

Let's Make Healthy
Change Happen.



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



**Queensway Carleton
Hospital**

3/18/2019

ontario.ca/excellentcare

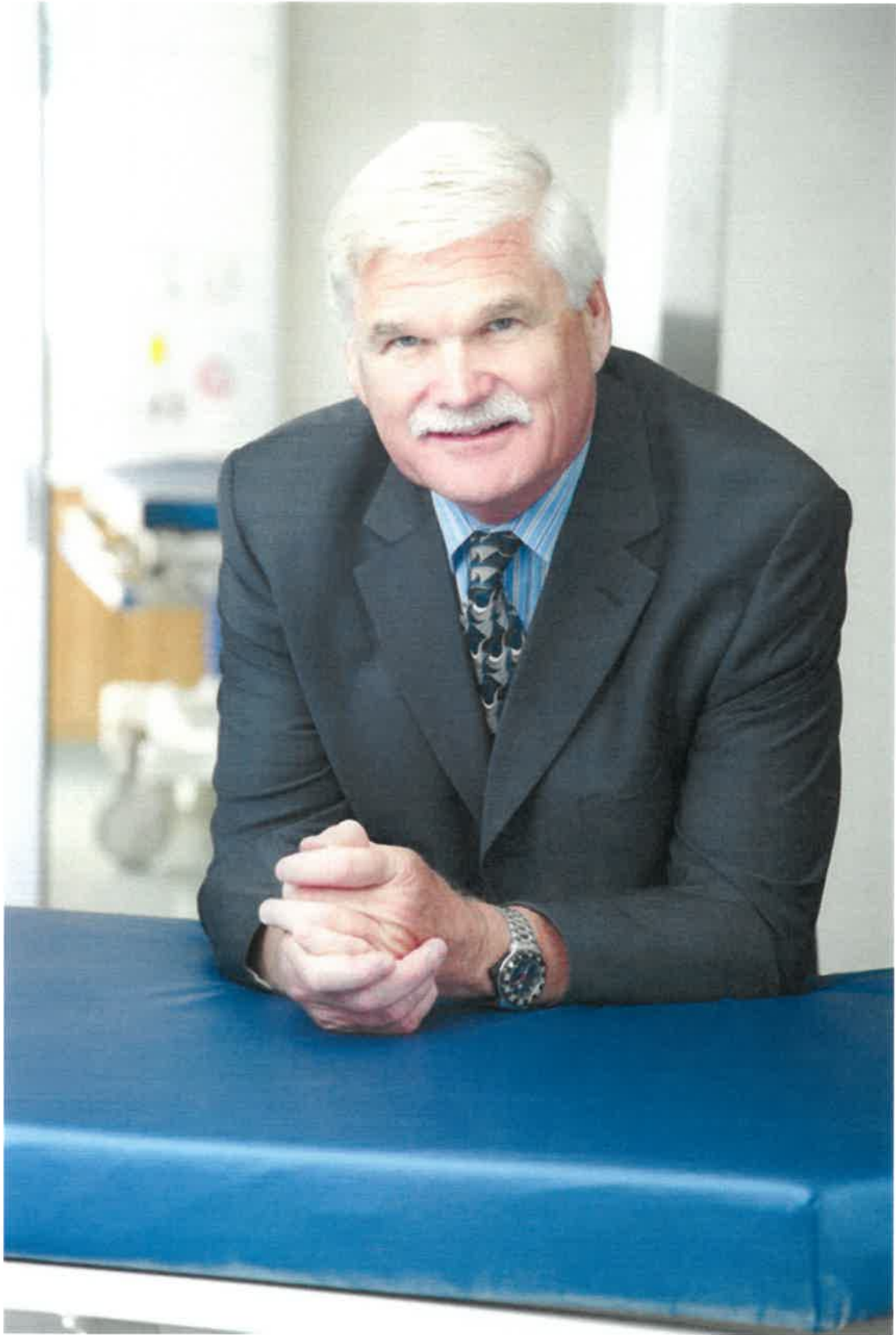
Overview

Queensway Carleton Hospital is pleased to present our annual Quality Improvement Plan (QIP) in concert with Health Quality Ontario. This plan, which describes some of our efforts in continuing to improve the quality of care provided by our organization, is dedicated to the memory of Tom Schonberg, our President and CEO, who suddenly and unexpectedly passed away in February, 2019. Tom was a staunch believer and supporter of quality-driven care, and during his 20-year tenure leading our hospital, he ensured that quality remained a major focus in all of our efforts to provide exemplary patient care.

The QIP reviews our successes and lessons learned from the previous year, and outlines the actions planned for the coming year. QCH's goals and objectives are focused on the following:

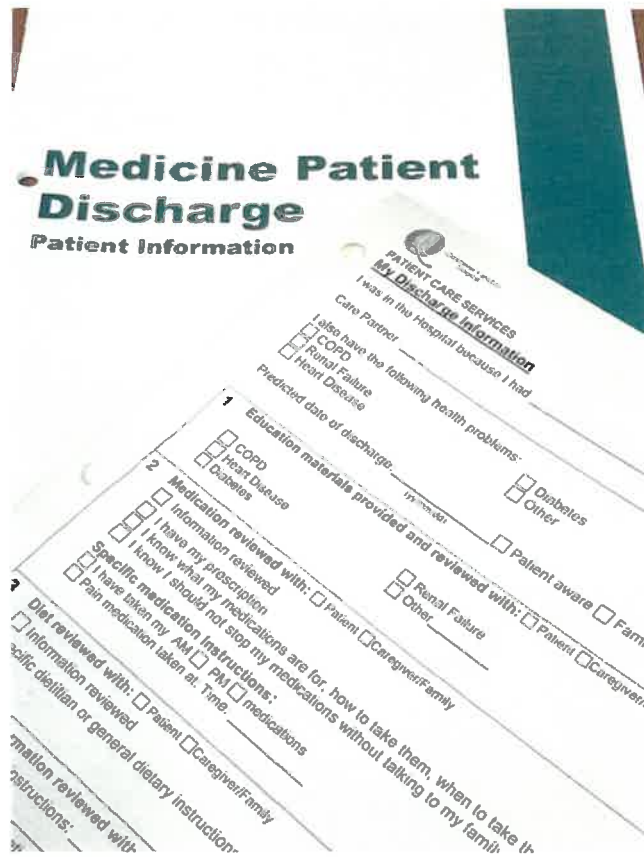
- Clinical Excellence – improving patient safety and quality of care
- Operational Excellence – effectively and efficiently using our infrastructure, our finances and our people.
- Patient/Family Centered Care and Service – improving patient/family engagement and satisfaction
- Integrated Care and Service – improving continuity of and transitions in care and service across the hospital and upon discharge by strategically collaborating with our partners
- Responsive Care and Service – improving access to programs and services (through efforts such as reducing wait times)

We are very proud of the accomplishments described in our 2018-2019 Quality Improvement Plan. Through the diligence of our staff and patient/family supports we achieved the vast majority of our targets; ongoing monitoring and reviewing of data associated with each of these quality indicators keeps our plans on track. We remain committed to continuing improvements despite the challenges of today's healthcare environment with ever increasing volumes of people requiring inpatient or emergency healthcare as well as the number of patients no longer needing acute care but awaiting beds or resources in other settings. We continue to look for innovative ways to respond to these challenges while continuing to provide exemplary patient care.



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

QCH is extremely proud to have been recognized by the Canadian Patient Safety Institute and Health Services Organization (HSO) for developing a leading practice in patient care related to increasing patient satisfaction with discharge planning. QCH identified that patients' active participation in discharge planning would prevent some avoidable readmissions. Patient satisfaction surveys also indicated there was room for improvement in the discharge process. As a result, one of our medicine teams developed a targeted "discharge toolkit" to ensure patients and their caregivers receive clear and concise information gathered from the moment of admission, continuing throughout the hospitalization. At discharge, the patient returns home with a tailored communication package called "My Discharge Information". This toolkit clearly identifies the patient's care partner, their diagnosis, a list of education materials reviewed, as well as information related to diet, medication, transportation, and any follow up appointments. The toolkit was initially implemented on one medicine unit, then rolled out to two others. In addition, all Medicine patients are provided a copy of "My Discharge Booklet" intended to assist with remembering general information following a stay in hospital. Both tools have benefitted from integral involvement of members of our Patient and Family Advisory Council (PFAC) to ensure the messaging is thorough and appropriate for the target population. Since the implementation of these tools, we have seen a notable improvement in patient satisfaction, as measured by the post-discharge survey question regarding discharge preparedness. This improvement has been sustained and, as a result, the toolkit is being rolled out across all medicine units. The surgical unit plans to adapt the toolkit to suit the needs of their shorter-stay patient population. Discharge planning at QCH is more consistent and more successful as a result.



Patient/client/resident partnering and relations

PFAC members are part of numerous committees and working groups that identify, develop, implement and evaluate improvement initiatives. The new discharge toolkit is an excellent example of this collaboration. PFAC identified discharge as a stressful time for patients and identified it as a priority for QCH in 2017-2018. We worked together as a group to map out the discharge process, the various roles and the priorities of patients and family, nurses and physicians. Staff and PFAC members listened to each other's perspectives, concerns and frustrations. The medicine unit leadership teams (ULTs), which include PFAC members, worked on various aspects of the discharge process. PFAC members were included in brainstorming discussions, through development to the trials and finally, in the evaluations. The full council's feedback was sought at various stages of development and PFAC took on the task of revamping the 'My Discharge Booklet'. In addition, PFAC was integrally involved in the redevelopment of the "My Discharge Information" sheet. This collaborative, interactive tool ensures the needs of patients, families and staff are addressed. A pivotal moment occurred when a ULT recognised that the discharge information sheet provided to patients is intended to be information for the patient/family to have upon discharge; it is not a tool for the staff. It was PFAC members' personal experiences and input that brought about this change in perspective. The Discharge Toolkit completion rates by staff have increased since they now understand the toolkit's positive impact; they no longer feel it is 'just paperwork'. The improved satisfaction survey results speak to everyone's efforts and commitment to the end product.



Workplace Violence Prevention

Protecting our employees from harm is the right thing to do. The risk of violence against staff is a key issue in healthcare, a key priority for the Ministry of Labour and one of QCH's top risks. QCH's organizational culture focuses on the prevention of workplace violence. QCH has a workplace violence prevention policy and program which incorporates leading practice strategies. The Joint Occupational Health and Safety Committee is the lead on all workplace violence prevention initiatives within QCH including the development, implementation and evaluation of workplace policies and programs. Reported incidents of workplace violence, the evaluation of lost time related to workplace violence and the identification of workplace violence prevention strategies, are presented to the Board annually through our Integrated Risk Management Report.

Executive Compensation

In accordance with the Broader Public Sector Executive Compensation Act (2014) and Regulations, Queensway Carleton Hospital's Board of Directors developed and implemented a new Executive Compensation Program for designated executives, which came into effect on February 27, 2018.

Within the Hospital's Executive Compensation Program, a portion of executive compensation is performance-based, whereby an amount of performance-related pay is to be awarded on an annual basis contingent upon the achievement of corporate performance objectives. These corporate performance objectives include targets on Quality Improvement Plan indicators. The Quality Improvement Plan indicators account for 70% of performance-related compensation. Details of the Hospital's Executive Compensation Program can be found here: https://www.qch.on.ca/uploads/Administration/QCH%20Submission_PBS%20Executive%20Compensation%20Program.pdf.

The implementation of the newest performance-related pay program is in the second year* of a multi-year plan in which the previous performance-related pay schedule will increase until amounts reach the following maximums:

- President and Chief Executive Officer: Maximum Annual Performance-Related Pay of 7.5% of Base Salary
- Chief of Staff/Vice President, Medical Affairs Class: Maximum Annual Performance-Related Pay of 7.5% of Base Salary
- Vice-President Class: Maximum Annual Performance-Related Pay of 5% of Base Salary

*Please note that on August 13, 2018 the government imposed a compensation freeze for public sector executives and as a result, QCH is prevented from increasing the amount of performance-related pay up to the approved Maximum Annual Performance-Related Pay amounts listed above.

Other

A few words from our patients and their families (edited for privacy):

1. My mom is still on the ACE (Acute Care for the Elderly) floor, she spent a week on C3 Acute. I won't remember all of the nurse's names who are helping mom but needed you to know how many beautiful souls care about the patients here.

On C3, a special, special shout out to the nurses. These people were so upbeat and beautiful. I've only yet met one nurse on the ACE floor. She is so good with the patients. I can tell you every face on this floor smiles. So nice.

From the custodian on C3, a true gentleman, to the evening porter who chauffeured my mom and kept us chatting and laughing on the trip. To the custodian on the ACE unit, who came in and disinfected mom's room yesterday -- so pleasant to have this happy young man, he has a real love of people. Of course, the doctors have to be acknowledged. And to the Social Workers, who are helping to make a plan for our mom. We thank you. I have two brothers and two sisters and we are blessed she is in great hands.

2. On Tuesday, January 8th late afternoon/evening my mother was admitted to the ER from her nursing home. She is 92 years old and has dementia, and was suffering from the effects of an infection. I was there with her most of the time to speak on her behalf.

I was so pleased she was taken to your hospital as once again the excellent care and attention given to her and myself, despite an overcapacity ER and ward situation, was exemplary. People complain about our healthcare system but no complaints here. They rallied and were so professional attending to people in priority order. They showed her dignity and respect and such caring. Never did I feel rushed as I explained her situation. They answered my questions and were continually updating me on test and bed situations. I was called at 12 midnight (past their end of shift) to be given the final diagnosis and information on her discharge.

This will always be my hospital of choice for the reasons I have shared above.

3. I had an unscheduled visit to the hospital last Thursday and came home Sunday to recuperate from emergency kidney stone surgery. From the time I entered at emergency, through all of the stages of going to pre-op surgery, post-op, recovery and discharge, I met 41 different people at all different levels, who were all helping to make my experience as efficient and positive as they possibly could. The whole staff work so hard, and everyone did everything they had to do so professionally with such a positive, cheerful attitude that made me feel like I was the only one needing care in the hospital. All of you are a wonderful team. We are very lucky to have such a vibrant, friendly group looking after our health.



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

Board Chair _____

Board Quality Committee Chair *J. Lewesque* _____

Chief Executive Officer *J. Lewesque* _____