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

Hôpital Hotel Dieu Hospital

KGH Hôpital Général de Kingston General Hospital

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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.

Overview

Southeastern Ontario's largest complex, acute and specialty care, research and teaching hospital, Kingston Health Sciences Centre (KHSC) has two hospital sites: Hotel Dieu Hospital (HDH) and Kingston General Hospital (KGH). As separate organizations, HDH and KGH had been building integrated and complementary clinical services for almost 20 years prior to their full integration on April 1, 2017. Integration brought the two hospitals together under one board, one CEO, one executive team, one budget and one strategy process.

HDH and KGH integrated to support seamless transitions in high quality care and to improve the patient experience. Combining the resources of the two organizations better equips us to implement changes that positively transform the patient experience across the continuum of the complex, acute and specialized inpatient and outpatient care that we provide.

Consultation is underway to develop the first strategic plan for KHSC. The first step in the strategic planning process is to define who we are as a health sciences centre and to craft a new mission, vision and set of values for KHSC because they will be the foundation of everything we do. The next step will be to discuss the actual strategies that will focus our efforts to improve the quality of our care, research and teaching over the next five years. Our strategy consultation includes active involvement by our patient experience advisors, staff, physicians and community and health care partners.

KHSC is also beginning to develop a Quality Roadmap that 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. This work will include defining the structures, processes and knowledge required to support staff and clinicians in improvement work.

In Fiscal 2017-18 HDH and KGH implemented site-specific QIPs in order to respect Health Quality Ontario timelines and priorities related to integration. Thus, the 2018-19 QIP represents the first KHSC QIP. Although the official integration date was many months ago, much behind-the-scenes work continues to ensure that processes and policies from the two sites are aligned to help us act as one organization. For that reason, and because strategic priorities are still being defined, KHSC is taking a modest approach to developing the 2018-19 QIP by selecting a small number of key improvement opportunities, identifying manageable improvement targets with measurable indicators, and committing to monitoring and improving performance of those indicators.

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

While continuing to focus on quality and safety after the integration in April 2017, the collective energies of KHSC were focused on aligning processes and policies from the two sites to allow us to act as one organization. While there were many impressive quality improvement achievements in the past year, we have chosen to highlight the Mental Health Stigma Strategy, a vital initiative of the newly integrated KHSC Mental Health and Addictions Program, which is comprised of patient care leaders and staff from the HDH and KGH sites.

The team acknowledged the continuing stigma around mental health at both sites of KHSC, not just for patients, but for colleagues and volunteers alike. As a result, the team implemented a Mental Health Stigma Strategy that aims to boost awareness of the impact of mental health stigma on patients and co-workers, to reduce stigma experienced by patients and healthcare providers at KHSC and to create an environment that challenges stigma. The new Strategy includes a number of initiatives including a speaker series (launched in February 2018), e-learning courses and 'lunch and learn' sessions, focus groups and behavioral management sessions. The team also plans to recruit anti-stigma champions. Through these actions the team is working to build a sustainable and respectful culture at KHSC.

Resident, Patient, Client Engagement and relations

KHSC takes pride in its reputation as a leader in providing patient and family centred care (PFCC). We have an active Patient & Family Advisory Committee (PFAC) that meets monthly. Sixty-three Patient Experience Advisors (PEAs) partner with staff in all decisions that impact the patient experience. Active members of governance, operational and clinical program committees, PEAs also sit on selection committees for permanent part-time/full-time and all leadership positions at KHSC. In Fiscal 2016-17, PEAs partnered with staff in more than 100 hiring interviews. As well, they were actively involved in the Transition Team responsible for oversight of work related to the HDH-KGH integration.

KHSC utilizes multiple channels to ensure that the voices of patients and family members are heard and incorporated into quality improvement processes and program:

• **Quality improvement and review**: In Fiscal 2017-18, PEAs helped to develop the site-specific QIPs at HDH and KGH. In Fiscal 2018-19, a PEA served as a member of the Patient Safety and Quality Committee that oversaw the development of the QIP and the entire PFAC at KHSC was involved in reviewing and endorsing the 2018-19 QIP. In addition, PFAC members review quarterly quality, safety and risk metrics.

• **Committee membership**: As members of hospital committees PEAs are encouraged and supported in bringing their perspectives, observations and suggestions for improvement when new patient care programs are being developed or when existing programs are being evaluated and revised. For example, PEAs contribute the strong voice of patients and families to the newly formed KHSC Advance Care Planning Steering Committee, which includes KHSC representatives as well as community partners such as Queen's Family Health Team, Providence Care and the Kingston Health Link. Overall, PEAs currently hold 212 positions on 114 long and short-term committees.

• **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. Each patient care program at KHSC completes at least two 2 Forums per year and 4 improvement cycles.

• **Program partnerships**: Our Palliative Care Work Team is comprised of PEAs who partner with KHSC staff and the Regional Cancer Centre of Southeastern Ontario to discuss opportunities for improved delivery of a palliative approach to care for individuals with life-limiting illness. In 2016-17, the Team developed a survey to be used with patients and family caregivers about their experiences in dealing with life-limiting illness. PEAs also interviewed patients and caregivers and participated with staff in data analysis. The learnings from these interviews will guide planning for improved and earlier identification of patients who would benefit from a palliative approach to care. Currently, the Team is developing a guide for patients and family caregivers on how to use the Palliative Performance Scale as a communication tool with professional care providers. The Palliative Care Work Team was the 2016 recipient of the KGH Team Award for Knowledge.

• **Patient Experience Surveys**: Patient Relations Specialists at KHSC are currently exploring how to communicate patient feedback and the rich information from patient experience surveys to better understand the care experience from the patient and family perspective and to identify and act upon opportunities to improve the patient experience. In addition to regularly reporting feedback and patient experience survey results to the Board and program leaders, the Patient Relations Specialists are creating quarterly program-specific reports to illustrate and summarize feedback and survey results in ways that are visually appealing and meaningful to staff, patients and families. Reports will identify recurring themes and focus on areas of concern as they relate to the various dimensions of care such as access, coordination, information sharing, discharge planning, and dignity and respect. This information will be shared with program councils and front-line staff.

• **PFCC Grants**: At the HDH site a PFCC grant application process encourages staff to apply for funds for special one-time projects that will improve the patient experience at the hospital. PEAs review the grant applications and select the successful applications.

• **PFCC awards**: In 2016-17 PEAs at the HDH site launched the Exceptional Healer Award to recognize exceptional physicians who tangibly demonstrate the principles of patient and family-centred care. In 2017-18 the Award was expanded to include both the HDH and KGH sites, with the long-term goal of expanding it to include other health care professionals.

Collaboration and Integration

KHSC is committed to building and strengthening community partnerships to support complex patients as they move across the health care system. Since April 2017, the KHSC executive team has included an Executive Vice President with specific accountability for community partnerships.

KHSC is a member of the newly formed Sub Region Tables for Kingston and Rural Frontenac Lennox and Addington. The work plans for each of these tables are in development but each of the 5 tables will work on the following mandatory initiatives: (1) Care Coordination (2) Health Links and (3) 30 day readmission rates to hospital.

Reducing COPD readmissions: As a member of the Rural Kingston Health Link, KHSC has committed to sharing expertise with the assessment and treatment of Chronic Obstructive Pulmonary Disease (COPD) with primary care teams. We have partnered to provide clinical education that supports the skills development of primary care practitioners and nurses to implement evidence-based COPD care within existing resources. This initiative is expected to support the KHSC 2018-19 target of reducing readmissions for patients with COPD.

Reducing mental health readmissions: The KHSC Mental Health and Addictions Program is an active partner in the SE LHIN Mental Health Redesign. Team members are involved in a number of community initiatives designed to support patients and to reduce mental health readmissions. One initiative focuses on improving service for transition-aged youth (16-24), a population at high risk of emergency visits and mental health re-admissions. A Youth Mental Health Planning Day will be held at the end of Fiscal 2017-18 with stakeholders from across this sector to identify challenges, gaps and priorities for the future. KHSC is working on this initiative in partnership with the SE LHIN and the United Way.

Integrating palliative care pathways: KHSC is implementing integrated clinical palliative care pathways that will identify inpatients with a life-limiting illness that would benefit from palliative care earlier in an admission. Evidence supports clinical and systems benefits when palliative care is integrated earlier in a life-limiting illness and hospital admission. The integrated pathways promote a simultaneous approach to disease-modifying therapies and palliative care-directed treatments and target patients ≥ 18 years of age with advanced COPD, Congestive Heart Failure, Chronic Kidney Disease and metastatic cancers (lung, pancreas, colon and breast). Patients with advanced life-limiting illness who receive palliative care during a hospital admission and require ongoing home-based palliative care will be discharged to their residence using a customized pathway. This hospital-to-home discharge pathway will involve minimum standards and processes to ensure individualized, patient-focused and coordinated care and continuity of care. KHSC is partnering with Queen's Palliative Care Medicine, the SE LHIN Home and Community Care, and Patient Experience Advisors to develop this discharge pathway.

Engagement of Clinicians, Leadership & Staff

The initiatives and performance targets in the 2018-19 QIP were developed with active engagement of physicians, executives, operational leaders, and staff, who were also involved in identifying improvement targets and initiatives for specific QIP indicators. The QIP is integrated into a rigorous ongoing cycle of planning and performance management and fully embedded within the annual corporate plan of the hospital. A quarterly review of QIP and other corporate indicators ensures that KHSC medical and operational leaders are aware of performance relative to targets.

Integrated engagement strategy: More broadly, the integration of HDH and KGH presented an opportunity for KHSC to develop an integrated engagement strategy for employees, physicians and volunteers. Research suggests that a highly engaged workforce benefits patients and leads to better patient outcomes and organizational performance. An engaged employee can provide significantly more discretionary effort, i.e., "doing whatever it takes," to complete work tasks that ultimately can have a positive impact on results.

While the work of engagement is well underway—beginning with the use of surveys from the legacy organizations to pinpoint top engagement priorities for the current year—the creation of an integrated engagement strategy for KHSC will consider both the current state of engagement at both hospital sites and factors in the external landscape to help map the best way forward as a new health sciences centre. We will look at incorporating 'real time' engagement feedback loops; the synergies between employees, physicians, and volunteers; and how we might conduct department and program-specific surveys to get a holistic picture of engagement across our newly integrated teams. Team action plans will include psychological health, risk reduction and opportunities to develop leaders.

In alignment with accreditation leadership standards, our focus is on creating a healthy, safe and caring work environment. An integrated engagement strategy will be the springboard to a new engagement program aimed at creating a KHSC community that is a source of pride and inspiration. Development of communication tools, performance plans and improved structures to support decision making are integral to quality improvement.

Physician engagement: Engaging our physicians is a key target for KHSC and focuses on two priorities:

- **Innovation**: As of January 2, 2018, KHSC launched the newly created position of Innovation Lead. The Innovation Lead will help us to design an innovation portfolio at KHSC that will encourage, nurture and celebrate innovation at all levels of our organization. The inaugural Innovation Lead for KHSC is Dr. Elizabeth Eisenhauer, OC, a renowned researcher in Oncology. Dr. Eisenhauer made her first presentation to the KHSC senior executive team on January 31, 2018, in which she presented an initial outline plan and scope for the new portfolio.

• **Involvement with KHSC decision making**: The Medical Advisory Committee (MAC) has selected a group of six department heads—the Physician Advisory Council—to represent the physician population across both KHSC hospital sites. The Advisory Council is part of the President's Council, which includes all members of the KHSC senior executive team. Starting in January 2018, the President's Council began meeting monthly to discuss and decide upon strategic decisions for our organization.

• Other ongoing work within the physician engagement portfolio includes a regular newsletter from the CEO to all staff, including physicians, about health care issues of interest, and a monthly newsletter from the Chief of Staff/VP Medical Affairs informing physicians about the activities of the MAC and other information of interest to the physician group. Additionally, at the request of physicians, the role descriptions for the Program Medical Director positions and the medical administrative aspects of each of our clinical programs are being carefully reviewed and updated to coincide with best practice.

Population Health and Equity Considerations

KHSC strives to provide care in a way that honours the dignity and independence of all people. For instance:

• **Supporting Indigenous peoples**:

- KHSC has a longstanding partnership with the Weeneebayko Area Health Authority (WAHA) to operate Ininew Patient Services. WAHA is a regional and community-focused organization that administers an integrated health care system in the Weeneebayko Area, encompassing communities along the western coasts of James Bay and Hudson Bay. Ininew Patient Services assists in providing a continuum of care to Weeneebayko patients and families who come to Kingston to receive health care. In addition, physicians and employees of KHSC travel north to provide care and services in the WAHA.

- The KGH site of KHSC has made a strong commitment to work with our Aboriginal community to build trust in a hospital setting. In the Cancer Centre of Southeastern Ontario an Aboriginal Navigator works to support patients and families while building trust in the health care system for our First Nations, Inuit and Metis patients.

• **Supporting the Francophone community**: Kingston is a designated French Language Services Area. Most recently, the HDH site of KHSC has improved access to services for our Francophone patients in a variety of ways, e.g. by translating patient information materials and the hospital website into French, holding community engagement events for the Francophone community, identifying staff that speak French and offering additional language training for employees. The integration of HDH and KGH provides opportunities to extend these initiatives across both hospital sites.

• **Promoting accessibility**: KHSC is committed to making accessible care available for people with disabilities and to ensuring that patients, families and staff have an equal opportunity to obtain, use and benefit from our programs and services. Our Accessibility Plan sets out the many ways in which we are working to make our organization accessible to our community, including training caregivers, providing for communication supports, arranging for documents in accessible formats, addressing infrastructure requirements and more. Our hospital website contains information for visitors with disabilities to help them access the services they require during their visit.

• **Supporting frail and elderly patients**: When patients are discharged from hospital it is essential that they receive the information they need in terms they understand to manage their health care needs. 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. To address this, KHSC is implementing a patient-oriented discharge summary called My Discharge Plan for specified patient populations. And we are focused on the 'teach-back' system to improve health literacy through patient-centred communications.

• **Reaching out to marginalized populations**: KHSC is working closely with the SE LHIN and community agencies including the Kingston Community Health Centre Street Health Clinic, Home Base Housing, Addictions and Mental Health KFL&A, Kingston Police and the City of Kingston to identify and address the specific needs of marginalized patient populations including those struggling with mental health and addictions, and homelessness.

• **Community outreach**: KHSC has a long history of helping people who are economically disadvantaged. For instance, the HDH site of KHSC has an annual coat drive to collect coats for people in our community who need warm winter coats and it has a long history of supporting a community-wide food blitz for the local Food Bank. KHSC employees also participate in an annual walk-a-thon to raise funds to support the comfort needs of patients and families.

Access to the Right Level of Care - Addressing ALC

Alternate Level of Care (ALC) remains a significant issue for our organization and the health care system. As such, much work is being done to avoid patients becoming ALC, where possible, and to support the flow of ALC patients to more appropriate care settings. KHSC continues to work with our partners on the following system initiatives to enhance patients' ability to receive the right level of care in the most appropriate setting:

- KHSC and the South East LHIN Home & Community Care continue to collaborate on initiatives including the deployment of automated home care referral and weekly Patient Flow Rounds which review all KHSC patients who are designated ALC or at risk of being designated as ALC to explore available options and develop a discharge plan.

- KHSC has partnered with Bayshore Healthcare Limited and the South East LHIN Home & Community Care to deliver an innovative program that supports the transition of KHSC patients currently designated or likely to be designated ALC. This pilot program includes a 10-bed off site ALC Transition Unit for patients whose hospital treatment plan is complete but who are unable to return to their pre-hospital living arrangement. Patients receive comprehensive assessments, supportive care and restorative therapies to help meet their care needs and enhance their health outcomes.

- KHSC has recently participated in a provincial ALC Leading Practices Survey to validate the use of leading patient-centered practices and strategies at the hospital. This survey reinforced the strides that the organization has made and also provided some opportunities to further enhance our ALC avoidance and management strategy. KHSC will sustain existing ALC leading practices and expand into new leading practices that have proven successful with our peers.

- KHSC works closely with several community partners to ensure timely flow of patients and access to specialized services. This is especially true for ALC patients transitioning to Providence Care Hospital (PCH). KHSC and PCH patient flow departments have implemented monthly meetings and regular discussions to build on our strengths, address challenges and explore system and patient-specific opportunities to enhance care.

Opioid Prescribing for the Treatment of Pain and Opioid Use Disorder

It is a shocking statistic that there were more deaths in Canada from opioid use in 2017 (approximately 4,000) than from motor vehicle accidents. In Ontario, which lags only behind British Columbia in opiate use, approximately 37 per cent of opiate overuse is prescription-related. Furthermore, prescriptions for hydromorphone now greatly outnumber those for less potent opiates such as morphine or codeine. Up to 30 per cent of opioid prescriptions in Ontario are diverted for profit or non-medical use. The longer the duration of the prescription for opioids, the greater the risk for long-term use (a 1-day script carries a 6 per cent risk of long term use, a 6-day script carries a 12 per cent risk, and a 12-day script carries a 24 per cent risk). The risk of an overdose event increases steeply when the morphine equivalent dose (MED) prescribed is more than 50mg/day, and even more steeply when the MED prescribed is greater than 100mg/day. Clearly, there is a significant likelihood that overprescribing of opioids at KHSC may be contributing to the opioid overuse problem in the SE LHIN, where emergency room visits for opioid-related morbidity and mortality doubled in Q3 of 2017.

KHSC is working to combat opioid over-prescription through:

- **Policy**: In November 2017 a revised prescription policy was endorsed by KHSC, specifically in response to the opioid overuse and over-prescription issues. The revised policy recommends that alternatives to opioid prescription be considered for pain relief, that opioid prescriptions be limited to three days or 10 doses under normal circumstances and not more than one week, and that the MED be kept at less than 50mg/day under usual circumstances.

- **Prescription review**: Physicians at KHSC will be provided with information about their individual opioid discharge prescriptions on a quarterly basis, along with a copy of the KHSC policy for prescribing controlled substances.

- **Education**: An online learning module about opiate use and prescription has been drafted and sent to a variety of stakeholders for comment prior to its dissemination. The educational module will be a mandatory requirement for physicians requesting reappointment or privileges at KHSC after July 2018. In addition, multiple educational presentations have been given at KHSC during the last year (e.g., Medical Advisory Committee, KHSC clinical leaders, resident educational rounds, grand rounds) related to opioid-related drug diversion, opioid dependency, opioid overdoses and the need for readily available naloxone kits.

- **Integrated quality improvement**: A resident opioid working group—the KHSC Resident Committee on Opioid Prescribing Continuous Quality Improvement—was created in August 2017 to coordinate local efforts against the growing opioid epidemic. Specific goals of the committee include: (1) increasing inpatient access to addictions counselling through the creation of a dedicated KHSC Addictions Medicine Consult Service, (2) reducing inappropriate opioid prescription through online educational modules and an "Addictions Handbook" for residents and staff physicians, and (3) reducing fatal opioid overdoses through greater outpatient access to Naloxone. Departments represented on the committee include Emergency Medicine, Internal Medicine, Public Health, Anesthesia, Obstetrics and Psychiatry. Allied Health services, including Social Work and Pharmacy, are also involved. The KHSC Department of Medicine is preparing a business case for developing an inpatient Addictions Medicine Consult Service to help patients with addictions, e.g. opioids, tobacco, and alcohol to ensure appropriate management of the addiction while the patient is in hospital for an acute event.

Workplace Violence Prevention

The prevention of violence in the workplace has been a strategic priority at the KGH site with regular monitoring and reporting on a number of leading and lagging violence-related indicators up to and including the board. Violence in the workplace has not recently been an issue at the HDH site.

Violence prevention will be a key area of focus in KHSC's first strategic plan, now under development. A violence prevention work plan, identifying the specific initiatives to be undertaken this year, is in place to support the KHSC goal of increasing the number of incidents reported but reducing incident severity. With a program that is relatively mature and well integrated into clinical practice, the focus of this year's work plan will largely be on improving existing processes, tools and training, and standardizing them across both the HDH and KGH sites.

In addition to the current health and safety and corporate scorecards that monitor violence, a scorecard that focuses solely on violence metrics is being developed, with the aim of providing improved data for direction-setting and planning purposes.

Performance Based 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 2018-19. The amount of pay-at-risk for executives ranges from ten to twenty-five 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.

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 _____ (signature)

Quality Committee Chair _____ (signature)

Chief Executive Officer _____ (signature)

VP Quality _____ (signature)