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Quality Improvement Plan (QIP) Narrative for Health Care Organizations in Ontario



2/9/2024

This document is intended to provide health care organizations in Ontario with guidance as to how they can develop a Quality Improvement Plan. While much effort and care has gone into preparing this document, this document should not be relied on as legal advice and organizations should consult with their legal, governance and other relevant advisors as appropriate in preparing their quality improvement plans. Furthermore, organizations are free to design their own public quality improvement plans using alternative formats and contents, provided that they submit a version of their quality improvement plan to Health Quality Ontario (if required) in the format described herein.

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Overview

Hotel Dieu Shaver Health and Rehabilitation Centre (HDS) is a 134 bed rehabilitation and complex care hospital located in St. Catharines. Specializing in rehabilitation, restorative, end of life and complex care, HDS serves as the only purpose built Rehabilitation hospital for 470,000 residents in the Niagara Region, and also provides complex care for the City of St. Catharines. Our hospital admits more than 1100 inpatients per year and receives more than 40,000 outpatient visits annually. We play a pivotal role in eliminating hallway healthcare - relieving pressures on acute care beds, reducing the need for Emergency Department re-visits and acute care re-admissions, and often delaying or preventing the need for admission to Long Term Care or other facilities. We are very pleased to acknowledge the government's recognition of our contribution as a vital component in the healthcare spectrum through the commitment to a second planning grant to replace our current inpatient building -- which will add approximately 62 new high intensity rehab beds to the health care system in Niagara and exponentially increase capacity for outpatient services as well. Work continues on the implementation of a new Health Information System, scheduled to launch in the fall of 2024, which will significantly improve seamless patient care, improve the already high level of quality and enhance safety for the patients we serve. Through our 2024-2025 Quality Improvement Plan, we highlight our continuing focus to excel in all areas of the specialized services we provide, and to continue in the mission of meeting unmet community needs while providing an exceptional standard of care.

Access and Flow

Hotel Dieu Shaver is actively engaged in various local initiatives aimed at ensuring patients receive timely and appropriate access to rehabilitation and complex care services. Our collaborative approach involves working closely with key partners such as Niagara Health, Ontario Health West, and members of the Niagara Ontario Health Team. Together, we strive to improve access to suitable care settings with the overarching goal of achieving health system stability.

To elaborate on our initiatives, we have implemented a series of actions to address barriers to discharge and facilitate successful transitions across the continuum of care:

1. Reducing Barriers to Discharge & Supporting Successful Transitions: Upon admission, our dedicated Interprofessional team conducts a comprehensive assessment of each patient. This assessment helps determine the most appropriate rehabilitation or complex care stream for the patient, while also identifying any potential risks for an Alternate Level of Care (ALC) designation.
2. Ensuring Successful Transitions Across Sectors: Hotel Dieu Shaver collaborates closely with Niagara Health and Home & Community in daily meetings. These sessions are dedicated to discussing patient flow opportunities and planning for early access to rehabilitation and complex care services at Hotel Dieu Shaver. By providing early access to rehabilitation services, we aim to achieve positive outcomes that support a faster discharge home, thereby minimizing the need for future emergency department (ED), acute, or long-term care (LTC) services.
3. Rehabilitation Support as a System Partner: From a broader health system perspective, Hotel Dieu Shaver actively collaborates with leaders at the HHNB Capacity Planning Committee. We reinforce our ability to accept appropriate referrals for Rehab & Complex Care patients from outside the Niagara Region, provided that our bed capacity permits.

We believe that these initiatives not only contribute to the efficient use of healthcare resources but also enable us to free up acute care hospital beds for individuals who require them the most.

Equity and Indigenous Health

In 2023, several Hospital management and front line staff have participated in Indigenous Cultural sensitivity Training. Establishment of a Diversity, Equity and Inclusion Committee has also taken place which includes nineteen representatives from all aspects of Hospital operations. The Committee meets on a regular basis. Terms of reference are currently being finalized and includes a commitment to education and training on diversity and cultural awareness and sensitivity.

Components of the training include sessions on Religious Holidays and the Path to Inclusion, Land Acknowledgements and Reconciliation Efforts, DEI 101: Practical strategies for Inclusion.

Training resources are provided through in person sessions with invited speakers as well as through webinar and written resources. Once the committee members have successfully completed this education, the Committee will also be working to identify appropriate training materials and forums for all staff, physicians, patient advisors and volunteers. The hope and intention is that staff training will be finalized and ready for roll out by the end of calendar year 2024.

The Hospital is in the process of developing a new Health Information System. To better facilitate health equity initiatives, patient inquiries have been included to identify considerations such as language, indigenous identity, birth sex, current sex, pronouns, gender identity, transgender identity, and sexual orientation.

In developing and implementing the new computer system, it is recognized that administrators will need to clearly define to patients why the data is collected and how it will be used and that robust training of clinicians will be critical to success.

The Hospital currently offers services in both official languages.

Patient/client/resident experience

HDS is fortunate to have a very active Patient and Family Advisory (PFAC) group that are involved in every standing committee, and, in addition, the Quality Committee of the Board, Accreditation teams, Capital development, OADA, nursing unit councils and the Clinical Quality Council.

The Clinical Quality Council meetings include a patient story, both positive experiences and opportunities for quality, safety, care delivery and overall patient experience improvement. The council includes multidisciplinary team members, administrative staff, and prescribers to ensure recommendations and findings are implemented.

We continue to be very successful in recruiting new patient advisors. New members are provided with orientation to the Excellent Care for All Act so that they have true understanding of the development and tracking of indicators in the Quality Improvement Plan (QIP) and quality improvement processes in the facility. The annual QIP is reviewed with the PFAC including indicators, the progress report and the narrative to ensure that the voice of patients/families is embedded in the process and annual re-education is provided.

PFAC members have Meet and Greet time with each patient, and families when available, and continue to visit and support the patients. They also connect with the Inpatients a few days before discharge for completion of the customized HDS Inpatient Experience survey. Two of our QIP indicators come directly from the Patient Experience survey, "Would you recommend..." and "Did you receive enough information.....". A third indicator, "Percentage of complaints acknowledged...." is greatly impacted by the Patient Advisors as they often hear about a patient concern during a patient visit and present it immediately to the Patient Relations Process Delegate, who begins the work on a resolution thereby reducing "formal complaints" that go to Patient Relations.

The Patient Advisors bring a strong voice from patients/families to every process at the hospital which supports and enhances the overall patient experience.

Provider experience

These are difficult times for all hospitals in recruiting and retaining health human resources. In an effort to maximize measures aimed at improving staff experiences and addressing current health workforce challenges, the Hospital has adopted a number of initiatives including: consolidating part time lines to provide more full time opportunities, which are more attractive to many staff members as the full-time opportunities include pre-scheduled hours of work as well as extended health care and other benefits.

In recognition of issues affecting many employees in today's working world, the Hospital's Employee Assistance Program has been utilized for virtual and in person sessions involving a number of topics considered to be of more relevant interest and application including: Understanding Anxiety and Depression, Building Resiliency, and Establishing Work Life Harmony.

Additionally, information was shared with staff regarding a free training series on managing workplace stress in healthcare settings as developed by the Ontario Hospital Association. The series was delivered through self-directed eLearning modules as well as live, virtual skill-building workshops and explored strategies to mitigate burnout in the workplace.

Working within the context of increased infection prevention and control measures, Hotel Dieu Shaver has adopted measures to maximize opportunities for staff celebrations. For instance, the annual employee and retiree recognition event has traditionally been held at an external venue and was only open to those receiving awards. Over the past couple of years, the event has been moved into the hospital and a lunch and celebration is afforded all staff and physicians, volunteers and patient advisors to acknowledge their colleagues who have reached service milestones or have retired.

Safety

Hotel Dieu Shaver safety culture continues to evolve as the Hospital continues to instill and promote just culture in collaboration with all staff and patients/ families. Staff members report safety incidents for timely review and action. For critical incidents, we continue to learn from our "voice of the patient" interviews that have been well received by patients, their families and the hospital team.

An interdisciplinary committee reviews incidence patterns for systems, quality, and process improvement initiatives and reports to the hospital Board with recommendations. These reports include workplace violence reports. Many safety initiatives have progressed well given staff engagement. Learnings are shared with the members of the inter-disciplinary team daily via safety huddles for information, process updates and staff feedback.

Some quality improvement initiatives include reviewing pressure ulcers by wound care champions on the unit resulting in only a very limited number of level two pressure ulcers, patient fall reviews integrate a red flag system for high-risk patients to trigger timely staff intervention and polypharmacy assessments are conducted by a pharmacist. Clinicians are also trialing an in-house bladder scoring system to reduce the number of samples sent to the laboratory for a suspected urinary tract infection. A trial of timely delirium assessment and improved reporting tools for narcotic stewardship program is underway.

With the upcoming electronic hospital information system launch in Sept 2024, staff will be able to access new tools such as medication bar code scanning, computerized prescriber order entry, standardized clinical documentation and digital/ electronic medication reconciliation.

Population Health Approach

Hotel Dieu Shaver is dedicated to fostering a more integrated, inclusive, and seamless healthcare system, aiming to enhance health outcomes and system experiences for individuals in the Niagara region. Specifically, our population health focus centers on delivering rehabilitation and complex care services to residents of Niagara who stand to benefit from these specialized services.

As an active participant in the Niagara Ontario Health Team – Équipe Santé Ontario Niagara (NOHT-ÉSON), Hotel Dieu Shaver collaborates with over 45 healthcare providers, social service agencies, educational institutions, and Patient/Client & Family/Caregiver representatives across the Niagara region. The NOHT-ÉSON has strategically identified priority populations for its initial phases of work, with the anticipation of expanding focus as our Ontario Health Team (OHT) continues to evolve:

1. People who would benefit from a palliative approach to care
2. Individuals requiring stroke services
3. Children and youth with mental health needs
4. Individuals requiring dementia care
5. Adults with mental health and addiction needs

Furthermore, Hotel Dieu Shaver and fellow partner members of the Niagara Ontario Health Team have undertaken a special commitment to enhance the accessibility and experiences of Indigenous peoples and Francophone populations within the healthcare system in Niagara. This commitment underscores our dedication to creating a healthcare environment that is culturally sensitive and responsive to the unique needs of these communities.

In pursuit of our collective objectives, Hotel Dieu Shaver remains steadfast in its commitment to the continuous improvement of population health strategies and the overall well-being of our diverse community. We look forward to the ongoing collaboration and partnerships that will drive positive change in the health landscape of Niagara

Executive Compensation

Organizational leadership is held accountable for achieving the targets set out in our QIP, along with a requirement to meet additional indicators associated with individual and functional performance goals.

For the CEO, Executive Vice President of Operations and Chief Nursing Officer, a percentage of base salary is AT RISK as set out below.

Indicator results are monitored on a regular basis and a decision regarding performance, as related to the QIP indicators, is reached at the end of the 3rd quarter.

In accordance with the principles set out above, for the identified management group, 1% of base salary is AT RISK and is linked to achieving the TARGETS set out in our QIP based on the following indicators:

1. Ensure that patients feel they receive adequate information about their health and their care at discharge,
2. Ensure that formally submitted patient complaints receive a response within 3 to 5 business days, and
3. Work to continue to improve reporting of workplace violence incidents, in order to best provide a safe and respectful work environment for all staff, physicians, volunteers, patient advisors, patients, visitors and caregivers.

The three indicators are identified as priorities for the organization and focus on improving the patient experience, ensuring that appropriate resources and information is available to patients and their caregivers after patient discharge, and maximizing a safe and respectful work environment for all stakeholders.

The below Performance Allocation plan is used to determine the magnitude of the "at risk" allocation:

Progress Against Quality and safety Target

Worse than last year and no special considerations
Worse than last year with special considerations
Maintained last year performance and special considerations
Better than last year performance but not met target
Achieved Target

% of Available Incentive Per Indicator

0%
80 to 100%
90 to 100%
90 to 100%
100%

Contact Information/Designated Lead

Any inquiries or comments regarding our Quality Improvement Plan are invited and encouraged. Feel free to contact:

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Other

A continuing focus on maximizing patient and family input through formal and informal measures, including the inclusion of patient advisors on many operational hospital committees, increasing Patient Advisor numbers and availability, and the continuing and active evolution of the Patient and Family Advisory Council (PFAC) should continue to assist the HDS in its efforts to act expeditiously with respect to review and implementation of improvement options.

Sign-off

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

Ms. Anne Atkinson
Board Chair

Mr. John Rollo
Quality Committee Chair

Ms. Lynne Pay
CEO