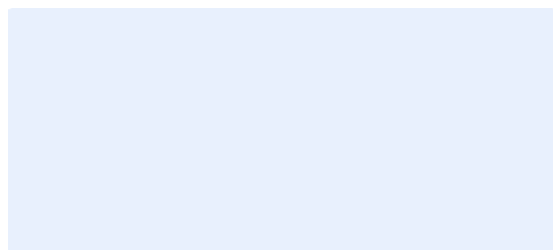


Let's Make Healthy
Change Happen.



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



03/12/2025

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.

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Overview

Kemptville District Hospital (KDH) is committed to delivering high-quality, patient-centered care through continuous improvement and strong partnerships. Our 2022-2026 Strategic Plan prioritizes equity, safety, provider well-being, and system integration to enhance health outcomes.

In 2024-25, we are participating in the Pay-for-Results (P4R) program to improve patient flow and reduce emergency department (ED) wait times. We are also strengthening Barcode Medication Administration (BCMA) practices in our EPIC system to enhance medication safety and reduce errors.

Our Equity, Diversity, and Inclusion (EDI) work includes the launch of an EDI and Ethics Committee and the Crystal Clear policy, ensuring healthcare services are free from stigma and discrimination. We continue to strengthen Indigenous partnerships and enhance culturally safe care.

We engage patients, residents, and staff in shaping care experiences through experience surveys, our Patient and Family Advisory Committee (PFAC), and staff engagement initiatives. To support workforce retention and recruitment, we offer career development, mentorship, flexible scheduling, and job fair participation.

While KDH does not have a dedicated palliative care program, we collaborate with Beth Donovan Hospice and palliative-trained hospitalists to provide compassionate end-of-life care. Additionally, we focus on expanding outpatient surgical services and collaborating with community organizations to improve population health and access to care.

Through our Quality Improvement Plan (QIP), we remain committed to sustainable improvements that ensure patients receive the right care, in the right place, at the right time.

Access and Flow

KDH is committed to optimizing system capacity, improving timely access to care, and enhancing patient flow to ensure positive health outcomes and patient experiences. In 2024-25, we will be participating in the P4R program through Ontario Health, which supports initiatives aimed at reducing ED wait times and improving patient flow.

One of our top priorities for 2024-25, which will carry over into the 2025-26 QIP, is to reduce the 90th percentile emergency department wait time for admission by 25%. This target represents a further 25% reduction from last year's goal, which itself was a 25% decrease from the 2024-25 baseline. To achieve this, we are refining patient flow strategies and strengthening collaboration with regional partners, primary care providers, home and community care, and long-term care facilities to support transitions of care and reduce system pressures.

We are also working with community and hospital partners to explore ways to improve access to primary care and transitional care services. These efforts aim to support individuals in the community whenever possible, ensuring patients receive timely and appropriate care while helping to alleviate demand on the emergency department. Through regional collaboration and shared quality improvement efforts, we are committed to advancing patient-centered care and improving system efficiency.

Equity and Indigenous Health

At KDH, we are committed to advancing health equity, fostering Indigenous health, and ensuring a culturally safe healthcare environment. In 2024-25, we launched an EDI and Ethics Committee, which plays a key role in identifying and addressing systemic barriers in care delivery.

To support this work, we will be implementing the Crystal Clear policy, ensuring that all healthcare services are free from stigma and discrimination. This policy includes a structured reporting process for incidents related to stigma and racism, with clear actionable steps rooted in education and accountability.

Recognizing the importance of continuous learning, we required all full-time and part-time staff to complete at least one meaningful educational module on EDI and anti-racism. By December 2024, 85% of staff had completed this training, reinforcing our commitment to cultural safety.

Looking ahead, we are working to strengthen partnerships with Indigenous health organizations and local First Nations, Métis, and Inuit communities, enhance access to culturally appropriate care by integrating Indigenous perspectives into care planning, and expand education and training opportunities to deepen staff understanding of Indigenous history, cultural safety, and trauma-informed care. These initiatives reflect our commitment to reducing health inequities and ensuring equitable, inclusive, and culturally safe healthcare for all.

Patient/Client/Resident Experience

At KDH, we prioritize patient and resident engagement to enhance care experiences. Our PFAC plays a critical role in hospital governance, with representation on the Board of Directors, the Board Quality and Safety Committee, the Quality of Care Committee, and the Accreditation Working Group. PFAC members provide valuable insights that help shape hospital policies and quality improvement initiatives.

We actively incorporate patient feedback obtained from experience surveys and the Patient Relations process to inform decision-making and drive improvements. In 2024-25, we focused on enhancing the resident experience in our Interim Long-Term Care Unit, particularly by improving response rates to experience surveys and ensuring that resident concerns are promptly addressed. This initiative led to enhanced staff awareness, communication, and responsiveness in addressing resident needs.

Building on this progress, we will continue to prioritize increased survey participation and ongoing feedback collection to identify key themes and implement targeted improvements. By analyzing trends in survey data and direct input from patients and residents, we are strengthening our commitment to patient-centered care and embedding resident and patient voices into our strategic priorities and operational decisions.

Provider Experience

Recognizing the ongoing challenges in healthcare workforce recruitment and retention, KDH continues to implement strategies that foster a supportive and engaging work environment. Our Strategic Plan 2022-2026 prioritizes workplace culture under the “Team KDH” direction, aiming to position our organization as an employer of choice.

To enhance staff recruitment and retention, we provide career development opportunities, continuous professional training, and mentorship programs to support long-term growth. We are also working to expand flexible scheduling options to promote work-life balance and reduce burnout. Additionally, we actively seek feedback from staff through engagement surveys to identify areas for improvement and tailor initiatives that enhance job satisfaction.

To address Health Human Resources (HHR) challenges, we actively participate in job fairs at colleges and universities to connect with potential candidates and promote career opportunities at KDH. We also continue to assess strategies to enhance staff recognition, leadership development, and wellness programs to ensure that employees feel supported, valued, and empowered in their roles.

Through these initiatives, KDH is committed to strengthening workplace culture, improving staff experiences, and fostering a resilient healthcare workforce.

Safety

At KDH, patient and staff safety remain the highest priority, and we are committed to fostering a strong and sustainable safety culture. In 2024-25, we focused on workplace safety and medication administration processes as part of our ongoing quality improvement efforts.

One key initiative was enhancing the reporting of workplace violence incidents, ensuring that staff feel supported in reporting concerns and that appropriate follow-up actions are taken. By increasing reporting transparency and response mechanisms, we aim to create a safer work environment and reduce risks to healthcare providers.

Another significant improvement involved strengthening BCMA practices within our EPIC electronic medical record system. By refining workflows and reinforcing adherence to BCMA protocols, we are reducing medication administration errors and enhancing patient safety. This initiative aligns with system-wide efforts to prevent harm and improve accuracy in medication management.

Looking ahead, KDH remains committed to continuous safety enhancements, leveraging staff education, data-driven improvements, and reporting mechanisms to sustain a culture of safety. By embedding these practices into daily operations, we strive to minimize preventable harm and ensure a safe healthcare environment for both patients and staff.

Palliative Care

While KDH does not have a dedicated palliative care program, we are committed to ensuring that palliative patients receive high-quality, compassionate care through strong partnerships, staff support, and process improvements.

One key initiative is our ongoing collaboration with Beth Donovan Hospice, which provides essential community-based support to palliative patients and their families. This partnership ensures that patients and caregivers have access to specialized resources, respite care, and support services that enhance quality of life. Additionally, KDH benefits from two hospitalists with a specialty in palliative care in the community, ensuring patients receive compassionate and comprehensive end-of-life care.

To further support palliative care delivery, KDH has designated Palliative Nurse Champions, who provide guidance to staff, share best practices, and advocate for patient-centered care. We continue to focus on enhancing staff awareness of palliative care principles and ensuring that our approach aligns with Ontario Palliative Care Network recommendations.

Through these efforts, KDH remains committed to improving palliative care access, enhancing provider knowledge, and supporting patients and families during end-of-life care.

Population Health Management

KDH continues to strengthen partnerships to address the unique health and social needs of our community. Aligned with our 2022-2026 strategic direction of "strong and vital partnerships," we collaborate with regional healthcare providers to enhance service delivery and improve patient outcomes.

A key area of expansion has been gynecological surgical and outpatient care services, increasing local access to specialized care and reducing the need for patients to travel outside the region. Additionally, our partnership with The Ottawa Hospital (TOH) continues to optimize service integration, ensuring patients receive timely, coordinated, and specialized care when required.

To further enhance population health management, we collaborate with community-based organizations to address social determinants of health, including access to transportation, community supports, and transitional care services. Through partnerships with home and

community care providers, we are working to improve care continuity for seniors and patients with complex needs, supporting them in remaining safely in their homes and avoiding unnecessary hospital visits.

We remain committed to data-driven decision-making, proactive service integration, and equitable healthcare access to support the evolving needs of our population.

Emergency Department Return Visit Quality Program (EDRVQP)

KDH is committed to improving ED quality and patient outcomes through structured audits and data-driven quality improvement initiatives as part of EDRVQP.

Data will be retrieved from the ATC portal quarterly. As per the guidance from Ontario Health, KDH will analyze 40 patient return visits annually (approximately 10 per quarter), reviewing all sentinel diagnosis return visits and selecting additional cases at random to meet the target. If fewer than 40 charts are available, Ontario Health will be consulted for guidance.

The ED manager, chief of ED, and/or delegates will review cases using the ED return visit template as a guide, and findings will be presented to the ED Quality and Operations Committee, which includes the CNE, chief of ED, ED manager, and quality coordinator. The team will review audits, develop SMART goals and action plans, and oversee implementation and monitoring of interventions.

KDH has recently joined the small hospital site P4R program, focusing on reducing ED wait times and improving patient flow. While site-specific return visit data has not yet been posted to the ATC portal, we are actively monitoring P4R metrics within our QIP.

To better address ED quality concerns, we have established the ED Quality and Operations Committee, prioritizing stabilizing staffing and optimizing resources through P4R funding initiatives. These efforts aim to enhance ED sustainability, service availability, and patient care.

Executive Compensation

In 2025-26, the Executive Team at KDH consists of the Chief Executive Officer, Vice President of Nursing/Clinical Services & Chief Nursing Executive, Vice President of Operations & Chief Financial Officer. Executive compensation is directly tied to the achievement of QIP targets, in alignment with the requirements of the Excellent Care for All Act (ECFAA).

A total of 3% of the Executive Team's overall compensation is contingent upon meeting the annual targets for two out of the three QIP indicators outlined below:

1. Percentage of staff (executive-level, management or all) who have completed relevant EDI and antiracism education
2. Patient received enough information about their health care at discharge
3. BCMA rates

Contact Information/Designated Lead

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Other

Our QIP for 2025-26 reflects our dedication to continuous quality improvement, equity, patient-centered care, and fostering a culture of safety and excellence in healthcare delivery.

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  (signature)

Board Quality Committee Chair  (signature)

Chief Executive Officer 
Frank Vassallo (Mar 27, 2025 15:27 EDT) (signature)

EDRVQP lead, if applicable  (C a s s a n d r a M a y v i l l e -
F o r t i n) (signature)