

Let's Make Healthy  
Change Happen.



## 2018/19 Quality Improvement Plan (QIP) Narrative for Providence Care

Providence Care

This document is intended to provide health care organizations in Ontario with guidance as to how they can develop a Quality Improvement Plan. While much effort and care has gone into preparing this document, this document should not be relied on as legal advice and organizations should consult with their legal, governance and other relevant advisors as appropriate in preparing their quality improvement plans. Furthermore, organizations are free to design their own public quality improvement plans using alternative formats and contents, provided that they submit a version of their quality improvement plan to Health Quality Ontario (if required) in the format described herein.

## **Overview**

The past year has been an exciting year of transformation and change for Providence Care with the opening of the newly built Providence Care Hospital in April 2017 (PCH). PCH is a 270, single, inpatient bedroom, state-of-the-art care facility that spans 622,000 square feet. PCH is one of the first publicly-funded hospitals in North America to fully-integrate long-term mental health, physical rehabilitation, palliative care and complex care into one facility. The entire hospital has been designed to be welcoming and inclusive of all people, no matter what age, ability, or needs.

The improved indoor and outdoor therapeutic and recreational spaces, along with improved technology brings to life the concept of recovery oriented and person-centered care, and will help toward the achievement of better health outcomes and experiences for the people we serve.

As part of the work to 'become new hospital ready' staff, physicians, volunteers, patients, clients, and families worked closely in developing and implementing new processes and workflows to align with new hospital spaces. A total of 512 information sessions and 17,675 hours of training and orientation for staff, physicians, volunteers, patient, clients and families were provided over an eleven month timeframe in preparation for the move to the new PCH.

The new hospital environment has realized many quality and safety improvements for our patients, clients, families, staff, volunteers, physicians, and learners, but with change also comes new challenges. Our 2018/19 Quality Improvement Plan (QIP) is focused on key indicators of Effectiveness, Safety, and Person Centeredness that will ensure that we are continuing to provide the highest quality, safe care for the people that we serve, as well as a safe work environment for our staff, physicians, volunteers and learners. Several of our indicators have planned improvement initiatives that will take two to three years to fully implement and for those indicators, teams have set incremental annual targets for improvement.

We anticipate that the year ahead will also bring new and exciting changes as Providence Care works on redevelopment plans that will see our long-term care home, Providence Manor, newly built and relocated by the year 2025. The Home will serve the needs of our community well into the future.

Providence Care has recently developed a Strategic Plan for 2018-2023 which will focus on continued patient, client and resident engagement, improving access to care, enhancing financial sustainability, sustaining a healthy workplace, and advancing innovation. The plan was developed following an extensive consultation process with patients, clients, residents, volunteers, staff, physicians and learners. Operational plans to implement the strategy will be developed in early 2018. Our 2018/19 QIP indicators are well aligned with the strategic directions set out in our new Strategic Plan.

## **Describe your organization's greatest QI achievement over the past year**

Providence Care has had several Quality Improvement (QI) achievements over the past year that range from smaller improvement initiatives to larger QI projects, each aimed at improving the quality, safety, experience, and outcomes for the people we serve. Below is an example of an important, collaborative QI initiative that Providence Care participated in, aimed at improving access to rural Community Mental Health Services.

Providence Care Regional Specialty Adult Mental Health Outreach Services partnered with an interprofessional team of researchers from Queen's University and Laurentian University to obtain an AMH Phoenix Grant to explore and foster deeper and shared understandings of the best ways to meet the rural communities' needs for compassionate, mental health care.

We held focus groups with clients, family members and health workers who had an interest and experience in mental health services in their communities. Meetings were also held with Community Advisors and Research Team members to help us understand how to conduct the research.

Patients, clients and staff of rural Family Health Teams identified that to be compassionate, mental health care must:

- Promote accessibility
- Provide appropriate local access to services
- Encourage flexibility
- Nurture self-sufficiency, provider competence and confidence for the provision of compassionate mental health care
- Encourage collaboration and relationship-building

These criteria are informing the further development of Adult Regional Specialty Outreach Services. One outcome is that we have built on the success of the practice that was established in Sharbot Lake and collaborated with partners to implement a regular clinical meeting hosted by Primary Care practices in five different settings. These meetings provide a forum for mental health providers to gather and coordinate mental health care for clients. During the meetings, service providers present clients who require mental health services, determine how the need can best be met (e.g. consultation, education, direct intervention), and assign accountability for providing this service. This means that the referral, screening, and assignment to a service provider(s) occur in real time. The process time has decreased, and in some areas eliminated wait times, encourages ongoing communication with among local providers, enabled local access to services and fostered collaborative relationships. Primary Care physicians have indicated a high level of satisfaction.

Service planning and delivery is now occurring in five sub-regions in South Eastern Ontario. This alignment will enable implementation of further initiatives that support compassionate, client-centred rural mental health services.

## **Resident, Client, Patient Engagement & Relations**

As part of our commitment to Quality Improvement, Providence Care remains focused on listening to the people we serve. Obtaining feedback about the quality of care we provide to our patients, clients and residents is a priority. Providence Care regularly administers satisfaction/experience surveys to our patients, clients, residents and families. These survey results are used to identify our strengths and areas for improvement. Identified areas of improvement are then included in corporate, program, and service level Quality Improvement Plans.

Providence Care also facilitates a confidential process by which patients, clients, residents and families can provide feedback about our quality of care and services. As an organization we use feedback when planning change, using a quality improvement approach. Reported complaints are used to track and resolve any issues that arise in the context of care and service delivery. To ensure that Providence Care management reviews and responds to complaints in a timely, thorough and impartial manner, the percentage of complaints acknowledged to the individual who made a complaint within five business days has been included as an indicator on the Providence Care 2018/19 Quality Improvement Plan.

A Lived Experience Partner program was introduced as a pilot program in 2016. The pilot focused on Lived Experience Partners working closely with our Operational Readiness teams to provide the patient, client, and family perspective in the planning of our new hospital. The Lived Experience Partner program is now ready to be spread across the organization – from our hospital programs to our community services and long-term care home. The overarching purpose of the program is to develop strong relationships between patients, clients, residents, families, and Providence Care staff and leadership, to ensure that the voice and perspective of the people we serve is heard and acted upon.

The new PCH brought inpatient Mental Health services and inpatient Rehabilitation, Complex Care and Palliative Care services under one roof. Because of this integration of services, the former Rehabilitation, Complex Care and Palliative Care Patient and Family Council was reformed to include patient, clients and family representatives from all of the inpatient programs at PCH, and renamed the PCH Patient, Client & Family Council. Bringing distinct and unique patient and client populations together in one integrated Council has been positive and offers the opportunity for all hospital patients, clients and families to identify and discuss issues that affect their quality of life with Providence Care leadership, staff, physicians, and volunteers. The Patient Client & Family Council provides feedback on items such as satisfaction survey results, policy development, communication strategies, development of the corporate strategic plan and quality improvement plan. The Patient, Client & Family Council's vision, as stated in their 2018/19 terms of reference is: "Patients and clients of Providence Care Hospital will be respected and valued as an integral part of recovering best health, eliminating stigma and nurturing hope".

Providence Manor, Providence Care's long-term care home, has a vital and engaged Resident's Council, as well as a Family Council. Not only do we present our quality improvement plan to both Councils, but we rely on them to share their experiences and advice through their meetings

and satisfaction surveys. We have involved residents in our quality improvement initiatives in a variety of ways such as having them attend committee meetings and Kaizen events with staff. Residents and families are the true experts when it comes to their experience in our Home and we are always eager to hear from them. Resident and Family Councils have provided feedback that has resulted in improvement initiatives to ensure that resident's personal clothing is cared for and returned to them efficiently and that our dining rooms are managed in a safe and pleasant manner. Families of our residents have become increasingly engaged in our quality improvement work after we hosted a QIP information session, and we have had several family members come forward with ideas and generous offers of time and assistance. We are also excited to engage a number of our community partners, such as the Alzheimer's Society, to offer empowering educational opportunities. Together with our partners, we are developing a series of family information sessions on a wide range of long-term care related topics.

Providence Care's Community Programs recognize the value of client and family feedback to ensure the services we provide meets the needs of our clients, their families, as well as supporting the system of care in which they interface. In October 2016, Providence Care Community Programs implemented the Ontario Perception of Care (OPOC) survey as a pilot project – a first in the Southeast region. After learning from our experience through the pilot project, Providence Care's Community Programs officially launched the OPOC in October of 2017. This provincial initiative is a way to bring the client and family voice forward as a source of evidence to support program, organization, and system quality improvement efforts. We are in the early stages of receiving the reports from the initial survey.

Since 2013, the voice and perspective of the patient and family in the Community Seniors Mental Health program has surfaced with the work of a dedicated Lived Experience Facilitator. This has taken place through face to face conversations, email and telephone conversations, as well as online live chats. The innovative online platform for live chats supports a conversation with a group of people living this journey surrounding a specific question from the health care sector. The information is then summarized and fed back to the health care sector for the purposes of QI. The Lived Experience Facilitator is a corresponding member of the Quality Teams and the perspective of lived experience can be accessed for any QI project.

### **Collaboration & Integration**

As a leading health care provider of specialized aging, mental health, rehabilitative care, long-term care and community services, Providence Care manages transitions and integrates care to a broad range of medically complex stakeholders. As a regional partner, maintaining timely access to our specialized care necessitates safe, timely, and well-coordinated transitions in care. Collaboration with our regional partners is critical in achieving that objective. Providence Care, in collaboration with the South East LHIN, Acute, Primary, Community, and Long-Term Care partners, ensures access to and provision for standards of excellence in specialized care. Collaboration on numerous innovative quality improvement initiatives with our partners to achieve best patient and system outcomes is ongoing. Examples of this work include: Emergency Department (ED) Diversion efforts (stable pelvic fractures, palliative care), Hip

Fracture Plan of Care focus with Healthcare Tomorrow (HCT), Standardization of Rehabilitation Criteria (HCT), centralized intake at PCH, partnership with Acute Care to support Quality Based Procedure targets, central intake collaborative efforts between Quinte Health Care's Behavioral Supports Transition Unit and Providence Care Seniors Mental Health, and Providence Care and Kingston Health Sciences Centre's collaborative project for ED Dementia Navigation to note a few.

### **Engagement of Clinicians, Leadership & Staff**

Selected indicators reflect our organizational and sector-specific priorities as well as system-wide, transformational priorities where improvement is co-dependent on collaboration with other sectors. The development and endorsement of Providence Care's Quality Improvement Plan (QIP) is a shared responsibility and includes involvement and engagement at all levels of the organization through a number of committees and teams.

Following the endorsement of the selected indicators, the most responsible clinical and support service teams set targets and identified planned improvement initiatives, including methods, process measures, and specific goals for change ideas.

Final endorsement of the QIP for 2018/19 went through Providence Care's Senior Leadership Team (SLT) before approval at the Performance Assurance and Quality (PAQ) Committee of the Board, and the Board of Directors.

### **How does staff/clinician experience impact your quality improvement initiatives?**

Results from the 2016 engagement survey outlined a number of key areas for targeted improvement including values alignment, communication, time to carry out work, and quality care and services provided. A plan was developed, with targets, to implement strategies for engagement. We engaged our staff, physicians and volunteers throughout the strategic planning process, gathering insights via focus groups, surveys, and communications to contribute to the future strategy development.

There were several opportunities for staff, physicians and volunteers to be involved in Operational Readiness for redevelopment of our new hospital (PCH), such as secondments, special projects, and user group participation to ensure the design, delivery and transition was optimized, while continuing to deliver the care and services in a more seamless way.

Targeting improved efficiencies to address quality and time, LEAN methodology was introduced with training for leaders and extended for staff to support further learning and development in this area. This will continue to extend across the organization creating tools and opportunities for work groups to look at improvements in their departments.

## **Population Health & Equity Considerations**

At the core of our Mission, Providence Care is committed to enhancing the quality of life of each person. We believe in the intrinsic worth of everyone – our clients, patients, residents, staff, physicians, volunteers and visitors to our facilities. We are committed to providing service in a manner that respects the dignity and independence of all people, addressing unique populations and striving to meet the needs of those that require our care and services, each and every day. For instance:

The City of Kingston is “designated” under the French Language Services Act. In recent years Providence Care has improved access to services for our Francophone patients, clients and residents and families in a variety of ways, e.g. by translating patient information materials and the organizations website into French, holding community engagement events for the Francophone community, identifying Providence Care staff that speak French and offering additional language training for employees with competence in French. We are continually working to advance our French Language Services (FLS) implementation plan seeking designation and providing the “active offer” of French. Most notably, our building signage through the new PCH and our newly implemented automated phone system is bilingual. This is a highly visible way we are communicating “active offer” to clients, which means we encourage people to ask for services in either official language.

Providence Care is committed to making accessible care available for people with disabilities. We are working to ensuring that patients, clients, residents, families and staff have an equal opportunity to obtain, use and benefit from our various programs and services. Our Multi-Year Accessibility Plan sets out the many ways in which we are working to make our organization accessible to our community, including training care providers, providing for communication supports, arranging for documents in accessible formats, addressing infrastructure requirements and more. Our website contains information for visitors with disabilities to help them access the services they require during their visit.

Providence Care has a long history of helping people who are economically disadvantaged. Annually, Providence Care participates in our partner hospitals annual coat drive to collect coats for people in our community who need warm winter coats. As a part of this initiative, Providence Care patients and clients, who are in need of warm winter items, are supplied with them. Together with our partner hospitals in Kingston, we participate in a walk-a-thon to raise funds to support the comfort needs of patient, clients, residents and families across Kingston. This is in addition to the many events that our Volunteer Services department organizes in support of Providence Care’s Patient Comfort Fund.

Providence Care also provides a number of supports in the community in order to ensure easy access to care, when and where people need it. Providence Care offers service locations across Southeastern Ontario in 22 different community locations. In addition to the number of Providence Care community locations, making access to care and services easier for our

patients and clients, Providence Care staff travel to provide care and services in the home and across the region.

Providence Care is also working to expand the use of telemedicine to improve patient care. Telemedicine offers many benefits to patients, e.g. more seamless care, improved access to care, more rapid and appropriate referrals, and patient empowerment.

### **Access to the right Level of Care-Addressing ALC**

As part of the mandate of the recently established Access to Care and Transitions portfolio, Providence Care has a focused priority on targeting Alternative Level of Care (ALC) challenges and related system impacts. In alignment with provincial strategies, regional standardization, and application of best practices, PCH has seen a reduction in overall ALC volumes and conversion rates in both the Complex Care and Rehabilitation Programs. With the recent merging of our two hospital sites into one and the integration of the Access to Care and Transitions work plan objectives across all programs, ALC strategies and practices are now also being applied to our Mental Health Programs. In close collaboration with the South East LHIN, it is expected that these efforts will demonstrate similar positive outcomes.

### **Opioid Prescribing for the Treatment of Pain and Opioid Use Disorder**

Providence Care supports the effective management of pain for our patients, clients, and residents through our interprofessional teams and through patient, client, and resident engagement in their pain management. Due to the diverse patient population within Providence Care, we employ diverse pain management strategies, pharmacologic and non-pharmacologic, aimed at optimizing symptom management appropriate for the population, whether that is the treatment of acute, chronic or palliative pain. Our Pharmacists are members of all hospital interprofessional teams and monitor medication therapy, including opioids, in collaboration with other members of the team with the emphasis on efficacy, safety, and patient adherence.

The development and implementation of formal opioid risk mitigation strategies are in their infancy. Policies and safeguards are in place for the ordering, dispensing, administration and disposal of opioids within the hospital. Opportunities to implement additional opioid risk mitigation strategies are being discussed within our Medical Advisory Committee.

### **Workplace Violence Prevention**

At Providence Care, workplace violence prevention is a strategic priority with the Board receiving reports on program improvements and progress, as well as areas of concern or risk. While Providence Care has a comprehensive Workplace Violence Prevention program in place, this year's focus is on evaluating our program in order to identify opportunities and strategies to

further strengthen it. This evaluation will include a review of SafetE-Net, our online incident reporting tool, as well as a review of our flagging, care planning, and communication practices for those patients, clients, and residents with increased potential for aggression/violence. The review will include an assessment of our overall Workplace Violence Program using the Public Services Health & Safety Association's (PSHSA) Workplace Violence Assessment Checklist. In an effort to support a culture of reporting, we have established a goal to see a minimum increase of 15% reporting of violence-related incidents this year. We recognize that by affording us the opportunity to better understand and respond to the factors that contribute to violence, incident reporting is key in creating a safe and healthy environment for our patients, clients, residents, families, staff, physicians and volunteers.

## **Performance Based Compensation**

### **Purpose**

The purpose of Providence Care's performance-based compensation plan, as defined by the *Excellent Care for All Act, 2010*, is to:

1. Drive performance and improve quality care.
2. Establish clear performance expectations.
3. Create clarity about expected outcomes.
4. Ensure consistency in application of the performance incentive.
5. Drive transparency in the performance incentive process.
6. Drive accountability of the team to deliver on the Quality Improvement Plan (QIP).
7. Enable teamwork and a shared purpose.

### **Positions Included**

The following positions at Providence Care are included in the Performance-Based Compensation Plan as described herein:

- President & CEO
- Joint Vice President Mission & Chief Human Resources Officer
- Vice President, Patient & Client Care
- Vice President, Medical & Academic Programs
- Vice President, Planning & Support Services
- Vice President, Community Programs & Communications

### **Pay at Risk**

Each of the above-named executive's compensation is linked to the achievement of specified performance improvement targets. These performance targets are reflected in the annual Quality Improvement Plan (QIP).

Since April 1, 2012, a pre-determined percentage of each executive's compensation was placed at risk. Achievement of performance targets is evaluated annually for the period of April 1 to March 31 of the given year to determine executive compensation.

All of the executives are evaluated against performance indicators and targets.

CEO	3%
VP's	3%
Joint VP. & CHRO	10%

Quality Dimension	Performance Measure/Indicator*	Target for 2018/19	Weighting
Effectiveness	Total Margin (consolidated)	0.0%	30
Safety	Hand Hygiene compliance before patient/patient environment contact	87.5%	30
Safety	Clostridium Difficile Infection	0.22/1000 patient days	30
Person-Centered	Overall Satisfaction: Palliative Care	90.0%	10

\* Refer to QIP Work Plan for full Performance Indicator and Target description

### **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.

Board Chair Brian Devlin

Quality Committee Chair Jennifer Fisher

President & Chief Executive Officer Cathy Szabo

### **Contact Information**

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