



**Ontario  
Health**

**Quality Improvement Plan (QIP)**

# **Narrative for Health Care Organizations in Ontario**

May 19, 2022

## OVERVIEW

Hôtel-Dieu Grace Healthcare (HDGH) is recognized by Accreditation Canada as an Exemplary Standing organization. We are committed to improving the health and wellbeing of the Windsor-Essex community through the delivery of patient-centred, valued based care. HDGH is a unique community hospital offering a wide variety of services in Mental Health and Addictions; Rehabilitative Care; Complex Medical and Palliative Care; and Children and Youth Mental Health. Delivery of the exceptional services we offer include both community and home based services. In collaboration with our healthcare and inter-sectorial partners, HDGH is providing care in new innovative ways and in many locations throughout the region to alleviate social determinants of health barriers, improve healthcare access, promote positive patient outcomes and improve the overall patient experience.

The mission of HDGH is to serve the healthcare needs of the community including those who are vulnerable and/or marginalized in any way be it, physically, socially or mentally. As a Catholic sponsored organization, we provide patient-centered care treating the mind, body and spirit. We do this by providing holistic, compassionate and patient-centered care to those we serve. HDGH's vision "as a trusted leader transforming healthcare and cultivating a healthier community" conveys a strong commitment to providing safe, high quality patient and family centered care and services. HDGH is dedicated to improving the quality of life for patients across the continuum of institutional and community settings.

The hospital's 2022-23, Quality Improvement Plan continues to be driven by our three strategic drivers: Our Patients; Our People; and

Our Identity. HDGH is seen as a strong and trusted leader in partnership development within the community through the delivery of post-acute and community services with a focus on our patients. Our key initiatives for this year will be related to patient safety and supporting mandatory and priority improvement across the healthcare system. Quality improvement initiatives will provide a focus on the patient voice in all quality improvement strategies and decisions. We will be continuing our focused work and engagement with frontline staff and our Shared Governance model, as well as, Unit Based Council structure to ensure the frontline staff and our patients are at the centre of our quality improvement planning.

We are pleased to introduce Hotel Dieu Grace Healthcare's 2022-23 Quality Improvement Plan (QIP), with a focus on effective transitions, patient, staff and physician safety and patient and resident experience. Our hospital work plan includes continuation of goals for discharge summary turnaround times, medication reconciliation, workplace violence and patient experience. Our goals this year will really be to stabilize and sustain our improvements over the past year and focus on post COVID-19 and pandemic service recovery, as well as our Senior Friendly Strategy. In addition, beginning March of 2022, Hôtel-Dieu Grace Healthcare (HDGH) announced a change to the way they will be delivering care to some of our community's most vulnerable. Slated to begin in November, this shift to an evidence-based Team-Based Care model will allow HDGH to move from a provider-centric model to a patient-centric model, focusing on what the patients value most. By elevating the role of the Registered Nurses within HDGH, and introducing Personal Support Workers to the staffing mix, this new

model will enhance the patient experience. Through this transition, HDGH remains committed to ensuring that the high-quality patient care Windsor-Essex resident have come to expect from the specialty hospital will not be compromised. HDGH will follow the Three-Factor Framework, which is endorsed by the College of Nurses of Ontario. This framework supports the predictability and complexity of the patient's condition determining the level of nursing knowledge required to provide care. Endorsed and supported by the hospital's Patient and Family Advisory Council, this model will support a restorative and recovery care philosophy, considered a best practice approach to care in rehabilitation, complex medical and mental health and addictions patient populations. Another major priority this fiscal year influencing our overall operations, will be the development and support of our Windsor Essex Ontario Health Team transition and development.

## **REFLECTIONS SINCE YOUR LAST QIP SUBMISSION**

The past two fiscal years brought unprecedented challenges due to the COVID-19 global pandemic. This was felt across our organization, our region and of course the entire healthcare system. During the pandemic, many staff were redeployed, both internally and externally outside of the organization to assist in various supporting ways. Staff and leadership had to be flexible and adaptive on a daily basis as guidelines and requirements frequently changed. Our organization's ability to collaborate, trust and quickly adapt to the rapidly changing landscape daily, allowed us to keep patients, clients, staff and physicians safe, while providing care in both safe and innovative ways. Access and flow initiatives included

supporting our regional system and acute care partners by implementing inventive and efficient transition workflows and opening of our 1 North & 2 North Unit to assist with regional bed capacity for the regional system. This flex unit played a critical role in pandemic bed management, by allowing us to admit a higher numbers of ALC type patients and non-acute Rehab and Complex patients within an expanded admission criteria. This in turn helped support access to the acute care systems and continued access and flow across the regional programs.

The rapid implementation of virtual visits supported patient access within our adult and children's mental health and rehabilitation ambulatory programs. This allowed safe care to continue for our patients, as well as, reduce travel time for patients who often have mobility and transit challenges. Pre-pandemic, approximately < 1% of our visits were delivered virtually and during the pandemic, often up to 5-7% of visits were provided through virtual strategies. Our telephone visits accounted for up to 15% of all visits over the past year. We also implemented a team to assist in connecting patients to their families through virtual visits ( zoom, FaceTime etc.) during times when visiting was restricted so they could continue their connections with families.

Vaccination advocacy efforts were a key safety initiative for our most vulnerable patient populations. We were able to support 850 patients over the past year in providing their vaccination while they were in house at HDGH. In addition, HDGH was the site of one of the city vaccination centers from January – March 2022 to assist with 2nd and 3rd vaccination doses for the west end hub area. We were able to provide 1736 vaccinations to our community including 303 children. Non-union staff were redeployed to this center to

assist and to support in collaboration with the Windsor Essex Health Unit. Working alongside a community partner and fostering health promotion for the community was a rewarding experience for our HDGH staff.

HDGH also implemented a major Health Information System (HIS) transition during November 2020 during the middle of Wave 3 of the pandemic, which hit three weeks into our Cerner go-live. The commitment and perseverance of staff, the adoption and focus of a successful go live with a fully electronic record is recognized with an enormous amount of respect and gratitude to the entire HDGH staff and team. Not only to the implementation team of over 70+ go-live super users, leadership team members and Subject Matter Experts (SMEs), but to every staff member in the organization who had to navigate a massive change in practice using a new documentation tool in the midst of this pandemic year. Since then, our organization has successfully moved to Electronic Medical Record Adoption Maturity (EMRAM) Level 6 (from a previous Level 3 in fall of 2020) and a successful adoption of the new HIS System Cerner. In just one year we have proudly improved a number of our key performance indicators which are monitored regionally. In addition, HDGH improved quality metrics and advanced communication and sharing of information in a critical time. This was accomplished when information sharing and a seamless medical record were vital to patient safety and to support transition of information for our patients in support of quality care. HDGH was able to reach some significant milestone advancement and stabilization target goals, despite the challenges that the global pandemic presented.

During the 2021-2022 year, we saw significant improvements in the

% of discharge summaries sent from hospital to primary care within 48 hours of discharge. Paper, back end dictation and transcription challenges of the past are virtually obsolete with the real time front end Dragon dictation advancement which resulted from our Cerner HIS implementation. It has revolutionized the turnaround time of information to support continuation of care post-discharge. There was significant work done previously to reach 73% of discharge summaries within 48 hours. Over the past year, we have 85% of discharge summary reports sent out within 48 hours and will continue to focus on sustainment of these improvements and further improvement strategies over the coming year to meet the College of Physicians Surgeons Ontario (CPSO) targets.

HDGH also saw significant improvements over the past two years on "did you receive enough information on discharge" metric. Previous to our HIS transition, significant work was completed in development of patient friendly discharge packages and improvements in medication reconciliation and medication information to patients on discharge. These focused efforts showed an increase in our real time survey results by approximately 30% from 19/20 – 20/21 and then a further increase in 21/22 post HIS implementation to 87.5% responding "Always". Challenges with HCCSS (Home and Community Care Support Services) post discharge follow up expectations and communication were a focus of improvement partnerships and will be source of next year's strategies for improvement.

A reduction in Employee workplace violence incidents were an unexpected result of the pandemic years. In 2020-2021 there were 74 incidents within the definition. In 2021-2022, there were 32 incidents, representing a 58% drop in incidents over the past year.

An initial observation is that with less onsite visitors and family, there was less conflict situations with staff and resulting incidents of violence towards the staff. This observation will be examined in more detail over the next year as the data and factors are reviewed in the deep dive.

Improvements in Medical Reconciliation over the past two years were sustained. Post HIS implementation and the transition to physician medication reconciliation workflow likely contributed to these findings. This continues to be at benchmark levels compared to other Ontario Cerner sites and has been sustained for the past two years at a very high level of over 90%. This is an important accomplishment as it directly correlates to patient safety not only at our organization but regionally with global HIS access.

## **PATIENT/CLIENT/RESIDENT PARTNERING AND RELATIONS**

In March 2020, the World Health Organization declared COVID-19 a global pandemic. At that time the Ministry of Health issued a directive to restrict visitation in all healthcare organizations. While such a policy was understandable from an infection prevention and control perspective, there was a concern for the emotional well-being and mental health of patients and their families.

HDGH recognized the important role of families as allies for safety and quality and acknowledged that connections with family members are integral to the health, well-being and healing of loved ones. In response, the organization established the Designated Care Partner (DCP) Program.

A DCP is someone who has a close and trustworthy relationship

with the patient. Committed to the patient, a DCP is more actively involved in the patient's day-to-day care, care planning and decision making because they know their loved one very well, they are uniquely familiar to subtle changes in their behaviour or health status, thus making them an essential support to the patient and health care team.

From July 2020 – September 2021- 958 DCPs were trained at HDGH. Almost 50% of DCPs visited their loved one every day and 45% visited at least 3x/week. One of the primary roles of DCPs as reported by patients, DCPs and staff was to provide emotional support. 85% of DCPs and 97% of patients report being 'satisfied' or 'very satisfied' with the DCP program. To date, over 1500 people have attended the DCP Orientation. We currently have 758 DCPs recorded in our tracking system, and 567 are currently "active". The DCP program is guided by an Advisory Committee, which includes 4 members of the HDGH Patient and Family Advisory Committee (PFAC), 2 recent DCPs and 3 HDGH staff. The team meets monthly, providing continual monitoring and evaluation of the program, guiding decisions for current state and future state and has co-designed the DCP Orientation, which is offered regularly each week.

In addition to the DCP program, the Corporate PFAC, MH&A PFAC and RCC PFAC's continued to hold their meetings virtually so that there was continued engagement and consultation with our patient/family representatives in many discussions and decisions. In addition, in partnership with the University of Windsor and We Spark Health Institute, we provided the Caring for the Caregiver Research Study and Conference which included over 5000 website

engagements and 200+ participants.

## PROVIDER EXPERIENCE

Health care providers have exemplified resilience beyond anything we could have ever imagined possible over the past two years and the impact is real and significant. Yet, the toll and cumulative impact has gone far beyond this pandemic and continues on today and into the next year still. Often vacation time has been limited or staff unable to take it due to staffing challenges, staff are often working double shifts and hours far beyond a healthy level on ongoing basis. Turnover has increased and experienced staff retired and some even left the profession entirely. The amount of recruitment for additional roles and staff to support ongoing care has been extensive, ongoing and often overwhelming.

Supporting our workforce continued to be and remains a priority throughout the pandemic. There was and continues to be a lot of tremendous work done to support staff throughout the pandemic experience. Some examples of initiatives focused on staff include:

- Grace and Grit Program which highlighted staff stories & provided each employee , along with long sleeve shirt “grit and grace” to all staff : <https://www.hdgh.org/storiesofgritandgrace>
- Creation of employee wellness intranet page with resources to EAP and other COVID resources: <https://intranet.hdgh.org/employeeewellness>
- Flu vaccination campaign offered by Health Office though the month of November 2021 to provide simple access to yearly flu shots.
- Free parking for staff to ease the stress of finding and paying for parking

- CEO and Employee Blogs – to highlight staff and opportunities to share a thoughtful “BLOG” with co-workers.
- Research study with University of Windsor – Impact of COVID on health care workers.
- Reduced cost for Hotel accommodations available to employees both for COVID-19 risk mitigation and inclement weather events.
- Winter Wellness Activities :
  - a. Countdown to Christmas activities (partially due to COVID ) which did successfully include an Outdoor Winter Fair – Reindeer Games event of fun activities and socializing and fellowship with refreshments. There were also 12 high-value (\$500-600) wellness-focused random prizes given away to employees as part of that campaign to promote self-care, physical fitness and wellness.
  - b. January /February Winter Wellness -activities for staff
  - c. Morale boosting days - wear purple, ugly sweater day, Halloween costume contest, etc.
  - d. Zoom story time for children of HDGH employees
  - e. Various webinars – i.e. compassion fatigue
- Voluntary use Rapid Antigen Test kit distribution that commenced in October 2021 (well ahead of provincially distributed kits). These kits were offered for employees to voluntarily use for asymptomatic testing for early identification of COVID-19 as a means to protect their elderly or vulnerable family members or young children.
- Enhanced communication plan to keep daily communication with staff with COVID updates
- Onsite swabbing clinic for staff to avoid travel to downtime location
- Onsite vaccination clinic in conjunction with Windsor Essex county

Health Unit – provided onsite location for vaccinations.

- CEO and Leadership Rounding – to support messaging, answer questions and support staff concerns/questions.
- FSEAP provided virtual counselling and online support during the pandemic for staff.
- Various wellness activities when able to : yoga , employee gym
- Distribution of long sleeve and short sleeve “Together We Stay Strong” shirts to all employees
- Facilitated various food donations from our community such as Feed the Frontline, What’s Poppin’ Popcorn Factory, Kabobgy, Mor Grow Farms, M&M Meats, Casino Windsor, local families and businesses etc. on several different occasions
- Daily prayer read over the announcement system
- Biweekly contests such as photo contest, crossword puzzles, bingo, great day for a giveaway contest to keep up spirit and provide giveaway events.
- Comfort cart delivery to the floors on several occasions – distribution by leadership to the frontline workers with various snacks and beverages
- Noon hour meditation sessions provided complimentary via zoom
- Mask, ear saver and cap donation distribution
- Artwork distribution to nurses from local grade schools with messages of thanks
- Communication of discounts for healthcare staff as well as notification of retail outlets providing ‘skip the line’ service to healthcare workers
- Handwritten thank you notes from management to employees for their work during the pandemic as part of Staff Appreciation Week
- Ice Cream social on three occasions over the past year for all staff

- Staff Christmas luncheon and door decorating contest
- One Year Cerner Anniversary Celebration ( Nov 2021)

## EXECUTIVE COMPENSATION

In 2014, the Province began the process of developing public sector compensation frameworks to manage executive compensation in the BPS. The Broader Public Sector Executive Compensation Act of 2014 (BPSECA) authorized the government to establish frameworks, and set out principles that all designated employers must follow. These included ensuring that there is a consistent and evidence-based approach to setting compensation, ensuring that there is a balance between managing compensation costs while allowing employers to attract and retain the talent they seek, and ensuring that there is transparency in how executive compensation decisions are made. In accordance with the requirements of the Excellent Care for All Act, 2010, compensation of the executive’s team goals are linked to achieving improved performance on selected QIP outcome measures and achievement of improved performance on the majority of measures.

The following positions at HDGH are included in the Performance-based compensation plan as described herein:

- President & Chief Executive Officer;
- Vice President of Medical Affairs, Mental Health & Addictions, Quality & Performance, Chief of Staff
- Vice President of Clinical Services, Restorative Care, Chief Nursing Executive
- Chief Financial Officer

Each of the above named executive’s compensation, in the amount

of 5% for CEO and 2% for respective VP's is linked to the achievement of specified performance targets which are reflected in the annual Quality Improvement Plan (QIP).

Achievement of performance targets is evaluated annually the period of April 1- March 31 of the given year to determine executive compensation. All the executives are evaluated against the same performance indicators and targets.

The performance indicators are selected as follows:

- Did you receive enough information on discharge?"(% excellent score) ( Rehab/Complex )
- Was the care you received of quality care? ( MH )
- Medication reconciliation on discharge – The total number of patients with medications reconciled as a proportion of the total number of patients discharged from Hospital.
- % discharge reports sent within 48 hours

Each indicator is weighted equally (25% each).

If less than 50% of the target is achieved, no P4P is paid.

If more than 50% that percent of the P4P is paid out (for example, if a target is 60% achieved, then 60% of the P4P for that indicator would be paid out. It would be pro-rated based on the % of the target.

## CONTACT INFORMATION

For any questions regarding our plan, please contact:

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## SIGN-OFF

It is recommended that the following individuals review and sign-off on your organization's Quality Improvement Plan (where applicable):

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

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Board Chair

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Board Quality Committee Chair

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Chief Executive Officer

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Other leadership as appropriate

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