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

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Overview

Niagara Health (NH) over the past two years has focused on ensuring the safety and well-being of all Niagara residents. The pandemic has necessitated that NH be nimble and flexible to ensure services are available to meet the needs of our community, our patients, their families as well as our staff and physician team. Over the past two years, hospitals have grappled with multiple waves of activity, significant reductions of surgical services, ICU capacity stretched beyond limits, long-term care facilities struggling, family presence restricted and organizations trying to keep staff physically and mentally healthy to continue to provide care.

As we enter into our third year of this pandemic, the focus of the Quality Improvement Plan (QIP) is very streamlined to address the challenges we have faced. Our plan is anchored on transition and recovery from the pandemic with service restoration, patient safety and family presence as our foci. Our key areas of the QIP will include:

- Restore surgical capacity to address the backlog of delayed interventions
- Ensuring we keep our patients safe through medication reconciliation practices
- Augmenting the role that caregivers play in a patient's journey through our Essential Care Partner program.
- Ensuring the experiences of our Long Term Care residents are captured to make improvements in care.

Reflections since our last QIP submission

There are many reflections since our last submission of the QIP. While the pandemic has been the primary focus for all organizations across the province, we continue to commit to quality improvement in all that we do.

Throughout each wave, with the multitude of directives, orders and guidance documents, a more focused lens of quality and safety was at the forefront. Particularly during the initial waves of COVID where services were ramped down to create system capacity, NH used a harm reduction and risk lens to identify the best approach to clinical service models, and overlaid a quality framework to ensure the principles of safety were included.

As we enter our third year of the pandemic, we will continue to leverage a risk framework, quality focus and partnership with patients/families/caregivers. Recognizing the fatigue in our health human resources (HHR) and the impact of service reductions on many vulnerable populations, improvement work will be targeted to high need areas and system recovery from COVID.

Patient/client/resident partnering and relations

The pandemic created both challenges and opportunities in the ability to connect with our Patient Partners over the past two years. Our primary challenge has been the inability to have Patient Partners meet in person (e.g on-site) secondary to Public Health guidelines and un-necessary risk of exposure. While virtual meetings have been a stop-gap measure to maintain connectivity, and creating 'Coffee Talks' to keep the group connected, shared by our Patient Partners is the ongoing desire to meet in person again.

Over the past year, our partnership has been very focused across three categories:

1. COVID initiatives ~ Family Presence, Essential Care Partner Program, Recovery Planning
2. Health Human Resources ~ be part of hiring panels;
3. Strategic Planning ~ South Build, Health Information System and Strategic Plan.

The ability to leverage virtual methods, having a solid recruitment process for Patient Partners and the dedication of our Patient Relations team has supported our ability to have meaningful connections with our Patient Partners and support their invaluable work.

Provider experience

The pandemic has placed tremendous amounts of stress on health human resources (HHR) across the organization, the Ontario West region and the province. At the onset of the pandemic, the 'call to action' and support of the community was overwhelmingly positive. As we enter into our third year of restrictions, compassion fatigue, workplace violence, community unrest and our stretched HHR are our key challenges.

Niagara Health continues not to waver on the commitment of a safe workplace, providing resources for our staff to support them both physically and mentally, and regularly engaging in kindness rounds across all sites to keep morale elevated. Not dissimilar to organizations across the province, our HHR have been committed to providing the best care to our community. However, we are facing a fatigued workforce physically and mentally. We continue to partner across the region and with community partners to implement creative strategies to address staffing shortages, retain staff and shift the narrative to a more positive and hopeful future.

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
- Vice Presidents: 3% 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 2022/23, 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.

Other

The COVID-19 pandemic has re-defined many organizations in leveraging regional partnerships, coming together across organizations and leaning on each other for novel solutions. Niagara Health rose to the occasion to ensure high quality safe care for residents, and ensuring care was provided in novel ways (e.g. COVID at home, virtual care, COVID assessment and treatment centres) to serve residents in need. Our strategies assisted in addressing capacity issues, reducing COVID spread in the community and maintaining the health/wellness of the community. We continue in our third year to explore different models of care for our community while dealing with unprecedented HHR and capacity issues.

Niagara Health also has actively supported Long-Term Care (LTC) facilities/congregate settings in Wave 2 under temporary emergency order. Our temporary oversight of several LTC facilities allowed for a safer resident experience, building capacity of teams with these settings and reducing the number of unnecessary hospitalizations/deaths.

Niagara Health also planned, implemented and executed a vaccine centre for the region to support Public Health. During this timeframe over 265,278 doses were provided to community residents, staff and physicians. This mass vaccine centre was operationalized within a 4-week timeframe, was staffed with NH employees/physicians and provided primary support for the region.

Finally, the organization implemented within 6 weeks the Essential Care Partner (ECP) program to address the necessity of reducing the number of people within a hospital setting, while ensuring caregiver presence to contribute to better health outcome. Implemented January 2021, over 2000 ECPs have been trained into the program (including Infection Prevention and Control training) to provide support for loved ones (physical, cognitive and emotional) on a 24/7 model. The program was co-designed with the Niagara Health Engagement Network (NHEN) Patient Partners, and shared resources across the province to assist other organizations.

Sign-off

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

Bunny Alexander Board Chair

Elizabeth Zimmermann Board
Quality Committee Chair

Lynn Guerriero
President and CEO