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Change Happen.



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



3/31/2017

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 General Hospital (KGH) is a community of people dedicated to transforming the patient and family experience through innovative and collaborative approaches to care, knowledge and leadership. As southeastern Ontario's leading centre for complex-acute and specialty care and home to the Cancer Centre of Southeastern Ontario, KGH serves the South East LHIN through its Kingston facility and 24 regional affiliate and satellite sites. Fully affiliated with Queen's University, KGH is a research and teaching hospital where 2,400 health-care students learn and 175 health researchers work. Research Infosource has ranked KGH as one of Canada's Top 40 Research Hospitals since 2011. The KGH strategy for achieving Outstanding Care, Always, has led the organization on a journey of quality improvement and helped KGH to stand out as a leading centre for patient- and family-centred, complex-acute and specialty care, research and teaching. KGH's refreshed strategy for 2016-18 builds on our foundation of strong performance to maintain a relentless focus on six strategic directions:

1. Transform the patient experience through a relentless focus on quality, safety and service
2. Transform the workplace experience through a focus on work-life quality
3. Drive clinical innovation in complex-acute and specialty care
4. Create seamless transitions in care for patients across our regional health-care system
5. Maximize our research and academic health sciences potential
6. Create a high performing regional health-care system with our partners

The KGH Quality Improvement Plan (QIP) 2017-18 will focus on the following eight objectives in the five quality domains:

1. Effective transitions:
  - (i) Improve patient information about their condition or treatment when leaving the hospital
  - (ii) Reduce readmission rates for patients with Chronic Obstructive Pulmonary Disease (COPD)
2. Access to the right level of care
  - (i) Reduce unnecessary time spent in acute care
3. Patient-centred care:
  - (i) Improve home support access for palliative care patients
  - (ii) Improve patient satisfaction in the emergency department
4. Safe care:
  - (i) Improve medication reconciliation at time of admission
  - (ii) Reduce the prevalence of facility-acquired pressure injury
5. Timely access to care
  - (i) Reduce wait times in the emergency department

Our commitment to transforming the patient experience and consistently providing high quality, patient- and family-centred care is deeply rooted within the improvement objectives. Along with the principles that guide our work (respect, engagement, accountability, transparency and value for money), our QIP 2017-18 will foster a culture of continuous quality improvement and integration where patient needs come first.

## QI Achievements From the Past Year

The KGH QIP for 2016-17 contained nine indicators. From Q1 to Q3 our performance on the percentage of QIP indicators that were on target rose from 58 to 67 per cent. Each indicator has an accountability structure that includes one or more tactic plans with an assigned Most Responsible Person and an executive lead. Patient experience specialists are embedded into each of the clinical programs to assist with continuous improvement and change management. The greatest achievements at the end of Q3 were the reduction in level three and four falls and the increase in medication reconciliation on admission for all services.

Adherence to the Falling Star Program, as demonstrated through our audit and feedback data, has led to a reduction in severe patient falls. Audits show that our performance on daily risk assessments that take place within 24 hours of admission is nearing our target of 90 per cent. Medication reconciliation on admission has reached 91 per cent for all services. Implementation of EntryPoint within the hospital supported by a pharmacy-led education and feedback program has supported the improvement since Q1.

KGH's Hand Hygiene rate has maintained a rate greater than 91 per cent for all three quarters of F 2016-17. An effective education program delivered by our Infection and Prevention Control team via just-in-time teaching moments has led a profound culture change in the organization.

## Population Health

KGH is the tertiary academic hospital caring for patients in the SE LHIN, which has a disproportionately large population of elderly patients who are smokers and patients with obesity. The SE LHIN is also home to unique populations who have significantly higher smoking rates than the Canadian average. All these factors predispose the SE LHIN patient population to a higher incidence of Chronic Obstructive Pulmonary Disease (COPD). The seven regional hospital in the SE LHIN have collectively set COPD as a targeted disease. The hospitals, in partnership with the CCAC, have begun implementation of the INSPIRED Program following the early success of this strategy across many other health-care organizations in Canada. All hospitals in the SE LHIN are working together to adopt and implement evidence based care guidelines for all COPD patients entering into the hospital system.

## Equity

The frail and elderly population is especially at risk of misinterpreting or failing to understand treatment plans or follow up instructions when they are discharged from hospital. The QIP for 2017-18 will focus on health literacy in the Chronic Kidney Disease (CKD) program. The 'teach-back' system will provide care teams with the tools to improve health literacy through patient centred communications. In addition, KGH will be a partner in the ARTIC project 'Patient-Oriented Discharge Summary' beginning within the Medicine program. This communication tool will look to meet the health literacy needs of this vulnerable population of elderly patients.

Patients with life-limiting illness who receive appropriate and early palliative care have improved quality of life, their family members cope better, they have less need for hospital care and they are more likely to die in their place of choice. This year KGH will aim to create well-coordinated sets of care pathways for patients and families, as well as a performance management framework for enhancing palliative care at KGH. This work will initially focus on four patient populations at KGH in the oncology, renal, respiratory and cardiology programs.

# Integration and Continuity of Care

Health care providers in the SE LHIN have initiated a major restructuring project through the development of a sustainable regional model of hospital care. With a vision to improve access to high quality care through the development of regional systems of integrated care, KGH is partnering with its six regional partner hospitals and the CCAC to develop options for expanding on existing collaborations and integrating services such as administrative, support and clinical services. Options will be developed based upon evidence and best-practice models. Engagement with the Regional Patient Advisory Council will inform all phases of the project. The outcome will be an improved, high-quality and sustainable regional model of hospital care.

Areas of focus and resulting work plans include:

1. Business Functions/Corporate Services
  - a. Finance
  - b. Human Resources
  - c. Information Technology
  - d. Hotel Services
  
2. Diagnostic and Therapeutics
  - a. Diagnostic Imaging
  - b. Laboratories
  - c. Pharmacy
  
3. Clinical
  - a. Urgent/Emergent
  - b. Complex Chronic Care/Frail Elderly
  - c. Elective
  - d. Tertiary/Quaternary Services

KGH, Kingston and our regional partners are actively involved in seven Health Links that are looking at ways to connect family physicians and their patients with hospital specialists and community supports. The Kingston and Kingston Rural Health Link will develop and measure the impact of plans to:

- Improve access to care for patients with multiple, complex conditions
- Reduce avoidable emergency department visits
- Reduce unnecessary readmission to hospitals shortly after discharge
- Reduce the wait time for referral from the primary care doctor to a specialist

The South East LHIN CCAC and Hospital Executive Forum (SECHEF) which is composed of LHIN, hospital and CCAC leaders, meets monthly to address issues affecting patient care in the south east. The members will jointly begin to address readmissions as a combined quality improvement initiative. Timely acquisition of data and a review process with full engagement of all hospital partners will be the measure of success in this first year of implementation.

In this QIP, KGH is partnering with all its LHIN partners to address readmission rates for patients suffering with Chronic Obstructive Pulmonary Disease (COPD). The SECHEF clinical table will empower a working group to oversee analysis to optimize and standardize care across the SE LHIN. Development of a regional COPD care map will initiate a LHIN-wide focus on acute care, repatriation and linkage to Health Links.

# Access to the Right Level of Care - Addressing ALC Issues

Addressing the ALC issue is clearly identified as a system challenge that hospitals cannot solve alone. Initiatives at KGH that will be strengthened and developed in the 2017-18 QIP include the automation of the CCAC referral process, regional health-care provider engagement, discharge prediction and discharge planning processes and further development of the Home First Initiative.

Regional health-care providers will be engaged through the Health Links network to improve the referral process especially within the senior population and patients with multiple chronic conditions.

An Integrated Community Assessment Referral Team (iCART) referral process will be linked into our Emergency Department Information System (EDIS). The tool will be used to predict seniors at risk for 30-day ED re-attendance, 90-day readmission, increased length of stay and the likelihood of becoming ALC. Further expansion and redeployment of the Home First project will require a dedicated focus in 2017-18 to ensure sustainability.

KGH is redesigning our ward bed assignments, consolidating physical and care team resources to create an admission/transition unit to care for patients who do not necessarily require an acute care environment. . This new unit will help us provide more appropriate levels of care to patients in the early stage of their admission to reduce decompensation and improve their ability to return to their community setting and avoid being designated for an Alternate Level of Care.

## Engagement of Clinicians, Leadership & Staff

The initiatives and performance targets set out in the 2017-18 QIP are the outcomes of a comprehensive planning, priority setting and engagement process. Successes and challenges with the 2016-17 QIP have guided selection of initiatives and action plans with stretch goals and targets. The QIP is integrated into an ongoing cycle of planning and performance management at KGH and fully embedded within the annual corporate plan of the hospital. The rigor of this process enables leaders to be held accountable for results. Systems have been put in place to monitor our progress and communicate results to all levels of the organization, the community and the Ministry. All programs and departments will be formulating tactical plans using continuous improvement principles to implement the QIP initiatives. A quarterly leadership review of the corporate strategic and QIP indicators ensures all clinical leaders and physicians are aware of gaps in performance against the targets. Physicians working through the Medical Advisory Committee's (MAC) Quality Committee have created clinical department-specific QIP's that align to the KGH QIP. Commitment to drive high-quality care into the clinical departments is evident with physician-specific metrics focusing on patient care.

## Resident, Patient, Client Engagement

KGH is a national and international leader in patient- and family-centred care. Patient Experience Advisors have been incorporated into all operational and clinical program committees engaged in hospital decision-making. Patient Experience Advisors also sit on the selection committee for all key leadership positions at KGH. The QIP 2017-18 Steering Committee membership included a representative from the Patient and Family Advisory Council. The steering committee led the development of the QIP and selection of improvement initiatives, targets and change priorities. The process for approval of the QIP includes support from the Patient and Family Advisory Council.

# Staff Safety & Workplace Violence

As a key occupational hazard that affects the health and well-being of our staff, patient-to-staff aggression and violence continues to be a significant area of focus for KGH. Addressing the complex issue of workplace violence has called for a multifaceted approach with broad stakeholder involvement to understand the issue and identify the most effective risk reduction strategies to protect our staff and patients. While the hospital continues to implement program improvements related to incident response, reporting, and staff training, with active involvement of the hospital's Workplace Violence Prevention Working Group, our current focus is on the hospital-wide implementation of tools that assist clinical staff in identifying and managing the risk of violence at the earliest point in a patient's hospital stay. These tools include point-of-care risk assessments that are performed on all inpatients, the subsequent communication of increased risk through a Behavioural Crisis Alert (BCA) flag, and the development of an individualized risk reduction plan with a goal of ensuring the patient's care needs are met in a way that is safe for both staff and the patient. In addition to corporate monitoring and reporting on outcome measures related to the occurrence of workplace violence, auditing the use of these violence tools is a leading indicator we will use to measure compliance with these important workplace violence prevention activities.

# Performance Based Compensation

Executive compensation is linked to the Integrated Annual Corporate Plan and to the QIP targets and initiatives within that plan. Each executive, including the President and CEO, has pay-at-risk that is tied to achieving our QIP goals for 2017-18. The amount of pay-at-risk for executives ranges from approximately 10 per cent to 25 per cent 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.

## Sign-off

I have reviewed and approved our organization's Quality Improvement Plan

Board Chair George Thompson



Quality Committee Chair Diane Kelly



Chief Executive Officer Jim Flett

