

Let's Make Healthy  
Change Happen.



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



*Building healthier communities*

**7/10/2020**

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.

[ontario.ca/excellentcare](http://ontario.ca/excellentcare)

## Overview

KDH has a comprehensive Quality Management Framework that reflects our commitment to quality improvement. The Board receives and monitors performance on more than 25 indicators across the quality dimensions.

Our 2020-2021 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 two 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 2020-2021 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, 2021, 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 fifteen hours.
2. Educate 80% of nursing staff on Wound Care using best practices from The International Interprofessional Wound Care Course (IIWCC) and the Registered Nurses Association of Ontario (RNAO) by the end of Quarter 3, 2020-2021.

### **Improve the patient experience**

3. Implement RNAO Care Transitions Clinical Best Practice Guideline for 80% of all KDH patients by end of Quarter 3, 2020-2021.

### **Provide safe and effective care**

4. Complete Sepsis Pathway for 80% of patients suspected or confirmed to have sepsis at triage.
5. Address reported workplace violence incidents in a timely manner.

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; 2019-2020 QIP performance status; overall performance status; current quality improvement priorities outside of the QIP; and known 2020-2021 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 implementation of the RNAO's guidelines for Continence Care. KDH exceeded its goal of an 80% implementation of the in-year guideline goals to reach 85% at Q3 and we anticipate 100% implementation by 2019-2020 year end.

## **Collaboration and integration**

Our current Strategic Direction #1 sees KDH, as a regional leader and partner, working to enable coordinated and integrated care consistent with our core values. Efforts to advance this direction include our partnership with Winchester District Memorial Hospital (WDMH) for collaborative research and quality improvement. For KDH, this means access to WDMH's proven quality improvement and patient safety resources and materials, so we don't have to "reinvent the wheel" when developing quality improvement initiatives.

The KDH-sponsored North Grenville Health Alliance Ontario Health Team (currently 'in development') is an example of our collaborative efforts toward better coordination and integration of care for the people we serve. Our OHT partners are a diverse group of health and social service organizations including long-term care, hospice, affiliate hospitals, and the majority of primary care providers in the region.

Our work with approximately 20 partners to help develop a Mental Health and Addictions Health Hub ('Hub') for Children and Youth is another example of our efforts to improve service integration. Formed in early 2018, the Hub Collaborative introduced a walk-in clinic for children and youth in Kemptville in April 2019 and put in place a Navigator for children and youth, as well as support for parents and caregivers through Parents' Lifelines of Eastern Ontario, whose presence was added to the walk-in clinic in the fall of 2019. In April 2020 a new 800-line will be rolled out to provide children, youth, parents and caregivers with better access to the help they need.

## **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, complaints received from patients and caregivers, patient safety concerns raised by staff in Patient Safety Leadership Rounds, performance on patient safety practices such as hand hygiene, infections, etc., and patient safety incidents, the PFAC reviewed and endorsed the quality initiatives being proposed for the 2020-2021 year by the Quality and Safety Team. In their survey review, the PFAC also identified the Emergency Department as a focus area for possible quality improvement efforts next year. Two of our Patient and Family Advisors are permanent members of the Quality and Safety Team.

#### Continuation of Quality Improvement Partnership

New for KDH last year was the partnership with Winchester District Memorial Hospital (WDMH) for research and quality improvement. That partnership enabled us to take quality improvement projects already successfully implemented at WDMH, including the work on an early identification process for ED patients with a confirmed diagnosis of sepsis. This partnership continues this year, particularly with Quality Initiative 4, which goes beyond identifying patients with sepsis to include the effective treatment of the potentially life-threatening condition after a suspected or confirmed diagnosis.

## 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 management of aggressive behavior 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 utilized the second poster in our awareness campaign focused on harassment and bullying in the workplace.

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

## Virtual care

From 2018-2019 Q4 to 2019-2020 Quarter 3, KDH had 296 Ontario Telemedicine Network clinic visits for such services as pre-op surgery assessment, follow up for infectious disease, and wound care.

As well, with our proposed Ontario Health Team (OHT) Governance Structure including both a Digital Health representative member on our OHT Leadership Council and a Digital Health Working Group as part of our Governance Structure, KDH and its OHT partners recognize the essential role digital health will have in improving health care delivery to our patients and residents.

## 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 base 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 fifteen hours; educate 80% of nursing staff on Wound Care using best practices from The International Interprofessional Wound Care Course (IIWCC) and the Registered Nurses Association of Ontario by the end of 2020-2021 Quarter 3; and complete Sepsis Pathway for 80% of patients suspected or confirmed to have sepsis at triage. Please note that due to the current freeze on executive compensation imposed by the Ontario Government in August 2018, the performance-related pay envelope for executives cannot exceed the increase from what was previously provided to all executives in the 2017-2018 completed pay year resulting in capping the performance pay at 2% instead of 3%.

The Senior Executive positions in question are Chief Executive Officer, VP Nursing/Clinical Services & CNE, 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 Services, at 613-258-6133 extension 222, or [lleclair@kdh.on.ca](mailto: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