

Let's Make Healthy
Change Happen.



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



3/15/2023

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 2023-2024 Quality Improvement Plan (QIP) is patient-focused, with five initiatives corresponding to three different quality dimensions: two relate to the patient/client/resident experience; two are focused on patient safety, and the fifth is designed to ensure effective care.

The initiatives in our 2023-2024 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 person-centred care, service excellence and innovation, and team KDH.

By March 31st, 2024, KDH will:

- Commence quality improvement work in the area of Equity, Diversity and Inclusion (EDI) by identifying three sources of Equity, Diversity and Inclusion data and reporting on our findings to identify possible quality improvements.
- Improve both the quality of data from Interim Long-Term Care Resident experience surveys and staff response to residents' concerns, increasing the percentage of residents who response positively to the question, "How would you rate how well staff listen to you?" from 52% to between 80 and 100%.
- Continue our important work on Workplace Violence Prevention by increasing the number of workplace violence incidents reported by staff from 5 per year to 20.
- Increase our performance of Medication Reconciliation at Discharge from 80.4% of patients for whom this is achieved to between 90 and 100%.
- Enhance patient safety measures now available to us in Epic by improving Barcode Medication Administration (BCMA) rates in our Emergency Department, Inpatient Medical Unit, and Perioperative Unit by working with staff to determine barriers to BCMA and potential solutions. Our aim is to raise the rates in each of the three units to between 90 and 100%; current rates are Emergency Department 8.9%, Inpatient Medical Unit 49.3%, and Perioperative 68.2%.

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 2023-2024 organizational priorities. In addition, the current strategic plan and service accountability agreements were considered 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.

Patient/client/resident engagement and partnering

As an organization, KDH is committed to partnering with patients/clients/residents, both in their care and in the design, delivery, evaluation and improvement of our health services. We are guided in this work by our Patient and Family Engagement Strategy, which is updated annually with new initiatives. We have a small but active Patient and Family Advisory Committee. We continue to grow the role of our Patient and Family Advisors and are proud to have a Patient and Family Advisor helping to govern KDH as a voting member of our Board of Directors; we have another Patient and Family Advisor as a voting member on our Board Quality and Safety Committee. We also engage with patients/clients through third party surveys and our Patient Relations process. Our commitment to partnering with patients/clients/residents is reflected in our organizational values and strategic directions. As noted above, one of this year's QIP initiatives focuses on the Resident Experience in our Interim Long-Term Care Unit; the initiative will ensure we improve both the quality of data from Interim Long-Term Care Resident experience surveys and our staff's response to residents' concerns. This quality initiative was important for us to address in light of the fact that Resident Experience – Having a Voice – is a priority indicator for Long Term Care homes this year.

Provider experience

In our Strategic Plan 2016-2019 we introduced a strategic direction to focus on our people. In achieving that direction, we focused on the recruitment and retention of physicians, reviewed and enhanced our employee education program, and developed a Human Resources Plan that included strategies for talent management and leadership development. Now, in our new Strategic Plan 2022-2026, we have renewed our commitment to the provider experience in Strategic Direction #3, 'Team KDH'. Key priorities under this Direction include being a destination for talent and an employer of choice, encouraging and growing opportunities for career growth and development, implementing ongoing training and skill development, and continuously strengthening best practice processes that enable a strong culture of quality and safety for our staff and in their care of the people we serve. As an organization we have declared developing strategies for overcoming current Health Human Resources challenges to be a key priority.

Workplace Violence Prevention

We began our work on Workplace Violence Prevention in 2017 with a comprehensive Workplace Violence Risk Assessment conducted at KDH by the Public Services Health and Safety Association (PSHSA). A subcommittee of our Joint Health and Safety Committee was subsequently formed to review the recommendations provided by the PSHSA in an action plan for each department. We then commenced a communications campaign designed to educate our staff, physicians, volunteers and the public on what constitutes workplace violence and our policy of zero tolerance for it. Our first quality improvement initiative ((2018-2019) was designed to increase reporting by staff of workplace violence incidents. At first, we were pleased to see an increase in reporting, then over the last several years we saw a decline in reported incidents. We are aware that incidents have not declined – in fact, since the beginning of the COVID-19 pandemic there has been a notable increase in workplace violence across the health spectrum; it is only the reporting that has declined. We have looked at and tried to remove barriers to reporting. We engaged with Paladin Security to conduct an assessment of the PSHSA recommendations and develop a Security Action Plan. We engaged Lansdowne Technologies Inc. to revamp our Emergency Preparedness Plan, lead our Code White (Violence) Task Force, review and update our Security Action Plan, and develop and deliver training to staff on Management of Aggressive Behaviour (MOAB). In 2022-2023 KDH, as a small hospital, took the step to engage onsite Security Services to increase support and protection to our staff and patients. Now in this year's QIP we continue our work on Workplace Violence Prevention (a priority indicator again this year) by refreshing our communication campaign on this topic, communicating internally 100% of the actions taken to address the outcomes of our Security Action Plan, and providing education on flagging and documentation of patients and/or families as "violent" in our new Epic Health Information System, combined with the necessity for associated reporting of a workplace violence incident in our Risk Incident Management Software (RIMS). Through this work our aim is to see the number of workplace violence incidents reported by staff increase from 5 per year to 20.

Patient safety

At KDH, the safety of our patients is our top priority. We recognize that there are inherent risks in health care, and we work diligently to reduce medical errors by improved reporting, development and monitoring of best practices, and continued learning. Our focus on patient safety drove our decision to implement the EPIC Health Information System, the largest investment in IT infrastructure in KDH's history. After 18 months of internal planning and training, we went live with EPIC in November 2022. With EPIC, we will be able to make significant advancements in how we deliver health care – with better data, increased efficiency, and fewer clinical errors. This year we are targeting improvement of our medication administration practice using the Barcode Medication Administration system now available to us in EPIC. In this year's QIP we also continue our work on Medication Reconciliation at Discharge, another priority indicator. We are confident our tactic of including our Pharmacy team in this process will help us achieve our goals. Our quality teams are also currently focusing specialized wound care management and incident reviews.

Health Equity

KDH recently released a new Strategic Plan to guide our way forward in the complex health care landscape through 2026. Within this Strategic Plan we have a new key priority to support our Strategic Direction #1, Person-Centered Care: to embed a focus on health equity, diversity, and inclusivity in all we do. In this QIP, we embark on that important process by including an initiative which will see us identifying three sources of Equity, Diversity and Inclusion data and subsequently reporting on our findings to identify possible quality improvements.

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 following three initiatives in this year's QIP:

- Commence quality improvement work in the area of Equity, Diversity and Inclusion (EDI) by identifying three sources of Equity, Diversity and Inclusion data and reporting on our findings to identify possible quality improvements.
- Continue our important work on Workplace Violence Prevention by increasing the number of workplace violence incidents reported by staff from 5 per year to 20.
- Increase our performance of Medication Reconciliation at Discharge from 80.4% of patients for whom this is achieved to between 90 and 100%.

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 KDH executives who received performance pay in the 2017-2018 completed pay year resulting in the capping of performance pay for those executives 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.

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 _____ (signature)

Margaret Harrison, Board Quality Committee Chair _____ (signature)

Frank Vassallo, Chief Executive Officer _____ (signature)

Other leadership as appropriate _____ (signature)