

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 31, 2025



OVERVIEW

Kingston Health Sciences Centre (KHSC) is Southeastern Ontario's complex, acute and specialty care, research and teaching hospital. Consisting of our Hotel Dieu Site, Kingston General Site, as well as the Cancer Centre of Southeastern Ontario and our research institute, we care for over 650,000 patients and families from across our region.

As one of the region's largest employers, we are home to over 6,000 staff, more than 2,000 health-care learners and 1,000 volunteers all dedicated to partnering with patients and families to ensure that we continually provide high quality, compassionate care.

KHSC has earned national recognition as a leading employer, healthcare provider, and research institution in recent national and international rankings. We are ranked among Canada's Best Hospitals on Newsweek's World's Best Hospitals list and recognized as one of Canada's Top 40 Research Hospitals by Research InfoSource. In 2024, KHSC was included in Forbes' annual ranking of Canada's Best Employers for the first time, placing 284th overall and joining an elite group of 30 healthcare organizations on the list.

In FY25, KHSC implemented its first electronic medical record (EMR), Lumeo, in partnership with five regional hospitals. Lumeo is transforming patient care by enabling seamless access to health information, standardized workflows, and enhanced patient safety across the region. This large-scale transformation has impacted care delivery across all clinical areas and requires ongoing engagement of staff, leaders, and physicians in the coming months to ensure a smooth transition and optimization of the system. KHSC remains

committed to leveraging Lumeo to enhance efficiency, improve patient outcomes, and support a more integrated healthcare system for Southeastern Ontario.

With significant focus planned for Lumeo implementation and the anticipation of the change in clinical workflows expected from the implementation, FY 25 QIP focused on three key priorities;

Improving hand hygiene

Improving ALC throughput

Decreasing patient falls

Over the past year, significant progress has been made in implementing leading practices, resulting in notable improvements in ALC throughput. To enhance consistency and ensure a thorough review of complex cases, ALC rounds have been established. Additionally, a Complex Disposition Committee was developed to assess cases where patients are not suitable for long-term care (LTC) but lack alternative disposition options. The standardization of processes and the creation of escalation pathways for next steps have contributed to sustained success in reducing new ALC conversions.

In addition, the March Madness, an annual Hand Hygiene event was introduced to actively engage staff across the organization. This initiative successfully involved all inpatient units, the Emergency Department, and the Urgent Care Centre, fostering a culture of awareness and accountability. The event also helped identify key barriers to compliance, enabling targeted Quality Improvement

initiatives for specific units. Given its success, planning is underway to establish March Madness as an ongoing annual event to further strengthen hand hygiene practices.

In FY26, KHSC will focus on stabilizing system transitions, enhancing patient-centered care, strengthening quality and safety, and advancing inclusion across the organization. The first few months will center on the stabilization phase of Lumeo, addressing immediate system issues, ensuring reliability, supporting users, and mitigating workflow disruptions. Once stability is achieved, KHSC will transition to optimization, refining workflows, enhancing system functionality, and leveraging data-driven insights to improve clinical and operational outcomes.

KHSC remains committed to strengthening partnerships with the Frontenac, Lennox & Addington Ontario Health Team (FLA OHT) to improve integrated, patient-centered care. A key focus is the development of Integrated Care Pathways (ICPs) for chronic conditions such as chronic obstructive pulmonary disease (COPD) and congestive heart failure (CHF), emphasizing prevention, early management, and evidence-based practices to improve patient outcomes, reduce hospital readmissions, and enhance system efficiency. In FY26, KHSC will expand these efforts to further improve access to timely, coordinated care, reduce barriers, and strengthen regional health system integration, aligning with the strategic direction to enhance care quality, resource optimization, and community health outcomes.

In alignment with KHSC's commitment to quality and patient safety, FY26 will focus on compliance with Accreditation Canada's Required Organizational Practices (ROPs) and high-priority standards.

Following a comprehensive self-assessment in FY25, KHSC will implement targeted improvement tactics to address identified gaps. Additionally, the Global Workforce Survey will assess key aspects of workforce experience, including engagement, well-being, workplace culture, and alignment with organizational goals. The insights gained will guide strategies to enhance staff satisfaction, retention, and workplace effectiveness, reinforcing a strong quality and safety culture while ensuring continuous progress in meeting accreditation and workforce excellence standards.

Creating a culture of inclusion remains a priority at KHSC, recognizing diversity, advancing equity, and fostering an environment where all individuals feel welcome, valued, and heard. In FY25, KHSC engaged internal and external stakeholders to develop an overarching Inclusion Framework, forming the foundation for future action planning. In FY26, KHSC will roll out the framework, embedding priorities such as education, Indigeneity, anti-racism, equity, access, and leadership into organizational policies and practices. This work aligns with KHSC's strategic direction to build an inclusive, culturally safe, and equitable environment for patients, families, staff, and the broader community.

Through these strategic initiatives, KHSC remains dedicated to delivering high-quality, patient-centered care, fostering an inclusive and engaged workforce, and improving health system integration to ensure the best possible outcomes for the communities it serves.

ACCESS AND FLOW

KHSC is committed to optimizing processes and policies to ensure timely access to care for patients. A key focus is the continued

optimal management of Alternate Level of Care (ALC) volumes, which remains critical to improving patient flow and system efficiency. In 2023-24, KHSC successfully implemented new ALC reduction strategies; including but not limited to bi-weekly ALC rounds, a streamlined ALC-LTC approval process, an enhanced discharge planning policy, establishment of the Complex Disposition Committee, and the launch of a corporate-wide ALC Task Force with supporting sub-groups. These projects focus on both prevention and reduction of ALC volumes while strengthening collaboration across hospital and community services.

KHSC's commitment to partnership, respect and innovation is embedded in these initiatives:

Respect: ALC rounds, and the Complex Disposition Committee take a holistic approach to patient care. Effective management of ALC patients ensures that our community as a whole will have access to care, where and when they need it most.

Innovation: The value of innovation is upheld through the commitment to the development and change of policy and process within Patient Flow; these evolutions have resulted in positive outcomes such as a reduction in ALC volumes and improved system coordination.

This year's we will focus on evaluating the outcomes of the projects completed and further optimizing ALC reduction strategies through data-driven assessments and performance metrics. These projects align with ALC Leading Practices and Ontario Health Home First Operational Directives; the ALC Task Force, specifically, was developed to ensure corporate, coordinated effort towards

compliance with the leading practices and directives. Outcome measures of the two projects previously reported (the HELP Program and ALC Rounds) are well underway and have led to other related projects such as the aforementioned Complex Disposition Committee.

KHSC strives to become a leader in the commitment to ensuring patients receive the best care at the right time and when they need it most. This is foundational to patient centered care.

EQUITY AND INDIGENOUS HEALTH

Aligned with our three-year Strategic Plan, KHSC has embedded a new Strategic Direction to Advance equity, inclusion and diversity and address racism to achieve better outcomes for patients, families, providers and staff as we work toward a more culturally safer care environment that respects and values diversity. In year 1, KHSC engaged internal and external voices to develop an overarching inclusion framework for the organization that will serve as a foundation for future action planning. The framework roll out in FY 26 will focus on key priorities such as education, Indigeneity, anti-racism, equity and access, leadership, and being data informed.

Education and learning will remain a core focus in the upcoming year. The newly developed Inclusion Foundations course will be required for not only all new hires, but also all staff with a goal of 70% completion. An Indigenous Cultural Safety course will be next for development and assignment to support a new Indigenous Cultural Practices policy.

Beyond education, work on other components such as creating, supporting existing and new Staff Community Groups, and

continued participation in the City's Anti-Racism initiatives. We will be focusing on supporting identities through the conclusion of the gender inclusive bathrooms project and prioritize linguistic identities by improvements to our active offer of services in French process.

To inform and drive progress, KHSC will introduce demographic questions in staff engagement surveys and optimize data collection through the new regional health information system. These efforts will enhance reporting capabilities and provide insights to support targeted equity initiatives.

These foundational priorities in the next year will focus on improving the work and care environment to become a more inclusive and welcoming space for all.

PATIENT/CLIENT/RESIDENT EXPERIENCE

KHSC's philosophy of care is grounded in the foundational principles of patient-and family-centered care (PFCC) which recognizes that patients and families are essential allies for quality and safety – not only in direct care interactions, but also in quality improvement, safety initiatives and policy development. The KHSC 2027 strategic plan highlights the evolution of people-centred care as core to the mission of the organization.

To enhance patient engagement, KHSC actively integrates patient perspectives across multiple channels, including patient experience surveys, patient relations reports, and frontline feedback. Patient experience advisors are embedded in initiatives impacting care, ensuring the patient voice is central to decision-making. In FY 26, KSHC will participate in the patient experience Peer Benchmarking

initiative led by Ontario Health. Initiatives like the development of 14 care pathways to improve access to care, patient-oriented discharge summaries and remote monitoring are examples of innovative initiatives that have responded to patient priorities.

Patient experience stories are shared in purposeful ways for learning and quality improvement at all levels of the organization including at the Patient Care and Quality Committee of the Board. A desire to better understand the experience of newcomers in our community resulted in a Patient and Family Advisory Council (PFAC) led knowledge exchange on the value of receiving care in your first language. In the coming year the PFAC will continue to expand relationships with diverse community groups to increase inclusivity and broaden the diversity of perspectives informing decision making.

The KHSC and the Regional Renal and Cancer Program PFACs provide input on strategic planning and quality improvement initiatives. The Chief of Staff/EVP Medical & Academic Affairs as well as the Director Patient Safety, Quality and Risk and Director Professional Practice attend KHSC PFAC meetings to share information and hear what matters to patients.

KHSC's annual PFCC grant process, led by PFAC, funds frontline staff projects that enhance the patient experience. This year, nine projects were supported, focusing on wayfinding, renal patient education, and mental health therapy spaces and programming.

A transformational shift is underway with the implementation of a new electronic health information system in FY 25. Patients and families are actively engaged in the patient portal pilot project,

ensuring their needs shape the final design.

Despite systemic challenges such as staffing shortages and facility capacity constraints, KHSC remains committed to improving the patient experience. A new initiative on patient advisor-led rounding will provide real-time insights into patient needs, helping KHSC respond more effectively.

We recognize and value the generosity and expertise of all patients who share their perspective with us to improve the patient care experience

PROVIDER EXPERIENCE

Many organizations are implementing innovative practices to improve recruitment and retention, (such as through incentive-based programs for nurses and personal support workers) workplace culture, and staff experiences. Describe practices or initiatives your organization has planned to improve recruitment, retention, workplace culture, or staff experience.

In recognition of the unique psychological stressors often faced by health care workers and the impact they can have on both the staff and patient experience, KHSC is leveraging the Psychological Health & Safety (H&S) standard and organizational risk assessment to help us develop a roadmap of priority issues to be addressed in the year ahead. To ensure there is the infrastructure for continued advancement of psychological H&S, KHSC is in the process of finalizing a psychological health & safety framework and strategy.

KHSC partnered with Southeastern Ontario Academic Medical Organization (SEAMO), Providence Care and Queen's School of

Medicine, to develop a Physician Wellness Committee that represents all 15 clinical departments, and appointed a physician lead, Dr. Mel Jager. Their purpose is to advise and guide the development of an organizational approach to physician well-being. This starts with a solid 'safety net' foundation with provision of rapid access to mental health support for physicians in distress, ensuring that every faculty member has a family doctor for themselves and their family, and access to self-care resources.

Our three-year strategy encompasses 6 pillars: Engage Physicians, Create Community at Work, Improve Workflow and Efficiency, Encourage Self-Care, Support Leaders, and Assess Well-Being Regularly. We assess physician well-being annually utilizing the Well-Being Index, a validated, practical, self-assessment tool. This allows us to track well-being over time and across different departments and specialties to assess the impact of new initiatives or stresses. We also utilize our physician engagement survey results.

The priorities and initiatives outlined in our strategy that pertain to KHSC specifically include:

Physician and IT collaboration and physician input in the EHR

Creation of a physician community space to promote collegiality and camaraderie

Improved onboarding and orientation of new faculty

Workflow assessment to improve efficiency

Secure bike racks to promote healthy and active transportation

Healthy food options available 24/7

Regular assessment of physician wellbeing with validated tools

By prioritizing well-being, we hope to improve recruitment and retention and enable our physicians to provide exemplary patient care.

KHSC launched an aggressive recruitment incentive campaign in 2023 to attract new staff and ensure. As part of the incentive, eligible candidates who committed to high need areas for a two-year period would receive \$10,000 signing bonus and entitled to a combination of other supports such as moving expenses, family relocation support and housing subsidy. To further increase the candidate pool, KHSC also offered a referral incentive to current staff to help fill vacant positions. Incentives for new staff in Ontario healthcare is now a common expectation of candidates.

Since the program launch, KHSC has been successful in incentivizing 239 new employees with a retention rate of just over 87% and 87 successful referrals from existing staff members. Prior to launching the incentive program for permanent roles as Registered Nurses, KHSC's hire to loss ratio was .96 (Oct 2021 to Dec 2022) while post implementation KHSC's ratio climbed to 1.27 (Jan 2023 to current).

In addition to the KHSC incentives, the Recruitment team leveraged programs offer by Ontario Health. The two most sought after by nursing new hires were the Community Commitment Program for Nurses (CCPN) and the New Graduate Guarantee Initiative (NGGI),

both of which have continued to be offered. The CCPN program offers \$25,000 to new nurses in Ontario who had recently graduated, recently received their license in Ontario or would return to nursing after a minimum six-month hiatus. The NGGI program provides new nurses the opportunity to train on a unit in an above staffing compliment role for a set duration with the commitment by the hospital to employ the candidate full time upon completion. KHSC also participates in the Supervised Practice Experience Program. SPEP offers Internationally Educated Nurses or nurses returning to practice the option to complete a supervised practice experience in Ontario. This program includes nursing skill development, high-fidelity simulation, dedicated preceptorship and mentor support.

KHSC's Recruitment team maintains a strategic focus on partnerships with several post-secondary academic institutions supporting job fairs, advisory committee membership, and knowledge exchange series. The Recruitment team is expanding our reach beyond the greater Kingston area to encourage relocation for opportunities while promoting the KHSC brand, the city of Kingston, the pedigree of the organization.

SAFETY

KHSC has a structured policy and process for reporting and responding to patient safety incidents through our electronic system, SAFE. Staff and physicians are encouraged to report incidents, which are then reviewed based on harm severity and risk. Our focus is on preventing harm and implementing systemic changes to enhance safety. Critical incidents undergo a Quality of Care Review, fostering a psychologically safe environment for staff and ensuring patient and family involvement in the review process.

We utilize a formal Root Cause Analysis and Action (RCA2) process for moderate to high-risk incidents and have standardized communication methods, including "Closing the Loop" reports for involved teams, anonymized learning summaries for clinical leaders, and "Safety Alerts" to notify leadership of emerging trends. o encourage incident reporting, KHSC has streamlined the reporting process by implementing a minimal data set approach, which captures only the most critical information needed for effective follow-up and analysis. This approach has significantly reduced the time required to complete an incident report, making it more efficient and user-friendly for frontline staff. By eliminating unnecessary fields and simplifying the interface, we have minimized barriers to reporting while ensuring that essential details are still collected for quality improvement and patient safety monitoring.

During the Lumeo implementation, this streamlined approach has been instrumental in maintaining incident reporting prevalence, ensuring that staff continue to report safety concerns without additional administrative burden.

In the coming year, KHSC will conduct a comprehensive analysis of patient safety incident data before and after the implementation of Lumeo. This analysis will help us identify shifts in reporting trends, categorize emerging risks, and assess whether changes in reporting behavior have impacted our ability to detect and address safety concerns. By comparing pre- and post-Lumeo data, we will refine our approach to ensure that incident reporting remains effective, responsive, and aligned with best practices. This will also help us determine if additional system refinements, education, or process improvements are needed to sustain a strong reporting culture.

Additionally, KHSC will focus on developing and implementing a Never Event Policy in FY26. This policy will define clear expectations for identifying, reporting, and responding to never events—serious, preventable patient safety incidents that should not occur if proper safety measures are in place. The policy will establish standardized procedures for investigating these events, ensuring accountability, and implementing corrective actions to prevent recurrence. KHSC will also actively participate in the provincial never events initiative, aligning our approach with broader healthcare safety efforts across Ontario

PALLIATIVE CARE

KHSC is committed to providing high-quality palliative care. Here are some activities demonstrating our commitment to work and its alignment with the Quality Standard of Palliative Care.

1) For select patients who are identified to be modified Hospitalized-patient One-year Mortality Risk (mHOMR) positive upon admission to hospital:

- Automated identification by unit/department (can select)
 - o Earlier identification
 - o Non-cancer patient identification
- Implemented ESAS (preliminary pilot and ongoing evaluation) on select inpatient units; and development and utilization of Palliative Care Plan

- Developed and implemented the nursing palliative care path as a tool to empower nurses to advocate for needed services and supports for patients, and make “suggest-orders” for referrals (i.e. palliative consult, social work, spiritual health, OT/PT, etc.)
This activity aligns with the following Quality Standards

- Quality Statement 1: Identification and Assessment of Needs
- Quality Statement 5: Individualized, Person-Centred Care Plan
- Quality Statement 6: Management of Pain and Other Symptoms
- Quality Statement 7: Psychosocial Aspects of Care
- Quality Statement 10: Transitions in Care
- Quality Statement 11: Setting of Care and Place of Death
- Quality Statement 12: Interprofessional Team-Based Care

2) Carried out education for allied health, nursing, and prescribers on Goals of Care Designation Framework within new electronic medical record (Lumeo) prior to ‘Go Live’, and implementation in Dec 2024.

This activity aligns with the following Quality Standards

- Quality Statement 3: Advance Care Planning – Substitute Decision-Maker
- Quality Statement 4: Goals-of-Care Discussions and Consent
- Quality Statement 8: Education for People With a Serious Illness, Substitute Decision-Makers, Families, and Care Partners
- Quality Statement 13: Education for Health Care Providers and Volunteers

3) Health system planning and care coordination for palliative care via participation in the following forums: OH – East Sub-Regional

Palliative Care Network (1 administrative director and 1 clinical nurse specialist); FLA-OHT Palliative Care Partnership Working Group (1 clinical nurse specialist and 2 palliative care physicians). In collaboration with FLA-OHT members, secured funding for, and participated in interview panel for a 1.0 FTE Palliative Care Clinical Coach for Ontario East region.

This activity aligns with the following Quality Standards

- Quality Statement 10: Transitions in Care
- Quality Statement 11: Setting of Care and Place of Death
- Quality Statement 13: Education for Health Care Providers and Volunteers

POPULATION HEALTH MANAGEMENT

As a founding partner of the Frontenac, Lennox & Addington Ontario Health Team (FLA OHT), KHSC is helping to improve population health by participating in Ministry-directed initiatives aimed at providing fully integrated health and wellness care to the people we serve, together with more than 300 health, wellness and social-service providers in our region.

The FLA OHT partners have selected target populations based on local needs and together, we are focusing our efforts on where we know we can make a difference by working better together. This year our focus is on the phased introduction of integrated clinical pathways which will help KHSC and our primary and community care partners to work together in an integrated way to deliver proactive, evidence-based care for patients with congestive heart failure (CHF) and chronic obstructive pulmonary disease (COPD). Once these pathways are established and as directed by the

Ministry of Health, we will commence work on clinical pathways for diabetes and stroke – all with a strong focus on prevention and disease management.

When patients need to be seen in hospital, pathways will identify what is required for their successful transition back to the community and into a supportive primary care environment. As patients move through the system, virtual and clinical tools will support care in the most appropriate setting. Patient-reported outcomes and experience measures will be incorporated to improve care and for continuous quality improvement on our journey to improving our population's health so that people can live healthier lives at home and avoid emergency room visits and hospital admissions

EMERGENCY DEPARTMENT RETURN VISIT QUALITY PROGRAM (EDRVQP)

AS a participant of EDVRP and here are some Quality Improvement priorities from FY 25:

1) Team revamped process of audits for the EDVRP: The process was brought in under the Department of Emergency Medicine Quality Improvement and Patient Safety Committee (QIP). This allowed increase members and an added review process. The team reviewing both independently and as a group now include Nursing Quality lead, Emergency room NP, Program Medical Director and Operational Director, and an appointed Quality physician lead.

1. ED return lead Physician identified cases all sentential cases, all high acuity, and random cases. Each site reviewing minimum of 50

cases.

2. Lead sends to each member a cases for chart review and assessment. Quarterly team meets and reviews cases presented by each member.

3. QIPS team does an in-depth round table review and analysis of any cases identified with potential opportunities and by consensus completes audit template.

4. This leads to all double review of all cases.

5. Developed with our decision support team a power BI tool for LWBS that includes both a 7 day and 14 day tracking of return visits
- See attached image EDVRP 1

6. At year end Quality Physician lead and Operational lead will complete the narrative as representatives of the team with team input high-lighting findings and work done throughout the year.

2) Opportunities identified last year with radiology discrepancy process. There were several facets to this process that require analysis. Chiefly, how the discrepancy is reported/communicated and how to mitigate any harm that arises from discrepancies. For example, a patient presented to the ED with vomiting and abdominal pain. The initial CT read found no abnormality and the patient was sent home. The final CT report found a small bowel obstruction and the patient was called back and admitted to hospital.

With the leadership of ED and DI with the guidance of our QIPS

Team, we looked to understand the nuances and current state of our radiology discrepancy process, design targeted interventions to improve it, and implement change initiatives. While we understand that discrepancies will occur, we would like to clarify and improve the timely communication pathway when they do happen.

Some Quality Issues identified during this year's audit and the initiatives undertaken:

- In a small number of cases LWBS has been noted in first visit, no central cases in this group but we have seen growing number of LWBS over the last 5 years.

- As able slow adding manpower to highest arrival times with statically longest waits.

- Quality team working on standardized process for identification of high-risk criteria and process for triage nurse identifying and alerting ED physician.

See attached image EDVRP 2

Year, Month, Day
 2019
 2020
 2021
 2022
 2023
 2024

CTAS Level
 All

Filter by Age
 AGE: 0 to 110

Care Type
 COPC
 Emergency
 UCC

Institution	KGH	Total
CTAS	Number LWBS visits	Number LWBS visits
1	1	1
2	285	285
3	1583	1583
4	649	649
5	421	421
Total	3110	3110

% LWBS over total ED visits	% LWBS over total KGH ED visits	% LWBS over total HDH ED visits
9.03%	9.03%	(Blank)

Chief Complaint	Total of LWBS	Return visits within 7 days	Return visit between 7 to 14 days
Abdominal Pain	237	48	3
Depression / Suicidal / Deliberate Self Harm	69	36	5
Shortness Of Breath	136	33	3
Localized Swelling / Redness	92	30	3
Substance Misuse / Intoxication	91	27	8
Vomiting And / Or Nausea	123	26	1
Minor Complaints Not Otherwise Specified	72	20	4
General Weakness	61	19	1
Headache	84	19	3
Anxiety / Situational Crisis	66	17	7
Chest Pain (Cardiac Features)	78	16	5
Disorientation / Medication Damage	33	14	
Total	3110	628	110

Number of VISIT LWBS with return visit within 7 days	Number of VISIT LWBS with return visit between 7 and 14 days	Hospital Arrivals	Return visits within 7 days
628	110	Same	593
396	97	HDH to KGH	35
		Total	628

EXECUTIVE COMPENSATION

Each of the executives at KHSC have a percentage of their pay linked to quality improvement initiatives, including annually established objectives, indicators and targets. The amount of pay-at-risk for executives ranges from five to fifteen percent of total compensation. The payment of pay-at-risk occurs following the fiscal year end evaluation of results. The amount of pay-at-risk awarded will be based on Board of Directors and the President & CEO's evaluation of performance against specific thresholds.

CONTACT INFORMATION/DESIGNATED LEAD

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Kingston Health Sciences Centre
 Centre des sciences de la santé de Kingston

Improving the Percentage of Patients Left Without Being Seen by a Physician in the Emergency Department

Dr. Samantha Calder-Sprackman, Carol McInnis, Dr. Khelil Albert, Laura McDonough, Emily Murphy, Carol Mirak, Dr. Dave Messenger, Dr. Sharlene Hoffe, Dr. Tim Chaplin

Background

- Patients who leave without being seen (LWBS) by an emergency physician (EP), can return with more serious illness.
- In 2023, 7.11% of patients LWBS from KHSC ED
 - 9.23% KHG, 3.27% HDH
- Of the 6542 people who LWBS, only 100 (1.52%) returned and were readmitted within 7 days.

Aim

- To improve the LWBS rate in the ED from 7% at KHSC to 5% by June 30, 2025.
- To decrease the percentage of patients who LWBS and return requiring admission within 7 days from 1.5% to 1% by June 30th, 2025.

Method

- A dashboard was created with decision support to understand baseline characteristics of patients who LWBS as well as to follow outcome measures.
- Manual chart review was completed for the 100 patients who LWBS but were readmitted within 7 days to identify high risk criteria.
- The number of patients who LWBS had a high correlation with the patient length of stay (LOS) in the ED.
- Based on root cause analysis, three change ideas will be implemented and evaluated using PDSA cycles:
 - PDSA 1**: Add 3 physician shifts 7 days/wk at HDH UCC (see 24)
 - PDSA 2**: Align new KGH float shift with longest patient wait-to-see LWBS (see 24)
 - PDSA 3**: RN to notify EP of patients wanting to LWBS if patients meets "high risk criteria" (see 24)

Figure 1: The relationship between total LWBS, average physician initial assessment time and time of day at KGH in 2023.

Figure 2: The relationship between total LWBS, average physician initial assessment time and time of day at HDH in 2023.

RESULTS

OUTCOME MEASURES: % of patients who LWBS at KHSC. (Data only available to July 2024)

Percentage of patients who LWBS at KHSC in 2023/2024

PROCESS MEASURES

- PSA 1: % of days that 3 physician shifts/day filled at HDH: 100%
- PSA 3: % of days that four physician shifts filled at least: 100%

BALANCING MEASURES: Physician/Nursing satisfaction of new shifts and high risk criteria process. (in progress)

CONCLUSIONS

NEXT STEPS

- Implement PDSA 3
- Evaluate Impact of interventions when NACERS data available
- Continuous evaluation during LUMEO implementation

LIMITATION:

- Lagging data on LWBS performance

QUESTIONS? Please reach out to Samantha.calder@kingstonhsc.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 31, 2025**

Sherri McCullough

Sherri McCullough, Board Chair

Emily Leslie

Emily Leslie, Board Quality Committee Chair

David Pichora

Dr. David Pichora, Chief Executive Officer

Carol McIntosh

Carol McIntosh, EDRVQP lead, if applicable
