

Quality Improvement Plan (QIP)

# Narrative for Health Care Organizations in Ontario

March 21, 2024



## OVERVIEW

Queensway Carleton Hospital is pleased to unveil its annual Quality Improvement Plan (QIP) in collaboration with Ontario Health. This comprehensive plan reaffirms our commitment to enhancing the quality of care for our diverse patient population. As we navigate the transition into a new normal post-pandemic, our dedication to delivering high-quality, compassionate, and coordinated care remains unwavering. Guided by our mission and values, which prioritize accountability, innovation, respect, and collaboration, we strive to align our healthcare services with our community's evolving needs and expectations.

Despite the challenges presented by the pandemic, our hospital has demonstrated agility and innovation, leveraging our experiences to fortify our care delivery model and enhance patient outcomes. Our attainment of Exemplary status from Accreditation Canada in 2023 underscores our enduring commitment to provide high quality patient care. Looking ahead, we are committed to building upon our achievements, driving continuous enhancements, and solidifying Queensway Carleton Hospital as the hospital of choice, dedicated to serving our community with care and commitment.

## ACCESS AND FLOW

At Queensway Carleton Hospital (QCH), our mission is to ensure a high-quality care experience for all our patients, regardless of their location — be it within the hospital, in local communities, or through home care. Our aim is for every patient to feel confident, respected, and understood throughout their care journey.

To achieve this, we are dedicated to enhancing our transition processes and partnerships, ensuring seamless care transitions for

our patients and their families. By improving patient flow within our hospital, we aim to expedite access to the necessary care, aligning with patient needs.

We utilize 'time to inpatient bed'—the interval from a patient's admission from the Emergency Department (ED) to their allocation to an inpatient bed—as a key measure of our success in managing patient flow efficiently across care pathways. This metric is integral to our strategic planning and guides our quality improvement initiatives aimed at enhancing patient experiences and outcomes.

This year, we are embarking on several initiatives designed to refine every stage of the patient's journey from the ED to an inpatient bed. Our efforts include reducing wait times for porters to transport patients from the ED to their beds and standardizing daily discharge discussions among interdisciplinary teams. This standardization will help in anticipating a patient's potential discharge date more accurately.

Moreover, to ensure our patients continue to receive the support they need upon discharge, we are expanding access to our Enhanced Remote Care Monitoring program. Finally, there will be a focus on the mental health patient population and ensuring access to care.

Through these focused efforts, QCH is steadfast in its resolve to streamline care delivery, making every patient's journey smoother, more efficient, and deeply respectful of their individual healthcare needs and circumstances.

## **EQUITY AND INDIGENOUS HEALTH**

QCH's commitment to promoting health equity is underscored by its adoption of policies, programs, and practices aimed at facilitating equitable access to high-quality, culturally safe, and accessible health services, thus focusing on mitigating avoidable and unjust inequities in health outcomes, healthcare access, and bridging health disparities, with a particular focus on historically marginalized communities. This includes raising awareness of the social determinants of health and Indigenous determinants of health across our institutional framework.

In 2023-24, QCH embarked on a transformative journey with the introduction of its comprehensive 5-year Equity, Diversity, Inclusion, and Belonging Strategy. The advancement of Equity, Diversity, Inclusion, and Belonging (EDIB), is a long-term commitment. This strategic plan, with its core focus on addressing anti-racism and Indigenous health equity, signifies a significant step forward. The establishment of the Equity, Diversity, Inclusion, and Belonging Advisory Council, comprised of leaders representing equity-deserving communities, plays a crucial role in steering the strategy and shaping the implementation roadmap.

Looking ahead to 2024-25, QCH will implement a comprehensive Health Equity Data Strategy to optimize the voluntary collection, analysis, disaggregation, and interpretation of health equity data. This strategy will involve two distinct streams: one concentrating on employees, physicians, volunteers, and leadership, and the other centered on collecting data from the patient side, encompassing surgical patients, direct admit patients, as well as individuals attending ambulatory clinics and the emergency department. Furthermore, QCH will establish a collaborative working group to guide the implementation of our Health Equity Data Strategy. This

collaborative effort will bring together stakeholders and collaborators to discuss best practices and challenges related to the collection, stratification, and utilization of intersectional health equity data, aiming to identify and address disparities in care and outcomes.

This Health Equity Data Strategy will consider intersections in data collection, disaggregation, utilization, and storage, all based on patient, family, and community engagement principles. It will cover variables like spoken language, citizenship status, racial/ethnic group, dis/ability, gender identity and expression, sex assignment, age, sexual orientation, income, among others. Additionally, it will incorporate a communications strategy and self-identification campaign grounded in informed consent, aiming to raise awareness about the purpose of data collection and its utilization to promote accountability and awareness within our communities.

In addition, during the 2024-25 fiscal year, QCH will establish an Equity, Diversity, Inclusion, and Belonging learning and development plan that will build on our previous work. This EDIB Learning and Development plan will focus on enhancing behaviour, competencies, and understanding in anti-racism, psychological safety, microaggressions, unconscious bias, anti-oppressive practice, Indigenous cultural safety and humility, and trauma-informed approaches. This strategy will encompass a variety of educational approaches and initiatives tailored to accommodate the requirements of both frontline staff and leadership, including microlearning modules, gamification, flexible scheduling, peer-to-peer training, mobile learning, communities of practice, storytelling and case studies, equity ambassador programs, as well as quick

practice notes and reference guides, all tailored to our healthcare environment. Additionally, QCH is actively participating in the Wabano Share Your Story Community of Practice, collaborating to develop an Indigenous Health Equity framework for meaningfully implementing recommendations from the report aimed at enhancing capacity, engagement, and promoting cultural awareness, safety, and the social determinants of health concerning Indigenous, First Nations, Métis, and urban-residing Indigenous communities, while simultaneously devising an intentional framework to strengthen capacity, awareness, and foster meaningful engagement with Inuit communities.



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

At QCH, enhancing the patient experience is central to our mission, guided by the valuable feedback we receive. Our collaboration with the Patient Family Advisory Council (PFAC) is at the heart of our

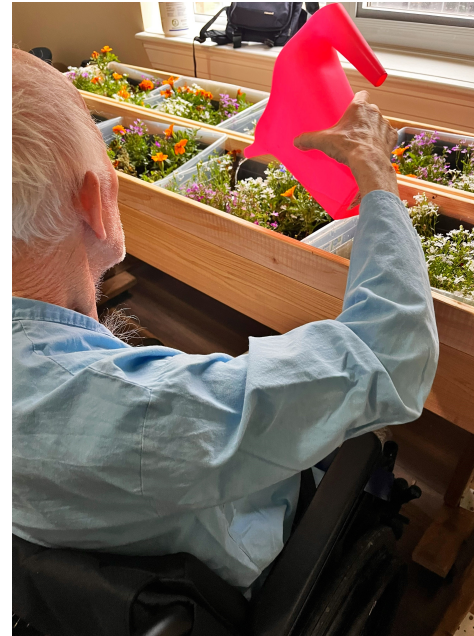
efforts, ensuring we embody patient-centered care in every decision and initiative.

Integrating PFAC members into significant roles, such as participating in the interview process for management positions, exemplifies our commitment to incorporating the patient voice in leadership selection. This practice affirms the essential role of patient and family perspectives in guiding our direction and policies.

Moreover, PFAC members play an active role in various committee structures throughout the hospital, including Unit Leadership Team meetings. Their contributions here are vital, directly influencing quality improvements and ensuring that changes reflect real patient needs and experiences. This hands-on involvement facilitates meaningful and compassionate healthcare solutions that truly meet the expectations of our community.

The introduction of a new patient experience survey tool, leveraging Qualtrics, marks a pivotal advancement in gathering real-time feedback. This innovation allows us to dynamically adapt to patient feedback and continuously improve the care we provide.

By weaving the insights and experiences of patients and families throughout our organizational fabric, from policy development to daily operations, we not only enrich our culture but also anchor our improvement efforts in the realities of those we serve. This inclusive approach fosters a culture of excellence and continuous improvement in patient care at QCH, ensuring our services remain responsive, compassionate, and patient-focused.



## PROVIDER EXPERIENCE

At QCH, we remain committed to advancing the provider experience through our comprehensive True North Strategy, which centers on three key priorities aimed at enhancing the resourcing and engagement of our valued staff and physicians.

Our first priority focuses on improving staffing and work-life balance, recognizing the critical role they play in fostering a positive workplace environment. Initiatives such as "meeting-free time periods" and promoting remote work options contribute to achieving a balanced workload and supporting the well-being of our providers. In 2024-25, QCH will develop a comprehensive employee/provider experience strategy that will identify "moments that matter" and subsequently design and deliver targeted programming to improve the employee/provider experience.

To address ongoing health human resourcing challenges, QCH is undertaking a transformative staff scheduling initiative. This initiative aims to standardize staffing and scheduling practices, redesign clinical workforce models, and provide leader technical competency training for staffing and recruitment processes.

QCH has also implemented the Continuous Process Improvement (CPI) model across the organization, facilitating standardized work practices such as daily huddles and process mapping. This model empowers unit staff to collaborate in identifying improvement opportunities, conducting root cause analysis, problem-solving, and monitoring progress. The CPI model has proven to be highly effective in driving continuous improvement and enhancing the provider experience.

Looking ahead, we remain committed to refining and expanding our initiatives to support the resourcing and engagement of our staff and physicians. Through ongoing collaboration and strategic interventions, we aim to create a workplace culture where providers feel valued, supported, and empowered to deliver exceptional care.



## SAFETY

Patient safety is at the core of everything we do across the organization. We recognize that ensuring the safety of our patients is not just a responsibility but a fundamental commitment that guides our actions and decisions every day.

Our dedication to patient safety is reflected in our organizational culture at all levels of our organization, where every team member, from the boardroom to the bedside, understands and embraces their role in promoting a safe environment for our patients. We prioritize ongoing education and training to ensure that our staff are equipped with the knowledge and skills necessary to identify and mitigate potential risks to patient safety. This past year we launched an advanced simulation program, designed to provide our healthcare professionals with hands-on, practical experience. This

immersive training environment enables our team to refine their skills, preparing them for a diverse range of clinical scenarios with the goal of enhancing patient safety. We also integrated the Elsevier program into our learning ecosystem. This renowned, evidence-based online learning platform equips our staff with current knowledge and best practices, fostering a culture of continuous professional development. Together, these initiatives underscore our proactive approach to education and training, supporting our team in the delivery of high-quality care.

We also actively engage with our community, patients, and families to foster a collaborative approach to patient safety, ensuring a holistic approach to patient safety, valuing diverse perspectives and actively involving those we serve in our safety initiatives. We believe involving patients and families in safety discussions and decision-making processes enhances the quality of care we provide and empowers individuals to take an active role in their safety and well-being. Recognizing the importance of our staff's contributions, we've introduced the Safety First Award, celebrating staff for identifying and addressing near-miss events and reinforcing our proactive stance on preventing patient safety incidents.

Our robust systems and processes for monitoring and evaluating patient safety underscore our proactive approach. Our incident reporting system facilitates reporting of safety concerns, which are then analyzed to uncover and address root causes. This process not only identifies areas of improvement but also fosters a culture of continuous learning and growth, with solutions and learnings shared across the organization. Additionally, our commitment to patient safety extends to regular safety audits and reviews, complementing our incident reporting and analysis efforts. By

regularly assessing and improving our practices, we uphold the highest standards of patient safety. Our safety efforts are dynamic and responsive to the evolving needs of our patients and community. Through regular communication, feedback mechanisms, and ongoing quality improvement initiatives, we strive to create an environment where patient safety is not just a priority but an integral part of our organizational culture.

At Queensway Carleton Hospital, patient safety is more than just a goal; it's a shared commitment that drives us to continually raise the bar and deliver the highest quality of care to every patient, every day.

## **EXECUTIVE COMPENSATION**

### 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 approved Executive Compensation Program design, a portion of executive compensation is to be 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 45% of performance-related compensation.

On August 13, 2018, Ontario Regulation 406/18 under the Broader Public Sector Executive Compensation Act imposed a compensation

freeze for public sector executives. In June 2022, the QCH Board of Directors approved a new Executive Compensation framework due to a restructuring of the roles of the executive positions in alignment with the provisions of the Broader Public Sector Executive Compensation Act, 2014.

The new performance-related pay program included the following maximums:

- President and Chief Executive Officer: Maximum Annual Performance-Related Pay of \$10,000.
- Medical Chief of Staff Class: Maximum Annual Performance-Related Pay of 5% of Base Salary to maximum of \$10,000.
- Vice-President Class: Maximum Annual Performance-Related Pay of 5% of Base Salary to maximum of \$10,000.

## CONTACT INFORMATION/DESIGNATED LEAD

Questions about our Quality Improvement Plan may be directed to [questions@qch.on.ca](mailto:questions@qch.on.ca)





## SIGN-OFF

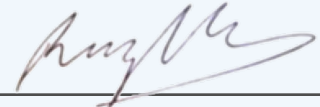
It is recommended that the following individuals review and sign-off on your organization's Quality Improvement Plan (where applicable):

I have reviewed and approved our organization's Quality Improvement Plan on **March 27, 2024**



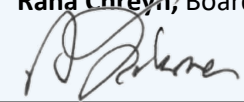
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**Atul Aggarwal**, Board Chair



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**Rana Chreya**, Board Quality Committee Chair



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**Dr. Andrew Falconer**, Chief Executive Officer

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Other leadership as appropriate

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