

Kemptville District Hospital 2018-2019 KDH MULTI-SECTOR QUALITY IMPROVEMENT PLAN

Overview

KDH has a comprehensive Quality Management Framework that reflects our commitment to quality improvement. The Board receives and monitors performance on 27 indicators across the quality dimensions.

Our 2018-2019 Quality Improvement Plan (QIP) is very patient-focused, with three initiatives designed to improve the patient experience, an initiative aimed at enhancing patient safety, another focused on patient access to the right level of care, and another designed to optimize health for patients with a chronic condition; the final initiative focuses on the safety of our workforce.

The initiatives in our 2018-2019 QIP reflect our core values of quality, safe, efficient, and evidence-driven care, with patients and families at the centre. As well, they align with our current strategic directions, which include delivering quality, safe, and compassionate care centred on patients and families, partnering to enable coordinated and integrated care, and focusing on our people to foster a culture of excellence as the backbone of KDH. Click here for a digital version of our Strategic Plan: <http://www.kdh.on.ca/strategic-plan-flipbook/>.

By March 31st, 2019, KDH will:

Improve information sharing with patients	1. Improve acute inpatient patient satisfaction with the question, "During your stay did you get the information you needed about your condition and treatment?" to 67%.
	2. Improve inpatient satisfaction with the 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?" to be in the top 25 percentile of Ontario hospitals.
Improve the patient experience	3. Improve patient experience in the Emergency Department as measured by the question, "Would you recommend?" to 75.7%.
Improve patient safety and minimize risk	4. Ensure medication reconciliation is done for at least 80% of inpatients at discharge.
Reduce unnecessary time spent in acute care	5. Reduce Alternative Level of Care (ALC) rate - acute to 20.8%
Optimize health for patients with Chronic Obstructive Pulmonary Disease	6. Counsel at least 70% of inpatients diagnosed with COPD on proper inhaler technique.

- Build a reporting culture of workplace violence incidents.
7. Increase reporting for workplace violence incidents that demonstrates increased awareness of the importance of reporting.

In developing the QIP, KDH staff reviewed the organization's current performance of the priority indicators and the following drivers of quality improvement to identify QIP priorities: patient relations process findings; patient surveys; critical incidents; priority indicators; 2017-2018 QIP performance status; overall performance status; current quality improvement priorities outside of the QIP; and known 2018-2019 KDH priorities. In addition, the current strategic plan and service accountability agreements were taken into account to ensure QIP initiatives were aligned with these documents.

The Quality and Safety Team, physicians, volunteers, Patient and Family Advisors, and healthcare partners collaborated to develop this QIP.

Quality Improvement Achievements from the Past Year

One of our biggest achievements from the past year's QIP was meeting and surpassing our goal with respect to the provincial government's ConnectingOntario e-health initiative: KDH was the first hospital in our region to go live with a crucial component, the Hospital Report Manager. Two years ago, in terms of adoption, KDH ranked 63rd out of 65 hospitals in Ontario; as of January 2018, KDH is now ranked second, behind The Ottawa Hospital. ConnectingOntario will improve patient care by giving physicians secure and timely access to their patients' health information.

With respect to the resident experience in our Interim Long-Term Care unit, we incorporated the question, "I can express my opinions without fear of consequences" into our survey. Our results surpassed our goal of 80%, ending with a result of 95% on this question.

Resident, Patient, Client Engagement and Relations

A sizeable group of residents, patients/clients and family members provided input to this QIP. We strongly believe that patients and families are an important source of insight and ideas for quality improvement efforts; involving patients and families in the development of the QIP ensures that patients are full participants in decisions that affect them. This is in keeping with KDH's organizational commitment to Patient and Family Centred Care, and our goal of ensuring that patients and families are at the table when a decision is being made that will materially impact the patient experience.

KDH engages with patients and families on an ongoing basis, as directed by our Patient and Family Engagement Strategy, updated annually. Patients and families are regularly engaged to share their experiences at KDH, participate on our Patient and Family Advisory Committee (PFAC), consult and partner on a variety of committees, assist with specific projects, and more.

Our Patient and Family Advisors made a significant contribution to this QIP. After reviewing the results of our patient satisfaction surveys, as well as complaints received from patients and caregivers, the PFAC suggested that QIP Initiative #1, which is designed to improve information

sharing with our inpatients, be carried forward from last year's QIP. This suggestion was unanimously adopted by the entire Quality and Safety Team. In their survey review, the PFAC also identified two patient survey questions for monitoring and tracking this year for possible quality improvement efforts next year. Two of our Patient and Family Advisors are permanent members of the Quality and Safety Team; the Team has also identified a second patient information sharing quality improvement initiative (#2) in this QIP.

Collaboration and Integration

KDH is highly committed to collaboration and integration, both to improve services to our communities and to improve KDH performance. This commitment is reflected in our Strategic Plan 2016-2019, in which Strategic Direction #1 guides us to build and facilitate partnerships with other health service organizations in order to make coordinated care a reality for our patients and their families.

Our LHIN-funded project to develop a Mental Health and Addictions Health Hub for children and youth in our catchment area is a prime example of our collaboration and integration efforts: we are working with approximately 20 partners from across our region to develop the hub; Children's Mental Health of Leeds and Grenville is the lead agency in the collaborative. We also collaborate separately with one of our hub partners, Parents' Lifelines of Eastern Ontario (PLEO), to facilitate regular monthly meetings at KDH for North Grenville families who are dealing with child and youth mental health and addictions issues.

Additionally, we have partnered with Willis College to develop a Health Coach curriculum to train Health Coaches for the Child and Youth Mental Health and Addictions space.

We continue to partner with the Pinecrest Community Health Centre in Ottawa to bring the province's Health Link program to North Grenville. Our onsite Health Link Care Coordinator works closely with patients and families, physicians, and community service agencies to help ensure coordination of care for people in our catchment area with complex health needs.

Another example of a KDH partnership that improves services to our communities is our collaboration with the Champlain LHIN, North Lanark Community Health Centre, The Ottawa Hospital, and the Lung Health Network to define KDH's role as the future prime location for Physiotherapy for the entirety of the Chronic Obstructive Pulmonary Disease (COPD) program within the LHIN.

Engagement of Clinicians, Leadership and Staff

KDH has engaged a large number of clinicians, leadership, staff and healthcare partners in the development of this QIP. Our Quality and Safety Team, which drafts and monitors the QIP, is made up of physicians, frontline and other staff, allied health professionals, patient and family advisors, a healthcare partner, and management. This year's QIP development process saw engagement at an increased level than in previous years. Driven by the Board Quality & Safety Committee, 'Quality & Safety' was a priority focus at the governance level demonstrated by the Annual Retreat Agenda topics, the review work done on the Board reported performance indicators, and in the discussions at the Board meetings. In addition, with respect to this year's

QIP planning, Dr. Jeff Turnbull, Chief, Clinical Quality – Health Quality Ontario, presented, *Opportunities for Hospital Boards in Implementing the Quality Agenda: Excellent Care for All*, at the Hospital's November 2017 Board meeting, and monthly updates on this year's QIP development status were provided. Our Medical Advisory Committee was involved earlier in the development process including, on their request, being sent an early draft of the quality improvement initiatives providing more time for feedback.

Population Health and Equity Considerations

As part of our 2016-2019 Strategic Planning process, we conducted a thorough environmental scan to analyse the changing demographics of the KDH catchment populations to inform our program planning. We learned that the populations that KDH serves have a greater than average incidence within the Champlain LHIN of the following conditions: Obesity, Arthritis, Diabetes, Asthma, High Blood Pressure, Mood Disorders, Chronic Pain, Chronic Obstructive Pulmonary Disease (COPD), Stroke, Injury Hospitalization, and Colon, Lung and Breast Cancers. The environmental scan also indicated a need for increased programming for seniors within the next decade.

In addition, in consultation with our community and partners in our 2016-2019 Strategic Planning process, mental health was an identified need.

In keeping with our Strategic Direction #1, to make care seamless for patients and families by being a leader in building and facilitating partnerships between health service organizations in our region, KDH has formed robust partnerships to address a number of these conditions, as outlined in the 'Collaboration and Integration' section above.

Optimize health for patients with Chronic Obstructive Pulmonary Disease Counsel at least 70% of emergency patients and inpatients diagnosed with COPD on proper inhaler technique.

In order to address the higher incidence of COPD within KDH catchment populations, we have developed QIP Initiative #5, to optimize health for patients diagnosed with COPD by ensuring that at least 70% of emergency patients and inpatients diagnosed with COPD are counseled on proper inhaler technique.

Our Environmental Scan refresh, conducted in early 2018, supports our Strategic Plan as written and, specifically, efforts to grow our clinic offerings and work in child and youth mental health. The slight changes to our population growth that we noted did not have an impact on program planning.

Although it didn't affect program planning, in our recent Environmental Scan refresh, we did observe a slightly higher percentage of people in the KDH catchments identifying as Aboriginal. We are addressing this through our equity work. To incorporate an equity lens into our daily work, we have introduced online training for all frontline staff in cultural diversity and in delivering culturally sensitive care. We also provide online training in cultural competency in the provision of healthcare to indigenous populations.

In addition, we are conscious that many of our rural residents may encounter barriers to accessing healthcare services, experiencing vulnerability because of their age and factors such as housing issues, poverty and inadequate education. Our campaign to further embed a culture of Patient and Family Centred Care at KDH, 'The Patient Experience Starts Here', is designed to encourage staff, physicians and volunteers to deliver an exceptional experience for every patient, every time, regardless of age, health condition, or other vulnerabilities.

Access to the Right level of Care – Addressing ALC

KDH achieved a breakthrough in reducing our ALC rate in fiscal year 2016/2017, when we dropped it from 42.3% to 15.5%. This was achieved by ensuring that physicians, the Community Care Access Centre (CCAC) and other providers worked together with patients and families on expectations around bed utilization.

Having achieved that goal, however, our work in this area continues as we strive to find suitable accommodations/services for patients outside of KDH that meet their needs. Support services in the community as well as the CCAC have an increased need for staff to provide the services, but have not received adequate funding to assist with this. Also, KDH is situated in a rural area and does not have access to some of the services that are required to transfer a patient to the home. For instance, the Ottawa area hospitals have access to stroke rehab, brain injury, etc. Appropriate access to home care services and adult day care services would allow patients to stay at home longer with their families.

It takes ongoing effort from all parties to keep the rate low and ensure that patients have access to the right level of care. We have put the following mitigation tactics in place.

Discharge/Care Coordination: We are fortunate that we have a single human resource who focuses on discharge planning and care coordination. Often, these roles are split between two people. This dual function residing in one person provides a smoother and more timely transition from hospital to home.

Community Paramedicine Program: KDH is involved in our regional community paramedicine program. This program utilizes paramedics to perform home visits that could at times defer an ER visit and/or an admission. Also, this program extends to nursing and retirement homes.

Despite these mitigating efforts, we have seen a rise in our ALC rate in the past three quarters. Therefore we have included it in this year's QIP.

Opioid Prescribing for the Treatment of Pain and Opioid Use Disorder

KDH has taken a number of steps to ensure the appropriate prescribing and use of opioids. Opioid prescribing was discussed at the June 2017 Pharmacy and Therapeutics Committee meeting, and reviewed at our inspection with the Ontario College of Pharmacists on November 15, 2017; at this time we also looked at opportunities to enhance security to prevent diversion. KDH has policies and procedures in place to monitor opioid utilization: all opioids are controlled in Automated Dispensing Cabinets, and we monitor weekly that audits of these drugs are

conducted. KDH practices multimodal analgesia to reduce opioid consumption and evaluates patients on excess opioids to determine whether there are opportunities for de-prescribing. In addition, KDH's Charge Pharmacist and Chief of Staff took advantage of an additional learning opportunity, attending the Opioid Crisis Education Day sponsored by The University of Ottawa Medical Education Department in January, 2018.

Workplace Violence Prevention

KDH is committed to building and preserving a safe, productive and healthy working environment free of violence, threats of violence, discrimination, harassment, intimidation, and any other misconduct for its staff, volunteers and students based on mutual respect within the workplace.

KDH has a robust workplace violence program. It includes education (such as non-violent crisis intervention training, worker and supervisor safety awareness training, workplace violence and harassment Bill 132 awareness), job specific violence analysis and mitigation, workplace and environment inspections, and policies to prevent incidents of violence and harassment and to ensure the appropriate management of such incidents should they occur.

This past year, we strengthened our commitment to workplace violence prevention. In early 2017 KDH was one of five hospitals invited to participate in a study conducted by the Institute for Work and Health entitled *Implementation of Workplace Violence Legislation in the Ontario Acute Healthcare Sector*. This study was funded by the Ministry of Labour and was directly relevant to work of the Workplace Violence Prevention in Health Care Leadership Table.

Following the release of "The Workplace Violence Prevention in Healthcare Leadership Table Progress Report", and continuing our commitment to the physical safety of our employees, we contracted the Public Services Health & Safety Association to conduct a full Workplace Violence Assessment, including a security component. The Assessment has just recently been released. Our next steps will be to review the report in detail and work with our Joint Occupational Health and Safety Committee members to develop an Action Plan to address the findings.

We have included an initiative for Workplace Violence Prevention in our 2018-2019 QIP.

Performance Based Compensation

Compensation of KDH executives is linked to a combined achievement of QIP targets. The Senior Executive staff will earn a performance pay of 3% of their salary by achieving two of the following three initiatives: ensure medication reconciliation is done at discharge for at least 80% of inpatients; deliver two workplace violence awareness education modules to 80% of full-time/part-time staff; and counsel at least 70% of acute inpatients identified with a primary diagnosis of COPD on correct inhaler technique.

The Senior Executive positions in question are Chief Executive Officer, VP Nursing/Clinical Services & CNO, Chief Financial Officer & VP Operations, VP Corporate Services, and Communications/ Patient Relations Officer.

Contact Information

For more information about the activities described in this QIP, please contact Lana LeClair, VP Corporate Affairs, at 613-258-6133 extension 222, or lleclair@kdh.on.ca.



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