

# **2019/20 Quality Improvement Plan**

## **Narrative**

**Performance Monitoring & Quality Committee**

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Michael Garron Hospital (MGH) is a division of Toronto East Health Network. We are a full-service community teaching hospital serving a diverse population in the south-east of Toronto.

## Who we serve

MGH serves a community of over 400,000 people. 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 catchment area. When identifying our organizational priorities and areas for 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.

## Snapshot of the MGH Community

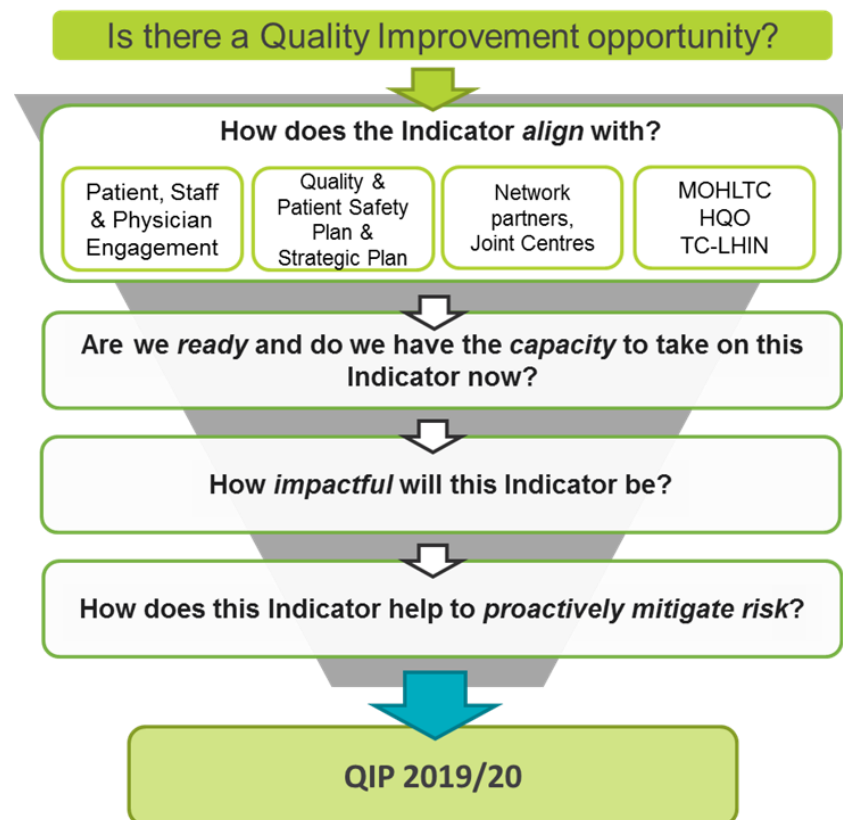
- Immigrants comprise 40% of the population we care for, including various neighbourhoods with proportions of individuals born outside of Canada as high as 65%, for example Thorncliffe Park
- Over 50 languages spoken; after English, the most common languages are Chinese, Urdu, Bengali, Greek and Tagalog
- 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
- High fertility rates, with 48% of babies born to mothers not originally from Canada
- High rates of chronic diseases in many neighbourhoods within our catchment, including diabetes rates in Thorncliffe Park of 14.7% compared to the City average of 10%
- Nineteen of twenty two neighbourhoods have higher visit rates to health service providers for mental health conditions, compared to the rest of Toronto
- One-fifth of the community does not have a regular family physician

## Our QIP Planning Process

Our QIP planning process is designed to ensure the selected QIP initiatives are appropriately aligned and have had appropriate involvement by all stakeholders, including patients and care providers.

The factors considered for appropriate alignment include:

1. Our corporate strategic plan
2. Our Quality & Patient Safety Strategic Plan
3. System mandates and priorities (eg: TC-LHIN, HQO, MOHLTC)
4. Local needs, priorities and potential risks
5. Change readiness of service area(s), including resource capacity
6. Identification of current QIP indicators that are ready to be operationalized, and tracked in our “Monitor & Sustain” portfolio



# 2019/20 QIP Narrative | Overview *(continued)*

## Alignment with our Quality & Patient Safety Plan

Our Quality & Patient Safety (QPS) Plan ensures that everyone in the organization is focused on a shared vision of creating a culture of patient safety and exemplary quality of care enabled through partnerships with patients and families.

A key consideration as we selected QIP improvement initiatives was alignment with and support of the priorities, commitments and behaviours outlined in our QPS Plan. The change ideas for each improvement initiative also reflect the QPS priorities and further reinforce our drivers for an organizational quality culture.

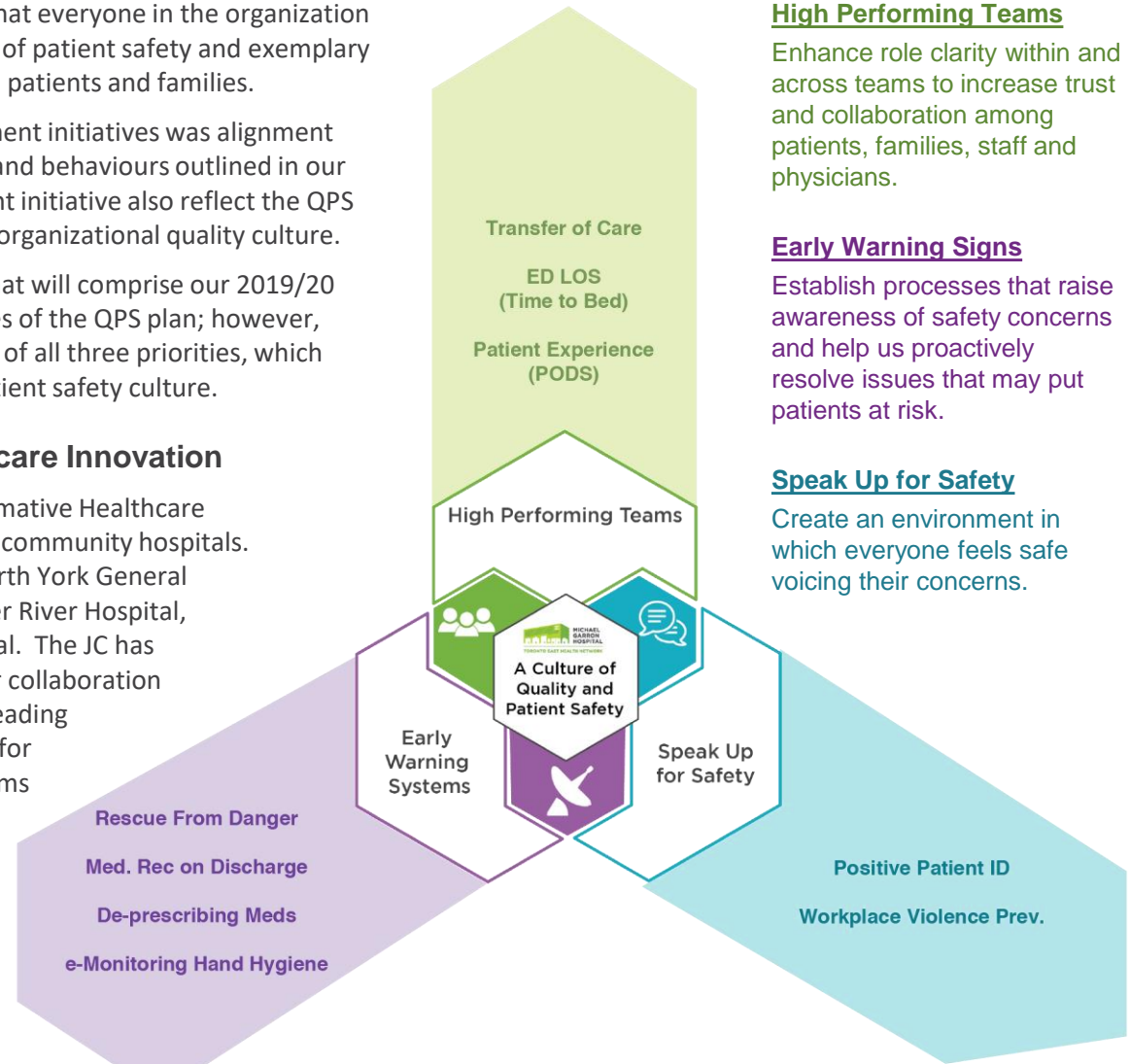
This graphic shows the improvement initiatives that will comprise our 2019/20 QIP and their primary alignment with the priorities of the QPS plan; however, each improvement initiative involves an interplay of all three priorities, which reflects the complexity of a strong quality and patient safety culture.

## Joint Centres for Transformative Healthcare Innovation

We are a member of the Joint Centres for Transformative Healthcare Innovation (JC), a partnership between seven large community hospitals. Other members are: St. Joseph's Health Centre, North York General Hospital, Southlake Regional Health Centre, Humber River Hospital, Mackenzie Health, and Markham Stouffville Hospital. The JC has done transformative work to build a foundation for collaboration and continues to develop, implement and spread leading practices and innovative solutions to improve care for patients and families. As the JC looks forward, it aims to define quality in transitions in care and is committed to driving joint metrics to support this.

## Our 2019/20 QIP Portfolio on a Page

The following page presents a summary of the objective, target, and change ideas for each of our 2019/20 QIP improvement initiatives.



### High Performing Teams

Enhance role clarity within and across teams to increase trust and collaboration among patients, families, staff and physicians.

### Early Warning Signs

Establish processes that raise awareness of safety concerns and help us proactively resolve issues that may put patients at risk.

### Speak Up for Safety

Create an environment in which everyone feels safe voicing their concerns.

# 2019/20 QIP Narrative | Overview *(continued)*

	QIP Indicator		Improvement Measure	Baseline	Target	Change Ideas
<b>Improve</b> Aim to improve current performance	<b>De-prescribing Medications</b>	Year <b>02</b>	% Medicine in-patients reviewed for appropriate use of targeted drugs	N/A (new pop'n)	> 70.0	<ul style="list-style-type: none"> <li>Build De-prescribing Stewardship team</li> <li>Update Cerner reporting tools</li> <li>Update Cerner doc'n for community providers</li> </ul>
	<b>Transfer of Care</b>	<b>NEW</b>	% compliance using Cerner iPass tool	N/A (new sys.)	> 70.0	<ul style="list-style-type: none"> <li>Implement Shift to Shift ToC (Phase 1)</li> <li>Implement Inter-Dept ToC (Phase 2)</li> </ul>
	<b>Positive Patient Identification (PPI)</b>	<b>NEW</b>	% PPI correctly completed	To be Collected	+ 10% of baseline	<ul style="list-style-type: none"> <li>Empower patients to "Speak up for Safety"</li> <li>Identify and remove process barriers</li> <li>Reinforce PPI education and awareness</li> </ul>
<b>Evolve</b> Goal, indicator and/or tactics have changed	<b>P</b> <b>Patient Experience</b> (Pt. Oriented Discharge Summary)	Year <b>02</b>	% Patients satisfied with discharge information	52.6	> 58.0	<ul style="list-style-type: none"> <li>Post D/C phone calls using PODS framework</li> <li>Staff capacity in health literacy &amp; teach back</li> <li>Ideal discharge conversation protocol</li> </ul>
	<b>P</b> <b>Med Rec on Discharge</b>	Year <b>02</b>	% Patients with medication reconciliation plan upon discharge	63.5	> 68.0	<ul style="list-style-type: none"> <li>Design &amp; implement accountability framework</li> <li>Deliver prescriber education refresher</li> <li>Implement patient chart improvements</li> </ul>
	<b>e-Monitoring Hand Hygiene</b>	Year <b>02</b>	% Mean monthly hand hygiene compliance	52.0	> 65.0	<ul style="list-style-type: none"> <li>Design &amp; implement accountability framework</li> <li>Continue Unit-led QI interventions</li> </ul>
<b>Maintain</b> Performance is at or exceeding target	<b>M</b> <b>Workplace Violence Prevention (1)</b>	Year <b>02</b>	# reported workplace violence incidents (per month)	27.0	> 30.0	<ul style="list-style-type: none"> <li>Implement Joint Centres Alert for Behavioural Care (ABC) and Worker Safety (WS) Plans</li> <li>Zero Tolerance communication strategy</li> </ul>
	<b>Workplace Violence Prevention (2)</b>	<b>NEW</b>	# reported incidents resulting in Staff Lost Time (per year)	6.3	< 5.0	
	<b>M</b> <b>ED Length of Stay</b>	<b>NEW</b>	Hrs. wait time for inpatient bed	14.2	< 14.0	<ul style="list-style-type: none"> <li>Streamline patient flow processes</li> <li>Identify &amp; implement improvement to consult. processes</li> </ul>
	<b>Rescue from Danger</b>	Year <b>03</b>	# unexpected ward deaths / 1000 discharged patients	0.8	< 0.5	<ul style="list-style-type: none"> <li>Automate Rescue from Danger Scorecard</li> <li>Implement Toronto Academic Health Science Network escalation of care maturity model</li> </ul>

# 2019/20 QIP Narrative | Our greatest 2018/19 QI Achievement

**Background:** Healthcare-associated infections (HAIs) affect 5-10% of hospitalized patients, resulting in prolonged hospital stay, increased healthcare expenditure, high cost for patients and their families and preventable deaths. Hand hygiene (HH) compliance is the single most important intervention to prevent HAIs and has been a publically reported key quality indicator in Ontario since 2009. However, the common approach to measuring HH relies on human observers (auditors) who rapidly become recognized by staff, resulting in inflation of reported adherence by a factor of at least 2 to 3. Many hospitals reporting compliance rates above 85% in reality have compliance rates of less than 50%.

**Innovation:** Electronic HH monitoring (eMonitoring) provides accurate, real time measurement of HH compliance specific to a clinical area such as a patient care unit. This unique system offers the advantage of measuring 100% of all HH events. It works by determining the number of times an eMonitoring dispenser is activated, standardized by the number of hand hygiene opportunities. The system is accurate and has been validated in different care settings across the world.

In 2018/19, our Infection Prevention & Control team co-ordinated the implementation of the eMonitoring system on five patient care units and set compliance improvement targets for each of them. The automation of data collection was supplemented with a variety of QI interventions developed with care providers. Moreover, a thoughtful change management strategy was developed and executed, involving direct engagement of hospital executive team members, education sessions for patients and families, communication tools (eg: huddle boards), and organization of friendly competition among patient care units via contests such as the Semmelweis Award to recognize patient care units scoring the highest monthly average above 60%.

Increased accuracy and automation of HH compliance measures also allows us to develop a more detailed knowledge of the relationship between HH adherence and the incidence of different types of HAIs, which serves to generate additional patient safety improvement strategies.

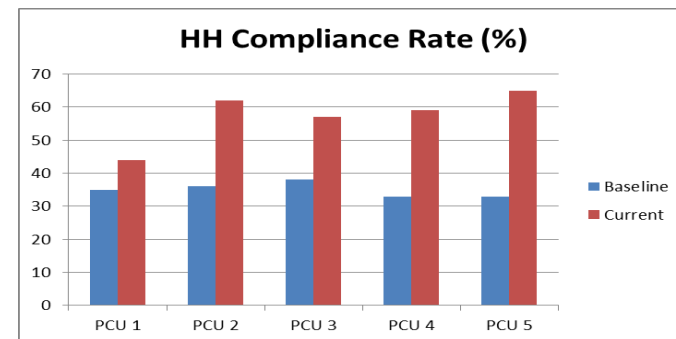
**Change Partners:** Also noteworthy, is the collaborative nature of this QIP initiative. MGH is a part of a multi-center research study being carried out jointly with Sinai Health Systems, Sunnybrook Health Sciences, St. Michael's Hospital and Lakeridge Health. This partnership aims to standardize HH measurement, and develop innovative and practical solutions with strong value propositions that can be spread system-wide.

**Results:** We have seen significant improvement in HH compliance since launching this initiative in April 2018 (see chart). Percentage point increase ranged from 9 to 32, with an average of 22.4. Percent improvement ranged from 26% to 97% (average: 65%). For F2019/20 we plan to continue improvement efforts in these five patient care units, while expanding to three additional units.

Notes:

Baseline = performance prior to QI interventions

Current = actual performance, Jan 1 to 15, 2019 (9 months after start of this initiative)



We continued to build on our history of collaboration with patients and families (Patients) during the development of our QIP. Further, we will continue to partner with these individuals as we implement our quality improvement initiatives. Working together with Patients ensures that the priorities we pursue reflect their 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 partnership and co-design. Our aim is to ensure that the most meaningful and appropriate approach to including the Patient voice is integrated into every QIP initiative. 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 LOS team includes a patient representative who participates as an active member at the biweekly working group meeting. The patient's role includes providing insights, participating in co-design, and sharing in the decision making.

## **Patient Experience Partner on Leadership Committees**

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

## **Patient Experience Panels**

Patient Experience Panels are comprised of former patients and family members who meet regularly to share insights into, provide input to and co-design organizational initiatives. Presently we have three active panels. The first was formed in 2012 and deals with matters relating to any MGH activity. We have since established two more, each with a more specific scope: the Hemodialysis Patient Experience Panel (2014) and the Mental Health Patient Experience Panel (2016). This past year, our Patient Oriented Discharge Summary QIP team engaged with the MGH Patient Experience Panel to co-create designs and plans for improved "patient friendly" discharge summaries and conversations.



## **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 and, most recently, have provided valuable perspectives as Patients of TEHN and other healthcare providers at the system level. These insights help us to identify quality improvement opportunities.

## **Feedback from patients via Patient Relations Office and on units**

Our patient relations process is a critical source of insights into the drivers that contribute to a positive or negative Patient experience. The stories that are shared enable us to better understand Patient experience. Insights are also obtained through day-to-day interactions between care providers, leadership, and Patients. For example, in 2018 a patient expressed concern regarding communication between MGH diagnostic testing departments and the referring physician. This feedback prompted our information technology and diagnostic testing teams to design and implement an automated notification to referring physicians when their patient does not show up for a scheduled appointment, enabling the physician to follow up directly with the patient and thus improving patient care and safety.

## **Patient Videos**

Our Patient Videos Program captures brief interviews with Patients and staff, providing them with the opportunity to share their experiences. These videos are shared with individuals and teams throughout the organization and are integrated into the majority of leadership meetings. Hearing directly from patients serves to deepen our understanding of the Patient experience and directs our quality improvement work. Our Patient Video program has rapidly gained international recognition. To facilitate the spread of this program to other healthcare organizations, we have developed a tool-kit with guidance for issues like Patient consent, protection of privacy, interviewing techniques, and methods for sharing outcomes. To date, we have connected with over 40 organizations across North America and Australia to support their interest in developing patient video programs.

## **Patient Stories**

Care providers regularly share stories about Patients with their teams. This is an extension of, and a complement to our Patient Video program. Through the time spent reflecting on each patient story, staff and leadership are able to connect more meaningfully to Patients and to their work. Patient Stories help enhance the culture of the organization; they help build a foundation that enables greater engagement in improvement activities as staff and leaders are more easily able to see the value of improvement work through a perspective that focuses on the positive impact for patients and families.

The prevention of workplace violence has been an organizational priority for more than 10 years. We were among the first to address this issue with targeted educational programs, awareness campaigns, and reporting systems to monitor frequency and type of occurrences. Workplace Violence Prevention (WVP) strategies and improvement initiatives are imbedded in our People Strategic Plan.

We continue 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 best WVP practices at conferences and throughout a number of healthcare organizations across Ontario and internationally. As a system leader, MGH strives to innovate in our strategic commitment to create the safest place to give and receive care through increasing reporting and consistently identifying opportunities to improve. We have a vision to embrace a "violence free" care environment.

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 of all forms of violence
- Research and development of a common approach to creating alerts for risk of violence, such as the Alerts for Behavioural Care (ABC) tool and processes
- Ongoing participation in a research project on workplace violence reporting and quality in partnership with the Institute for Work and Health

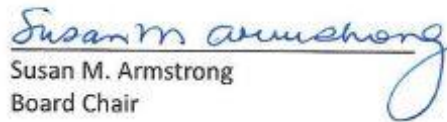
We recently designed and held our WVP Think Tank Day – a collaboration of leaders from several organizations to brainstorm innovations and practical solutions. Several innovations and practical solutions were generated to support our vision of a "violence free" care environment.

# 2019/20 QIP Narrative | Sign-off

I have reviewed and approved our organization's 2019/20 Quality Improvement Plan.



Andrew Steele  
Board Quality Committee Chair



Susan M. Armstrong  
Board Chair



Sarah Downey  
Chief Executive Officer