



Quality Improvement Plan (QIP)
**Narrative for Health Care
Organizations in Ontario**

June 30, 2022



OVERVIEW

Queensway Carleton Hospital is pleased to present our annual Quality Improvement Plan (QIP) in concert with Ontario Health. This plan describes some of our planned efforts in continuing to improve the quality of care provided by our organization in the next year.

We present this plan with an expectation and anticipation that the Coronavirus pandemic is coming to a close. It is with this in mind that we re-double our efforts to return to our usual business and turn our mind to improving the services and care that we pride ourselves in delivering. Queensway Carleton Hospital is known to be an innovative and agile organization that excels in patient and family centred care. We have consistently achieved the highest level of Accreditation certification over many years and have been named among the best hospitals in Canada by Maclean's magazine.



REFLECTIONS SINCE YOUR LAST QIP SUBMISSION

Queensway Carleton Hospital published a Quality Plan last year, recognizing that the pressures of the changing landscape due to the unpredictable course of the COVID-19 pandemic had the potential to derail our efforts to some extent.

A major quality initiative identified in our previous QIP involved the introduction of computerized physician order entry, electronic bedside medication verification and an electronic medication administration record, all of which went live in October 2021. Despite the challenges of COVID-19, we were able to finalize our goal of moving closer to a complete electronic record of inpatient

care through this important advancement. This will help us decrease the risk of medication errors and to improve communication to all healthcare providers working with a given patient. This major achievement was not without its own inherent trials as staff and physicians were forced to substantially alter their daily practices, but the outcomes are well worth the challenges.

COVID-19 has had innumerable impacts on the health system, on our staff and on our patients. Those requiring hospitalization for COVID-19 infection were often extremely ill with care needs that were tremendously resource intensive. To effectively manage the care of so many critical patients, we were required to open a secondary ICU for several months, adding pressure to the already stressed and stretched critical care resources. The tragic backlog of elective surgical procedures has left many people struggling in the community, with prolonged, often painful waits for resolution of their issues. The personal burden of these two years of constant change and constant pressure have taken their toll on our health human resources, causing many people to choose to leave healthcare altogether. This has in turn resulted in shortages in all areas, but particularly specialty areas such as the OR, the Emergency Department, the ICU, Mental Health and Mother-Baby care. Despite all this, the Queensway Carleton Hospital has persevered through unpredictable and massive stressors, making multiple course corrections as the situation changed, yet still providing high quality care and realizing important quality improvements in our processes. This Quality Improvement Plan represents a re-setting of our commitment to continually improving the quality of care provided and reducing risk to our patients and staff members.



PATIENT/CLIENT/RESIDENT PARTNERING AND RELATIONS

Patient and Family Advisory Council (PFAC) members continue to be involved in numerous committees and working groups that identify, develop and evaluate improvement initiatives focusing on patient and family matters.

As new working groups and committees are developed, PFAC members are included from the first meeting onward. Feedback received from these committees and working groups have clearly stated that PFAC members are both essential and valuable to the ongoing success of QCH. The leadership team at QCH has indicated that the PFAC and its members provide important views comments,

observations and suggestions that healthcare workers may not otherwise consider.

PFAC members are involved in 33 ongoing committees and working groups and have members in 12 Unit Leadership Teams (ULT). In the ULT's, PFAC members feel their observations, views and suggestions are received at a point that is closest to the front line of care, and therefore have a very direct impact on the care experienced by the patient.

Furthermore, PFAC have a voting member on virtually all interviewing panels from the CEO to the Manager level.

In the past year, PFAC was a key informant in the implementation of the patient medical record portal. Members of PFAC felt strongly that patients having access to their medical records in a timely fashion was crucial to their understanding of their health and treatments, and was a necessary tool to become a fully engaged partner in managing their health care.

PFAC members have been deeply involved this year in supporting various aspects of organizational administration as QCH has transitioned and managed through this COVID environment. To remain active, PFAC pivoted to online meetings and continued these throughout the year, including through the summer, to facilitate and provide input on a number of challenges and changes at QCH including way-finding, development of an immunization clinic and a COVID testing center, renovations, communications to patients and family, and changes in day-to-day activities. The PFAC

committee has been pivotal in ensuring that visitor and essential care partner policies have been as liberal as possible.



PROVIDER EXPERIENCE

The COVID-19 pandemic has highlighted the reality of health care worker (HCW) shortages, due to reductions in supply from turnover, retirements, illness and self-isolation requirements, as well as significant increases in demand for qualified HCWs across the province and nationally. These shortages have impacted providers in numerous ways, including working short-staffed, working overtime, inability to take vacation, being mandated to work and being redeployed. All of these impacts increase the risk of provider burnout.

Our hospital continues to support providers in numerous ways, including:

- **Wellness** – support the wellbeing, engagement and retention of staff to mitigate burnout, sick leave and turnover risk. Created “Spirit Squad” to focus on staff appreciation and support. Partnered with Foundation to connect donors with opportunities to support staff appreciation. Created Peer Support Program. Provided education on mental health and wellness. Communicated wellness tips across the organization. Provided additional wellness resources for staff, through a new wellness portal and technology platform. Created quiet spaces and break spaces inside and outside of the hospital.

- **Workforce Transformation** – undertaking a large-scale change project to redesign clinical staffing models to maximize scopes of practice for all regulated health professionals and optimize interdisciplinary care; design new master rotations that create the roles and rotations staff want; and design and implement a corporate nursing resource team to help cover last minute shift vacancies.

- **Recruitment and Retention Campaign** – in partnership with Communications and a third party employer marketing firm, launched an external recruitment campaign. Also partnered with 18 hospitals in our region to undertake a joint national recruitment campaign and create a local shared job board. We have also identified significant investments in employee learning and growth and staff appreciation.

- **Employee Listening Campaign** – established a staff retention committee to hear directly from the front-line staff. Designed and implemented improved exit surveys and conducted an anonymous workplace culture survey, both to gather unfiltered information and gain greater insights into how to optimize the engagement and retention of our workforce.

- **Technological Advancement** – implement software improvements to our staff scheduling system as well as an Automated Shift Fill (ASF) system to support the Staffing Office in efficiently filling last minute shift vacancies, so that they can turn their daily focus to filling future vacancies.



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.

The new performance-related pay program was designed to include the following maximums:

- President and Chief Executive Officer: Maximum Annual Performance-Related Pay of 7.5% of Base Salary
- Medical Vice-President Class: Maximum Annual Performance-Related Pay of 7.5% of Base Salary
- Vice-President Class: Maximum Annual Performance-Related Pay of 5% of Base Salary

Please note, however, that on August 13, 2018, Ontario Regulation 406/18 under the Broader Public Sector Executive Compensation Act imposed a compensation freeze for public sector executives and, as a result, QCH is currently prevented from fully implementing

the approved Executive Compensation Program design.

CONTACT INFORMATION

Questions about our Quality Improvement Plan may be directed to questions@qch.on.ca

OTHER

Feedback from our patients:

1. They say that someone's work ethic comes out when times get tough. Times are certainly tough at the moment, especially for healthcare professionals. The work ethic of everyone working at the QCH was certainly visible and felt. There were virtually no noticeable signs of us receiving anything less than optimal care.
2. Everything - the care my mom received was fantastic. The doctor and all nurses were patient and kind, took their time with her, thoroughly checked for a hip fracture, and ensured we knew what the next steps were. Thank you!
3. I don't know which word to use in order to give you and your nurses the highest compliments! I don't know where you guys get the stamina after two years of COVID, being understaffed, overworked and max stressed, to get up every morning and provide care with such compassion, dignity, respect, and with a smile for all the patients. But you do. Thank you!
4. All of the staff on the inpatient unit were compassionate and very professional. My father was discharged today after a two week

stay. He spoke very highly of the care he received. So much so that he did not want to leave! The entire family very much appreciates the care and compassion my father received. Thanks again.

5. The nurses, doctors, clerical housekeeping ie. all staff were excellent.

6. The doctor and nurses in emergency area D were fantastic with my elderly mom yesterday. They were so caring and patient - explaining everything calmly and slowly so she understood. Thank you for making a scary day (for her) so much better!



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 **June 30, 2022**

Ken Alger, Board Chair

Wendy Nicklin, Board Quality Committee Chair

Andrew Falconer, Chief Executive Officer

Other leadership as appropriate