

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 27, 2024



OVERVIEW

We are pleased to share our 24/25 Quality Improvement Plan (QIP) with our clients, patients, residents, caregivers, staff, physicians, volunteers and members of the community .

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.

This plan is in support of the Ontario Health system directions, with a focus on effective and timely transitions, Equity education, patient centred priorities and Effective Safe practice. Our hospital work plan includes a continuation of goals for transitions and access to care, medication reconciliation, workplace violence, equity education and patient experience across programs . Some of our major program changes over the coming year involve a best practice reviews and model of care changes in our in our TNI (Mental Health Inpatient) and Inpatient Rehabilitation Programs, as well as Wellness Program , and the opening of our new Outpatient Rehabilitation Area. We will also be starting the first year (Year 1)Implementation and Operating plan for our new strategic plan. We will continue our recovery post Cyber event, which will last the

majority of this calendar year. We will continue development and support of our Windsor Essex Ontario Health Team development, our partnerships with our community as continued focus on being a respected partner and leader, providing the services our residents in Windsor - Essex require.

Hôtel-Dieu Grace Healthcare (HDGH), Windsor's only specialty hospital, is proud to announce our most important achievement this year in that we have successfully been Accredited with Exemplary Standing, the highest designation with Accreditation Canada. During our June 2023 on-site survey, HDGH met 100% of the Required Organizational Practices as well as 98.99% of Accreditation Canada standards, the criteria and guidelines required to provide high-quality care and service.

The Accreditation report highlighted the work that HDGH has done in a number of areas but identified the following as true strengths of the organization:

- Patient and Family Advisory Councils and Patient and Family Advisors
- Patient Experience Framework
- Unit Based Councils
- Strategic Plan 2023 – 2028 engagement
- Board of Directors engagement and high performing
- Designated/Essential Care Partner program HSO Leading

Practice Award

- Centre of Excellence in Mental Health and Addictions
- Community Partnerships

"This award designation is the result of our collective commitment and efforts," said Bill Marra, President and CEO. "Despite the challenges and hurdles faced throughout the past four years since our last survey, our organization has stayed true to the mission and values of HDGH, the high-quality care we have become known for, and the partner our community relies on. We are proud to continue this important work and uphold this level of care each day."

In addition to being awarded the highest status by Accreditation Canada, HDGH was awarded with a Health Service Organization Leading Practice Award for our Essential/Designated Care Partner program which paved the way for supporting family visitation during the COVID-19 Pandemic and now supports families in providing hands-on care for their loved ones in hospital. Learn more about this program by visiting the HSO website.

HDGH proudly dons this designation from Accreditation Canada and strives to continually improve the quality of our programs and services.

ACCESS AND FLOW

HDGH believes in continuous improvement and quality initiatives to improve patient experience and to involve patients and families in their care plan. HDGH is an important partner in supporting regional access and flow. To better support transitions and prompted by the

release of Ontario Health Quality Statements for Transitions, a deep dive was done into identifying gaps in our patients' journey and how we can best support a more transparent and seamless transition to HDGH and back to community.

By analyzing data and our patient and family experience surveys as well as speaking with PFAC and our Inpatient Clinical teams, it revealed that there is a need to improve patient preparation and understanding of the HDGH inpatient experience- and to better prepare patients for discharge to community. Coordinated and transparent transitions into HDGH and out to community will benefit our patients, families and care teams allowing for informed decision making, early identification of barriers, concerns re: inpatient and post discharge care. Early preparation and understanding builds relationships and trust.

On July 2023, Ontario Health issued "Operational Direction Rehabilitation and Complex Continuing Care Capacity and Flow" directives. These directives include but are not limited to maintaining occupancy rate of >95%, 7 day per week admissions, expanded hours of admission, proactive surge strategies, and performing ALC (Alternate Level of Care) Leading Practices. Over the next year, HDGH's focus to support Patient Navigation and Flow includes efforts to:

- Ensure Patients in right bed at the right time and that the appropriate services are in place to maximize patient outcomes/efficient use of resources
- Maintain >95% Occupancy
- Improve Patient Experience and Navigation (Pre-Admission & Post Discharge) to optimize Care Pathway. Positive outcomes would include decreased ER visits, decreased Length of stay and increased ALC throughput.
- Align with provincial sfCare (Senior Friendly Care) Clinical ALC

Leading Practices Guidelines

We recognize that individuals with mental health and addictions (MHA) have inequities in accessing care related to stigma, but that these same individuals can also create significant burden on key services such as emergency room (ER) visits. HDGH is working with Ontario Health and partners to pursue innovative programs that create alternative care options to ERs, that simultaneously respect the specialization required within MHA. Recognizing that withdrawal management services (WMS) can also be natural access point and an alternative to ER use, HDGH advocated for funding and subsequently improved the capacity of WMS through the intensive bed project. HDGH has plans to expand the ECT program by offering rTMS as part of a larger strategy to offer new services, and more broadly to improve access to neuromodulation therapy. Within our inpatient mental health program, HDGH is implementing the TNI Transformation to better align care with the best available evidence, improve efficiency and outcomes.

EQUITY AND INDIGENOUS HEALTH

HDGH has strengthened our Equity, Diversity, Inclusion and Indigeneity work over the 23-24 QIP. Specifically, HDGH has grown our EDII Alliance, comprised of over 20 staff, patients, and family advisors, as well as Board members. In June of 2024, HDGH launched a new Strategic Plan that identified 12 initiatives, two of those initiatives are directly related to Equity and Indigenous Health – “Embedding an Equity, Diversity and Inclusion Framework” and “Addressing Truth and Reconciliation Calls to Action for Health.” Members of the EDII Alliance, alongside the EDI Portfolio which includes the Director of Communications and Mission and the newly created position of the Manager of EDI, have developed a draft work plan that will drive the EDII work . Most recently, HDGH hired for the position of Indigenous Peer Support Worker, who primarily provides support to clients in the Withdrawal Management program, with a portion of the role supporting Indigenous clients/patients throughout HDGH. Members of Senior Management Council will also complete mandatory EDII training in 24/25.

PATIENT/CLIENT/RESIDENT EXPERIENCE

The Patient and Advisory Committee (PFAC) developed a work plan to focus on improving the patient and family experience. PFAC plans to redesign the patient whiteboard by engaging with patients, families and staff. PFAC is looking at evolving our Essential Care Partner (ECP) program to identify where we could strengthen our partnership with patients and families. To ensure the patient and family perspectives are captured, PFAC members will be involved with various hospital committees. PFAC members are reviewing opportunities to raise additional resources for the Benevolent Fund. This fund is for patient’s that are in need of support due to a

financial hardship and/or unforeseen circumstance.

The Regional Children Centre (RCC) Family Engagement Council is assisting with lead agency by providing feedback on the WeConnectKids website and children mental health multiyear plan. The website is user-friendly for community members to find information about our local children's mental health services. Members are working with RCC on ways to better engage with families when they start services. Some committee members will be participating in Parent/Caregiver Program Design sessions to redesign our community parenting classes. RCC Kids in Partnership (KiP) having been working on KiP Child Engagement tool kit, a child-friendly satisfaction survey and a "What Stuck Wall". The engagement tool is being used and shared with other agencies. The satisfaction survey are ones the KiP members felt are most important to measure children's experiences at RCC. The "What Stuck Wall" will be put up in the lobbies at ITS and Huot building.

The Mental Health and Addictions (MHA) PFAC members had the opportunity to provide feedback regarding the implementation of the national demonstration project: Improving Care and Treatment for People in Canada Living with Schizophrenia. The Mental Health Commission of Canada (MHCC) and Ontario Shores Centre for Mental Health Sciences (Ontario Shores) are partnered with Hotel-Dieu Grace Healthcare (HDGH) and Canadian Mental Health Association Windsor Essex Branch (CMHA-WECB) (organization) to focus on this initiative. A grant application for part of the Substance Use and Addictions Program (SUAP) 2023 Call for Proposals was co-designed with a MHA PFAC member. A previous co-designed PFAC research project and conference

supporting Caregivers was formally published in Science Direct/Elsevier: Caring for the caregiver: An exploration of the experiences of caregivers of adults with mental illness - ScienceDirect. The resources from our conference have also been adopted on our local OHT website:
<https://www.weoht.ca/resources/caregiver-resources/>

Patient experience survey data and feedback is provided to all programs, PFAC and senior leadership tables. These are used in the development of quality initiatives at the unit and program levels and also leveraged when setting annual Quality , Patient Safety Plans and guides strategic planning processes and actions. The PFAC's and Patient Voice is at the center of our Quality Committee Structure.

PROVIDER EXPERIENCE

There continue to be significant health human resources challenges post-pandemic including recruitment and retention, increases in sick time and professional practice support. Innovation has been a theme throughout many human resources initiatives including:

Introduction of Weekend Workers for PSWs and Exploration of Weekend Workers for RN & RPN classifications

Expansion of our Nursing Float Team – RN & RPN

Clinical Scholar Program and Mentorship Days for New RNs & RPNs

Nursing Extern Program

Scheduling Survey with nursing frontline staff (explore potential for

extended tours)

Re-booting of Attendance Support Program

Purchase of staff call-in software

HR recruitment practices have been adjusted to include proactive recruitment for classifications that are challenging to attract and retain; booking interviews with each new RN applicant upon receipt of application and interviews conducted within 30 days or less; streamlining of orientation to ensure flexibility in hiring; introductions of electronic processes for postings and tracking of positions.

We continue to review models of care in all areas and have done extensive work with our Inpatient Mental Health team to gain feedback from staff to inform our Transformation Plan.

There continues to be tremendous work to support and engage staff:

Wellness Committee “Beat the Winter Blues Fest” chili/soup lunch with fellowship, games, popcorn corn and HDGH toques to all staff in March 2023

Distribution of Kindness Cups to all staff during Strategic Plan Kickoff June 2023

Employee Appreciation Week in October 2023 including HDGH T-shirts, food trucks, booster juice, snack cart and other daily giveaways for staff as well as Minute to Win It challenges

Late Summer/Fall Wellness Committee Walking Challenge

Wellness, Health and Safety Fair in September 2023 promoting community partners, health and wellness activities, the HDGH Joint Health and Safety Committee and other HDGH departments

Employee Service Awards and Recognition Evening in October 2023; included awarding of \$30,000 in scholarships to staff and children of staff

Flu/Covid vaccination clinics in October and November 2023

12 Days of Christmas offering fabulous staff prizes

Wellness Committee random giveaways of Thank-You cookies to promote Culture of Kindness

Jersey Day

Yoga, Employee gym

Christmas Day and New Year's Day surprise boxes to each unit/department

Staff Christmas Luncheon

Leadership retreat for Senior Management with plans to roll out leadership training to entire leadership group

Re-introduction of New Leader Orientation

Re-introduction of in-person non-violent crisis intervention training for high-risk areas and new e-learning module for all other areas

Weekly Wellness Clinic with onsite physician appointments available for staff

SAFETY

Hotel Dieu Grace Healthcare's safety culture is supported through our continued commitment to deliver safe, compassionate and high quality care by investing in the development of our people while equipping them with the necessary tools and support to provide exceptional and safe care to our patients and clients. Processes are in place to share learnings across our organization from patient safety incidents that have occurred. Organizational committees that support these processes include:

- Morbidity and Mortality case reviews through our Medical Quality Assurance Committee
- Program and Staff Huddles to share learnings from incidents and case reviews
- Patient Safety Professional Practice Committees where safety incidents and trends are reviewed and quality improvements are established by the inter-professional team.
- Patient Stories
- Critical Incidents are reported to the Quality Committee of the Board, Medical Quality Assurance, Medical Advisory Committee and any learnings are shared with the Patient Safety Professional Practice Committees
- QCIPA reviews to the Quality Committee of the Board and the Medical Advisory Committee
- "Need to Know" –learnings shared through communications

newsletter to all staff

The organization has identified the following initiatives to advance the delivery of compassionate and individualized care to each patient:

1. Staff Development: Education and training to all employees to be experts in providing the highest level of quality care and service.
2. Culture of Kindness: Embed a culture of kindness for our people and all persons for whom we provide care.
3. Leadership Development: Provide formal and structured training to the Leadership team to enhance their ability to lead their respective teams.
4. Best Service for Patients and Clients: Reviewing the service gaps in the community within our areas of expertise and matching resources to meet individual patient care needs.

POPULATION HEALTH APPROACH

Windsor-Essex's population of older adults is growing faster than any other region in Ontario. As such, the local healthcare system has seen challenges with ALC and an influx of demand for health specialized geriatric services. According to recent statistics, the proportion of older adults in Windsor-Essex is expected to grow to almost one quarter of the region's population by 2029. In addition Windsor-Essex has a high proportion of complex patients (four or more chronic conditions), with Windsor ranking as the second-highest region in Ontario and the highest rate of high-cost users. Lastly, the number of older adults with neurocognitive and/or mental health concerns is over 8,000 individuals.

HDGH recognizes that individuals with mental health and addictions (MHA) have inequities in accessing care related to stigma, but that these same individuals can also create significant burden on key services such as emergency room (ER) visits. HDGH is working with Ontario Health and partners to pursue innovative programs that create alternative care options to EDs that simultaneously respect the specialization required within MHA.

With the growing need for MHA services, our Outpatient (OP) programs have focused on implementing best practices for OP care, a model of service recovery (MCRRT) along with expansion of hours and are collaborating with Ontario Shores and MHCC on a project focused on Schizophrenia.

HDGH recognizes the need to work with system partners to develop an innovative integrated system that will provide alternate spaces for patients and clients to seek and be given care, and, when needed, provide timely interventions that take pressure off acute care

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 (CNE)
- Chief Financial Officer (CFO)
- Chief Human Resources Officer (CHRO)

Each of the above named executive's compensation, in the amount of 5% for CEO and 2% for respective VP's and CFO /CHRO, 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 for executive compensation are selected as follows:

1. % admissions meeting designated target wait times from acute care
2. % of staff who have completed relevant equity , diversity, inclusion, and anti-racism training
3. Did you receive enough information on discharge?"(% excellent score)
4. Overall Perception of Care – MH IP (rate)

5. 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 (20% 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/DESIGNATED LEAD

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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 27, 2024**

Dr. Ken Blanchette, Board Chair

Katharen Bortolin, Board Quality Committee Chair

Bill Marra, Chief Executive Officer

Dr. Andrea Steen, Other leadership as appropriate
