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



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Overview

Hotel Dieu Shaver Health and Rehabilitation Centre (HDS) is a 134-bed specialty hospital located in St. Catharines, Ontario, providing rehabilitation, complex continuing care, and end-of-life care services. As the only dedicated rehabilitation hospital serving the Niagara Region's population of approximately 539,000, HDS plays a vital role in meeting the community's evolving healthcare needs.

Annually, HDS admits approximately 1,100 inpatients and delivers more than 30,000 outpatient rehabilitation visits. The organization is widely recognized for excellence in patient experience, consistently ranking among the top-performing hospitals in Ontario with patient satisfaction scores between 98% and 99%. These outcomes reflect HDS's mission-driven culture and the collective commitment of its staff, physicians, and volunteers to compassionate, dignified, and person-centred care.

HDS is a key contributor to system sustainability by supporting patient flow from hospital to home, reducing emergency department visits and hospital readmissions, and minimizing alternate level of care (ALC) days. Through specialized rehabilitation and complex care services, the hospital frequently delays or prevents admissions to long-term care, ensuring patients receive the right care, in the right place, at the right time.

The hospital's strategic importance within the regional healthcare continuum has been recognized through government support, including a second planning grant to advance the replacement of the current inpatient building. A cornerstone priority for HDS is its Capital Expansion project, which will deliver a new, purpose-built inpatient facility on the existing site. This transformational initiative will expand inpatient capacity from 134 to 190 beds and significantly enhance access to rehabilitation, complex care, and palliative services.

In 2025, HDS achieved Stroke Distinction designation from Accreditation Canada—the first in its history—recognizing leadership and excellence in stroke rehabilitation. In addition, the successful launch of a new Health Information System in November 2024 transitioned the organization to a fully electronic medical record, strengthening clinical integration, patient safety, and continuity of care.

Through its 2026–2027 Quality Improvement Plan, HDS reaffirms its commitment to excellence, innovation, and advancing health outcomes across the Niagara community.

Access and Flow

HDS routinely updates policies and processes to support our acute care partners during periods of surge or gridlock. Despite an older facility and limited private rooms, we hold daily meetings to optimize capacity while maintaining patient safety. Coordination with acute care teams occurs through daily bed meetings, and weekly collaboration with Ontario Health at Home (OHaH) ensures alignment toward shared goals.

To enhance efficiency, a full-time nurse has been added to our admissions department to review referrals and liaise with partner hospitals, ensuring patients are placed in the most appropriate bed. We accept admissions from across Ontario to provide equitable access to structured rehabilitative care.

Discharge planning begins early in the admission process, enabling patients and families to prepare for a safe transition home. Our discharge planners and social workers proactively address potential barriers, such as equipment needs, inability to return to their pre-hospital residence, and in-home support.

Our interprofessional team meets daily to review admissions and discharges, identify obstacles, streamline inpatient flow, reduce length of stay, and support seamless transitions to the community.

Our team proactively identifies patients at risk for functional decline and frailty. Our Nurse Practitioner provides ongoing consultation, guidance, and support across the facility. This year, a Masters of Applied Gerontology student enhanced our delirium and dementia policies and developed practical tools for staff, including a lanyard outlining key signs, symptoms, and management strategies.

To optimize flow, a multidisciplinary team has worked on a Plan Do Study Act (PDSA) cycle to address patient length of stay extension requests.

Equity and Indigenous Health

At Hotel Dieu Shaver Health and Rehabilitation Centre (HDS), advancing health equity and fostering Indigenous health and cultural safety are integral to our mission and values.

In 2025, HDS advanced several key initiatives aligned with its Diversity, Equity, and Inclusion (DEI) Workplan. These efforts included the development and implementation of a Smudging Policy, a Diversity, Equity, and Inclusion Policy, and an Anti-Racism and Anti-Discrimination Policy. Each policy was supported by mandatory education for all staff, students, and volunteers, with new employees completing this training on their first day. This approach ensures a shared understanding of individual responsibilities in promoting inclusion, equity, and anti-oppressive practices, while reinforcing alignment with HDS's mission, values, and strategic priorities.

To further raise awareness and strengthen understanding during Indigenous History Month in June, the HDS DEI Committee led a series of engagement and education initiatives. These activities included the sharing of Indigenous and Métis cultural items, historical information, and educational resources. Indigenous food offerings were also featured throughout the month, available for purchase in the café and provided complimentary on select occasions, supporting cultural appreciation and meaningful engagement.

In addition, HDS collected staff sociodemographic data to inform the development of future initiatives focused on fostering a respectful, inclusive, and supportive workplace culture.

Building on existing Indigenous cultural sensitivity education, HDS will expand comprehensive training for leadership and Human Resources teams, with a continued focus on inclusion, reconciliation, and diversity.

Looking ahead to 2026, HDS is committed to strengthening partnerships with local Indigenous organizations and plans to host a smudging ceremony at the hospital. This initiative will engage staff and patients, reinforce HDS's commitment to reconciliation, reduce barriers, promote equity, and support the delivery of culturally safe, high-quality care.

Patient/Client/Resident experience

The Patient and Family Advisory Committee (PFAC) supports the journey of our patients from admission to discharge. They carry out the In-house Patient Experience Survey process. The survey is completed with the patient two to three days prior to discharge. On average, 74% of all discharged inpatients are surveyed with the highest percentage being 81.

The survey also collects comments from the patients which are summarized and reported back to the care providers and the Quality Improvement Council. Positive comments help to reinforce the care processes that are working well, but the opportunities for improvement are reviewed and when changes or enhancements are required a Plan Do Study Act (PDSA) quality process with the inter-professional team is implemented.

Two of our QIP indicators come directly from the Patient Experience survey, "Would you recommend..." and "Did you receive enough information...". A third indicator, "Percentage of complaints acknowledged..." is greatly impacted by the Patient Advisors as they often hear about a patient concern during a patient visit and present it immediately to the Patient Relations Process Delegate, who begins the work on a resolution thereby reducing "formal complaints" that go to Patient Relations.

A combination of these processes noted above also assists with the development of quality improvement activities. An example of this includes the development of a process to best support a seamless transition for patients coming from our Acute Care partners. This not only enhanced the patient and family experience but also ensured the appropriate levels of therapy / care would be provided at the onset of the post-acute rehabilitation admission.

Provider experience

To enhance recruitment and recognition and strengthen our reputation as an employer of choice, the hospital has implemented a series of targeted initiatives that support employee engagement, visibility, and professional development.

One key strategy has been increasing our presence within the community and local educational institutions. Staff-led career tours to nearby high schools allow employees to share their professional pathways and provide firsthand insight into the broad range of roles within the hospital. We have also delivered dedicated presentations to post-secondary programs related to therapeutic disciplines, helping students better understand the clinical environment, and encouraging interest in healthcare careers at HDS.

To support staff well-being and promote a culture of appreciation, we have partnered with a local College to offer complimentary massage therapy sessions as part of our wellness initiatives. These sessions provide employees with meaningful opportunities for relaxation.

Our organization has also strengthened its Diversity, Equity, and Inclusion (DEI) framework. All new hires receive structured DEI training, reinforcing our commitment to a safe, inclusive, and respectful workplace. Beyond orientation, we continue to integrate DEI principles into ongoing education and organizational practices. We cultivate an environment that prioritizes continuous learning and evidence-based practice. Staff are supported in pursuing research initiatives that contribute to innovation and patient-care excellence. Additionally, our Education Fund provides financial assistance to employees seeking professional development, advanced certifications, or further academic study, ensuring that learning opportunities remain accessible and encouraged.

Safety

The hospital's interprofessional teams have strengthened their focus on patient safety and risk management. Daily safety huddles are now embedded in the culture across all units, ensuring timely communication of critical safety information among team members.

Following the implementation of a new Hospital Information System (HIS), some safety-related processes required redevelopment to function effectively. In response, the team has established Interprofessional Plans of Care for Falls and Wound Care, ensuring comprehensive and consistent delivery of safety-related interventions. Our Nurse-led Wound Care team continues to make impressive strides in early identification and treatment of wounds on admission and throughout hospital stay. The continuous and diligent work of this team has resulted in an impressive record of zero hospital related pressure ulcers developed in over three years! The team continues to recruit and train new members.

A key enhancement of the HIS is barcode scanning prior to medication administration. This initiative has significantly reduced patient-related medication errors, with a current 95% compliance rate in wristband scanning, contributing to a safer care environment. Physician order entry has continued to reduce transcription error further ensuring safe medication administration.

Palliative Care

Hotel Dieu Shaver's five-bed Palliative Care Unit provides specialized pain and symptom management focused on enhancing quality of life at the end of life. While modest in size, the unit maintains flexibility in bed capacity to respond to changing community needs. Its primary role is to support patients and families when care needs can no longer be safely managed at home or when hospice capacity is unavailable.

Care is delivered by an experienced interprofessional team of nurses, therapists, and Spiritual Care providers, led by a Palliative Care physician with expertise in holistic, patient-centred end-of-life care. The program is grounded in a commitment to comfort, dignity, and compassionate support, ensuring that both patients and their families feel supported throughout the end-of-life journey.

The implementation of the new Hospital Information System (HIS) has strengthened goals-of-care planning through the integration of a dedicated Goals of Care field within the Physician Admission Order Set. The standardized Resuscitation (R), Medical Care (M), and Comfort Care (C) framework has been adopted across the organization to promote timely, consistent, and meaningful discussions regarding patient wishes. These conversations actively engage patients, families, and substitute decision-makers to ensure care aligns with individual preferences.

In addition, the hospital has been selected to participate in the ASKmeGOC initiative in partnership with Royal Victoria Regional Health Centre in Barrie, Ontario. This initiative supports collaborative, structured discussions about treatment options and resuscitation preferences, including palliative care considerations. By incorporating cultural, spiritual, and personal values, ASKmeGOC promotes comprehensive, values-based care planning that respects each patient's unique goals and priorities.

Population Health Approach

HDS collaborates actively with more than 45 partner organizations and patient/client/family/caregiver (PCFC) representatives in the Niagara Ontario Health Team – Équipe Santé Ontario Niagara (NOHT-ÉSON) to advance more integrated, inclusive, and seamless health care in Niagara. Currently, the NOHT-ÉSON is focusing on the following priority populations, including addressing disparities among Indigenous, Francophone, and other equity-deserving populations.

1. Individuals who would benefit from a palliative approach to care
2. People requiring stroke services
3. Children and youth with mental health needs
4. Individuals requiring dementia care
5. Primary care access, attachment, and enablement
6. Lower limb preservation & diabetes
7. Individuals living with COPD

The implementation of our new Health Information System (HIS) has created an important opportunity to strengthen our understanding of the impact of our services on Indigenous peoples and Francophone populations within Niagara's health system. Through the introduction of health-equity-focused intake questions at registration and within clinical history workflows, along with enhanced cultural sensitivity training for staff, we are building a more inclusive and responsive care environment.

In the area of stroke services, HDS achieved Stroke Distinction with Accreditation Canada last year and is now working with Ontario Health, CIHI, and other community stroke rehabilitation providers to close the information gap on stroke outpatient wait times, service utilization, and outcomes. The Community Stroke Rehabilitation (CSR) Data Reporting Initiative will quantify the access gap, identify variability in achieving the standard of care, and support more cost-effective and efficient design of post-stroke rehabilitative care for patients who return to the community to continue their recovery.

Executive Compensation

Organizational leadership is accountable for achieving the targets outlined in our Quality Improvement Plan (QIP), in addition to meeting individual and functional performance goals.

For the Chief Executive Officer (CEO), Executive Vice President of Clinical Services & Strategy, Vice President of Clinical Services & Chief Nursing Officer, and Chief Financial Officer & Director of Corporate Services, a portion of their base salary is at risk, as detailed below.

Performance against QIP indicators is monitored regularly, with final assessments conducted at the end of the third quarter to determine outcomes related to executive compensation.

In alignment with these principles, 1% of base salary for the identified executives is at risk and directly tied to achieving the QIP targets based on the following key indicators:

1. Timely Acknowledgment of Complaints – Percentage of complaints acknowledged within 3 to 5 business days,
2. Patient Experience – Patient response to: "Would you recommend inpatient care to your friends and family?"
3. Diversity, Equity, and Inclusion (DEI) Training – Roll out hospital-wide DEI training for all staff.

These indicators reflect the organization's commitment to enhancing the patient experience, ensuring access to necessary resources and information post-discharge, and fostering a safe, inclusive, and respectful workplace for all stakeholders.

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

Progress Against Quality and Safety Target	% 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/Designated Lead

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

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Other

As we look ahead, Hotel Dieu Shaver remains firmly committed to advancing quality, safety, and patient-centred care in alignment with the strategic objectives outlined in our 2025–2030 Strategic Plan. A sustained focus on maximizing patient and family input, through both formal and informal mechanisms, will continue to be a cornerstone of our improvement efforts. This includes the meaningful inclusion of Patient Advisors on operational and quality-focused committees, increasing the number and availability of Patient Advisors, and the continued evolution and strengthening of the Patient and Family Advisory Council (PFAC).

Together, these efforts support timely, informed decision-making and enable Hotel Dieu Shaver to respond expeditiously to opportunities for improvement. By embedding the voices of patients and families into planning, implementation, and evaluation processes, we strengthen accountability, enhance the care experience, and advance our shared commitment to achieving success against the strategic priorities of the organization. Through this ongoing partnership, Hotel Dieu Shaver is well positioned to deliver measurable improvements, sustain excellence, and realize the goals of our 2025–2030 Strategic Plan in service of the communities we are privileged to serve.

Sign-off

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



Ms. Betty-Lou Souter
Board Chair



Mr. John Rollo
Board Quality Committee Chair



Dr. David Ceglie
Chief Executive Officer