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Change Happen.



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



2/21/2023

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. As the only rehabilitation hospital for 470,000 residents in the Niagara Region, and the provider of complex care for the residents of St. Catharines, our hospital admits more than 1100 inpatients per year and responds to more than 40,000 outpatient visits annually.

The overall objectives of our 2023-24 QIP are consistent with the goals and objectives of our 2020-2025 strategic plan, align with our mission and values and reflect our responsibility to provide the best possible rehabilitation and complex care services to the patients we serve. Those overall QIP objectives include the following: 1) continuing to regroup after the impacts of COVID 19 by maximizing patient flow through the promotion of care co-ordination and system integration as reflected in improved ALC rates; 2) continue to ramp up and rebuild services to meet optimal wait times for internal inpatient to outpatient rehabilitation services; 3) Strive 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 and reduction of pressure ulcers; and 4) monitor and improve the overall patient experience through customized and carefully monitored patient satisfaction surveys, including increasing the percentage of patients who would recommend Hotel Dieu Shaver to their friends and families and ensuring that all patients complaints are acknowledged to the individual who made the complaint within five business days. Additionally, in 2023, three indicators are aligned with Ontario Health priorities -- being: ensuring that patients feel they received adequate information about their health and their care at discharge, maximizing the proportion of patients discharged from hospital for whom medication reconciliation is provided, and working to improve reporting of workplace violence incidents, in order to best provide a safe and respectful work environment for all staff, physicians and volunteers.

A continuing focus on maximizing patient and family input through formal and informal measures, including the inclusion of patient advisors on operational hospital committees, 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.

We continue to champion the value of rehabilitation services and are buoyed by the knowledge that we can provide so much to so many in terms of improvements to quality of life, if we are able to provide rehab to those who need our help. Over the past three years, in order to help relieve bed pressures in acute care, we have admitted many patients who had been designated as needing to transfer to long term care. After their stay at HDS, where rehabilitation services were provided, a full 34% of those patients were ultimately able to return home or to a retirement home. Once rehabilitation services were provided to them, they did not need to be admitted to Long Term Care after all.

Our short and long term goal is to continue to reach out and meet the needs of the community we serve, providing the highest level of care possible. We continue to advocate for a planning grant to assist in the development of a Stage 2 proposal for a new building on our site -- adding 62 beds to our complement and bringing our total bed count to 196. Also, we continue to work closely with the Niagara Ontario Health Team - Equipe Sante Ontario Niagara (NOHT-ESON) 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 receives the right medical services at the right time.

Patient/client/resident engagement and partnering

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 preparation, and the Clinical Quality Council.

The HDS PFAC group has met monthly since implementation in 2016, including during the pandemic, in the form of virtual (ZOOM) meetings. Each new Patient Advisor receives a customized version of the Volunteer orientation as they are so involved with the patients, their families and the entire inter-disciplinary team. They continue to receive annual re-education in areas of quality improvement and patient safety.

New members are provided with orientation to the Excellent Care for All Act (ECFAA) so that they have true understanding of the development and tracking of the indicators in the HDS Quality Improvement Plan (QIP) and quality improvement processes in the facility. The annual QIP is reviewed with the PFAC which includes a review of indicators and the progress report, updating of targets for the indicators, possible new indicators relevant to opportunities to improve quality, and the narrative portion to ensure that the voice of patients/families is embedded in the process.

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 to work on a resolution. This truly reduces the number of "formal complaints" that go to Patient Relations.

The Patient Advisors are recognized as part of the Health Care Team at HDS and bring a strong voice from patients/families to every process at the facility.

Provider experience

HDS has been actively re-engaged in accepting students for clinical placements including Registered Nurses, Registered Practical Nurses and Personal Support Workers, as well as all Allied Health disciplines. We have also actively implemented expansion of the PSW complement to further support our registered staff, to ensure registered staff are able to focus on full scope. Additionally, we have recently expanded the role of our Nurse Practitioners (and added to that complement as well) to allow NP's to work to their full scope as Most Responsible Practitioner. This allows better patient flow and increased admissions, reducing reliance on the physician complement. HDS continues to take best efforts to actively recruit through any means available to fill vacant positions.

The COVID pandemic had a significant impact on staffing morale due to staffing levels, burnout, increased stress levels in not only the work environment but in life after work also. HDS participates in the Metrics at Work survey (approved by Accreditation Canada for the Work-life Pulse survey). We had excellent results on the most recent survey (done mid-pandemic). We implemented a Clinical Quality Council with all levels of staff representation to address opportunities. Morale boosting events that occurred pre-COVID were modified to allow them to still be offered, such as "walk-by" pizza lunches, SPIRIT week, Wellness challenges, virtual skill development training opportunities and the annual Staff recognition event, just to name a few.

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 and policies to protect our staff, patients and visitors from workplace violence. The Hotel Dieu Shaver was one of the first Hospitals to adopt a formal and comprehensive policy on "Identification of Aggressive or Potentially Violent Patients and Visitors". The Policy is reviewed regularly and 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 incident.

The Incident Report is then immediately fanned out to numerous individuals -- including the respective Manager, Chief Nursing Officer, Hospital Safety Officer, Director of Health Data and Quality, Executive Vice President and Chief Executive Officer, 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 provided to 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, a treatment plan will be developed, 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, Patient Advisors 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.

The orange dot program is being enhanced to include an indicator flag in the Health Information System (Meditech) to ensure that a patient that returns as an inpatient or outpatient at a later date will have a successful care plan implemented, based on what proved to be successful interaction during the original visit.

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 Safety Officer and a representative from Human Resources take the lead with investigations. In circumstances involving patient violence, the Safety Officer 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 Safety Officer also works closely with clinical staff 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.

Patient safety

Hotel Dieu Shaver encourages a just culture and promotes patient safety incident reporting, including "Good Catches". Good catches assists in supporting a way of learning about risks to patient safety before an actual incident occurs. The incident report is an electronic administrative document designed to bring such events to the attention of those responsible for minimizing re-occurrence of patient safety incidents. Incident investigation at HDS is a factual, non punitive process to ensure the provision of safe, quality patient care.

All staff receive information and training at Orientation in regards to our Incident reporting policy, procedure and use of the electronic incident reporting system. The Incident Report is then immediately fanned out to numerous individuals -- including the respective Manager, Chief Nursing Officer, Hospital Safety Officer, Director of Health Data and Quality Improvement, Executive Vice President and Chief Executive Officer, allowing for a broad spectrum of notifications and ability to address interventions as necessary from many different perspectives.

The statistics on all incident types are maintained, charted, and reviewed monthly by the Joint Occupational Health and Safety Committee (violence if employee is involved), Health Records and Quality of Care Risk Management Committee, and the Senior Management Committee. Additionally, the information is provided to the Board of Trustees on a monthly basis and with the Quality Committee of the Board on a quarterly basis, and to the Clinical Quality Council that meets quarterly.

Each unit holds a safety huddle daily that includes all members of the inter-disciplinary team to review any patient changes/concerns and also have weekly patient conferences that allows for a full review of each of the patients, which also supports development of a safe discharge plan.

Health equity

As an organization, we recognize and appreciate that there are disparities amongst various populations across the Niagara Region related to health outcomes, access, and experiences. Using a population health approach, HDS is committed to eliminating barriers to access and achieving equitable, inclusive, respectful and culturally safe care and services. Hotel Dieu Shaver (HDS) has several key initiatives that are either underway or in process and are focused on improving Health Equity: These initiatives include the following:

1. During the Fall of 2022, Hotel Dieu Shaver participated in the development of a tool kit to help support the expansion of the Health Equity, Diversity, and Inclusivity work for all member/partner organizations of the Niagara Ontario Health Team (NOHT-ESON). This tool kit will be used by HDS, and other Health Service Providers across the Niagara region, to assist with taking steps to ensure health equity from an organizational level both internally for staff, and externally for community/patients/clients, families and caregivers.

2. Hotel Dieu Shaver is in the process of planning to launch an internal Equity, Diversity and Inclusivity (EDI) committee in the spring of 2023. As a starting point, the committee will implement the newly developed Niagara OHT tool kit to determine a

baseline of sociodemographic data that is currently being collected and to determine other data that HDS will need to collect on a move-forward basis to assist our organization with gaining a better understanding of who we serve.

3. Hotel Dieu Shaver is an active participant on the Niagara Ontario Health Team Indigenous Informed Palliative Care Priority Population Working Group. This Working Group recognized that the first step to providing Indigenous informed palliative care included members taking the time to understand the history, with each practitioner working from a Truth and Reconciliation perspective. Additionally, this working group is exploring standardizing the collection of sociodemographic information such as cultural identity, house stability, food security and other social determinants of health across Niagara OHT partner organizations.

4. Hotel Dieu Shaver values and embraces all opportunities to collaborate and strengthen our partnership with our Niagara Indigenous Community. On August 25th 2022, Hotel Dieu Shaver joined representatives from over 20 partner organizations of the Niagara Ontario Health Team – Équipe Santé Ontario Niagara (NOHT-ÉSON) and each organization was gifted a Pendleton blanket on behalf of the Indigenous Health Network. The gift of a blanket has important meaning for NOHT-ÉSON partners. The blanket is symbolic as a treaty blanket, representing a commitment to working collaboratively and respectfully with Indigenous Peoples in Niagara to improve access to care. It is also an acknowledgment of the partners' work toward reconciliation, and understanding the barriers to health and wellbeing outcomes for Indigenous Peoples.

5. Several members of our management team and staff have completed the SAN'YAS Anti-racism Indigenous Cultural Sensitivity training program. We plan to expand the total number of staff and managers that complete this training over the next year.

6. HDS has collaborated with Fort Erie Native Friendship Centre and the Indigenous Health Network on several occasions to facilitate Indigenous-healing approaches for Indigenous people receiving rehabilitation and complex care at Hotel Dieu Shaver. Such healing services included the incorporation of traditional healing practices, such as Indigenous Drumming circles and Smudging.

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 legislation.

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, 2% of base salary is AT RISK and is linked to achieving the TARGETS set out in our QIP based on the following indicators:

1. ensuring that patients feel they received adequate information about their health and their care at discharge,
2. maximizing the proportion of patients discharged from hospital for whom medication reconciliation is provided,
3. and working to improve reporting of workplace violence incidents, in order to best provide a safe and respectful work environment for all staff, physicians and volunteers.

The three indicators are identified as priorities for the organization and are all identified as priority indicators by Ontario Health. 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:

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
CEO