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Quality Improvement Plan (QIP) Narrative for Health Care Organizations in Ontario



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Overview

Hotel Dieu Shaver Health and Rehabilitation Centre (HDS) is a 134-bed rehabilitation and complex care hospital located in St. Catharines, Ontario. As the only rehabilitation hospital serving the Niagara Region's over 500,000 residents, HDS specializes in rehabilitation, complex care, and end-of-life care. HDS is the sole hospital provider of dedicated rehabilitation services to residents throughout the Niagara Region.

Each year, the hospital admits approximately 1,100 inpatients and receives over 30,000 outpatient visits. HDS plays a critical role in addressing hallway healthcare by alleviating pressures on acute care beds, reducing emergency department visits and acute care readmissions, and minimizing alternate level of care (ALC) designations. Often, HDS helps delay or prevent admissions to long-term care and other facilities, ensuring patients receive appropriate care closer to home.

We are proud to acknowledge the government's recognition of our vital role within the healthcare continuum, demonstrated through its commitment to a second planning grant to replace our current inpatient building. This expansion will add approximately 62 new rehabilitation and complex care beds to Niagara's healthcare system, alongside significantly increased capacity for outpatient services.

In November 2024, HDS, in partnership with our local acute care hospital, launched a new Health Information System (HIS). This transition to a fully electronic medical record system will enhance seamless patient care, build on our commitment to delivering high-quality care, and improve patient safety.

Through our 2025-2026 Quality Improvement Plan, we reaffirm our focus on excellence in specialized services, addressing unmet community needs, and maintaining an exceptional standard of care. HDS remains dedicated to its mission of transforming lives and advancing healthcare in Niagara.

Access and Flow

HDS is actively engaged in initiatives that ensure patients receive timely and appropriate access to rehabilitation and complex care services. Our collaborative approach involves working closely with key partners such as Niagara Health (NH), Ontario Health atHome (OHaH), and the Niagara Ontario Health Team (NOHT-ESON). We strive to improve access to suitable care settings with the goal of achieving health system stability.

The initiatives, we have implemented address barriers to discharge and facilitate successful transitions across the continuum of care:

1. **Reducing Barriers to Discharge & Supporting Successful Transitions:** Upon admission, our dedicated Interprofessional team conducts a comprehensive assessment of each patient. This assessment helps determine the most appropriate rehabilitation or complex care stream for the patient, while also identifying any potential risks for an Alternate Level of Care (ALC) designation, as well as identifying any risks to discharge.
2. **Ensuring Successful Transitions Across Sectors:** HDS collaborates closely with OHaH in weekly meetings and NH in daily meetings. These sessions are dedicated to discussing patient flow opportunities and planning for early access to rehabilitation and complex care services. By providing early access to rehabilitation services, we aim to achieve positive outcomes that support a faster discharge home, minimizing the need for future emergency department (ED), acute, or long-term care (LTC) services.
3. **Rehabilitation Support as a System Partner:** From a broader health system perspective, HDS actively collaborates with leaders at the Hamilton Niagara Haldimand Brant Burlington (HNHBB) Capacity Planning Committee and HNHBB ALC barriers to discharge committee, and West Region Rehabilitative Care Partnership Table. We reinforce the Home First Philosophy with staff and patients and ensure maximum bed capacity.

We believe that these initiatives not only contribute to the efficient use of healthcare resources but also enable us to free up acute care hospital beds for individuals who require them the most.

Equity and Indigenous Health

At HDS, advancing health equity and fostering Indigenous health and cultural safety are core to our mission. In 2023, HDS established a Diversity, Equity, and Inclusion (DEI) Committee to champion diversity, inclusion, and anti-oppressive practices. Guided by our mission, values, and strategic priorities, this committee addresses barriers to care, improves health outcomes, and fosters inclusivity, particularly for underserved populations

Key 2025/2026 initiatives include:

1. Equity, Inclusion, Diversity, and Anti-Racism (EIDA-R) Workplan: A 2025/2026 EIDA-R workplan is being developed to promote equitable care access, eliminate systemic barriers, and ensure inclusivity, with a focus on underserved populations, including First Nations, Inuit, and Métis communities.
2. Staff Training: EIDA-R training will be expanded to ensure annual staff participation, fostering an inclusive workplace culture that enhances care quality and employee satisfaction.
3. Sociodemographic Data Collection: In collaboration with our local acute partner, HDS is exploring equitable data collection within our new Health Information System (HIS). Analyzing this data will enable us to identify health disparities and tailor services for diverse populations.
4. Targeted Programs: Insights from sociodemographic data will guide the creation of programs for equity-deserving populations, such as Indigenous and LGBTQ2S+ communities, promoting culturally competent and respectful care.
5. Enhanced Leadership Training: Building on previous Indigenous cultural sensitivity training, HDS will expand comprehensive training with our leadership team on inclusion, reconciliation, and diversity by the end of 2025.

Through these efforts, HDS remains committed to eliminating barriers, promoting equity, and delivering exceptional care

Patient/Client/Resident experience

HDS is fortunate to have a very active Patient and Family Advisory Committee (PFAC). The patient advisors (PA) are involved in every standing committee within our organization, and, in addition, the Quality Committee of the Board, Accreditation teams, Capital development project, Accessibility committee, nursing unit councils and the Clinical Quality Council.

We currently have 15 active PAs and continue to be successful in recruiting. New members are provided with hospital orientation including the 'Excellent Care for All Act'. The annual QIP is reviewed with the PFAC including indicators, the progress report and the narrative to ensure that the voice of patients/families is embedded in the process. All PAs receive annual re-education.

PAs have a Meet and Greet with each patient/family. They support the patients' journey from admission to discharge using a variety of resources including their own experience as a former patient at HDS.

The HDS inpatient experience survey is also carried out by the PAs with the patient/family. Two of our QIP indicators come directly from the Patient Experience survey, "Would you recommend..." and "Did you receive enough information...". A third indicator, "Percentage of complaints acknowledged..." is greatly impacted by the Patient Advisors as they often hear about a patient concern during a patient visit and present it immediately to the Patient Relations Process Delegate, who begins the work on a resolution thereby reducing "formal complaints" that go to Patient Relations.

The Patient Advisors bring a strong voice from patients/families to every process at the hospital which supports and enhances the overall patient experience.

Provider experience

To maximize measures aimed at improving staff experiences and addressing health human resource challenges, the Hospital has implemented an interdisciplinary Diversity, Equity and Inclusion committee to support the ongoing advocacy and commitment to enhancing DEI through training, awareness and championing anti-oppressive practices.

Our environment promotes and supports education and best practices. HDS utilizes Master's level nursing students to review, update, or create policies and practices, such as the Cultural Practices and Religious Beliefs document that can be utilized with our palliative patients and families. The Hospital is participating in Stroke Distinction through Accreditation Canada building upon staff's knowledge and skill with the stroke population.

The hospital reviews our part time staff complement to identify opportunities for combining roles to create full time positions, which are more desirable. We have adjusted the schedules for many of our part time staff that may have another part time role elsewhere to improve their work-life balance.

The new HIS supports staff to improve the quality of care provided by reducing time spent charting. Staff will recognize improved patient safety through the ease of access to all required information.

The Work Wellness Committee has designed and implemented staff wellness challenges focusing on different themes such as physical fitness, self-care and nutrition. We also continuously adapt to staff preferences for events such as long service recognition awards, and Christmas lunch. These events were hosted in our Courtyard. This large open space, allows staff, Physicians, volunteers and patient advisors to come together to acknowledge and celebrate each other.

Safety

HDS has an interprofessional team that focuses on the continuous improvement of patient safety on multiple levels. The reporting of safety incidents is well embedded into the culture here, as well as the implementation of daily safety huddles on each unit. Interprofessional discussions on these teams identifies risks and improvements to continuously wrap safety around the patient. Falls reduction is a priority, and teams develop detailed and personalized falls prevention plans for each patient.

The establishment of a Nurse led wound care team has had significant success in the prevention and management of this "Never Event." Each unit has a dedicated team that identifies and monitors wounds while continuously assessing the appropriate treatment option for healing. This initiative involves an interprofessional team of Nurse Practitioners, Dietitians and Therapists to ensure skin integrity or to promote therapeutic tissue healing. A comprehensive education package has been created to ensure Best Practice Guidelines are followed and promote interest for potential members.

The HIS has now been implemented and is expected to increase safety on a number of platforms. Medication and patient identification barcode scanning will all but eliminate drug errors and provide a variety of tools that will assist in the identification of allergies, and potential serious drug interactions. Computerized practitioner order entry ensures that all orders are legible, concise, and meet the standards for safe medication administration. Clinical decision support tools provide systems for more informed evidence- based decisions and safer care.

Palliative Care

The Palliative Care unit at the HDS has five dedicated beds for end of life care that focus on pain and symptom management. Referrals for Palliative care come from hospital partner sites at Niagara Health, or direct referral from OHaH. Each referral has a detailed needs assessment based on validated tools such as the Edmonton Symptom Assessment System, and the Palliative Performance Scale. HDS delivers this care by prioritizing patients from the community who may require interprofessional care and supports, and who may benefit from Palliative Care Approach.

Although there are only five dedicated beds, we often will flex our palliative admissions as high as ten, in order to provide the much-needed support to the community where palliative resources are scarce. In this way, the patients that have the highest need requirements can receive equitable and timely access to 24/7 care in a supportive and safe environment. As a result of the continual pressures for end of life beds, the current capital build project team is reviewing opportunities in this area to best serve our community.

We acknowledge the importance of assessing the Goals of Care for each patient, and routinely modify these as care needs change. Goals of care involve communication with the patient/ family, power of attorney, or substitute decision maker, as appropriate. This ensures the beliefs and values of each individual patient are discussed and the care is aligned to meet their desired needs.

Population Health Approach

HDS is collaborating with three other hospitals in the Central South region to enhance client experience and improve outcomes for individuals requiring stroke services. The goal is to meet the Accreditation Canada standards for Stroke Services Distinction and be recognized as a center of excellence. This aspiration has driven an analysis of population-level data from hospital, government, and public health data sources to understand and identify major modifiable and non-modifiable risk factors for stroke in our region, such as prevalence of diabetes and high blood pressure. We have also examined social determinants of health to better understand the proportion of our population that is at an increased risk for stroke. Learning the top 10 languages spoken in our region is spurring us to provide more translations of our stroke education materials to enhance public awareness of the causes and impact of stroke, and strategies for prevention and self-management.

The new HIS has provided the opportunity to begin collecting the data that we will need to understand the impact of our services on Indigenous peoples and Francophone populations within the healthcare system in Niagara. New patient intake questions with a health equity focus will be added to registration or clinical history work routines, alongside cultural sensitivity training for staff. Responses to these questions will provide important linkages between health outcomes and the systemic health risks and barriers facing various subpopulations. Insights from this data could have a profound impact on service design and access to appropriate care.

Executive Compensation

Organizational leadership is accountable for achieving the targets outlined in our Quality Improvement Plan (QIP), in addition to meeting individual and functional performance goals.

For the Chief Executive Officer (CEO), Executive Vice President of Corporate Services, and Vice President of Clinical Services & Chief Nursing Officer, a portion of their base salary is at risk, as detailed below.

Performance against QIP indicators is monitored regularly, with final assessments conducted at the end of the third quarter to determine outcomes related to executive compensation.

In alignment with these principles, 1% of base salary for the identified executives is at risk and directly tied to achieving the QIP targets based on the following key indicators:

1. Timely Acknowledgment of Complaints – Percentage of complaints acknowledged within 3 to 5 business days,
2. Patient Experience – Patient response to: "Would you recommend inpatient care to your friends and family?"
3. Diversity, Equity, and Inclusion (DEI) Training – Implementation of hospital-wide DEI training for all staff.

These indicators reflect the organization's commitment to enhancing the patient experience, ensuring access to necessary resources and information post-discharge, and fostering a safe, inclusive, and respectful workplace for all stakeholders.

The below Performance Allocation plan is used to determine the magnitude of the "at risk" allocation:

Progress Against Quality and Safety Target	% of Available Incentive Per Indicator
Worse than last year and no special considerations	0%
Worse than last year with special considerations	80 to 100%
Maintained last year performance and special considerations	90 to 100%
Better than last year performance but not met target	90 to 100%
Achieved Target	100%

Contact Information/Designated Lead

Any inquiries or comments regarding our Quality Improvement Plan are invited and encouraged. Feel free to contact:

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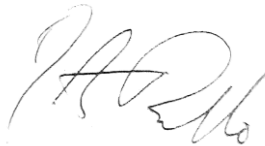
A continuing focus on maximizing patient and family input through formal and informal measures, including the inclusion of patient advisors on many operational hospital committees, increasing Patient Advisor numbers and availability, and the continuing and active evolution of the Patient and Family Advisory Council (PFAC) should continue to assist the HDS in its efforts to act expeditiously with respect to review and implementation of improvement options.

Sign-off

I have reviewed and approved our organization's Quality Improvement Plan



Ms. Betty-Lou Souter
Board Chair



Mr. John Rollo
Quality Committee Chair



Dr. David Ceglie
CEO