

Let's Make Healthy
Change Happen.



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



Building healthier communities

06/23/2022

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 continuous quality improvement. Our Board of Directors receives and monitors performance on more than 25 indicators across the quality dimensions.

Our 2022-2023 Quality Improvement Plan (QIP) is patient-focused, with all three initiatives designed to ensure safe and effective care. Two of the initiatives address specific challenges that patients face - wounds and falls – and address those challenges to make certain patients receive the best care for their condition. With regard to wound care, we note that our inpatient medical unit is seeing an increasingly complex patient population with wound-related challenges; as a result, our new wound care initiative includes training wound care champions and ensuring we have sustained in-house wound care expertise year over year. The third initiative addresses the ongoing issue of workplace violence; our efforts in this area are designed to help make KDH a safer place both to work and to receive care.

The initiatives in our 2022-2023 QIP reflect our core values of quality, safe, efficient, and evidence-driven care, with patients and families at the centre. In addition, they align with our current strategic directions, which include making care seamless for patients and families, specializing to meet the needs of patients and families, and focusing on our people.

By March 31st, 2023, KDH will:

Safe and Effective Care

- Continue our work to establish a robust Wound Care program on our inpatient medical unit, ensuring that a) one RPN (of two enrolled) from the unit successfully completes the Wounds of Canada SWANN training program and b) an E-Consult process is implemented and in use.
- Reduce the rate of patient falls from 9.42 falls per 1000 patient days by at least 20%.
- Increase staff reporting of workplace violence incidents from 5 in the previous period to 20 and continue with the important work of Workplace Violence Prevention by completing the actionable items in the Security Action Plan developed in response to the Assessment by Paladin Security and the Code White Task Force Recommendations provided by Lansdowne Tech.

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; performance on the previous QIP; overall performance status; current quality improvement priorities outside of the QIP; and known 2022-2023 organizational priorities. In addition, the current strategic plan and service accountability agreements were taken into account to ensure QIP initiatives were in alignment.

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

Reflections since your last QIP submission

As a result of COVID-19, we extended our 2020-2021 QIP through to the end of fiscal year 2021-2022. Our response to COVID-19 and its accompanying challenges has been a major focus since March 2020. Although our Quality and Safety Team, Patient and Family Advisory Committee, and volunteer organization met less frequently, as an organization we continued to make the provision of the highest quality patient care our number one priority. In the fall of 2021, our commitment to patient safety and quality of care was rewarded with an overall Accreditation score of 99.7%. We are very proud of this achievement, especially in light of the additional challenges presented by the global pandemic.

Patient/client/resident partnering and relations

Our work on partnering with patients changed with the arrival of COVID-19. We initially paused face to face meetings of our Patient and Family Advisory Committee (PFAC) to focus on our COVID response, then in subsequent waves shifted to virtual meetings - taking advantage of innovative meeting solutions allowed us to sustain this work. Throughout the pandemic our Board of Directors continued to meet; since for several years the Board has included the (patient) Co-Chair of our PFAC as an ex-officio member, we were able to maintain the patient/family voice at that decision-making table through all COVID waves. We are pleased with our progress in developing a culture of partnering with patients and families and have seen evidence of this a number of times during the pandemic when Managers took the initiative to request that the PFAC review a new policy or process.

Provider experience

There is no doubt that the current environment places additional stress on KDH's providers. Stress factors include being short staffed because of team members off sick with COVID, consistent 100-plus percent bed occupancy rates (during the peak of the Omicron Wave) and admitted patients remaining in the ED for extended periods of time. To address these stress factors, we've taken steps to mitigate them as much as possible, including by advocating for our ALC patient population to accept transitional care beds at area facilities and working with Home and Community Care to obtain priority access to long-term care beds. We have also increased internal communication, including establishing a COVID response committee to address pressure points weekly. Last but certainly not least, we have stepped up employee rewards and recognition. Examples of this include treats for staff and larger than pre-COVID celebrations of Nursing Week and organization-wide acknowledgement of other roles as their day/week/month comes up in our annual recognition calendar.

Executive Compensation

The compensation of KDH executives is linked to the 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 three initiatives in this year's QIP:

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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.

Other

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



Elizabeth MacPherson
Board Chair



Margaret Harrison
Board Quality Committee Chair



Frank J. Vassallo
Chief Executive Officer



Jennifer Ellis
VP Nursing/Clinical
Services, CNO