

Quality Improvement Plan (QIP)

# Narrative for Health Care Organizations in Ontario

April 2, 2024



## 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 more than 500,000 patients and their families from across our region. As one of the region's largest employers, we are home to over 5,000 staff, more than 2,000 health-care learners and 1,000 volunteers who are committed to partnering with patients and families to ensure that we continually provide quality, compassionate care.

KHSC has received national accolades as an employer, provider of advanced patient care, and as a research institution in recently released national and international rankings. Over the course of the last several months, KHSC has been independently ranked as one of Canada's best hospitals on Newsweek magazine's World's Best Hospitals list, as one of Canada's top 40 research hospitals by Research InfoSource and as one of Canada's best employers by Forbes.

For the last two years the KHSC QIP has focused on Choosing Wisely initiatives with FY24 specifically focused on reducing the number of lab tests per patient, per visit, as well as reducing blood wastage.

### Choosing Wisely – Reducing Lab Testing for Patients

Blood is a precious, limited resource. Each day in hospital an average patient loses 22 millimeters of blood in the sample collection tubes used for laboratory testing. If a patient needs a very long hospital stay, this results in a lot of blood loss. So, blood

tests create a challenging trade-off for patients. While bloodwork provides crucial information to help guide treatment, losing too much blood can increase the risk of anemia, a shortage of red blood cells, and the need for blood transfusion.

The FY24 QIP focused on the implementation of a new approach to blood testing that replaced standard blood test vials with smaller tubes that draw less blood. Standard sample tubes take around 3-6 milliliters of blood and, depending on the type or severity of illness, patients could need multiple vials taken several times a day. Only 10% of the blood drawn from patients is needed for testing, with 90% is discarded as medical waste. A critically ill patient in the Intensive Care Unit (ICU), for example, could require three different tests, each requiring a separate tube and a total volume of 9 milliliters of blood to fill all three tubes. Additional factors, like cardiac symptoms, could require another test, bringing the total draw to four vials. Blood work could be done 2-3 times a day, and with three routine tests done each time, the total draw is around 27 milliliters of blood for testing alone.

The low-volume vials now in use, look identical but have less vacuum pressure and draw less blood. They take 1.8-3.0 milliliters (around half the amount of the previous, standard vials) but still have enough volume to do all the testing requested by clinicians.

A pilot study in KHSC's ICU took place in May 2023 with expanded roll-out to the entire unit in June. The success of the pilot launched the implementation of the new low-volume blood tubes across the entire organization and by October 2023, all units across both KGH and HDH sites were successfully transitioned to the new, low-volume blood tubes.

### Choosing Wisely – Reducing Blood Wastage

Compared to our peer hospitals, KHSC had significantly higher blood wastage with a three-year annual wastage average of \$180,000. Canada continues to have repeated blood shortages leading to the denial of transfusions for a limited number of Canadian patients. Therefore, KHSC was advised by Canadian Blood Services and the Ministry of Health to reduce blood wastage.

The FY24 QIP identified four key change ideas; creating live-time dashboards for units to track blood wastage, the redesign of blood box packaging configuration, providing one-on-one education for nursing staff in areas of high wastage and implementing mandatory training for RNs. The cumulative success of all four change ideas have resulted in an almost 50% decrease in blood wastage in calendar year 2023 from \$180,000 to \$95,000. The QIP team continues to strengthen their change ideas with the goal of consistently wasting less than \$7500 of blood per month.

Looking ahead to FY25, KHSC is excited to implement our first electronic medical record, Lumeo, in partnership with five other regional hospitals. Lumeo will transform patient care providing seamless access to health information across our region, standardized workflows and which will enhance patient safety. The implementation of Lumeo will transform care processes across all clinical areas and requires significant engagement of staff, leaders and physicians across the organization over the next 9 months. Once it is fully adopted, this transformational change will improve communication within interdisciplinary care teams and reduce opportunities for error.

With significant focus planned for Lumeo implementation, the KHSC FY25 QIP is modestly targeting three key priorities; improving hand hygiene, decreasing patient falls and improving ALC throughput.

## **ACCESS AND FLOW**

Effective management of ALC patient volumes ensures optimal and timely access to care for patients across the healthcare system. KHSC is committed to active implementation of ALC reduction strategies focusing on ALC-LTC prevention to improve patient flow and access to care. Being good stewards of bed capacity as a finite resource in acute tertiary care through the implementation of these strategies, aligns with KHSC's value of compassion. Upholding this value ensures that we can care for the "sickest and most vulnerable people in our community" when they need it most. This is foundational for patient centred care.

In November 2023, KHSC completed a self-assessment using the Ontario Health ALC leading practices self-assessment tool. Through this process KHSC identified opportunities for improvement and have included two of those initiatives on the FY25 QIP; implementing ALC rounds and the Hospital Elder Life Program (HELP). Long Term Care is traditionally the number one required destination by patients designated as ALC. ALC rounds provide the opportunity for the healthcare team to undertake a systematic and exhaustive review of community discharge options prior to ALC-LTC designation approval. The HELP program provides a specialized interdisciplinary team on medicine units to provide early identification and intervention for patients at risk of converting to ALC.

## **EQUITY AND INDIGENOUS HEALTH**

KHSC is committed to advancing equity, inclusion and diversity and addressing racism to achieve better outcomes for patients, families, providers and staff. This commitment is part of the organization's strategy. Our 2025 Annual Corporate Plan identifies objectives related to this strategic direction: 1) implementing plans to improve culturally safe care for Francophone and Indigenous populations and 2) implementing an integrated inclusion framework. The inclusion framework will anchor all improvement efforts underway at KHSC to identify challenges, drive improvement and actions.

Education/training for leadership and board members will continue in 24/25 as foundational elements to their roles, to drive equity and inclusion for patients and families, staff and learners. KHSC's corporate Indigenous acknowledgement, developed in 2023 with community and patient feedback, will be further embedded in its use across the organization. Work to update policies to reflect inclusion and cultural safety will continue, for example a new Indigenous Cultural Practices policy is in progress to support healing, cultural competency and staff training regarding guidelines and procedures for smudging or other cultural needs of our Indigenous patients.

A broader front line staff education working group, stemming from KHSC's Inclusion Steering Council, is developing in-house training to augment on-demand learning on our learning management system. An Anti-Black Racism module is being developed to highlight some of the challenges our patients and families experience who have Sickle Cell Anemia which has increased in our community. Staff Community Groups have been developed for Black, Indigenous and LGBTQ2S+ staff. These groups are strengthening awareness,

culture, connection, respect, celebration.

KHSC's Patient and Family Advisory Council has identified equity, diversity and inclusion as a priority in their work. The Council invites guests to PFAC meetings for the members to learn about best practices in creating a more diverse PFAC. In addition, outreach to community groups by the Lead for Patient and Family Centred Care, in partnership with patient advisors, is helping to build relationships with individuals we serve who may not have felt heard in the past. The Kingston Immigration Partnership will be presenting at an upcoming PFAC meeting on the barriers felt by non-English speaking newcomers to Canada in accessing healthcare. A presentation to the Réseau de Soutien à l'Immigration Francophone de l'Est de l'Ontario was made in hopes of identifying new francophone patients advisors to join the organization and/or create a conduit for their perspectives to be heard. As well, KHSC's Patient Care and Quality Committee of the Board hears and discusses a patient story at their meetings with an expectation that the perspectives heard will represent the communities we serve, be diverse and inclusive.

## **PATIENT/CLIENT/RESIDENT EXPERIENCE**

KHSC has embraced a people-centred approach to health care that recognizes that patients are persons with individual preferences, needs and abilities, who are full partners in their care and in system design.

Embedding the lived experience and voice of patients and families in our work is a long-standing foundational priority for KHSC. As members of four Board of Director committees, key steering committees, councils, working groups and quality improvement

project teams, KHSC's Patient Experience Advisors play a key role in bringing the culture of Patient and Family Centred Care to life. Patient Advisors, the KHSC Patient and Family Advisory Council (PFAC), Southeast Regional Cancer Program PFAC, the Regional Renal PFAC and the rapid response "Balzacs Group" continue to partner in providing their perspective and input on important changes to policy and processes that impact the patient experience.

The review of the family presence policy reinforced KHSC's commitment to creating an environment supportive of patient -and family- centred care in balance with the safety and security of patients and families. A new Care Partner process and policy was created to support the inclusion and facilitation of the safe presence of Care Partners at the bedside as active partners in care while continuing to ensure patients receive ongoing quality care in a healing environment. To support families to safely engage in care a visitor brochure was created that provides guidance on the ways they might support a patient while they visit.

The Ontario Renal Network (ORN) selected the KHSC Regional Renal Program to pilot a new program called the Remote Travel Grant. It was created to provide a streamlined financial support program that would allow remote patients to access training more easily for home dialysis throughout the province, something the Renal PFAC members had identified as a need for renal patients. The grant can provide funding in combination with other existing grants to cover things like accommodations, meals, travel and parking expenses. With input from patients and families, the program quickly developed a process that would allow them to reimburse the patients straightaway. Thanks to the Renal program's leadership

and dedication to delivering care closer to home the grant will be available to patients of all regional renal programs.

In its seventh year, The Exceptional Healer: Patient and Family-Centred Care Excellence Award recognized two health care professionals who are exemplars in patient -and family-centred care (PFCC). This PFAC led award was conceived of by a patient experience advisor and involves a patient and family driven campaign chaired by patient advisors. The selection committee comprises a majority share of patient advisors, along with staff. The nominations highlight the little things and everyday actions that health care professionals do that differentiate exceptional from the expected standards of professional practice.

KHSC continues to be committed to embedding the principles of PFCC by sharing patient experience stories at all levels of the organization. Patient stories put a person at the center of an issue, give context to patient experience data, and help to identify improvement priorities that matter to them. Patient advisors collaborated on reviewing existing feedback forum processes and updating resources for video recorded feedback forums and co-designed and attended an education session providing guidance on the value of sharing your story and how to do it effectively. Patient stories were shared at strategic planning events, with program leadership and new employee welcome sessions. Recorded patient stories were shared at all Patient Care and Quality Committee of the Board meetings and generated powerful discussions and reflections on the community we serve.

In the coming year there will be a strong focus on building trust and relationships with community groups and individuals to hear more

diverse perspectives and to identify the most appropriate ways to hear the voices of individuals who may not have felt heard in the past.

KHSC builds on our understanding of the patient experience through various methods including patient surveys and the patient relations process which provides an avenue for patients and families to provide feedback related to their experience with KHSC, and to seek resolution to concerns. Feedback is relayed to staff, physicians, and KHSC leaders and the insights gained by hearing the patient or family perspective can identify opportunities for improvement and education.

Patient Experience Advisors look forward to partnering with and providing guidance to the design and implementation of a new regional Health Information System in the year ahead. A key component of this system is a patient portal, which will provide direct access for patients to information about their care. The new system will transform how patients experience their health care and will provide us with improved opportunities for information sharing and more continuity in the overall health care journey.

Patients and families are partnering in research, reviewing patient educational materials and providing support to others to bring their voices to quality improvement initiatives. We recognize and value their generosity in providing their expertise, time and perspectives to improve the experience of care at KHSC.

## **PROVIDER EXPERIENCE**

Persistent human resource challenges impacting a number of operational areas and occupation types have required continued

strategic focus on long-term solutions to stabilize KHSC's workforce.

The KHSC recruitment incentive program which includes retention-tied signing bonuses and relocation supports have resulted in over 120 employees successfully hired with recruitment incentives, over 55% of whom are new to the Kingston area. The program also includes referral bonuses to existing employees for the successful hire of talent they have recommended. In addition to leveraging an important pipeline for prospective talent, this program promotes pride with existing staff who tell their friends, family and acquaintances about the benefits of working for KHSC. KHSC's succession planning process resulted in all Director/Manager level roles for which an internal successor was identified, being filled internally.

KHSC also uses a variety of other strategies to reach prospective talent including social media campaigns, community partnerships with job centres and academic partners for activities such as being a guest lecturer at academic institutions including secondary schools. KHSC partners with an immigration specialist and the local college to ensure supports for the nearly a dozen internationally educated nurses hired recently.

To proactively manage talent needs, the Recruitment team has instituted workforce planning meetings with operational leaders to forecast vacancies and assess opportunities for alternative staffing plans such as shifting job status to meet the needs and preferences of the available labour market. An example of innovation associated to staff planning is KHSC being the first in Ontario to create a paid Undergraduate Nurse role for students selected for

placement in the hard to recruit Medicine areas.

KHSC has also utilized agency nursing to provide necessary relief to the impacts of nursing shortages on current staff. This, coupled with positive outcomes associated with the KHSC recruitment incentive program, improvements in the employee experience have been achieved including a sharp reduction in the practice of floating staff on shift which is a known employee dissatisfier. The overall organization fill to loss ratio is positive at 1.1. KHSC has also seen slight improvement in employee experience indicators including staff reporting being able to accomplish more than is expected and feeling that their contributions are important to the organization's success.

Employee experience is further supported with KHSC's attention to the psychological wellbeing of the workforce including the implementation of a Workplace Mental Wellness Practitioner who has led on-unit crisis debriefing support; manager training on mental health supports to staff, and; creation of a Crisis Management Toolkit for leaders. Expanded self-directed resources are available to staff such as Mindful Moments and blogs; the LifeSpeak digital platform of resources, and; use of the Canadian Mental Health Association's Your Health Space program launch.

Rounding out staff supports, KHSC has made steady progress along the Inclusion journey including the implementation of an Inclusion Steering Committee, sign-on to the Kingston Workplace Inclusions Charter, and training over 80% of leaders on the building blocks for an inclusive work environment. In addition, KHSC has created a number of staff community groups (Pride, Black Staff, and Indigenous Staff) who work in community to raise awareness,



inform a culture of celebration that reflects the organization's diverse workforce, consult on special interests and issues and inform learning activities.

KHSC has a highly active Physician Wellness Program that is operated in collaboration with the Southeastern Ontario Academic Medical Organization (SEAMO). The framework for this wellness program is based on the Stanford Model of Professional Fulfillment and addresses the core elements of an organizational culture of wellness, efficiency of practice and personal resilience. Guidance is provided by the Physician Wellness Advisory Committee, which includes representation from each department within SEAMO. The program has many accomplishments to date, including (i) establishing a primary care attachment for each newly appointed specialist; (ii) development of a peer support program; (iii) launching a regular lecture series on physician wellness from external renowned experts on physician wellness; and (iv) addressing specific issues that cause stress to physicians within KHSC. Examples include information technology issues, engagement in the new digital health information system, provision of healthy food for on-call staff and physicians, and support for secure bicycle storage so that staff and physicians can cycle to work. The program has a strategic plan with key foci of activity outlined for the current year and regular measurement of the Physician Wellbeing Index.

## **SAFETY**

KHSC has a policy and process in place to report and respond to patient safety incidents. All staff and physicians are encouraged to report incidents through our electronic incident tracking system (SAFE). When an incident is reported, follow-up may occur through different pathways, depending on whether a patient is harmed or

not, the severity of the harm, and the risk of harm to others. We focus our attention on preventable harm and identifying systemic changes that can be implemented to reduce the risk of harm in the future. For all critical incidents, a quality-of-care review is conducted, under the direction of the Quality of Care Committee. We aim to create a psychologically safe environment where staff involved in the incident can share information freely. We focus our review on understanding facts, identifying contributing factors, and developing recommended changes to reduce risk for patients. Patients and/or family members impacted by a critical incident are invited to share their perspective as an input to the review, and we will share the outcome of the review and recommendations when the review is completed.

Over the past year, we have expanded the use of a formalized Root Cause Analysis and Action (RCA2) process to incidents of moderate harm, or where the risk of harm is high. We have also implemented a standardized communication for “Closing the Loop”. This communication is shared directly with the team involved in an incident. Where appropriate, an anonymized communication is disseminated to all clinical leaders to highlight learnings that apply in settings across the organization, along with information about mitigation strategies or tips for prevention. We have also implemented a standardized “Safety Alert” to notify all leadership when new trends in incident reporting are noted. This communication also includes reminders of current processes, tips for prevention of incidents, and is intended to be shared with staff at safety huddles.

In the coming year, KHSC will prepare to upgrade the incident reporting software, and are taking the opportunity to evaluate the



reporting framework. We also aim to complete the Accreditation Canada patient safety culture survey. KHSC has a large number of new leaders, and we will evaluate opportunities for education and promotion of a just culture.

## **POPULATION HEALTH APPROACH**

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.

## **EXECUTIVE COMPENSATION**

Each of the executives at Kingston Health Sciences Centre 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 the Board of Directors and the President & CEO's evaluation of performance against specific thresholds.

## **CONTACT INFORMATION/DESIGNATED LEAD**

Taralynn Richmond, BHA, MSChQ  
Quality Management Lead  
taralynn.richmond@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 28, 2024**

*Sherri McCullough*

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**Sherri McCullough**, Board Chair

*Emily Leslie*

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**Emily Leslie**, Board Quality Committee Chair

*David Pichora*

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**Dr. David Pichora**, Chief Executive Officer

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Other leadership as appropriate

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