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



2/12/2018

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

Proudly operating as the Niagara regional centre of excellence specializing in rehabilitation, restorative, end of life, complex care and geriatric services, providing the highest quality of care to the residents of Niagara, the Hotel Dieu Shaver Health and Rehabilitation Centre is a 134 bed facility located in St. Catharines. Through our 2018-19 Quality Improvement Plan, we highlight our continuing focus to excel in all areas of the specialized service we provide, and to continue in the mission of meeting unmet community needs while providing an exceptional standard of care.

The overall objectives of our 2018-19 QIP are consistent with the goals and objectives of our 2017-2019 strategic plan, the quality indicators associated with our HAPS, accreditation requirements, the HNHB LHIN Clinical Service Plan and the Ministry's Quality Based Procedures. Those overall QIP objectives include the following: 1) maximizing patient flow through the promotion of care co-ordination and system integration as reflected in improved ALC rates, by meeting optimal wait times for internal inpatient to outpatient stroke rehabilitation services, and to improve the length of stay in rehabilitation for stroke inpatients. Complementary to these objectives are: 1) continued advocacy for the construction of a new, expanded inpatient rehabilitation facility; 2) Striving to provide the safest possible patient experience by continuously reviewing change ideas and best practices, including those addressed in our QIP -- medication reconciliation on discharge, reduction of pressure ulcers, and reduction of UTI's 3) monitor and improve the overall patient experience through customized and carefully monitored patient satisfaction surveys and working to ensure that patients and caregivers receive enough information from hospital staff about what to do if worried about the patient's condition or treatment after leaving the hospital. With respect to this last indicator, HDS has raised the threshold on this important quality initiative to the extent that it has been tied to executive compensation.

Additionally, in 2018, two indicators are aligned with the Hamilton Niagara Haldimand Brant (HNHB) LHIN -- being pressure ulcer reduction and enough information provided on discharge.

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, and the development of a Patient and Family Advisor Council should continue to assist the HDS in its efforts to act expeditiously with respect to review and implementation of improvement options.

Technological initiatives will also help to improve the quality of care we provide. The HDSHRC is continuing to review software options with the intention of facilitating success with our newest indicator, medication reconciliation on discharge. The decision to include medication reconciliation on discharge in our 2018-19 Quality Improvement Plan arose partly as a result of our continued excellent performance over the last several years with medication reconciliation on admission. We have consistently reached 100% compliance on admission. As a result, and despite challenges associated with the new indicator, we will focus on medication reconciliation on discharge. Over the past year, the Hospital has been able to implement a customized, and therefore, more meaningful, in-patient satisfaction survey. The new survey is administered on-site immediately prior to discharge, thereby providing the Hospital with real time results, allowing for expeditious review and improvement. We now have a baseline indicator available for the 2018-19 QIP year. Finally in early 2017, HDS was the first stand-alone Rehabilitation Hospital in Ontario to implement Digital Order Sets for patients who fall under Quality Based Procedure diagnostic groups. In 2018, HDS plans to fully implement Digital Order Sets as this is a valuable step in driving standardization and best practice care with our patient population to ensure that proper best practices are followed for patients on admission.

Our short and long term goal is to continue to reach out to and meet the needs of the community we serve, providing the highest level of care possible, while also serving as a productive and valued partner to other care providers within the community, thereby maximizing patient flow and ensuring the most effective patient experience possible -- in terms of timeliness and quality of health care provided, expeditious and effective patient flow, and the assurance that the right patient is in the right bed at the right time.

Describe your organization's greatest QI achievements from the past year

Quality care is an on-going strategic goal of our Board of Trustees and Senior Management team. As an organization we value continuous quality improvement and acknowledge that quality care is the responsibility of all employees, physicians and volunteers of the Hotel Dieu Shaver Health and Rehabilitation Centre. Continuous improvement and persistence with providing a level of excellence in delivering quality care, is also an on-going commitment of our Board of Trustees, senior management team, managers and front-line staff. It is our organization's expectation that all leaders are accountable in remaining committed to seeking ways to improve patient safety, patient programs and the overall quality of care and service provided at Hotel Dieu Shaver.

Hotel Dieu Shaver experienced another significant year related to organizational quality improvement. Through ongoing process improvement, quality assurance, and implementation of lean principles, Hotel Dieu Shaver has capitalized on creating value in the patient experience with fewer resources through optimizing workflow. Over the 2017 – 2018 fiscal year, Hotel Dieu Shaver remained committed in working towards several initiatives that further improved our Hospital's efficiency and effectiveness and contributed to an elevating quality with the health care services that we deliver. The following quality improvement initiatives represent examples of our work over the past year:

A. Clinical Program Changes:

- **POD Model Refinement** - We continue to build on and refine our Rehabilitation Service Delivery Model known as the "POD Model," as it continues to lead to significantly improved patient outcomes and aligns with clinical best practices and Ontario's Patients First Action Plan. Since implementing our POD model two years ago, Hotel Dieu Shaver has significantly improved our stroke patient outcomes and we are now amongst the top performers in the province for percentage of stroke rehabilitation patients achieving their target length of stay in accordance to their RPG. Hotel Dieu Shaver was recognized provincially for this particular indicator in the 2017 Provincial Stroke Report Card that is produced by the Ontario Stroke Network annually. To elaborate further, in 2014-15 (pre-POD implementation), less than 50% of Hotel Dieu Shaver stroke rehabilitation patients were meeting the Rehabilitation Patient Group (RPG) length of stay (LOS) targets as recommended by the Quality Based Procedure (QBP) and the Canadian Best Practice guidelines for stroke. In 2017/2018, 84.85% of HDS stroke rehabilitation patients achieved their RPG Length of Stay targets, while the provincial average remained at 59.7%. As stated previously, in the spring of 2017, the Ontario Stroke Network released its Annual Stroke Report Card for the province of Ontario. We are pleased to share that Hotel Dieu Shaver was identified as #1 in the province of Ontario for progression in Stroke Rehabilitation.
- **Pharmacy Services Expanded to 7 days per Week** - In September 2017, Hotel Dieu Shaver acknowledged and decided that we needed to increase our Pharmacy staffing to align our Pharmacy services to the Ontario College of Pharmacy requirements for patient Leave of Absence medications and begin to offer weekend service to our patients. Through a review and report generated by our Manager of Pharmacy, Hotel Dieu Shaver made the decision to expand Pharmacy services to seven days a week, as the following benefits would be achieved: (1) Quality Improvement and reduced risk, (2) Increase Patient Access to Pharmacy Services, (3) Compliance with Ontario College of Pharmacists, (4) Reduced Medication waste, leading to cost savings, which will be reinvested to fund expanded Pharmacy services to 7 days per week.
- **Implementation of Partnership with External Diagnostic Imaging:** X-rays are now being imaged using an external company known as STL Diagnostics. This service brings X-ray technology directly to the patient bedside, removing the need for multiple patient transfers within the facility or to the St Catharines Acute Hospital Site. This service also provides Ultrasound and Doppler studies to be completed in house, which will provide a faster turnaround time on important diagnostic studies. Physicians now have access to view the X-rays on-line, as well as read the X-ray reports in a more timely fashion.
- **The opening of the "HDS Marketplace"** – After submitting our application for consideration, Hotel Dieu Shaver was selected as the recipient of the 20th annual Niagara College Many Hands project. This partnership opportunity provided Niagara College carpentry students with the real life experience of building a Market Place simulated environment that Hotel Dieu Shaver innovatively designed for our rehabilitation patients. The idea of having an onsite Market Place simulation for our patients was to create a rehab setting where patients could continue to build the skills they need for optimal independent living after a life-impacting health change. In addition, this simulated environment is intended to provide our patient's with a seamless transition back into the community. Within our "Market Place," real-world obstacles such as shopping, banking and a dining experience have been replicated in this simulated environment. This experience will assist patients in re-learning daily living skills and regaining their independence to enable them to safely and confidently transition from hospital back to their home and community.
- **In 2017 HDS implemented a Wound Consultation Team.** This team engages with patients on weekly rounds with the goals of preventing wounds from developing and/or progressing and also to provide consistent and continued treatment of wounds to achieve optimal recovery. Since implementing this team, patient outcomes with respect to wound management have improved substantially.

B. Access to Care at a Local Level:

- **The 2017 launch of HDS EMG Lab operated by Physiatry** – In early 2017, Hotel Dieu Shaver implemented a new EMG Lab operated by a Physiatrist named Dr. Simran Basi. The idea for this program launch resulted from the need of many patients requiring EMG diagnostics in assisting with formulating or verifying their neurological conditions, such as various neuropathies. It was identified that those who lived in Niagara had limited access to this service locally with a significant

wait time. This HDS program now operates 1 to 2 days per month. Since implementation in January 2017, we have provided EMG services to a total of 73 patients.

- Implementing an Outpatient Cancer Rehabilitation Program in Niagara – Hotel Dieu Shaver is currently planning and designing an Outpatient Cancer Rehabilitation program, in partnership with Dr. Tatjana Zdravkovic, a new Physiatry graduate who is also currently working at Hamilton Health Sciences, Dr. Janice Giesbrecht, Oncologist with Niagara Health, and Wellspring Niagara. HDS is planning to launch this program in the spring of 2018. We have acknowledged that the establishment of an outpatient based rehabilitation program for oncology patients is seen as a priority and consistent with goals of the Ontario Cancer Plan to improve quality of life for patients living with cancer. In this program, cancer patients identified by the Niagara Health Cancer Program who have completed their treatment plan (chemotherapy and/or radiation), would be assessed by a Physiatrist and an Interprofessional rehabilitation team to evaluate physical, social and psychological domains of health and well-being. The goals of this program will include improving patient satisfaction and quality of life, improving a patient's wellness for therapy, and assisting patients in their transition from hospital to the community and their home. Additionally, the program will identify patients at risk for functional decline and help avoid hospital re-admissions.

C. System Integration, Patient Flow, & Technology Enhancements:

- Oculys – Patient Flow Technology Connecting Hotel Dieu Shaver with Niagara Health
The collaborative computerized patient flow technology referred to as OCULYS continues to be refined in its development for optimized use between Hotel Dieu Shaver and Niagara Health. Internally we are expanding the functionality of this technology by pulling patients to a waitlist when they meet our criteria for rehabilitation. This allows us to actively be involved with moving a patient along the continuum of care and contribute to ensuring that the patient is admitted to the right bed at the right time. This joint effort continues increased efficiencies with patient flow throughout Niagara. Tools such as OCULYS will become invaluable during times of surge similar to those experienced in the winter of 2017-18 with the Influenza Outbreak.
- HDS & Niagara Health Joint Clinical Collaboration Committee - In the summer of 2017, it was identified that there were not enough rehabilitation referrals to HDS from NH and that the partners may be missing an opportunity to effectively transition patients to ensure that they were in the right bed at the right time. As a result, HDS and Niagara Health leaders formed a Joint Clinical Collaboration Committee comprised of front line allied health members, discharge planners, and management representing both organizations. To kick off the work of this committee, on September 21, 2017, staff members from both Hotel Dieu Shaver and Niagara Health collaborated in a meeting to discuss patient flow and referral challenges between organizations. Under the leadership of a third party, Hotel Dieu Shaver and Niagara Health were led through a myth busting exercise. Many interesting "myths" were in fact busted, but the session also allowed for good discussion from front line therapists, discharge planners and managers. Overall, the session was very helpful and allowed for excellent dialogue between facilities. The next steps include developing an action plan with strategies to overcome many of the barriers identified. This work is currently being undertaken by both HDS & Niagara Health.
- Increased Transparency Through Using Social Media – Hotel Dieu Shaver continues to increase its community profile and visibility. HDS has become more transparent to the public by using various social media sites as a tool to advertise our events and to feature patients and programs. Our Twitter account, Facebook account and LinkedIn account have drawn a significantly higher number of followers and this number continues to rise. Hotel Dieu Shaver also remains active on Instagram to help to connect with the younger generation.

D. System & Provincial Level Contributions:

- Rehabilitation Care Alliance (RCA) Niagara Sub-region Committee - Hotel Dieu Shaver's Vice President of Clinical Operations Co-chairs the Niagara RCA Sub-Region Committee, which has been identified by the RCA as the trail blazing committee for leading the HNHB LHIN through the Capacity Planning & Future State Recommendation tasks. The purpose of this initiative is to align our Rehabilitation and Complex Care streams with the most current standard definitions provided by the RCA. In early 2017, the Niagara RCA Committee had the privilege of being the first Sub-Region Committee within the HNHB LHIN to complete the Capacity Planning and Definition Planning tasks. This committee is currently working on finalizing the Community Referral Option Tool for Niagara.
- Rehabilitation Care Alliance (RCA) Ambulatory Care Proof of Concept - Hotel Dieu Shaver is also an active participant in the Rehabilitation Care Alliance Ambulatory Care Provincial Proof of Concept project. The objective for the RCA's current mandate, which extends to March 2017 is to test a standardized data reporting system for ambulatory care clinics that will: (1) Standardize and consolidate data collection efforts, (2) Leverage synergies on projects that share the same data collection challenges and common goals, (3) Empower sector champions wherever possible. This Proof of Concept is being conducted in collaboration with the Rehab Care Alliance, LHINs, Canadian Institute for Health Information (CIHI)

- and Ministry of Health and Long-Term Care (MOHLTC). Hotel Dieu Shaver has just agreed to participate in the second phase of the Ambulatory Care Proof of Concept. Implementation of this task is expected to begin within the next three months.
- LHIN Complex Care Post Implementation Committee: Hotel Dieu Shaver's Vice President of Clinical Operations is also the co-chair of the HNHB LHIN Complex Care Post Implementation Steering Committee. The functions of this Steering Committee include the following: (1) To develop, carry out and assign accountability for appropriate action plans to address emerging issues and concerns related to the Complex Care programs, (2) To routinely review performance metrics data to ensure processes followed and outcomes achieved, (3) To identify trends and variances outside acceptable tolerance limits with respect to the use of Complex Care beds and initiate activities to address these issues, (4) To monitor ongoing progress and share best practices and (5) To provide a quarterly report to the HNHB Patient Flow Steering Committee.

Overall, we continue to propel rehabilitation forward through incorporating unique programs that fulfill our patient's needs and support our future vision of leading in providing innovative rehabilitation that result in quality patient outcomes.

Resident, Patient, Client Engagement and relations

The Hotel Dieu Shaver engages our patients and their family members in the development and implementation of our QIP and QI activities at many levels.

Starting in 2015, the Hospital began successfully recruiting former patients and caregivers to assist us as Patient Advisors. Two of the Advisors formally sit on the Quality Improvement Committee of the Board, working with the committee as we develop and review the QIP. The Advisors, as members of the Committee, also review patient complaints and concerns that are brought forward on a regular basis by the Patient Relations Process Delegate, offering suggestions from an inpatient, outpatient and caregiver perspective. In addition, Patient Advisors participate on all of our Accreditation teams, and are actively involved in reviewing and recommending modifications to processes to best meet accreditation and quality standards, as we move towards our next accreditation exercise in 2018.

In 2017, HDS finalized the terms of reference for a new Patient and Family Advisor (PFA) Council which is charged with collaborating with staff, physicians and administration to provide input into policy, quality improvement, program change, and the development and review of the annual Quality Improvement Plan. The HDS has been successful in increasing the number of patient advisors to ten. Meetings are held monthly.

The HDS is also able to test the pulse of the patients' satisfaction and that of their caregivers' on a regular basis through a number of different measures. Information from the patient areas and floors is forwarded to the clinical managers and senior team on a real time basis. The Management Team also works closely with the admitting nurse and case managers, thereby being aware of issues relevant to patient flow and able to respond to requests for intervention or improvement on a daily basis.

The CEO conducts interviews with patients on a regular basis and the information is shared with all management, the Quality Committee and the Board of Trustees. Correspondence received from patients and their caregivers, whether positive or negative, is also shared with the staff and the Board -- thereby raising the accountability of the staff to respond quickly and accordingly. The name and contact information for our Patient Relations Process Delegate is communicated throughout the facility and on our website in order to afford all representatives an opportunity to bring forward concerns, which are addressed in an expeditious manner. Reports of concerns/complaints received are brought forward to the Quality Committee of the Board for tracking and accountability purposes. A mechanism on the website also allows for input from patients, family or visitors and all correspondence receives a timely response.

In 2017, HDS worked with our IT provider to develop and roll out a customized in-patient satisfaction survey in order to provide us with optimally relevant feedback and suggestions for improvement. The new process involves completion of the survey on-site immediately before discharge, by either the patient or the patient's care giver, as administered by a Patient Advisor. Since first implementation in June of 2017, the new process has significantly increased survey completion rates and has provided us with real time information, thereby allowing us to move quickly in order to address any remediable concerns -- as opposed to waiting weeks or months for mail out survey information. HDS also creates its own survey for our outpatients and programs, such as our Parkinson's and Memory clinics, as well as an accessibility survey - again directed at ensuring all of our patients are allowed a meaningful voice and hold us to the highest standard of care possible. The HDS continues to explore all available opportunities to ensure that the patient and caregiver voice is heard and that a timely and effective response is provided.

Collaboration and Integration

The success of our QIP requires integration and collaboration with multiple partners including the HNHB LHIN Home & Community (formerly CCAC), the HNHB LHIN, other HNHB LHIN hospitals and healthcare providers, Long Term Care Homes and Retirement Residences, education institutions (particularly Brock University and Niagara College, although we also have clinical placement agreements with facilities throughout Ontario and New York State) along with other community support programs such as Survivors of Stroke and March of Dimes. The resultant maximization of integration of services, along with a hospital wide promotion of principles associated with patient centred care, serves to improve performance results in ALC days, patient safety, timely access to services and quality based procedure results.

Additionally, and as also identified under the Equity heading, HDS continues to address unmet patient needs in the community through the aggressive pursuit of integration initiatives -- including the successful proposal to the HNHB LHIN for significantly expanded Ontario Telemedicine Network utilization, allowing Niagara patients to access and engage in follow up consultations with their out of town specialists without leaving the Peninsula. Additionally, HDS has launched an externally funded Memory Clinic which is open to any patient who has been referred by their family doctor. The intent is to facilitate earliest possible diagnosis and treatment of dementia in an effort to curtail or delay the disease, thereby assisting the patient, the patient's family and potentially easing stress on Niagara's healthcare system. This initiative is particularly important in Niagara where there is a higher than average ageing demographic. HDS also continues partnerships with St. Joseph's Healthcare to provide a continence clinic for Niagara patients, with the Region of Niagara and the March of Dimes to maintain a Health and Wellness Centre in the Region's south end, with Hamilton's Chedoke Hospital for an expanded Augmentative and Alternative Communication (AAC) program, with Niagara Prosthetics and the Niagara Peninsula Childrens' Centre to provide an adult seating clinic and, in concert with external donors, a highly successful Parkinsons' Clinic. Providing an avenue for unmet patient needs significantly improves the patient experience and facilitates maximization of health and wellness in our community.

HDS also participates and/or takes the lead in a number of LHIN and province wide initiatives, including the Rehab Care Alliance (RCA). HDS co-chairs the Niagara Sub-Region Committee along with Niagara Health. The purpose of this initiative is to align our Rehab and Complex Care streams with the most current standard definitions provided by the RCA. The Niagara RCA Committee is the first sub-region committee within the HNHB LHIN to go through the Capacity Planning and Definition Planning tasks. As a result, we have been provided with the responsibility of leading all sub-regions through our experience in completing this work.

HDS also actively participates on many other region wide, LHIN wide and provincial wide committees, such as the Regional Rehabilitation Committee, the HNHB Complex Care Post Implementation Steering Committee, the HNHB RCA Advisory Committee, the Niagara Palliative Care Transition Committee, and several provincial wide Rehab Care Alliance Committees.

From an administrative perspective, HDS has completed its role in the HNHB LHIN accounts payable back office initiative, and continues active participation in LHIN 4 and LHIN 3/4 Requests for Proposals for, among other things, EAP services and group benefit marketing.

Engagement of Clinicians, Leadership & Staff

With respect to the formal QIP document, the Hotel Dieu Shaver engages clinical staff and the broader leadership at many levels -- including Senior Management Committee, Department Managers, Health Records and Quality of Care Committee, Medical Advisory Committee, Medical Staff Association, Quality Committee of the Board and the Board of Trustees. All of these groups are involved in the development, review and monitoring of quality indicators throughout the course of the year. In addition, 3 unit councils made up of interprofessional staff meet monthly, and the Nursing Professional Practice Council meet 5 times per year (includes nursing management, CNO/VP, frontline RN and RPNs, educators and advanced practice nurses). The members of these councils are asked to identify and work through quality improvement initiatives -- targeting opportunities for improvement and development of action plans arising out of patient surveys, RL Solutions, patient interviews, critical incident reports etc. MAC and MSA also review incident reports, critical incident reports and QIP results -- providing input to action plans and possible alternate improvement avenues.

As also addressed elsewhere in this document, starting with the 2016-2017 QIP, and continuing through 2018-19, clinical leadership adopted inclusion of an additional indicator -- "Improve length of stay in rehabilitation for stroke inpatients" -- in order to challenge our staff and processes associated with best practices in stroke rehab care. The hospital has moved towards a higher intensity rehab model with the adoption of patient pods. Interdisciplinary clinical staff and physicians conduct rounds and conference daily to monitor the progress of the new model and to identify modifications or enhancements that might better meet patient needs and efficiencies to maximize patient benefit and increase resource efficiency. To augment efforts to maximize rehab intensity and reduce length of stay, the Hospital also introduced weekend rehabilitation services in 2017. The addition of this indicator assisted clinical leadership and staff in monitoring the progress/success of the pod model

and other initiatives adopted to increase patient performance and the resultant ability to move out of the inpatient health care system as quickly as possible. As stated previously, in 2015, the length of stay for 55% of our active stroke rehab patients matched or was less than the expected active rehab length of stay for Stroke rehab patients as per the Quality Based Procedures Clinical handbook for Stroke. In 2017/2018, 84.85% of HDS stroke rehabilitation patients achieved their RPG Length of Stay targets, while the provincial average remained at 59.7%. 2 Years post POD Model implementation, Hotel Dieu Shaver was identified as #1 in the province of Ontario for progression in Stroke Rehabilitation.

HDS is also proud to state that our Orthopedic and Stroke Inpatient outcomes are amongst the highest for rehabilitation FIM efficiency scores of hospitals within the HNHB LHIN. To elaborate, in accordance to the HNHB Rehabilitation Network Group Q3 Indicator Report, HDS achieved a median Active Rehab LOS Efficiency score of 1.12 with our Stroke Rehab Client Group, while the HNHB median score was 0.97. Furthermore, HDS achieved a median Active Rehab LOS Efficiency score of 1.57 with our Orthopedic Rehab Client Group, while the HNHB median score was 1.48.

Over the past three years, the decrease of Urinary Tract Infections was added as an indicator based on clinical staff recommendations and their associated observations with patient needs in this facility. The enhanced focus on this indicator has assisted in maximizing patient safety, as well as assisting staff in the understanding of how and why quality indicators are identified, allowing staff a realization of how they play a direct role in decreasing the incident of UTIs through monitoring, on the floors, and in quantitative terms, the tangible results achieved with the patients they work with every day. Results with this indicator have also shown exponential improvement -- moving from 15.4% in 2015/16, when the indicator was first incorporated, to 5% in 2017/18.

Population Health and Equity Considerations

Statistics published through the HNHB LHIN indicate that the Niagara sub-region is home for the highest percentage of people in Ontario aged 65 or over (20.5%). Between 2011 and 2031 seniors 65 years and older will account for 60 per cent of the population growth in Niagara (Ministry of Finance's Report-"Projected Population for Ontario 2011-2036,"). The increase in seniors population is the result of an ageing baby boomer population and the in migration of individuals 55+ from the surrounding regions as they make the decision to retire in Niagara (The Regional Municipality of Niagara: Growth Management Strategy). As a result, Niagara must be prepared to meet the needs of an ageing population, which includes ensuring the appropriate health care services are available to allow individuals to maintain independence to continue to function at optimal levels in their homes and communities. Therefore, having the resources and capacity available to provide rehabilitation services to those who live in Niagara is pertinent to successfully achieving healthy independent living with Niagara's ageing population.

Hotel Dieu Shaver continues to develop, reconfigure, and implement programs to align with the profile of what the Niagara population needs from a rehabilitation perspective and will continue to need in the immediate future. With an ageing population that continues to increase, we should expect the prevalence of specific disorders that come with ageing to also increase. Some examples of such disorders include Strokes, Hip and Knee Replacements, Hip Fractures, and other Debilitating disorders such as various Neuro-Degenerative disorders and Cancers.

With over 1100 Rehab and Complex Care Inpatient Admissions per year, over 40,000 Outpatient Rehab visits per year, and 94.6% bed occupancy, the need for rehabilitation care in Niagara and throughout the HNHB LHIN continues to grow. Hotel Dieu Shaver has a rich history of providing programs that fill the gaps and meet the unmet needs of the people throughout the Niagara region. We continue to see patients with increased complexity. The increased complexity of our patients requires additional therapy to improve their functional and cognitive abilities. As a result, we remain committed to our role as a centre of excellence in rehabilitation and to the provision of excellent care for those in our community who need and benefit from our services. All of the above reinforces our commitment to the advocacy for a new, expanded rehabilitation facility that is needed now, and will become increasingly important as the Niagara population both increases and ages.

Given the long history of our facility in reaching out to address unmet needs in the community, and to help those most vulnerable, there are many examples of how we have applied the "equity lens" to various quality initiatives.

One example involves a request for a Smudging ceremony for a seriously ill Aboriginal patient. Smudging is a 30 minute healing ceremony performed by a member of the Aboriginal community. It involves the brushing of smoke (created by the burning of sacred herbs) over the body as a cleansing and healing ritual in preparation for death. Our Director of Pastoral Services worked very closely with the patient and family, other representatives from the aboriginal community, nursing and environmental services staff in order to facilitate this ceremony for our patient. Environmental services staff were able to bypass the smoke alarms and then reactivate them at the conclusion of the ceremony. A respectful silence was observed by all staff while this ceremony was being performed.

We also work with all faith communities in order to meet the needs of various cultures and religious traditions ensuring that we have an up to date list of faith leader contacts.

In 2016-17, we reached out to staff to update our translator list and re-issued staff id badges to include clear identification of second languages spoken. In 2017, HDS also updated its internal Employee Interpreter list, which includes a total 21 languages.

HDSHRC is designated as a French language service facility resulting in ensuring that the several staff who are fluent in both official languages are identified and available to communicate with patients in French. Additionally, as signage is replaced, HDS is committed to moving towards fully bilingual signs. In the past year, over 250 safety information pamphlets were distributed to the public in English, French and Italian.

To assist in providing access to services for Niagara residents who are challenged with transportation requirements within and outside of the Region, HDSHRC has successfully applied for and received HNHB LHIN funding allowing expanded access to services for Niagara patients. Resultantly, the Ontario Telemedicine Network (OTN) program has been expanded to incorporate nursing support for clients who require access to Medical Specialists such as patients with neuromuscular disabilities, including but not limited to Parkinson's disease, ALS and Augmentative and Alternative Communication (AAC) clients. This expansion also includes utilization of portable OTN equipment, allowing an HDS team to set up communications with the specialist from the patient's home. The goal of this OTN expansion is to alleviate the personal and economic hardship of Niagara residents and decrease our wait lists. Prior to the implementation of this program, many clients were traveling outside of Niagara multiple times per year to meet with their neurologist. Travelling is often difficult for clients living with neuromuscular disabilities. This improved access to neurology appointments and coordination of care for clients benefiting from OTN services is aligned with the mission and values of HDS and addresses some of the unmet needs that exist within the Niagara Region.

HDS was also successful in a joint proposal with Niagara College, Public Health and March of Dimes to offer rehabilitation services to seniors in the South Niagara Wellness Centre located at the Welland campus of Niagara College. The rationale for the implementation of this program was to assist in alleviating a gap of rehabilitation services for those living in South Niagara and limited availability of public transportation to travel to St. Catharines to obtain these services.

Additionally, HDS continues to operate a Memory Clinic which is open to any patient who has been referred by their family doctor. The intent is to facilitate earliest possible diagnosis and treatment of dementia in an effort to curtail or delay the disease, thereby assisting the patient, the patient's family and potentially easing stress on Niagara's healthcare system. This initiative is particularly important in Niagara where there is a higher than average ageing demographic. HDS also continues partnerships with St. Joseph's Healthcare to provide a continence clinic for Niagara patients, with the Region of Niagara and the March of Dimes to maintain a Health and Wellness Centre in the Region's south end, with Hamilton's Chedoke Hospital for an expanded Augmentative and Alternative Communication (AAC) program, with Niagara Prosthetics and the Niagara Peninsula Children's Centre to provide an adult seating clinic and, in concert with external donors, a highly successful Parkinsons' Clinic. Providing an avenue for unmet patient needs significantly improves the patient experience and facilitates maximization of health and wellness in our community.

From an accessibility perspective, the HDS also actively surveys patients and their families to identify improvements resulting in increased access for our patients on site. The result has been the widening of doorways for wheelchairs, improving locks on bathroom doors, adding additional washroom/shower facilities, increasing the number of handicapped spots in the parking lot, lowering of counters to facilitate wheelchair access, increasing the number of bariatric lifting devices, beds and wheelchairs, to name a few.

Access to the Right Level of Care - Addressing ALC

The Hospital's case and clinical managers continue to work closely with acute care facilities, the LHIN Home & Community (formerly CCAC) and other partners to ensure that appropriate patients are moved into HDS as quickly as possible, that best practice care is provided while here, and that appropriate patient flow is facilitated on discharge. As also addressed elsewhere in this document, continuing work with the new POD rehab approach has contributed to further improvements in patient centred care (patient satisfaction and patient safety) and a reduced hospital stay due to focused and intensive treatment. This innovative approach to rehabilitative care has drawn much interest from facilities and colleagues throughout Ontario, allowing for enhanced interprofessional consultations and information sharing. From an ALC and Length of Stay perspective, Hotel Dieu Shaver results have been exceptional.

The Hospital continues with or has newly adopted a number of additional initiatives to efforts to maximize bed flow and ensure that patients are receiving the appropriate care in the appropriate facility as quickly as possible in our ongoing efforts to contribute to a positive and fruitful patient experience. Some of those initiatives include:

Daily bed meetings and daily patient flow meetings are held with the interdisciplinary team to assist in tracking patient progress to ensure timely discharge and/or transfer to the correct level of care (i.e. active rehab to restorative) to maintain access to rehab beds for incoming referrals.

Daily review of referrals to ensure patients are appropriate for the level of care that is offered at HDS, thereby minimizing delays in appropriate patient treatment and maximizing patient access for those that will best benefit from an admission at HDS.

Tracking is completed in the HNHB LHIN ALCIS (Alternate Level of Care information system) that is forwarded to CCAC, allowing timely communication for those patients who will require access to another care level. Discharge information is provided to patients and families upon admission to educate them on the levels of care offered at HDS and the discharge process. Family meetings are held to review patient status and to provide education on discharge processes and the required participation from all parties in order to facilitate a safe and timely discharge process. Bi-monthly patient review meetings are held with the HDS Case Managers and LHIN Home and Community (Formerly CCAC) Complex Care patients that will not be able to return to their pre-Hospital living arrangements. Formal quarterly patient flow reviews are held between senior clinical staff of HDS and Niagara Health to identify and attempt to address challenges associated with patient flow.

Opioid Prescribing for the Treatment of Pain and Opioid Use Disorder

Through the efforts of the Pharmacy and Therapeutics Committee and the Nurse Pharmacy Council, a number of meetings were held to address the current opioid crisis. It was unanimously decided that a proactive approach to this issue would involve the implementation of a number of initiatives within our own organization.

Our Nurse practitioner took on the responsibility of drafting an opioid de-escalation policy that provides direction in the de-escalation of opiates in patients with non-cancer pain. One of the risks of prescribing narcotics and controlled substances is the potential for prescription drug abuse. The non-medical use or abuse of prescription drugs is a serious and growing public health problem. Providers may be able to reduce or impede the diversion, misuse and/or abuse of narcotics and controlled substances by carefully considering whether these drugs are the most appropriate choice for the patient; assisting patients in the de-escalation of opiate use; and educating patients. This policy was passed by the Medical Advisory Committee and the Pharmacy and Therapeutics Committee in January of 2018.

In addition to adoption of this policy and associated initiatives, the facility implemented a "lowest dose-highest frequency" approach to the ordering of non-palliative opioids. This removes dosing ranges to a single dose and allows the longest possible duration for opioid administration.

This process is monitored and implemented by the pharmacy department and, at date of writing, is in its first month of trial.

Workplace Violence Prevention

Workplace Violence Prevention has been a strategic priority for the Hotel Dieu Shaver for a number of years and we have adopted a number of practices to protect our staff, patients and visitors from workplace violence. In addition to a number of policies on workplace violence and harassment, in 2010, the Hotel Dieu became one of the first Hospitals to adopt a formal and comprehensive policy on "Identification of Aggressive or Potentially Violent Patients and Visitors". The Policy sets out a detailed process for identification and management of aggressive or violent behavior, including the requirement to submit a Patient Incident Report for any violent incidents -- as defined pursuant to the Occupational Health and Safety Act.

The Incident Report is then immediately fanned out to numerous individuals -- including the respective Manager, Chief Nursing Officer, Hospital Safety Co-ordinator, Director of Health Data and Quality, Vice President of Clinical Operations and the Vice President of Corporate Services, allowing for a broad spectrum of notifications and ability to address interventions as necessary from many different perspectives.

The statistics on violence are maintained, charted, and reviewed monthly by the Joint Occupational Health and Safety Committee, Health Records and Quality of Care Committee, and the Senior Management Committee. Additionally, the information is addressed with the Board of Trustees on a monthly basis and with the Quality Committee of the Board on a quarterly basis.

In terms of process, all of the Violence in the Workplace policies have been developed and implemented, and are regularly updated, addressing staff to staff violence and harassment, as well as patient and visitor violence.

With respect to patients, referred individuals are assessed to determine their level of need. If a patient is identified as being violent or potentially violent, the normal process is that the Advanced Practice Nurse will be contacted to meet with the patient and work with staff to develop a treatment plan, including the possibility of contacting the community based behavior support team. These patients are also entered into the "orange dot program". This allows all staff, students and physicians interacting with the patient to understand that there are behaviours that have been identified and are outlined in the patient chart. Staff

has received education on the process and understands that the charge nurse/care nurse should be spoken to prior to interacting with the patient. Continuing education is provided to staff in this regard.

For patients who have been entered into the orange dot program, on-going assessment takes place to monitor the patient's behaviours, to attempt to identify triggers and to learn how to successfully interact with the patient in a safe and productive way. We have learned that many times behaviours occur because a need is not being met or there is an underlying problem (i.e. UTI). Determining what a patient needs and how to provide it has proven effective in de-escalating behaviours in many cases. When a nurse or other caregiver has been able to successfully interact with a patient who has exhibited behaviours, extensive charting has occurred to help develop a care plan for all staff to read and follow.

Our Advance Practice Nurse has been a leader in this program. She has worked with clinical staff in an effort to help change the culture. We have seen an increase in "dos" (Dementia Observable System) charting and behaviours and trends are being identified more quickly. Charge Nurses are more often identifying patients who should enter the orange dot program before an incident of aggression occurs. Senior Management is also committed to ensuring that staff members understand that violence is not a part of the job and that incidents must be reported. This messaging is reinforced through written and verbal communications and education.

With employee to employee incidents, the Coordinator, Safety and Disability and Manager of Human Resources take the lead with investigations. In circumstances involving patient violence, the Co-ordinator Safety and Disability along with the Director of Health Records and Quality (who is also our Patient Relations Process Delegate) are charged with leading the investigation. The Chief Nursing Officer and other clinical staff will also be involved. The over-arching goal is to determine the cause of the violence and implement corrective actions that are appropriate. The Co-ordinator Safety and Disability also works closely with the Advance Practice Nurse to ensure patient assessments and referrals take place, and to confirm the implementation of the care plan. With family members and visitors, a warning system is implemented, ultimately leading to a notice under the Trespass to Property Act, and police intervention, if necessary.

The Joint Health and Safety Committee is made aware of all incidents of reported violence towards staff and review all aspects of the incident and resultant interventions in an effort to identify pro-active measures for the future.

In 2018, we are also focusing on refreshing and re-training our Code White team; as well as continuing with Gentle Persuasion training for all staff.

Performance Based 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.

Pay for performance separate and distinct from base salary, if any, is tied to the executive's achievement of both QIP and individual and functional goals, as defined by Hospital policy and legislation.

For the CEO, Chief of Staff, Vice President of Clinical Operations, and Vice President of Corporate Services, 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, 3% of base salary is AT RISK and is linked to achieving the TARGETS set out in our QIP based on the following indicators:

- Reduce length of stay in rehabilitation for stroke inpatients
- Number of workplace violence incidents reported by hospital workers
- Patient satisfaction with information received on discharge

The three indicators are identified as priorities for the organization and largely align with priority indicators as identified by Health Quality Ontario. The indicators focus on improving the patient experience and facilitating the most intensive, shortest and most productive hospital stay possible, encouraging identification of workplace violence in order to best allow timely intervention and adoption of measures to protect staff, patients and visitors from violent behaviours; and ensuring that appropriate resources and information is available to patients and their caregivers after patient discharge.

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

Progress Against Quality and Safety Target	% of Available Incentive Per Indicator
Worse than last year and no special considerations	0%
Worse than last year with special considerations	80 to 100%
Maintained last year performance and special considerations	90 to 100%
Better than last year performance but not met target	90 to 100%
Achieved Target	100%

Contact Information

Any inquiries or comments regarding our Quality Improvement Plan are invited and encouraged.

Please feel free to contact:

Ms. Janice Latam, Director Health Data and Quality Improvement (also Patient Relations Process Delegate) at Janice.latam@hoteldieushaver.org or 905-685-1381, ext. 85323.

Sign-off

I have reviewed and approved our organization’s Quality Improvement Plan.

Dr. Ron McTavish
Board Chair

Ms. Jean Armitage
Quality Committee Chair

Ms. Jane Rufrano
CEO/CFO