

Let's Make Healthy
Change Happen.



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

niagarahealth
Extraordinary Caring. Every Person. Every Time.

1/04/2018



ontario.ca/excellentcare



Overview

We are Niagara Health and we have one unifying goal -- to provide all of our patients, their families, staff, physicians, students, learners and volunteers extraordinary experiences. Our CORE values inspire us to be EXTRAORDINARY: Compassion in Action, Driven by Optimism, Achieving Ambitious Results.

Extraordinary Caring. Every person. Every time. It is our purpose and it is what our patients, their families, our volunteers, our teams and our community need and deserve. Both the physical and emotional part of caring is at the heart of our purpose.

At Niagara Health, we are contributing to a *Healthier Niagara* and to the overall health of our region in population health, economic health, the health of our environment, and in being good partners. To guide us to our vision of a *Healthier Niagara*, we have four areas of focus: Extraordinary Care, Extraordinary Teams, Extraordinary Future, Extraordinary Innovation. We are in Year 2 of our ten year journey with the following initiatives underway:

Areas of Focus	Initiatives
 <p>Extraordinary Care:</p> <ul style="list-style-type: none"> • Ingrain a culture of patient safety. • Eliminate preventable harm. 	<ol style="list-style-type: none"> 1. Introduction of “WeRound” which focuses on intentional, standardized rounds (check-ins) on patients by nurses and other members of the interprofessional team at regular intervals which helps to anticipate and address patient needs with the outcome of an enhanced patient safety experience. 2. Physician to physician Transfer of Accountability (TOA) is an integral component in the safe exchange of patient information to ensure safe transition and continuity of care. TOA done in a standardized manner is expected to reduce adverse patient outcomes. Lack of or poor communication is known to be a factor in up to 70% of cases that lead to legal action. 3. Expansion of Critical Care Response Team to our Welland and Niagara Falls sites which will improve morbidity and mortality as well as improve resource utilization and outcomes for patients. This new model will dramatically improve the patient experience through the implementation of an innovative evidence based best practice model while ensuring the right level of care at the right time for all NH patients. 4. 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 NH. 5. 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.
 <p>Extraordinary Teams:</p> <ul style="list-style-type: none"> • Develop our people. • Develop collaborative work teams that creatively deliver results. 	<ol style="list-style-type: none"> 6. Establish Unit Based Teams to engage and empower our front line staff in improving the performance of their department. 7. 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. 8. Develop our emerging and experienced leaders through the implementation of a Leadership Development program entitled Extraordinary U. Extraordinary U is Niagara Health’s Leadership Institute that offers developmental opportunities for our leaders. The program fosters an environment where leaders can acquire knowledge and skills to empower our people and teams to create “A Healthier Niagara”.

Areas of Focus	Initiatives
 <p>Extraordinary Future:</p> <ul style="list-style-type: none"> • Support the physical and mental health of our people while helping them make informed personal health choices and be engaged and fully contributing at work. • Enhance systems and methods for sharing information and protecting health information. • Invest in care, research and education. 	<ol style="list-style-type: none"> 9. Identify and implement prevention initiatives to keep people healthy and safe at work, beginning with Be Well. 10. Enhance Systems and methods for sharing information and protecting health information through the implementation of an Electronic Medical Record. 11. Identify and act on improvement opportunities to use our resources wisely through the implementation of evidence-based approaches to clinical utilization. 12. Plan and design our new facilities to support the future needs of our communities.
 <p>Extraordinary Innovations:</p> <ul style="list-style-type: none"> • Accelerate partnerships with patients and primary and community care providers. • Transform care for people who would benefit from integrated and comprehensive care. 	<ol style="list-style-type: none"> 13. 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 health, get better and live well with chronic disease. 14. Partner to develop and implement models of care that will transform where and how we provide care safely in primary, ambulatory, geriatrics, and palliative care. 15. Implement an Integrated Comprehensive Care model for patients within the Mental Health and Addictions Program. 16. Develop innovative Information Technology solutions to improve transitions of care from within the hospital to community providers.

QIP Development

The following *principles* guided the final selection of the QIP indicators:

- Exclude the Health Quality Ontario indicator if:
 - it is tracked and monitored through another mechanism such as:
 - a) Niagara Health’s (NH) Strategic Plan dashboard;
 - b) Hospital Services Agreement Accountability Agreement (HSAA) or the Ministry LHIN Performance Agreement (MLPA);
 - c) Program-specific scorecards.
 - NH’s performance is better than target.
- Create focus on a select or manageable number of indicators year over year in order to drive, routinize and scale improvement as part of a continuing quality and safety journey.

- Draw on key sources of information and multiple data points such as our incident reporting system, patient relations events including compliments/complaints, risk factors from the Health Insurance Reciprocal of Canada (HIROC) Risk Assessment Checklist process, NH's Enterprise Risk Management program etc.
- Continue to implement quality and safety best practices aligned with Accreditation Canada standards.

For 2018/19, NH will focus on the following areas of improvement for the **hospital**:

HQO Quality Dimension	2018/19 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 to 90% in all units implemented, representing a 2% improvement.
	We will improve the safety of care we provide by increasing the proportion of patients who have their Medications Reconciled at Discharge to 90% in all units implemented.
	We will establish a baseline for Workplace Violence Incidents .
Effective	We will reduce the Hospital 30 Day Readmission Rates for patients with a Mental Illness or an Addiction from 12.3% to 9.8%.
	We will reduce the number of new stage 2 or higher Pressure Ulcers for our complex care patients to 7.5%, representing a 5% improvement.
Patient-Centred	We will improve patient experience by improving the satisfaction scores by 3% from 81.5% to 83.9% for our inpatients and maintain the target of 51.7% for our ED patients.

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

HQO Quality Dimension	2018/19 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 20.68% to 18.48%, a 2.2% improvement toward benchmark.
	We will reduce the number of harmful resident falls from 19.53% to 15.63%.
	We will reduce the number of patients who used restraints from 12.14% to 10.4%.
	We will continue to work towards the goal of 100% hand hygiene compliance.
Effective	We will reduce the new and worsened pressure ulcer rate from 9% to 7.25%.
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 92.81% to 93.7%, representing a 1% improvement.
	We will increase the percentage of residents responding positively to the question “I can Express My Opinion Without Fear of Consequences” from 89.36% to 91.10%, representing a 2% improvement.

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

Highlights from the past year include:

- **Improving Access and Patient Flow.** Strategies aimed toward improving patient access and flow is a collaborative team-based approach that includes daily huddles, bullet rounds and twice daily patient flow meetings that occur at all sites in addition to weekly system-level rhythm rounds that facilitate rapid identification and resolution of patient flow issues.
- **Patient Safety Week 2017.** NH hosted its second annual Patient Safety Week, with a campaign theme of “Safety starts with me” and four campaign elements:
 1. **Reinforce** patient safety strategies that are aligned with Accreditation Canada practices.
 - Daily informational emails and huddle talk campaigns for all staff and physicians took place over the course of the week with a different theme each day (e.g. Medication Monday: “Medication cart of Horrors” which was an interactive process to identify unacceptable practices in relation to a medication cart).
 2. **Patient Engagement and Awareness:**
 - Patient meal trays had a customized tray liner reinforcing patients’ roles in safe care (e.g., hand hygiene).
 3. **Education:**
 - Medicine Grand rounds “Safety starts with me: Transfer of Accountability”.
 4. **Staff Engagement:**
 - A daily informational email with a short quiz related to the day’s patient safety theme message.
- **Introduction of EXTRAORDINARY U, Niagara Health’s Leadership Institute.** This is an exciting opportunity to equip our high-potential leaders with the knowledge they need to transform the future of healthcare and provide extraordinary caring to those we serve. In addition, many of the tools/skills will help our leaders engage in critical thinking and high risk conversations to improve quality and safety.
- **Safety Council.** NH’s interprofessional Safety Council has focused on streamlining the critical incident review process. Opportunities for improvement include enhanced disclosure processes, hearing the patient voice in the review process, and organization-wide sharing of incident review recommendations.
- **Knowledge Sharing.** NH staff have presented posters at various educational and leadership conferences including the National Enterprise Risk Management in Health Care Conference on “Never Events...One is Too Many.”
- **Emergency Management and Preparedness.** Ongoing evaluation and enhancement of NH’s Emergency Management Program with mock code exercises, in partnership with Police and Fire.
- **Accessibility Committee.** Recruitment of three (3) volunteer Accessibility Advisors with lived experience.

- **Research Ethics Partnership.** The promotion and support of research has become a growing area of interest and focus at NH. NH has entered into a service agreement to centralize ethics review for clinical research and clinical trials under the Hamilton Integrated Research Ethics Board (HiREB). The partnership with HiREB and specifically Hamilton Health Sciences, McMaster University and St. Joseph's Healthcare Hamilton will build on our progress to date by providing us with new platforms to innovate as well as additional capacity and resources including access to research training for our researchers, legal expertise, and guidance for publishing study results in academic journals and other key research publications.
- **Achievement of High Staff and Physician Engagement Scores.** Two engagement surveys were completed in 2017 (January and October). There has been significant progress in our scores, with the Employee Engagement score increasing from 62% to 65% and the Physician Engagement score increasing from 61% to 73%. Other notable improvements include: significant increase in pride and satisfaction around affiliation with NH; increase in looking forward to going to work; perception about quality of medical leadership; increase in optimism that the organization will achieve its goals and decreases in the perception that mistakes are being held against employees.
- **Extended Care Unit/ LTC Home Achievements.** The Extended Care Unit has worked diligently to reduce the use of antipsychotics. Recognizing the personal significance of music, in conjunction with the Music and Memories program, the home partnered with Brock University to develop a process for the creation of personalized iPods with meaningful music for the individual. The use of the iPod was then studied as to its affect and impact on reducing responsive behaviors thereby reducing the need for antipsychotic interventions. The home has had great success and has been shortlisted for the Celebrating the Human Spirit Award from the Canadian College of Health Leaders.
- **Improving Identification and Treatment of Malnutrition.** The More-2-Eat Study resulted in improvements to hospital nutrition care. The Canadian Nutrition Screening Tool (CNST) has been added to the Niagara Health Admission Data Base for admissions to medical, surgical and critical care units. Patients triaging at risk are now rapidly referred to a Registered Dietitian for assessment and when appropriate, nutrition treatment and planning/education for discharge.

Resident, Patient, Client Engagement and relations

NH's Community Advisory Committee (CAC) participated in a validation process to confirm the QIP indicators for 2018/19. This is aligned with the CAC's role in providing feedback and advice on ideas for initiatives and programs that enhance the mandate of NH.

NH 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. Results of our 2017 polling continue to demonstrate a significant improvement in the organization's overall reputation score. Key findings include:

- Measures of trust, commitment, transparency and influence remain strong.
- Positive opinions are largely driven by the quality of the service and care provided. Like last year, roughly 7 in 10 residents are satisfied or very satisfied with the services offered by Niagara Health, 27% of whom are very satisfied, which is an increase of 3% over last year. Those who have been treated or know someone who has been treated by Niagara Health were far more likely to be satisfied with the services than those who hadn't.

- At 33%, the proportion of Niagara residents rating Niagara Health as “the best hospital” has stabilized after several years of increases. Residents cited our highly skilled team and excellent overall care more than anything else, which has been the trend since 2013.

The Resident’s Council plays a vital role in the quality activities in the Extended Care Unit. The Council reviews and approves the Annual Satisfaction Survey questionnaire to ensure that the topics being surveyed are reflective of the activities in the home. The approved survey sent to both residents and families provides valuable insights to guiding the indicator selection and strategies identified in the Quality Improvement Plan. The targets being set are shared with the Council for their input. As well the quarterly results are shared with Resident’s Council and posted on the Family Information Board.

Collaboration and Integration

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.

Health Links. NH continues to work with its partners both internally and externally 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). NH continues to leverage its academic partnerships with a focus on quality improvement, working collaboratively with Brock University and McMaster University's Michael G. DeGroote School of Medicine - Niagara Regional Campus. 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 NH staff and physicians.

The **Extended Care Unit** works collaboratively with AdvantAge Ontario (formerly the Ontario Association for Non-Profit Homes and Services for seniors) and other community partners i.e. Niagara Health, other long term care homes, the Long Term Care Network Forum, the HNHB LHIN placement services team. Partnerships are also in place with colleges and universities, supporting pre-graduate placements for nursing students, internationally trained nurses, therapeutic recreation students, and dietetic students.

Engagement of Clinicians, Leadership & Staff

Clinicians, leadership, and the Community Advisory Committee were engaged in the development of our QIP. The QIP is monitored by the Board and senior leadership. Teams across NH huddle on a daily basis to monitor how they are doing with respect to key quality improvement metrics, which directly or indirectly impact the organization’s performance on the QIP.

The Quality Improvement Plan for Extended Care Unit is shared with the leadership of the home. It is discussed on a quarterly basis with opportunities for change strategies being implemented if appropriate. Each leader in the home in turn shares the QIP with their staff. Any change ideas that are identified by the frontline staff are brought back to the Leadership Quality and Risk Management Committee of the Home. The QIP is also shared with the Professional Advisory Committee of the Extended Care Unit. Recommendations from the physicians of the home are incorporated into the QIP where appropriate.

Population Health and Equity Considerations

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.

Aboriginal Patient Navigator Program: NH 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.

Indigenous Cultural Competency: Senior Executive Staff have all completed the Indigenous Cultural Safety Online Program. In addition, the NH Board of Directors participated in a half day cultural competency and safety session.

Health Equity Impact Assessment: As part of planning for the new Niagara Health- South Site, Niagara Falls and Welland Ambulatory Care, NH is completing a Health Equity Impact Assessment to identify and address potential unintended health impacts (positive or negative) of the capital projects on specific population groups.

French Language Services: NH 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** strives to reunite married couples supporting spousal reunification and will take all steps to have residents share the same room if that is their wish. At present there are 3 couples living in the home. Welland is a designated Francophone community. The home works to supporting our Francophone residents by working to have rooms shared by the French speaking residents, have them seated at the same dining table and allow opportunities for interaction with the French speaking staff in an effort to promote the Francophone community.

Access to the Right Level of Care - Addressing ALC

- In partnership with the Hamilton Niagara Haldimand Brant (HNHB) Care Providers, NH's standard process includes daily unit-level bullet rounds, and daily ALC discharge rounds in order to support patient transition through the continuum.
- Complex Case planning also occurs within this partnership – ensuring that patients who may be high-risk for barriers to discharge are engaged early to initiate the discharge planning process.
- As patients transition from Acute care, and cannot be immediately discharged, a multidisciplinary consultative process occurs to determine the ALC designation.
- A daily system-wide call occurs each morning to facilitate movement of patients from Emergent, Acute and Critical Care to Complex Care and ALC Care beds.
- With the support of funding from the MOHLTC, NH has opened 26 ALC Transitional beds for fiscal 2017/18.
- NH's flow team, along with our partners at the HNHB LHIN meet routinely with our local partners at Hotel Dieu Shaver, Hospice Niagara and our local providers for Convalescent Care. This team assesses current tactics and develops plans to continue to address ALC-related opportunities.
- NH has developed a Quick Response Team (QRT) that can be deployed to our ED, to support discharges for patients who present with No Medical Reason for Admission, but who require additional supports in order to be discharged home. This team includes a Discharge Planner, HNHB LHIN Care Coordinator, Physiotherapist and Occupational Therapist as well as an ad-hoc Social Worker.

Opioid Prescribing for the Treatment of Pain and Opioid Use Disorder

The Perioperative Program is committed to the adoption of best practices related to pre-, intra-, and post-operative care in order to minimize the narcotic needs of patients, moving to multi-modal therapy and increasing use of non-narcotic based therapies. The Perioperative Program will be organizing a Continuing Medical Education (CME) event in 2018/19 related to post-operative analgesic prescribing practices of clinicians.

In 2016, Rapid Assessment Addictions Medicine (RAAM) clinic was introduced at Niagara Health. RAAM offers outpatient assessment and medication assisted treatment for alcohol, opioid and benzodiazepine use disorders. The clinic is staffed by an Addictions Medicine specialist, Nurse Practitioner and Social Worker who provide holistic care for individuals with substance use disorders and ensure connections with community partners required to address social determinants of health that underpin ongoing substance misuse. To date, the clinic has made a significant impact in reducing repeat visits to the ED (56%) and reduction in mental health inpatient stays (78%) for new clients.

Workplace Violence Prevention

NH 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 two full time Workplace Relations staff 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, a Values Commitment, Code White emergency (and security) response, crisis prevention and de-escalation training, flagging for violence on the health record and at the bedside, personal panic alarms, and environmental violence risk assessments. 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, Code White, and 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, the Senior Team, and 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. We have 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. We have 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.

NH's current strategic plan includes creating healthy teams by building a culture of mutual respect and progress is reported on a quarterly basis to the Senior Team. We conduct a system-wide Respectful Workplace campaign each February. We have initiated an on-going Be Kind campaign that includes increased communication regarding respectful workplace and incident reporting. This includes posters throughout the organization, communication via all on-site screens (staff and visitors), messaging at site huddles and on the NH intranet page.

Performance Based Compensation

NH'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/EVP Medical: 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:

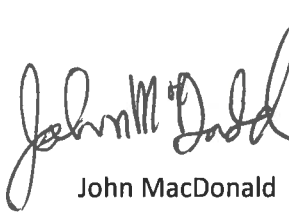
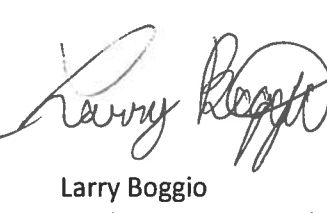
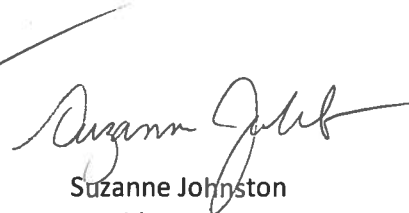
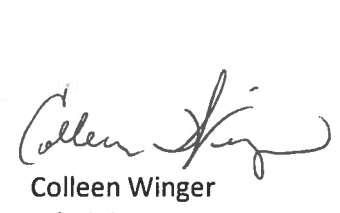
1. Attainment of QIP Core Priority Objectives (outcome and related measures) and organizational priorities: 40% weighting
2. Attainment of Group/Program Objectives: 40% weighting (these may also be related to QIP priorities)
3. Attainment of Individual-specific Objectives: 20% weighting

For 2017/18, 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.

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