

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 31, 2020



HÔTEL-DIEU
GRACE
HEALTHCARE

OVERVIEW

Hôtel-Dieu Grace Healthcare (HDGH) is designated an Exemplary Standing organization from Accreditation Canada. We are committed to improving the health and wellbeing of the Windsor-Essex community through the delivery of patient-centred, values based care. Hôtel-Dieu Grace Healthcare is a unique community hospital offering services in Mental Health and Addictions; Rehabilitative Care; Complex Medical and Palliative Care; and Children and Youth Mental Health. We offer a unique blend of services including but not limited to community and home based services. In collaboration with our healthcare and inter-sectorial partners, Hôtel-Dieu Grace Healthcare is providing care in new ways and in new locations throughout the region to address barriers, improve access and 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 innovative 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 2020-21 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 in 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 continue our progress to provide a focus on patient voice in all quality improvement strategies and decisions. We will continue our focused work and engagement with Front line staff and our Shared Governance model and Unit Based Council structure to ensure our front line staff and our patients are at the centre of our quality improvement planning.

The 2020-21 QIP for the hospital is comprised of the following key improvement areas:

1. Improve Patient experience and focus on patient centred care strategies – we will leverage advice from our PFAC team and patient survey feedback, as well as our front line staff, to develop improvement strategies on information at discharge so patients feel informed and prepared to leave HDGH.
2. Maintain provincial levels and continue a focus on sustainment of reduction in ALC days and facilitation of timely discharges through partnership with home care and community partners
3. Stabilize the proportion of patients receiving medication

reconciliation upon discharge- We will continue to work on all transition points in a patient's journey, including focus on improving patients understanding of medications and reducing medication risk factors

4. Reduce employee related workplace violence incidents and injuries - we will continue to be a leader in Workplace Violence Prevention programming and invest in education and training for our staff as well as ensure robust and accurate reporting and encouragement of reporting.

6. Continue to improve information flow to community partners – with timely completion of discharge summaries (sent or available from the hospital) to primary or community partners within 48 hours of discharge.

7. Early identification of palliative care – Ensure those identified at risk of dying and in need of palliative services have a documented assessment (of those need) in the hospital record using palliative best practice standards

In addition to the areas of focus summarized in our QIP, HDGH is also on a journey to replace our current hospital information system with a planned go-live date of September, 2020. The replacement of our hospital information systems has been branded as 'e-VOLVE' and will have a significant impact on our capacity this fiscal year. Our evolution will change the way we communicate and work together to improve and support quality patient care and our patient experience in the healthcare system. Hotel Dieu Grace Healthcare is part of a regional transformative journey to improve

communication and access to critical information, and standardization of care and processes, assisting clinicians in the decision making process and improving efficiency of care to our patients. All solutions will integrate as necessary, supporting operations to increase quality and ensure safer patient care.

A second major priority this fiscal year impacting our overall operations is preparing for our future transition to an OHT model in our region.

DESCRIBE YOUR ORGANIZATION'S GREATEST QI ACHIEVEMENT FROM THE PAST YEAR

In 2019-20 our organization's greatest achievement that highlights our commitment to providing the best possible care to our patients/families, as well as striving to be the best possible place to work for our staff was our successful Accreditation. HDGH received an award of Exemplary Status, which is the highest level of achievement, meeting 99.4% of over 1750 Standards and 100% of the Required Organizational Practices. It was evident to the surveyors that a lot of time, effort and resources were invested in achieving this status and the surveyors were overwhelmed with the sense of pride and great morale of our staff, as well as our strong patient and family focus on all that we do.

Medication reconciliation on Discharge was one of our greatest Quality Improvement achievements in the past year. By utilizing the

additional pharmacy resources that had been secured in the previous year we were able to develop standardized procedures for a pharmacy lead Medication Reconciliation on Discharge. Our starting performance was 45% and with target set for 95% we are proud to report that we presently have achieved 99.3% compliance. By incorporating a Pharmacist Review as part of our admission process as well as reviewing our Best Possible Medication History (BPMH) we were able to improve the accuracy and completion of the medication reconciliation process and safety for our patients upon discharge.

Our patients are also provided with a Medication Card with personalized medication information written in layman's terms. This in combination with our "Caring About Your Discharge" package that was co-designed by our Patient Family Advisory Council has also helped us to improve our "Did you Receive enough information on Discharge" to 68.5% which is an increase of 15.6% from Q1.

A major highlight this year is receiving a Leading Practice Award for our work related to Workplace Violence. This is highlighted in our Workplace Violence Section of the QIP. A Leading Practice is a practice carried out by a health care organization that has demonstrated a positive change, is people centered, safe and efficient. Practices that are recognized as Leading Practices are published in the HSO Leading Practices Library and advertised through Health Standards Organization.

ANNUAL HDGH QUALITY IMPROVEMENT PLAN 2019-2020

Hôtel-Dieu Grace Healthcare (HDGH) is committed to improving the health and well-being of the Windsor-Essex community through the delivery of patient-centered, valued-based care. Our 2019-2020 Quality Improvement Plan (QIP) continues to be driven by our three strategic drivers: Our Patients, Our People, and Our Identity. Our goals and improvement plans for our 2019-2020 QIP were co-developed by staff, and our Patient Family Advisory Council.



HDGH believes strongly that excellence in patient/client care starts with employees working in a safe environment when providing care to patients and clients. The safety of our people is foundational and our Workplace Violence Prevention Program is a foundational element of our efforts. This includes providing education to our patients, clients, families and community about ways we can work together to keep everyone safe and encouraging individuals to report all incidents.



Safety upon discharge is paramount in continuing a patient/client's journey. At HDGH, improving hospital discharge experiences is a vital step in helping our patients and clients lead healthier lives. HDGH partners with patients, families and caregivers to ensure all changes to medications are resolved prior to discharge and increase patients' understanding of their medications.



Partner with home care and our community partners to ensure the facilitation of appropriate and timely discharges to an Alternate Level of Care (ALC).



Improving hospital discharge experience by making sure patients have the information they need when they leave our sites so they can stay healthy and well.



Reduce re-admission rates for our mental health patients with full case reviews on all re-admissions. We will ensure gaps in the system are identified as they relate to access/intake and discharge to prevent the need to return to acute care.



Improve timely access to information to our primary care providers so on patient follow-up, primary care providers have the information they need for continuity of care.



Improve early identification of palliative care patients and ensure that those with a progressive, life-limiting illness have their palliative care needs identified early through a comprehensive and holistic assessment.

For more information about Quality Improvement Plan for HDGH, go to
WWW.HDGH.ORG/QIP

COLLABORATION AND INTEGRATION

HDGH is currently the coordinating organization for the development of the Windsor Essex Ontario Health Team (WEOHT). Through that effort, we have been working collaboratively with close to 40 local organizations that represent a range of sectors within healthcare and across sectors. The interim structure for the WEOHT includes an Integrated Care working group whose mandate includes identifying existing models of connected care that are having positive results for patients and families and spreading those models to improve care for the broader Windsor Essex community (starting with our year one target population).

As the Lead Agency for Child and Youth Mental Health, we have been working with our Core Service Providers and community partners to improve access, streamline pathways and better meet

the needs of some of the most vulnerable children and youth in our community.

Our integrated partnership with the Canadian Mental Health Association has enabled us to provide improved access to mental health and additions services throughout Windsor Essex. This partnership has been particularly helpful in creating stronger transitions in care between hospital and community services and in reducing the pressure on the emergency department of the acute care site.

Most recently, in partnership with Windsor Regional Hospital, St. Clair College and the University of Windsor, we launched a new health institute called WE Spark. With a mission to enhance the health, well-being and care of people through transformative research and knowledge translation. The Institute will create a thriving and engaged research community driving enhancements in health.

PATIENT/CLIENT/RESIDENT PARTNERING AND RELATIONS

AT HDGH, we have continued our focus on expanding and growing our Patient and Family Advisory Councils (PFAC's) and their membership on various committees. We now have patient advisors on:

- Board of Directors (as voting member)
- Quality Committee of the Board

- Strategic Advisory Committee
- CEO Advisory Council
- Inter-Professional Practice Quality Council (IPQC)
- Ethics Committee
- Accessibility Committee
- Beyond Disabilities
- Infection Prevention and Control (IPAC)
- Pressure Injury Prevention
- Regional Children's Center Parent Advisory Council
- One of our Unit Based Councils

Our Patient Advisors have also been active participants in key quality improvement initiatives within the organization, providing an opportunity to leverage their unique perspective. The PFAC were again engaged in the development of this year's QIP action planning. Through a targeted focus group consultation session we were striving to understand (what was most important to them and understand their advisement on what) the areas we should focus on related to our action plans to meet targets and improvements. Their feedback was incorporated into the development of our priorities surrounding (enough) information on discharge and Medication reconciliation (on discharge). Our PFAC's have had numerous achievements over the year. Some key highlights are:

- Active participants in Accreditation Working groups identifying how we are providing opportunities to partner and obtain input from our patients and families
- 2 PFAC members attended training and education on Tracer Methodology training provided by Accreditation Canada with 23 leaders of the organization.
- Participated in HDGH Tracers for Quality Improvements following

different Required Organizational Practices within different programs and services.

- During our Accreditation Survey our PFAC met with our Patient Advisor Heather Thiessen and answered questions as well as highlighted their accomplishments.
- Creation of a PFAC work plan to align with our strategic priorities
- Creation of an Orientation Module for all new PFAC members
- Present at Corporate Orientation, sharing their Patient story and speaking about the importance of partnering with our patients and what Patient and Family Centered care looks like.
- Survey our Patients during their mid stay with a patient experience survey specifically designed by PFAC. They review these results along with our current Admission and Discharge real time surveys and offer suggestions for quality improvements.
- Co-developed a "Caring about Your Discharge" package which includes discharge instructions, a medication card written in layman's terms and a brochure.
- Our PFAC was highlighted internationally in the IPFCC (Institute for Patient Family Centered Care) webinar in June of 2019
- Our Mental Health and Addictions PFAC reviewed program brochures across both the inpatient and outpatient programs as well as our Patient Guide. They also recruited the voice "lived experience" of addiction in their council to ensure that they were more inclusive.
- Family to Family support group (RCC)
- Implementation of the "Be Safe" app with local crisis mental health information
- Bright Idea Project and expansion of OFI (Opportunities for Improvement)

Our focus in 2020/2021 will be to build on the success of our current PFACs and the development of a refreshed patient and family engagement work plan to help support prioritization of our PFAC and promote a truly patient centred care model at our organization.

WORKPLACE VIOLENCE PREVENTION

It is well documented that Healthcare workers are at high risk of injury due to aggression and for this reason; the Minister of Health and the Minister of Labour created provincial committees to study what else can be done by organizations to reduce/eliminate these injuries in the future. The CEO and CHRO of HDGH, continue to be involved in the provincial work. In addition, HDGH has pursued a strategic partnership with the Ontario Nurse's Association that has culminated in joint site visits to other employers seeking best practices as well as a joint media event to highlight the leading workplace violence prevention practices HDGH has implemented. HDGH is a leader in development of Workplace Violence Prevention Policies and Procedures and 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 June 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 goal is to prevent incidents and injuries due to violence through various initiatives and processes. In particular, by

implementing mandatory non-violent crisis intervention training programs that are refreshed annually and de-briefing each and every incident to analyze root causes and put measures in place to reduce the likelihood of a similar injury occurring again. We will 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 OSHA definition.

We have established the Workplace Violence Prevention Committee and have established regular monthly reports and metrics for this committee to monitor. We have rolled out a Workplace Violence Threshold Case Review policy that has been instrumental for our Committee to discuss and assist several different departments with problem solving complex patient issues that present safety risk to staff. A small working group of key personnel are 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 Cerner implementation 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 care plan for patients with a high risk of violence while keeping our staff safe. This will involve policy creation and training for staff. We continue with our broad communications plan that includes on-line and poster publication to educate our staff, patients and 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. We continue with the creation of a four part series of videos for use in educating our staff called “Awareness keeps you Safe” – the first

is Lockdown/Active Shooter and this has been released to staff. In 2020 we will complete three more – Patient/Family Violence, Worker to Worker Violence and Domestic Violence.

As for metrics on the mandatory indicator, we can report the total number of incidents that meet the OSHA definition of violence. We are in the process of tracking these in RL6 via safety/security incidents and cross checked against the data that our Safe Workplace Advocate maintains in RL6 to ensure accuracy and standardization of reporting. When we have at least two years of data, we will set a target and this target may actually be an increase due to the significant effort being made to raise staff awareness of workplace violence prevention and encouraging staff to report all incidents of violence. Our primary messages to staff are “Violence is Not Part of the Job” and “It Hurts to be Quiet”.

We will conduct a refreshed violence risk assessment in 2021 using the PSHSA online tool. We have continued to update our current tool as required by law and will migrate to the electronic tool in 2021.

We have also added a new Domestic violence training program that is mandatory for all new physicians being credentialed at HDGH. This was also added to our physician re-application process for 20-21

VIRTUAL CARE

We currently dedicate two FTE's to support the provision of virtual care for individuals who are either attached to our organization, or belong to our community. We currently facilitate different aspects of virtual care in over 15 areas, which can be further classified as Clinical, Educational, and Administrative based. Clinical programs include our Regional Children's Center, Orthopedics, London Health Sciences Cardiac Care, Bariatric program, Mental Health Outreach, Geriatric Mental Health, Consent and Capacity Board hearings, Nephrology and Gastroenterology care, Mental Health Crisis for Adults and Children, Child and Parent Resource Institute, and Geriatric Outreach. Educational functions include Adult education groups for fibromyalgia, arthritis, hip and knee, Schulich, Leaky Brakes, autism teaching parent group, staff education and complex case patient rounds. Within Administration, we use virtual care to support processes within Pharmacy, Infection Prevention and Control, and various other Hospital functions. We are currently planning to expand the provision of virtual Mental Health Services within additional rest homes in our community to improve timely access to mental health services where it is needed.

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, Medical Affairs & Quality;
- Vice President, Clinical Programs;
- Vice President, Corporate Services, Business Development & Chief Financial Officer;
- Vice President, External Affairs & Executive Director, Foundation; and
- Chief Human Resources 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:

- ALC Rate - % of patients who are ALC (all inpatients)
- Did you receive enough information on discharge?"(% excellent score)
- Medication reconciliation on discharge – The total number of patients with medications reconciled as a proportion of the total number of patients discharged from Hospital.
- Violence Incidents - # incidents in accordance with the OH& S definition

Each indicator is weighted equally (25% each).

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

If more than 50% of the target is achieved, 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.

Note 1: The priority indicator related to discharge summaries to community within 48 hours (Rehab) was not included as we have a significant HIS transition that will potential impact the accuracy of our reporting during the transition go –live and stabilization period (3 months)

Note 2: We did not include palliative indicator as we are collecting baseline data in 20-21 post HIS /Cerner go live on this new priority indicator.

CONTACT INFORMATION

For any questions regarding our plan, please contact:

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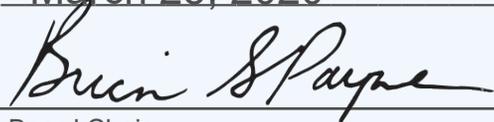
Kathy Quinlan, Manager, Quality & Clinical Projects

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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 March 25, 2020



Board Chair



Board Quality Committee Chair



Chief Executive Officer

Other leadership as appropriate