



Operational Plan

Reviewed 2023-24

Operational Plan Overview



Purpose

The purpose of the Operational Plan is to act as a roadmap in guiding the organization in achieving its Strategic Goals and Objectives and overall Mission, Vision and Values of, *Partnering for Excellence in Rural Health Care*. The Operational Plan will essentially uphold the Strategic Plan of the hospital. It will guide leaders within the organization in achieving our Mission, Vision and Values of *Providing Exceptional Care*.

The Operational Plan will assist HDH in achieving the following strategic directives:

1. To deliver safe and effective patient care responsive to the needs of our region;
2. To strengthen partnerships and community engagement;
3. To ensure the financial stability of the hospital; and
4. To support our current and future health care team.

The plan will be reviewed annually and will outline strategic priorities, opportunities for improvement and areas of focus for the year. Under the direction of the CEO, the Senior Leadership group, in collaboration from our managers, frontline staff, patient advisors and physicians, will determine the annual strategic goals and objectives and quality improvement plan initiatives, and seek final approval from the Board of Governors.

Objectives of the Operational Plan:

- Promoting quality patient care, in collaboration with quality metrics, performance improvement and project initiatives;
- Deliver patient care that demonstrates best practice and is innovative;
- Enhance patient satisfaction;
- Enhance program delivery;
- Enhance patient safety;
- Develop and sustain partnerships within the region;
- Consistently deliver outcomes to effectively meet the needs of our community;
- Maintain a healthy workforce, clinical skillset and expertise; and
- Fiscal responsibility.

Specific Components

The following components of the Operational Plan are supportive of the Strategic Plan and are as follows:

Quality Improvement Plan (QIP)

A Quality Improvement Plan (QIP) is a formal, documented set of quality commitments aligned with system and provincial priorities that a health care organization makes to its patients/clients/residents, staff and community to improve quality through focused targets and actions. Annually, HDH staff, physicians, Patient Advisors, and Board of Governors in concert with our strategic plan and the priority indicators as identified by Health Quality Ontario, develop a comprehensive QIP that supports staff and patients.

Budgeting, Operating and Capital Planning

The budgeting process is integral to ensuring the financial sustainability of the hospital, delivering safe and patient-centred care within the available resources. The operating budget is developed annually in collaboration with managers, patient and family advisors and physicians, to align with and support our strategic directives. The operating budget is developed annually in collaboration with managers, patient and family advisors and physicians, to align with and support our strategic directives. The operating budget is presented to the Finance/Audit and Property Committee of the Board of Governors for approval, and the process is managed through the Hospital Annual Planning Submission (HAPS) and the Hospital Service Accountability Agreement (HSAA). The hospital's Vice President, Finance & Operations is responsible for the ongoing monitoring and implementation of the operating budget, with the support of the hospital's leadership and management team. Financial results are reported monthly to Senior Leadership, and the Finance/Audit and Property Committee of the Board of Governors. Financial results are reported quarterly to the Ministry of Health, as required by the HSAA.

The capital budget is developed annually in collaboration with managers, patient and family advisors and physicians and presented to the Finance/Audit and Property Committee who make a recommendation to the Board of Governors for approval. Resource allocation is determined based on the priorities identified in the HDH Strategic Plan. The hospital's Vice President, Finance & Operations is responsible for the ongoing monitoring and implementation of the capital plan with the support of the hospital's management team.

The annual operating and capital budgets are also presented to the hospital's Fiscal Advisory Committee, as required by the Public Hospitals Act.

Risk Management

The Risk Management Plan is a primary tool for implementing the organization's overall risk management strategies. It is designed to provide guidance and structure for the hospital's clinical and administrative services that drive quality patient care while fostering a safe environment for staff and patients.

This risk management plan is reviewed annually by the Patient Safety and Risk Management Committee, and is presented to the Quality Governance and Risk Management Committee of the Board of Governors for approval. The hospital's Risk Manager is responsible for the ongoing monitoring and implementation of the plan with the support of the hospital's leadership and management group.

Patient Safety

The intention of the Patient Safety Plan is to support and uphold our strategic initiative to *deliver safe and effective patient care responsive to the needs of our region*. The Patient Safety Plan outlines a comprehensive approach that ensures that quality and safety driven initiatives are in place to support patients. Further, the Patient Safety plan supports initiatives of the QIP. It is a living plan that is continuously being modified to reduce patient safety breeches.

While ensuring the safe care of patients is everyone’s responsibility, the Risk Manager in collaboration with the Patient Safety and Risk Management Committee will lead the Patient Safety Plan with support from the Senior Leadership and management groups. The Patient Safety Plan is reviewed annually.

Human Resources

The Human Resources Plan is a vital component to support and advance the HDH Strategic Plan. The Human Resources Plan provides important framework and guides the organization’ recruitment and retention activities. This plan outlines the needs of the organization to enable proactive planning to ensure the hospital attracts, develops and nurtures our workforce, and is able to respond to the changing landscape.

The Manager, Human Resources and Physician Recruitment is responsible for the ongoing monitoring and implementation of the Human Resources Plan, with support from the hospital’s leadership and management group. This plan is reviewed annually.

Engagement and Communication

The Engagement and Communication Plan for Internal and External Stakeholders is an essential element in upholding the hospital’s Strategic Plan from year to year. Effective communication with not only our internal team members, but also our external stakeholders and the patients that we serve is paramount in our delivery of safe and effective care. Conveying the information of our organization, the programs and services, challenges encountered and the accomplishments to our staff, physicians, our Board of Governors, our Patient and Family Advisory Committee, Auxiliary, Foundation and community is vital to ensuring confidence in our organization.

COVID-19 Pandemic

The current Operational Plan will note HDH’s ongoing response to the COVID-19 pandemic. HDH will continue to be guided by our Emergency Plan and direction from the Ministry of Health to ensure that all COVID-19 precautions and responses are in place accordingly. Further, we will work with our partners in our region, and beyond, to ensure that HDH is part of the health system’s response to the pandemic from a capacity and resource perspective.

Annual Deliverables

ACTION ITEM	WHAT	WHO	WHEN
Committees (<i>Patient Safety, Professional Practice/ Product Evaluation, Ethics, Occupational Health & Safety, Patient & Family Advisory Committee, Health Equity, Code Team, Wellness & Mental Health</i>)	<ul style="list-style-type: none"> Quality Metrics Quality Initiatives & Projects 	<ul style="list-style-type: none"> Committee Chair Committee Members VP Patient Care Services/CNO 	<ul style="list-style-type: none"> Monthly to quarterly or as needed
Departmental Goals & Quality Initiatives	<ul style="list-style-type: none"> Quality Metrics 	<ul style="list-style-type: none"> PCMs VP Patient Care Services/CNO VP Operations & Finance 	<ul style="list-style-type: none"> Quarterly

Data Utilization	<ul style="list-style-type: none"> Population, program, disease specific data 	<ul style="list-style-type: none"> Manager of Health Records & Privacy Officer – reports to MAC 	<ul style="list-style-type: none"> Quarterly or as needed
Environmental Scan & Service Delivery	<ul style="list-style-type: none"> Health Equity, Mental Health & Addictions, Diversity, Ambulatory Clinics 	<ul style="list-style-type: none"> VP Patient Care Services/CNO Manager of Health Records, Registration & Privacy Officer Leadership Board of Governors 	<ul style="list-style-type: none"> Quarterly/Annually or as needed
Finance & Operational Planning	<ul style="list-style-type: none"> H-SAA metrics (current ratio, gross margin) Budget variances 	<ul style="list-style-type: none"> VP of Finance & Operations Leadership 	<ul style="list-style-type: none"> Monthly
Human Resources Plan	<ul style="list-style-type: none"> Work Life Pulse Survey Results Turnover Absenteeism 	<ul style="list-style-type: none"> Manager, Human Resources 	<ul style="list-style-type: none"> Quarterly or as needed
Patient Satisfaction	<ul style="list-style-type: none"> Satisfaction survey results Patient Complaints 	<ul style="list-style-type: none"> VP of Patient Care Services/CNO 	<ul style="list-style-type: none"> Monthly/Quarterly
Partnerships	<ul style="list-style-type: none"> Internal and external partnerships 	<ul style="list-style-type: none"> Leadership 	<ul style="list-style-type: none"> Ongoing

Appendices:

Appendix A: Quality Improvement Plan

Appendix B: Annual Strategic Initiatives

Appendix C: Quality Goals & Objectives

Appendix D: Risk Management Plan

Appendix E: Patient Safety Plan

Appendix F: Patient Quality Metrics

Appendix G: Human Resources Plan

Appendix H: Engagement & Communications Plan for Internal & External Stakeholders

2023/24 Quality Improvement Plan
"Improvement Targets and Initiatives"

M = Mandatory (all cells must be completed) P = Priority (complete ONLY the comments cell if you are not working on this indicator) A= Additional (do not select if you are not working on this indicator) C = Custom (add any other indicators you are working on)

AIM		MEASURE									CHANGE				
Issue	Quality dimension	Measure/Indicator	Type	Unit/Population	Source/Period	Org ID	Current performance	Target performance	Target justification	External Collaborators	Planned improvement initiatives	Methods	Process measures	Target for process measures	Comments
Theme II: Service Excellence	Patient-centred	Percentage of respondents who responded “completely” to the following question: Did you receive enough information from hospital staff about what to do if you were worried about your condition or treatment after you left the hospital?	P	% / Survey Respondents	Hospital Collected Data/Most recent 3 month period	676	Q1 – 92% Q2 – 91% Q3 – 96% Total - 93%	95%	95-100% of respondents who responded “Yes” to the following question: Did you receive enough information from hospital staff about what to do if you were worried about your condition or treatment after you left the hospital?	<ul style="list-style-type: none">Hanover Family Health TeamDiabetes EducationOntario Health West - Home and Community Support	<ul style="list-style-type: none">Take an inventory of patient information material and modify patient information with the guidance of the Patient and Family AdvisorsClinical Brain Train Board on Lexicom and include on huddle boards.	<ul style="list-style-type: none">Hand out prepared packages to patients on commonly admitted conditionsOrientate nurses to Lexicom annually to continue information being provided regarding medication and medical conditions to patientsDiscuss patient education at roundsHand out prepared packages to patients on commonly admitted conditionsReview documentation of education charting in CareNet systemContinue to provide every patient, upon admission, with the Welcome Information leaflet on Acute Care	<ul style="list-style-type: none"># of referrals that HFHT receives from HDHAudit the education section of the CareNet on patient e-chart with a goal of 100% of charts reviewed.Continue to monitor patient responses/satisfaction surveys indicating that they have received sufficient information prior to dischargeUtilization of post-discharge telephone follow-up call within 48-72 hours as a check in with patients	We are targeting to increase the information provided to patient on what to do if they are worried about their condition or treatment after they leave the hospital to 95-100%	Survey responses available are: <ul style="list-style-type: none">YesSomewhatNo
Theme III: Safe and Effective Care	Effective	Medication reconciliation at discharge: Total number of discharged patients for whom a Best	P	Rate per total number of discharged patients / Discharged patients	Hospital collected data / Oct–Dec 2022 (Q3 2022/23)	676	Q1 – 97% Q2 – 85% Q3 – 97% Total - 93%	95%	Based on current performance <ul style="list-style-type: none">Important to emphasize the importance	Grey Bruce Health Services Pharmacy Department Community pharmacies consulted as	<ul style="list-style-type: none">To continue to maintain a high medication reconciliation rate at discharge.	<ul style="list-style-type: none">Education on importance and proper completion of medication reconciliationEducation for nurses	<ul style="list-style-type: none">Education sessions to all staffAudit medication reconciliation quarterly	Maintain target of 95 -100%	

AIM		MEASURE									CHANGE				
Issue	Quality dimension	Measure/Indicator	Type	Unit/Population	Source/Period	Org ID	Current performance	Target performance	Target justification	External Collaborators	Planned improvement initiatives	Methods	Process measures	Target for process measures	Comments
		Possible Medication Discharge Plan was created as a proportion the total number of patients discharged.							of performing medication reconciliation at HDH	needed		and Physicians <ul style="list-style-type: none">Continue to audit charts to determine compliance			
	Safe	Number of workplace violence incidents reported by hospital workers (as defined by OHSA) within a 12 month period.	P	Count/Worker	Local data collection / January – December 2021	676	Q1 – 8 Q2 – 0 Q3 – 0 Total - 8	N/A Continue to monitor and promote reporting	Monitor and encourage reporting of the number of workplace violence incidents	<ul style="list-style-type: none">CMHAKeystonePolice Services	<ul style="list-style-type: none">Identify causes, challenges, gaps and develop education/safety networks for staffLeadership Development Institute (LDI) to review Violence in the workplace legislation and policies at HDHContinue to build on a culture of violence awareness and responsiveness and will continue to encourage reporting of violent incidents.Standard topic on huddles – review incident reports and gain feedback.Quadruple AimCommunity reach out with CMHA, Key Stone for shared education days – half-day education mandatory – gentle persuasion. Can invite community organizations to participate.Continue to monitor debriefs and put to action improvement to improve safety and violent incidents. Debrief notes can be reviewed at huddles.Ensuring that there is a risk-assessment hand-off	<ul style="list-style-type: none">Use the RL6 in-house hospital incident and patient safety reporting systems for determining the number of workplace violence incidents. Violence Hotline initiated to help increase reporting of incidents.Police-Hospital Committee meetings twice annually and as neededProvide education to staff defining the terminology with respect to violence and harassmentMandatory CPI training for all staffStaff to complete annual patient safety survey regarding violence in the workplaceWellness and Mental Health Champions available to staff as a resource and encourage reporting when applicable.Overnight security in the ED hired.	<ul style="list-style-type: none">Collect data on the number of violent incidents reported by workers, including physicians and those who are contracted by other employers (e.g. food services, security, etc.) as defined by the Occupational Health and Safety ActMonitor the number of staff with CPI training against those who still need trainingReview survey results	We are targeting the tracking/collection of numbers to monitor the number of workplace violence incidents. We will target the percentage of trained staff and ongoing education of mandatory departments i.e. ER, Switchboard/Registration, Environmental Services, Maintenance, Acute care and others as interested.	

AIM		MEASURE									CHANGE				
Issue	Quality dimension	Measure/Indicator	Type	Unit/Population	Source/Period	Org ID	Current performance	Target performance	Target justification	External Collaborators	Planned improvement initiatives	Methods	Process measures	Target for process measures	Comments
											between police and HDH staff for patients who have been brought in by police				

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Strategic Plan Quality Goals & Objectives 2023-24

STRATEGIC DIRECTION #1 DELIVER SAFE AND EFFECTIVE PATIENT CARE RESPONSIVE TO THE NEEDS OF OUR REGION		Providing excellent care to patients is at the core of everything we do. We must stay apprised of the changing needs in our community and ensure our services are adaptable to meet patients’ current and future needs.		
For HDH, delivering safe and effective patient care means:				
WE WILL...	ANNUAL PRIORITIES 2023/2024		METRICS	LEADERSHIP
1. We will deliver high quality care	• ***BIGDOT***	Monitor/improve ED length of stay for non-admitted high acuity patients	Provincial Target: 8 hours	VP of Patient Care Services/CNE
	• ***BIGDOT***	Monitor/improve ED length of stay for non-admitted low acuity patients	Provincial Target: 4 hours	VP of Patient Care Services/CNE
	• ***BIGDOT***	QIP Initiative: Ensure patients receive enough information about if they were worried about their condition/treatment after leaving the hospital	95-100% of respondents who responded “Yes” to the following question: Did you receive enough information from hospital staff about what to do if you were worried about your condition or treatment after you left the hospital?	VP of Patient Care Services/CNE
2. We will provide a safe physical environment for our patients and staff.	• ***SCORECARD***	Monthly Hand Hygiene Audits	95 to 100% compliance on Hand Hygiene before and after patient contact	Senior Leadership Team
	• ***SCORECARD***	QIP Initiative: Medication Reconciliation at discharge	100% completion of medication reconciliation upon discharge	VP of Patient Care Services/CNE

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	<ul style="list-style-type: none"> ***SCORECARD*** Report/Track number of falls that occur causing significant harm. 	# of falls reported causing significant harm.	VP of Patient Care Services/CNE
	<ul style="list-style-type: none"> ***SCORECARD*** QIP Initiative: Continue to encourage reporting of workplace violence incidents 	Report on the number of workplace violence incidents reported by hospital workers	Senior Leadership Team
	<ul style="list-style-type: none"> ***BIGDOT*** Ensure timely follow-up, resolution and communication of incident reports (i.e. RL6s) 	95% of all RL6s resolved and communicated on within thirty (30) days of submission (less needle stick/WSIB)	Senior Leadership Team
	<ul style="list-style-type: none"> Continue to promote a “Just Culture of No Blame” to encourage open learning and a safe patient environment. 	Increase reporting of incidents	Senior Leadership Team
3. We will use technology and updated equipment proactively.	<ul style="list-style-type: none"> Completion of planned phase of the GBIN 5-Year Roadmap including Clinical Documentation and Optimization, CPOE and Cerner Professional Services projects 	Report back on status of integration projects as led by GBIN	Senior Leadership Team
	<ul style="list-style-type: none"> Continue to look for opportunities to apply for enhanced technology that will support patient care 	Report back on opportunities pursued	Senior Leadership Team
4. We will work with others to help our patients navigate the health care system.	<ul style="list-style-type: none"> Continue to work with partners to become a designated Grey-Bruce Ontario Health Team 	Status update on OHT development	Senior Leadership Team
	<ul style="list-style-type: none"> Continue to be an active partner with hospitals and other health sectors to be responsive to emerging needs 	Report back on specific initiatives	Senior Leadership Team
STRATEGIC DIRECTION #2 STRENGTHEN PARTNERSHIPS AND COMMUNITY ENGAGEMENT		For HDH to be successful, it is critical that we are open to working together and collaborating with other health care providers as well as our patients. We must work to eliminate silos, which currently exist in the Grey Bruce area and improve coordination and communication.	

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For HDH, strengthening partnerships and community engagement means:			
WE WILL...	ANNUAL PRIORITIES 2023/2024	METRICS	LEADERSHIP
1. We will treat patients as partners and involve them in hospital planning.	<ul style="list-style-type: none"> Monitor Patient & Family Advisor involvement/interactions with hospital committees/projects. 	Report back on involvement/interaction	VP of Patient Care Services/CNE
	<ul style="list-style-type: none"> Will work jointly with the Hanover Family Health Team on Health Equity Initiatives. 	Report back	Senior Leadership Team
2. We will communicate and promote the health care services available to patients and residents.	<ul style="list-style-type: none"> Communication and Social Media Plan will be reviewed annually and updated to promote health care services and the hospitals as a place to work 	Report back	Senior Leadership Team
	<ul style="list-style-type: none"> Alternative level of care (ALC) days expressed as a percentage of all inpatient days in the same period 	Quarterly report back on the % of inpatient days where a physician has indicated that a patient occupying an acute care hospital bed has finished the acute care phase of their treatment	VP of Patient Care Services/CNE
3. We will pursue and maintain partnerships with other health care providers to enhance patient care.	<ul style="list-style-type: none"> ***BIGDOT*** Enhance local long term care (LTC) transitions through joint quality improvement (QI) initiatives and communication 	Complete one QI initiative and report back	VP of Patient Care Services/CNE
4. We will engage with our community to improve health outcomes, and be responsive to emerging needs.	<ul style="list-style-type: none"> Utilize opportunities to create a visible HDH presence in the broader community regarding programs, services and future opportunities. 	Qualitative report back	Senior Leadership Team

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	<ul style="list-style-type: none"> Participate in community initiatives 	Report back on initiatives as appropriate	Senior Leadership Team
STRATEGIC DIRECTION #3 ENSURE THE FINANCIAL SUSTAINABILITY OF THE HOSPITAL	HDH prides itself on our track record of solid financial status and we will work to continue this recognition moving forward. For HDH, ensuring the financial sustainability of the hospital means:		
WE WILL...	ANNUAL PRIORITIES 2023/2024	METRICS	LEADERSHIP
1. We will advance our strategic priorities in a financially responsible way.	<ul style="list-style-type: none"> Endeavour to align with HSAA financial indicators ***BIGDOT*** Align financial performance with planned Hospital Annual Planning Submission (HAPS) 	Reported actual budget compared to planned budget. (All variances greater than 10% will be reviewed by the Senior Team monthly; action plans will be developed as needed)	VP of Operations and Chief Financial Officer
2. We will explore revenue opportunities, funding and operational efficiencies.	<ul style="list-style-type: none"> Advocate for continued support for COVID-19 expenses 	Report back on funding received and efforts	VP of Operations and Chief Financial Officer
	<ul style="list-style-type: none"> Advocate for funding due to operational financial pressures in conjunction with Ontario Hospital Association, SRN, regional partners 	Report back on funding received and efforts	VP of Operations and Chief Financial Officer
3. We will invest in equipment and infrastructure.	<ul style="list-style-type: none"> Apply for Exceptional Circumstance (ECP) grants through Health Infrastructure Renewal Fund (HIRF) to leverage funding for larger infrastructure projects 	Report back on ECP applications, HIRF infrastructure projects, funding opportunities as they present.	VP of Operations and Chief Financial Officer
	<ul style="list-style-type: none"> Apply for one time operating funding opportunities 	Report back on opportunities.	VP of Operations and Chief Financial Officer
4. We will pursue partnerships to make the best use of resources.	<ul style="list-style-type: none"> Identify operational partnership opportunities to make the best use of resources. 	Report back on opportunities.	VP of Operations and Chief Financial Officer

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Strategic Plan Quality Goals & Objectives 2023-24

STRATEGIC DIRECTION #4 SUPPORT OUR CURRENT AND FUTURE HEALTH CARE TEAM		Our staff and physicians are critical to care delivery. We are committed to investing in our staff and physicians to ensure they have the required support, training and resources to deliver the best care possible.		
		For HDH, supporting current and future health care teams means:		
WE WILL...	ANNUAL PRIORITIES 2023/2024	METRICS	LEADERSHIP	
1. We will support training and ongoing education.	<ul style="list-style-type: none">Continue utilizing a clinical education plan and monthly calendar	Report on actions quarterly.	VP of Patient Care Services/CNE	
	<ul style="list-style-type: none">***BIGDOT*** Monitor the number of reported phish emails by staff utilizing the report phish function	Number of reporting phish emails utilizing the report phish function	VP of Operations and Chief Financial Officer	
	<ul style="list-style-type: none">Explore the development of alternative learning modalities/delivery models for learning and development (virtual)	Report back on the development and activity of this initiative	Senior Leadership Team	
	<ul style="list-style-type: none">Continue to identify opportunities for internal trainersCollaborate with community partners in developing shared learning opportunities	Report back on the progress of this initiative as completed	Senior Leadership Team	
2. We will recruit and retain staff, physicians and volunteers to meet the current and future needs of our patients.	<ul style="list-style-type: none">***BIGDOT*** Develop a succession plan to review on an annual basis to prepare for future recruitment needs	Complete by end of fourth quarter	Senior Leadership Team	
	<ul style="list-style-type: none">***SCORECARD*** Maintain/Improve staff and physician overall satisfaction scores on the Work-Life Pulse Survey.	Achieve rating of 80% or greater for the question, “Overall how would you rate your organization as a place to work?” for “Excellent”, “Very Good” & “Good”.	Senior Leadership Team	

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		Maintain rating of 80% or greater for the question, “How would you rate this organization as a place to practice medicine?”	
3. We will promote a positive work culture and strive for work life balance.	• ***BIGDOT*** Support staff and physicians in post pandemic recovery by providing free mental health & wellness sessions	Complete four sessions (one per quarter)	
	• Continue to develop a staff wellness plan	Plan completed by end of the first quarter	Senior Leadership Team
4. We will recognize and appreciate our staff, physicians and volunteers.	• Launch staff recognition program.	Complete by the end of the fourth quarter	Senior Leadership Team

2023/24 QUALITY GOALS & OBJECTIVES

DELIVER SAFE AND EFFECTIVE PATIENT CARE RESPONSIVE TO THE NEEDS OF OUR REGION

Monitor/improve ED length of stay for non-admitted high/low acuity patients

"Did you receive enough information about what to do if you were worried about your condition/treatment after you left the hospital? to 95-100% **(QIP)**

Resolve and communicate 95% of RL6s within 30 days of submission (less needle stick/WSIB)

STRENGTHEN PARTNERSHIPS AND COMMUNITY ENGAGEMENT

Completion of one quality improvement initiative with local LTC to improve patient transitions

ENSURE THE FINANCIAL SUSTAINABILITY OF THE HOSPITAL

Align financial performance with planned HAPS (actual vs. planned)

SUPPORT OUR CURRENT AND FUTURE HEALTH CARE TEAM

Monitor the number of reported phish emails by staff utilizing the "report phish" function

Develop a succession plan to review on an annual basis to prepare for future recruitment needs

Completion of four mental health & wellness sessions to support staff and physicians through post-pandemic recovery

SCORECARD

- ☐ 95-100% compliance on Hand Hygiene before and after patient contact.
- ☐ 100% completion of medication reconciliation upon discharge **(QIP)**
- ☐ Report/Track the number of falls that occur causing significant harm
- ☐ Number of workplace violence incidents **(QIP)**
- ☐ Maintain/improve staff and physician overall satisfaction scores on the Work-Life Pulse Survey



Risk Management Plan

2023-24

Reviewed November 2022

Risk Management Plan

The purpose of the risk management plan is to protect patients, staff members and visitors from inadvertent injury. The plan is also designed to protect the organization's financial assets and intangibles, such as reputation and standing in the community.

The risk management plan is a primary tool for implementing the organization's overall risk management strategies. It is designed to provide guidance and structure for the hospital's clinical and administrative services that drive quality patient care while fostering a safe environment for staff and patients.

The focus of the risk management plan is to provide an ongoing, comprehensive, and systematic approach to reducing risk exposures. Risk management activities include identifying, investigating, analyzing, and evaluating risks, followed by selecting and implementing the most appropriate methods for correcting, reducing, managing, transferring and/or eliminating them.

Under the direction of the risk manager, the risk management program provides for collaboration among all departments, services, and patient care professionals within the hospital. Hanover and District Hospital's risk management plan provides policies, procedures and protocols to address events which may include organizational-related liability, professional liability, general liability and workers' compensation. The identification, investigation and management of accidents, injuries and other potentially compensable events are a primary responsibility under the risk management plan. This process is directed by the risk manager and others who are delegated to participate in the various components of managing adverse events occurring with patients, staff, visitors and organizational assets.

Risk management will influence, persuade and educate leaders within the following departments in order to achieve quality care in a safe environment and protect the organization's resources:

- Administration including Human Resources
- Allied Health and Adjunct Professional Services (Laboratory, Diagnostic Imaging, Infection Control, Rehab Services)
- Health Records & Data/Health Information and Privacy Management
- Maintenance
- Clinical (Surgical Services, Emergency Department, Acute Care, Obstetrics, Dialysis)
- Employee Health
- Environmental Services, Dietary, Medical Device Reprocessing
- Medical Staff

Objectives of the Risk Management Plan

The objectives of the risk management program include, but are not limited to:

- Promoting the quality of patient care, in collaboration with quality/performance improvement activities;

- Enhancing patient satisfaction;
- Minimizing the frequency and severity of adverse events;
- Supporting a culture of just-cause; non-punitive culture that promotes awareness and empowers staff to identify risk-related issues;
- Enhancing patient safety through participation in organizational safety strategies and other patient safety initiatives;
- Enhancing environmental safety for patients, visitors and staff through participation in environment of care-related activities;
- Utilizing risk management strategies to identify and minimize the frequency and severity of near misses, incidents and claims;
- Managing adverse events and injuries;
- Evaluating systems that can contribute to patient care, error or injury;
- Educating stakeholders on emerging and known risk exposures and risk reduction initiatives;
- Achieving requirements promulgated by Accreditation Canada; and
- Complying with provincial mandates, applicable laws, regulations and standards.

Specific Components

The risk management plan will include the following components:

Incident Reporting

Incident reporting is intended to provide a systematic, organization-wide program of reporting risk exposures to identify potential future liability. The risk management program includes an event reporting system that is used to identify, report, track, and trend patterns of events with the potential for causing adverse patient outcomes or other injuries to people, property or other assets of the organization. It is designed to reduce or ameliorate preventable injuries and property damage, and minimize the financial severity of claims.

The risk manager tracks and trends event data in order to report those findings to the following committees: Patient Safety and Risk Management, Professional Practice, Patient and Family Advisory Committee and, the Board of Governors quarterly.

Certain specific events (i.e. – missing narcotics) must be reported to governmental agencies through delineated methods. This is often a responsibility of the risk manager and a senior leader, and compliance within established guidelines and time frames is critical.

Reporting Risk Management Activities as Part of the Quality/Performance Improvement Process

Recognizing that the effectiveness of risk management activities is contingent upon collaboration and integration with the quality/performance improvement activities, the risk manager will work with various hospital committees such as Patient Safety and Risk Management, Professional Practice, Occupational Health and Safety, and Senior Administration.

Monthly summaries of incidents and their resolutions are circulated throughout the organization via eBlast, and posted on huddle boards. It is reported to the Board quarterly.

Educational Activities

The risk manager will provide or facilitate orientation programs for all new employees and contracted staff. Annually activities will include:

- Code review and mock code events scheduled annually;
- Ongoing Non-Violent Crisis Intervention Training;
- Annual CBRNE Training;
- Twice per year Brain Train: First Event (occupational health and safety/infection control and emergency codes) and Second (patient safety protocols and policies);
- Annual infusion device training;
- Annual certification training as needed (Advanced Cardiac Life Support, Neonatal Resuscitation, Pediatric Cardiac Life Support); and
- Timed Code-Red and Green exercise annually.

Management of Patient and Family Complaints/Grievances

The management and resolution of patient and family complaints will be managed in accordance with hospital policy. Complaints are reported to the Board three times per year.

Patient Satisfaction

The organization will measure patient satisfaction and respond to issues identified in patient satisfaction surveys. The results are reviewed quarterly and presented to Patient Safety and Risk Management, Professional Practice, Patient and Family Advisory Committee.

HIROC Risk Assessment and Claims Management

Risk Assessment (3-Year Plan)

Hanover and District Hospital collaborates with Healthcare Insurance Reciprocal of Canada (HIROC) to assist the hospital with ongoing risk assessment via checklists. The hospital engages in 3-year long risk assessment and improvement cycles. Risk Assessment Checklists, also referred to as RAC, is a tool that enables the hospital to systematically self-assess compliance with evidence-based mitigation strategies for HIROC's top risks. The top risks are ranked by those which lead to significant medical malpractice claims. The following areas completed a RAC assessment:

- Failure to Communicate/Respond to Critical Test Results;
- Failure to Pay Benefits/Overtime;
- Patient Falls;
- Employee Fraud;
- Healthcare Acquired Infections;
- Health Care Acquired Pressure Injuries;
- Inadequate Triage Assessment;
- Failure to Identify/Manage Neonatal Hyperbilirubinemia and Hypoglycemia;
- Abuse of Patients;
- Fire Losses;
- Failure to Interpret/Respond to Fetal Health Surveillance Patterns
- Mismanagement of IV Oxytocin
- Failure to Appreciate Status Changes/Deteriorating Patients

- In-Care Suicide/Suicide Attempts
- Medication Adverse Events
- Failure to Identify/Manage Postpartum Hemorrhages and Hemorrhagic Shock
- Therapeutic Drug Monitoring
- Cyber Loss
- Diagnostic Errors
- Privacy Breach
- Mismanagement of Neonatal Resuscitation
- Inappropriate Credentialing, Re-appointment and Performance Management
- Shoulder Dystocia
- Vaginal Birth After Prior C-Section
- Retained Foreign Items
- Assisted Vaginal Deliveries
- Windstorms
- Water and Sewage Losses
- Failure to Communicate Fetal Health Status
- Delayed Decision to Delivery Time for Caesarean Sections

Claims Management:

- Reporting potentially compensable events, unexpected outcomes or patient complaints to the involved department manager, the insurance carrier as appropriate and the organization's risk manager;
- Performing initial and ongoing investigation and interviews;
- Documenting activities and correspondence related to the investigation of the event;
- Protecting and preserving the patient health information record and/or other documents and evidence for potential future litigation;
- Organizing, managing and maintaining claim files;
- Limiting access to claim files to only authorized individuals under direct supervision of the risk manager;
- Coordinating activities with the defense team and providing input into the strategy for each claim;
- Reporting claim management activity to quality/performance improvement and appropriate organizational leaders;
- Participating in establishing defense/settlement posture;
- Resolving claims within established limits of authority;
- Maintaining confidentiality of protected documents;
- Reviewing, vetting and accepting legal service as appropriate; and
- Timely forwarding subpoenas, summons and complaints to legal counsel.

Legal

HDH retains Miller Thomson Advocates as the legal counsel.

Reports to the Governing Body via Quality Governance and Risk Management Committee

The risk manager will provide the following reports quarterly to the Quality Governance and Risk Management Committee:

- Patient Safety/Risk Management Report
- Staff Safety Report
- Hospital Acquired Infections
- Hand Hygiene
- Surgical Safety Checklists

Adverse events or any other risk related item that affects the hospital will be brought to the Board's attention promptly. The Board Chair will determine if a special meeting of the Board needs to be called.

The annual HIROC Risk Management report will also be shared with the Board.

Review of the Risk Management Plan

The risk management plan will be reviewed, updated, and approved annually, or as needed. Dated signatures and titles from appropriate parties should be obtained at the time of the approval.

Annual Evaluation of the Risk Management Program

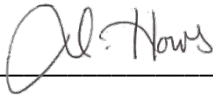
The risk management program will be evaluated by the governing body annually.



Tina Shier, Board Chair

_____ March 28, 2023

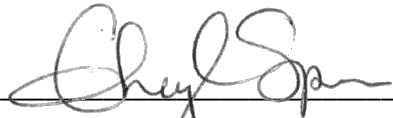
Date



Dana Howes, President & CEO

_____ March 28, 2023

Date



Cheryl Speer, Risk Manager

_____ March 28, 2023

Date



Patient Safety Plan

2023-24

Introduction

Hanover and District Hospital (HDH) is strongly committed to ensuring that patient safety is the underpinning of all of our programs and services in our goal to deliver exceptional patient care. Patient safety is paramount, and HDH promotes a culture of patient safety.

The notion of ensuring patient safety begins with HDH's Strategic Plan. The strategic direction to *Deliver Safe and Effective Patient Care Responsive to the Needs of our Region* is at the forefront of operations and initiatives. For HDH, delivering safe and effective patient care responsive to the needs of our region means:

- We will deliver high-quality care;
- We will provide a safe physical environment for our patients and staff;
- We will use technology and update equipment proactively; and
- We will work with others to help our patients navigate the health care system.

Through this strategic direction, as well as the development of the Quality Improvement Plan and Risk Management Plan, annual safety goals are identified in collaboration with our staff, physicians, and patient advisors and through analysis of data. Each year, HDH strives to make continuous and sustainable safety and quality improvements.

Guiding Principles for Patient Safety at HDH

- We believe that patient safety is everyone's responsibility – Staff, Physicians, Board of Governors, Volunteers and Patient Advisors;
- We will work in collaboration with our Staff, Physicians, Volunteers, Board of Governors and Patient Advisors to promote a culture of patient safety;
- We believe that robust patient safety initiatives and practices are essential in providing quality care and must be a part of all patient interactions;
- We approach patient safety as a continuous pursuit; it is embedded in all the work that we do throughout HDH with our patients;
- HDH will engage in continuous improvement initiatives to ensure that best practices for safety are always in place; and
- We promote patient safety from a learning lens where staff feel safe and supported to report errors, adverse events and good catches and view them as an opportunity to improve processes.

HDH's Commitment to Patient Safety

1. Structures that Support Patient Safety at HDH

- a. Board of Governors and the Quality Governance & Risk Management Committee of the Board***
In accordance with the *Excellent Care for All Act (ECFAA)* the Board of Governors is legislated to be responsible for patient safety and protections, and quality care. The Quality Governance & Risk Management Committee of the Board reviews patient safety metrics, safety initiatives, and safety related incidents and provides oversight of the annual strategic plan initiatives and the Quality Improvement Plan.

b. Senior Leadership, Risk Manager and the Achieving Excellence Leadership Group

Senior Leadership, Risk Manager and the Achieving Excellence Leadership Group are stewards of patient safety and quality across the organization; they are responsible for promoting a culture of safety and a no blame approach. The CEO is responsible to the Board for ensuring that patient safety measures and quality are upheld.

c. Committees at HDH:

The following Committees at HDH support patient safety;

- Patient Safety and Risk Management Committee;
- Infection Prevention and Control;
- Professional Practice Committee;
- Ethics;
- Patient and Family Advisory;
- Occupational Health and Safety; and
- Medical Devices Reprocessing Committee.

d. Risk Management Plan and HIROC Risk Management Assessment Plan

HDH's Risk Management Plan promotes continuous, proactive and systematic processes to understand, manage and communicate risk from an organization-wide perspective in a cohesive and consistent manner.

HIROC's Risk Management Assessment Plan tracks and monitors associated risks in HDH's operations by determining the probability of a risk occurring multiplied by the impact should that risk occur. The resulting risk scores inform priorities for action to mitigate risk.

e. RL6 Patient Safety Incident System Incident

Incident reporting and management is integral to HDH's approach to patient safety. It is the responsibility of all staff, physicians, and volunteers, who observe, are involved in, or are made aware of an adverse event or near miss to ensure the incident is reported. Our RL6 system supports the documentation and tracking of patient safety incidents, findings, recommendations and actions/improvements. The RL6 system also allows for reporting of and follow through on feedback from staff, patients and caregivers.

All incidents and good catches are discussed/analyzed monthly at the Patient Safety and Risk Management Meeting. Quality Improvement projects are then developed to address patient safety issues and reduce the incidence of further occurrence. An incident report is then disseminated widely across the organization for all staff, physicians and volunteers for review. The Board receives quarterly reports on patient safety metrics via various reports.

f. Violence Reporting Hotline

Recognizing that it is important to report all incidents that breach patient safety in a timely manner, HDH has created a Violence Reporting Hotline so that staff can report incidents in a timely fashion. The incidents will then be entered into the RL6 system.

g. Scope of Internal Safety Initiatives – Ongoing Patient Safety Programs and Initiatives

HDH Patient Safety Programs:	
<ul style="list-style-type: none">• Huddles• Daily Discharge Rounds• Quality Safety Metrics• Choosing Wisely• Hand Hygiene Audits• Patient and Family Advisory Committee• Vanessa's Law• Falls Prevention Program• Audits: Documentation, Arm banding, PPE Donning & Doffing, Falls, Bedside Whiteboards• Newborn Wellness Check-ups• Pharmacy Medication Reviews	<ul style="list-style-type: none">• Rounding – staff and patients• Leadership Patient Rounding• Bedside Transfer of Accountability (TOA)• Corporate and Unit Based Orientation• Clinical Education Calendars• Arm banding in ER• Senior Friendly Framework• Pressure Ulcer Prevention• Enhanced Observation Policy• Discharge Planning – Family conferences• Violence Reporting Hotline• Patient Alerts – Cerner• Medication Reconciliation
Patient Quality Metrics:	
<ul style="list-style-type: none">• RL6 Incident Reporting (Med Errors, Falls, Good Catches, Hospital Acquired Pressure Ulcers)• Medication Reconciliation at Admission & Discharge• Hospital Acquired Infections (MRSA, C-Diff)• Surgical Site Infections• Surgical Safety Checklist• Hand Hygiene Compliance• Patient Safety Culture Survey	<ul style="list-style-type: none">• Hospital Acquired Pressure Ulcers• Blood Bank – Routine Transfusions• Blood Bank – Urgent Transfusions• Venous Thromboembolic Prophylaxis (VTE)- Admission• Laboratory Turn Around Time – ER• Decision to Admit Time
Safety Program:	
<ul style="list-style-type: none">• Immunization Programs• Emergency Preparedness Plan• Infection Prevention and Control Program• Preventative Maintenance Program	<ul style="list-style-type: none">• Antimicrobial Stewardship• Accreditation Canada• Employee Safety/EFAP
Environmental Safety Issues:	
<ul style="list-style-type: none">• Product Recalls• Drug Recalls• Product/equipment malfunction	<ul style="list-style-type: none">• Air Quality Reports• Infection Control Audits (ATP testing)• Workplace Violence (RL6)• Security Incidents (RL6)

h. External – Accreditation Canada Required Organization Practices (ROPs)

Examples of HDH's Performance Related to 6 Patient Areas of ROPs include:

Safety Culture	<ul style="list-style-type: none">• Measurement of Quality Indicators• Program Councils focus on quality of care and patient safety• RL6 Incident Reporting System• Integrated Risk Management Program and risk assessment• Surgical Safety Checklist before and after procedures• Patient Safety Culture Survey
Communications	<ul style="list-style-type: none">• Medication Reconciliation on Admission• Transfer of Accountability and Standardized Shift report• Staff and Patient Rounding• Patient Quality Metrics• Secure "My Chart" and process allowing patients to access their medical record• Discharge Summaries – sent to Primary Care Provider
Medication Use	<ul style="list-style-type: none">• 90 Day medication reviews on long stay patients• Audits of VTE (Venous Thromboembolism Prophylaxis)• Antibiotics prophylaxis in surgery• Audits of safety reports for medications and Do Not Use abbreviations• Infusion Pump Training
Infection Control	<ul style="list-style-type: none">• Monthly Hand Hygiene audits• Orientation and Staff/Volunteer education• PPE Audits• ATP Audits
Risk Assessment	<ul style="list-style-type: none">• Falls and Medication error reporting (RL6)• Quality Reviews and Quality of Care reviews (under Quality of Care Information Protection Act [QCIPA] for high risk and critical incidents• Risk Management Program• Risk assessments for falls, pressure ulcers, and medication reconciliation
Worklife/Workforce	<ul style="list-style-type: none">• Workplace Violence Program• Non-Violent Crisis Intervention Program and training• Responsive Behaviour education (Gentle Persuasive Approach, Delirium, Dementia)

i. Additional Accreditation Bodies

The HDH Laboratory is regularly assessed and accredited by the Institute for Quality Management in Hospitals (IQMH). Their mission is to elevate the integrity of the medical diagnostic testing system by providing rigorous, objective, third-party evaluation according to international standards.

In Diagnostic Imaging, the Mammography Accreditation program is reviewed and accredited by the Canadian Association of Radiologists. The following areas are assessed: personnel requirements, quality control, equipment specifications and breast image quality.

The Ontario College of Pharmacists has an accrediting arm that is tasked with ensuring the HDH pharmacy meets the requirements as outlined in the Drug and Pharmacies Regulation Act (O.Reg.264/16).

j. External Partnerships

HDH is committed to addressing Patient Safety at the system level, including working with our regional healthcare partners to develop a comprehensive Ontario Health Team that is capable of addressing patient safety and improving the quality of care.

HDH works closely with police services throughout the Grey-Bruce region. Most recently working together to create the Grey-Bruce Police-Hospital Protocol. This protocol ensures that patients are transitioned utilizing patient-centered approach that promotes safety from one provider group to another.

HDH has contracted an outside security firm to provide on-site security services in our Emergency Department on both a regularly schedule shift and as needed on a call-in basis. Security is often brought in to ensure the safety of patients experiencing a mental health crisis.

Infection Control consultant services is a partnership that was pursued to ensure patient safety. Dr. Michael Gardam provides infection control consultative support on an as needed basis.

PATIENT QUALITY METRICS

2023/24

PATIENT SAFETY									
Indicator	Reported Frequency	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	YTD 2023/24	Benchmark Value	Benchmark Source	2022/23
Date									
Types of medication errors:	Q								
Omission									
Wrong Patient									
Wrong Medication									
Wrong Route									
Wrong Time									
Wrong Dose									
Miscellaneous									
Total									
Medication Good Catches									
Medication Reconciliation (Admission)	Q								
Medication Reconciliation (Discharge)	Q								
Medication Reconciliation (Internal transfer to Surgical Services)	Q								
Laboratory									
Laboratory Turn Around Time – ER Patient (CBC, INR, BUN, Troponin 1)	Q								
Blood Bank - Routine Transfusion	Q								
Blood Bank - Urgent Transfusion	Q								
Patient Falls	Q								
Patient Falls Causing Significant Harm	Q								
Patient Fall Good Catches	Q								
Patient Infection Rates (per 1000 patient days) MRSA C-Diff	Q								
Surgical Safety Checklist (Ministry)	Q								
VTE screening in admission	Q								
Pressure Wound <ul style="list-style-type: none">Hospital AcquiredHR Coded	Q								
Hand Hygiene Compliance (Acute) <ul style="list-style-type: none">Before Pt./Environ ContactAfter Pt./Environ Contact	Q								
Hand Hygiene Compliance (ER) <ul style="list-style-type: none">Before Pt/Environ ContactAfter Pt/Environ Contact	Q								
Overall Hand Hygiene Compliance <ul style="list-style-type: none">Before Pt/Environ ContactAfter Pt/Environ Contact	Q								
Patient Safety Culture Survey	Q2yrs								



Introduction

HDH's Human Resources Service Mission is singularly focused on attracting, hiring, and retaining a vibrant, inclusive workforce who possess a spirited capacity of compassion, for continuous improvement and for contributing to the development of a strong collaborative culture in order to consistently meet and exceed the evolving needs and performance objectives of the hospital.

We are aware of the Health Human Resourcing challenges that are facing all Canadian providers of health care. The competition for Registered Nurses, Lab Technicians, and other roles is becoming fiercer. HDH needs to be competitive and chosen to be the employer of choice. Therefore, we must remind the people we wish to attract and/or retain of the very real opportunity that a career with HDH presents for making a difference in the lives of others.

The Human Resource Plan guides the development and helps with the availability of that workforce. This will ensure that we maintain our ability to deliver high quality services to Hanover and surrounding communities. Today's workers place a higher value on balancing their home and work lives; where employees seek meaningful and rewarding work.

The focus in this Human Resource Plan is put on the following areas:

- 1) Recruitment;
- 2) Creating a diverse and inclusive workplace;
- 3) Enhance employee engagement and wellness

Strategic Goals vs. Human Resource Goals

The Human Resources Plan is based on the organization's strategic goals and objectives.

These are:

- 1) Deliver safe and effective patient care responsive to the needs of our region
- 2) Strengthen partnerships and community engagement
- 3) Ensure the financial sustainability of the hospital
- 4) Support our current and future health care team

These strategic goals will be supported by the Human Resource goals and objectives presented and analyzed in the Human Resource Plan.

Values

HDH provides patient care and client services based on the following values:

- Integrity – to make decisions in a manner that is consistent, professional fair and balanced;
- Compassion – sympathetic consciousness of others' distress together with a desire to alleviate it;
- Collaboration – to enhance efficiency and credibility of our clients and staff;

To complement these core values expressed in the Strategic Plan, it is important to identify corporate human resource values that will guide our decision making and actions, as well as the way we interact with one another and with those we seek to serve. These values are:

- Respect: We value a workplace culture where people respect one another in their interactions with co-workers and clients.

- **Integrity:** We value a workplace culture where personal and professional integrity cause us to behave in an ethical and balanced way.
- **Diversity:** We value a workplace where diversity, in all its forms, is encouraged and recognized for its contribution to a more creative, rewarding, and productive workplace.
- **Accountability:** We value a workplace where accountability for our actions, our interactions, the objective and wise use of resources, and responsibilities for our successes and failures is reflected in how we conduct ourselves.

Human Resource Goals, Objectives and Strategies

This Human Resource Plan has five goals which we will work on to achieve in a two year period, between 2021 and 2023.

Goal 1: All performance reviews for full time and part time employees will be completed by the end of the year.

Objectives:

- **Fairness:** HDH wants to ensure that decision making process associated with its human capital is aligned with related policies, and is entirely objective and consistent.
- **Providing exceptional care:** HDH aims at having the right employees with the right skills in the right place at the right time, and at ensuring the consistent application of human resource policies and practices throughout HDH.

Strategies:

- **Service excellence:** We must ensure that the health care service we provide the community, and the way we deliver the service, is continually monitored for its value. The following initiatives are reviewed and updated: *Performance management* (employees need to know how their efforts affect the business goals of HDH. Performance management will continue to highlight the relationship between individual performance, rewards and recognition, and HDH's objectives.

Goal 2: Overall how you would you rate your organization as a place to work?" Achieve rating of 85-90% for "excellent", "very good", and "good".

Objectives:

- **Committed employees:** HDH wants to ensure that recruitment and orientation programs support the hiring of all employees who are personally committed to providing a high-quality of care.
- **Welcoming culture:** HDH will provide equitable and easy access to employment opportunities, and will foster a culture where new workers are welcomed, and oriented to achieve their career goals in health care.
- **Career advancement:** HDH wants to raise awareness about the many challenging and rewarding opportunities available within the hospital.

Strategies:

- **Retention Strategies:** Once selected for employment at HDH, new workers must be welcomed and encouraged to stay. HDH can deliver the services expected by our patients only by attracting and retaining employees who are truly committed to exceptional care. The following will be enhanced and/or implemented: *Orientation; Employee recognition programs* (Having made a commitment to,

and having been selected for, a career with HDH, it is important that employees are informally and formally recognized for their contributions and achievements); *Ongoing communications initiatives*; *Employees' satisfaction survey*; (To provide employees an effective way to provide feedback and stay informed.)

- **Enhance wellness programs:** HDH aims at promoting well-being of its employees through development of new and implementation of current wellness programs that assist in the well-being of employees both on and off the job.

Goal 3: Recruit and retain a diverse workforce that meets the needs of the organization.

Objectives:

- **Increase the percentage of active open positions filled within the targeted deadline:** The objective is to fill positions in a timely fashion, ensuring key positions are filled.
- **To maximize hiring effectiveness and reduce cost-to-hire:** The objective is to ensure there are no delays, keeping candidates engaged and ultimately reduce the cost in hiring, by hiring star employees.

Strategies:

- **Recruitment:** HDH must develop outreach initiatives that will help us look for potential candidates. It is no longer enough to expect potential employees to come looking for us; we must develop outreach initiatives that will help us look for them. Strategies to address these essential needs include the following: *Ongoing job postings*; *Word of mouth strategies*; *Referral programs*; *Cooperation with Universities and Colleges*.

Goal 4: To enhance the volunteer program.

Objectives:

- **Improving HDH's volunteer program:** The objective is to create a diverse program that welcomes all individuals from our community who wish to give their time to make HDH a better hospital.

Strategies:

- **Partnering with local high schools and youth groups:** HDH will partner with local high schools to create a program which will allow students to complete their volunteer hours while learning about the different opportunities within the hospital.
- **Improve Orientation and Support:** HDH will improve the volunteer orientation program, creating both in person and virtual options. Review technological options for scheduling.

Goal 5: To support a DEI (Diversity, Equality & Inclusion) culture.

Objectives:

- **Adopting a broad DEI culture:** HDH aims at creating programs which recognize all aspects of diversity among its workers, and communities the hospital serves.

Strategies:

- **DEI partnerships:** These will include building more proactive relationships with HDH clients, key community-based groups, and professional associations to promote a diverse and inclusive workplace.
- **Diversity education:** Education will be provided to its employees on a number of different topics to provide a wide value of diversity. Diversity will be a theme in future orientation and on-going training.

- **Health Equity Committee:** The Health Equity Committee will create a culture, working in partnership both internally and externally, to make recommendations and initiate strategies to remove barriers of accessing healthcare to enhance the patient and workplace experience.

HDH strives to be a workplace that is reflective of the growing diversity within our community and to create a more respectful and inclusive workplace. HDH will be an organization where valuing diversity is a positive choice, not an obligation.

Action Plan

The following plan begins the process of identifying measures of success against which HDH will assess the company's progress. This latter task will also be a key part of the development and implementation of the strategies described within this plan. Some of these strategies will evolve as the plan itself is implemented and tested over the next two years.

HDH will need to regularly assess the company's progress towards achieving objectives identified in this Human Resource Plan. The development of these measures of success and indicators will be an evolving and continuous process throughout the life of this plan.

Goal # 1	Critical Actions to Take	Person Responsible	Next two years target (2021 and 2023)	Outcomes	Measurements/ Indicators
All performance reviews due within the calendar year for full time and part time employees will be completed by the end of the year.	<i>Performance evaluations</i>	Human Resources Manager Operational Managers	Annual and probationary performance appraisal process in place and working; disciplinary process (when necessary) implemented	100% of new full time and part time workers evaluated in the probationary performance appraisal process. 100% of full time and part time workers undergoing the bi-annual performance appraisal process 80% of staff highly satisfied with performance evaluation process	Number and percentage of performance evaluations completed each year (includes bi-annual performance appraisal process as well as the probation performance appraisal process)

Goal #2	Critical Actions to Take/ Strategies	Person Responsible	Next two years target / Objective	Outcomes/ Results	Measurements
Overall how you would you rate your organization as a place to work?" Achieve rating of 85-90% for "excellent", "very good", and "good".	<p><i>Orientation</i></p> <p><i>Talent Management Process</i></p> <p><i>Exit Interview Enhancements</i></p> <p><i>Retention Strategies</i></p> <p><i>Enhanced Learning and Development Strategy – Reviewing both Clinical and Non Clinical roles</i></p>	Human Resources Manager	<p><i>Develop Talent Management Process</i></p> <p><i>Enhance Orientation programs: 1) corporate 2) department;</i></p> <p><i>Create a Recognition Program (staff to staff, public to staff and management to staff)</i></p> <p>Ongoing provision of learning opportunities – <i>Create Individual Development Plans</i></p> <p>Ongoing communication initiatives leading to fair treatment of workers based on dignity, respect, open communication and loyalty</p> <p><i>Improve Exit Interview process and reporting</i></p> <p><i>Enhance Employee Wellness Program</i></p>	<p>100% of new workers undergoing the corporate orientation after being hired</p> <p>80% of workers satisfied with the orientation program</p> <p>Overall, 40% of workers recognized by the management annually</p> <p>12 workers recognized and rewarded in the program "Employee of the Month" annually</p> <p>Newsletters/Eblasts sent monthly</p> <p>No complaints on lack of clear patterns of communication and lack of support by the management</p> <p>85-90% positive responses related to working at HDH on survey</p>	<p>Work-Life Pulse survey</p> <p>Level of employee engagement (measured by a number of responses for all, sent by HDH, surveys, questionnaires, etc.)</p> <p>Number of HDH workers recognized by the management for their contributions and achievements</p> <p>Reviewed and strengthen communication mechanisms</p> <p>The management's commitment to staff well-being, health and safety</p>

Goal #3	Critical Actions to Take/ Strategies	Person Responsible	Next two years target / Objective	Outcomes/ Results	Measurements
Recruit and retain a diverse workforce that meets the needs of the organization	<i>Recruitment of staff and Credentialed Staff</i> <i>Employee Value Proposition (EVP)</i>	Human Resources Manager Management team	Ongoing posting of job openings on the organizational website, and on the job-search portals. Becoming a recruiter on LinkedIn <i>Create a Referral Program</i> Ongoing cooperation with universities and colleges to attract more new graduates than in the previous years	Equitable and accessible employment opportunities (objective assessment of the fit between the skills and qualifications of the prospective worker and the needs of HDH)	Number of workers hired each year Number of referrals Number of jobs posted Percentage of new graduates hired (out of all new workers) Number of job application received every year

Goal # 4	Critical Actions to Take/ Strategies	Person Responsible	Next two years target / Objective	Outcomes/ Results	Measurements
Improve the volunteer program	<i>Engage with high schools and youth groups to create a more inclusive and learning opportunity.</i>	Human Resources Manager Volunteer Auxiliary	Build partnerships with local schools and youth groups. Embrace technology to streamline scheduling.	A more robust volunteer program which is diverse and engages with different age demographics	A program that includes students and youth from the community.

Goal # 5	Critical Actions to Take/ Strategies	Person Responsible	Next two years target / Objective	Outcomes/ Results	Measurements
To support a diverse workforce	<i>Diversity partnerships and education</i>	Heath Equity Committee Human Resources Manager	All policies and procedures reflecting cultural diversity Ongoing cooperation with key community-based groups, and professional associations as stakeholders to promote a diverse and inclusive workplaces – CCDI Rainbow Ontario Ongoing increase of workers' awareness and value of diversity and knowledge of diversity influencing patient care	Educational sessions on impact of diversity on communication between patients and health care providers Creating Sacred Room Land Acknowledgement No complaints by workers and patients on discrimination based on the prohibited grounds No complaints on violation of the Employment Standards Act and the Human Rights Code by HDH	Work-Life Pulse Survey Number of new stakeholders promoting diversity Number of educational initiatives promoting diversity

Conclusion

For this plan to succeed it needs the support of all the staff and the commitment of senior management, this is a shared commitment to the overall achievement of the plan and essential to organizational success.



Engagement & Communications Plan for Internal and External Stakeholders

2023/24

About Hanover & District Hospital

Hanover and District Hospital (HDH) was originally established in 1923 and a new acute care hospital was built in 1973. A state-of-the-art facility with a 24-hour Emergency Department, the hospital operates as a 28-bed acute care organization with services and programs that include day surgery, two operating suites, obstetrics unit, multi-purpose intensive care, palliative care services, rehabilitation services, dialysis unit, specialist clinics, restorative care program, laboratory and diagnostic imaging.

The catchment area of approximately 18,000 people includes the Town of Hanover and surrounding area. HDH's vision is to be recognized as an innovative health care network. Its primary goal is to collaborate with partners to ensure that the residents of the region receive the highest quality care possible.

Executive Summary

Hanover and District Hospital's Engagement and Communication Plan is intended to guide the organization in communicating with its patients, people, community and partners. The Plan has been created to ensure that stakeholders in the catchment area of HDH are informed of appropriate activities and actions of the Hospital. The purpose, audience, message, and relations with the media and key stakeholders in the community remain vital.

Communication is the process of transmitting ideas and information. For HDH this means conveying the information of our organization, the programs and services, the issues faced as an organization, and the accomplishments, to the Board Governors, Auxiliary, Foundation, Staff, Physicians and community.

Stakeholders

Any person that is affected by healthcare is considered a stakeholder. The stakeholders for communication and/or engagement are:

External Stakeholders

- Patients and Families
- Donors
- Health Service Providers
- Health Care Community Partners
- General Public
- Media
- Government (political leaders, mayors, town councilors)
- Ministry of Health (MOH)
- Ontario Health West (OHW)

Internal Stakeholders

- HDH Staff
- HDH Physicians
- HDH Auxiliary/Volunteers
- HDH Board of Governors
- HDH Foundation
- HDH Patient & Family Advisors

The President & CEO and Public Relations Committee will work with the Board Chair to communicate effectively. It is the goal of this plan to create a process of communication to ensure the success of HDH by engaging internal and external stakeholders in the process. Providing ongoing messaging through a variety of mediums develops trust and understanding with stakeholders. The communication plan can help raise awareness of the hospital's needs and challenges and also champion successes.

Planning Communication

The Public Relations Committee will be instrumental in raising awareness about the news and initiatives of HDH and the long-term benefits for our catchment area.

With each communication the following questions will need to be answered:

1. Why is this important to communicate? **(What's the purpose?)**
2. With whom do we want to communicate? **(Who are the stakeholders?)**
3. What do we want to communicate? **(What's the message?)**
4. How do we want to communicate it and through which medium? **(What communication tools are to be used?)**
5. What is the timeline of communications/presentations? **(Define when and who plans, prepares and presents)**
6. What needs to be developed? **(Develop material, ads, news articles etc.)**

The answers to these questions will establish the **action plan** to communicate successfully with the intended audience. This action plan will focus the messaging making it possible to target the stakeholders accurately, providing structure to define who HDH needs to reach and the medium. This process will make communication more efficient, effective and long lasting. The long term outcomes of the communication plan would be to raise HDH's profile and refine HDH's image as a Health Network providing our residents with the highest quality of care possible through creating an innovative health care hub. More importantly, flexibility is key in planning and being prepared to adapt messaging to ensure success.

Communication Tools

When the target audience is identified strategies can be defined as to which communication tool would be used to achieve maximum outreach and efficient information sharing. HDH is committed to provide accessible communication for our patients and visitors. Persons with disabilities will be given an opportunity equal to that given to others and will be considered when planning communication.

HDH uses several methods to communicate including:

- Patient Interactions (Staff and patient contact)
- Word of Mouth
- Website – www.hdhospital.ca
- Social Media (Facebook <https://www.facebook.com/HDHospital/>, Twitter @HDHospital, Instagram, Linked In & YouTube)
- Advertising (Media Releases, News Stories, Other Publications)
- Community Engagements/ Events
- Internal communications, including weekly e-blasts, staff forums and HDH Documents

Corporate Publications

Annual Report

Following the Annual General Meeting, the Hospital's annual report is released electronically on the website and social media.

Patient Information Guide

The Patient Information Guide is published annually at no cost to HDH as sponsors advertise in the publication. Hard copies are available in print for pick-up in high traffic locations (front lobbies & elevator), and electronically on the hospital's website.

Program/Service Brochures and Posters

These are developed as needed by program leaders and the Executive Assistant to the CEO using HDH's Graphic Standards. Templates are designed for patient information and presentation materials.

Media Relations

HDH recognizes that timely and accurate media attention can support recruitment and retention, employee and community engagement, reward and recognition, and fundraising and funding. Every effort is made to communicate with media in a proactive rather than a reactive manner via designated spokespersons. The hospital also provides press releases to the media when the need arises.

Digital Media

Corporate Website

The website is maintained by the Executive Assistant to the CEO and HR Administrative Assistant. The site will continue to evolve with new and improved content needed.

HDH Documents (Shared Drive) & Board Portal

The HDH Documents folder on the shared drive is used as a file storage and sharing system for memos, reports, hospital committee information etc. Memos and other items are regularly communicated via the "HDH E-blast". A portal for the Board of Governors is located on the hospital website. It houses policies, by-laws, agendas and other committee information.

Social Media

Guided by a Social Media Policy and Social Media Annual Plan, the Executive Assistant to the CEO creates and maintains social media presence on Facebook, Twitter, Instagram, LinkedIn and YouTube. Pages are regularly updated with timely content and photographs related to hospital activities, services, disruptions and wellness content.

Objectives

The Public Relations Committee is responsible for developing and implementing a communications action plan which includes strategies for communication throughout the year to HDH's stakeholders. The Public Relations Committee's goal is ***to promote clear messaging and communication throughout the Hanover and District Hospital organization and to internal and external stakeholders***

The objectives of the Public Relations Committee are;

1. To develop processes for communication via the HDH Communications: Action Plan (Appendix A), which will be updated annually by the committee;
2. To develop clear and consistent messaging and branding;
3. To improve the sharing of information between healthcare agencies/organizations;
4. To improve awareness of the role and successes of HDH as a leader in acute care; and
5. To improve information about services and resources.

The Hospital Brand

The Hospital is constantly growing and evolving. Communicating with a unified appearance for all formats will help our patients, staff, physicians and community better understand who we are, the services we offer and the values we share. (Refer to the Graphics Standards Manual) The *Accessibility for All Ontarians with Disabilities Act, 2005* and the HDH Accessibility Plan will be referenced when making communication decisions around branding.

Evaluation

For *internal* audiences, feedback to leaders, questions in forums and meetings, attendance at meetings and special events help provide an indication of the effectiveness and receptiveness of corporate messaging.

Measure of *external* communication, effectiveness can be gauged by media coverage (positive, negative, neutral), participation in Hospital events, letters to the editor, survey responses, social media followers, complaints related to communications, website traffic, donation influence and volunteer recruitment.

Related Policies

1. Board Policy # 301 – Board Linkage with Community
2. Board Policy # 302 – Board Linkage with Other Organizations
3. Board Policy # 503 – Communication and Supports to the Board
4. Board Policy # 504 – Development of Collaborative Partnerships
5. Administrative Policy # ADM 1-60 – Media Release
6. Administrative Policy # ADM 1-105 – Social Media

Appendix

Appendix A – HDH Communications: Action Plan

HDH Communications: Action Plan 2023/24																	
Activity		A	M	J	J	A	S	O	N	D	J	F	M	Metrics	Budget		
														Process and outcome			
1	Website Updates																
	<ul style="list-style-type: none">Minimum monthlyContentNews	X	X	X	X	X	X	X	X	X	X	X	X	Google Analytics – Monthly Report including page views, demographics, search terms and device viewed on.			
2	Social Media																
	<ul style="list-style-type: none">Facebook, Twitter, Instagram, LinkedIn and YouTube	X	X	X	X	X	X	X	X	X	X	X	X	Monthly Social Media Calendar tracks reach etc. (Post to Facebook/Twitter 3 x per week)	No cost for accounts		
3	Earned Media																
	<ul style="list-style-type: none">Consistent media coverage at least monthly – bi-weekly?	X		X		X		X		X		X		News articles tracked on Social Media Calendar. # of articles/coverage and compare to previous year(s)			
4	Community Engagement/Events																
	<ul style="list-style-type: none">Two per yearEducational sessions on health subjectMay require guest speakers										X			# of engagements and community attendance.	Location Rental if needed		
5	Client Services Directory																
	<ul style="list-style-type: none">Update annually						X								No cost to HDH with advertising sponsors.		
6	Annual Report																
	<ul style="list-style-type: none">Created annually to highlight the years successes				X									Post on website and social media.			
7	Internal Communications																
	<ul style="list-style-type: none">Weekly E- Blast to staff, foundation and physicians on current happenings.	X	X	X	X	X	X	X	X	X	X	X	X	Internal E-Blast sent weekly highlighting current events and other information.			
	<ul style="list-style-type: none">CEO/Staff Forums	X	X	X	X	X	X	X	X	X	X	X	X	Attendance and Staff Engagement			

HDH Communications: Action Plan 2023/24															
Activity	A	M	J	J	A	S	O	N	D	J	F	M	Metrics	Budget	
													Process and outcome		

	<ul style="list-style-type: none"> HDH Documents 	X	X	X	X	X	X	X	X	X	X	X	Updated regularly with memos, policy updates etc.	
8	Evaluate progress on above and attainment of the objectives.													
												X		
9	Review Communication Plan & Graphic Standards Manual													
						X								
10	Public Relations Meetings													
	<ul style="list-style-type: none"> 3 times per year minimum 	X						X		X			At the call of the Chair	
11	Review of Data from 2023/24 and create 2024/25 Action Plan													
										X				