

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 21, 2024

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 2024-2025 Quality Improvement Plan (QIP) is patient-focused, with five initiatives that focus on access and flow, equity, safety and experience, while corresponding to four different quality dimensions: one is focused on timely care, one is related to equitable care, one is focused on effective care, one is designed to ensure patient centered care, and lastly, two are focused on safety.

The initiatives in our 2024-2025 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-centered care, service excellence and innovation, and Team KDH.

By March 31, 2025, KDH will:

- Continue our important work on Reporting of Workplace Violence by increasing the number of incidents reported by staff to 20.
- Enhance our Equity, Diversity and Inclusivity (EDI) work by ensuring that greater than 80% of our full-time and part-time staff have completed one relevant EDI/Anti-Racism education module.
- Decrease wait-times in the Emergency Department to inpatient bed by 25% by applying for P4R funding and creating an action plan from Ontario Health.

-Increase the percentage of residents of our Interim Long-Term Care unit who respond positively on resident surveys to greater than 90%. This continues our work to ensure that residents of the unit feel listened to by the staff.

-Improve Barcode Medication Administration (BCMA) rates in our Emergency Department, Inpatient Medical Unit, and Perioperative Unit to 80%. This leverages patient safety measures available to us in Epic; we will achieve this by working with staff to determine barriers to BCMA and potential solutions.

In developing the QIP, KDH staff, alongside patients and caregivers, 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 2024-2025 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, Resident Council, and Healthcare Partners collaborated to develop this QIP.

ACCESS AND FLOW

At KDH, we are committed to timely access to care and patient flow to improve outcomes and the experience of care for our patients, and residents. As of 2024, we will be participating in the Pay for Results (P4R) program of Ontario Health. This program will support reducing the length of stay and improving patient experience in the Emergency Department. In this year's QIP, one of the initiatives will focus on reducing "90th percentile emergency department wait time to inpatient bed" from our current performance of 18.13 hours to 13.5 hours.

EQUITY AND INDIGENOUS HEALTH

KDH released a strategic plan in 2022, to guide our way forward in the complex health care landscape through 2026. Within this strategic plan we outlined 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. We began this important process in the 2023-2024 QIP by identifying and reporting on three sources of equity, diversity and inclusivity data and adding new education modules to our internal online learning platform. In the 2024-2025 QIP we will continue this important work by ensuring that all KDH staff complete one meaningful education piece regarding Equity, Diversity and Inclusivity.

PATIENT/CLIENT/RESIDENT EXPERIENCE

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. 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.

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. In our current 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 (HHR) challenges a key priority.

SAFETY

In 2017, KDH initiated a Workplace Violence Prevention effort, including a comprehensive risk assessment and the formation of a subcommittee to address recommendations. There was a communication campaign aimed at educating staff on workplace violence and enforcing a zero-tolerance policy. A 2018-2019 quality improvement initiative sought to increase reporting of workplace violence incidents, witnessing an initial rise but later decline, attributed to underreporting rather than a decrease in incidents. In response to the COVID-19 pandemic, the organization engaged security services, reviewed emergency preparedness plans, and implemented training on managing aggressive behavior. In this year's QIP, KDH will refocus on increasing the reporting of Workplace Violence and through this work our aim is to see the number of workplace violence incidents reported by staff increased to 20.

Patient safety is a top priority for KDH, acknowledging inherent risks in healthcare. We are invested in the EPIC Health Information System for improved data, efficiency, and reduced clinical errors. Implementation occurred in November 2022, with a focus on advancing healthcare delivery. In the 2024-2025 QIP, the Barcode Medication Administration (BCMA) system in EPIC is targeted for improvement in medication administration practices.

Overall, the organization aims to increase reporting of workplace violence incidents and enhance patient safety through consistent application of technology and improved practices.

POPULATION HEALTH APPROACH

KDH's 2022-2026 strategic plan includes the strategic direction "strong and vital partnerships". We aim to achieve this direction by optimizing our collaborations with current partners and looking to new partnership opportunities to build a more integrated and seamless health service ecosystem. We have extended our services to include gynecological surgical and outpatient care. We have recently performed our first ever laparoscopic hysterectomy at KDH. We will continue to optimize our partnership with The Ottawa Hospital to provide more options for high quality care throughout the community.

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:

- Continue quality improvement work in the area of Equity, Diversity and Inclusion (EDI) by ensuring that greater than 80% of full-time and part-time staff have completed at least one meaningful education module through the Surge learning portal.
- Continue our important work on Workplace Violence Prevention by increasing the number of workplace violence incidents reported by staff to at least 20 per year.
- Ensuring the residents of the Interim Long-Term Care feel heard by the staff through distribution of resident surveys.

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, and Communications Officer.

CONTACT INFORMATION/DESIGNATED LEAD

For more information about the activities described in this QIP, please contact Jennifer Ellis, VP Nursing/Clinical Services & CNE, at 613-258-6133, or jeellis@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 on **March 21, 2024**

Jeff Nolan, Board Chair

Margaret Harrison, Board Quality Committee Chair

Frank Vassallo, Chief Executive Officer

Other leadership as appropriate
