




Quality Improvement Plan (QIP) Narrative



2018-2019



Overview

As a member of the Toronto East Health Network (TEHN), Michael Garron Hospital (MGH) is a community teaching hospital that serves a diverse population. Strengthened by many partnerships with organizations in the community and beyond, the hospital has embarked on a redevelopment project to replace outdated sections of the existing hospital. This redevelopment will enable us to continue our commitment to providing our community with safe and reliable care in a modern environment that is equipped to meet their needs.

As stewards of the health and well-being of the East Toronto community, we at MGH believe that patients, staff and physicians are foundational partners in our quality journey. This Quality Improvement Plan (QIP) is our commitment to improving and sustaining a culture of safety and providing exemplary quality of care to those we serve.

This past year's QIP and the new 2018/19 QIP reflect our collaborative approach with our patients and families, staff, physicians and community. Portions of this QIP, including the Narrative were written in partnership with Carol M., a patient and member of the hospital's Patient Experience Panel. Carol's meaningful contribution to MGH through her experience as a Patient Advisor in our hemodialysis department is reflected throughout this plan and will continue to inspire our mission for quality improvement. **See Photo 1.**



Photo 1. Carol M. and Lorrie Hamilton, Director of Patient Experience & Bioethicist at Think Differently



Photo 2. Staff member looks on at Think Differently engagement event.

Through a number of information gathering sessions in various departments, multiple presentations with leadership and through a hospital-wide interactive event called *Think Differently*, we put QIP planning at the forefront across the organization and at all levels. **See Photo 2.**

A Snapshot of the MGH Community

MGH serves a diverse community of 400,000 people in east Toronto. With 22 distinct neighbourhoods, there is diversity 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. 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 considered the diversity of our community to ensure that we meet a multitude of care needs and facilitate equitable access to care.



40%

Immigrants comprise 40% of the population we care for, including various neighbourhoods with proportions of individuals born outside of Canada as high as 65%, for example Thorncliffe Park.

Over 50 languages spoken; after English, the most common languages are Chinese, Urdu, Bengali, Greek and Tagalog.

>50



20%

20% of families are lower income. (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.)

75% of neighbourhoods have high rates of low-income seniors, 32% of whom live alone.

75%



48%

High fertility rates, with 48% of babies born to mothers not originally from Canada.

High rates of chronic diseases such as diabetes, chronic obstructive pulmonary disease (COPD) and heart disease.

High



Higher

Higher than average clinical visits for issues related to mental health.

One-fifth of the community does not have a regular family physician.

1/5



Development of the 2018/19 QIP: Alignment

We took a thoughtful and methodical, yet rigorous approach to selecting the indicators for the 2018/19 QIP. Using our *QIP Decision-making Framework*, we strategically selected the indicators for our 2018/2019 QIP by not only engaging patients, staff and physicians but also aligned the 2018/19 QIP to our new Quality & Patient Plan and Corporate Strategic Plan; the priorities of the Joint Centres for Transformative Healthcare Innovation (Joint Centres) and peer hospital partners; and the broader health care system agenda. **See Diagram 1.**

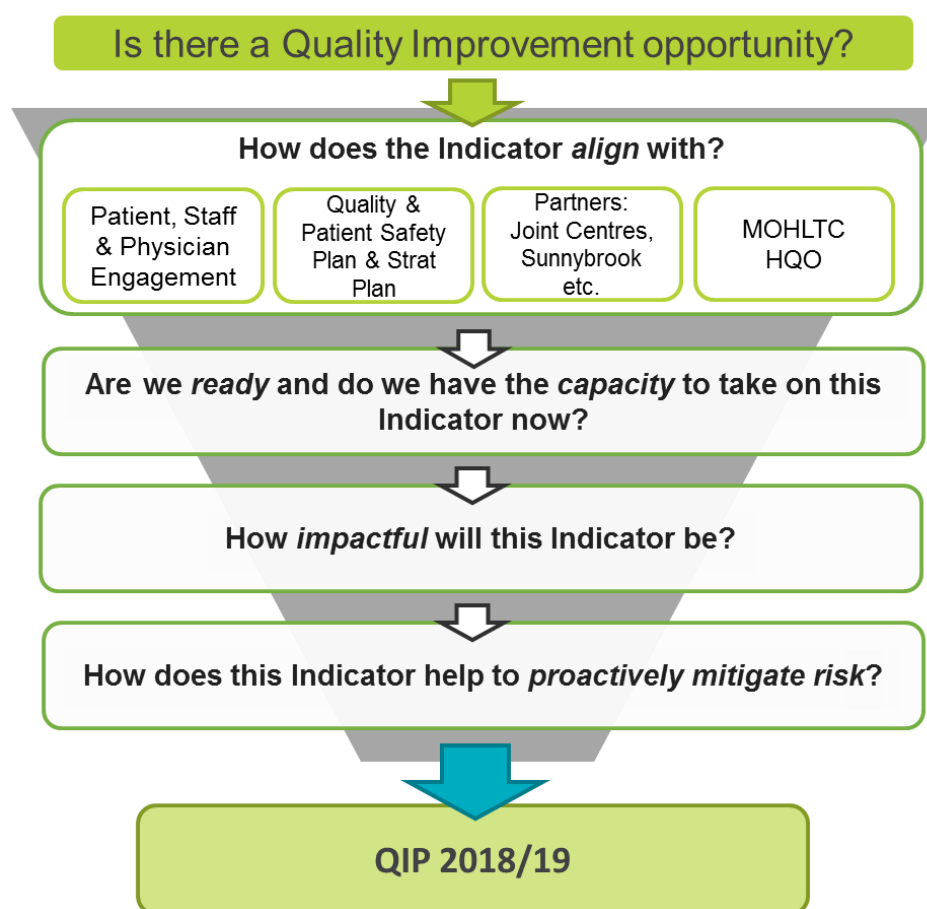


Diagram 1. QIP Decision-Making Framework



At MGH, our Quality & Patient Safety (Q&PS) Plan is our new road map for our quality journey. The QIP helps to bring this plan to life. It focuses on three main priorities: *High Performing Teams*; *Early Warning Systems*; and *Speak up for Safety*. We recognize that building, strengthening and sustaining High Performing teams is fundamental to quality and safety. When all members of the health care team, including patients and their families, trust each other, there is clarity in how each member can contribute toward a common goal of proactively identifying potential safety hazards and quality of care issues (*Early Warning Systems*) and voicing their concerns (*Speak up for Safety*). **See Diagram 2.**



Diagram 2. *Quality & Patient Safety Plan priorities*



We know alignment of the QIP to the voices of our patients, staff and physicians and to MGH's strategic priorities will help us to achieve our goal of creating a culture of safety and exemplary quality of care. In developing the 2018/19 QIP we acknowledged the influence of broader system agendas, particularly Institute of Healthcare Improvement's (IHI) Quadruple Aim. As a result, we also found alignment with the Quadruple Aim's four principles of *Improved Population Health, Satisfied Patients and Providers; and Reduced Care Costs*. **See Diagram 3.**

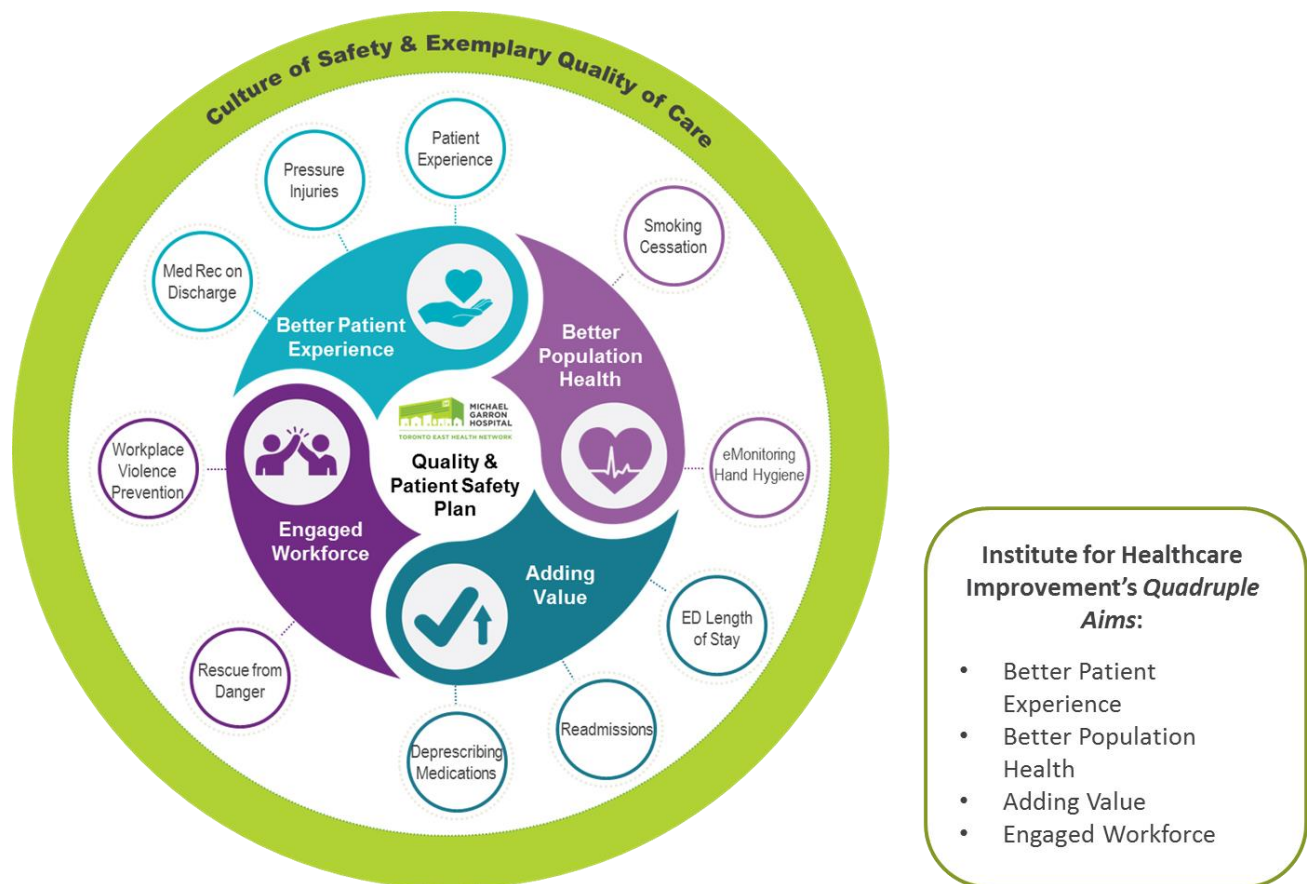



Diagram 3. MGH's 2018/19 QIP aligns to corporate strategic priorities, the Quality & Patient Safety Plan and IHI's Quadruple Aim.


Finally, we assessed the readiness and capacity of our leadership, staff and physicians to take on work specific to identified QI indicators, given the reality of our hospital's current environment. We realize careful review of current resources will allow us not only to proactively mitigate risks, but also ensure we achieve our quality agenda.




MGH's 2018/19 QIP Portfolio

New for 2018/19 is the addition of *e-Monitoring Hand Hygiene*, *De-prescribing Medications* and *Pressure Injuries* indicators. We moved from nine indicators to 10 for 2018/19.

	Description	Asking patients whether they have enough information when they leave hospital.
	Goal	To increase the number of patients who feel safe and informed when they transition home or to the community.
	Why this indicator is in the 2018/19 QIP?	<ul style="list-style-type: none"> • By providing necessary information on discharge about their medications, upcoming appointments and who to call for help, patients will feel safer and have greater peace of mind as they transition home or to the community. • A part of this indicator, we will focus on the creation of “Patient Oriented Discharge Summaries (PODS).” These are guidelines available in multiple languages and written in a simple way. The PODS gives patients the information they need in order to manage their health when they leave hospital.

	Description	How long a patient with complex medical needs waits in the ED.
	Goal	To decrease the wait time in the ED for complex patients.
	Why this indicator is in the 2018/19 QIP?	<ul style="list-style-type: none"> • Long delays increase a patient's anxiety and impacts their overall patient experience. • Impacts many hospital processes, and ensures the patients receive the care they need in the most appropriate care environment.

	Description	The number of discharged patients who receive the “Best Possible” Discharge Plan.
	Goal	To ensure the patient understand how and when to take their medications once they are at home or in community.
	Why this indicator is in the 2018/19 QIP?	<ul style="list-style-type: none"> • This indicator promotes a culture of safety while providing greater peace of mind for patients and families. • When patients leave hospital, they, their families and their health care team needs to know what medications are taken. • Medication reconciliation on discharge also provides important information to primary care providers such as family and pharmacists.



Description

The number of "unexpected" adult inpatient decedents per one thousand discharges.

Goal

To improve the quality of responses for deteriorating patients.

Why this indicator is in the 2018/19 QIP?

- Helps identify patients who are most at risk for deterioration and enables the health care team to proactively address risks in a collaborative way.



Description

30-day readmission rate for patients with Chronic Obstructive Pulmonary Disease (COPD) and congestive heart failure (CHF).

Goal

To reduce the number of readmissions within 30 days for patients living with COPD and CHF.

Why this indicator is in the 2018/19 QIP?

- It is important that patients receive the right care that addresses needs when they are in hospital to avoid readmission.



Description

Hand hygiene compliance of staff and physicians measured through an electronic monitoring process.

Goal

To control the spread of infection by increasing proper hand hygiene practices.

Why this indicator is in the 2018/19 QIP?

- Performing proper hand hygiene is the easiest way to keep patients safe and reduce the spread of infection.
- Good hand hygiene practices also keep our staff safe and healthy.



Description


The number of patients who acquire pressure injuries in hospital.


Goal


To reduce the incidence patients who acquire pressure injuries (bed sores, pressure ulcers) that patients in hospital.

Why this indicator is in the 2018/19 QIP?

- Preventing pressure injuries that occur in hospital is a integral to reducing harm to patients while in our care.
- This indicator reflects system alignment with our Joint Centre partner hospitals.

	Description	The total number of workplace violence incidents.
	Goal	To reduce the number of workplace violence incidents.
	Why this indicator is in the 2018/19 QIP?	<ul style="list-style-type: none"> • In order to provide high-quality, safe care to patients, we must ensure our staff are safe too. • This indicator will also ensure that staff and physicians are aware of the MGH's priority and focus on a zero tolerance of any form of violence so they can feel safe while at work.

	Description	Help patients understand their options related to quitting smoking.
	Goal	To inform patients of the smoking cessation program and to assist them with options to quit.
	Why this indicator is in the 2018/19 QIP?	<ul style="list-style-type: none"> • An equitable smoking cessation program incorporates the broader community and enables their access to care. • We know improvement in this area fosters positive health outcomes for all members of our diverse patient population.

	Description	To prescribe fewer medications to patients where the potential for harm outweighs the potential benefits to patients.
	Goal	To increase the percentage of patients who are reviewed for appropriate inhaler medication.
	Why this indicator is in the 2018/19 QIP?	<ul style="list-style-type: none"> • When patients take the medicine they need, there is a reduced risk of adverse events from taking unnecessary medications. • We have a moral obligation to ensure that we engage patients in this process to give them the capacity to manage their own care. • This Indicator aligns with the <i>Choosing Wisely</i> initiative – a national campaign to help clinicians and patients engage in conversations about unnecessary tests and treatments and make smart and effective care choices.

Looking Back: Greatest Quality Improvement Achievements from 2017/18

Daily Safety Check

At MGH we realize increasing “situational awareness” is crucial to understanding how an issue in one area in the hospital impacts the climate of safety throughout the organization. In June 2017, MGH implemented the Daily Safety Check to increase leadership engagement and improve their situational awareness. As a quality improvement initiative related to the QIP indicator, Rescue from Danger, the Daily Safety Check is a 10-minute teleconference among the hospital’s leadership. The leaders who are on-site meet to provide a summary of safety risks in their area. The purpose of this Daily Safety Check is to proactively share and mitigate potential safety risks. This process results in the timely dissemination of information throughout the organization and the formulation of a Cumulative Safety Report. This event database helps to identify trends and archive information so that we can learn about potential safety risks and share knowledge on how they can be avoided.

In the fall of 2017, results from our leadership survey about the Daily Safety Check revealed that:



63%

of leaders are alerted to issues in the organization they might not have been aware of otherwise on most days.



74%

of leaders feel that the organization’s response to safety concerns are “much more” or “more” proactive as a result of the Daily Safety Check.

MGH is committed to maintaining and enhancing the Daily Safety Check in 2018/19. We aim to increase the concept of “situational awareness” at the unit-level and identify patients who are most at-risk for deterioration on in-patient units. As part of this commitment, performance reports will be distributed to individual units. The hospital will work to optimize software for data storage and usage further enabling the proactive identification of safety concerns and mitigation strategies.

A practice of open communication among hospital leadership will empower staff to “Speak up for Safety,” one of the priorities of the Q&PS Plan.



ALC Avoidance Framework

Alternate Level of Care (ALC) describes a patient who is not in the right place to receive the level of care they require. According to the literature, there are many downsides for patients, particularly the elderly, when they stay in hospital. These include functional and cognitive decline and a greater risk for hospital-acquired infections. System-wide, there is a focus to reduce the number of ALC patients.

At MGH, reducing ALC is also a strategic focus. During one month in 2012, roughly 90-100 patients were designated ALC at MGH. As a result of leadership commitment to continuous quality improvement related to ALC and the implementation of innovative practices such as the ALC Avoidance Framework, MGH now has fewer than 60 ALC patients per month.

MGH co-led the development of the ALC Avoidance Framework in partnership with the former Community Care Access Centre (CCAC) and a group of Toronto hospitals. The purpose of the ALC Avoidance Framework is to: create a standard approach to ALC avoidance; to develop a roadmap of leading practices related to reducing the number of ALC patients; and to agree on a standardized approach that would allow for ALC system improvements. Twice a year, MGH conducts an audit to ensure that the hospital has adopted the identifying leading practices consistently.

ALC Avoidance Framework success *by the numbers*:

- 50% reduction of ALC patients in hospital waiting for long-term care;
- 20% by which MGH exceeded its ALC target;
- 90% of leading practices implemented as a result of the ALC Avoidance Framework;
- 50% increase in the number of external partners participating in ALC rounds.

The Toronto Central (TC) LHIN and the Province of Ontario have adopted the Framework and use it across the system. Accreditation Canada awarded MGH the Leading Practice Award for the ALC Avoidance Framework in the fall of 2017.



Antimicrobial Stewardship Program

At MGH, Antimicrobial Stewardship promotes best practices related to the selection, dosage and duration of antimicrobial treatment. Patient outcomes are optimized by minimizing potential harms of antimicrobial use, such as antibiotics resistance and Clostridium Difficile (C. Difficile), a bacterium that is a large contributor to infectious diarrhea in hospitals.

With a motto, *"The right drug for the right bug at the right time,"* MGH's Antimicrobial Stewardship program continues to be a system leader in 2017/18. The program received acclaim for its novel solution to reduce the use of antimicrobials in the emergency department (ED). This solution involves a unique "two-step model of care for urine collection" that resulted in cost savings, a decrease in the percentage of weekly ED visits for select patients and a reduction of antimicrobial prescriptions.

MGH continues to achieve its targets related to the C. Difficile Infection (CDI) rate and has set an increased target related to hand hygiene compliance rates. In 2017/18, the hospital embarked on an electronic monitoring hand hygiene pilot project in collaboration with Health Quality Ontario and four other hospitals. Early comparisons indicate that MGH continues to out-perform its hospital peers with respect to hand hygiene compliance.

Engaging Patients in Quality Improvement at MGH

(This section was written by Carol M., Patient Experience Panel and Hemodialysis Advisory Panel member.)



"I live with hemodialysis and I'm here at MGH three days a week: Monday, Wednesday and Friday. As a patient, I have an opportunity to be a member of the Hemodialysis Advisory Panel or "The Committee." Being a part of these groups gives me a chance to talk to other patients. I have realized there is so much I can do to help and improve the care MGH provides. And as a patient, I feel that the hospital genuinely wants to hear what I have to say.

At the meetings we learn about the hospital's various strategies and policies, including MGH's new redevelopment project and we are asked to provide our input and feedback on a number of topics. As a retired teacher, I am excited to share my ideas and thoughts and feel happy that the hospital wants to make use of whatever talents I can offer.

During the hospital's rebrand last year, we were asked to provide our insight about words we consider important when describing MGH. The one big word that came up in our discussion repeatedly was "community." I feel this hospital is such an important part of this community. It engages patients like myself, but also has links to the local schools. One event in particular is the annual Inter-professional Week Career Fair that brings in students from a local school to learn about the various professionals who work in the hospital.

I came to the Think Differently QIP engagement event in December because I like to be involved in what's going on. I think if you are asked to give your opinion it is helpful to yourself as a patient and the hospital to identify various things. Being a part of this process has made me feel empowered. Through my experience, I have realized that there are so many people working together to bring about change and form connections."



Engaging Staff & Physicians in Quality Improvement

Staff, physicians and leadership were engaged and provided valuable input, insight and feedback in the development of the 2018/19 QIP. In fact, to assist in the selection of the indicators, staff, physicians and leadership were engaged in multiple forums. For the 2018/19 QIP, we gave careful consideration to engaging frontline staff and physicians and incorporating their input into indicator selection.



Photo 3. Staff engage at the annual *Think Differently* QIP engagement event.

To best enable their participation in this process, we went to the units, engaging more than 15 different departments across the hospital in a two-week period. Through this “travelling roadshow” format, many staff offered input. As a result, these “roadshows” generated over 80 ideas. Our annual “Think Differently” event offered further opportunity for QIP Engagement where all staff were welcome. Over 100 staff and physicians attended and brought forth over 170 ideas related to the 2018/19 QIP.

Beyond these specific QIP development sessions, leadership is continually engaged in the QIP implementation and execution through a structured monitoring process. **See Diagram 4.**

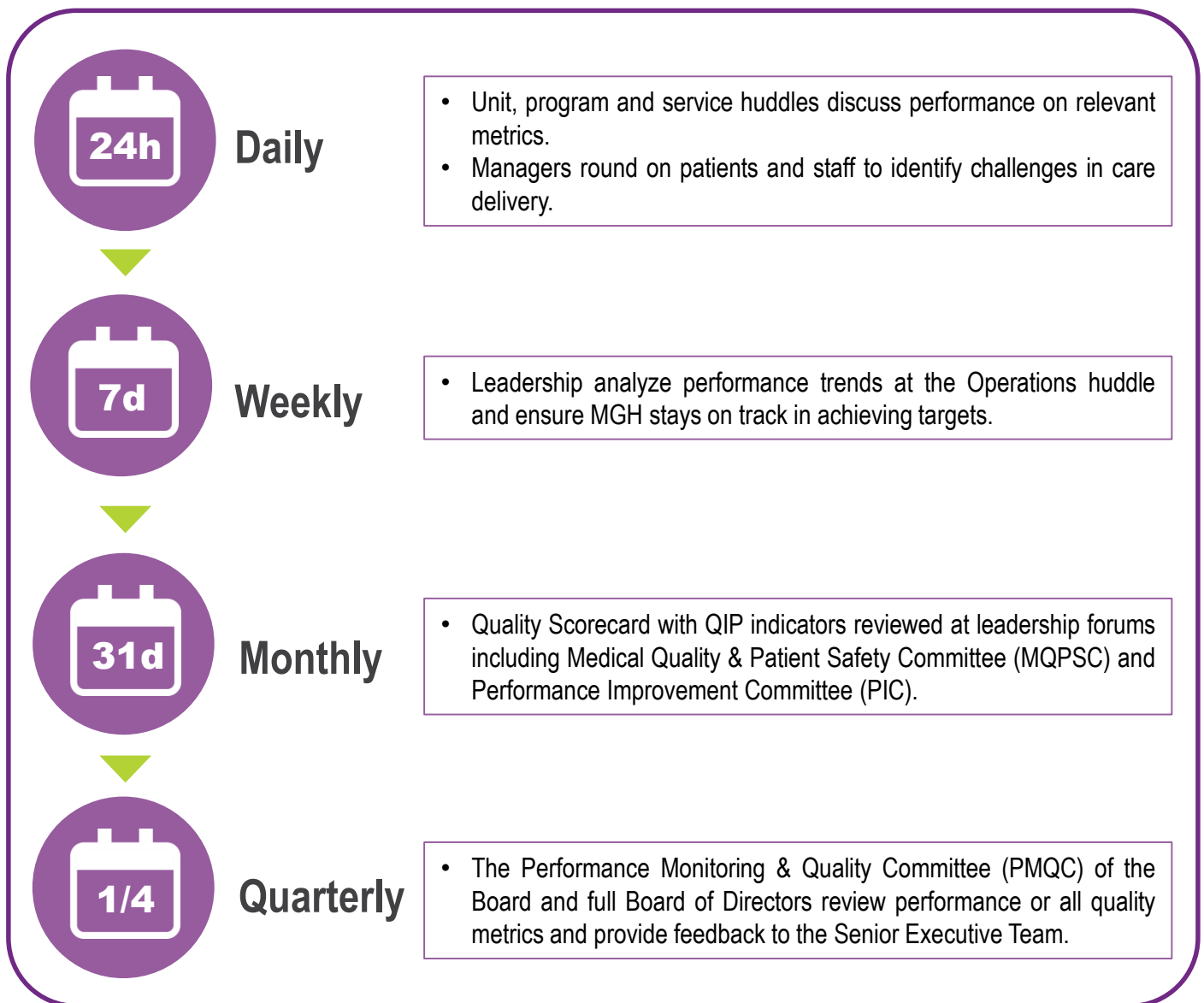


Diagram 4. Organizational QIP Monitoring Process

In alignment with the Quality & Patient Safety Plan priority, High-Performing Teams, MGH continues to strive for increased knowledge sharing and communication of QI initiatives and indicators. In 2018/19, the front line will be invited to take part in the work plans by incorporating the indicators into the care they provide. This model of shared accountability will be key in building a culture of safety and exemplary quality of care.

System-Wide Partnership for Continuous Quality Improvement

Collaboration and partnership is essential to our achievement of large scale improvement through our QIP. MGH collaborates with a number of organizations to improve integration and build a community of care as patients move across the system. The hospital attributes a shared vision and great working relations as the catalysts for success within these partnerships.

Community Partner	Who they are	How they support MGH's QIP & QI Initiatives
Joint Centres for Transformative Healthcare Innovation	<p>Unique partnership between seven large community hospitals including MGH:</p> <ul style="list-style-type: none"> • Mackenzie Health • Markham Stouffville Hospital • North York General Hospital • Southlake Regional Health Centre • St. Joseph's Health Centre • Humber River Hospital 	<p>The hospitals are engaged in a number of collaborative spread initiatives designed to improve patient safety and increase quality of care. These include:</p> <ul style="list-style-type: none"> • Workplace Violence Prevention • Pressure Injuries (2018/19) • C-Section Rates • C. Difficile • Choosing Wisely
East Toronto Sub-Region	<p>In alignment with the provincial <i>Patients First Action Plan for Health Care</i>, MGH is working with community partners to understand and address patient needs at the local, sub-LHIN level.</p>	<p>These groups provide the hospital with information and resources to better understand issues at the sub-LHIN level and identify and coordinate services that meet the unique needs of the people who live in our community.</p>
Primary Care	<ul style="list-style-type: none"> • Community Health Centres (CHCs) • Family Health Teams • Organized physician practices and solo practitioners 	

Community Partner	Who they are	How they support MGH's QIP & QI Initiatives
Solutions- East Toronto Health Collaborative	A voluntary, informal collaborative and partnership of 20 health and social care organizations across the continuum of care that was formed in 2011. Solutions is committed to developing innovative approaches that leverage resources across the system to ensure that people living in the eastern catchment of the Toronto Central LHIN have equitable access to high- quality health care and vital community, support services.	Since 2015, Solutions members have been engaged in a collaborative and iterative process to identify a quality improvement objective that reflects the citizens' needs and is feasible and meaningful to each organization.
Thorncliffe Park & Oakridges Communities	As two of the most diverse and densely populated communities in Toronto, MGH has identified Thorncliffe Park and Oakridges as priority areas for improved service integration and provision.	Currently, MGH is working with both communities to foster a greater understanding of the issues that face residents with the aim of building strong relationships. The hospital understands that local system transformation begins with engagement and greater understanding of these large communities.
Sunnybrook Health Sciences Centre (Sunnybrook)	Affiliated with the University of Toronto, Sunnybrook has established itself as a leading teaching hospital and home to Canada's largest trauma centre. In April 2017, MGH and Sunnybrook formalized their collaboration to improve access to high-quality health care services for all residents in their shared communities. Sharing the same vision for equitable care, the two organizations signed a formal agreement. This signified their commitment to working in partnership and establishing a closer more integrated collaborative relationship.	As system and peer hospital partners, both hospitals benefit through information sharing and knowledge transfer specifically related to QI and QIP development. In particular, for the 2018/19 QIP, MGH and Sunnybrook have shared information and are working toward some common change tactics and methods within a number of indicators including Patient Experience.

Addressing System Level Issues Through Quality Improvement

Reaching Vulnerable Patient Populations

MGH is firmly rooted in its Vision to “Create Health. Build Community.” We know that to “create health,” it is important to make sure there is equitable access to services. Our Smoking Cessation initiative provides an excellent example of how MGH provides equitable access to care. As the leading cause of premature death in Canada, smoking has a substantial impact on health and life expectancy causing cancer, cardiovascular disease and respiratory disease. Our smoking cessation initiative aims at not only promoting health, but also equitable access for care as we partner with our community members. Through quality improvement efforts, we are focused on increasing the number of patients who engage in our smoking cessation program. As we currently track community engagement as part of our QIP and measure how often nurses and staff “ask” patients about their tobacco use, a first step to smoking cessation.

To increase our focus on equitable access, MGH staff are provided with training to serve unique populations including members from the indigenous and LGBTQ communities. MGH has partnered with the 519 Centre to offer training that promotes an LGBTQ-inclusive environment. This training gives MGH staff the skills to care for members of the LGBTQ community. As the first hospital to formally partner with the 519 Centre, over 450 staff, including all management, have received training since 2014. A member from the LGBTQ community sits on our Patient Experience Panel and this group of patients provides feedback on a number of quality improvement initiatives in the hospital, as well takes part in our hiring processes in the organization.

Similarly, all of our senior executives have received cultural sensitivity training focused on indigenous peoples. To ensure MGH is compliant with both the United Nations Declaration on the Rights of Indigenous Peoples and the final report of the Truth and Reconciliation Commission, MGH consulted with Elder Little Brown Bear of the Withdrawal Support Service. Together we determined ways to enable the indigenous community to practice traditional medicines and cultural practices in tandem with the services we provide. The new Patient Care Centre plans include a culturally safe space for the indigenous community to gather.



Accessing the Right Level of Care

MGH has collected, measured and reported the number of ALC patients and has dedicated resources to ensure improved access to care for patients. This is represented in the percentage of inpatient days that beds were occupied by patients who could have been receiving care elsewhere. In 2017/18, the hospital continued to sustain the gains made and regularly met the provincial target of 12.7%. To achieve this, MGH channeled its energy on a number of tactics to reduce the rate of ALC including:

- Active and early patient involvement in discussion with patients and families around perceived barriers to transition.
- An early escalation process that involves senior leadership.
- Identifying and reducing barriers related to transition and discharge. Specifically, MGH rolled out a test of change and increased the use of the Blaylock risk assessment tool to provide clearer accountability during Transition Rounds. This enabled health care teams to quickly and proactively identify patients at risk for extended or challenged transitions and better plan for ALC challenges. Aligning with MGH's new Quality & Patient Safety Plan, this test of change also established common language for communication. This encouraged teams to communicate clearer and ensured information was accurately shared, improving patient safety. The hospital continues to roll out the refreshed test of change across the hospital.
- MGH also implemented a number of best practice approaches including the ALC Avoidance Framework, identified earlier as a "Great QI Achievement." Over 2018/19, the hospital will continue to standardize the transition process. Work with new "Transitional Navigators" in in-patient areas will help to better manage and ensure smoother transitions. MGH understands that ALC is a system-wide issue. In 2018/19, MGH plans to further increase collaboration with community partners to develop strategic relationship and identify pathways for ALC patients throughout the system. Specifically, MGH will continue its work with the Toronto Central LHIN, assessing the use of Reintegration Units (RIUs), a model in the community that specializes in the transition and support of patients from hospital and community who are ALC or at risk of ALC.



Opioid for the Treatment of Pain and Opioid Use Disorder

Pain Management Strategy

At MGH, we have taken a number of steps to support the effective treatment of pain. We have a robust Pain Management Strategy overseen by our RN Pain Specialist. Working in partnership with an inter-professional team, the Pain Specialist provides in-service training sessions and attends acute and chronic pain consults throughout the hospital, including those for patients with addictions.

Within our Pain Management Strategy, a number of non-prescribed drug approaches are involved, such as deep breathing, distraction, cold/warm compress, positive thinking or visualization and self-management. Educational “Pain Rounds” are held where all staff, patients and community members are welcome.

Last November, we released our new MGH Pain Management Guidelines. These were based on newly released national guidelines for pain management. The guidelines assist physicians and staff and inform the management of pain with opioids and are included on a Pain Management web page. This intranet site serves as a point of care tool for staff to use in clinical decision making with respect to pain management.



“We need to listen to our patients, but at the same time educate patients of possible physical dependencies and challenges to appropriately reducing the use of opioids, in a timely manner.”

Danuta Jaros, RN Pain Specialist, MGH

Managing Opioid Use Disorder

Physicians and staff are supported and engaged on the use of opioids for the treatment of pain and opioid use disorder. For example, in our Emergency Department (ED), physicians and staff see many patients with high levels of pain. When appropriate, physicians attempt to prescribe non-opioid medications first to help manage a patient's pain. When patients require opioids beyond their first visit to hospital, they are encouraged to follow up with their primary care provider for ongoing pain management and prescribed a limited amount of opioids to patients after discharge.

Our teams share evidence-based treatments for specific conditions and avoid narcotics where possible. We know that a significant number of our patients are impacted by substance related to opioid addictions. The ED works diligently to connect patients to community supports. However, in the ED, our teams are challenged in finding the time and resources to offer support for patient counselling. We are working to establish substance use expertise both inside and outside the hospital to be able to provide patient counselling amidst limited resources in the department. More recently, we have referred patients to Rapid Access Medicine (RAM) clinics to help patients with opioid use disorders.



Workplace Violence Prevention

For 2018/19, the province and Health Quality Ontario have designated Workplace Violence Prevention (WVP) as a mandatory indicator for all hospitals. With the help of a robust incident reporting process and MGH has reported on the number of incidents of workplace violence resulting in lost time since the 2016/17 QIP. For almost 12 years, the hospital has made WPV prevention an organizational priority.

MGH continues to be a system leader in the area of WPV. Members of the hospital's leadership were consulted and contributed to the province's 2017 Workplace Violence in Health Care Progress Report, a joint commitment from Ontario's Ministries of Labour and Health and Long-Term Care to make hospitals safer. Similarly, MGH is called upon regularly to share its best practices about the topic of WVP at conferences, presentations and throughout a number of organizations across Ontario. Though being a system leader is a great accomplishment, there continues to be ongoing and planned initiatives to continue reducing WPV incidences.

As a member of the Joint Centres for Transformative Healthcare Innovation (Joint Centres), MGH has co-lead and co-created a number of initiatives that are helping to inform the broader system in the area of workplace violence prevention. Initiatives include:

- Completion and dissemination of the Workplace Violence Playbook. The Playbook is a collection of tactics from each Joint Centre hospital related to practices that help to reduce WPV and encourage a zero tolerance for all forms of violence.
- Research and development of a common approach to flagging risk of violence, such as the Alerts for Behavioural Care (ABC) tool.
- Participation in a research project on workplace violence reporting in partnership with the Institute for Work and Health.



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