

**Quality Improvement Plan (QIP)**

# **Narrative for Health Care Organizations in Ontario**

June 3, 2020



**Queensway  
Carleton  
Hospital**

## OVERVIEW

Queensway Carleton Hospital is pleased to present our annual Quality Improvement Plan (QIP) in concert with Health Quality Ontario. 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 are very proud of the accomplishments described in our 2019-2020 QIP. Through the diligence of our staff and patient/family supports we achieved the vast majority of our targets; ongoing monitoring and reviewing of data associated with each of these quality indicators keeps our plans on track. We remain committed to continuing to improve despite the challenges of today's healthcare environment with ever increasing volumes of people requiring acute inpatient or emergency healthcare as well as the pressures of the increasing number of patients who no longer need acute care but are awaiting beds or resources in other settings. We continue to look for state-of-the-art ways to respond to these challenges while continuing to provide exemplary patient care.

We present this plan in the midst of a Coronavirus pandemic, and although we have carefully examined it to ensure that we are realistic in what we intend to accomplish despite this major challenge, we recognize that the impact of a second wave of COVID-19 could very well disrupt our best laid plans. Nevertheless, our QIP is put forward with a deliberate intention to reach the targets set if there is any reasonable opportunity to do so. 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 the best hospital in Ottawa by Maclean's magazine. This is a dedicated staff who put patient care at the forefront and who will move quality forward whether it is through a planned effort such as this QIP or through the unfailing support of our patients during an unprecedented pandemic event. The report that will be generated a year from now will tell the story of which direction our quality efforts might take.



## DESCRIBE YOUR ORGANIZATION'S GREATEST QI ACHIEVEMENT FROM THE PAST YEAR

In 2019 QCH took several large steps towards the goal of a completely integrated electronic patient health record – a change that will improve both the quality and safety of patient care at Queensway Carleton Hospital.

The summertime optimization of the Patient Charting System (PCS) focused on upgrading the electronic charting tool used by nursing and allied health. This both simplified the tool and helped to ensure it was as up-to-date as possible before it was integrated into the system that would include physicians and other members of the health team.

The fall go-lives focused on bringing those physician systems online. In October QCH rolled-out the Emergency Department Management (EDM) and Clinical Documentation system. This established an electronic health record in the emergency department, making it the first department at the hospital to have both nursing and physicians documenting in the same electronic patient chart.

Shortly thereafter, Inpatient Physician Documentation (pDOC), moved inpatient physicians onto the electronic documentation system, and giving them the ability to manage inpatient documentation for progress notes, consults, operative notes and discharge summaries.

Both physician-focused go-lives were calculated phases bringing QCH closer to a full electronic patient chart which will ultimately improve safety, quality of care, and increase the ability to share information within the broad range of multidisciplinary teams at QCH, and with our Connected Care partners.



## COLLABORATION AND INTEGRATION

Queensway Carleton Hospital has been engaged with the Three Rivers Ontario Health Team which is under development. As part of our commitment to supporting the Ontario Health Teams (OHT), QCH has implemented and filled a new Director Of Integrated Care role. This individual is working with the partners of the Three Rivers Ontario Health Team to identify opportunities and implement changes to improve the outcomes for our mental health patients.

## PATIENT/CLIENT/RESIDENT PARTNERING AND RELATIONS

Patient and Family Advisory Council (PFAC) Members continue to be involved in numerous committee and working groups that identify, develop and evaluate improvement initiatives. As new

working groups and committees are developed, PFAC members are included for the first meeting onward. Once the meetings have commenced, feedback is demonstrating that the committees consider the PFAC member to be essential to the organization in supporting highlighted projects and initiatives throughout the hospital.

PFAC is heavily involved in the development of the rebuild for the Queensway Carleton Hospital (QCH) strategic plan and has demonstrated their commitment by being part of Request for Proposal (RFP) process, providing feedback as a group, and assisting with the leadership's consultation process. They are also part of the planning team. Further public consultation for the strategic plan is occurring to ensure a wide variety of voices are heard.

Transformative involvement including being identified as a key member of the interview panel for the Chief Executive Officer and President, has also been demonstrated. The proposal to involve a PFAC member in the panel was accepted without hesitation, and PFAC representation was made an equal and integral part of the process. PFAC consultant members also continue to be involved in the interview process for all Managers, Directors, Vice Presidents and Chiefs of departments.

PFAC members have been deeply involved this year in supporting various areas as they prepared for Accreditation. The Unit Leadership Teams have remained a favorite committee for PFAC members, as they feel their voice is directly impacting the care that is provided at the front line. Many have expressed a sense of undiluted collaboration, with the focus of ongoing improvement in the units. QCH was highlighted by Accreditation Canada as leading the way in embedding the patient voice in everything it does.



## WORKPLACE VIOLENCE PREVENTION

The implementation of an on-line incident reporting system enabled QCH to make substantial gains in improving our culture of reporting incidents of violence. Easier access to reporting has enabled staff to report incidents of workplace violence in a timely fashion and has engaged managers in a more thorough incident investigation and follow up through a transparent process. Our health and safety scorecard, that is shared with senior management demonstrated a substantial increase in follow up and identification of mitigation actions for incidents of violence in 2019. 2020 will see a further focus on incident investigation with more extensive root cause analysis performed on incidents of violence resulting in harm. The implementation of the Client Violence Assessment Tool in our electronic health record has further enabled development of Care Plans to better manage behaviours of violence from clients. 2020 will see further in-depth analysis of effectiveness of the implementation of the Tool. This year we will be expanding the content and practice of de-escalation strategies for staff in high risk areas participating in non-violence crisis intervention training. Staff have asked for more specific scenario-based training. The non violent crisis intervention training has also been expanded to a Medicine area that has seen an increase in the number of incidents of violence. QCH utilizes an effective violence risk assessment process and this year saw the inclusion of key concepts of decreasing violence through design, this will be further expanded upon in 2020.

## VIRTUAL CARE

QCH provides virtual support to 6 patients with COPD using a mobile secure platform "atouchaway-Aetonix". Atouchaway

technology consists of daily status check-ins, self-management coaching based on patient's status, specific care instructions based on evidence and COPD specific education (posters & youtube videos), secure messaging and video call capacity. The service was initially provided in collaboration with Ottawa West Health Link. Workflows are based on best practice recommendations and evidence from Canadian Thoracic Society, The Ontario Lung Association, Health Quality Ontario, COPD Quality Standards and COPD Quality Based Procedure.

Some of the objectives to the utilization of the Virtual COPD Support at QCH are:

- Build patient confidence with recognizing the signs and symptoms of a COPD flare-up and empower patients to self-manage in a timely manner
- Provide timely support to patients with management of their chronic condition
- Avoid unnecessary Emergency Department visits
- Support appropriate use of resources such Family Physicians, community services and hospitals

Patients with a confirmed COPD diagnosis are typically enrolled from the COPD clinic and must be cognitively intact, able to follow instructions, and able to operate an electronic device such as a tablet.

QCH also partnered with The Ottawa Hospital Rehabilitation Centre to provide patients with COPD access to the COPD Telehome Monitoring Program (THM). We presently have 3 THM kits. The Program provides support for patients with COPD who require assistance with COPD self-management including a review of inhaler technique, recognition of potential triggers and symptoms

of a COPD flare-up, reinforcement of maintaining an active lifestyle and vital sign monitoring.



## 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. Details of the Hospital's Executive Compensation Program can be found [here](https://www.qch.on.ca/uploads/Administration/QCH%20Submission_PBS%20Executive%20Compensation%20Program.pdf): [https://www.qch.on.ca/uploads/Administration/QCH%20Submission\\_PBS%20Executive%20Compensation%20Program.pdf](https://www.qch.on.ca/uploads/Administration/QCH%20Submission_PBS%20Executive%20Compensation%20Program.pdf).

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
- Chief of Staff/Vice President, Medical Affairs 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 the government 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, including adjusting the amount of performance-related pay up to the approved Maximum Annual Performance-Related Pay amounts listed above.

## CONTACT INFORMATION

Questions related to our Quality Improvement Program may be sent to [questions@qch.on.ca](mailto:questions@qch.on.ca).



## OTHER

Excerpts from comments made our patients and families:

1. I just wanted to compliment all of the wonderful staff at the hospital. They were all very professional, knowledgeable and caring. It is quite apparent that they are very dedicated to the careers they've chosen. I would not hesitate to recommend this hospital and if I ever need Medical Care I hope it will be there. Thank you for your time and best wishes for the future.

2. As I am getting ready for a discharge in the next few minutes,

and having had a quiet day yesterday, I have thought a lot about the past week, the experiences I have had, both planned and unplanned and the people I have dealt with at the Queensway Carleton Hospital. I simply wanted to relay the following thoughts to the hospital.

...Several unplanned events (related to my epidural) happened post surgery. The first one was, to my understanding, just a random uncommon outcome with an epidural; I experienced a motor block in my left leg while the anesthetic was being delivered via the epidural. From the moment it was noticed by my nurse, the response was lightning fast. The epidural was shut off and I underwent a CT and MRI within maybe 90 minutes. Not long after that my leg's movement was returning and it was confirmed by radiology that all was well. Surgeons, anesthesiologists, radiologist, the pain nurse, ward nurses - every single person acted quickly and calmly. They explained everything to me - the possible causes and risks, what they needed to do and the reasons for the actions being taken. I was extremely impressed and, more importantly, reassured by the professionalism and open communication of everyone involved.

...I just want everyone involved to know that I appreciate them, their skill, their effort and their humanity in all its forms. The memories of the people I met here will long outlast anything negative that I may have experienced.

There are much sicker people than me, and much worse technical issues than the ones I experienced. I am writing this from my own experience and my own perspective. But it was important to me to write it because I think the people involved need to know that this

past week hasn't just been a net positive experience. It has led to some nice memories that won't soon be forgotten.

I thank every single one of them from the bottom of my heart and consider myself blessed to live in a community served by such amazing skilled professionals and such quality human beings.

3. I didn't remember many names, but everyone was awesome. The nurse who saw me pre-op and post-op made me feel completely at ease and was very caring and compassionate. She explained the steps of my recovery and gave me the confidence that my recovery would go well. The doctor who did the surgery also made me feel comfortable. I felt I was in good hands.

I'm totally impressed with the professionalism and the "human touch" of the people who work at the QCH. Thanks.

4. I came in with chest pain and was ultimately admitted for transfer to the Heart Institute. I was fully ambulatory for most of my visit. The nurses were fantastic, and the food was quite good considering the difficulty satisfying all the health concerns which must be addressed. Maintenance and food service staff were to a person friendly and efficient and a credit to the hospital. I observed ALL staff being patient with difficult patients and never once heard anyone even being impatient with them. Great job all round.



## 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 4, 2020



Board Chair



Board Quality Committee Chair



Chief Executive Officer

Other leadership as appropriate