

Let's Make Healthy
Change Happen.



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

Niagara Health System and Extended Care Unit (ECU) and Interim Long Term Care (ILTC)

April 1, 2017

niagarahealth

Extraordinary Caring. Every Person. Every Time.

ontario.ca/excellentcare

Overview

In June 2016, Niagara Health introduced a bold new Purpose, Vision and Values and our first strategic plan. Following a remarkable journey that was defined by a comprehensive engagement process, we are inspired to imagine *a Healthier Niagara*. At Niagara Health, we're entering an era of great opportunity. The inspiration behind our strategic plan is one unifying goal to provide all of our patients, their families, staff, physicians, students, learners and volunteers extraordinary experiences.

At Niagara Health, we are committed to *Extraordinary Caring* – it is what our patients, their families, our volunteers, our teams and our community need and deserve. Caring is so much more than care. Both the physical and emotional part of caring is at the heart of our purpose. *Every person. Every time.*

Our Vision: A Healthier Niagara

We're helping build A Healthier Niagara by contributing to the overall health of our region in the following ways:

- In population health;
- In the economic health;
- In the health of our environment;
- In being good partners.

Our CORE Values: our guide to decision making and behaviours

Compassion in Action

Driven by Optimism

Achieving Ambitious Results

...Extraordinary.

Our Four areas of Focus: to guide us to the vision of a Healthier Niagara

Extraordinary Care

Extraordinary Teams

Extraordinary Future

Extraordinary Innovation

These areas of focus serve as a focal point for the organization through regular huddles as well as team and personal goal setting.

Our Strategic Plan sets out a ten year vision. Since the release of our plan, we have focused on defining seven (7) initiatives for year one implementation:



Extraordinary Care:

1. Introduction of **“iRound”** which focuses on intentional, standardized rounds (check-ins) on patients by nurses and other members of the interprofessional team focused on Positioning, Personal Needs, Pain, Possessions, and Pumps and will help us improve the quality of our care by reducing the risk of harmful falls, improving patients’ experience, etc.
2. Improve timely access to care by **enhancing patient flow** within and across the region to ensure that the right patient is in the right bed at the right time across Niagara Health.
3. Implement the **Best Possible Medication History** process to ensure there is a comprehensive review of medications a patient is taking at home, with a documented careful evaluation of medications added, changed or discontinued upon admission in order to keep our patients safe and eliminate preventable harm.



Extraordinary Teams:

4. Establish **Unit Based Teams** to engage and empower our front line staff in improving the performance of their department.
5. Create a **healthy team** by building a culture of mutual respect. A respectful culture supports teams in problem solving and who generate extraordinary ideas through resilience and innovation.



Extraordinary Future:

6. Identify and implement **prevention initiatives** to keep people healthy and safe at work, beginning with Be Well.



Extraordinary Innovations:

7. Implement **integrated comprehensive care** for patients who have Congestive Heart Failure (CHF) and Chronic Obstructive Pulmonary (COPD) disease to support safe transitions of our patients between hospital and community and support people to stay healthy, get better and live well with chronic disease.

QIP Development

This QIP narrative represents the quality improvement priorities for both the hospital *and* the Extended Care Unit.

Identification of QIP priorities was informed by the following *principles*:

- Exclude the quality indicator if:
 - it is tracked and monitored through another mechanism such as:
 - a) Niagara Health’s Strategic Plan dashboard;
 - b) Hospital Services Agreement Accountability Agreement (HSAA) or the Ministry LHIN Performance Agreement (MLPA);
 - c) Program-specific scorecards.
 - if Niagara Health’s performance is better than target.
- Create focus on a select or manageable number of indicators year over year in order to drive, sustain and scale improvement as part of a continuing quality and safety journey.
- Indicator selection to be informed by key sources such as the incident reporting system, patient compliments/complaints, risk factors from the Health Insurance Reciprocal of Canada (HIROC) Risk Assessment Checklist process, etc.
- Continue to implement quality and safety best practices aligned with Accreditation Canada standards.

For 2017/18, Niagara Health will focus on the following areas of improvement for the **hospital**:

HQO Quality Dimension	2017/2018 Goals - Hospital
Safe	We will improve the safety of care we provide by increasing the proportion of patients who have their medications reconciled on admission from 38% to 88%, at 90% compliance.
	We will reduce the number of harmful falls for our acute inpatients from a rate of 1.78 to 1.69 for a 5% improvement.
	We will reduce the number of falls for our Complex Care patients from 19.2% to 10%.
Effective	We will reduce the Hospital 30 Day Readmission Rates for patients with a Mental Illness or an Addiction from 11.4% to 10.8% for a 5% improvement.
Patient-Centred	We will improve patient experience by improving the satisfaction scores from 72.7% to 74.9% for our inpatients and from 49.6% to 51.7% for our ED patients, for a 3% improvement overall.

Niagara Health will focus on the following areas of improvement for the **Extended Care Unit**:

HQO Quality Dimension	2017/2018 Goals – Extended Care Unit/Long-term Care Home
Safe	We will reduce the percentage of residents who were given antipsychotic medication without psychosis in the 7 days preceding their resident assessment from 23.99% to 22.61%.
	We will reduce the number of harmful resident falls from 15.82% to 13.3%.
	We will reduce the pressure ulcer rate from 4.25% to 3.3%.
	We will reduce the number of patients who used restraints from 14.78% to 10.4%.
Effective	We will continue to work towards the goal of 100% hand hygiene compliance.
Patient-Centred	We will increase the percentage of residents responding positively to the question “What number would you use to rate how well the staff listen to you?” from 73% to 75%.
	We will increase the percentage of residents responding positively to the statement: “I can express my opinion without fear of consequences” from 80% to 82.5%.

QI Achievements From the Past Year

Key quality and safety achievements from the past year include:

- Patient Safety Week 2016: Niagara Health developed an internal campaign based on the theme “Safety starts with me”. There were four elements to Niagara Health’s Patient Safety Week (PSW) campaign:
 1. REINFORCE patient safety strategies that are aligned with Accreditation Canada practices.
 - Daily reminder emails and huddle talk campaign for all staff and physicians over the course of the week.
 2. PATIENT ENGAGEMENT and AWARENESS:
 - During PSW, all patient meal trays had a customized tray liner reinforcing the patient’s role in safe care (e.g., hand hygiene).
 3. EDUCATION:
 - There are two education Grand Rounds.
 4. STAFF ENGAGEMENT/Decorating Challenge:
 - In order to generate some fun while reminding our patients, families, visitors and health professionals of the importance of hand cleaning in keeping us all safe, each unit/department was encouraged to use their creativity to decorate a hand cleaning station. Staff, the Community Advisory Committee and the Niagara Health Board were all involved in selecting winners.

- **Focus on Improving Patient Flow.** Improved patient flow requires a collaborative team-based approach. Quality improvement strategies include:
 - **Daily Management of Flow.** Daily huddles, bullet rounds and twice daily patient flow meetings occur at all sites in addition to weekly system-level rhythm rounds that facilitate rapid identification and resolution of patient flow issues.
 - **Partnering to Reduce the Number of Alternate Level of Care (ALC) Patients.** Reducing the number of patients waiting in hospital for another level of care helps build capacity on our inpatient units to improve patient flow. Working with our colleagues at Community Care Access Centre (CCAC) as well as community partners (e.g., long-term care and retirement homes), we have made progress with reducing the average number of ALC patients per day. This has been achieved by the implementation of daily “ALC Rapid Rounds” and focused sustainability on the Home First Strategy which includes the interdisciplinary team preparing patients for discharge and support during care transitions.
- **Unit Based Teams (UBT).** Unit-based quality teams have been introduced to allow protected time for interdisciplinary members to work on quality improvement ideas and enhance sustainability of quality and safety improvement activities at the unit level, fostering front-line ownership.
- **Crucial Conversations and Crucial Accountability Training.** Training continues for Leaders and staff on *Crucial Conversations* and *Crucial Accountability* that will provide added tools/skills to engage in high risk conversations which may improve safety.
- **Niagara Health is one of five hospitals participating in University of Waterloo study to help combat patient malnutrition.** Niagara Health’s Greater Niagara General Site in Niagara Falls is one of five hospitals across the country participating in the University of Waterloo follow-up study called More-2-Eat. The project aims to put the focus back on mealtime for patients at risk of malnutrition by improving nutrition care in hospital for all medical patients, the majority of which are seniors. If malnourishment is left undetected and untreated, patients experience longer hospital stays and are at higher risk for readmission within 30 days. The Integrated Nutrition Pathway for Acute Care (INPAC) was developed to detect, treat and monitor malnutrition in acute care medical and surgical patients. Patients are asked two screening questions upon admittance to the study’s participating medical floors at the Greater Niagara General Site: have you lost weight in the last six months without trying and have you been eating less than usual for more than a week? When a patient answers yes to both questions, it triggers a referral to a dietitian who can then start with a personalized care plan for their nutrition needs. This could mean working with the patient to find foods they prefer eating or offering supplements and fortified menu items. Volunteers have also been recruited to support patients during mealtime. Niagara Health is already seeing positive results. Since the More-2-Eat program began, the average number of barriers to eating identified by patients in hospital has been significantly reduced. The project also helps transition patients back into the community to prevent them from getting back into a situation where there are barriers to proper nutrition at home. Niagara Health has expanded nutrition screening upon admission to its St. Catharines and Welland sites.

- **Post Discharge Phone Calls**
A number of clinical teams at Niagara Health have implemented post discharge phone calls to assist with supporting patients as they transition home and to further assist with reducing the number of emergency visits post hospital stays. The focus of the calls is to assist with symptom management early in the post discharge period and to reinforce key elements of the discharge instructions, medication changes, and follow-up plans
- **Niagara Health works toward becoming more senior friendly**
More than half of acute care patients at Niagara Health are over 65 years old with an anticipated 18 percent increase in the demand for care for seniors that require a hospital stay over the next 10 years, and a 45 percent over the next 20 years. As part of Niagara Health’s commitment to enhancing the care our older adults receive while in hospital and enabling successful transitions home or to the next appropriate level of care, we are actively implementing Ontario’s Senior Friendly Hospital Framework. Specifically, Niagara Health is currently implementing several new senior-friendly measures including screening for delirium as well as a comprehensive falls prevention strategy.
- **Extended Care Unit/ LTC Home Achievements.** Highlights of achievements include:
 - All registered staff have been trained in the management of IVs and timely access to the Nurse Practitioner that has resulted in a reduction in the number of resident ED visits.
 - The home has introduced the ‘iPOD’ project Music and Memories that has resulted in a partnership with Brock University to study the impact on resident behaviors and memories.

Population Health

Niagara residents receive the majority of their hospital care from Niagara Health. A profile of the patients served by Niagara Health includes:

- **The Niagara population will grow** and age over the next 10 years, with the number of seniors is expected to increase by 35 percent.
- **Population growth and aging is expected to increase demand for NH inpatient services by 18 percent over the next 10 years and 45 percent over the next 20 years.**
- Over the next 10 years, it is anticipated that the **programs that will grow the fastest will include Chronic Obstructive Pulmonary Disease, Heart Failure, Stroke, and Cancer.**

Equity

Aboriginal Patient Navigator Program: Niagara Health works with the regional Aboriginal Health Centre to ensure our Aboriginal patients are well supported with the help of a patient navigator. Designed specifically to meet the needs of Aboriginal people, the Aboriginal Patient Navigator Program supports patients and their families and assists them in accessing the healthcare system as well as traditional healing and wellness practices. The program also provides navigation services that are culturally appropriate within the health/social service systems for individuals, caregivers and their families to improve patient outcomes.

French Language Services: Niagara Health is the host agency for an office of the Translation Network program located at our Welland Site. The provincial network is fully funded by the Ontario Ministry of Health and Long-Term Care. The Translation Network translates from English to French materials intended for the general public which are produced by health service providers designated to offer services in French under the French Language Services Act or identified by Local Health Integration Networks to provide services in French. In addition to hosting this program, Niagara Health is committed to fulfilling our important responsibility to provide access to health services in French in a number of ways. This includes working to translate signage and printed and web-based materials so they are available in both official languages.

The Extended Care Unit/ LTC Home strives to reunite married couples in the same room, supporting spousal reunification. At present there is 1 spousal reunification in place.

Integration and Continuity of Care

Winter Planning. As part of our “Know your Options” campaign, a Niagara Region Winter Planning Command Centre was mobilized to ensure access to care. Teleconferences are held twice a week with all of our partners including Niagara Emergency Medical Services (NEMS), Niagara Region, Long-Term Care facilities, Community Care Access Centre (CCAC) and the Local Health Integration Network (LHIN). The Command Centre provides a framework to identify the critical pressure points, identify staffing issues that will affect daily operations and take action to help reduce the flow challenges. A significant amount of planning and preparation took place prior to the holidays to support the increased demands and pressures on patient flow throughout the holiday season.

In addition, the Niagara Health Communications team led a public education campaign in partnership with Hotel Dieu Shaver, Niagara Region Public Health and Hamilton Niagara Haldimand Brant CCAC. The Know Your Healthcare Options campaign launched Dec. 15 to help the public better understand the options available to them during the holiday season and winter months when healthcare providers are busy with an increased number of patients needing care for flu and other seasonal ailments. Key campaign materials included a Know Your Healthcare Options poster for patient food trays, talking points for staff, physicians and volunteers, a Know Your Options section on Niagara Health’s website, and ongoing social media activity.

Partnering to Reduce the Number of Alternate Level of Care (ALC) Patients. As outlined below, Niagara Health continues to collaborate with CCAC and other community partners to focus on improving care transitions and reducing the average number of ALC patients per day.

Health Links. The NHS is working with its partners both internally and externally using a quality improvement approach to foster real-time identification of Health Links patients to facilitate more timely access to coordinated care plans and community supports.

I-EQUIP (Interprofessional Education for Quality Improvement Program). Niagara Health continues to leverage its academic partnerships with a focus on quality improvement, working collaboratively with McMaster University's Michael G. DeGroot School of Medicine - Niagara Regional Campus and Brock University. I-EQUIP is a collaborative educational and applied experience in quality improvement, change, and leadership working within an interprofessional model with medical students, undergraduate health science students and NHS staff and physicians.

Reducing Readmissions – Congestive Heart Failure (CHF) and Chronic Obstructive Pulmonary Disease (COPD). In April 2016, Niagara Health began participating in the Integrated Comprehensive Care (ICC) Program, with a focus on hospitalized patients with a diagnosis of COPD and CHF who are discharged home and require home support. The ICC program is focused on testing innovative approaches to integrate funding for CHF and COPD patients over their episode of care while improving continuity of care and reducing readmissions through a bundled funding model. This is a partnership with the HNHBCAC and St. Joseph's Healthcare Hamilton.

The Extended Care Unit/ LTC Home works collaboratively with the Ontario Association for Non-Profit Homes and Services for Seniors (OANHSS) and other community partners i.e. other long term care homes, the LTC Network Forum, CCAC etc. In addition, partnerships are in place with the local college and university. Opportunities abound with pre-grad placements for Brock University nursing students, Niagara College practical nurses, internationally trained nurses, Therapeutic recreation students.

Access to the Right Level of Care - Addressing ALC Issues

Strategies that are in place to assist with addressing ALC issues include:

- Consistency in ALC designation across the sites: There is an inter-disciplinary approach to designating patients to an alternate level of care; however, Discharge Planners take a lead in ensuring appropriate patient designation and that patients are transferred from the acute to the ALC phase in keeping with the LHIN definition.
- Nurse Practitioners are embedded in some of the larger complex care units to provide patients with consistency of care as well as the ability to work with the team to plan a date of discharge.
- Niagara Health is exploring the feasibility of introducing a behavioural unit for patients that require more focussed care to assist them in transitioning more easily back into the community as well as decreasing patients' hospital length of stay.

Engagement of Clinicians, Leadership & Staff

Niagara Health's leadership team and Medical Advisory Committee have been engaged in the development of the QIP using a collaborative approach.

Resident, Patient, Client Engagement

Niagara Health has used public polling as an important method of community engagement since 2011. Polling provides accurate information about the community's impressions of the health system and the drivers of those opinions. This input is extremely valuable and factors importantly into our planning.

Key findings include:

- A significant improvement in the organization's overall reputation score with measures of trust, commitment, transparency and influence all increased significantly since last year. Niagara Health experienced the most gains in the transparency measure.
- Positive opinions are largely driven by the quality of the service and care provided. Roughly 7 in 10 residents are satisfied or very satisfied with the services offered by Niagara Health, a 5% increase over last year. Those aged 75+ are much more likely to be satisfied.
- The proportion of Niagara residents rating Niagara Health as "the best hospital" has increased. Residents cited our highly skilled, professional, courteous and caring staff far more frequently than anything else. This has been the trend since 2013.

The Resident's Council plays a vital role in on-going quality activities in the Extended Care Unit/ LTC Home. The Council reviews the Annual Satisfaction Survey questionnaire to ensure that the topics being surveyed are reflective of the practices in the home. The Resident's Council was consulted on the resident engagement and food services indicators. The targets that are being set for this QIP are also shared with Resident's Council and agreed upon.

Staff Safety & Workplace Violence

Niagara Health is committed to the safety of all staff, physicians, volunteers and visitors. We have a comprehensive Workplace Violence Prevention Program to monitor, reduce, and prevent workplace violence, and a full time Workplace Relations Advisor to assist with this.

Our Violence Prevention program includes:

- A Workplace Relations policy that is inclusive of Bill 168 and Bill 132 of the Occupational Health and Safety Act and a Code of Conduct.
- Workplace relations and violence prevention training is provided to all new hires and affiliates including staff, leaders, physicians, learners, and volunteers.
- All staff are required to complete on-line training modules Respectful Workplace, and Code White/Violence Prevention within their first two weeks of work and annually thereafter. All reported incidents are investigated and receive individual follow up and corrective actions. All incidents are tracked and reported quarterly to the Corporate Joint Health and Safety Committee and to the Resource and Audit Committee of the Board of Directors. Workplace relations and violence prevention training is provided to any group or department in the Top 5 of incident tracking and as requested by staff, physicians and affiliates.
- Niagara Health has a conflict resolution process that includes a mechanism for reporting incidents and a separate mechanism for confidentially reporting incidents involving supervisors/managers and other leaders.
- Niagara Health has trained security staff on site 24/7 at our 3 largest sites, and overnight and as needed at the 2 smaller sites to support staff.

Niagara Health also has specific tools for violence prevention including:

- Code White emergency (and security) response
- Crisis prevention and de-escalation training (Safe Management Training and Gentle Persuasive Approach Training)
- Flagging for violence on the health record (Meditech)—the flag is triggered at point of registration
- Visual Flag alerts at patient bedside
- Environmental Violence Risk assessments—these are conducted with the Occupational Health Safety Consultant, Workplace Relations Advisor, Joint Health and Safety Committee members, a member of the security team, the manager of the department, and front line staff from the department
- Personal panic alarms/duress badges
- Safety Plans—these include specific measures for ensuring an individuals or groups' safety based on a specific situation or threat
- Posters indicating the expectation of a respectful, safe, inclusive environment throughout the hospitals
- An intranet page accessible by all staff, physicians, and volunteers that includes our Violence Prevention program, incident tracking data, policies, resources, tools, educational materials and links to other information designed to reduce and prevent workplace violence.

Niagara Health's current strategic plan includes creating healthy teams by building a culture of mutual respect and progress is reported on a monthly basis to the Senior Team. We conduct a system-wide Respectful Workplace campaign each February.

The ECU/long-term care home is a community within community and residents reside in close proximity to each other.

- The home has legislated responsibilities to provide a safe environment for both residents and staff. To achieve this, staff is being trained in the Gentle Persuasive Approach to manage responsive behaviors. The home adheres to all policies and processes for the management of Workplace Violence for those situations that arise with visiting families or between colleagues.
- The physical environment of the home also plays an integral role in the safety of residents, staff and visitors. To ensure the physical environment is safe, the home conducts monthly inspections using the department inspection tool developed by Niagara Health Joint Occupational Health & Safety. In addition internal surveys are conducted using the Environmental Preventative Maintenance Audit for the resident rooms, dining rooms, common areas and bathrooms for cleanliness and state of repair.

Performance Based Compensation

Niagara Health's Executive Compensation Program provides for base salary, performance-based (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. 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 NHS and the executive achieve targets set out in the Hospital's QIP, 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: 7.5% of base salary
- Chief of Staff/EVP Medical: 10% of base salary
- Executive Vice President: 5% of base salary
- Physician Chiefs: 3% of base salary.

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

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

The measures are equally weighted. Achievement of all targets would result in 100% payout on the QIP 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.

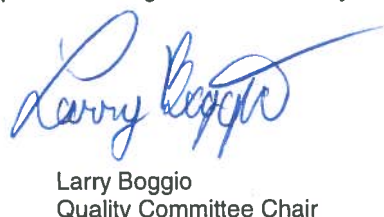
During the 2017-18 fiscal year, NH will be adopting a Compensation Framework pursuant to the Broader Public Sector Executive Compensation Act (BPSECA). The Compensation Framework may change the manner in which compensation of executive staff is linked to achievement of targets outlined in the QIP. The Compensation Framework will be posted on the NH website as required by the BPSECA and the QIP will be updated, if there are any changes to the information set out above.

Sign-off

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



John MacDonald
Board Chair



Larry Boggio
Quality Committee Chair



Suzanne Johnston
President



Colleen Winger
Administrator
Extended Care Unit