

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 20, 2023



OVERVIEW

Halton Healthcare is pleased to share our 2023/24 Quality Improvement Plan (QIP). This plan, a subset of our broader Integrated Quality and Patient Safety Plan, describes the hospital's priorities for and commitment to a series of quality issues, goals, measures and plans for change that is relevant to and informed by a broad stakeholder group, including our patients, families, and communities. Over the past three years the organization has focused, in earnest, on its pandemic response and has contributed significantly to the broader health system response. This year marks an important turning point as the pandemic pressures subside and we refocus our efforts back to a sharp focus on quality and patient safety. Although QIP submissions were deemed voluntary over the past 2 years, our organization has continued to develop and execute an annual Quality Improvement Plan. This year's Quality Improvement Plan continues to build on the successes of our 2022/23 plan with key areas of focus on transitions in care, patient safety and people experience in support of a system level focus on ensuring high quality, People-Centred Care.

Halton Healthcare considers a number of alignments in drafting this plan. Halton Healthcare's new Strategic Priorities of Connect, Advance, Respond and Engage, captured in our Inspiring Care Strategic Plan, has focused our quality and patient safety efforts and each indicator identified in the plan is connected to one of the four strategic priorities. Quality Dimensions, also embedded into our organizational fabric, connect our quality goals to the broader international, national, and provincial quality improvement frameworks. The organization has strategically aligned the quality issues contained within this plan, with the identified provincial imperatives articulated by Ontario Health. Seven indicators and

themes have been selected for the 2023/24 Quality Improvement Plan and include:

1. Emergency Department wait time for inpatient bed.
2. Did you receive enough information when you left the hospital?
3. Would you recommend the Emergency Department?
4. Percentage of eligible staff participating in Year 2 of the moreOB program.
5. Best Possible Medication Discharge Plan percentage compliance.
6. Decrease number of workplace violence incidents.
7. Culturally Responsive Care

PATIENT/CLIENT/RESIDENT ENGAGEMENT AND PARTNERING

While the engagement of all stakeholders in the development of our Quality Improvement Plan (QIP) continues to be an essential approach to our overall quality and patient safety strategy, the pandemic had limited our ability to partner with our Patient and Family Advisors and other system partners, in the development of our QIP's over the past two years. This year, however, we were able to return to our more customary planning processes and on February 1, 2023, Halton Healthcare hosted the 4th Annual QIP World Café. The World Café concept refers to a structured conversational process intended to facilitate small group discussion, linking ideas within a larger group to access the collective wisdom of the participants. The goal continues to be engaging a diverse stakeholder group in a series of focused quality discussions so as to provide input into opportunities for improvement on key health system level indicators. This year the QIP World Café, held virtually with 5 quality tables, facilitated by physician and administrator co-leads surfaced a number of key themes and issues facing our providers and broader community and has led to a number of innovative ideas for change that are captured in this plan. This is one of many types of Patient and Family and community engagement opportunities that we leverage to ensure we embed the voice of the patient in all that we do.

PROVIDER EXPERIENCE

The provider's experience has been at the forefront of our strategic planning and has been identified as our top organizational risk. Although the organization has worked diligently to address acute staff shortages and respond to staff and physician burnout, on a daily basis to support staff and address operational challenges, we recognized, that this system level challenge required a more strategic focus. To begin, a Health Human Resources Steering Committee (HHRSC) was established in June of this year to oversee the development and execution of activities related to comprehensive health human resource plan at Halton Healthcare. The HHRSC provides management structure and oversight to eight subcommittees focused on key issues such as retention, recruitment and team well-being and engagement to name a few. To support this structure a comprehensive communication plan and robust scorecard has been developed. At a governance level, the Halton Healthcare Board has realigned existing structures to enable more direct and supportive Board oversight over Halton Healthcare's People Plan and organizational strategy.

WORKPLACE VIOLENCE PREVENTION

Halton Healthcare's Workplace Violence and Harassment Steering Committee has continued to meet and monitor trends in our workplace violence and harassment performance metrics throughout the pandemic. This past year the committee has updated its Terms of Reference, and conducted its annual workplace violence risk assessments. Through its regular review of the Workplace Violence and Harassment Scorecard the committee identified an increase in incidents, in a number of workplace violence and harassment incident categories. In response to these trends the committee has undertaken updates to the existing Workplace Violence and Harassment Prevention Policy, Program and Procedure, the Identification of Patients at Risk for Violence Policy and Procedure and is finalizing a third supplemental policy focused on a subset of individuals who present a sustained risk to our workers. As well the organization is moving forward with the Sunlife Psychological Health and Safety Risk Assessment and will action recommendations arising from that review.

PATIENT SAFETY

Although our hospital teams have been single-mindedly focused on our pandemic response for much of the last three years, our organization has continued to monitor key quality and patient safety indicators and implemented changes in response to identified lapses or opportunities for improvement. Our organization has leveraged our quality improvement capacity throughout our pandemic response.

As we return to our post pandemic environment Halton Healthcare has taken a number of steps to refresh our Quality and Patient Safety Program. This has included the reestablishment of our management infrastructure for quality and patient safety, an updated Quality and Patient Safety Plan and Patient Safety Culture Action Plan. Unit/department level Quality Boards, in alignment with our new Strategic Plan, have been launched and education provided to support local level improvement at quality huddles. Additionally, our organization will be participating in an on-site Accreditation Canada Survey in the spring of 2023. Our preparations are serving as a catalyst to re-engage individuals and teams in this return to a focus on Quality.

HEALTH EQUITY

Halton Healthcare has taken a number of steps to return to a keen focus on Health Equity. As we are emerging from an intense focus on the pandemic, the Health Equity Committee terms of reference, including membership, have been refreshed. Although the committee will continue its mandate related to cultural and social barriers, its emerging action plan will include a comprehensive staff and physician educational component and is captured in this year's plan. The existing health equity scorecard will be revisited and the Committee will return to its use of the Health Equity Impact Analysis tool, in its Clinical Services Planning process. This year the committee will also participate in a request for proposal for translation and video interpretation Services to ensure we have the most current technology and processes available to support our communities. We are also embarking on the implementation of a new Patient Experience Measurement tool that will, as in the past, capture sociodemographic data that will help inform service planning. This Committee will work closely with our Diversity, Equity and Inclusion Council which has a broad mandate to address matters of equity, diversity and inclusion and to foster collaboration on equity, diversity and inclusion within Halton Healthcare.

EXECUTIVE COMPENSATION

The Excellent Care for All Act (ECFAA) requires that the compensation of the CEO and Executives reporting to the CEO be linked to the achievement of performance improvement goals laid out in our Quality Improvement Plan (QIP). The purpose of a performance-based compensation model related to ECFAA is to drive accountability for the delivery of QIPs, enhance transparency and motivate executives. Below is described the ways in which the Executive Team compensation will be linked to our improvement

plan.

Terms

Each of the four-priority indicator change plan initiatives will be associated with up to 1% of eligible compensation for a total of up to 4% of executive compensation, subject to an evaluation, in the discretion of the Board, of extraordinary events outside the control of the executive team. Achievement is linked to Quality Improvement Plan (QIP) performance measured against the Goals for Change Ideas identified as “performance based” in the 2023/24 QIP work plan and as noted above. The indicators are equally weighted and all members of the executive team equally participate in the performance based compensation plan set out in the QIP. The Performance Based Compensation program is regulated under the Broader Public Sector Executive Compensation Act (BPSECA) as may be amended from time to time.

All members of the executive team participate equally in the performance-based compensation set out in the QIP. Evidence of achievement will be presented to Board Quality & Risk Committee in November of 2023 followed by the Board in December.

The eligible positions include:

- President and CEO
- Chief of Staff
- Senior Vice President, Clinical Operations
- Senior Vice President, Patient Engagement & Chief Nursing Executive
- Senior Vice President, Corporate Services, Performance & CFO
- Senior Vice President, Redevelopment, Facilities & Retail

Operations

- Chief Human Resources Officer
- Vice President, Medical Affairs
- Chief Information and Digital Officer
- Chief Operating Officer, OTMH
- Chief Operating Officer, GH
- Chief Operating Officer, MDH

| Quality Dimension | Indicator | Change Idea |
|-----------------------------|--|---|
| Patient/Provider Experience | Percentage of respondents who responded “completely” to the following question: “Did you receive enough information from hospital staff about what to do if you were worried about your condition or treatment after you left the hospital?” | Optimize use of Patient Oriented Discharge Summaries (PODS) and associated processes. |
| Patient/Provider Experience | Percentage of respondents who responded “completely” to the following question: “Did you receive enough information from hospital staff about what to do if you were worried about your condition or treatment after you left the hospital?” | Develop and implement Emergency Department discharge instructions for top discharge diagnoses. |
| Patient/Provider Experience | Percentage of respondents who responded “completely” to the following question: “Did you receive enough information from hospital staff about what to do if you were worried about your condition or treatment after you left the hospital?” | Implement a pilot Post Discharge Follow-Up Phone Call Program as an expansion of Remote Care Monitoring Program. Scope of pilot will one inpatient medicine unit or a subset / % of patients (Phase 1). |
| Patient/Provider Experience | Percentage of respondents who responded “yes” to the following question: “would you recommend this emergency department to friends and family?” | Publish Emergency Department wait times on the hospitals’ external website. |

CONTACT INFORMATION

Ms. Letitia McDougall
 Director, Quality & Patient Relations
 905-845-2571 X3811

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 28, 2023

Richard [Signature]

Board Chair

K. McEnt [Signature]

Board Quality Committee Chair

[Signature]

Chief Executive Officer

Jan Jidely [Signature]

Other leadership as appropriate

*Senior VP Patient Engagement
& Chief Nursing Executive*