

Let's Make Healthy
Change Happen.



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



3/29/2019

This document is intended to provide health care organizations in Ontario with guidance as to how they can develop a Quality Improvement Plan. While much effort and care has gone into preparing this document, this document should not be relied on as legal advice and organizations should consult with their legal, governance and other relevant advisors as appropriate in preparing their quality improvement plans. Furthermore, organizations are free to design their own public quality improvement plans using alternative formats and contents, provided that they submit a version of their quality improvement plan to Health Quality Ontario (if required) in the format described herein.

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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 2019-2020 Quality Improvement Plan (QIP) is patient-focused, with initiatives in all three themes; i.e., two improving timely and efficient transitions, one improving the patient experience, and three improving the effectiveness and safe delivery of patient care. In the third theme, although one of the three initiatives (i.e., addressing workplace violence) could be seen as staff- rather than patient-focused, we believe that a workforce that feels safe in its environment is able to deliver better patient care, and that continuing to build a culture of workplace safety will enhance a culture of patient safety.

The initiatives in our 2019-2020 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, 2020, KDH will:

Focus on timely and efficient transitions

1. Monitor time to inpatient bed to ensure our patients, once admitted, are settled as inpatients within eighteen hours.
2. Implement in the Emergency Department a process for flagging patients suspicious for Sepsis enabling faster access to required treatment and collect baseline data to enable improvement target setting for 2020-2021.

Improve the patient experience

3. Improve patient experience in the Emergency Department as measured by the question, "Would you recommend?" to 75.7%.

Provide safe and effective care

4. Implement RAO best practice continence care guidelines and provide best practice care to 80% of residents in 2019-2020 Quarter 3 identified as requiring continence care.
5. Increase reporting of workplace violence incidents to a total of 20 for the year, demonstrating increased awareness of violence in the workplace and the importance of reporting.
6. Ensure medication reconciliation at discharge is done for 90% of all discharged patients.

In developing the QIP, KDH staff reviewed the organization's current performance on the priority indicators and the following drivers of quality improvement to identify QIP priorities: patient relations process findings; patient experience surveys; critical incident reporting; priority indicators; 2018-2019 QIP performance status; overall performance status; current quality improvement

priorities outside of the QIP; and known 2018-2019 organizational 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.

Describe your organization's greatest QI achievement from the past year

One of our biggest achievements from the past year's QIP was the dramatic decrease in our Alternate Level of Care Rate, from 32.9% in 2017-2018 Q2 to 20.8% in 2018-2019 Q3. This success is attributable to the team work of KDH and CCAC staff in educating KDH staff and physicians to begin planning discharge before admission as well as diligent follow-through on a daily basis.

Patient/client/resident partnering and relations

Patients/residents, family members and designated Patient and Family Advisors provided valuable 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 experience surveys, as well as complaints received from patients and caregivers, the PFAC suggested that QIP Initiative #3, which is designed to improve the patient experience in the Emergency Department, 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 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 and the Advisor who is the Co-Chair of our PFAC sits on the Provincial Patient and Family Advisory Council, which provides him with the opportunity to understand where KDH is in terms of patient and family engagement compared to our peers.

New Quality Improvement Partnership

New for KDH this year is the opportunity to leverage our partnership with Winchester District Memorial Hospital (WDMH) for research and quality improvement. This partnership enables us to take quality improvement projects already successfully implemented at WDMH and replicate them at KDH. Our QIP Initiative #2, regarding an early identification process for ED patients with a confirmed diagnosis of sepsis, is an example of this. This opportunity to learn from the research team at WDMH and leverage their experience and tools will be of great benefit to our patients.

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 workforce 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 did a poster campaign educating the public and our workforce on violence in the workplace and this coming year we will focus on harassment and bullying.

This past year, we continued work on strengthening our commitment to workplace violence prevention. In fall 2018, we participated as one of six hospitals in a study on the use of the Violence, Aggression & Responsive Behaviour (VARB) toolkits, making this our second participatory study.

KDH implemented actions identified in the Public Services Health & Safety Association (PSHSA)'s Workplace Violence Risk Assessment completed in 2018. We also commissioned a security review from Paladin Security and are implementing recommendations.

Executive 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, while adhering to any legislative directions regarding compensation, by achieving two of the following three initiatives: monitor time to inpatient bed to ensure our patients, once admitted, are settled as inpatients within eighteen hours; implement RNAO best practice continence care guidelines and provide best practice care to 80% of residents in 2019-2020 Quarter 3 identified as requiring continence care; and ensure medication reconciliation at discharge is done for 90% of all discharged patients.

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.

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



Robert Morais
Board Chair



Bob Hale
Quality Committee Chair



Frank J. Vassallo
Chief Executive Officer



Lana Leclair
VP, Corporate Services