

Quality Improvement Plan (QIP)

# Narrative for Health Care Organizations in Ontario

April 12, 2023



Queensway Carleton  
Hospital



Ontario  
Health

## OVERVIEW

Queensway Carleton Hospital is pleased to present our annual Quality Improvement Plan (QIP) in concert with Ontario Health. This plan outlines some of our planned efforts in continuing to improve the quality of care we deliver to our patient population.

While we are still recovering from the 3-year challenge with COVID-19, we have continued and will continue to strive to provide the best care possible. Our newly articulated Mission is to provide high-quality, compassionate and coordinated care for the people and communities we serve. Values that we have carried forward include accountability, innovation and respect. These have now been joined by a focus on collaboration with our healthcare partners and our patients and families. Throughout this plan, these values take a prominent position, particularly in the numerous initiatives that involve collaboration with others.

Queensway Carleton Hospital staff are proud of our reputation as a leading acute care hospital and of the recognized innovative and agile approaches that were applied to navigate the challenges of the pandemic while continuing to provide excellent care to our patients. We have consistently achieved the highest level of Accreditation certification, and have been named among the world's best hospitals by Newsweek. As we embark on this annual renewal of our quality journey, we keep our successes in mind and use them to propel our future improvements in our efforts to remain a top hospital to serve our patients.



## **PATIENT/CLIENT/RESIDENT ENGAGEMENT AND PARTNERING**

The Queensway Carleton Hospital (QCH) is an organization that aims to provide high-quality, compassionate, and coordinated care for people and communities; it puts patients at the center of every action. Our well-established and high-functioning Patient and Family Advisory Council (PFAC) helps us to achieve this goal.

The PFAC connects patients and families with QCH leadership and allows a forum to provide feedback and insights on patient care experiences. PFAC members serve as the voice of the patients and families through their unique perspectives and lived experiences. A member of PFAC forms part of every interview panel for key positions from the CEO to Manager levels. QCH ensures the patient voice is recognized and considered in health care services planning,

delivery, and evaluation.

QCH engages patients and their families in various co-designed initiatives including the development and renewal of our Strategic Plan, Mission, Vision and Values, where extensive consultation took place over a period of many months to ensure we incorporated the views of the community we serve.

QCH and Health Tech Consultants, who are facilitating the overall Digital Health Strategy planning process, have held several activities to get input from internal, external, and community stakeholders to help understand QCH's future requirements for Digital Health. In addition, a specific session with the PFAC members was held to discuss this initiative and collect their in depth feedback regarding the digital tools and information they would like to see on the patient portal, among other initiatives.

In November 2022, QCH launched the “Get Moving Team” which is intended to support select patients to reach their functional mobility goals while on inpatient medicine or surgery units before discharge. Members of our PFAC participated in the development and review of the program, the policy and associated documents.

PFAC members have a key voice in developing and reviewing various documents, especially those that involve patient care and experience, like the visitor policy. Patient and family perspectives were considered in the numerous reviews of this policy, as we navigated the many stages of the pandemic and the associated provincial guidelines.

Their voice was critical to help determine visiting times and limits.

PFAC also reviews all the documents that go to the public, such as handouts and communication materials, ensuring that they reflect the context and meet the community's needs.

PFAC members are embedded into 36 committees and numerous working groups that identify, develop, and evaluate improvement initiatives. This includes representation at the Quality and Patient Safety Committee of the Board, the Quality Council, and The Medical Advisory Committee. Importantly, PFAC has a voice in our Accessibility Committee which is charged with the preparation, implementation, and Review of QCH's multi-year accessibility plan.



## PROVIDER EXPERIENCE

QCH has taken an enterprise-wide approach with the development of our True North Strategy which encompasses three key priorities to address the resourcing and engagement of staff and physicians.

1. Improving staffing and work life
2. Stabilizing the organization
3. Addressing capacity challenges

As part of this three-pronged strategy, the organization is also working toward a balanced workload with such initiatives as “meeting-free time periods” and the capacity for remote work. To address ongoing resourcing issues, QCH is undergoing a staff scheduling transformation initiative to develop standardized staffing and scheduling practices, redesign clinical workforce models and create leader technical competency training for staffing and recruitment. In 2023, we established criteria and methodology to evaluate corporate projects and manage these based on available resources (financial, human and technological).

In response to increased challenges with staff burn out and other health difficulties, QCH offers LifeWorks which is an Employee & Family Assistance Program (EFAP) for all employees and provides a variety of support services. QCH has also implemented an internal peer support program that offers staff and physicians a way to connect, share experiences, and find coping strategies. During the height of the pandemic, a Peer Quick Response Support Team (PQRST) was initiated to provide access to Mental Health, Spiritual Care and Organizational Development professionals who responded to requests for critical incident debriefing and supportive conversations.

QCH implemented the Continuous Process Improvement (CPI) model throughout the organization which introduced standard work such as daily huddles where unit staff collaborate in the identification of improvement opportunities. The standard

workflow leads the team through process mapping, root cause analysis, problem solving and monitoring and which provides a mechanism to obtain unit-level input on projects and a clear understanding of expected outcomes, from the beginning. This model has been a great success and we continue to refine it as we move forward.

## **WORKPLACE VIOLENCE PREVENTION**

QCH's Strategic plan identifies our violence program as an initiative which supports our True North Goal of Positive Work Life. QCH is proud of our staff and their dedication to reporting incidents of violence. Accurate reporting enables effective mitigation strategies to be implemented to protect our patients and staff. Our online incident reporting system continues to foster our culture of reporting. Over the last few years, QCH has continued to follow up directly with staff following any violent incidents to ensure comprehensive reporting. As a result, we have seen a substantial increase in the number of incidents reported. Reporting allows for more timely and thorough investigation which supports the implementation of effective mitigation strategies. QCH has paid close attention to monitoring and implementing mitigation strategies to address the severity of workplace violence incidents. In 2022, 73% of the reported incidents of violence are those of "no injury" or "near miss". This is an increase from the previous year of 2021 at 57% and 2020 at 49% respectively. This proactive reporting reflects a sense staff feel that reporting incidents will result in action.

2023 will see a re-education to staff and managers on communicating the history of violence (violence flagging). Education will focus on identifying individuals with a known history of violent

behaviour, accessing available information regarding the individuals (e.g. triggers, safety measures) and applying or updating the violence flags in our electronic system.

During violence education and staff huddles, QCH will continue to promote methods for summoning assistance with an important focus on avoiding entering a violent situation alone. This will be accompanied by quarterly communiques.

QCH will expand the offering of the Behaviour Support Ontario education to involve Allied Health and Support service including our Security Team. Gentle Persuasive Approach training capacity will be expanded as will education provided to our staff on the management of patients with delirium to support the roll out of a new policy. The Non-Violent Crisis Intervention training will be refreshed as well as evaluating the feasibility of a new provider and new process that enables more staff to be trained.



## PATIENT SAFETY

At Queensway Carleton Hospital, ensuring patient safety is of utmost importance, and we have established robust procedures in place to learn from patient safety incidents. Our foremost priority is to ensure that patients are safe and receive the appropriate care when an incident occurs. Following this, we initiate our incident report analysis process, which involves a multidisciplinary team of healthcare professionals who review the incident and identify the root cause(s) related to the safety event.

We have various forums and structures in place to review patient safety incidents, which include morbidity and mortality rounds, quality of care reviews, the incident reporting system, as well as discussions on patient experiences and narratives at both the department and organizational levels. Additionally, we have

introduced the Safety First Award to recognize and commend staff for their efforts in raising safety concerns, promoting a supportive culture that encourages identifying risks, and advocating for patient safety.

Our incident analysis process is a collaborative effort and includes a review by physicians, nurses, pharmacists, quality improvement and patient safety specialists, and leaders from across the organization. To analyze the incident, we use a structured framework that includes reviewing the medical record, interviewing staff involved in the care, and examining policies, procedures, and best practices related to the incident.

Once the root cause(s) of the incident have been identified, we develop an action plan to address them. This action plan includes specific steps designed to prevent future recurrences of the same incident. We closely monitor the effectiveness of the action plan as we implement it and make necessary adjustments when required. We share the results of our analysis and action plan with our staff members through a variety of communication methods, such as staff meetings, email updates, bulletins, department huddles, and committee presentations. We also generate reports with actionable items for patients and families, where appropriate.

Our incident reporting system is known for its closed-loop communication and transparent feature, which means that staff members have access to details of the file regarding the recommendations and outcomes of the investigation related to the patient safety concern they brought forward.

Finally, we use our incident analysis process as an opportunity to

continuously improve our processes and systems. By identifying and addressing the root causes of incidents, we can enhance the quality and safety of care we provide. We believe that this approach enhances patient safety and fosters a culture of learning and continuous improvement among our staff.



## HEALTH EQUITY

QCH has committed to promote health equity by adopting policies, programs, and practices that support equitable access to quality and accessible health services and therefore is adopting a highly focused approach to mitigate avoidable inequalities in health outcomes, healthcare access and close the gaps in health disparities. In 2023-24 QCH will begin collecting equity data using a standardized survey tool which will enable us to acquire demographic data aimed at surgical patients, direct admit patients, and those in the ambulatory clinics and emergency department.

Demographic information, or “equity variables” will include voluntary gender and ethnicity questions, for example:

- “People living in Canada come from many different cultural and racial backgrounds. The following question will help us to better understand the experiences of the communities that we serve. Do you consider yourself to be . . .?”
- “What is your gender?”

This baseline data will be collected to enable QCH to understand who the client population is and to better plan and implement programs and services to meet their individual needs.

At QCH, we strive to respect and honour diverse spiritual practices by creating a culturally safe and respectful environment. Smudging is a traditional Indigenous ceremony for purifying or cleansing the mind and body of negativity or for clearing negative energy from a space and is an important spiritual and cultural practice for First Nations and Metis patients. QCH Spiritual Care team has been working with patients, families and staff from the indigenous community to facilitate spiritual practices like smudging for indigenous patients.

QCH has collaborated with the San’yas Indigenous Cultural Safety Training Program and consultation services that focus on addressing anti-Indigenous racism and promoting cultural safety for Indigenous people in Canada. The training course offered to QCH employees is designed for anyone working in the health system who wishes to enhance their knowledge, awareness, and skills when working with Indigenous people. In 2023 QCH will be providing training to all leaders on Psychological Safety . Psychological safety is defined as

'feeling able to show and employ one's self without fear of negative consequences to self-image, status, or career' and this training will be the first step in addressing findings in our recent staff engagement survey which identified psychological safety as a priority for QCH as part of our EDI strategy.

## **EXECUTIVE COMPENSATION**

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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 and Medical Vice-President 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**

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

## **OTHER**

Feedback from our patients:

1. The interactions with my sister and I regarding my father's care were professional, supportive and caring. We received regular phone calls with updates, and we know some of the staff stayed beyond their shifts to speak with us. Every question and option provided was given a clear answer, and if we didn't understand the terminology, they took the time to explain further. The treatment they gave our father was above and beyond. We could not have asked for more.
2. Sleep lab. I wanted to share that I had such a positive experience. I also wanted to share that the Sleep Technologist was absolutely fantastic! She was kind, attentive, professional, and had a really great sense of humour. She helped make a potentially stressful experience quite bearable, and relatively fun. She took the time to explain the process and her role. She carefully explained the steps



that she was going to be taking, and the purpose of all of the wires that she was attaching to my body. While doing all of this, she engaged in small talk, which really helped to put me at ease. I felt really well cared for, and really, I felt like more of a guest than a patient.

3. As our health care providers, you need to hear this story, as do many people who show displeasure at our "medical system". It amazes me how many critics forget that the "system" is made up of caring people. Your ER staff went above and beyond. Last week I went to my family doctor as my journey with COVID recovery (6 weeks) was going in the wrong direction. And two days before that visit, the right side of my face lost all feeling. My doctor sent me to Queensway emergency immediately. From triage to my meeting with the doctor, I received nothing but respect, empathy, efficiency and caring. As I was completely depleted from COVID, hearing the words stroke and Bells Palsy was very disconcerting. The doctor immediately put both myself and my wife Joanne who was with me, at ease. The doctor proceeded through the process with an uncommon amount of empathy, clarity, honesty and kindness.

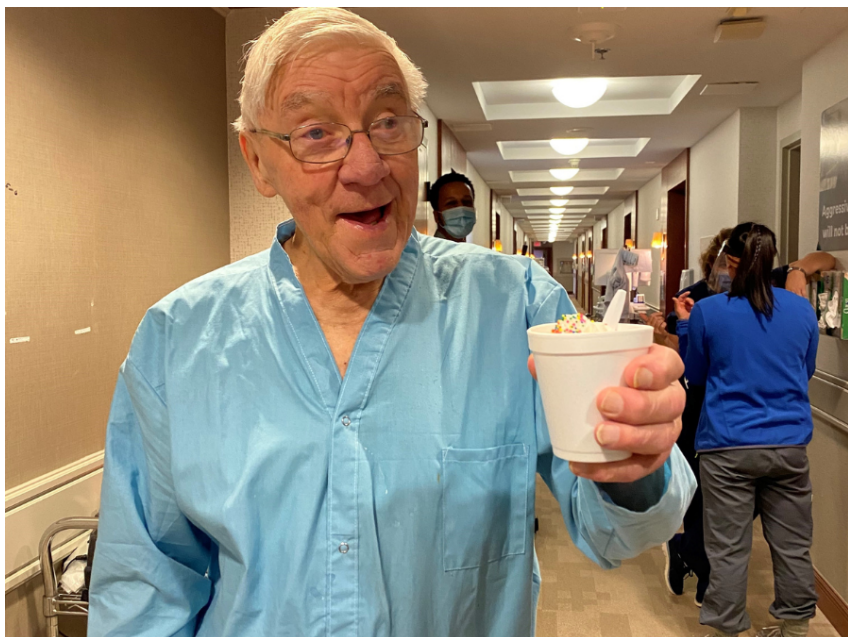
4. The post-op nurse looked after me. Despite the fact that she was very busy and frustrated by a wonky computer, she provided great care. I am now busy rehabbing my hip under the direction of a Physiotherapist who is pushing me (nicely!!) to get better. Every last one of the staff who looked after me was the consummate compassionate professional despite the problems caused by overwork. Bless them all!!

5. I would like to thank all your staff for the care they gave me while in recovery on the 4th floor. All of the nurses etc. were very aware

of my needs and attended to them quite efficiently as required. Having a friendly comforting face made my recovery that much easier. The nurses kept in touch with the Doctor who was giving me my release to ensure I went home as soon as viable. What more can I say but that they were totally awesome. They are a true sign that the Queensway is training staff to recognize patients needs with a caring approach.

6. I must say I was very lucky from the emergency doctor, the nurses, the Algonquin College Student and the MRI technician, they all showed a level of service I have not witness ever. The level of care I received was truly amazing. One of the biggest things.. LISTENING taking that 2 to 3 minutes to listen, taking the extra step to look at my old tests results. Again I felt like I won the lottery. I am still waiting for my MRI results and I know it takes time, and wish you can do that faster, but I will take the win from the amazing treatment I got.

7. I recently spent 10 hours in the Emergency Department at QCH with my 86-year old mother who was convinced that her days were numbered. Unlike most recent media depictions of ER visits, our experience was a very good one. My mother received compassionate and competent care from all of the health professionals she encountered.



## 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, 2023**

**Atul Aggarwal**, Board Chair

**Wendy Nicklin**, Board Quality Committee Chair

**Andrew Falconer**, Chief Executive Officer

Other leadership as appropriate