

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 30, 2023



OVERVIEW

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 2023-24, Quality Improvement Plan continues to be driven by our three strategic drivers: Our Patients; Our People; and Our Identity and focus on our post pandemic "back to basics" approach. 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 system 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 re-igniting our Shared Governance model, as well as, Unit Based Council structure to ensure the frontline staff and our patients are at the center of our quality improvement planning. We will also be continuing to expand our engagement of our PFAC's and leveraging patients & families in various quality projects; increasing co-design

opportunities where possible. Our focus this year is also continuing our journey post COVID, in getting back to basics and re-establishing our committee structures and systems to support our operational priorities. We are currently in progress of finalizing our updated Strategic Planning for 2023 - 2026 and refocusing our priorities for the organization, and this new plan will roll out to the organization in June 2023. Our organization is currently in a very robust and engaging Strategic Planning Process to develop our 2023 - 2026 Strategic Plan and a full update to our operating plan. The updated plan is expected to be released in June 2023.

We are pleased to introduce Hotel Dieu Grace Healthcare's 2023-24 Quality Improvement Plan (QIP), in support of the Ontario Health system direction, with a focus on effective transitions, ALC management and our senior friendly care program, patient, staff and physician safety and patient and client experience. Our hospital work plan includes continuation of goals for transitions and access to care, 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 continue our focus on post COVID-19 and pandemic service recovery. Another major priority this fiscal year influencing our overall operations, will be the continued development and support of our Windsor Essex Ontario Health Team transition and development, our partnerships with our community as a respected partner and leader, and providing the services our residents in Windsor - Essex require.

Reflections from the Past Year

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. Over the past year, with staffing challenges, there has been significant impact on our staff, their stress levels and impact of overtime. Staff and leadership have continued to be flexible and adaptive on a daily basis as guidelines and requirements frequently changed and the impact of surge planning across this region. 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. The inpatient vaccination program for HDGH had a total of 900 vaccinations administered since March 2021. Access and flow initiatives included supporting our regional system and acute care partners by implementing inventive and efficient transition workflows and opening of 2 North Unit to assist with regional bed capacity for the regional system during surge planning. 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.

Since our implementation of a new HIS system in November 2020, our organization has successfully moved to Electronic Medical Record Adoption Maturity (EMRAM) Level 6 in January 2022 (from a previous Level 3 in fall of 2020) and maintained throughout a very successful adoption of the new HIS System Cerner. We have been able to sustain and often improve a number of our key safety in the

midst of the pandemic and during this post pandemic /surge period. In addition, HDGH improved quality metrics and advanced communication and sharing of information in a critical time, when information sharing and a seamless medical record are critical 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 and post pandemic surge period presented.

During the 2022-23 year, we saw significant improvements in the % of discharge summaries sent from hospital to primary care within 48 hours of discharge. Paper and 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. Over the past two years, we have 87.2% 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. This is improvement of 14.2% over two years.

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”. Our current results are YTD 88% and above our target set for this year of 87%. A focus on understanding what information patients feel may be missing, ensuring that the discharge instructions provided to patients are reviewing with them prior to discharge, in addition to a follow up appointment process with the family care provider within 7 days are all planned initiatives for 23-24.

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. In 2022-23, we have seen a slight increase compared to the previous year but YTD, we are at 21 incidents in Q1/Q2. An initial observation is that with less onsite visitors and family, there was less conflict situations with staff incidents of violence towards the staff. This metric finding will be examined in more detail over the next year and as visiting and family presence increases again.

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 95% YTD. This is an important accomplishment as it directly correlates to patient safety not only at our organization but regionally with global HIS access.

We also had important improvements in the following areas over the past year:

- Model of Care Implementation in Complex Continuing Care and the introduction of PSW in patient centered care model
- Centralized Unit Clerk Model to support inpatient units
- Expanded Crisis services to our community with MHART and MHUCC services & Integration of Dual Diagnosis program with CMHA
- Partnership with City of Windsor, FSWE, ALSO and CMHA to create supported housing environment at Chateau Masson. This has provided stable housing option for many of our clients that would otherwise be homeless
- Expansion of the DBT skills groups, introduction of OTN format and evening sessions in our Wellness Program
- Quality Project in progress of Stepped Model for our Intensive Outpatient Programs in Mental Health
- Suicide Screening and standardization of tool and data collection processes
- New program start-ups in: Coordinated Service Planning, Fetal Alcohol Spectrum Disorder Team, Family Navigator and the Ontario Autism Program Urgent Response Service.
- Regional E2P Quality standards project with North York in areas of Anxiety & Depression and the optimization and standardization of quality tools in our HIS system
- Expansion of Choosing Wisely quality projects with our Physician leads
- Expansion of Patient Surveying to all Outpatient clinics through WATLX and OPOC tools with monthly and quarterly reporting to the programs to share with staff and patients
- Expansion of Withdrawal Management Medical Intensive beds & enhanced patient safety with integrated pharmacy services, including medication dispensing machine (Pyxis)

- Enhancements in discharge information (PODS) and further optimization planning in progress
- Essential Care Partner Program enhancements
- Huddles & Shift Transfer Improvements
- Quality Safety Boards on units and in departments
- Various Infographics for the program and unit levels and sharing of key metrics at the unit level
- High Clinical Provider Order Entry (CPOE) rates & Medication Bar Scanning Rates
- Low Hospital Acquired Infection Rates
- Triggered standardized Risk Assessment tools in the HIS system
- As a result of a generous donation from the Solcz Foundation, formal implementation of Breaking Free Online, a digital resource for addiction, within HDGH and Windsor Essex County. A formal report was created in partnership with Homewood Research Institute
- Regional Patient Flagging Policy and Process developed for violent patients and behaviors.
- Outbreak management and response throughout the pandemic and the development of our Hazard Control Response to Covid-19 Policy.

PATIENT/CLIENT/RESIDENT ENGAGEMENT AND PARTNERING

Patients and family members partnered with the organization to co-design and offer guidance on a number of initiatives. There was a transition in clinical practice to a “team based model of care”. As part of the design of this model, patients and family participated in creating team structure and function, identifying standards for effective communication and information sharing, leadership characteristics, continual monitoring and how to cultivate mutual

support. PFAC members have provided integral insight into designing new patient white boards.

Hôtel-Dieu Grace Healthcare's (HDGH) Designated Care Partner (DCP) program has been designated as a Leading Practice by the Health Standards Organization. DCPs are chosen by patients or substitute decision makers to act as an essential member of the care team and work with staff to provide specific aspects of the care plan to a patient during their stay at HDGH.

Patients and family members, along with members of the Patient and Family Advisory Committee (PFAC), co-designed the transition of the Designated Care Partner Program to the Essential Care Partner (ECP) program. This change was facilitated by the desire for strengthening care partnership with patients and family, sustainable beyond the pandemic. This collaboration resulted in a process to follow, starting with admission, to training ECPs on individualized support for their loved one. An additional outcome was the publication of an ECP Guidebook.

The Regional Children's Center (RCC) PFAC co-designed and developed a Welcome package for new families receiving services at RCC. This was based on feedback received from the OPOC (Ontario Perception of Care) survey tool. They have also completed co-design work with their Youth in partnership (YIP) committee completing a Welcome Video Tour of RCC's Intensive Treatment Services (on the RCC website) and Youth First Aid Kids Kit development, in addition to a Parent Welcome Kit and current project; Family Engagement Quality Standards Training Video.

One of the larger PFAC inspired initiatives came from a MHA PFAC

member and a partnership created with WESPARK and the University of Windsor to implement a formal research project on the Needs of Caregivers. This entire research project was co-designed with the PFAC member and then resulted in a two day international conference in October 2021.

In response to a priority for alignment among all PFACs, a draft policy has been created to articulate alignment for our three PFACs: Corporate PFAC, Mental Health & Addictions PFAC and Regional Children's Centre PFAC.

A PFAC member has been added to the HDGH Ethics Committee.

PFAC members have participated in a Story Telling Workshop to strengthen their role in staff orientation and education.

PROVIDER EXPERIENCE

Health care providers have exemplified resilience beyond anything we could have ever imagined possible over the past three 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 an ongoing basis. Over the past year this has been a significant issue. Turnover has increased and experienced staff retired with some even leaving 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:

- 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 2022 to provide simple access to yearly flu shots.
- Free parking for staff on a number of different occasions to ease the stress of finding and paying for parking
- Thank You Thursdays
- HDGH vaccination center opened to general public and to staff. In January 2022 the total number of people vaccinated was 1796 doses, with 303 of those being to age group 5 to 11.
- CEO Video Updates
- 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:
 - 12 days of Christmas offering staff prizes
 - January /February Winter Wellness -activities for staff
 - Morale boosting days - wear purple, ugly sweater day, Halloween costume contest, etc.
 - Zoom story time for children of HDGH employees
 - Various webinars – i.e. compassion fatigue
- Model of Care Launched CMC - change teams created to support the development of the Team Based Model of Care

- Lessons Learned post go live evaluation
- Implementation of “Thought Exchange” tool for collecting staff feedback on initiatives
- Service Award night returned, celebrating years of service and President’s awards for last two years
- Period of double overtime pay for Overtime shifts
- UBC re-implementation post COVID - recruitment of new members and education day
- Opening of a Central Registration Office in Feb 2022
- Rainbow training for Central Registration Staff
- Nurses Week Award Celebration returned post pandemic with a beautiful outdoor celebration .
- Continued communication plan to keep regular updates / communication with staff with COVID updates
- HDGH Foundation hosted successful butterfly walk, run or flutter event and gifted the Christmas luncheon to all staff.
- HDGH team members celebrated at WE-Spark Conference
- Implemented After Hours Management structure to support staff
- New water fill stations installed in various places through the hospital for staff
- HDGH WDM staff volunteer at community Nalozone Kit Distribution locations
- Shift to passive screening in July 2022 for staff, physicians, volunteers and students - removed screening process in early 2023.
- 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
- Comfort cart delivery to the floors on several occasions – distribution by leadership to the frontline workers with various snacks and beverages
- Handwritten thank you notes from management to employees for their work during the pandemic as part of Staff Appreciation Week
- Ice Cream social for all staff
- Staff Christmas luncheon and door decorating contest
- Two Year Cerner Anniversary Celebration (Nov 2022)
- Awards and Recognition (external)
- DJ MacNeil, Director DJ MacNeil, Director of Children and Youth Services appointment as Professor of Practice,
- Lori Kempe received Champion of Inclusion Award from the City of Windsor’s Children’s Services
- HDGH received Platinum level Gord Smith Health Workplace Award for 2022
- Ivanka Simeunovic, HDGH Crisis Worker, Windsor COAST received Platinum Jubilee Pin in honour of Her Late Majesty Queen Elizabeth II, presented to her by Brian Masse, MP
- Barb Masotti, Chair of PFAC, received Catholic Health International’s Volunteer Excellence Award

WORKPLACE VIOLENCE PREVENTION

It is well documented that Healthcare workers are at high risk of injury due to aggression and for this reason HDGH continues to be a leader in the development of Workplace Violence Prevention Policies and Procedures. Staff Safety is a key strategic goal under our Driver of “Our People”. In fact, our Strategic Plan has identified our goal of being the “Safest Hospital in Ontario”.

In 2019 HDGH was awarded a Leading Practice by the Health Standards Organization and Accreditation Canada for “Embedding a Culture of Safety via a Workplace Violence Prevention Program”. Our ongoing goal is to prevent incidents and injuries due to violence through various initiatives and processes. In particular, we continue to implement mandatory non-violent verbal de-escalation and physical disengagement training programs and de-briefing of each and every incident to analyze root causes and put measures in place to reduce the likelihood of a similar injury occurring again. We have also fully deployed the organizational wide use of Personal Alarm Locators for all staff and physicians and have 24-hour in-house Security to support all departments. Our HDGH Security receive customized training specific to supporting the complex security and safety needs within our healthcare environment. We also continue to monitor through our Executive Scorecard, our HDGH custom indicator related to injuries against incidents. The mandated Workplace Violence indicator related to total incidents will continue on our QIP this year, as in accordance with the OHS definition.

Our Workplace Violence Prevention Committee meets regularly and at minimum once each quarter to review and monitor reports and metrics. We have an established Workplace Violence Threshold Case Review policy that has been instrumental for our Committee to discuss and assist different departments with problem solving complex patient issues that present safety risks to staff. A small working group of key personnel are continuing with actively working on the establishment of a chart-flagging policy and process – this is a complex project given our unique inpatient, outpatient and off-site programs. In conjunction with our ongoing use of Cerner for electronic patient charting and medical records access

we are working at a regional level to introduce an electronic Violence Assessment Tool (as endorsed by the PSHSA) and a chart flagging procedure to enrich the existing care plan for patients with a high risk of violence while keeping our staff safe. The regional policy has been completed and implementation and training for staff will follow in spring 2023. We continue with our broad communications plan that includes on-line and high visibility poster publications, and our Employee and Patient Handbooks to educate our staff, patients and the public that we have zero tolerance for violence, aggression or disrespect of health care workers and to encourage employees to report incidents of violence or aggression.

Our metrics for the mandatory indicator include a report of the total number of incidents that meet the OHSA definition of violence. We continue with tracking these in our organizational Safety Reporting System (SRS) via Safety/Security incidents that are cross-checked against the data that our Safe Workplace Advocate maintains in the SRS to ensure accuracy and standardization of reporting.

We continue to promote education and awareness to our staff regarding the importance of incident reporting and our ongoing primary messages are, “Violence is Not Part of the Job” and “It Hurts to be Quiet”.

We have continued to update our organizational Violence Risk Assessment as required by law on an annual basis. Each year the updated assessment document is reviewed by the Joint Health and Safety Committee and then posted on the HDGH Intranet for access and review by staff at any time.

In addition to our robust workplace violence prevention training, we also continue to provide Domestic Violence training that is mandatory for all staff and physicians being credentialed at HDGH.

PATIENT SAFETY

Hotel Dieu Grace Healthcare strategic plan identifies our Patients as a strategic direction to further our commitment to delivering safe, compassionate, high quality care in every interaction. The Patient Safety Plan 2023-2024 is one reflection of our deep and committed responsibility to this vision for our patients. Our plan aligns with evidence based quality and safety standards and practices set by Accreditation Canada to enhance patient safety and minimize and mitigate risks. A Patient Safety Plan is a required organizational practice (ROP) that takes into consideration safety across the organization as well as identifying what we know is important to patients, families, staff and physicians. As such, the Patient Safety Plan is a central component of our continued journey.

Our quality improvement and enhancement of a safe and just culture is supported through various processes in place to share learnings from patient safety incidents. Learnings are shared back to team members and patients/clients/families to prevent future reoccurrences through various strategies. Some of these include:

- Mortality and Morbidity case reviews through our Medical Quality Assurance Committee and shared learnings through staff huddles , program learnings and medical program sharing
- Program /Unit Huddles - learnings and cases are shared with front line staff during huddles
- Safety Incidents - learnings through incidents and improvement initiatives and trends

- Patient Stories - Shared with Quality Committee of Board and the Quality Council
- Need to Know - learnings are shared through communications in newsletter to all staff
- Patient Safety Professional Practice Councils; Patient Safety Infection Control Control and Antimicrobial Stewardship Council , Patient Safety Safe Medication Council , Patient Safety Injury Prevention Council, Patient Safety Outpatient and Residential Program Council; Safety Huddles – trend analysis and learning from Patient Safety Incidents shared
- QCIPA reviews to Quality Committee of the Board and Medical Advisory Committee
- Critical Incidents are reported to the Quality Committee of the Board, Medical Advisory Committee and any learning from same is shared with PSCP Councils

The results of our 2022 Patient Safety Culture Survey invites insights on safety from HDGH staff, physicians and volunteers. Based on the survey results, which revealed opportunities for the development of psychological safety in reporting and disclosing errors, our Patient Safety plan will be focusing on creating a Just Culture and one that encourages staff and physicians to confidentially report safety or risk concerns to improve patient safety. A just culture supports the development of culture of safety which reduces errors and harm, improves patient and workforce safety and when combined with kindness, compassion and empathy, ultimately builds trust between leadership, patients, families and our workforce.

The organization has identified the following actions to advance the delivery of safe, high quality patient care within the context of a just culture:

1. Leadership Patient Safety Rounds
2. Enhancement of the Patient Advocate/Feedback Monitor Pro system.
3. Re-define Just Culture Framework/Policy and Professional Practice Development /Education
4. Patient Safety Champion Model linked with Unit Based Councils
5. Engage Patients and Families as Safety Partners
6. Patient/Visitor Safety Reporting System Policy, Appendix A - The Incident Decision Tree (adapted from the UK National Patient Safety Agency)

HEALTH EQUITY

At HDGH, we are committed to improving the health and well-being of the Windsor-Essex community through the delivery of patient-centred, value-based care. In October 2020, HDGH launched an Anti-Racism task force. Since then, the task force has transitioned to a newly formed Equity, Diversity and Inclusion and Indigeneity Alliance (EDII). Through this Alliance, HDGH will explore how hospital policies and practices need to be improved to create a high quality and culturally safe experience for all. The EDII Alliance is working to provide actionable recommendations to develop a work plan that promotes the value and respects the healthcare rights of all citizens regardless of their education, age, income, sexual orientation, language, geography, gender, gender identity, or faith. There is also a focused regional task team reviewing optimization strategies to support changes within our Health Information System (Cerner).

EXECUTIVE COMPENSATION

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 and CFO , 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 during the period of April 1- March 31st 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:

- % admissions meeting designated target wait times from acute care
- Did you receive enough information on discharge? (% excellent score)
- I think the services provided here are of high quality care - Mental Health
- Medication reconciliation on discharge – The total number of patients with medications reconciled as a proportion of the total number of patients discharged from Hospital.

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

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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

Board Chair

Board Quality Committee Chair

Chief Executive Officer

Other leadership as appropriate
