

Let's Make Healthy Change Happen.



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

niagarahealth

Extraordinary Caring. Every Person. Every Time.

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Overview

Niagara Health is on a bold new journey to create a Healthier Niagara.

Our CORE values inspire us to be **EXTRAORDINARY**: Compassion in Action, Driven by Optimism, Achieving Ambitious Results.

We are a regional healthcare provider with multiple [sites](#) across the 12 municipalities that comprise Niagara Region and a growing network of community-based services. Our team is made up of more than 4,800 employees, 600 physicians, 850 volunteers, 100 plus medical learners and 1500 plus students who we count on to deliver extraordinary caring to every person, every time.

We provide a wide range of inpatient and outpatient services to more than 450,000 residents across Niagara, including Acute Care, Cancer Care, Cardiac Care, Complex Care, Emergency and Urgent Care, Kidney Care, Long-Term Care, Mental Health and Addictions, Stroke Care and Surgical Care.

Our Accreditation with Exemplary Standing is a clear demonstration of our team's commitment to the highest safety and quality standards. As a community-based academic centre, teaching and learning, research, innovation and partnership are propelling us as we imagine a healthier Niagara

Who does Niagara Health serve?

- Niagara residents receive over 90% of their hospital care from Niagara Health (NH).
- Niagara Residents have above average rates of chronic diseases such as arthritis, asthma, diabetes, Chronic Obstructive Pulmonary Disease and higher reported hospitalizations for acute myocardial infarction.
- Niagara has an aging population with 21.4% age 65 and over compared to Ontario at 16.7%.
- The Niagara population will grow and age over the next 20 years; the number of seniors 75 and over is projected to increase by 100% percent. This population growth and aging is expected to increase demand for NH inpatient services over the next 20 years.
- Over the next 10 years, NH's programs that will grow the fastest based on projected need include: Chronic Obstructive Pulmonary Disease, Heart Failure, Stroke, and Cancer
- 1% of the NH population used 17% of NH's total services. This includes acute inpatient, day surgery, emergency department, complex continuing care and inpatient mental health.
- Within the Niagara region, there are differences in socio-economic and cultural characteristics across neighbourhoods. These differences are associated with increased risk of emergency department visits and inpatient admissions. NH is developing an equity and diversity framework that will create novel ways of partnering with patients and communities at risk for best patient outcomes.

Our QIP connects and integrates our quality improvement goals with our strategic plan to provide the safest care, in partnership with our patients and families in order to improve access, eliminate 'hallway medicine' and create a better environment for our physicians, staff, volunteers and students to provide care, where they feel safe and respected.

2019/20 QUALITY IMPROVEMENT PLAN - Hospital



Timely

- We will improve the wait that patients experience when 'admitted in the Emergency Department to the time they arrive in an in-patient bed or operating room' by 20%. Our patients will not wait longer than our current performance of 64.5 hours.



Patient Centred

- We will continue to acknowledge the concerns of our patients and families within 5 business days 98.4% of the time.
- We will improve how we provide information to our patients when they leave the hospital by 5% as reflected on our client experience survey.



Safe

- We will create a safe culture for our staff through workplace violence reporting and maintain our results through the same number of incidents reported
- We will reduce the number of new pressure injuries for our complex care patients by 1.3%



Effective

- We will ensure that 90% of our patients have their Medication Reconciliation completed on admission
- We will improve the percentage of patients having their Medication Reconciliation at discharge by 40% to ensure 90% have safe transitions
- We will reduce the number of patients with Mental Illness or Addiction being re-admitted to hospital by 5%

2019/20 QUALITY IMPROVEMENT PLAN - Extended Care Unit



Patient Centred

- We will increase the percentage of residents who respond positively that they feel listened to by 4.2%
- We will increase the number of residents who respond that they feel they can express their opinions without fear or consequences by 1%



Safe

- We will reduce the number of harmful falls our residents experience by 5%
- We will reduce the new or worsened pressure injuries our residents experience by 5%
- We will reduce the percentage of residents that require physical restraints for safety by 5%

Describe your organization's greatest QI achievement from the past year

Mental Health and Addictions continues to be a challenge across the health system as it is multi-faceted which impacts many elements of hospital operations (e.g. emergency department flow, access to psychiatry services), patient experience and health outcome (e.g. right care, community support and reintegration).

Niagara Region has a very high rate of mental illness hospitalization with 616 per 100,000 persons versus the provincial rate of 392 per 100,000. We are above the provincial and national average for mood disorders at 7.5% (in comparison to 6.5% for Ontario and 6.7% in Canada), and Niagara Health serves the region across all sites.

In 2016, the Rapid Access Addiction Medicine (RAAM) Clinic at Niagara Health was one of seven Ontario sites who participated in the Mentoring, Education and Clinical Tools for Addiction to improve the quality of care for individuals with an opioid or alcohol use disorder. The RAAM clinic established an integrated care pathway between the Emergency Department (ED), addiction medicine clinic and primary care. In this model the addiction specialist, ED/hospital staff and primary care practitioner's work together to provide seamless care to individuals with substance use disorders.

The innovative model has several innovative elements that enhances care and addresses flow issues within the ED and supports mental health and addictions issues.

- Open to individuals with any substance use disorder (referred or self-referral);
- Seen within 5 days;
- Staffing with addiction medicine physicians and nurse practitioner who prescribe buprenorphine and anti-craving medications;
- Social Work resources;
- Referral pathways to community agencies as required;
- Clinic transfer back to primary care when stability attained;
- ED/Inpatient training on use of medication to manage withdrawal.

The RAAM clinic is transformational in that training has been provided extensively to the ED physicians around the use of buprenorphine for the management of opioid use disorder. The ED physicians have agreed to prescribe the buprenorphine in the ED and refer to RAAM for an urgent appointment for ongoing care of the patient. This has had significant impact on our admissions and client flow challenges.

Since the inception of RAAM Clinic, there have been sustained results for clients with reduction in ED visits by 53.5% overall and reduction in inpatient admissions by 77.1%. These reductions translate into 2,452 emergency department visits avoided or 983 clients who did not need to be seen in the ED. The RAAM clinic has also resulted in 145 less patients admitted to hospital beds for addiction related issues which has also contributed positively to our patient flow issues.

Success has been apparent not only to clients, but to staff and physicians which has led to the spread of the clinic model across all sites. When it initially started, RAAM was solely at the St. Catharines Site and staffed by an addictions medicine physician one half day per week. Over the last two years, the team has expanded to include two additional addiction medicine physicians, a nurse practitioner and a social worker, which has facilitated expansion of RAAM to the Greater Niagara and Welland sites of NH.

Presently, referrals are received and appointments booked within five days. The team works closely with the ED and inpatient teams to provide collaborative care and ongoing education to achieve extraordinary outcomes. Understood is that people with addiction challenges require different models of service that allow for the right care at the right time, every time. This model has allowed physicians in the ED to be more focused and confident in their assessment and treatment skills of this complex population and more satisfied with the care they provide. The RAAM model has been successful and we continue to partner innovatively with both internal and external partners. Currently, NH is working with several community partners to embed a RAAM clinic at the Safe Injection Site to provide point of care access to specialized addictions services. This type of collaboration and innovation is focused on meeting the unique needs of the addictions population.

Patient/client/resident partnering and relations

Niagara Health has evolved its approach to patient and family partnership over the past 12 months creating the Niagara Health Engagement Network (NHEN). This network is a rostered approach to engagement and utilizes the IAP2 (International Association for Public Participation) model which has a broader reach than most advisory committees and allows for 'self-determination' of volume and type of partnership.

Over the past year, there has been substantive activity to advance partnership and co-design in this new model including:

- Development of the NHEN structure, function and training for patient partners at the inception
- Informing the development and content of the patient safety plan and integrated quality and safety framework
- Informing the Quality Improvement Plan – targets and change ideas
- Informing the Senior friendly Care Self-Assessment tools
- Informing the Niagara Health Ethics Toolkit and supporting SBAR worksheet

As we move forward into 2019/20 fiscal year the NHEN will continue to drive quality and safety through co-design events and integration in committees in the following ways:

- Co-design and collaboration in understanding 'what constitutes enough and type of information' when patients are discharged and implementing two supporting improvement initiatives;
- Facilitating leadership training for partnering with patients and families using the NHEN;
- Members of key corporate committees such as: Safety Council, Senior Friendly Committee, Equity Committee.

We are excited as this new model of engagement will tap into the rich resources of our patient and families experiences to drive quality and safety strategic imperatives.

Workplace Violence Prevention

Niagara Health's Strategic Plan commits to creating a healthy team by building a culture of mutual respect and workplace violence prevention continues to be a strategic priority. We are committed to the safety of all staff, patients, physicians, visitors and volunteers. We have a comprehensive Workplace Violence Prevention program and a robust "Be Kind" strategy to reduce workplace violence.

Information is captured through NH's Incident Reporting System and reported to the Executive team, Board of Directors, and Corporate Joint Health and Safety Committee on a quarterly basis. There are 2 full time staff dedicated to addressing workplace violence and we are meeting targets and reducing:

- o negative interactions from staff to staff
- o negative interactions from physician to staff
- o level of harm of incidents from patient/visitor to staff

The focus this year will continue to be on coaching, immediate feedback, and staff/physician education. Specific strategies include helping people improve their conflict resolution skills so that they are able to address issues directly and respectfully in the future, utilizing tools to reduce violence (such as personal panic alarms and flag alerts), the importance of reporting incidents, crisis intervention training to high impact areas (e.g. mental health and emergency department) and environmental risk assessments. An additional focus is on celebrating special events that incorporate our "Be Kind" philosophy- for example, this year we sold 1500 shirts for Pink Shirt/Anti-bullying day.



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 NH and the executive achieve targets set out in the Hospital's QIP 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: 7.5% of base salary
- Chief of Staff: 10% 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 QIP Core Priority Objectives (outcome and related measures) and organizational priorities: 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

For 2018/19, measures from our QIP and HSAA are included in the Plan to promote the strategic plan initiatives related to patient safety and strong financial performance to secure our future.

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.

Contact Information

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Sign-off

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



John Bragagnolo
Board Chair



Marti Jurmain
Quality Committee
Chair



Suzanne Johnston
President



Debbie Smith
Extended Care Unit
Administrator