

Let's Make Healthy
Change Happen.



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

**Kingston Health
Sciences Centre**

Centre des sciences de
la santé de Kingston



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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

Kingston Health Sciences Centre (KHSC) is Southeastern Ontario's largest complex, acute and specialty care, research and teaching hospital with a catchment area of almost 500,000 people. KHSC is comprised of the Hotel Dieu (HDH) and Kingston General (KGH) hospital sites which were successfully integrated in April 2017. The KGH site provides complex-acute and specialty care 24/7 for a number of tertiary clinical services including cardiac surgery, critical care, dialysis, neurosurgery, renal and stem cell transplants, cancer care and specialized imaging. KGH's Emergency Department (ED) is open 24 hours a day and also serves as a regional trauma unit and Regional Stroke Centre for the SE LHIN. KGH is also the home of the Cancer Centre for Southeastern Ontario. The HDH site provides access to specialized programs including pediatrics, medicine (multiple subspecialties), ophthalmology, surgery (multiple subspecialties), mental health, and oncology. HDH operates an Urgent Care Centre (UCC) for needs requiring less acute care than provided at the KGH ED. Fully affiliated with Queen's University, KHSC is one of ten acute-care teaching hospitals in Ontario that train post-graduate learners and conduct patient-oriented research – and the only facility of this kind in southeastern Ontario. KHSC is home to more than 2,400 health-care learners from 34 universities and colleges across Canada and international academic organizations, as well as more than 500 researchers, research staff, research students and trainees. KHSC is ranked as one of Canada's Top 40 Research Hospitals by Research Infosource.

Over the past twelve months, work has continued to fully integrate both hospitals. A strategic planning process was undertaken to define who we are as a health sciences centre and to craft a new mission, vision and set of values for KHSC. Our five year strategy for Transforming care together was shaped by more than two thousand people who work, learn, volunteer, receive care at and partner with KHSC. Four strategic directions were created and will focus everyday actions on our journey to achieving better health for our community while we transform our health care system. They are:

1. Ensure quality in every patient experience
2. Nurture our passion for caring, leading and learning
3. Improve the health of our communities through partnership and innovation
4. Launch KHSC as a leading centre for research and education

The quality focus of the first year of integration was in preparing for KHSC's first Accreditation Canada survey. KHSC underwent an on-site survey in April 2018 and achieved 98 percent compliance of over 3000 Accreditation Canada standards. Tremendous involvement by staff at all levels of the organization as well patients and families made this inaugural survey a success.

Integration provided KHSC the opportunity to build on existing quality structures at each site to strive for higher levels of performance and establish greater consistency in the approach to quality improvement. With the engagement of staff, patients, leadership and physicians KHSC has created a transformational Quality Roadmap. The Roadmap sets out the goals, outcomes and approach that will define our quality improvement priorities and their alignment with our strategy and approach to operational performance. As its initial focus, the roadmap will establish a small number of high-level Quality Aims that will guide quality improvement priorities, including QIP initiatives, over the next 3 years. High level Quality Aims will be translated into focused QI projects with metrics, targets, and change ideas. This transformational work will begin later in FY 19/20.

With the engagement of staff, physicians, leadership and patient experience advisors KHSC has authored a FY 19/20 QIP with four indicators: wait time to bed/ operating room, ALC conversion, workplace violence and early identification of patients who could benefit from palliative care services. Our QIP includes modest and manageable improvement targets and measurable indicators that will be supported by QI science methodology and improvement practices. This approach aligns with our Quality Roadmap implementation which will also be undertaken in 19/20.

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

Like many hospitals, KHSC is occupied by a high number of admitted patients whose acute hospital care is complete but who are unable to return to their pre-hospital living arrangements. In Q4 there was an average of 69 inpatients waiting for a bed to come available in an alternate destination so that they could be discharged. KHSC and Bayshore HealthCare partnered in an innovative pilot creating the Alternative Level of Care (ALC) Transitional Care Unit (TCU). The opening of the pilot TCU in the community was intended to provide a more positive patient experience in a more appropriate care environment. The 10-bed TCU operated by Bayshore Healthcare opened in December 2017. The TCU is located in a retirement home and serves patients who still require support, but no longer need the complex care provided by KHSC. The pilot anticipated that this high quality integrated care option would result in reducing the number of patients occupying ALC beds, provide greater support to former ALC patients returning home and reduce unnecessary ED visits and potential hospital readmission.

The TCU was extremely successful in its first year, decreasing the amount of time ALC patients remained in hospital and allowing them to transition to a more appropriate environment. The initial goal of the pilot program was to have patients receive care on the transition unit for 45 to 60 days; however, caregivers found that the average patient was ready to transition out of the program after only 33 days.

In August 2018 KHSC and Bayshore HealthCare received funding to operate the TCU for a second year with an increase of 20 beds for a total of 30 beds. To date, care provided at the TCU has resulted in over 3700 days of hospital beds being made available for patients who required a higher level of care. By having more bed days available, patients in need of hospital care may experience shorter wait-times for an inpatient bed at KGH.

Patient/client/resident partnering and relations

KHSC takes pride in its reputation as a leader in providing patient and family centred care (PFCC). KHSC embraces the Institute for Patient- and Family-Centered Care's comprehensive PFCC definition of, "an approach to the planning, delivery and evaluation of health care that is grounded in mutually beneficial partnerships among patients, families and health care." KHSC's Patient Experience Advisors (PEAs) have developed an easily remembered definition of what PFCC means at KHSC, "Respect me, Hear me, Work with me".

At the heart of the patient and family centred care program at KHSC is a very active Patient and Family Advisory Council (PFAC) that meets monthly. The PFAC serves in an advisory capacity providing input to, and making recommendations on matters that impact the experience of patients and their families at KHSC. The PFAC annual workplan includes regular reports/ discussions on items such as the QIP, patient feedback and experience data, Accreditation Canada updates, and hand hygiene compliance rates. In addition the PFAC has been engaged in KHSC quality improvement initiatives such as fall prevention posters, medication reconciliation, and post-discharge phone calls.

KHSC PEAs also participate in the Regional Cancer PFAC as well as the Regional Renal PFAC.

PEAs play an integral role beyond the PFAC by participating on all KHSC program councils, the Board of Directors' three committees, and other key committees, councils and task forces, including the KHSC Transition Team, the Strategic Planning Steering Committee and the Quality Roadmap Working Group. In FY 17/18 KHSC PEAs volunteered over 4478 hours of their time.

KHSC utilizes multiple channels to ensure that the voices of patients and family members are heard and incorporated into quality improvement processes and program. A few examples include,

- Quality Improvement Plan development and review: The selection of the FY 19/20 QIP indicators included engagement with two PEAs. The PFAC review quarterly quality, safety and risk metrics including QIP progress and actions. PFAC provided feedback on the FY 19/20 QIP.
- Accreditation Canada Survey: PEAs were actively engaged in survey preparations as well as the onsite survey. Accreditation surveyors praised KHSC's "unique model of patient and family-centred care" and commented that patients and families are more than engaged, they are "fully activated."
- PFCC Quality Improvement: Over the last fiscal KHSC had a 98 per cent compliance rate with audits of the five patient and family centred care standards that were developed 4 years ago:
 - ID badges worn at chest level so that they are easily read
 - Inpatients being intentionally seen by a staff member at least once per hour
 - Staff introducing themselves at every encounter with a patient/family and explaining what they do
 - Patient whiteboards being up-dated at every shift change
 - Each program completing two patient-led feedback forums per year.
- Policy development: PEAs are involved in developing and reviewing policies that pertain to patients and families.
- Patient Led Feedback Forums: These forums give discharged patients and/or families the opportunity to share their hospital experience with staff in the unit or program that discharged them. The patient/family is supported in how to present their perspective in order to ensure the best learning experience for staff. The feedback helps staff to identify what made for a great patient experience (or not), and then staff select one or two improvement opportunities to address.

Workplace Violence Prevention

KHSC is committed to fostering a safe, healthy, and innovative working environment that inspires and motivates those who work, learn, and volunteer with us. To achieve this goal, we recognize the need to continually assess and implement improvements to strengthen our workplace violence prevention program.

In addition to the QIP mandatory violence indicator that is reported to the Board, KHSC monitors and reports on a number of leading and lagging violence-related indicators through our Violence Prevention Scorecard. This Scorecard helps us identify and respond to trends early, lets us know whether our violence prevention strategies are working, and provides our Joint Health and Safety Committee (JHSC) and Violence Prevention Working Group (VPWG) with information they can use to identify areas for improvement.

As part of our FY 18/19 Workplace Violence Prevention (WVP) Work Plan, self- assessments were undertaken with toolkits launched by the Workplace Violence Prevention in Health Care Leadership Table. In addition, an external security/safety risk assessment was recently undertaken in our Mental Health and Emergency Medicine Programs. Opportunities for improvement identified during these self-assessments have been incorporated into the WVP workplan and are being prioritized for action.

We take all hazards, near misses, and actual incidents of violence seriously and have built an electronic violence report that allows staff to easily report violence involving patients and/or staff by submitting a single report that captures all involved parties. We also require each incident of violence to be investigated. When an incident of violence results in a staff member seeking health care treatment or losing time from work, a member of our Joint Health and Safety Committee (JHSC) is engaged and participates in the incident review.

Individualized approaches to care are crucial in preventing staff violence. Point-of-care violence risk assessments with Behavioural Crisis Alerts (BCA) flagging has been a long standing key component of our violence prevention program at KHSC. One of our areas of focus this year will be to ensure that patients with an active BCA flag have a current and individualized Risk Reduction Plan in place. These plans allow the clinical team, in conjunction with the patient and/or family, to proactively identify approaches and measures important to keeping everyone safe during the patient's stay. In addition to revising the current Risk Reduction Plan, we will be looking at ways to make the plan readily accessible for readmissions.

Executive Compensation

Executive compensation is linked to the Integrated Annual Corporate Plan and to the Quality Improvement Plan (QIP) targets and initiatives within that plan. Each executive, including the President & Chief Executive Officer, has pay-at-risk that is tied to achieving our QIP goals for 2019-2020. The amount of pay-at-risk for executives ranges from ten to fifteen percent of total cash compensation. The payment of pay-at-risk occurs following the fiscal year end evaluation of results. The amount awarded will be based upon the Board of Directors evaluation of performance against specific thresholds.



Contact Information

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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


Axel Therberg ~~David O'Toole~~ *Sherri McCullough*
Board-Chair Vice-Chair Chair – Patient Safety, Quality & People Committee

Dr. David Pichora
Chief Executive Officer