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



2/10/2020

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, complex care and geriatric services, HDS serves as the only purpose built Rehabilitation hospital for 470,000 residents in the Niagara Region, and also provides complex care and geriatric services for the City of St. Catharines. Our hospital admits more than 1100 inpatients per year and responds to more than 40,000 outpatient visits annually. We play a pivotal role in eliminating hallway healthcare through the provision of rehabilitation services and complex care -- 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 planning grant -- 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. Through our 2020-21 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.

The overall objectives of our 2020-21 QIP are consistent with the goals and objectives of our updated Strategic Plan 2020-2022, the quality indicators associated with our HAPS, accreditation requirements, 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 and meeting optimal wait times for internal inpatient to outpatient stroke rehabilitation services. Complimentary to those objectives are: 1) Receipt of the planning grant from the provincial government to allow the Hospital to increase capacity by approximately 62 additional high intensity rehab beds; 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, providing discharge summaries to primary care providers within 48 hours of a patient's discharge, and reduction of pressure ulcers 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, increasing patient satisfaction, and ensuring that all complaints are acknowledged within a maximum of five business days. The Hospital also remains firmly committed to improving staff and patient safety through the careful monitoring of number of workplace violence incidents reported by hospital workers with timely implementation of appropriate responses to assist in the mitigation of violent incidents.

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.

HDS is an active participant on the Niagara Ontario Health Team, partnering with 46 other service providers in Niagara. 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 achievement from the past year

Discharge Summaries to Primary Care within 48 hours.

In 2019, Hotel Dieu Shaver Health and Rehabilitation Centre adopted Discharge Summaries to Primary Care within 48 hours as a new priority quality indicator, consistent with the commitment to help facilitate a seamless transition of care experience for the patients we serve. The Hospital had already initiated the indicator on a trial basis on the 1st inpatient floor (2018), for Rehabilitation high and Rehabilitation low tolerance patients. On a collecting baseline basis, an impressive first year success rate of 69.14 percent was achieved. In 2019, a collective decision was made to expand efforts to the 2nd floor which is comprised of Restorative, Short Term Complex Medical Management, and End of Life Patients. The majority of 2nd floor patients are admitted through a Most Responsible Practitioner (MRP), being physicians who have their own primary care practices external to HDSHRC. This arrangement creates an extra challenge as the physicians are not on site every day. Many of the 2nd floor patients are transferred to a supportive setting for a transitional stay prior to their return home, making it extremely important to ensure that a timely and accurate discharge summary is available for the interim care providers.

Given the high success rate on improving the timeliness of discharge summaries for our 1st floor high and low tolerance rehabilitation program to community care providers, the same process was replicated on the 2nd floor. In less than a year, working closely with physicians, health records staff and the interdisciplinary team, HDS was successful in achieving a 57.58

percent rate for discharge summaries sent to the Primary Care Physician within 48 hours for patients discharged from the 2nd floor. For the whole facility, the HDS rate was 65.79%. Recognizing the initiative's importance for safe and effective patient transitions, the project involved rapid tests of change including audit and feedback, process interventions and system enhancements.

Over the next year (2020-2021), HDS aims to continue to adopt process improvements for the completion of discharge summaries as applicable to discharged inpatients throughout the facility. We will expand beyond focusing on completion and distribution numbers and adopt processes for the auditing of discharge summaries for quality of content. Additionally, there will be ongoing information and education sessions for physicians regarding the updated College of Physicians and Surgeons of Ontario's (CPSO) Medical Records Documentation Policy and Procedure with an emphasis on the requirements for discharge summaries.

HDS is very proud of the success rates achieved with this challenging indicator, which is also so important to safe patient transitions within the health care continuum.

Collaboration and integration

Hotel Dieu Shaver values and embraces all opportunities to collaborate with other healthcare providers to further enrich the health care system for the residents of Niagara. The Hospital also acknowledges that the by-products of health partner engagement will lead to better standardization of services, system optimization and efficiencies, innovation and improvement of the patient journey by achieving the objective of providing our patients with the right care, at the right time, in the right place. In early April 2019, the Ministry of Health introduced the details surrounding Ontario Health Teams, including the objectives of this new model of care and the timelines for development, formation and implementation. As a result, health service providers across the entire geography of the Niagara Region, including Hotel Dieu Shaver, self-organized to form the Niagara Ontario Health Team - Équipe Santé Ontario Niagara and further committed to collaborate on one joint Ontario Health Team (OHT) Self-Assessment submission. Of the 157 self-assessments that were submitted from across the province, the Niagara Ontario Health Team - Équipe Santé Ontario Niagara was one of 31 teams invited to submit a full application. On October 9, 2019 the Niagara Ontario Health Team - Équipe Santé Ontario Niagara (NOHT-ESON), composed of over 46 participants from a broad range of the health care spectrum, the community support sector and social services – including 60 Primary Care Physicians, as well as patients/clients, families and caregivers - submitted the full application to the Ministry of Health.

The attributed patient population for the Niagara Ontario Health Team - Équipe Santé Ontario Niagara (NOHT-ESON) includes 364,720 residents of the Niagara Region, as well as an additional 23,046 residents from other communities, for a total of 387,766 Ontarians. In Year 1, we will target the top 5% of people who use the services provided by members of the Planning Table and Collaborators, which includes high-users across both health and social services, recognizing the unique barriers to health for Indigenous, Francophone or otherwise marginalized people. Specifically, if the Niagara Ontario Health Team - Équipe Santé Ontario Niagara (NOHT-ESON) is approved by the MOH, this OHT will focus on the top 5% of our attributed population that typically are experiencing one or more of the following: (1) Complex medical needs and/or 4 or more chronic conditions, (2) Mental health and/or addictions issues, (3) Complex social care needs including low-income/poverty, homelessness, no family/caregiver support, social isolation and those with psychological distress, or, (4) Multiple cross-sector needs (e.g. mental health/addictions, stroke care, palliative care, and other needs).

Several key initiatives identified by the NOHT-ESON to improve care experience for our year one population include the following:

- Integrated Care Planning: Our approach is a “wrap around” model of patient/client care that provides a coordinated, interdisciplinary team of health and social service providers, based on patient/client needs, and assigns a lead coordinator to ensure seamless care coordination and system navigation.
- Transitional Care Navigation: As part of our Year 1 work, we plan to support people transitioning from all settings to/from other care and social support settings through the creation of transition strategies based on care pathways.
- Care Coordination in Primary Care and Other Settings: We will embed Care Coordinators into settings where patients/clients would benefit from Integrated Care Plans and other coordinated services due to their complex health and social care needs.
- Digital Health: We will expand and scale existing services and solutions to enable secure and private sharing of health information, including Integrated Care Plans with providers, and also enable patients/clients to receive easier access to their health data and care providers.

We continue to work regularly and collectively as a Team to meet the goals and objectives of ensuring a better patient experience and better outcomes for our collective patients.

Patient/client/resident partnering 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.

In 2017, HDS finalized the terms of reference for a new Patient and Family Advisory Council (PFAC) 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. Since that time, HDS has been successful in increasing the number of patient advisors to twelve. Meetings are held monthly.

In February 2020, we are also very proud to advise that Mr. Jim Prescott, one of our long standing Patient Advisors, has been chosen to serve on the Provincial Patient Family and Public Advisors Network, sponsored by the Quality Unit of Ontario Health (previously Health Quality Ontario). This is an exceptionally influential Committee and we know that Jim will provide a strong voice for rehabilitation services and the value our work adds to streamlining and enhancing the patient experience.

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.

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.

Starting in 2017, HDS worked with our IT provider to develop and roll out a customized inpatient 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 caregiver, 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.

Patients and caregivers and the general public can submit compliments and concerns through our external website -- those submissions, along with any comments posted on a number of social media forums (facebook, twitter and instagram) are reviewed at least daily and are immediately forwarded to the area identified to allow for immediate follow-up and response.

As a result of input from the Patient Advisors, HDS intends to adopt a process in 2020-21 whereby the Patient Advisors are able to present results of the surveys to staff and managers on the floor, thereby further enhancing understanding of patients' needs, preferences and concerns and escalating our ability to respond expeditiously.

In as many ways as we can, 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.

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.

In 2018, an update to our incident reporting system was implemented to better allow for staff reporting and for the tracking of violent incidents. As well, in 2018, a prevention of violence in the workplace sub-committee was struck to assist in identifying a mechanism to flag patients who have been identified as violent when they are re-admitted to inpatient or outpatient services at the HDS or at our acute care partner facilities so that appropriate measures can be adopted to protect staff and patients on re-admission. The scope of this interdisciplinary committee, made up of front line, administrative and management staff, has expanded and continues to meet on a regular basis.

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

In 2019, HDS expanded security services to include weekend and holiday coverage.

In 2020, the Hospital's security camera system will be updated and expanded, and increased lighting will be placed in the parking lots to better enhance safety for our patients, visitors, staff, physicians, patient advisors, and volunteers.

Virtual care

Hotel Dieu Shaver Health and Rehabilitation Centre (HDSHRC) has effectively been utilizing the Ontario Telemedicine Network (OTN) for a number of years, to assist in the delivery of clinical care to patients in a closer to home setting, rather than requiring them to travel to distant locations to connect with their specialists.

During 2019/2020, there were 11 cases where the OTN equipment was taken to the patient's homes, as they were not able to travel even a short distance, due to movement disorders. During the same time frame, there were 129 patient appointments conducted at HDS via OTN. This represents a 35% increase in utilization rate since 2016. Consultations included specialists in anaesthesiology, bariatrics, cardiology, dermatology, gastro-enterology, general surgery, genetics, hematology, infectious disease, mental health, neurology, oncology, orthopedic surgery, primary care, respirology, rheumatology and transplant surgery.

HDSHRC also connects our physicians with specialists via eConsult. Many of our attending physicians have signed up for access to eConsult and report that they have used this method on a regular basis to connect with specialists to support patient care. Both OTN and eConsult provide timely, patient centred, cost effective specialized consultation services to those individuals we serve.

Although, not direct patient care, we offer a patient and family centered service through our Patient Advisors, which enables patients to connect via Facetime with family/friends that are otherwise unable to visit with their loved one.

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.

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/or 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:

- Percentage of complaints acknowledged within five business days
- Would you recommend this hospital
- Patient satisfaction with information received on discharge

The three indicators are identified as priorities for the organization and are all identified as priority indicators by Health Quality Ontario or the HNH B LHIN. The indicators focus on improving the patient experience 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

Ms. Anne Atkinson
Board Chair

Ms. Jean Armitage
Quality Committee Chair

Ms. Lynne Pay
Interim CEO