Let's Make Healthy Change Happen.

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

MICHAEL GARRON HOSPITAL

TORONTO EAST HEALTH NETWORK

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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 of our Quality Improvement Plan 2017-18

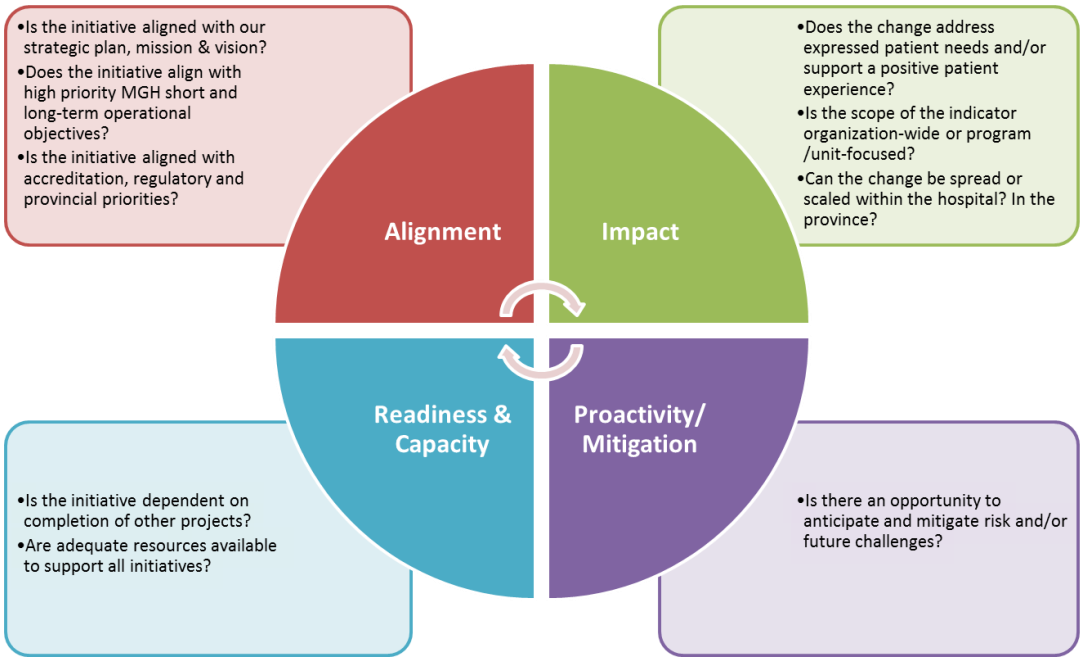
Our Quality Improvement Plan (QIP) is our commitment to you – the patients, families and community members of East Toronto. It is also our commitment to our staff, as well as to our colleagues, our partners across sectors and the province. It outlines our priorities and plans for the upcoming year to continue to improve the quality of care that we provide, focused on the areas that we have learned are the most important to our patients.

As one of Ontario's leading community teaching hospitals, Michael Garron Hospital (MGH), a division of the Toronto East Heath Network (formerly Toronto East General Hospital), is committed to creating a culture in which continuous quality improvement underpins all work, every day. In 2017, following over a year of planning and consultation, we launched our new 5 year strategic plan, which outlines how we will work towards attaining our vision to Create Health. Build Community through our three strategic directions: Be Excellent, Lead Wisely and Build Community. We firmly believe that the development and execution of our annual Quality Improvement Plan is an integral driver to the achievement of our goal of delivering outstanding health care to our community. Further, we know that collaboration is a key enabler to both a successful QIP as well as to excellent care delivery, and we are proud to share that we continue to engage with patients, staff and the community to identify priorities, share new perspectives and insights, provide feedback and partner in planning. This year, through the Quality Improvement Plan for 2017-18, we build on the work that took place over the last year to create a safe environment for patients and staff, deliver positive and equitable health outcomes and provide an excellent patient experience while managing costs and enabling good health both inside and outside the hospital through a focus on transitions across the continuum.

In the fall of 2015, our hospital received a historic donation of $50 million from the Garron family in honour of their son Michael. This donation, the largest ever made to a community hospital in Canada, will help transform care in East Toronto through investments in clinical research, innovation, and equipment. The gift enables us to arm ourselves with the tools and talent to pursue unprecedented transformation and build on our history of successful relationships across sectors to create an integrated network of coordinated care for our community. In recognition of this generous gift and to reflect our focus on coordinated care delivery through partnerships beyond the hospital walls, the hospital site was renamed the Michael Garron Hospital and exists as a partner within the Toronto East Health Network (TEHN). Our commitment to our community, to integrated care and to partnerships continues to be illustrated through the priorities outlined in this year's QIP.

This year's QIP reflects our comprehensive approach to delivering high quality care. We have aligned our improvement efforts with the dimensions of quality described by Health Quality Ontario in their most recent definition of the areas of improvement that, together, lead to the delivery of a high quality health system.

Identifying our priorities and selecting our objectives for the upcoming year involves consultation with key stakeholders within the organization as well as patients, families and the community. In addition, data from a variety of sources were reviewed, including past QIP performance, Patient Relations, Accreditation, incident reporting and patient surveys. During each QIP development cycle, we identify emerging improvement opportunities locally and system-wide, while also evaluating our progress from the previous QIP cycle to determine how to evolve our work and drive further improvements. Through this assessment and reflection process, we are able to identify initiatives and strategies that have demonstrated consistent performance and have been successfully hardwired across the organization. While these objectives may be phased out of the formal QIP submission, they continue to be monitored and sustained through structured internal processes. Potential objectives for the upcoming QIP are then reviewed and prioritized in consideration of 1) Their alignment with internal and external priorities; 2) The extent of their potential impact; 3) The readiness and capacity of the organization; and, 4) The opportunity to mitigate risk through improvement. Further details are outlined in the below image:



Nine priority objectives have been selected for the 2017/18 QIP and are summarized below. Each QIP is described in further detail within the QIP 2017/18 Workplan, which outlines our performance, targets and plans to achieve our goals for each QIP.

Objective: Our goals to improve care for patients and families
Positive Patient Experience: Providing patients and their families with an optimal experience from the moment they enter the hospital until after they leave is a primary focus for us. We aim to continue to enhance our understanding of the patient perspective, while meeting patient needs through partnership in both care delivery and design.
Clostridium Difficile Infections: A hospital-acquired infection can lead to health issues and a longer stay. That is why we aim to continue our efforts on preventing the transmission of infections such as *C. difficile* in the hospital through teamwork across all departments. We aim to continue to create a safe environment for patients to receive care and for staff/physicians to provide care.
Medication Reconciliation at Discharge: When patients leave the hospital, they, their families and their doctor, as well as other health care providers, need to know what medications are being taken. To facilitate patients' transition to home or elsewhere in the community, we aim to create and share a detailed and updated medication list when they leave the hospital.

Rescue from Danger: There are times that patients deteriorate while receiving care at the hospital and sometimes these occurrences are preventable. Whether preventable or not, in order for us to improve care for patients, as well as build the foundation for a high-reliability organization, we need to quickly identify and respond to at-risk and deteriorating patients. We aim to provide timely and appropriate interventions to avoid unexpected negative outcomes.
Workplace Violence Prevention: In order to provide safe and quality care to patients, we must ensure that our staff is safe too. We aim to continue to ensure that the right precautions are in place and that staff are appropriately trained, in order to create an environment in which patients, families and staff are kept safe, while demonstrating leadership in spreading best practices to other organizations.
Smoking Cessation: To improve population health in our broader community, it is essential that we continue to address health inequity and enable equal access. We aim to create a culture that is conducive to the delivery and receipt of smoking cessation programs, in order to facilitate positive health outcomes for all members of our diverse patient population.
C-section Rates: When a vaginal birth poses an increased risk to the mother or baby, a caesarean section, which is a surgical procedure, may be pursued. As vaginal birth is often a pregnant patient's preferred choice, we aim to provide the safest and most natural birthing experience possible. This will be accomplished through the enhanced implementation of best practices to reduce C-section rates.
30 Day Readmission Rates: It is important that patients receive the right care both when they are in the hospital and when they leave the hospital in order to avoid a repeat hospital visit. We aim to continue to decrease the number of patients that require a return to our hospital within 30 days of discharge.
Emergency Department (ED) Wait Times - Length of Stay: The majority of our patients enter our hospital through the Emergency Department. We understand the anxiety individuals experience when they or a loved one is unwell and waiting for care. Our aim is to reduce the time spent waiting by exploring innovations that facilitate timely care, despite high volumes.

QI Achievements From the Past Year

The Emergency Department (ED)'s approach to Quality Improvement (QI) has evolved tremendously over the years since the inception of ED Wait Times in the Quality Improvement Plan (QIP). While, as expected, we have encountered many successes and challenges along our QI journey, the greatest achievement identified by the ED team has been our ability to embrace, understand and build quality improvement knowledge for our staff, patients and community. Along our QI journey, the number of individuals in the ED actively working on quality improvement projects has grown exponentially to a dedicated and diverse group of over 16 individuals consisting of patients, leadership, front line staff and physicians. In addition, the broader ED team is directly and indirectly participating in QI work daily. With the addition of four new communication channels leveraging new media, engagement and data literacy has increased substantially in the ED. Several lessons have contributed to the evolution of and successes achieved within the ED:

One Size Does Not Fit All

While there are established processes, structures and tools enabling Quality Improvement, they must be applied and adapted within the reality of the healthcare environment, in which resources, funding and priorities continuously change in response to system demands and patient needs. In true quality improvement fashion, we have continuously transformed our structure to mitigate these challenges and ensure our ability to respond to improvement opportunities stays strong. The ED has adopted a range of models; from a dedicated project manager and QI advisor leading the work to, more recently, a rotation of front-line nurses implementing QI projects over defined periods of time.

Everyone Learns Differently

Delivering information and educating staff, patients, physicians, and various other stakeholders has been pivotal to our QI work. Over the last 3 years, we have utilized a variety of vehicles including in-service education, department QI newsletters, presentations to the MGH Community Advisory Council, updates at our daily huddles (brief meetings with staff and leadership) and, our most novel approach to internal communication, YouTube video updates. The added component of videos has enabled us to visually depict changes and promote a sense of approachability, with physicians and nurses explaining their proposed ideas on screen.

Translating Metrics & Data

Data literacy was identified as a significant gap when the ED QI team sought buy-in from staff members and other stakeholders upon presentation of our QIP. To overcome this barrier, we began with the introduction and discussion of simple metrics each morning. For example, "How many patients did we see yesterday?" and "How much time was required for us to move a patient from the resuscitation room to ICU?" We complemented these numbers with a discussion of potential opportunities to improve them. Building on these discussions and the corresponding learning, we have since been able to move to the use of scorecards emailed to all staff and physicians on a daily basis, in order to support the critical reflection of their perception of each day in comparison with the actual numbers upon which the ED evaluates its QI success.

Building Quality Improvement Champions

Our approach to developing champions began with recruiting volunteers from our nursing staff and physicians for a workgroup focused on specifically addressing the goals of the QIP. A QI advisor provided support to the group through short educational sessions addressing topics such as project charters, goal setting and targets, while also providing on-going support as the team progressed. Involvement of a former patient in our workgroup has been key to fostering innovative ideas and providing a different lens to our work. The addition of a patient representative has enabled us to stay true to our goal of meeting patients' needs and ensuring we can make improvements that are valuable to them. Our most recent approach, heavily supported by department leadership, involves the enrollment of interested nurses as "project managers," providing them with the practical education needed to execute project

management and quality improvement methodologies. This enables them to implement the ideas of their team, while building QI capacity and supporting organizational priorities.

Through our QI work, we recognize that our destination will continue to change as we respond to environmental needs and demands. As such, the journey we take as a hospital, and our ability to be agile and change course, is vital to quality improvement. Both the ED team and the organizational as a whole, celebrates this journey as we continuously seek to do improve care for staff, patients and the community.

Population Health

Our hospital serves a diverse community of 400,000 people in east Toronto. With 22 distinct neighbourhoods, there is great variation in income, ethnicity, socioeconomic status and health across our community. Neighbourhoods with higher incomes and primarily English-speakers, are adjacent to neighbourhoods with lower incomes and, often, large numbers of new immigrants. In fact, five neighbourhoods identified as improvement or priority areas by the City of Toronto's Toronto Neighbourhoods Strategy are located within our geographic catchment. When identifying our organizational priorities and areas of improvement, we closely consider the diversity of this population in order to ensure that we are meeting varied care needs and, as well, to facilitate equitable access to care.

Snapshot of the Michael Garron Hospital Community

- Immigrants make up 40% of the population we care for, with percentages as high as 65% in the priority neighbourhoods
- Over 50 languages spoken; after English, the most common languages are Chinese, Urdu, Bengali, Greek and Tagalog
- 20% of families are lower income*
- 75% of neighbourhoods have high rates of low income seniors, 32% of whom live alone
- Five times as many lower income mothers and babies versus high income
- Most lower income patients cared for by any Toronto Central LHIN hospital
- High fertility rates, with 48% of babies born to mothers who are not originally from Canada
- High rates of chronic disease such as diabetes, chronic obstructive pulmonary disease (COPD) and heart disease
- An increase rate of Diabetes in every neighbourhood between 2007 and 2012
- High premature mortality rates, with leading causes identified as heart disease and lung cancer
- Higher than average clinical visits for issues related to mental health
- One-fifth of the community does not have a regular family physician

*Based on the Low Income Cut-Off (LICO). LICOs are income thresholds below which a family will likely devote a larger share of its income on the necessities of food, shelter and clothing than the average family (ref: Canadian Council on Social Development)

Equity

A variety of strategies and initiatives have been introduced, in collaboration with cross-sectoral partners, to improve the health of our community and facilitate equitable access and health outcomes. Highlights of our work that addresses the needs of our community include:

- MGH was one of the first hospitals in this LHIN to implement a Language Line, providing providers, patients and families with 24/7 access to translation services.
- In partnership with the Toronto Police Service, MGH created the Mobile Crisis Intervention Team (MCIT), which enables a partnered response of both a mental health nurse and specially trained police officer when responding to emergency calls for individuals experience a mental health crisis.

- Collaboration with partners across the Toronto Central LHIN through the Senior Friendly Hospital Steering Team to develop a community of practice that ensures best possible care across the continuum and provides seamless care to the growing population of seniors.
- Initiation of a 3 year project, supported by the Lawson Foundation `Not in my Children: Type 2 diabetes prevention from preconception in Thorncliffe Park` aimed at preventing type 2 diabetes in children through a focus on women within this high risk community via primary care supports.
- The introduction of a healthy living aisle at a popular grocery store, Iqbal Foods, within Thorncliffe Park aimed at supporting the reduction of heart disease in high risk South Asian individuals, spearheaded by MGH Chief of Cardiology, Dr. Mohammad Zia.
- Creation of the Thorncliffe Park Pregnancy Care Clinic, in collaboration with other community agencies, to increase access to underserved women of childbearing age.
- Current work within the East Toronto Sub-Region to increase access to social work supports for the Oakridge neighbourhood.
- Joint work with the South East Toronto Family Health Team (SETFHT) to establish an innovative model of care for elderly patients with complex medical and social needs, consisting of close follow-up, coordination and support following discharge from the hospital.
- Commitment to the inclusion of a QIP initiative focused on the Equity dimension, specifically Smoking Cessation addressing the disproportionally high percentage of individuals with COPD in the community.
- Foster an LGBTQ inclusive environment through organizational-wide policies and training (the first for a Canadian hospital) developed in partnership with The519.
- A variety of initiatives, in collaboration with the local Health Links, to support the care of the top 5% of health care users including the piloting of an electronic coordinated care tool and the introduction of transitional case coordinators on site at the hospital.
- Access to specialized care that meets our patients` needs through partnerships with other organizations such as SickKids (emergency paediatrics), Sunnybrook (integrated cancer program, cardiac catheterization), St. Michael`s (Renal program) and Providence Healthcare (Seniors Care).

Integration and Continuity of Care

Although the formalization of our community partnerships, through the formation of the Toronto East Health Network, is a work in progress, our partnerships have long been a focus in and a key enabler to achieving improvements that optimize the patient experience throughout the health care journey within and beyond our hospital's walls. Collaborating with acute care organizations, as well as health, social and other sectors enables the spread of information, as well as the development of a system that optimizes synergies, leverages strengths, and fills gaps to meet patients' needs and facilitate seamless care transitions. Examples of some of our key partnerships are described below.

Joint Centres for Transformative Health Care Innovation

The Joint Centres is a unique partnership between six large community hospitals including Michael Garron Hospital, Mackenzie Health, Markham Stouffville Hospital, North York General Hospital, Southlake Regional Health Centre and St. Joseph's Health Centre. The inclusion of the work of the Joint Centres in our QIP is intended to reinforce our commitment to improvement through collaboration and to leveraging the knowledge, expertise and experience of our partners to maximize the benefits across all of our hospitals.

The member hospitals will continue to work together on a number of spread initiatives designed to improve quality, safety and value in healthcare including: reducing the rate of hospital acquired Clostridium difficile infections and reducing the percentage of Caesarean Sections performed, both of which are initiatives included in MGH's QIP priorities for the upcoming year. The Joint Centres is also focused on reducing unnecessary tests through Choosing Wisely, which received ARTIC ("Adopting Research to Improve Care") funding through HQO and Council of Academic Hospitals of Ontario (CAHO) to further advance spread of leading practices across the participating hospitals and affiliated primary care practices. In addition, all six hospitals are sharing leading practices for adaptation for the prevention of workplace violence, work that continues to be reflected in our QIP this year. This work includes creating a common approach to identification, assessment and care planning for patients at risk for behaviours that may cause harm to others, in support of our ongoing commitment to staff and patient safety. For 2017-18, an additional area of focus for the Joint Centres will be on reduction of patient harm through an applied learning approach, which is well aligned with our organization's goal of continuously improving quality and safety of care.

East Toronto Sub-Region

As part of our commitment to ensuring that we are building a health care system that is patient centered and in alignment with the provincial Patients First Action Plan for Health Care, MGH is working together with partners in our community to understand and address patient needs at a local level through the formation of the East Toronto Primary Care Sub-Region. As the hospital resource partner for the sub-region, MGH is working with primary care, as well as home care and community support services, to identify and coordinate services that meet the unique needs of the individuals within our community. Together, we aim to provide individuals with optimal access to high quality and coordinated health care. Our long-term history of strong relationships with primary care providers in Toronto, including Community Health Centres (CHCs), Family Health Teams (FHTs), organized physician practices and solo practitioners, enables us to build on a strong foundation of connectivity and will help us create a system that provides a well integrated health care experience for all patients as they move across the health care continuum.

Solutions – East Toronto Health Collaborative

Solutions – East Toronto's Health Collaborative, is a voluntary network of 18 health and social care organizations from across the continuum that was formed in 2001 (http://solutionshealthcollaborative.ca). Through this informal partnership, Solutions is committed to developing innovative approaches that leverage resources across the system to ensure that individuals in Eastern catchment of the Toronto Central LHIN have equitable access to high quality health experiences, and to help achieve its shared goal of building healthy communities. Solutions' members serve a diverse population, with a sizeable proportion who are at a higher risk of poor health outcomes due to challenges with the social determinants of health such as low-income, limited education, food insecurity and inadequate housing, as well as existing health conditions such as mental health issues, addictions and chronic disease.

Solutions' member organizations also work together in other networks, such as Health Links, where opportunities to improve and integrate care for the most complex healthcare users are explored. MGH collaborates with Solutions partners to identify ways to keep East Toronto residents healthy in the community, before the need for increased health and social services arises. This is truly a team effort from organizations across the continuum including primary care, community mental health and support services, long-term care, acute care, and Health Quality Ontario. Most importantly, citizens in the community are engaged to help direct priorities and inform the development of change ideas that are important to them.

Since early 2015, Solutions' members have been engaged in a collaborative and iterative process to identify a quality improvement objective that is reflective of citizens' needs and, as well, is feasible and meaningful to each organization through an equity working group. Together our organizations aim to include a collaborative objective on a future QIP in order to support individuals as they move across the system.

MaRS Discovery District

In 2015, MGH and MaRS Discovery District, one of the world's largest urban innovation hubs, partnered, with an aim of collaborating to create a more sustainable and innovative healthcare system. This partnership enables MGH to build further innovation capacity through the opportunity to participate in MaRS initiatives to improve healthcare delivery, hospital performance and patient outcomes, while enabling MaRS to extend the reach of its innovation programs and ventures. This partnership supports the development of innovative leading practices that address the areas for improvement described in the QIP. In 2016, MGH partnered with MaRS during our strategic planning process. A Leader from MaRS co-chaired the Innovation Task Force, helping to embed innovation into our future plans.

Access to the Right Level of Care – Addressing ALC Issues

Ensuring patients receive the right care in the right place in a timely manner is a goal shared by patients, families, providers and the health care system. When a patient does not require the intensity of services provided within a hospital but continues to occupy a bed, the patient is designated as Alternate Level of Care (ALC). The resultant prolonged length of stay places the patient at greater risk for adverse outcomes, while increasing the strain on the hospital by negatively impacting patient bed flow and wait times.

While all hospitals in the Toronto Central (TC) LHIN have common patients and common issues, it was recognized that there was a lack of a standard approach to ALC avoidance across the 17 hospitals in the region. Further, upon a review of available literature internationally, it was discovered that no comprehensive guideline of best practices existed. Together, this led to the development of the ALC Avoidance Framework, a roadmap of leading practices that enables self-assessment as well as focused improvement planning. The ALC Avoidance Framework is the fruit of a collaborative effort between the Toronto Central (TC) Community Care Access Centre (CCAC) and the 17 hospitals of the Toronto Central Local Health Integration Network (TC-LHIN). As an early adopter of the ALC Avoidance Framework, as well as a leader in its development, MGH provides evidence of the results that can be achieved through a standard approach, supported by a continuous improvement mindset.

Patient and families were actively involved in the development of this framework through consultation with the MGH Patient Experience Panel (PEP). For instance, regarding early discharge planning, the ALC team learned that it was the impact of language, rather than timing, that was sensitive to patients and families. As a result, the language that is being used in the ALC Avoidance Framework has been changed to become more patient focused. This in turn has led a variety of mediums of communication in the hospital to the shift the language from "discharge" to "transition" as suggested by the PEP.

Upon completion of its self-assessment, MGH had approximately 50% of 54 ALC avoidance strategies in place. Following prioritization of improvements and a focus on three key tactics in 2015/16, MGH met 84% of the strategies – the highest of the 17 hospitals in the LHIN. In the coming months, our teams will continue to focus on early transition planning supported by the identification of patients at risk of complex discharges using the Blaylock tool. A third cycle of self-assessment is in progress for the 2017/18 year, involving stakeholders from across the organization; additional multidisciplinary improvement activities will be prioritized through this process with the aim of continuing to decrease ALC rates at MGH.

The Framework has been adapted for acute care, post-acute care, regional cancer centres, mental health and addictions facilities and Community Care Access Centres (CCACs) and is the process of being spread across the province, with the support and coaching of MGH.

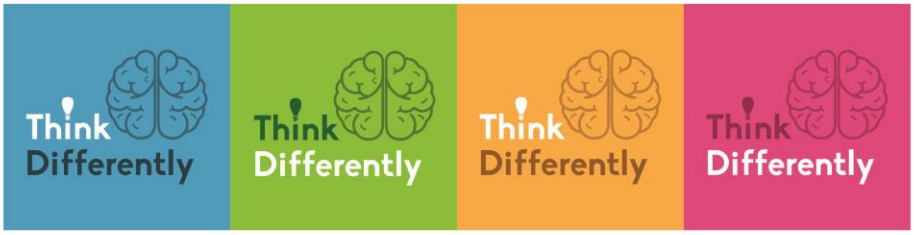
Engagement of Clinicians, Leadership & Staff

In addition to patients and families, our staff provides valuable contributions to the development and execution of the QIP. Our annual QIP is a result of strong collaboration across the hospital, including clinical and non-clinical staff, front-line providers and both administrative and medical leadership.

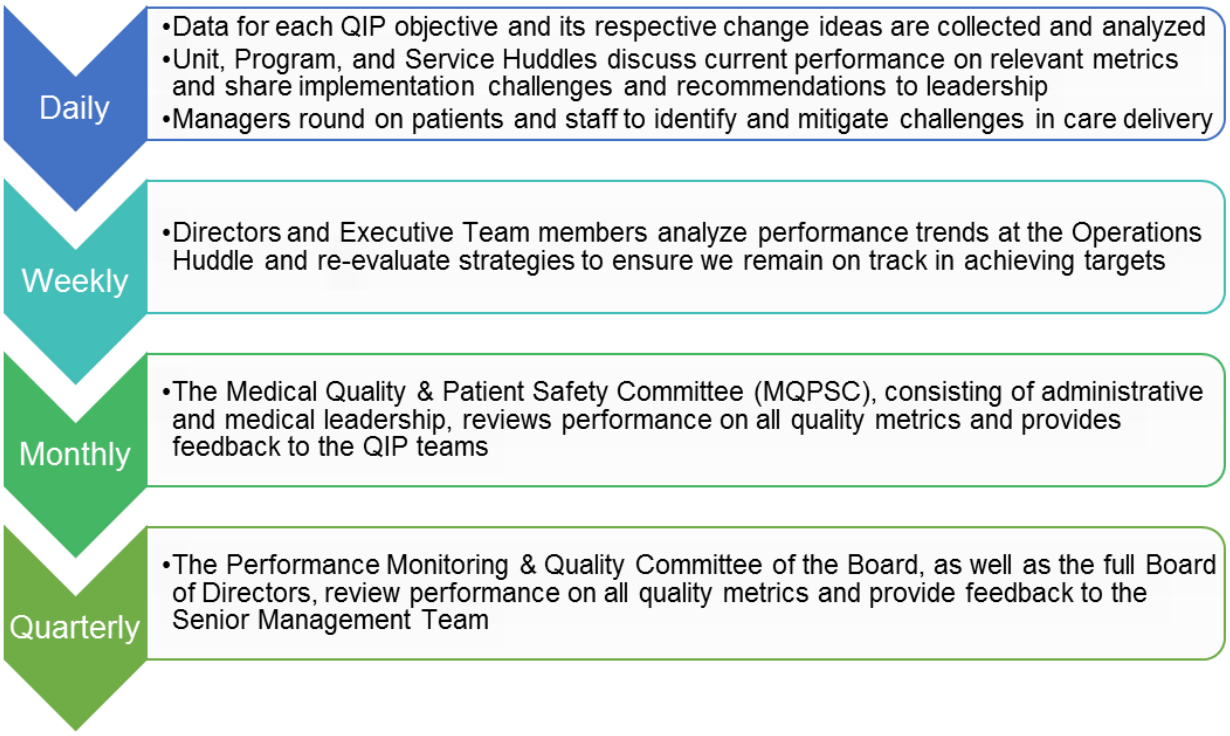
Once our quality improvement priorities are identified through analysis of feedback from diverse channels and alignment with patient needs and system priorities, each objective is matched to an organizational leader who is accountable for both driving its success, as well as for championing its importance to the organization. Visible leadership alignment and participation is a key driver to the improvements that have been achieved through our previous QIPs. A QIP team is formed for each objective, comprised of interdisciplinary staff with insight and expertise in the area. Each QIP team is tasked with understanding the root cause of the issue and analyzing the data, in order to develop innovative, yet feasible, change ideas for the workplan. It is through this process that unique solutions to challenges are identified, based on the experience of those completing the work and within the context most relevant to them. This bottom-up approach to QIP planning ensures that the strategies tested and implemented are meaningful and make sense to those who will ultimately be impacted by the change and/or be responsible for its implementation.

Over the course of the next year, our staff and physicians will continue to be a key part of the execution of the QIP. We will seek their feedback to adapt our change ideas, as well as provide regular updates on the organization's progress. In addition, we aim to create a sense of accountability and ownership of the objectives most relevant to each unit/department through the regular communication of unit-based performance, adapting the data so that it is actionable and meaningful to front-line staff.

Building on the success of Think Differently Brainstorming sessions held over the past two years, staff, physicians and patients were again invited to share their insights and generate new ideas for the QIP. This year, in order to enable more stakeholder participation, the Think Differently session was structured as a three hour open house. All nine QIPs were showcased in order to raise awareness of our upcoming organizational QI priorities and to ensure that input for all initiatives was obtained from our staff and physicians. Over 150 individuals attended, the majority of which were from the frontline (clinical and non-clinical), and together contributed over 330 ideas and insights that were integrated into the planning for each QIP objective.



The entire organization is engaged in the QIP's execution through a structured monitoring process. Active monitoring through timely evaluation of data and cross-organizational discussion enables agility in the adaptation and implementation of strategies, as well as facilitates ongoing attention and energy on the QIP:



Resident, Patient, Client Engagement

At MGH, we know that, in order to provide excellent care, it is essential that we partner with patients, staff and the community in both the delivery and design of care. In 2016, MGH was the recipient of the Patient Safety Team/Organizational Champion Award, in recognition of our success in engaging patients and families as partners in continuous improvement. This year, we continued to build on our history of collaboration with patients and families during the development of our QIP. Further, we will continue to partner with these individuals as we work to implement our plans. Working together with our patients ensures that the priorities we pursue reflect patients' needs, enables a better understanding of the problem we are attempting to solve through insights from the lived experience, and encourages the creation of innovative and patient-centred solutions.

Throughout the QIP's annual cycle, patients are continuously engaged through approaches ranging from information-sharing and consultation, to involvement and partnership. Our aim is to ensure that the most meaningful and appropriate approach to including the patient voice is integrated into every QIP objective.

Over the past year, there are several areas of patient partnership that we are proud to share have grown within the organization:

- A Patient Experience Panel for Mental Health was launched in April 2016
- Ten new Patient Experience Partners were added to the team this year, bringing our total to 40 Patient Experience Partners

- Over 14 committees/councils/boards are including a patient/family representative
- In 2016, five new patient experience partners joined committees including: Infection Control Committee, Organ and Tissue Donation Committee, Workplace Violence Committee, Cancer Care Committee, Clinical and Operations Advisory Council (redevelopment)

Examples of some of the ways patients are engaged in the QIP process are described below:

Patient Experience Partners on QIP working groups

All QIP teams are working to enhance patient engagement, with a number of teams pursuing the inclusion of at least one patient at the table throughout the year. For example, the ED QIP team includes a patient representative who participates as an active member at the biweekly working group meeting. The patient's role includes both providing insights and sharing in the decision-making (co-design).

A Patient Experience Partner joined the Workplace Violence Prevention Committee and QIP team in 2016. Together with staff, she has reviewed and updated MGH workplace violence policies. This individual was actively involved in our 2017/18 QIP planning and plans to continue to participate in committee and QIP work throughout the 2017/18 year.

The Infection Prevention and Control also successfully recruited a patient representative to join our Infection Control Committee (ICC). This patient representative participates in quarterly meetings and in other work that arises. This year, the patient representative will attend and participate in all ICC meetings, including providing feedback on quality improvement change ideas.

Patient representation on Leadership Committees

The membership of the Medical Quality & Patient Safety Committee (MQPSC) includes a patient, who participates in monthly leadership discussions and helps ensures that a patient perspective is continuously considered. In addition, this patient, along with additional community members, are part of the Performance Monitoring & Quality Committee (PMQC) of the Board, and help reframe the hospital's thinking through questions and input that are unique to their backgrounds and experience.

Patient Experience Panel (PEP)

Formed in 2012, PEP is comprised of former patients and family members who meet regularly to share insights into, provide input to and co-design organizational initiatives. For example, most recently, PEP provided direction on how best to communicate to and connect with patients, families and the community about our QIP. They provided valuable insight on the importance of sharing the rationale behind our selected priorities.

Community Advisory Council (CAC)

Members of CAC represent cross-sectoral organizations and communities across the MGH service area. They provide insights gleaned from their experiences within their respective organizations and/or the communities they represent. There are consulted about the QIP as a whole, as well as about specific QIP initiatives. For example, the ED team met with the CAC to jointly brainstorm alternative solutions to existing ideas in order to develop departmental plans that better reflect the community voice.

Feedback from patients via Patient Relations Office and on units

Our patient relations process is a valuable source of insights into the drivers that contribute to a positive or negative patient experience. While the data collected identifies higher level trends, the stories that are shared by patients and families enable us to better understand possible areas of improvement. Insights are also obtained through the valuable interactions between front-line staff and patients. Patients Relations also provides a voice for patients and families when they are unable to share their perspectives directly. Patient Relations participate in our incident review processes, including critical incidents, in order to ensure that the patient perspective is represented.

Patient Videos

Our Patient Videos Program captures brief interviews with patients and staff, providing them with the opportunity to share their experiences and was recognized as the Cleveland Clinic Practice of the Year in 2016. Patient videos are shared with individuals throughout the organization and are integrated into the majority of corporate meetings, as well as many unit huddles. These videos deepen our understanding of the patient experience from the perspective of the patient and are used to direct our work as well as to ensure that patients are at the forefront of each of our discussions. For example, a video was captured of a daughter describing the support she expected and received when visiting her mother in the hospital. The insights she shared are helping to shape the development of a defined role for family members in care at the bedside and further our ability to partner with patients and families to improve the patient experience.

Social Media

All of our executive team, as well as many senior leaders, physicians and staff, actively utilize social media to engage with both staff and the community. Social media provides a valuable channel to reach a broader audience to share and obtain information and build a relationship with our community. In the coming year, the C-section team aims to leverage established online communities to connect with expecting and new mothers, to gain important perspectives that will inform their work.

Staff Safety & Workplace Violence

As a recognized national leader in workplace violence prevention, MGH is committed to staff safety, which, in turn, creates a safer environment for patients and families. Alongside partners such as the Ontario Nurses Association and the Joint Centres, MGH strives to provide and advocate for an environment that reduces the risk of all types of violence and harassment in the workplace, as reflected by the inclusion of a QIP objective focused on workplace violence prevention in its QIP workplan in both 2016/17 and 2017/18. Through the formation of a multidisciplinary and cross-organizational workplace violence prevention committee, a variety of measures have been developed to support an ongoing culture of safety:

- **Risk assessments** are conducted organizationally and include an environmental risk audit and comprehensive staff safety survey.
- **Security measures** including installation of over 360 surveillance cameras and specially trained in-house security staff.
- **Communication devices** (Vocera) to provide instant two-way communication and emergency access to assistance via personal devices worn by frontline staff.
- **Training and education** consisting of both an online ilearn module outlining the policies and key information, as well as a full day hands on workshop teaching de-escalation strategies and physical safety techniques.
- **Incident management** and electronic reporting that enables staff to report patients that pose a safety concern and provides the organization with the ability to identify areas of increased need or risk.
- **Patient flagging** through the use of a blue armband and communication within the electronic chart for patients exhibiting acting out behaviours, in order to alert fellow staff to a possible increased risk.
- **Program Evaluation** and ongoing monitoring that indicates that, as a result of these initiatives, security use of force decreased by almost 50% from 2001 to 2014, the frequency and severity of incidents have been reduced overall, and staff engagement has been improved.

Through participation in the provincial Workplace Violence Prevention in Health Care Leadership Table, MGH will support the system-wide improvement of violence prevention across Ontario organizations. Protecting health care workers from violence in hospitals requires continuous evaluation and improvement and MGH is committed to implementing and developing best practices that optimize staff safety.

Performance Based Compensation

In accordance with guidance from the Ontario Hospital Association and the Broader Public Sector Accountability Act 2010 (BPSAA), the degree to which executive compensation is linked to the achievement of targets on the QIP varies depending on the pay-for-performance systems that hospitals have previously had in place. Hospitals that did not have any performance pay during the last performance cycle ending before the "effective date" of March 31, 2012 (2010/2011 performance pay cycle) are not required to link executive compensation with the achievement of QIP targets.

TEHN/MGH falls within a unique category that closely aligns with the criteria above. While TEHN/MGH did have a "pay-for-performance" system in place during the reference year of 2010/2011, management staff agreed not to have any monies paid out. This, in effect, places TEHN/MGH in the above category.

Although TEHN/MGH did not have performance-based compensation linked to the achievement of QIP targets last year, we continue to recognize the importance of aligning priorities at all levels of the organization to ensure that due focus and support is given to corporate-wide improvement initiatives to make our hospital one of the safest places for patient care.

Going forward, TEGH/MGH's executive compensation programs will be updated in accordance with Regulation 304/16 (Executive Compensation Framework) and the Broader Public Sector Executive Compensation Act, 2014. Under the new programs, hospital executives' compensation will be linked to achieving targets in the hospital's Quality Improvement Plan (QIP) as required by the Excellent Care for All Act.

Contact Information

Narmin Hemani, Quality & Patient Safety Specialist: nhema@tegh.on.ca

Sign-off

I have reviewed and approved our organization's 2017-18Quality Improvement Plan

Krystyna Hoeg	Robert McGuire	Sarah Downey
Board Chair	*Quality Committee Chair*	*Chief Executive Officer*