

Let's Make Healthy
Change Happen.



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

niagarahealth
Extraordinary Caring. Every Person. Every Time.

April 1, 2024

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Overview

Niagara Health’s 2024/2025 Quality Improvement Plan (QIP) reflects our quality and safety commitments to our patients, families and the community as we work towards implementing our 2023-2028 Strategic Plan *Transforming Care*. Our purpose *Extraordinary Caring. Every Person. Every Time.* is clear – we believe that every person who comes to Niagara Health (NH) should receive the best care, every time. As a community-based academic centre, our focus on teaching and learning, research, innovation and partnership propel us to continually improve care and make a difference in people’s lives. A key priority in our strategic plan is to Safe and Quality Care by focusing on improving how patients move across NH, integrating data and research and embedding continuous quality improvement in all we do. The QIP compliments our strategic plan, our operational plans, and our Hospital Service Accountability Agreement. Aligning these components helps to ensure NH is best positioned to deliver high quality and safe care.

In late 2023, NH was awarded Accredited with Exemplary status by Accreditation Canada for the third consecutive time. We will leverage this success and focus on sustaining our high standards of quality while also planning to advance the following areas:

For the Hospital	For our Long-Term Care Home
<ul style="list-style-type: none">– Improving our ambulance offload delay through innovative strategies;– Equity, diversity, inclusion, and anti-racism education for our staff;– Understanding and improving patient perception of receiving enough information to manage their conditions when they are discharged;– Improving rates of medication reconciliation at discharge.	<ul style="list-style-type: none">– Completion of equity, diversity, inclusion, and anti-racism education;– Understanding and acting on resident’s perception of whether they are listened to by staff;– Understanding and acting on resident’s perception of whether they can speak up without consequences;– Implementing strategies to improve pressure injuries.

We look forward to advancing the change ideas identified and validated by NH’s leaders, Patient Partners and LTC Residents as outlined in our accompanying workplans.

Access and Flow

Access to care and the flow through our hospital system is a priority at NH. However, lack of access to primary care has resulted in our emergency departments serving as a prime access point for care, impacting wait times and patient flow. This is further exacerbated by Niagara’s increasingly aging population with complex care needs.

Working with Ontario Health West, we have developed collaborative action plans with our community partners to improve Access and Flow with a refreshed focus on a home first philosophy, supporting effective discharges to the most appropriate settings. Specifics include early identification and reduction of our Alternate Level of Care (ALC) patients. Strategies we are working on are aligned with the ALC Leading Practices guidelines and senior friendly principles, including:

- Expansion of the LEGHO (Lets go home) program, a partnership with Community Support Services Niagara, which supports admission avoidance and provision of additional supports at home including meal delivery, transportation to follow-up appointments, homemaking and wellness checks.
- Implementation of Dementia Resource Pilot in partnership with the Alzheimer’s Society of Niagara at our Welland Site which supports admission avoidance by providing access to outreach and home support options.
- Regular meetings with our community partners (e.g., Hospice Niagara) to identify opportunities to support patients at home based on their needs.
- Re-established Access and Flow Steering Committee that includes affected and interested parties such as Hotel Dieu Shaver as well as Patient Partners, with a prime focus on ensuring that the right patient is in the right bed.
- Pilot project to cohort oncology patients on one specific inpatient unit to optimize care and resources, and provide better patient experience.

Equity and Indigenous Health

At NH, we are dedicated to advancing health equity and Indigenous cultural safety through our quality improvement initiatives. Our approach is aligned with provincial priorities, ensuring that our efforts are comprehensive and inclusive.

While we are continuing to build capacity to deepen our understanding of health equity in the community that NH serves, there are several areas of investment and progress. Specifically, we have developed a comprehensive Diversity, Equity and Inclusion work plan, as well as a dedicated Indigenous Health Services and Reconciliation work plan, both guided by Ontario Health’s Equity, Inclusion, Diversity and Anti-Racism Framework. These plans integrate existing provincial priorities and are informed by our Service Accountability Agreement obligations. Through these frameworks, we aim to address systemic barriers and promote inclusivity in all aspects of our operations. Examples of this work and commitments include:

- Dedicated Indigenous Health Services and Reconciliation team who offer vital services such as cultural support, advocacy, and health information tailored to the needs of Indigenous patients;
- Mandatory Indigenous Cultural Safety Training;
- Mandatory DEI Essentials Training integrated into onboarding and clinical education;
- Building partnerships with provincial and local Indigenous organizations;
- Collaborating with and supporting Indigenous community services to improve access to care;
- Developing a plan to collect Indigenous self-identification data.

Patient/client/resident experience

NH’s strategic plan includes a commitment to improve the patient experience by ensuring patients receive the right care based on the best evidence, improving communication and connections, and facilitating smoother transitions in and out of the hospital. In 2023, NH made a commitment to advance our Patient Experience focus with the creation of a new Patient Experience portfolio.

A key priority is to understand and act on what patients and families are sharing about their care experience. Modernizing the collection of feedback from our patients through a real-time electronic patient experience survey has been a focus that will assist in prioritizing and identifying hot spots to drive quality improvement opportunities.

In late 2023, NH established a Patient Experience Steering Committee, comprised of patients, families, staff and physicians to co-design the patient experience strategy for NH, including identification of patient experience priorities and a multi-year implementation plan.

To capture perspectives of patients and families across all of our programs and services, we engage patients and families through the Niagara Health Engagement Network (NHEN). Since 2019, our 50+ Patient Partners have contributed to more than 190 initiatives across Niagara Health. Some highlights of initiatives in the last year include:

- Two Patient Partners serve as ex-officio voting members on the Quality and Patient Experience Committee of the Board;
- Six Patient Partners are part of the newly formed Patient Experience Steering Committee and are co-designing NH's patient experience strategy using a health equity approach;
- Twenty Patient Partners participated in Accreditation 2023 planning as Patient Partner Accreditation Leads (PPALs) throughout the preparation process and during survey week;
- Patient Partners serve on numerous NH committees such as the Health Information System (HIS) Implementation Committee, Niagara Health Knowledge Institute (NHKI) Advisory Committee, the Diversity, Equity and Inclusion Committee and the Ethics Committee to name a few;
- Patient Partners reviewed and approved NH's Integrated Quality and Safety Plan;
- Patient Partners participated in a QIP working session to collaborate on identifying change ideas and areas for partnership.

Provider experience

NH's Strategic Plan recognizes people are the basis of everything we do — both patients and our team members. The strategic plan People First pillar includes three elements: strengthening our patient-centred culture; building an inclusive and collaborative workplace, and equipping our team members with the tools for success. In support of this framework, we developed the NH People Plan: People First.

People First has three focus areas:

1. Growing a qualified and capable talent pipeline. Sample initiatives include succession planning, performance development, and supporting transformative organizational projects. Key indicators include: performance compliance, learning transfer effectiveness, turnover rate, number of new hires.
2. Creating an environment where teams are healthy and well. Sample initiatives include: Be Well programming, Employee and Family Assistance Program (EFAP), Peer-to-Peer Program, Vocera Expansion, and Workplace Violence Prevention Program. Key indicators include: organizational engagement, total wellness consults, EFAP utilization, and organizational sick time.
3. Building and sustaining an environment of respect. Sample initiatives: Mentorship Program, Diversity, Equity and Inclusion (DEI) Action Plan and DEI Committee, and Employee Experience: Onboarding (new employees, nurses, and internationally educated nurses). Key indicators include: DEI training compliance, Vocera compliance, and workplace relations incidents.

Research demonstrates the correlation between organizational culture and the patient experience and by putting our people first, we can contribute to better patient outcomes, improved recruitment and retention, and organizational health.

Safety

NH has an Integrated Quality Safety Framework (IQSF) that is a 'living' document that serves to integrate and focus on what matters most related to quality and safety at NH. The framework guides, directs and supports the continuous and measurable improvements of quality and safety at NH. The IQSF is the 'birds eye view' that aligns what is happening at the system level, with organizational priorities, to what matters most to our patients and their families. The IQSF is intended to be a dynamic and flexible document that we continue to build upon from previous years, and modify when significant shifts in our population, legislation or workforce occur.

Foundational to the IQSF is NH's commitment to a Just Culture, where everyone feels safe, encouraged and enabled to discuss and learn from patient safety incidents and near misses. NH has a formal standardized process that supports the identification, reporting and assessment of patient safety incidents across the organization. This includes a patient safety occurrence reporting system, protocols for identification and investigation into root causes of critical incidents including recommendations to help reduce the risk or future incidents, and regular reviews at the organizational leadership and board of directors on the overall trends related to patient safety occurrences and critical incidents. In addition, our Patient Relations team conducts interviews with patients and families involved in critical incidents to invite patient /family to share their experience, give transparency to our processes, demonstrate accountability and learning from critical incidents, in order to work towards prevention. The recommendations are then shared back with the patient and family to close the loop and are shared back with the care team through huddles and formal meetings. Patient storytelling related to critical incidents has been an important feature of our Board and Board Quality and Patient Experience Committee meetings.

In addition, we have focused on a number of advancements, including but not limited to:

- Refresh of our huddle boards across the organization as an important tool to engage staff in continuous QI and safety conversations.
- Generating change from the Patient Safety Culture Survey results, focused on improving the overall perceived safety culture at NH. This has included Executive leadership huddle drop in's, Manager skill development to further nurture a positive patient safety culture, and closing the loop and sharing the learnings from critical incidents with the care team through huddles and formal meetings.
- Refreshing our approach to Quality and Patient Safety Rounds (also known as Morbidity and Mortality Rounds).
- Supporting organizational learning through the revision of a Patient Safety Learning Module as a requirement for staff, highlighting patient safety concepts in healthcare, an overview of human factors and how they contribute to patient safety errors, shifting our Patient Safety Culture from "blame" to a 'Just Culture', discussing and learning from adverse events, and incident disclosure to our patients and families.
- Advancing our partnership with Brock University to leverage new knowledge and research to advance key strategic imperatives while building future QI and safety specialists of tomorrow.

Population Health Approach

NH is a proud partner of the Niagara Ontario Health Team – Equipe Sante Ontario Niagara (NOHT-ESON). As a Cohort 1 OHT, 2022-2023 marked the NOHT-ESON's third full year. With a goal to improve population health outcomes, partners from across the continuum of care have come together over the past three years to understand and implement opportunities to transform the health care system in Niagara. Using a consensus decision-making model, over 45 partner organizations and a number of patient/client/family/caregiver (PCFC) representatives have been working diligently to improve the way we operate as a connected system, considering all aspects of a patient's journey, working to ensure more equitable for those seeking care in Niagara.

Accomplishments to date include:

- SCOPE Niagara (Seamless Care Optimizing the Patient Experience), is a platform that promotes collaborative work between primary care, NH and community health partners to serve patients with complex need. The SCOPE model promotes patient-centred interdisciplinary care, which is the foundation of OHTs. SCOPE is a local virtual interprofessional care team that supports primary care providers through a single point of access to internists, psychiatrists, a registered nurse, diagnostic imaging and home and community care services. To date, 143 primary care providers are registered with SCOPE, with an average of 86% of calls resulting in ED avoidance.
- A working group focused on improving stroke care and experiences of stroke patients and their families;
- Dementia Care Working Group's focus on ways to reduce wait times for timely access to cognitive assessments while identifying other community supports that can serve this population.

NH looks forward to continuing to partner through the NOHT-ESON, particularly in the implementation of the NOHT-ESON'S first strategic plan focused on system integration, access to primary care, working better together as a system, and building health human resource capacity in Niagara.

Executive Compensation

Niagara Health's Executive Compensation Program provides for base salary, performance-based pay (pay at risk) and a pension/benefits package. The Performance-Based Compensation Plan is designed to align executive compensation with objectives in the Hospital's QIP and strategic plan. The Plan does not provide for a bonus on top of base salary, but it is an amount clawed back from an executive's base salary, and may be re-earned every year if Niagara Health and the executive achieve organizational targets set out in the Hospital's QIP and other plans such as the HSAA and strategic plan; as well as group/program and individual measures. At the beginning of each fiscal year, the Board approves the key measures and targets to be achieved as part of the Plan, and results are evaluated at the end of the fiscal year.

The amount of compensation clawed back is based on the following:

- President and CEO: 5% of base salary
- Chief of Staff: 5% of base salary
- Executive Vice President: 5% of base salary
- Physician Chiefs: 3 - 10% of compensation

The structure of the Performance-Based Compensation Plan consists of three (3) elements:

1. Attainment of Organizational Core Priority Objectives (outcome and related QIP measures) and organizational priorities: 40% weighting
2. Attainment of Group/Program Objectives: 40% weighting (these may also be related to QIP/related priorities)
3. Attainment of Individual-specific Objectives: 20% weighting

For 2024/25, achievement of all targets would result in 100% payout on the QIP/related priorities portion of the performance-based compensation plan (i.e. 40% of the total award). Partial achievement of targets will result in partial payout, as determined by the Board of Directors. Performance below threshold would result in zero payout on that measure.

Contact Information/Designated Lead

The contact information for the Designated Lead is Dr. Madelyn Law, Director of Quality, Patient Safety and Risk. madelyn.law@niagarahealth.on.ca

Other

NH is committed to Transforming Care. Our ambitious and realistic plan will provide a clear focus to unite us over the coming years so that by 2028, Niagara Health will:

- Ensure a positive patient experience with a focus on the increasing demands of our aging community and work with specific patient populations, beginning with Indigenous partners, to improve care;
- Deliver consistent, high-quality care across all sites, using technology and data, which will get easier with the implementation of our new hospital information system;
- Fully transition to a regional model with two acute care sites, including the opening of the new South Niagara Site hospital and one ambulatory care site;
- Continue to build an inclusive and collaborative workplace with a focus on diversity, equity and inclusion.

Sign-off

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

Marylee O'Neill
Board Chair

Elisabeth Zimmermann
Board Quality and Patient Experience
Committee Chair

Lynn Guerriero
President and Chief Executive Officer