

Let's Make Healthy
Change Happen.



Quality Improvement Plan (QIP) Narrative for Haliburton Highlands Health Services



Leaders in Innovative Rural Health Care

03/07/2023

ontario.ca/excellentcare

Overview

At Haliburton Highlands Health Services (HHHS), our vision is to be Leaders in Innovative Rural Health Care. To do this, we will pursue our mission to work with partners and be accountable to our community, in order to promote wellness and access to essential, high quality health services, including Primary Care, Hospital (Acute Inpatient and Emergency Care), Long-Term Care, End-of-Life Care, Mental Health and Addictions Services, and Community Support Services. This important work will continue to be conducted based on our core values of Compassion, Accountability, Integrity, and Respect, all of which are important to inform how we work with our patients, residents, clients, the community, and within our staff and physician teams.

Our 2023 – 2024 Quality Improvement Plan (QIP) strives to continue our work to improve the high-quality services we provide to our community. The Plan focuses on two key areas of focus: service excellence through the patient, client, resident, and staff experience, and the delivery of safe and effective care. With specific measures identified in each area and detailed targets, planned improvements, and measurements, we will be able to not only progress in our plans, but also ensure we evaluate our efforts on an on-going basis.

The 2023 – 2024 QIP has been empowered by our recent successful shift to new Clinical Information Systems across the organization, including Epic, Alayacare, and Point Click Care. This significant change required many dedicated hours of effort by our teams, in order to ensure HHHS can deliver better patient, resident, and client-focused care.

As HHHS continues the process of developing a new strategic plan to guide our organization over the coming years, we anticipate that it will dovetail with the reporting mechanisms developed as part of this QIP.

Patient/client/resident engagement and partnering

Engagement with our patients, residents, and clients is critical to the success of HHHS. In developing this QIP, we have relied on feedback from these groups to not only help us evaluate our current status on certain indicators, but also provide us with suggestions and ideas for how can strengthen the quality of our services.

For instance, HHHS uses the Accreditation Canada Client Experience Survey for inpatients to understand whether written information was provided during hospital stays about symptoms or health problems to look out for after they left our facility. We also rely on a Long-Term Care (LTC) Resident Experience Survey to understand whether residents and their families feel listened to within our homes.

More broadly, HHHS meets regularly with its Community Advisory Committee, which is made up of local residents from across Haliburton County, and the two Family Councils for our LTC homes. We also seek feedback through the LTC Residents Councils, and conduct other surveys to receive information from patients, residents, and clients.

Provider experience

HHHS has not been immune to the challenges facing the healthcare system in Ontario, including burnout and stress for healthcare workers. In many ways, these challenges were present before the COVID-19 pandemic, but certainly increased in their breadth and depth during that time. In the midst of the pandemic, we recognized this by re-structuring our strategic plan to focus on our *'Investing in Our People'* strategic direction.

We have since surveyed our staff and physician teams for their ideas on how to improve recruitment and retention at HHHS, engaged with them in conversations on the units with the Management and Executive Leadership Team, and recently re-launched our 'Coffee Talks with the CEO' series to provide set opportunities for collaborative brainstorming about the challenges we face. We also make use of the Accreditation Canada Worklife Pulse Survey to better understand the current state of our workforce. In 2021, we launched a 'Super Hero' recognition program to honour the exceptional work of our team, and our Health and Wellness Committee, which is composed of staff representatives from various departments, continues to provide opportunities for appreciation and recognition.

Through our QIP, we want to drive forward on further engagement with providers and have identified a number of planned improvements in this area. For instance, we plan to evaluate and refresh our Super Hero recognition program based on staff feedback, enhance staff engagement in idea generation and decision-making through more standardized daily huddles, and work with department managers and their staff to identify preferred approaches to recognition and appreciation events.

Workplace Violence Prevention

HHHS believes that a safe and healthy workplace has strong workplace violence prevention measures in place. This is embedded in our current strategic plan under the *'Investing in Our People'* direction, which includes a healthy, positive work environment as one of its goals.

HHHS updated its Workplace Violence Policy in late 2022 to include a more direct link to our measures and procedures to control the risk of workplace violence. This process had previously been contained in a separate Harassment Discrimination and Code of Conduct Breach Complaint Procedure document. This change has made it easier for staff to access the procedure for complaints and understand how they will be handled by HHHS. Workplace violence incidents and our prevention strategies continue to be presented to the Quality Committee of the HHHS Board of Directors on a regular basis.

Additionally, starting in the winter of 2021, HHHS invested in temporary security services for both of our hospital sites, with security guards present in the overnight hours to be a visible presence in our Emergency Departments, In-Patient department, and the waiting area, and to provide support to clinical staff when requested. A three-year agreement for these services was implemented in March 2022. Previously, HHHS has invested in panic buttons in key areas to provide staff with a quick option to contact police, if necessary, and security cameras to support any follow-up actions.

Patient safety

Patient safety indicators and measures are included in our scorecards for Long-Term Care, Hospital & Community Services and Human Resources/Occupational Health & Safety, which are reported on a regular basis to the Quality Committee of the Board of Directors. When critical incidents or sentinel events occur, we conduct Quality of Care reviews to identify recommendations to improve patient care and safety in the future. These recommendations are also shared with the Board Quality Committee and the local team in the department where the incident occurred, and more broadly across the organization if there are larger learnings to share. Recently, we have also begun to embed patient safety stories into reporting by the Chief Executive Officer to the Board Quality Committee.

To ensure we continue to strengthen our approach to patient safety and create a strong culture of safety at HHHS, our QIP includes additional opportunities for learning and sharing about patient safety incidents, such as the standardization of staff huddles. Additionally, the indicators we have chosen for the QIP to progress on delivering safe care also speak to the importance of strengthening our approach to patient safety. Further, we have recently hired a Lead – Quality, Patient Safety, and Risk Management to foster improvements and ensure there is a dedicated role to support these efforts.

Health equity

HHHS has relied on the social determinants of health as well as attribution data collected as part of the Ontario Health Team (OHT) process to guide our understanding of our local population and their particular needs. We know that we have a higher representation of older adults in our region compared to the rest of the province and a higher-than-average number of people on low income. Through the work of our Community Programs team, which delivers critical programs like Meals on Wheels, Supportive Housing and Assisted Living, medical transportation, and Safety and Security services, we know that there is a great need for supports for these populations. In particular, our region is challenged by a lack of public transit, a severe lack of affordable housing, and our rurality in terms of the distances people must travel to access some services and the potential for isolation, particularly among older adults.

HHHS also has an Accessibility Plan to improve access to our services not only for the people we serve, but also our own team members. Our Accessibility Committee includes representatives who live with disabilities and who help us conduct improvement audits on our facilities and services.

Executive Compensation

HHHS maintains its commitment to the *Excellent Care for All* legislation; as such, HHHS's executive compensation framework, including the percentage of salary at risk and targets for which the executive team is accountable, are linked to executive performance from a quality perspective as follows:

- President and CEO: 4% of annual base salary is linked to achieving 100% of our QIP targets identified below.
- VP Support Services and Chief Financial Officer: 2% of annual base salary is linked to achieving 100% of our QIP targets identified below.
- VP Clinical and Community Programs and Chief Nurse Executive: 2% of annual base salary is linked to achieving 100% of our QIP targets identified below.

Terms

Targets for indicators are outlined below, along with weighting. Achievement of all targets would result in 100% payout; partial achievement of targets will result a percentage payout as determined by the Board of Directors, based on an assessment of the degree to which the targets are achieved.

Metrics to be Included in the Executive Compensation for 2023-24

The 2021-22 Quality Improvement Plan was focused on clinical information system implementation as a means of transforming care and supporting quality improvement; new systems were implemented in both the hospital and community settings. As HHHS continued to adapt to these systems throughout 2022-23, there also continued to be a significant demand for the time, energy, commitment, and dedication of both programs and leadership teams. Accordingly, metrics for 2023-24 have remained the same as in 2022-23, as they were selected based on the impact of the system on the care of clients and patients in these areas. These indicators are related to experience, and the quality improvement initiatives associated with the metrics are supported by the capabilities of the two new systems. Additionally, and in response to the continuing impacts of the COVID-19 pandemic as well as the *Fixing Long-Term Care Act (2021)*, an indicator related to the completion of mandatory Infection Prevention and Control (IPAC) training in long-term care has been included.

Quality Dimension	Indicator	Target	Target Justification	Weight
Client Experience	Percentage of clients who respond positively to the question, "I was told about other programs and services at CSS that might meet my needs."	85% of clients respond positively	Improve current performance (72.5%)	33.3%
Patient Experience	Percentage of respondents who responded positively (Yes) to the following question: During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital? (HAL-acute)	75% of patients respond positively	Improve current performance (44%)	33.4%
Safe and Effective Care	% of LTC staff who completed mandatory IPAC education	75% of staff	Improve current performance (53%)	33.3%

Contact Information

Haliburton Highlands Health Services
7199 Gelert Road
Haliburton, ON K0M 1S0

Carolyn Plummer, President and Chief Executive Officer
Telephone: 705-457-2527
Email: cplummer@hhhs.ca

Other

As the healthcare system moves towards the model of Ontario Health Teams and HHHS continues to collaborate with Ross Memorial Hospital on a number of initiatives, a collaborative indicator developed by the Kawartha Lakes OHT has been added to our 2023-24 QIP. With mental health across the age spectrum having been identified as an important priority for health providers in Haliburton County as part of the OHT application process, the collaborative indicator will track first visits for a Mental Health and Addictions condition in the Emergency Department (ED). Given that depression and anxiety tend to be the highest presentation in the ED for Mental Health and Addictions concerns, HHHS will look to increase the use of depression screening tools as part of frailty screening in our EDs.

Sign-off

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

Board Chair _____ (signature)
Board Quality Committee Chair _____ (signature)
Chief Executive Officer _____ (signature)