

Let's Make Healthy  
Change Happen.



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

Michael Garron Hospital



A Proud Member of  
**TORONTO EAST  
HEALTH NETWORK**

*Formerly the Toronto East General Hospital*

**4/1/2016**

This document is intended to provide health care organizations in Ontario with guidance as to how they can develop a Quality Improvement Plan. While much effort and care has gone into preparing this document, this document should not be relied on as legal advice and organizations should consult with their legal, governance and other relevant advisors as appropriate in preparing their quality improvement plans. Furthermore, organizations are free to design their own public quality improvement plans using alternative formats and contents, provided that they submit a version of their quality improvement plan to Health Quality Ontario (if required) in the format described herein.

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# Overview of our Quality Improvement Plan for 2016-17

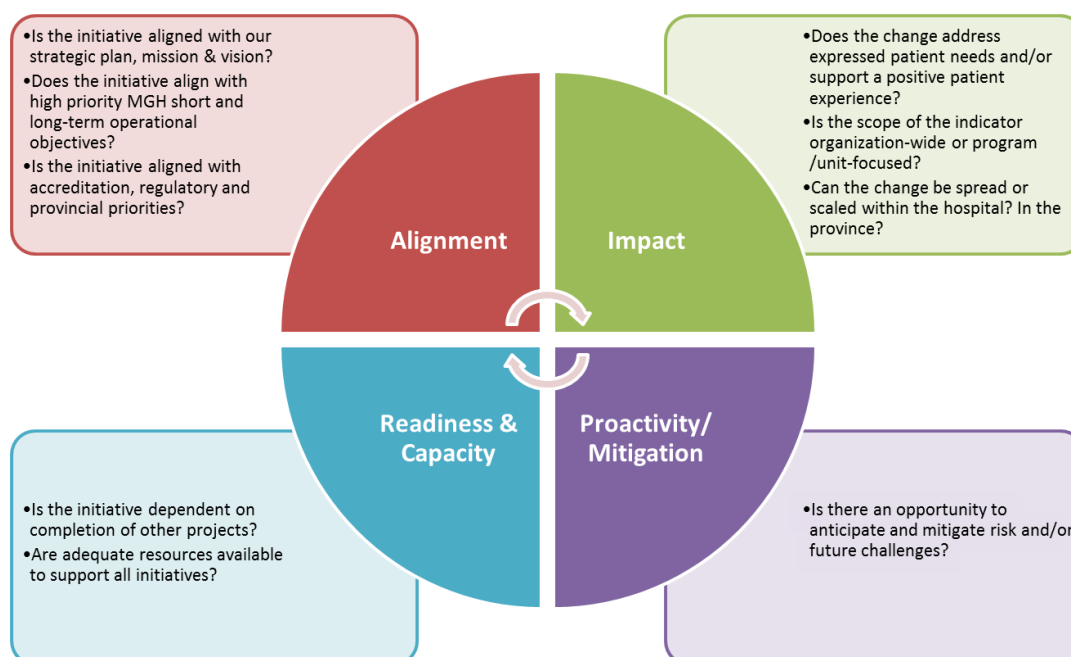
Our Quality Improvement Plan (QIP) is our commitment to you – the patients, families and community members of East Toronto. It is also our commitment to our staff, as well as to our colleagues, our partners across sectors and the province. It outlines our priorities and plans for the upcoming year to 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. We invite you to review a summary of this year's QIP written for patients, by patients on our website.

As one of Ontario's leading community teaching hospitals, Michael Garron Hospital (MGH), a division of the Toronto East Health Network (formerly Toronto East General Hospital), is committed to creating a culture in which continuous quality improvement underpins all work, every day. Our vision is to set a new standard in Quality and Value, accomplished through the pillars of Patient Centredness, Encouraging People, Ensuring Value, Cultivating Collaboration, and Inspiring Innovation. 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 providing safe, high quality care. 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 2016-17, we build on the work that took place over the last year and set new objectives 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 all six of 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.

In selecting our objectives for the upcoming year, key stakeholders within the organization, including patients and the community, were consulted and data from a variety of sources were reviewed, including past QIP performance, Patient Relations, Accreditation, incident reporting and patient surveys. Each year, in addition to identifying emerging improvement opportunities, we review our objectives and associated progress from the previous QIP cycle to determine how to evolve our work and drive further improvements. Through evaluation of the data, strategies that have demonstrated consistent performance and have been successfully hardwired across the organization may be phased out of the QIP but continue to be monitored internally. Objectives for the upcoming QIP are then refined and prioritized in consideration of:



The following summarizes our plans for this year's QIP and is described in further detail within our QIP 2016/17 workplan:

<b>HQO Quality Dimension</b>	<b>Objective: Our goals to improve care for patients and families</b>
<b>Patient Centred</b>	<b>Positive Patient Experience:</b> Providing patients and their families with an optimal experience from the moment they walk through our doors 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.
<b>Safe</b>	<b>Clostridium Difficile Infections:</b> 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 <i>C. difficile</i> in the hospital through teamwork across all departments.
	<b>Medication Reconciliation at Discharge:</b> When patients leave the hospital, they, their families and their doctor, as well as other health care providers, need to know what

	<p>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.</p>
	<p><b>Rescue from Danger:</b> 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 identify and respond to at-risk and deteriorating patients. We aim to provide timely and appropriate interventions to avoid unexpected negative outcomes.</p>
	<p><b>Workplace Violence Prevention:</b> 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.</p>
<b>Equitable</b>	<p><b>Smoking Cessation:</b> 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.</p>
<b>Efficient</b>	<p><b>Alternate Level of Care (ALC) days:</b> Patients should receive the right care in the right place – whether it's the hospital, home or long-term care. After patients' acute or immediate health care needs are addressed, we aim to transition patients to their next stage of care in a timely way, thereby minimizing unnecessary ALC days.</p>
	<p><b>Total Margin:</b> Province-wide hospitals are feeling the impact of several years of little to no increases in funding, despite inflationary increases and growing patient needs. Following</p>

	14 consecutive years of strong financial health, we continue to aim to achieve a balanced budget in the upcoming year despite environmental constraints. While continuing to provide safe and quality care, we aim to identify improvement opportunities and enhance cross-organizational monitoring to balance the budget once again.
Effective	<b>C-section Rates:</b> 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.
	<b>Quality Based Procedures (QBP) 30 Day Readmission Rates:</b> 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 maintain our current performance in 30 day readmission rates while continuing to focus on reducing length of stay for quality based procedures.
Timely	<b>Emergency Department (ED) Wait Times:</b> 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 for the initial assessment by a physician.

## QI Achievements From the Past Year

While all ten of our 2015/16 QIP objectives demonstrated improvements over the last year, with 9 out of 10 meeting or exceeding their targets, the approach and accomplishments of the ALC QIP team exemplifies the success that can be achieved through a quality improvement approach structured around key enablers. Through leadership in the development and adoption of the ALC Avoidance framework, currently being spread across sites within the Toronto Central (TC) LHIN, MGH continues to reduce the number of patients who are in the hospital waiting for their next destination, while increasing the number of patients that transition back into the community in a timely way. In alignment with the Ministry of Health, MGH encourages a “home first” approach to managing discharges. In the last 12 months, MGH decreased the number of ALC patients who are waiting in hospital for a long-term care (LTC) bed by 50%, in part due to a shared focus by all

interdisciplinary providers on encouraging patients to return home with supports, where they may submit a LTC application, if needed.

The following are key enablers that support the success of the ALC improvement objective and which will be spread to other QIP initiatives at MGH in the coming months:

### **Access to guidance around best practices:**

The ALC Avoidance Framework outlines pockets of ALC best practices from throughout the province and brings them together in a self-assessment format. The development of this framework has not only provided insight into the practices that have been implemented successfully by our peers, but also enables us to evaluate our own current practices against those in the guidance document. Through this process, we have been able to more easily identify gaps and/or opportunities for further improvement, which has enabled us to prioritize the introduction of change initiatives that contribute to a reduction in ALC days.

### **Collaboration and Partnerships:**

Working on this initiative in partnership with the Community Care Access Centre (CCAC), MGH is able to apply a systems approach to the challenge of ensuring patients are able to safely leave the hospital once their acute care needs are met. In addition, cross-sectoral collaboration such as with Providence Healthcare, CCAC, Woodgreen Community Services and Health Links has been extremely beneficial. These external partners attend weekly ALC Operations huddles where we are able to jointly problem-solve to meet patients' needs.

### **Patient engagement:**

Patients are actively involved in the work of this QIP. For example, through discussions with patients who sit on the MGH Patient Experience Panel (PEP) 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 in a variety of mediums in the hospital is being shifted from “discharge planning” to “transition planning,” which the Patient Experience Partners suggested would improve our approach.

### **Use of data to drive improvement:**

The use of data measurement and reporting has been central to the work of the ALC team. Staff within the hospital review ALC-related data on a daily basis. In addition to actively monitoring performance, diverse data are analyzed at least monthly to understand trends and potential barriers, so that plans to overcome them can be developed. For example, we have identified that a number of patients are being deemed ALC within 48 hours of admission. This understanding has driven improvements in proactively managing their care by gaining an understanding of the status and discharge plans of each patient as early as possible in the patient journey. This, in turn, enables the care team to have a discussion about returning home and is attached to concrete same-day actions to facilitate that transition. At the twice weekly ALC operational huddles, patients who have been or may be deemed ALC are discussed in the context of if their plans to leave the hospital are on or off track. Through this channel, organization-wide teams are able to brainstorm and address barriers to discharge, while recognizing issues and adjusting plans quickly.

### **Leadership alignment and engagement:**

Involvement of the executive leadership team in the ALC work highlights the importance of the objective to the entire organization and helps deliver a message of “We’re ALL in this together.” In addition to strategic alignment through key channels, the leadership team demonstrates their engagement through their active presence. For example, two executive team members attend and participate in the weekly ALC operational huddle.

### **Systems/cross-continuum approach:**

The ALC team has learned that they experience greater success when strategies span the patient journey – in the Emergency Department, in acute care and in post acute care, in addition to in the community. For example, in the past, patients that were demonstrating acting-out behaviours contributed to ALC days as they



waited in hospital for a locked LTC facility. With the creation of the Memory Care Unit at MGH, providing 'the right care in the right place,' 70% of these patients are now able to transition to a regular long-term care home, thus supporting flow within the hospital.

## Integration & Continuity of Care

Although the formalization of our community partnerships, through the formation of the Toronto East Health Network, occurred more recently, 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.

### 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. For the purposes of the QIP, MGH is collaborating 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 will be 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 highly 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. Over the next year, Solutions will focus on developing an improved understanding of the identified population of interest (i.e. "risking risk") by jointly collecting and analyzing data through surveys, focus groups and interviews. Together our organizations aim to include a collaborative objective on our QIP in 2017/18.

### Joint Centers for Transformative Health Care Innovation

MGH will continue to work with its partners in the Joint Centres for Transformative Health Care Innovation (The Joint Centres) to share and adapt leading practices of direct relevance to large community hospitals to improve quality, patient safety, value and accountability in health care. The current spread projects that involve staff and physicians from the six member organizations including Markham Stouffville Hospital, Mackenzie Health, North York General Hospital, Southlake Regional Health Centre, St. Joseph's Health Centre and Michael Garron Hospital will be strengthened based on monitoring and reporting on progress. Strategies to drive further improvement in the reduction of C. difficile infections, C-sections and unnecessary tests through Choosing Wisely will be identified and shared.

In addition, a new spread project related to Workplace Violence Prevention (WVP) will be undertaken in collaboration with all hospitals, with MGH providing leadership to help share and spread best practices. This initiative represents a commitment to creating secure, safe and healthy work environments for all staff by leveraging the expertise of the member hospitals within the Joint Centres. Inclusion in each hospital's QIP signifies that the prevention of workplace violence is recognized as a key dimension of quality that directly impacts patients and families.

### **Community Care Access Centre**

Through an ongoing partnership with the CCAC, MGH is able to develop strategies within the QIP that address challenges that are impacted by activities beyond the hospital's walls. By applying a cross-continuum lens to objectives such as reducing unnecessary patient time spent in acute care (reduction in ALC days), a coordinated approach to the development of initiatives that is reflective of a patient's entire health journey is made possible. This work is an example of the success that can be achieved through partnership, shared accountability and care across transitions, and is described in further detail below.

### **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 will support the development of innovative leading practices that address the areas for improvement described in the QIP.

## **Engagement of Leadership, Clinicians and 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. While we aim to include patients in all our QIP teams, those that do not yet have a patient partner on board still ensure that the patient voice is included in planning through other channels such as those described above. 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 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.

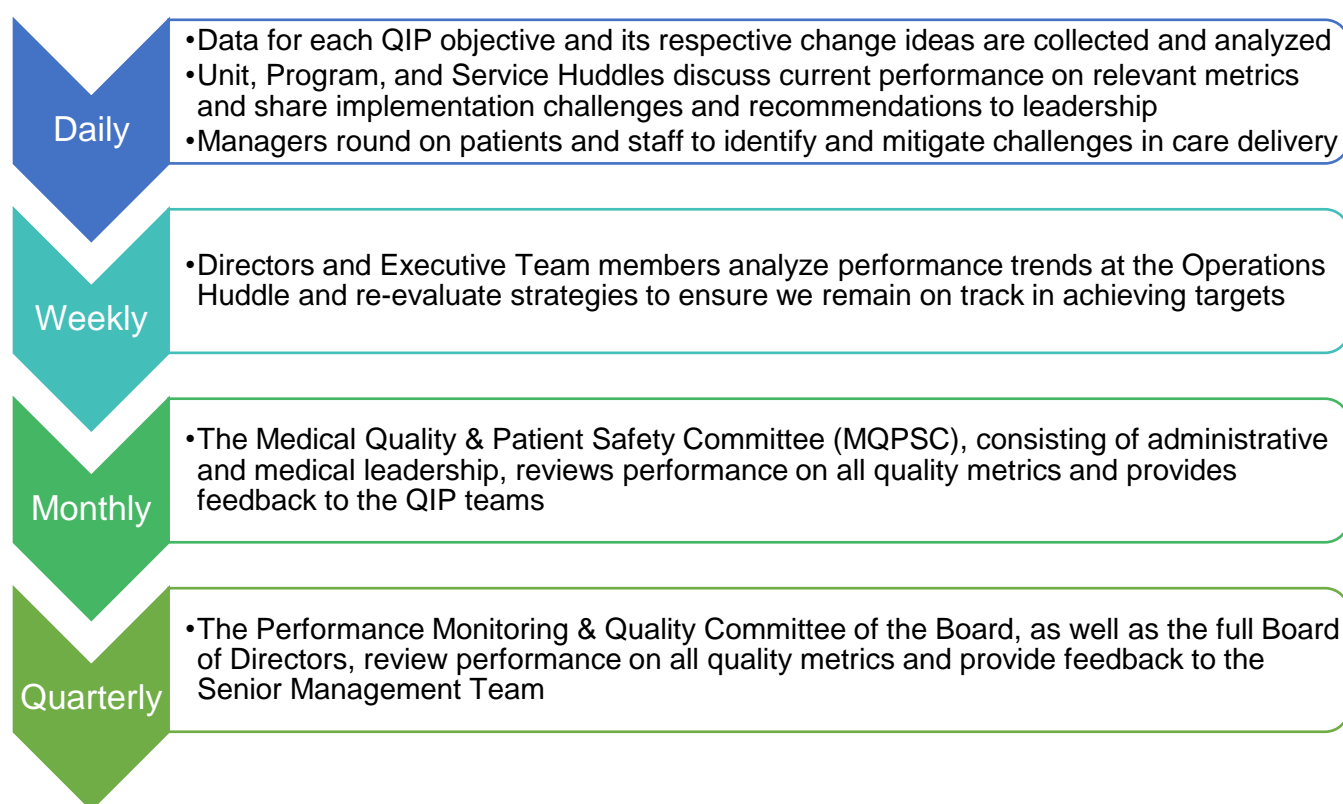
Building on the success of last year's inaugural Think Differently Brainstorming session, staff, physicians and patients were again invited to share their insights and generate new ideas for the QIP. Over 120 staff



attended, 50% of which were from the frontline, and together generated over 300 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:



## Patient/Resident/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. 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.

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 Wait Time 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).

### **Patient representation on Leadership Committees**

The membership of the Medical Quality & Patient Safety Committee includes a patient, who participates in monthly leadership discussions and helps ensure that a 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 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, the ALC QIP team met with the Panel members to discuss their perspectives on early discharge planning. PEP provided an understanding of the impact of language, rather than timing, on the patient's experience with discharge. As a direct result of PEP's recommendations, pamphlets, letters and conversations are shifting the language from 'discharge planning' to 'transition planning.'

### **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 and, most recently, have provided valuable insights on the extent to which they have been engaged as both patients/clients and at the system level, thereby helping to identify opportunities for improvement at MGH.

### **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. For example, as part of the Rescue from Danger QIP team's work, 90 providers were interviewed from units organization-wide to gather feedback staff has heard directly from patients and families to incorporate into the planning of the team's change ideas.

### **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 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

patient that acquired C. difficile while in hospital shared her story via patient videos and, by putting a face to the impact of this incident, she helped re-engage staff in their infection control efforts more effectively than if we had used data alone.

### **Patient Stories**

Providers in clinical areas regularly share stories about their patients with their team during unit huddles. Through the time spent reflecting on each patient story, staff 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 are more easily able to see the value of improvement work through a perspective that focuses on the positive impact to their patients.

### **Social Media**

MGH was recently awarded a leading practice by Accreditation Canada for our 'Social C-suite' – all of our executive team, as well as many senior leaders 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.

## Performance Based Compensation [part of Accountability Mgmt]

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.

MGH falls within a unique category that closely aligns with the criteria above. While 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 MGH in the above category.

Although MGH may not have performance-based compensation linked to the achievement of QIP targets this 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.

## Sign-off

I have reviewed and approved our organization’s 2016/17 Quality Improvement Plan.

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Krystina Hoeg  
*Board Chair*

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Robert McGuire  
*Quality Committee Chair*

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Sarah Downey  
*Chief Executive Officer*