held to review Terms of Reference for committee with all police divisions, Dilico and NOSP on hand over of care
- Indicator development and objectives established

COORDINATE SEAMLESS DELIVERY OF CARE BETWEEN THE FAMILY HEALTH TEAM AND THE CLINIC				
TARGET 2	Reorganize patient flow			
	Q1	Q2	Q3	Q4
Assess the opportunity to address Urgent Care and urgent patient flow between the FHT/Clinic/ER Department				
Assess feasibility of FHT to take over Urgent Care with Nurse Practitioner			NDMH	
Assess renovation to Acute/LTC and possibility to improve flow				
Seek IT solution to share information			OHT	
Integration agreements				

Q1, Flow of Patients

- Solidified hours of operation
- Hired a Coordinator

- Space reviewed for improvement
- Increased clients accessing program
- Built partnership with PACE and NOSP
- NOSP office moved on site

COORDINATE SEAMLESS DELIVERY OF CARE BETWEEN THE FAMILY HEALTH TEAM AND THE CLINIC				
TARGET 3	Facilitate shared access to patient information			
	Q1	Q2	Q3	Q4
Facilitate access to shared Medi Tech			Complete	
Dedicated work stations			Complete	
Transportation issues addressed with EMS			Complete	
Discuss options for staffing (PSW)			Not actioned	

Q1, Urgent Care

- Partnership with FHT, Physicians and NDMH
- Hours solidified and shared with public
- Collaborated with Physicians and FHT
- Plan and space created for NP led urgent care declined by Physicians

Q2, Integration Agreements

- Strategic Alliance Agreement reviewed and updated with TBRHSC
- Established process for review of Integration agreement between NDMH and NDFHT

MENTAL HEALTH AND ADDICTIONS EXCELLENCE				
TARGET 1	Mental Health patients report greater access to care			
	Q1	Q2	Q3	Q4
Establish wait time data (from time of referral, to time of psychiatry consult)			Under review	
Establish satisfaction survey			complete	

Q1, Mental Health Education

- NUR 15, Mental Health Standard of Care for the Adult Patient was approved in May 2020
- A Mental Health Satisfaction Survey is being developed

WAIT LIST FOR LONG TERM CARE DECREASED BY 50%				
TARGET 1	Explore increase in long term care beds through expansion, or moving Complex Continuing Care beds, or both			
		Q2	Q3	Q4
Business Case to change Complex Continuing Care beds to Long Term Care beds				Completed
RFP for Architect				Completed
Accessibility Survey				Completed
Long Term Care Application for Expansion				Completed
Examine funding for moving Acute Care beds and adding Long Term Care beds			Pre-capital submission draft completed	

SUCCESS CRITERIA

- Mental Health and Addictions excellence
- Increase the number of Long-Term Care spaces

STRATEGIC PILLAR 3

OUTPATIENT
 Build seamless transitions and provide integrated quality and safe health care and experiences of care

MENTAL HEALTH AND ADDICTIONS EXCELLENCE				
TARGET 1	Inter Professional Team development			
	Q1	Q2	Q3	Q4

Interprofessional Team development	Yellow	Yellow	Red	
Implement Interprofessional team rounds	Yellow	Yellow	Red	
Identify communication strategies for the team with other Allied Health Professionals	Yellow	Yellow	Red	
Relocate FHT and NP	Green	Green		Completed

MENTAL HEALTH AND ADDICTIONS EXCELLENCE				
TARGET 2	Successful recruitment of FHT Social Worker			
	Q1	Q2	Q3	Q4
Recruitment initiated.	Yellow	Green		Completed

Social worker hired in Q4, 2019/20, but position became vacant in Mar 2020.

MENTAL HEALTH AND ADDICTIONS EXCELLENCE				
TARGET 3	<ul style="list-style-type: none"> • Suboxone Program • Rapid Access to Addiction Medications (RAAM) Program 			
	Q1	Q2	Q3	Q4
Suboxone Program submission to Ministry - approved	Green			Completed
RAAM Program initiated	Green			Completed
RAAM Program development and expansion	Yellow	Yellow	Green	

Rapid Access to Addiction Medications Program commenced in Q4, 2019/20

MENTAL HEALTH AND ADDICTIONS EXCELLENCE				
TARGET 4	LHIN mental health strategy implementation			
	Q1	Q2	Q3	Q4
Attend mental health design event – Mar 31, 2020	Green			Completed
Attend local design event	Green			Completed
Seclusion Room	Green	Green	Completed	

Seclusion Room funding secured prior to March 31, 2020.

Q2, Seclusion Room

- NUR 38, Seclusion Room Protocol finalized. Education pending

Increase Access to Mental Health Services

- Police Hospital Transition Group formed and terms of reference established
- Mou under development for all Northshore and all Police departments
- Indicator development to occur in Q3

WAIT LIST FOR LONG TERM CARE DECREASED BY 50%				
TARGET 1	Increase capacity through Assisted Living Program and supportive housing initiatives			
Assisted Living Program increase in services				Completed
Increase staff				Completed
Meals on Wheels Program				Completed
Implement contract			MOU signed	

Q1, Business Case

- Investigate conversion of Complex Continuing Care beds to LTC
- Involve Ministry of Health and Long-Term Care and the LHIN

Q1, Long Term Care Application

- Application process initiated

Q1, Assisted Living

- Added a fourth line to schedule and hired 4th staff
- Added a satisfaction survey schedule
- Created a contract that 100% of Assisted Living clients will sign re: payment and obligations
- Ensured baseline orientation to all staff
- Implemented replacement process through staffing and wellness checks
- Q1, Meals on Wheels
- Utilizing the Assisted Living Program staff, the program was expanded to serve people in the communities of Nipigon, Red Rock, Dorion and Hurkett. (Previously only meals were delivered in Nipigon with the use of community volunteers.) At end of Q1, 7 clients were receiving Meals on Wheels.

Q1 Transportation

- Identified gap in service. Participated in Strategic Planning with EMS
- Teleconference with the LHIN re: service opportunity

Q2, Business Case

- Service Change request to indicate we are no longer providing Complex Continuing Care level of care submitted to the LHIN
- Business Case submitted to the Ministry of Health and Long-Term Care

Q2, Long Term Care Application

- Application submitted to the Ministry of Health and Long-Term Care Sept 2020

Q2, Meals on Wheels

- At end of Q2, 14 clients were receiving Meals on Wheels.

Q2, Transportation

- Teleconference with the Ministry to discuss data and opportunity to host a stable patient transport service at NDMH

SUCCESS CRITERIA

- Improve/expand Assisted Living Program
- Improve transportation