

niagarahealth

Integrated Quality & Safety Framework



Background – Quality and Safety at Niagara Health

Niagara Health (NH) has a strong history of providing high quality safe care in the Niagara Region. Our organizational commitment to quality and safety is further reflected in our 2023-2028 Strategic Plan *Transforming Care*. Our purpose in delivering safe and quality care is clear – that every person who comes to NH should receive the best care, every time. We must use all resources available to ensure people can access hospital services when they need them, that these services and experiences are consistent, and that we are always striving to do better. By embedding continuous quality improvement in all that we do, we will standardize our care and support our teams to deliver the best care to our patients. Our core values continue to inspire us to deliver on this commitment: Compassion in Action, Driven by Optimism, Achieving Ambitious Results.

As a community hospital, we are a close-knit organization that strives to provide modern, innovative and coordinated care that centres on the needs of patients and their caregivers. All of which are anchored in meeting patients' needs and improving both their experiences and outcomes. High quality safe care occurs through every interaction patients and families have with staff and physicians, how we support each other in difficult situations and how we partner with patients and families through embedding their voices in the care process. Quality Improvement (QI) and safety are part of the DNA of NH, woven into each of our programs and sites, and into the hearts and minds of our staff, physicians and volunteers.

The Integrated Quality and Safety Framework (IQSF) is a living document that is intended to align, support, sustain and advance our culture of quality improvement and safety with a commitment to partnership with patients and families. As our care environment, research and innovations evolve, we will continue to update our planned activities aligned with this framework.

Our IQSF serves the following functions:

Strategic Planning and Priority Setting: Our IQSF creates a common understanding of quality and provides a platform that can inform our priorities. This framework allows our senior leadership, physicians, staff and volunteers to understand our key foci.

Program Planning: Our IQSF can be used to identify or verify that all the dimensions of quality have been addressed in program planning and appropriate evaluation methods are in place to monitor the quality and safety of care.

Program Reporting: Our IQSF has clear metrics that allow for commitment to improvement and transparency in our results.

Education and Innovation: Our IQSF enables the conversation of quality to guide thinking about improvement. This framework links to how we support educational opportunities and innovative changes across the organization.

Defining How We Approach Quality and Safety at Niagara Health

While 'Quality' is not a new concept in healthcare, the way in which organizations are embedding the dimensions of quality into care for better outcomes continues to evolve. At NH, our quality and safety approaches are guided by a **system culture** that focuses on the complexity of factors that contribute to outcomes. We lean in to our understanding that, in order to have a high quality and safety care environment for our patients, we must examine our processes, policies and procedures to understand why things may not have gone well or caused errors and then we learn from these and share the accountability for change. By engaging the perspectives and voices of staff, physicians and families we can understand where we have gaps and how to address these to improve. When thinking about where we can enhance our care, we use the core dimensions of quality which we validated through a comprehensive patient engagement process in 2019 to better understand what these dimensions mean to our patients and families. These dimensions and associated examples help to shape our improvement work from the patient and family perspective.

Quality Dimensions	What Quality Means to Patients and Families
Safe <ul style="list-style-type: none"> Safe care happens when we continue to improve our practice and learn from our challenges to avoid harm. 	I know I am receiving the best and safest possible care when there is a collaborative approach and I am respected as an informed member of my care team.
Accessibility <ul style="list-style-type: none"> Care is improved by focusing on reducing the time our patients and their families wait for services. 	Being acknowledged, seen within a timely manner and providing ways to be updated are important to me.
Community and Client Centeredness <ul style="list-style-type: none"> We partner with our community, patients and families to provide care that is respectful, responsive and inclusive of preference, needs and values. 	Patients are involved in all aspects of their care in ways that are transparent, individualized and our values always matter.
Support for Our Teams <ul style="list-style-type: none"> We provide support to each other in our working relationships that allows for the best possible care and outcome to occur for our patients and families. 	When healthcare providers work together to create a friendly, compassionate, supportive and caring environment, this means better patient care.
Effective <ul style="list-style-type: none"> We improve patient outcomes by providing care that is evidence based and standardized across our teams. 	My care will include best practices and provide me the best possible outcome 'for me'.
Efficient <ul style="list-style-type: none"> We improve care through standardizing and creating reliable processes to ensure an optimal care experience and work environment. 	My care experience will be reliable and dependable every time I need it.

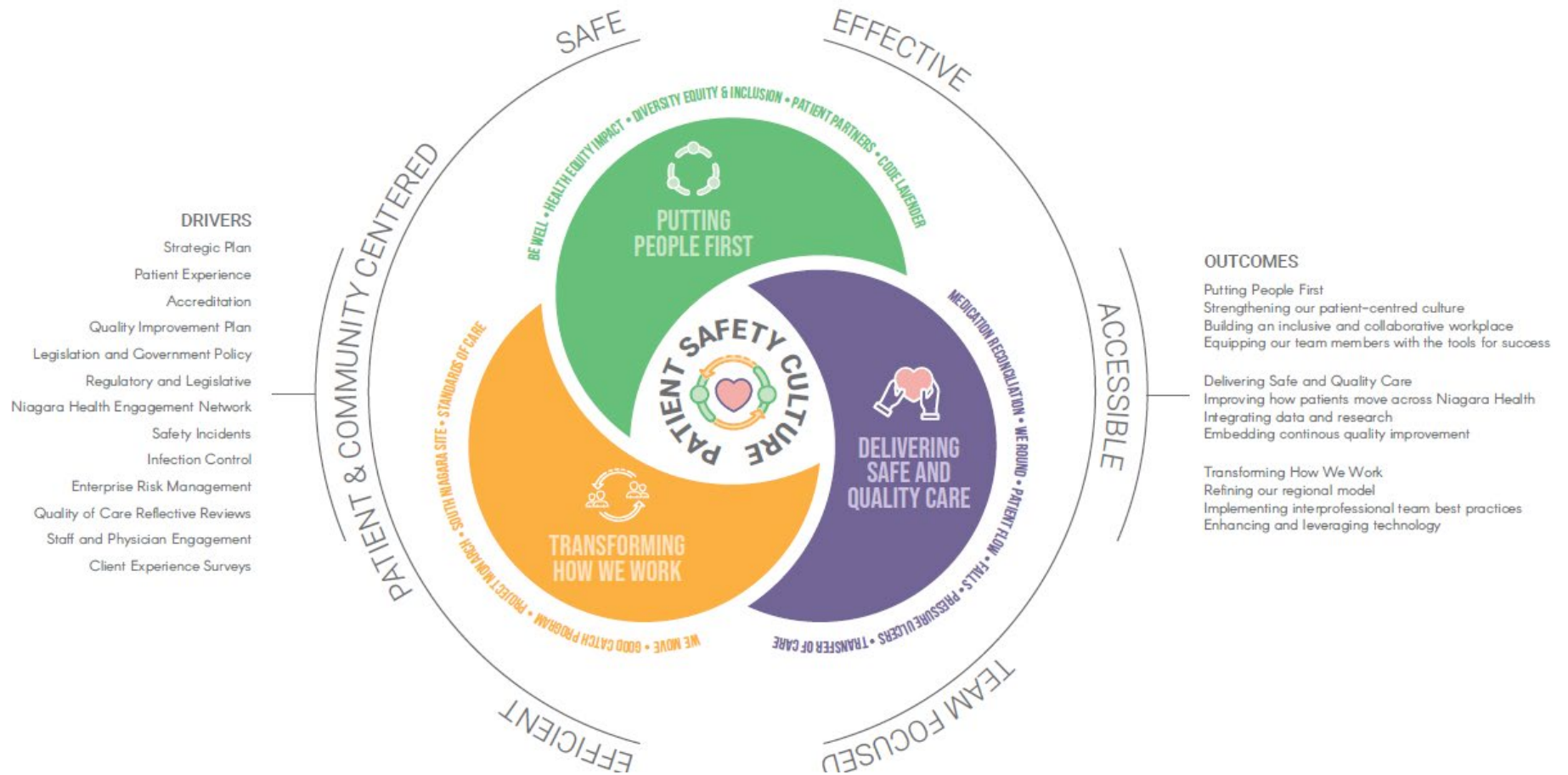
Development of the Integrated Quality and Safety Framework

In 2019, Niagara Health used a robust engagement strategy to develop the IQSF. This included a review of literature, environmental scan of peer hospital approaches, and a review of our data (i.e., patient experience surveys, Patient Safety Culture Survey, internal performance data, etc.). This was all complimented by an extensive and broad consultation with patients, families, staff, volunteers and physicians through a multi-faceted approach with face-to-face interviews, completion of over 900 surveys, 30 huddle conversations, four focus groups and three 'beta testing' focus groups. With over 1000 perspectives and voices, we were able to understand what quality meant to users and providers which is reflected in the IQSF. The IQSF was reviewed and approved by our Patient Partners. In January 2023, NH released its new strategic plan of which safe and quality care is a core pillar. The work of the strategic plan was then leveraged in refreshing the 2023 IQSF to ensure alignment strategies and activities that will allow us to reach out quality and safety goals.

The Integrated Quality and Safety Framework

The IQSF is a 'living' document that integrates and ensures meaningful focus on what matters most related to quality and safety at NH. The Framework aims to ensure that NH stays focused on its commitments, while keeping an eye on external issues that may have an impact on care. We have a responsibility to monitor risks to patient care and implement changes to improve outcomes. This integrated 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. It highlights what we are working on, and the differences that it will make. Our 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.



The IQSF is not about adding priorities but rather about focusing our efforts on key areas and initiatives that strengthen the care we provide across our organization

Deconstructing the IQSF

Central Pillars:

NH's Strategic Plan is the central element of our framework, aligning our quality and safety work around the pillars of *Putting People First*, *Delivering Safe and Quality Care* and *Transforming How We Work*. These pillars further focus attention on our daily work that will drive a strong quality and just patient safety culture. Further, strengthening our patient-centred culture is critical so that decisions are made to *optimize patient experience and patient care and outcomes* across all levels of the organization, co-designed with Patient Partners. In particular, we will also continue to work with specific patient populations, beginning with Indigenous partners, to improve care.

Quality Dimensions:

Safe, effective, accessible, patient and community centred, efficient and team focused are the dimensions of quality that define the work we engage in. When looking to develop a project, understand a change that is needed or to understand what has gone wrong, we use these dimensions to reflect, understand and guide our improvement efforts.

Drivers of Quality and Safety:

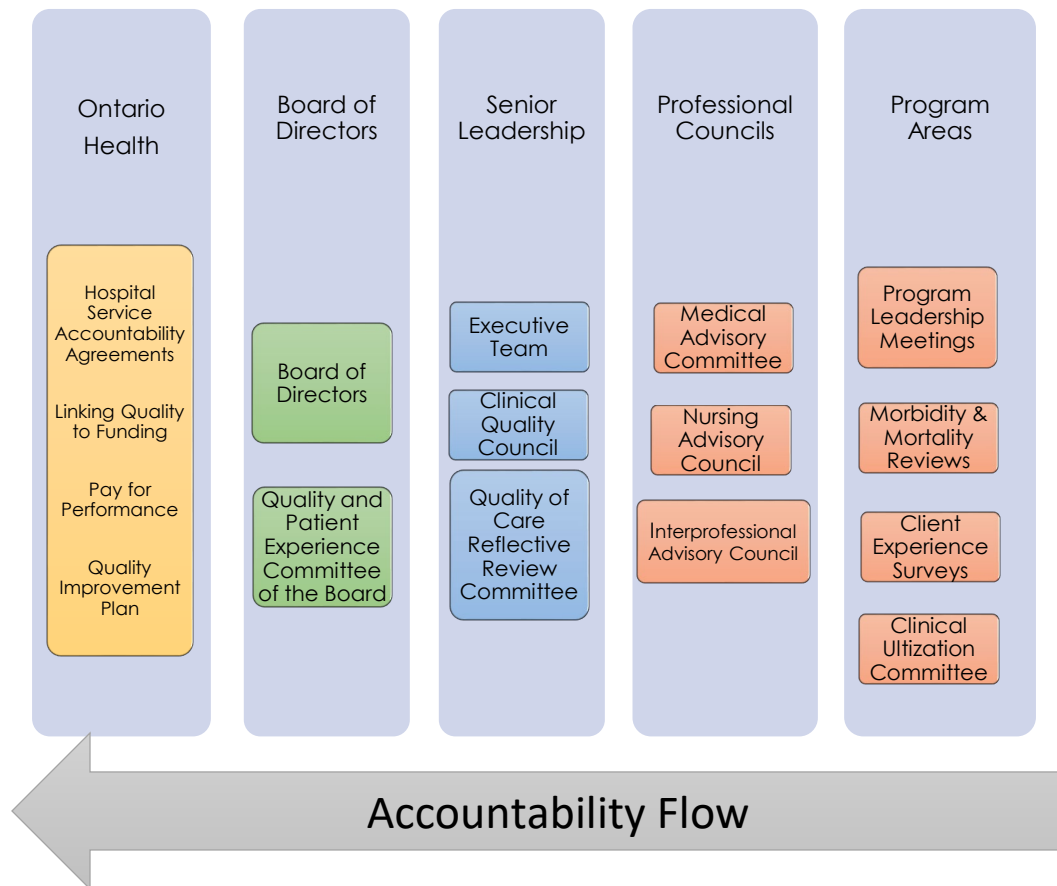
There are numerous internal and external drivers of quality and safety. External bodies such as Accreditation Canada, legislative frameworks, Ontario Health and other regulatory bodies provide guidance and requirements on the enactment of best practices that are part of our everyday work. This is coupled with reviews of recent research and innovative practices that may inform our local changes. In addition, our internal structures such as the NH Engagement Network and our active engagement with Patient Partners support where we target our efforts and how we make changes in order to improve experience and outcomes. We also examine our Incident Reporting System data, our Quality of Care Reflective Reviews, patient experience surveys and patient feedback/complaints, risk reviews, together with various internal and external hospital harm data sources which help to drive our focus on areas that require improvement for quality and safety.

Outcomes:

Keeping an eye on what we are trying to achieve by working to advance quality and safety is essential, aligned with our strategic plan, and particularly our outcomes related to improving how patients move across NH, integrating data and research and embedding continuous quality improvement in all that we do.

Ensuring an Organizational Focus on the IQSF

Quality and Safety is everyone's role at NH. Our work in quality and safety is supported by our Board of Directors, leadership, physicians, staff, volunteers, students, patients and families. We ensure that our infrastructure, processes and engagement support meaningful and authentic improvement. Having multiple layers allows for various lenses to be applied, guiding how best to advance quality at NH. Information is shared and escalated in ways to ensure focus and prioritization. The figure below highlights the different levels where quality and safety is monitored and the flow of information for accountability.



Quality is Everyone's Role

Each of our roles contributes to the provision of high quality safe care. It begins with service excellence as patients and their families enter the building, creating respectful relationships, listening to one another's concerns and knowing that we each are trying to make a difference in the lives of our patients and families. Quality also lives in appreciating each other's roles and how they link to quality outcomes when we think of client's journey. For example, quality and safety care begins when patients and their families:

- Enter the building and registration ensures accurate information is captured;
- Experience our clean rooms knowing that their risk of infections is reduced;
- Receive nutritional food that promotes healing and reduces harm if allergies are present;
- Are safe at every interaction with our staff identifying patients who are at risk of falls;
- Have trust in all the processes our physicians, nurses and professional health discipline provide during care and;
- Provide an environment that promotes healing.

We are all connected in care and the IQSF captures the connection points in the initiatives that are focused on.



Using the IQSF to Guide Quality and Safety

Our commitment to quality and safety is evident through the implementation of numerous impactful quality improvement initiatives (Appendix 1) which have greatly influenced the care we deliver to patients and their families. Here are some examples of some of our successes:

- Accreditation Canada and Health Standards Organization's approved 26 Leading Practices (See Appendix 2 for list) as a source of pride and demonstration of the ways our teams are positively impacting safe, quality healthcare, on the leading edge of Quality Improvement and innovation. Some examples of these Leading Practices are Difficult Airway Initiatives, Venous Thromboembolism (VTE) program and Pain, Agitation and Delirium protocols, Essential Care Partners, Rapid Access Addictions Medicine.
- Inter-professional Education for Quality Improvement Program (I-EQUIP) partnership with Brock University has implemented 66 QI initiatives
- Good Catch Program where staff are encouraged to report near misses and then are recognized for their efforts.
- NH has earned the highest national recognition for providing safe, high-quality healthcare by reducing the overuse of low-value tests, treatments and procedures. Choosing Wisely Canada has awarded Niagara Health Leadership Status for its commitment to continuous quality improvement programs that limit unnecessary use of resources in patient care. NH is one of only two Canadian hospitals to receive the updated designation.
- We Round, Transfer of Accountability,
- Be Well, Be Kind, Extraordinary U and Injury Prevention initiatives to support staff

As an organization, we embrace *all* tools that advance quality to meet the needs of the programs, staff and ensuring maximum success in outcomes for our patients. Below are some of the tools we use to advance change:

- Plan Do Study Act (PDSA) cycles
- Cause and Effect Diagrams – e.g. Fish Bone Diagrams
- 5 Whys
- Lean methodology
- Run and Process Control Charts to monitor change
- Driver Diagrams
- Failure Mode Effects Analysis
- Experience based Co-Design



In addition, the commitment to quality and safety is demonstrated through our annual Quality Improvement Plan (QIP) that is established to help support our hospitals improvement activities together with those of the community. Our goal is to integrate the system and local needs into meaningful change for our patients and families for a better outcome, while supporting our staff to continue to provide exceptional care.

Over the past three years we have invested in, and will continue to invest in, partnerships and staff through the following initiatives:

- Refreshing our huddle boards across the organization as an important tool to engage staff in continuous QI and safety conversations.
- Advance our Patient Experience focus with the creation of a new Patient Experience portfolio, and enhancing the analytics of complaints and patient experience data to identify 'hot spots' that will drive improvement.
- Continue to grow our patient partnership model to enable full partnership in all hospital activities. We are proud of our current model with Patient Partners participating on numerous corporate and program committees, co-design initiatives and providing regular input in to our processes across the dimensions of engagement per the International Association for Public Participation (IAP2).
- Advance our partnership with Brock University for I-EQUIP and Data Analytics to leverage new knowledge and research to advance key strategic imperatives while building future QI specialists of tomorrow.
- Disseminate results of the Patient Safety Culture Survey and generate change from these results to improve the overall perceived safety culture at NH as a learning organization, with a focus on 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.
- Focus on improving organizational patient flow through key strategies including reducing Alternate Levels of Care (ALC) days, augmenting our mental health and addictions programming with community partners to reduce admissions and standardizing practice and decision-making.
- Implementation of a health equity strategy, which will increase staff awareness and understanding of the impact of inequity on health outcomes. We will work with specific patient populations, beginning with Indigenous partners, to improve care.
- Focus on deepening our culture of safety through greater transparency of decision-making, enhancing communication and understanding our 'hot spot' areas of risk.

Measuring our Progress

Success will be seen, felt, heard and known for our **patients and families** in their experience as they feel respected in every interaction, understand all their medical information given when they leave us, and stay in their homes supported without having to come back for unnecessary visits.

Success will be understood by **everyone** in the compliments our providers will receive from our patients and families expressing their appreciation for the quality of care at every interaction, the professionalism experienced and most importantly how they felt 'listened' to and 'valued' as a human being. This will be through our client experience surveys, our compliments process and just the day-to-day therapeutic relationships.

Success will be experienced and felt by **staff and physicians** as they continue to provide exceptional care in ways that allow for reductions in duplicated processes, time to provide services and joy in their work as they care for their patients. They will feel safe, respected and acknowledged for the expertise they bring.

Success will be experienced by the **community and NH** as we evolve the way we partner with our patients and their families in all aspects of our operations including decision making, designing services, committee work and building capacity across the organization on 'harnessing the untapped potential' of patient partnerships.

Success will be experienced by the **community and NH** in seeing our IQSF evolve year over year to reflect the ever changing challenges in healthcare, as well as the innovations that will keep residents within Niagara Region receiving high quality safe and advanced care close to home.

Appendix 1 – Quality Initiatives, measures and targets

Quality Dimensions: S=safety E=effective A=access T= support for our teams E= efficient C= community and client centeredness

Quality Improvement Initiative	Quality Dimensions						Description	Measure	Target
	S	E	A	T	E	C			
2023 Strategic Plan Operational planning	√	√	√	√	√	√	Niagara Health (NH) introduced a new strategic plan 2023. The three main pillars of the strategic plan are <u>People First</u> , <u>Safe and Quality Care</u> , and <u>How We Work</u> . This future oriented plan ensures a positive patient experience with a focus on our aging community. Consistent, high-quality care across all sites, using technology and data and fully transition to a regional model with three hospital sites, including the St. Catharines hospital and the opening of the new South Niagara hospital. NH will build and inclusive and collaborative workplace with a focus on diversity, equity and inclusion. Operational planning will take place over the first year. Each program and department will create measureable plans to align their improvement opportunities with the new strategic plan pillars as the guiding north star for operations.	All programs and departments will submit detailed operational plans with improvement activities and metrics for success in 2023	100% operational plans submitted.
Embedding Quality Improvement - Huddle Board redesign and training -Manager training for QI and Patient Safety Incident Management	√	√		√	√	√	Staff huddles are recognized at NH as a valuable tool for leaders to engage staff, communicate effectively with our teams, and foster a culture of continuous quality improvement and patient safety. We have renewed the Huddle Boards with an updated design that visually embeds the NH Strategic Plan as the guiding framework for local QI and patient safety initiatives. Huddle Boards are available to all clinical areas in hard form and a virtual version for non-clinical areas where appropriate. Building leaders' skill and capacity for QI and patient safety is another area of focus. Managers will be provided training in QI methodology through the huddle board training sessions. In addition, some will be provide patient safety incident management through the Institute for Safe Medication Practices and then will form a group of champions to develop in house training.	Departments and care areas will huddle regularly Manager training , Quality Improvement	100 % of departments and care areas will huddle as scheduled. - 100% attend huddle board training - 15 attending ISMP program

Quality Improvement Initiative	Quality Dimensions						Description	Measure	Target
	S	E	A	T	E	C			
Medication Reconciliation On Discharge	√	√			√	√	Medication Reconciliation is a high-risk activity that when errors occur, it can lead to significant harm. The Canadian Patient Safety Institute, the Institute of Safe Medication Practice, Accreditation Canada and Health Quality Ontario place high focus on organizations creating structures and processes that ensure close attention is paid to reconciling medications. At NH, we commit to our patients by shifting our focus from Medication Reconciliation on admission to the Best Possible Medication Plan at Discharge. This will be reported on through our Quality Improvement Plan (QIP).	Medication Reconciliation at Discharge- inpatients discharged from acute, complex care, and mental health services (excludes Newborns, Deaths, Sign-outs and 24hr LOS)	82.6%
Health Outcomes - Sepsis - Pressure Injuries - Delirium* *Delirium reported under Elder Care strategy	√	√	√		√	√	Our purpose is clear that every person who comes to NH should receive the best care, every time. Drawing on sector best practices, we will focus on three health outcome indicators that have been selected to improve the Hospital Harm and HSMR performance scores for NH. We will standardize our care related to these health conditions and provide the best care possible. Bases on national performance monitoring. Measuring against the benchmark of other hospitals. Nationally, provincially.	Sepsis - In -hospital rate per 1000 discharges Pressure Injuries	TBD Suggested 18% of any Pressure Injury by stage.
Care of the Older Adult Strategy *Delirium Falls Prevention *Note: also a strategic plan health indicator	√			√		√	Our patient population continues to age with more complex conditions and limited community supports. Our Elder Care hospital initiative is to ensure that we are meeting the needs of the community. We achieve this through falls prevention, purchase of appropriate equipment, larger signage, least restraints program, delirium identification initiative, geriatric assessment program, aligning our work with the AODA committee and implementing senior sensitive training program. <u>Delirium</u> is a frequent and serious mental disorder in elderly patients. It is often not diagnosed, even though there are potential strategies (e.g., screening by nurses, risk-factor assessment) and instruments that can improve detection and diagnosis. At NH Delirium has been chosen as a focus for improving performance on the hospital harm indicators and providing best evidence care to the susceptible patients acquiring in-hospital delirium.	Execution of the committee's goals and objectives Delirium Falls with Harm	Annually TBD 1.97 per 1000 pt. discharges.

Quality Improvement Initiative	Quality Dimensions						Description	Measure	Target
	S	E	A	T	E	C			
							<u>Patient Falls</u> . While it's known patients fall at home and also in hospitals, at NH the focus will be to prevent harm from falls. Focus will shift to risk based patient and family education, sustained early mobilization, ToC, and mandatory staff education initiatives.		
Patient Flow	√	√	√	√		√	As part of the Safe and Quality Care focus of the Strategic Plan 2023, we'll strive to create seamless care for patients as they move in and out of our hospitals. Moving our patients smoothly, quickly through the Emergency Department once a decision of admission occurs is important to ensuring a better patient and staff experience when receiving, and providing care. Often patient flow is impacted by many areas where there are challenges in discharging patients home, finding appropriate beds in the community, patients/families understanding why being home is better than in hospital or having different ways of assessing discharge readiness. There is a large organization focus on understanding and addressing the flow of patients through NH to ensure that everyone is receiving the right care in the right place always.	Reduce the length of stay in the Emergency Department for admitted patients measuring the 90th percentile	49 Hours ED LOS Admitted patient at the 90th % ile.
I-Equip	√	√		√			I-EQUIP is a formalized partnership between Brock University and NH that commits students for a one-year experiential course approach to quality improvement. Students are paired with NH initiatives that have been identified through incidents, frontline, system priorities or emerging concerns through our complaint process. The program allows initiatives to follow the natural growth and maturation of information in a PDSA fashion, allowing for multiple touchpoints with subject matter experts helping to inform and take part in the understanding of information while providing the opportunity for students to learn in a meaningful way. In 4 years prior to pandemic over 66 projects have been completed, involving 165 NH staff. The I-Equip program will have a renewed focus once again.	Number of initiatives per year	6 new partnerships per year.
Building an inclusive and collaborative workplace		√	√	√		√	Building a collaborative and inclusive workplace is another central component of NH's Strategic Plan. Programs, policies, and decisions at NH will continue to be designed to reflect and enhance diversity, equity, and inclusion using the Ontario Health Equity, Inclusion, Diversity and Anti-Racism Framework.	<ul style="list-style-type: none"> Ensuring all NH Leaders complete the San'yas Indigenous Cultural Safety training as well as Cultural Humility e-learning. 	100% course completion

Quality Improvement Initiative	Quality Dimensions						Description	Measure	Target
	S	E	A	T	E	C			
							More specifically, we are listening and learning about the experiences of Indigenous people at NH so that we can take meaningful action toward reconciliation in the healthcare system. This is part of our commitment is to make the hospital a safe, culturally welcoming space for Indigenous people that meets their healthcare needs and respects their traditions. Actions taken will be reported in our QIP.	<ul style="list-style-type: none"> Developing an educational Diversity, Equity and Inclusion Certificate Program. Ensuring all new hires participate in new employee orientation on Cultural Humility 	100% new hire participation
Workplace Violence Prevention	√	√		√			A collaborative, safe, and inclusive workplace is a core pillar within the NH Strategic Plan. Specific to violence and incivility in the workplace, NH measures workplace violence primarily through the Incident Reporting System (IRS) where staff and physicians report incidences and provide details for follow up and investigation. NH continues to make significant investments around workplace safety, violence and civility. From a cultural and educational perspective, we are refreshing our Be Kind approach and this, along with the concepts of collaboration, civility, and inclusivity.	<ul style="list-style-type: none"> - Annual LERNH modules - Work Place Violence training for all new hire - Safe Management Crisis Prevention and Intervention certificates - Vocera badges to all patient-facing staff 	100% completion 100% of new hires 30 staff per month 100% all direct care providers.
Clinical Utilization	√		√	√	√	√	<p>Clinical Utilization ensures that organizationally we are using resources effectively and efficiently. At NH, our Clinical Utilization Committee (CUC) works collaboratively with interprofessional team members and other committees to monitor, review, evaluate, and make recommendations for the use of clinical resources to meet the needs of all patients accessing care and services at NH.</p> <p>CUC worked tirelessly to achieve Choosing Wisely Leadership Status. CUC will continue to review department-specific indicators of quality annually to ensure continuous quality improvement and sustainability of Choosing Wisely efforts.</p>	<p>Obtain Choosing Wisely Leadership Status.</p> <p>Identify 2 clinical utilization improvement opportunities.</p>	Achieved February 2023 March 31 st , 2024

Quality Improvement Initiative	Quality Dimensions						Description	Measure	Target
	S	E	A	T	E	C			
Project Monarch Electronic Medical Record	√	√		√	√	√	Having a central location of patient information where everyone can see current, past or future recommendations in real time improves and integrates care in different ways that is more meaningful to the user and recipient. NH is on a journey of creating a transformational electronic Health Information System (HIS) that will make the flow of information smoother, in real time and reduce the number of 'touchpoints' that often creates barriers or impacts safe care. Prior to achieving an electronic healthcare record, many steps are required to ensure proper oversight, planning, and stakeholder feedback. This ensures that processes in place make sense for when then migrate into an electronic environment.	HIS Implementation: design, build and validate HIS Implementation: final testing, go-live reading and training	Winter 2024 Summer 2024
Diversity, Equity and Inclusion Indigenous Centred Care			√	√		√	Equity continues to be a system-wide focus for healthcare, with empirical data suggesting poor health outcomes for people of with visible and invisible inequities. NH is in process of developing a health equity strategy aimed at reducing inequities and disparities in care. A health equity strategy would strengthen patient-centeredness through the integration of a health equity lens into the procedures, guidelines, policies, programs, and practice at NH.	Creation of an health equity strategy	March 31 st , 2024
South Niagara Hospital Build	√	√	√	√	√	√	The South Niagara hospital will be an integral part of a connected healthcare system that will improve the patient and caregiver experience and strengthen access to local services. Engagement with our community will continue throughout the planning process in order to gather critical input on the new hospital's look, feel and function. This feedback will ensure the hospital is designed and built to fully support patient, family and staff wellness in all aspects of the care process.	Opened on target	Summer 2028

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