

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 14, 2025



OVERVIEW

Haldimand War Memorial Hospital (HWMH) provides care in a safe and supportive environment within a vibrant rural community. The 2025/2026 Quality Improvement Plans (QIP) for both HWMH and Edgewater Gardens (EG) Long-Term Care Centre will focus on patient safety initiatives including medication reconciliation at discharge, a comprehensive falls prevention program and advancing equity, inclusion and diversity. At HWMH and EG we are committed to continuously improving the quality and safety of the care we deliver to our patients and residents while ensuring a safe and supportive environment for our team to thrive in. Our strategic plan will be integrated into our annual QIP and the new approach of having two visions for our hospital and long term care partnership. HWMH's mission; we exemplify high quality, compassionate care. It is our calling. EG also has a new mission; care is our calling. We are a family that loves our home.

The QIPs continue to be embedded into our quarterly Mission Scorecard which have been revamped and updated to reflect our new strategic plan which highlights accountability to not only staff, but our community.

Working collaboratively with our Patient and Family Advisory and Family and Resident Councils, along with our regional partners we ensure that we are active participants in meeting the needs of our community. The strategic plan identifies our values and priorities that speak to the importance of inclusion and welcoming diversity of our team and community. With a continued focus on diversity, equity and inclusion to inform decision making, service delivery, leadership and partnerships, we will continue to emphasize the importance of the progress we have made and the value that this work holds in our community.

ACCESS AND FLOW

Optimizing system capacity, timely access to care that best meets the needs of our community and patient flow ultimately improve outcomes and the experience of care for patients, clients and residents. Working with our community partners including Ontario Health at Home, LEGHO, Southcoast Wellness, the Greater Hamilton Health Network, and our local emergency responders to ensure the right care at the right time is achieved for everyone. EG will continue to work towards the goal of decreasing potentially avoidable Emergency Department visits for our long-term care residents. With the return of our Nurse Practitioner, there will be increased surveillance of our residents, allowing for the resolution of acute issues and increased guidance for emerging health issues. EG will utilize the Nursing Led Outreach Team (NLOT) to provide in-services and support with issues that could reduce ED visits (COPD, difficult catheter changes).

EQUITY AND INDIGENOUS HEALTH

Our strategic plan highlights the importance of equity, diversity and inclusion to the work that we do both for our community as well as our team. In alignment with our strategic directions and priorities, a focus on equity, diversity and inclusive education and training is available to all staff of HWMH. With the establishment of the organization's new Equity, Diversity and Inclusion committee which has members from both the hospital and EG, this important work will continue. In collaboration with our regional partners, HWMH is committed to advancing equity, inclusion and diversity and addressing racism. HWMH will continue to engage with our partners at the Greater Hamilton Health Network and Ontario Health by focusing on our new Equity, Diversity and Inclusivity Committee which will contribute to better outcomes for our patients, families and providers within our community.

PATIENT/CLIENT/RESIDENT EXPERIENCE

The patient experience surveys are available both on our website as well as from our Emergency Department and Inpatient Unit. The feedback received from these surveys allow the hospital in collaboration with the Patient and Family Advisory to identify areas for improvement and ensure that these are meaningful quality improvement initiatives. We will continue to advocate for multiple modes of communication including a health information system that allows us greater opportunities to reach everyone in our community.

The Resident & Family/Caregiver Experience Survey for EG was updated and available for the month of October. We saw increased responses due to the return of our volunteers to assist residents to participate in the survey. The themes resulting from the surveys will be reviewed with the Quality Committee and action plans developed.

The Registered Nurses Association of Ontario and Point Click Care data programming have teamed together devising a new admission and assessment program known as Clinical Pathways. This system will eventually be used by LTC home across Ontario and will allow for quality and consistency. The program prompts users to follow other pathways when items of concern are entered, thereby facilitating optimal care opportunities.

SAFETY

As the complexity of our patients continues, we recognize the need for new approaches and changes. In collaboration with partners throughout the province, we have a newly established Falls Prevention Committee that is comprised of multidisciplinary team members to reevaluate our current practice and ensure that we are applying a Senior Friendly lens. We are now able to look at baseline

data to better understand how we can apply the right interventions and the right time. The committee is anticipating the release of the Registered Nurses of Ontario Best Practice Guideline for Falls Prevention and Management that will be the basis of the work moving us forward.

For EG, there is ongoing discussion amongst the multidisciplinary team members regarding ways of reducing falls, especially for our 'Falling Stars' or those who experience repeated falls. Balancing autonomy and safety is an ongoing challenge in keeping our residents safe, but one that we embrace willingly. The Falls Committee is looking into initiating an intentional rounding system to work at decreasing falls by ensuring that residents' needs are met. EG is working towards having our new Behaviour leads trained to be Gentle Persuasive Approach teachers so that all staff can eventually be certified in this useful tool, and will be equipped to avoid confrontational and unsafe situations. HWMH continues to emphasize the need for all staff to be trained in Gentle Persuasive Approach to ensure we are all contributing to patient safety.

Another safety initiative for both the hospital and EG is related to medication. HWMH has implemented the Institute for Safe Medication Practices (ISMP) guidelines for medication reconciliation and best possible medication discharge plans to increase communication and safety. At EG, medication lists are reviewed quarterly and any medications no longer required are discontinued. This includes antipsychotics, which are given only when in the best interest of the residents to avoid emotional and physical distress or harm. EG pharmacy has devised an antipsychotic assessment form that our Behaviour leads will be completing on a regular basis and sharing with the practitioners to oversee the use of this class of drugs, and decrease as is possible.

PALLIATIVE CARE

EG values a palliative approach recognizing the value to having increased discussions early on as to what residents and their families' want in regards to their goals of care. This is so that the resident can discuss their wishes, values and beliefs, and can guide the discussions before illnesses such as dementia and Alzheimer's makes this impossible. The admission interview will review goals, end of life care, funeral arrangements and level of care desired. These will be part of the Care Conferences that occur six weeks after admission and annually.

Staff are offered education in palliative care in order to be able to effectively carry out the wishes of our residents and families and to be able to recognize changes both physical and mental that will require different care, especially with regards to pain management. Palliative Performance Scale assessments are done quarterly and will increase to weekly based upon the results of the scale, in order to respond to changing needs. A palliative trained volunteer assists with emotional support for our residents, and plans are in place to have another volunteer available for support. With the changing of our population and the increasing cultural differences, staff will need to have education on different approaches to death and dying, customs and traditions, and how to provide these in a safe and therapeutic manner.

EMERGENCY DEPARTMENT RETURN VISIT QUALITY PROGRAM (EDRVQP)

The Emergency Department Return Visit Quality Program (EDRVQP) was launched in 2016 with the goal of promoting a culture of quality in the province's Emergency Departments. The addition of the Ontario Health's ED RQVP to our existing Quality Improvement Plan will allow HWMH to evaluate and review the prevalence of ED

return visits. As data is collated and reviewed, formalized internal pathways to ensure accountability and communication will be developed to facilitate the implementation and oversight of the ED RQVP. The ultimate goal is to see a reduction in the percentage of ED return visits associated with a diagnosis of subarachnoid hemorrhage, Acute Myocardial Infarction (AMI) and pediatric sepsis. This initiative aims to improve and streamline the care provided at initial ED presentation and avoid a revisit to the emergency department.

The team here at HWMH who will be conducting the audits and implementing quality improvement initiatives includes the Chief of the Emergency Department, the Director Emergency Department, Perioperative Services, Medical Device Reprocessing and Outpatient Services, the Director Education, Quality and Patient Experience. After our initial meeting to review the program, we have established a work-plan and quarterly meetings to review as a committee using the established audit tool. We have begun working with Ontario Health to learn from organizations that have been dedicated to this quality improvement initiative since its inception.

Reference:

Lucas B. Chartier, Howard Ovens, Emily Hayes, Brittany Davis, Lisa Calder, Michael Schull, Jonathan Dreyer, Olivia Ostrow, Improving Quality of Care Through a Mandatory Provincial Audit Program: Ontario's Emergency Department Return Visit Quality Program, *Annals of Emergency Medicine*, Volume 77, Issue 2, 2021, Pages 193-202, ISSN 0196-0644, <https://doi.org/10.1016/j.annemergmed.2020.09.449>.

EXECUTIVE COMPENSATION

Our executives' compensation is linked to performance in the following way:

The Excellent Care for All Act (ECFAA) requires that the compensation of executives be linked to the achievement of performance targets laid out in the QIP.

Haldimand War Memorial Hospital (HWMH)

The executive positions at HWMH included in the pay for performance monitoring are:

- President & CEO
- VP & Chief Nursing Executive, Diversity
- VP & Chief Financial Officer, Chief Information Officer & Privacy
- VP, Diagnostics and Hospital Information System

The following shows the percentage of salary at risk for each executive:

- President & CEO: 1.5% of base salary is linked to achieving targets set out with the HWMH indicators below. An additional 0.5% of base pay is linked to performance at Edgewater Gardens.
- VP & Chief Nursing Executive, Diversity: 1% of base salary is linked to achieving targets set out with the HWMH indicators below.
- VP & Chief Financial Officer, Chief Information Officer & Privacy: 0.5% of base salary is linked to achieving targets set out with the HWMH indicators below. Note an additional 0.5% of base pay is linked to performance at Edgewater Gardens.

- VP, Diagnostics and Hospital Information System: 1% of base salary is linked to achieving targets set out with the HWMH indicators below.

Quality Priority Indicators

Percentage of staff (leadership and frontline) who have completed relevant equity, diversity, inclusion and antiracism education. The target is a 75% completion rate.

Percentage of patients who have received a completed Best Possible Medication Discharge Plan. The target is 75%.

Total Margin Balanced to budget.

The executive position at Edgewater Gardens included in the pay for performance monitoring is:

- Administrator

The following shows the percentage at risk for the Administrator:

- Administrator: 1 % of base salary is linked to achieving targets at Edgewater Gardens.

Quality Priority Indicators

Percentage of staff (leadership and frontline) who have completed relevant equity, diversity, inclusion and antiracism education. The target is a 75% completion rate.

Percentage of residents responding positively to the statement "I can express my opinion without fear of consequences" The target is 100 % of respondents will respond positively

Percentage of residents responding positively to "what number

would you use to rate how well the staff listen to you?" The target is 80 % of respondents will respond positively.

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

EDRVQP lead, if applicable
