

Excellent Care  
For All.



2015-2016

# Quality Improvement Plan

(Short Form)



TORONTO EAST  
GENERAL HOSPITAL

# Overview of Our Hospital's Quality Improvement Plan

## I: Overview of our quality improvement plan for 2015-16

As one of Ontario's leading community teaching hospitals, Toronto East General Hospital (TEGH) is committed to creating a culture where quality improvement is a way of life. We are setting a new standard in quality and value through the following pillars: Patient Centred, Encouraging People, Ensuring Value, Collaborative Spirit, and Inspiring Innovation. We see our Quality Improvement Plan as an integral avenue where these pillars converge to push the boundaries of care we deliver to our patients. In our quality improvement journey, our patients, staff, and community partners have been indispensable in sharing ideas on how we can continue to make our hospital exceed expectations in all dimensions of quality by focusing on our greatest opportunities for improvement. Through our Quality Improvement Plan for 2015-16, we are focusing on making our environment safer for patients, delivering excellent patient outcomes with minimal cost, being proactive in anticipating and responding to patient needs, and improving care transitions from our hospital to the community.

## II: What we will be focusing on and how these objectives will be achieved

Continuing to set the new standard in quality and value this year, we will be focusing our attention on areas with the greatest opportunities for improvement that also align with the most pressing challenges facing our patients and healthcare partners. Based on current performance and strategic alignment with our Quality Improvement Plan, we have grouped indicators into two categories: Improvement Indicators and Maintain Indicators.

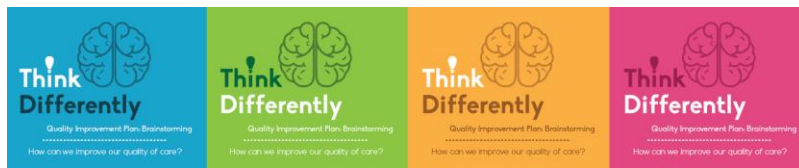
**Improvement Indicators** are strongly aligned with the strategic priorities of TEGH, the Toronto Central LHIN and the Ministry of Health and Long-term Care, and most are paired to ambitious stretch goals that challenge our staff and leadership to develop innovative ways of establishing and meeting stretch targets.

Safety	<i>Clostridium Difficile Infections:</i> By ensuring early identification of at-risk patients and maintaining surface and provider sanitation, we will aim to reduce nosocomial infections within the hospital.
	<i>Medication Reconciliation at Discharge:</i> To proactively prevent medication incidents and ensure a high level of patient care, TEGH will measure and drive an improvement in medication reconciliation at discharge with a focus on our most medically complex patients.
Effectiveness	<i>Rescue from Danger:</i> TEGH aims to monitor, measure, and improve organizational processes and capacity to proactively identify and respond to deteriorating patients.
	<i>Health Equity:</i> TEGH services a diverse patient population. Identifying, understanding and addressing inequity in patient care is critical to maintain high quality care. TEGH aims to implement the LHIN-wide Health Equity survey in major patient intake areas.
Integrated	<i>Alternative Level of Care Days</i> will be reduced by at least 5% by collaborating with CCAC on new initiatives and by standardizing processes to care for patients requiring long-term care and home care.
Access	<i>ED Wait Times:</i> By redesigning patient flow and collaborating with consultative and support services, TEGH will reduce the time waiting for initial physician assessment by at least 9%.
Patient-Centered	<i>Rounding for Patient Satisfaction:</i> By rounding on patients, we will be able to address their emotional support needs and keep them safe. We aim to increase patient satisfaction with their rounding experience.
	<i>Patient Satisfaction:</i> Patient Centred Care is a critical element of TEGH's strategic plan. Strongly aligned with provincial priorities and organizational priorities, TEGH aims to exceed the performance level of GTA hospitals.

**Maintain Improvement Indicators** are aligned with TEGH, Toronto Central LHIN and Ministry of Health and Long-Term Care priorities and will sustain current performance.

<b>Safety</b>	<i>Falls with Harm:</i> TEGH aims to maintain its current performance rate for falls with harm, while actively increasing the mobility of patients.
<b>Integrated</b>	<i>30 Day Readmission Rates:</i> TEGH aims to maintain its performance in 30 day readmission rates while aggressively reducing length of stay for quality based procedures. This approach allows the hospital to drive organizational efficiency while maintaining a high quality of patient care.

## Engagement of Patients, Clinical Staff & Broader Leadership: Think Differently



At TEGH, our annual Quality Improvement Plan is representative of a collaborative effort on the parts of both administrative and medical leaders and our patient and community network. This is done through an in-depth analysis of our opportunities for quality improvement based on feedback from patients, families, staff, physicians and community partners, so that we maximize value for our patients and the greater health care system. We build on our hospital's successes and our learning from previous Quality Improvement Plans to create detailed strategies that will improve patient care in our organization.

One of the key strategies used to engage clinical staff and leadership around the development and implementation of the organization's Quality Improvement Plan has been the use of patient videos. As part of the organization's strategic plan, patient videos have been integrated into 50% of corporate meetings. Patient videos capture brief interviews with patients and their family members at the hospital and aim to crystalize patient realities at TEGH and provide a qualitative perspective to the metric driven world of quality improvement. Patient videos are filmed with the intent of capturing 1) the complex interplay of service and interactions which influence the patient experience and 2) service gaps identified by patients. These videos have helped to engage clinical and administrative staff in patient centred innovations and quality improvement initiatives.

TEGH prides itself on being an organization that promotes innovation in the way we engage patients and staff in the development of organizational priorities and tactics for quality improvement. In addition to collaborating with our Patient Experience Panel and Community Advisory Council, TEGH embarked on a new engagement campaign that challenged patients and staff to 'think differently'.

Think Differently Brainstorming Session	More than 85 staff, physicians and patients converged to participate in creative brainstorming sessions aimed at generating ideas and asking questions on targeted quality improvement areas from across the organization. Over 150 new ideas emerged.
Social Media: Tweet Chat #HCSMCA	Working closely with social media partners such as Healthcare Social Media Canada, TEGH hosted a tweet chat aimed at generating and sharing ideas related to the Quality Improvement Plan. The session produced 1.5M impressions and effectively engaged community, patients, healthcare experts and other organizations.
Newspaper Ad	TEGH placed ads in local papers seeking to engage community members to call in to a Quality Improvement hotline to present their ideas and experiences.

Staff: Big Picture Orientation Session	To develop a comprehensive understanding of the Quality Improvement Plan, the interaction of its various indicators and tactics, a session was held with leadership and frontline staff from across the hospitals to discuss the workload associated with each tactic and challenge assumptions.
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As an example, one of the key achievements associated with this strategy was the development of a new definition for the 'Rounding for Patient Satisfaction' indicator. The indicator is now based on a question asked to patients to help assess the quality of their care-provider/client interaction during rounding. Staff and patients identified quality gaps in the existing process which led to the design of a question by patients for patients, aimed at understanding and rating the quality of the patient's rounding experience. The collaboration and insight gleaned through this process would not have been possible if it had not been for the comprehensive engagement approach undertaken during the planning cycle.

## Challenges, risks and mitigation strategies

TEGH continues to strive to create an environment that fosters an ongoing commitment to quality improvement and care. Although we have engaged and dedicated staff at all levels of our organization, certain risks and challenges do exist that may inhibit us from accomplishing our quality improvement targets. These include:

1. **Systemic Risks/Challenges** are those that are non-specific to TEGH and are faced by most hospitals in Ontario.
  - **Alternative Level of Care (ALC) days:** Our ability to reduce our ALC days is limited as various factors beyond our control influence a patient's ability to return home or to a long-term care facility. We hope to mitigate this by continuing to support CCAC's Home First Program and Waiting at Home philosophy, and revising our ALC policy to ensure challenges are dealt with in a timely manner.
  - **Environmental Factors:** Unprecedented disasters and outbreaks in the community may occur that can inhibit us from achieving our performance targets. For example, the development of a new strain of 'superbug' can contribute to increased hospital acquired infections if not managed properly. We hope to mitigate these by practicing stringent infection control practices, such as our Antimicrobial Stewardship program, that our team continually reviews to maintain best practices. We will also continue to offer a variety of health and wellness programs to keep our staff in good health, and review our emergency and disaster protocols to ensure readiness for response to situations in the community.
  - **Economic Climate of Ontario:** The current economic climate in Ontario poses challenges for the public healthcare sector. In light of the release of the Drummond report and the Ontario Ministry's Action Plan to Transform Healthcare, we anticipate a near 0% increase to our hospital budget in an inflationary cost environment of 2-3%. For the past 13 years, we have delivered a balanced budget and will continue to implement cost control measure to reduce expenditures. We will also place a large emphasis on testing and implementing bold and responsible ideas that will improve quality of care and value to our patients and the public. Additionally, hospitals face changes in funding through the implementation of the Health-Based Allocation Model (HBAM) and Quality-Based Procedures (QBPs). These methods of resource allocation take an evidence-based approach by the Ministry of Health and Long-Term Care to distribute funding to LHINs and to hospitals. HBAM and QBPs have direct impacts on the flow of resources through the system. We continue to focus on both of these funding models to ensure we meet our targets consistently.
2. **Unique Risks/Challenges** are those that are specific to TEGH and its operations.
  - **Antiquated Infrastructure:** It is possible that our antiquated building and facilities may inhibit the accomplishment of our goals. Currently, we have a very limited number of single patient rooms and single patient bathrooms. Some units still have six-bed patient rooms that can increase the risk of infections. We plan to mitigate this through comprehensive infection control practices and to continue our redevelopment planning for 2015/16.

### 3. **Mitigating Strategy:** Accountability & Engagement

To achieve the objectives stated for each Improvement and Maintain indicator outlined, each indicator is assigned to a member of the Senior Leadership Team. Through this process, we hold ourselves accountable and focus on quantifiable results to ensure the improvements made are real and sustainable. This sense of ownership and distributive leadership has allowed us to coordinate modest resources to receive higher gains. Once these initiatives are put in place, we monitor key metrics that indicate how well our implementation strategies are working, and arrange weekly platforms where project leads can share their progress and receive support from one another by providing feedback in an engaging team environment.

Performance for each Improvement and Maintain indicator is monitored at various levels of the organization on a daily, weekly, monthly, and quarterly basis:

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#### Daily

- Data for change ideas are collected and analyzed
- Unit, Program, and Service Huddles report current performance on relevant metrics and relay implementation challenges and recommendations to leadership
- Managers round on patients and staff daily to identify and mitigate challenges in care delivery

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#### Weekly

- Directors and Executive Team members analyze performance trends at the Operations Huddle and re-evaluate strategies to ensure we remain on track in achieving targets.

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#### Monthly

- The Medical Quality & Patient Safety Committee (MQPSC) reviews performance on all quality metrics and provides feedback to strategy owners.

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#### Quarterly

- The Performance Monitoring & Quality Committee of the Board as well as the full Board reviews performance on all quality metrics and provides feedback to the Senior Management Team.
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At TEGH we strive to engage all levels of our organization in improving the quality of our services, while also celebrating our successes as a team.

## I: Integration & Continuity of Care

Toronto East General Hospital is committed to patient centred quality improvement; this reveals itself in our QIP and its focus on the integration of services across all areas of the patient journey to ensure that patients receive high-quality, accessible, and coordinated care. The achievement of this objective hinges on our organization's ability to promote collaboration not only amongst its internal patient-care units and programs but also among health system partners in the development and execution of quality improvement initiatives. Three of the key partnerships TEGH continues to develop are those with the Community Care Access Centre (CCAC), the Joint Centres for Transformative Healthcare Innovation, and Solutions – East Toronto Health Collaborative.

**Community Care Access Centre:** Partnering with CCAC has allowed us to effectively co-design this year's improvement strategy for the reduction of unnecessary patient time spent in acute care. A shared sense of accountability and ownership in the development and execution of these improvement initiatives aims to improve patient access to high-quality coordinated care across their journey, with a particular focus around ensuring the smooth transition of patient care between the hospital and community setting.

**Joint Centres for Transformative Health Care Innovation:** Toronto East General Hospital is a proud member of the Joint Centres for Transformative Health Care Innovation (The Joint Centres). Along with our partners at Mackenzie Health, Markham Stouffville Hospital, North York General Hospital, Southlake Regional Health Centre and St. Joseph's Health Centre the Joint Centres was established in 2013 to create a platform for large community hospitals to share innovations and process improvement strategies focusing on improving quality, patient safety, value and accountability in health care.

Through innovation expos, learning labs, site visits and coaching sessions, the work of the Joint Centres over the past 18 months has enabled physicians and staff from each organization to learn from each other and transfer knowledge on



how to apply leading practices in each of our respective settings. The work of our Quality Improvement Plans is a tangible illustration of the value and impact of the Joint Centres' collaborative approach. Many of the Quality Improvement Plan goals, associated change activities and targets outlined within this document are a result of this knowledge sharing.

**Solutions – East Toronto Health Collaborative:** East Toronto's Health Collaborative (Solutions) is a voluntary network of a full continuum of 18 health-care organizations committed to developing innovative approaches that leverage resources across the system to ensure that individuals in East Toronto have equitable access to high quality health care experiences and build healthy communities. Solutions' members collectively serve a diverse population of over 300,000. Within the community there are sizeable numbers people who are vulnerable due to low income, lower levels of education, insufficient housing and mental health issues.

Toronto East General Hospital is committed to collaborate with members of the Solution's network to coordinate and align the development of the Quality Improvement Plan across partner organizations. In the coming year, members will work with clients and across organizations to develop an integrated strategy to manage care transitions and assist clients as they move to, or through different care settings. This strategy and the respective organizational tactics aimed at supporting it will be embedded in each partner organization's Quality Improvement Plan in 2016/17.

## II: Information Management Systems

Toronto East General Hospital's commitment to being innovative leaders in the realm of quality improvement led to the formation of a TEGH Improvement System (TIS) in 2011. TIS has helped to transform the organizational culture to support stronger evidence-based and innovative thinking for quality improvement. At the center of this cultural shift has been the proactive utilization of information management systems to better understand the needs of our patients and community by transforming data into timely and actionable knowledge.

At the forefront of electronic patient records, Toronto East General Hospital has been able to adopt paperless, live electronic patient records for over 90% of its patient population. This innovative system allows TEGH to document, capture, synthesize and share trends in patient care and quality with frontline staff and leadership across the organization, leveraging information management systems to inform, influence and drive quality improvement. Examples of how we have been able to accomplish this can be seen in the daily reporting on rounding that is shared with unit leadership and frontline staff, and the coordinated efforts of health records, decision support and the TIS team to develop an accurate reporting system for the measurement of hospital acquired pressure ulcers at TEGH.

## The Link to Performance-based Compensation of Our Executives

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.

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

Although TEGH 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.

## Accountability Sign-off

I have reviewed and approved our organization's Quality Improvement Plan and attest that our organization fulfills the requirements of the *Excellent Care for All Act*.

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*Board Chair*

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*Quality Committee Chair*

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*Chief Executive Officer*