Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 29, 2023
OVERVIEW

Providence Care is Southeastern Ontario’s leading provider of specialized care in aging, mental health and rehabilitation. Continuing the legacy of our Founders, the Sisters of Providence of St. Vincent de Paul, the Catholic health organization consists of Providence Care Hospital, Providence Transitional Care Centre, Providence Manor long-term care home, Hospice Kingston, and more than 22 community-based mental health and support services. We care for more than 15,000 patients, clients and residents across the region. Within and beyond our walls in the hospital, home and community sectors, we achieve the best possible outcomes and experiences for the people we serve by meeting their physical, emotional, social, and spiritual needs. We promote independence, enhance quality of life and redefine traditional healthcare through partnerships, innovation and research.

Given the ongoing strain of pandemic recovery, the 2018-2023 Strategic Plan is being extended through March 2025 and will focus on two of our existing five directions. Our focus will be solely on people - the people we serve through our ‘Quality’ direction, and the people who work here through our ‘Healthy Workplace’ direction. Focusing our energy on the experience of people will ensure success in re-stabilizing the organization. Our commitment will be demonstrated by achieving the targets set out in our 2023/24 and 2024/25 Annual Plans. Our 2023/24 Quality Improvement Plan indicators are imbedded within the Annual Plan and include organizational improvement targets as well as program specific targets for our hospital, home and community teams.
Our indicators focus our improvement efforts on the following areas:
• Patient/Client/Resident Care Planning
• Patient/Client/Resident Safety
• Healthy Workplace/Staff Safety

PATIENT/CLIENT/RESIDENT ENGAGEMENT AND PARTNERING

At Providence Care we partner with patient, clients, residents and their families to ensure they have the best possible care experiences. The Providence Care Experience Partner (PCEP) program is one of the many ways we embrace the voice of the people we serve.

A Providence Care committee tracking project is underway to support identifying all current committees and working groups and determine whether PCEPS are included as members. This work will demonstrate our organizational commitment to include the patient, client, resident and family voice wherever and whenever it will have impact. Some examples of committees where PCEPs are involved: Providence Manor Pharmacy & Therapeutics Committee, Providence Manor Redevelopment Committee, Performance Assurance and Quality Committee of the Board of Directors, and Hospital Restraint Minimization Committee.

In addition to PCEPs, our Community Programs have unique engagement needs given the variety of services they provide and their regional, de-centralized service model. In 2022, teams summarized their respective engagement activities that program staff and clients were actively participating in; they identified 127 unique activities. Engagement within our community programs is well ingrained, diverse and aligned with best practices for their unique care environments. For 2022/23, the community programs committed to enhancing at least seven people-centred care and engagement approaches.

Providence Care has included PCEPs and the patient/client/resident and family voice in many quality improvement initiatives across the organization. Some examples include:
• Planning for the implementation of the Regional Health Information System (Lumeo project) includes an Experience Partner lead who sits on the Steering Committee and co-chairs the Council of Experience Advisors and the Communications Committee ensuring the voice of the people we serve is present and guiding the work throughout the multi-year project.
• The Providence Manor Medication Safety Project team included a PCEP. The project was focused on implementing automated medication dispensing units at the home.
• In our rehabilitation program, patients are linked early to community supports such as Spinal Cord Injury Ontario, Regional Brain Injury Services and to the Victorian Order of Nurses who host the Stroke Survivor, and Caregiver Support Group. These support networks provide peer connections, access to funding, assistance with system navigation, and creative problem solving while helping to bridge the transition from hospital to chosen discharge destination.
• Our Volunteer Services Department coordinates an orientation program for new patient admissions; this program is led by a PCEP. One of our Annual Plan indicators is focused on expanding this program from two to four inpatient units at our Providence Care Hospital (PCH) site.
• The ‘Recovery College’ was implemented in our community
mental health program following extensive co-production and co-facilitation connecting people with lived experience and our staff in planning, developing and facilitating the program. The first semester is underway.

- A new discharge checklist was developed on Parkside 1 at PCH to help patients and families take a more active part in the discharge process. This was based on feedback in the Patient/Family Satisfaction Surveys, where patients felt they required more information to feel prepared for discharge. The interdisciplinary team now reviews all sections of the checklist with the patients and provide specific notes on each section for the patient to take with them upon discharge.

- Seniors Mental Health Behavioural Support Services (SMHBSS) applied for and were successful in joining the Excellence through Quality Improvement Project (EQIP) Cohort 6. During this improvement project they used a survey to gather experience feedback from clients’ family and caregivers. By tracking the percentage of caregivers who agree or strongly agree that staff provide adequate, easily understandable information about their loved ones challenges, and using the reported experiences, the team aims to improve the client and care partner understanding of care plans and increase engagement.

**PROVIDER EXPERIENCE**

The upcoming launch of a newly designed Leadership Engagement Strategy will address several areas of opportunity which were identified through a variety of engagement activities that took place across the organization in 2022. The goal, which emerged from staff feedback, is to develop a senior leader engagement plan and create a setting for senior leaders to have meaningful visits with staff. The approach has been purposefully designed considering our strategic directions of Quality and Healthy Workplace, together with Providence Care’s values; respect, dignity, compassion, and stewardship. The strategy will use our values as focused themes which will shape the engagement activities each quarter. The engagement visits will deliver on a number of objectives, but will also provide opportunity for senior leaders to build relationships, trust, and give personal recognition and appreciation to teams. Overall this will provide senior leaders with a structured approach to demonstrate our commitment to the values and the strategic directions, while also fostering an open and supportive culture, and meeting the engagements need that were identified by staff.

Over the last year the organization has been developing and implementing a Wellness Action Plan to support the mental well-being of staff as a result of the continued pandemic, staffing shortages, and as part of post-pandemic recovery. After conducting a needs assessment, a number of initiatives and processes were put in place to support the psychological wellbeing and resilience of our staff and skillset of our leaders, with a goal to create more robust and sustainable supports for mental wellness in the workplace. Some examples of initiatives include: providing the Workplace Mental Health Leadership Program for leaders; creation of a Psychological Health & Safety Policy; creation of a Wellness Advisory Committee to leverage input from staff; psychoeducation micro-sessions for health care workers on a variety of topics related to mental well-being; and, expanded EFAP counselling for staff through their Trauma Care Program and Anxiety/Depression Care Program. Ongoing work includes the creation of a mental health toolkit for staff that will be available in all units/departments to better equip staff with information on resources and supports available to them.
As an organization we have a variety of programs in place that support our healthcare workers:

- Team engagement sessions are used as a forum for conversations about how staff are coping at this point in the pandemic and identifying practical ways to support each other.
- A Staff Wellness Initiative was implemented across Community Teams. Staff and leaders across five community programs were surveyed to establish an understanding of the current state of experiences and burnout to generate ideas for a wellness initiative. Partnering with Spiritual Care, workshops were provided to various community teams. In workshops, staff and leaders generated personal wellness plans. An underutilized space was converted into a wellness room and a number of social events and activities were planned. Community team members continue to celebrate their success and continue to encourage each other towards personal wellness goals.
- Physician driven recognition certificates “Shout out Certificate” for staff within the complex medical program focused on improving morale and acknowledging the staff on the units.
- Implementation of a condensed version of the Clinical Orientation program from two (2) weeks to one (1) week and running the program more frequently (on a two (2) week cycle) in order to increase the pace of recruitment and onboarding of front-line staff.
- A Process and Quality Improvement Committee will be launched on Parkside 1 and 2.
- With the integration of Hospice Kingston into Providence Care, the teams from the Palliative Care Unit and Hospice Kingston are collaborating to develop grief support for patients and their loved ones. The hope is for volunteers to provide comfort to the people we serve in the hospital setting and, if acceptable, to continue the care into the community by providing grief and bereavement programs and services such as closed support groups and one-to-one connections between the bereaved and a trained volunteer. Much of the staff burnout within the workplace is caused by suboptimal staffing levels leading to higher workloads. To that end over the last year, Providence Care has been implementing multiple strategies to retain existing staff and increase the recruitment of new staff to the organization. Some of those strategies include:
  - Implementation of an applicant tracking system which will streamline the recruitment process and reduce the time period to fill vacant positions.
  - Implementation of an automated system to fill vacant shifts on a short term and longer term basis.
  - Creation of clinical resource pools to provide coverage to multiple units.
  - Introduction of nurse extender positions to provide additional support on clinical units.
  - Participation in a number of provincial recruitment initiatives (e.g. Community Commitment Program for Nurses, Supervised Practice Experience Partnership, Enhanced Extern Program).
  - Implementation of a new process for hiring of consolidating students which eliminates the need for an interview and is now based on a manager check in with the student and the Preceptor documentation. This initiative is aimed at enhancing and expediting the pipeline for staffing.
  - Expansion of Living Classroom programs with our post-secondary partners.

WORKPLACE VIOLENCE PREVENTION

For the past few years our focus has been on improving staff reporting of workplace violence incidents. Our steady improvement
was aided by implementation of a streamlined violence reporting form to capture all affected parties in a single event form. Our goal this year, which we achieved, was to maintain the gains we had achieved in reporting.

Initiatives undertaken to support this included: ‘Culture of Safety’ focus groups to explore the findings from the 2021 Staff Violence Survey; development and implementation of Incident Review training for leaders to support follow up processes; revision and re-education on the organization’s ‘Code of Conduct and Harassment’ policies, and, improved workplace violence reports that are deployed to leaders each quarter. A review of our various workplace violence training courses is now underway and is set to be completed in 2023.

This year our goal is to maintain our level of incident reporting while focusing efforts on supporting leaders with implementation of the improvements identified during review processes. As one of our QIP indicators, we will be monitoring the number of reported incidents where opportunities for improvement were identified, implemented, and communicated. Our incident reporting tool is being enhanced to capture our progress towards this goal.

In addition to the reporting improvements outlined above, we will also be monitoring the percentage of patients/residents who have Violence Risk Assessments completed as part of their care plan. The completion of Violence Risk Assessments and necessary approaches to care are key tools in mitigating the risk of violence within the care environment.

Decreasing incidents of violence towards staff has been identified as an area for improvement at Providence Manor. Over the next year the long-term care home will work towards decreasing these incidents through a number of different improvement initiatives. A Responsive Behaviours Team will analyze all reported incident data and advanced education and training will be provided to all staff on Gentle Persuasive Approach and DementiAbility. In addition, the team will use an aggressive behaviours score to assess for patterns and address more global or individual care issues.

PATIENT SAFETY

At Providence Care safety is a top priority. The organization collects and monitors data from all reported patient, client and resident safety incidents. These reports are reviewed at various levels including the Board of Directors. Our electronic incident reporting system has been designed to ensure appropriate alerts and notifications occur, and that follow-up by appropriate personnel takes place. We use a coordinated process to review, analyze and learn from patient safety incidents which consists of; recognizing and reporting of all incidents, a detailed incident management process including criteria to activate an incident management process beyond the program/service/department level, a thorough review/analysis of all critical incidents, training, and a toolkit of resources for staff related to patient safety incident reporting, securing, preserving and collecting evidence, and disclosure.

Some examples of our other work to help support quality improvement and enhance a safe and just culture:
- We have a Suicide Assessment and Prevention working group that finalized a new Suicide Assessment and Prevention framework and work plan to guide work moving forward. This work was supported by a Safety Grant from HIROC and included a presentation at the
HIROC Safety Grant conference and the annual Providence Care Quality and Safety week.

- The Implementation of Safewards (Bowers, 2014) on Adult Mental Health (AMH) units – a program aimed at reducing conflict and minimizing the need for use of restraints within mental health programs
- Continued focus on falls prevention at Providence Manor through the inclusion of a performance indicator on the 2022/23 Annual Plan was to reduce falls with severity level 2 or 3 by an additional 5%. The long-term care home surpassed their goal with a current performance of a 54% reduction in the incidence of falls with a severity of 2 or 3.
- Piloting a new program on an Inpatient Rehabilitation unit utilizing volunteers to provide orientation to new patients on the admission process, allowing for a very robust introduction for patients and families to our hospital/processes and friendly welcome to their stay.
- Implementation of Physician to Primary Care Practitioner handover upon patient discharge at PTCC which includes booking an appointment with the patient’s primary care practitioner for within two (2) weeks of discharge
- Implementation of an interprofessional Patient Oriented Discharge Summary (PODS) that is provided to every patient on discharge from PTCC.
- Providence Manor implemented an automated medication management system. This project has led to improve upon existing processes, policies and procedures related to medication management. Implementing an automated medication management system has increased efficiency and has helped to improve patient quality and safety by further reducing or eliminating potential medication distribution errors.

HEALTH EQUITY

Our new hospital site, Providence Transitional Care Centre (PTCC), is a Transitions to Care program created to support patients transitioning home who are followed by the most appropriate members of the PTCC interprofessional team including Recreational and Behavioural Therapists who assist to support successful community reintegration and addresses a current gap in existing community support services.

Providence Care sought and was approved for federal funding for a permanent full-time Indigenous Transition Facilitator. This role is dedicated to those patients in Providence Care Hospital and Providence Transitional Care Centre who identify as Indigenous. The role of the Indigenous Transition Facilitator in collaboration with the Interprofessional Care Team is to support those consenting clients who identify as Indigenous to achieve access to equitable, diverse and inclusive care.

The establishment of an Admission/Discharge working group for inpatient Adult Mental Health clients with community and acute care partners aimed at enhancing transitions and seamlessly supporting discharge plans by creating a new discharge document for utilization across all partner sites.

We have enhanced our long-term vent program increasing to ten (10) beds from six (6) as part of our pandemic response plan aimed at enabling ventilator dependent patients to be moved from an ICU bed in acute care to a post-acute environment with rehabilitation goals and therapy provision to attain those goals.

Our Community Programs have expanded to support people who
are under-housed, homeless and use substances. We now provide leadership to the Integrated Care Hub and Safe Consumption Treatment Site in Kingston, ON. This is a low barrier shelter with a harm reduction philosophy serving a vulnerable population. People who identify as Indigenous, and women who have experienced trauma and violence are over represented here and all clients experience barriers to access basic health care. We provide on-site mental health assessment and intervention, and work to connect people with services, including basic health care. Moving forward into 2023/24, we will be providing leadership and oversight to Kingston Street Health, and will be working to ensure vulnerable populations have access to basic primary care, opioid replacement therapy and mental health. We are also partnering with Public Health to support distribution of harm reduction supplies, including Naloxone to vulnerable people who are not otherwise able to access health care services.

**EXECUTIVE COMPENSATION**

The Providence Care Board of Directors determines which corporate performance measures executive compensation is aligned to, and the weighting per role and/or indicator. Through this process, they ensure that there is alignment with QIP indicator(s) as well as Strategic Plan performance measures.

For the fiscal year 2023/24, colour-coded performance corridors (red, yellow, green) are identified. The pay-out scale considers performance in totality as follows:

- achieving at least three of the four performance targets (three of four are green) results in 100% pay-out
- partially achieving three of the four performance targets (three of four are yellow or green) results in 80% pay-out
- partially achieving two or fewer of the four performance targets (only 2 are yellow or green) will result in using discretion to allocate a portion of the pay-out if special consideration is warranted

At Providence Care, the following positions are included in the Performance-Based Compensation Plan:

- President & Chief Executive Officer 3%
- Chief Human Resources Officer 3%
- Vice President, Patient & Client Care and CNE 3%
- Vice President, Corporate Services and Executive Director, Hospice Kingston 3%
- Vice President, Community Programs and Long-Term Care 3%
- Director, Governance & Corporate Secretary 3%
- Director, Communications & Reception Services 3%
- Vice-President, Finance and Digital Transformation, CFO 3%

Indicators linked to executive compensation are related to: Patient Centred Care and Engagement; Hand Hygiene Compliance; Equity, Diversity, Inclusion, and Indigeneity; Workplace Violence Prevention

**CONTACT INFORMATION**

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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 ______________________

Michelle Podhy
Board Chair

Marc LeBlanc
Performance Assurance & Quality Committee Co-Chair

Emma Cotman-Wright
Performance Assurance & Quality Committee Co-Chair

Cathy Szabo
President & Chief Executive Officer