

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 18, 2025



OVERVIEW

Deep River and District Health (DRDH), comprised of the Deep River and District Hospital, The North Renfrew Family Health Team, and The Four Seasons Lodge is a multi-sector organization that provides primary, acute, and long-term care services on one integrated site. Deep River and District Health is located in Deep River, Ontario, roughly 200 kilometers north of Ottawa, and serves a catchment population from the towns of Deep River and Petawawa, the city of Pembroke, and townships of Laurentian Hills, Head, Clara and Maria, Laurentian Valley and Rapides des Joachims. The hospital offers acute care services including an Emergency Department and 16-bed inpatient Medical Unit, supported by a multi-disciplinary care team including laboratory, medical imaging, pharmacy, and physiotherapy services. The Four Seasons Lodge is a 14 bed Long Term Care Home onsite that provides long term residential care and support. The North Renfrew Family Health Team is also onsite and provides a range of multi-disciplinary primary care services including preventative health care, episodic care, dietician services, nursing services and counselling. Together, these facilities provide patients and Long Term Care residents with integrated, coordinated healthcare to support seamless movement from one care setting to another.

Throughout 2024/25, work continued to advance the 2023-2027 strategic plan, built around three key pillars: People, Growth, and Community. This year, DRDH marked two significant milestones with groundbreaking ceremonies for capital developments that will expand and enhance services across the health campus. The first was for a new primary care building, which will elevate the accessibility and quality of primary care in our community. Soon after, we celebrated the long-awaited groundbreaking for DRDH's

new 96-bed long-term care home - a vital expansion of services to support our aging population and reaffirm our commitment to excellent, compassionate care. These projects represent more than just construction; they embody our vision for the future and our dedication to the communities we serve.

Internally, we continued to strengthen stability, teamwork and growth across the health campus. This included investing in staff development, enhancing performance systems and fostering a workplace culture where every team member feels valued and supported. Externally, DRDH reinforced partnerships, embraced innovation, and adapted services to meet our community's evolving needs. As part of this effort, we sought input through Community Needs Assessment public sessions, gathering insights to shape the future of our health campus. This collaboration is invaluable in ensuring our services remain aligned with the needs of those we serve.

In our commitment to continuous improvement, we welcomed inspectors from the Ministry of Long-Term Care to the Four Seasons Lodge for the organization's first Proactive Compliance Inspection. Over eight days of observation, interviews, and inspections, our team and residents showcased the exceptional care and environment we provide. The inspectors' feedback will guide us further enhancing our services.

Looking ahead, the 2025/26 Quality Improvement Plan (QIP) outlines initiatives to enhance staff, patient, and resident safety, improve health equity and access, and further elevate the quality of care at DRDH. The plan is informed by risk assessments, legislative requirements, feedback from patient, resident, and families,

collaborative quality improvement initiatives with partners, and the anticipated needs of our community.

ACCESS AND FLOW

The initiatives outlined in the 2024/25 QIP lay the foundation for future program planning, reinforcing DRDH's commitment to growth and community. They also support ongoing efforts to advance two major capital development projects. The construction of a new 11,000-square-foot Primary Care Building is nearing completion, with an anticipated opening in spring 2025 to help meet the increasing demand for primary care services. Meanwhile, construction is progressing on the highly anticipated 96-bed Long-Term Care home, which will improve access to care and enhance patient flow across the community.

Looking ahead to 2025/26, efforts will focus on strengthening the Home First approach, ensuring effective discharge planning and improving patient transitions within acute care and between acute care and home. The introduction of estimated discharge dates for admitted patients will enhance communication among patient, families, and healthcare teams, facilitating safe and coordinated transitions to community and home-based living.

EQUITY AND INDIGENOUS HEALTH

Community is a key pillar of DRDH's strategic plan, with a strong focus on fostering partnerships and engagement to improve community health. A core commitment in the 2023-2027 Strategic Plan is to engage with the community – particularly seniors and equity-deserving populations – to better understand their needs. In line with this commitment, DRDH has prioritized both meaningful engagement and the creation of an inclusive and accessible environment for all.

Implementation of DRDH's first multi-year Equity, Diversity, Inclusion and Anti-Racism (EDI-AR) plan, including Indigenous Health initiatives, is well underway. In 2024/25, the leadership team participated in specialized training on equity, diversity, and 2SLGBTQI+ topics as part of a Leadership Development Institute. Additionally, several EDI-AR initiatives have been introduced across the health campus, including education and the creation of safe spaces in primary care, policy development and education on smudging practices, and the integration of an organ inventory within diagnostic imaging using the electronic health record and MyChart.

Looking ahead to 2025/26, DRDH plans to expand 2SLGBTQI+ education for all staff and further establish safe spaces across the health campus. Additionally, collaborative efforts within the Ottawa Valley Ontario Health Team (OVOHT) are underway to enhance education opportunities with partner organizations.

PATIENT/CLIENT/RESIDENT EXPERIENCE

At DRDH, patients, residents, and families play a vital role in shaping the organization through their involvement in the Patient and

Family Advisory Council (PFAC), Resident Council and Accessibility Council.

PFAC reviews its goals annually, and in 2024/25 its focus included providing input on capital development projects, collaborating on the annual QIP and strengthening the council through information sharing initiatives.

Resident Council meets monthly with residents, actively contributes to policy and procedure development while guiding key aspects of home life, such as renovations, recreation activities, dietary planning, and social gatherings. The council played a critical role in shaping the design and development of the new long-term care home and continues to provide input on improvement to the current facility. Additionally, Council members reviewed Emergency Response Codes throughout the year and received ongoing education on the Resident Bill of Rights at each meeting.

The Accessibility Council, composed of organizational members along with and patient, resident and family representatives, continued to oversee and advance the multi-year Accessibility Plan (2022-2025). In 2024/25, the council advised on staff education, provided feedback on new construction projects across the health campus, and monitored progress on accessibility initiatives. Looking ahead to 2025/26, the council will play a key role in shaping the updated Accessibility Plan and ensuring accessibility remains a priority in ongoing and future developments. By working across the organizations, the council aims to ensure that all community members can access DRDH services, both in current and future facilities.

PROVIDER EXPERIENCE

People are a key pillar in DRDH's 2023-2027 strategic plan, with a focus on retaining, recruiting and growing our team to provide exceptional care today and into the future. This commitment aligns with the organization's strategic direction to enhance workforce engagement, professional development and the creation of a safe and supportive working environment.

In 2024/25, DRDH continued to advancing its Human Resource Plan and Medical Workforce Plan to prepare for a period of significant growth and renewal, driven by capital and business expansion. As health human resource challenges persist locally, provincially, and nationally, proactive workforce planning and collaboration with OHT partners remains critical to ensuring stability and growth. Employees and physicians have played an integral role in the development of the new Long-Term Care Home and Primary Care building, contributing valuable insights throughout the planning process.

This year, the focus has been on workforce stabilization and recovery. Recruitment and onboarding of key personnel has brought stability and innovation to the DRDH team. By leveraging data and evidence-informed best practices such as the Nursing Retention Toolkit, DRDH has worked to reduce administrative burden for practitioners, expand scopes of practice and build resiliency across clinical teams. Prioritizing education, support, and safety have been central to these efforts.

SAFETY

DRDH has made significant investments in patient safety, enhancing nursing call bell systems, upgrading sprinkler systems, and strengthening information technology infrastructure.

In 2024/25, all staff received training on emergency preparedness policies, complemented by regular practice drills. Participation in mock emergency scenarios-both within the organization and in collaboration with local police and fire services – allowed teams to rest and refine their response strategies.

Building on this foundation, additional training in 2025/26 will focus on emergency response and workplace violence prevention, including education surrounding non-violent crisis intervention and de-escalation techniques. Ongoing joint exercised with local police and fire services will further strengthen the team's ability to respond effectively to emergency situations.

PALLIATIVE CARE

DRDH is committed to providing compassionate, dignified care during the final stages of life for patients, residents, and their families. We encourage family involvement in decisions regarding physical, emotional, and spiritual care, ensuring they have the opportunity to prepare for their loved one's passing.

Our multidisciplinary team offers comprehensive support, including Medical Assistance in Dying, as well as palliative care services. Additionally, trained palliative care volunteers from the Hospital Auxiliary provide valuable support. Through partnerships with our OHT and the Champlain Regional Palliative Care Network, further resources and training are available to enhance the quality of end-of-life care.

POPULATION HEALTH MANAGEMENT

DRDH is committed to advancing population health as an active partner in the Ottawa Valley Ontario Health Team (OVOHT). In 2024/25, DRDH remained engaged across all sectors, collaborating with OHT partners on shared quality improvement initiatives, enhancements to digital services, and targeted population health programs in primary and acute care. Through the OVOHT Quality Working Group, DRDH actively contributes to collaborative annual collaborative Quality Improvement planning, ensuring alignment between individual organizational initiatives and those of partner organizations.

Significant efforts to improve population health management have been undertaken through the Family Health Team (FHT) in 2024/25. This includes the construction of the new Primary Care Building, which is set to open in early summer 2025. Additionally, in collaboration with other OHT partners, the FHT is working to expand access to cancer screening for patients without a primary care provider. Efforts are also ongoing to connect unrostered patients with a primary care provider.

Through the Integrated Virtual Care (IVC) Model, patients without direct access to a family physician can receive care by being rostered to an off-site physician while benefiting from all integrated services and supports available at the FHT. This initiative—developed in partnership with the IVC program, Renfrew County Virtual Triage and Assessment Center, and the Petawawa Centennial Family Health Team—has significantly enhanced DRDH's capacity to provide primary care and improve population health outcomes across the community.

EMERGENCY DEPARTMENT RETURN VISIT QUALITY PROGRAM (EDRVQP)

In 2025, DRDH will launch the Emergency Department Return Visit Quality Program (EDRVQP) as part of the small hospital integration with the provincial pay-for-results (P4R) program. A dedicated team has been established to review specified return visits to the emergency department, investigate root causes, and identify opportunities for quality improvement. This interprofessional team includes the CNE/VP of Clinical Services, a physician lead, Clinical Informatics, the Charge Nurse, and the Manager of Clinical Services – Acute Care. Findings and recommendations will be reported to the Emergency Department Committee and the Quality, Risk, and Safety Committee. EDRVQP audits are set to begin in Q1 of 2025/26.

Ongoing quality improvement initiatives in the Emergency Department remain focused on enhancing patient throughput, navigation, satisfaction, and privacy. These efforts are supported by ED modernization and construction, which will continue throughout 2025/26.

EXECUTIVE COMPENSATION

Performance-based compensation at DRDH is tied to the achievement of strategic priorities. The compensation frameworks for the CEO, EVP/CFO, CNE/VP of Clinical Services, and Chief of Staff align with the Broader Public Sector Executive Compensation Act. Each role includes performance-based pay (pay at risk), with the Board of Directors approving strategic priorities and performance targets annually to support the advancement of quality.

In 2025/26, executive compensation will be linked to the successful implementation of actions outlined in the Quality Improvement Plan (QIP) that advance the organization's strategic priorities under the pillars of People, Growth, and Community. Key actions identified in the QIP include improving ALC throughput using Estimated Discharge Dates at admission, increasing access to cancer screening for patients without a primary care provider, enhancing education on equity, diversity, inclusion, and anti-racism, promoting LTC resident engagement and satisfaction, and addressing workplace violence prevention. These initiatives aim to enhance safety, accessibility, and the overall quality of care and services provided to patients and residents, both now and in the future.

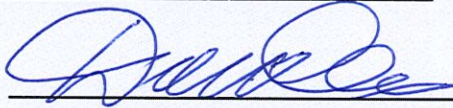
CONTACT INFORMATION/DESIGNATED LEAD

Meagen Boisvenue Vice President of Clinical Services and Chief Nursing Executive – meagboisvenue@drdh.org

SIGN-OFF

It is recommended that the following individuals review and sign-off on your organization's Quality Improvement Plan (where applicable):

I have reviewed and approved our organization's Quality Improvement Plan on

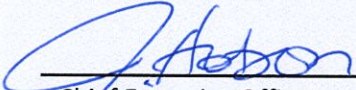


Board Chair

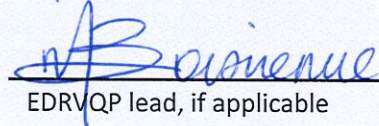


John Osborne (Mar 19, 2025 14:44 EDT)

Board Quality Committee Chair



Chief Executive Officer



EDRVQP lead, if applicable