



**ACCREDITATION
AGRÉMENT**
CANADA

Accreditation Report

Qmentum Global™ for Canadian
Accreditation Program

Toronto East Health Network

Report Issued: 28/05/2025

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About Accreditation Canada

Accreditation Canada is a global, not-for-profit organization with a vision for safer care and a healthier world. Our people-centred programs and services have been setting the bar for quality across the health ecosystem for more than 60 years. We continue to grow in our reach and impact. Accreditation Canada empowers and enables organizations to meet national and global standards with innovative programs that are customized to local needs. Accreditation Canada's assessment programs and services support the delivery of safe, high-quality care in health systems, hospitals, laboratories and diagnostic centres, long-term care, rehabilitation centres, primary care, home, and community settings. Our specialized accreditation and certification programs support safe, high-quality care for specific populations, health conditions, and health professions.

About the Accreditation Report

The Organization identified in this Accreditation Report (the “**Organization**”) has participated in Accreditation Canada's Qmentum Global™ for Canadian Accreditation program.

As part of this program, the Organization has partaken in continuous quality improvement activities and assessments, including an on-site survey from April 27, 2025 to May 1, 2025. This Accreditation Report reflects the Organization's information and data, and Accreditation Canada's assessments, as of those dates.

Information from the assessments, as well as other information and data obtained from the Organization, was used to produce this Report. Accreditation Canada relied on the accuracy and completeness of the information provided by the Organization to plan and conduct its on-site assessments and to produce this Report. It is the Organization's responsibility to promptly disclose any and all incidents to Accreditation Canada that could impact its accreditation decision for the Organization.

Program Overview

The Qmentum Global Program enables your organization to continuously improve quality of care through the sustainable delivery of high-quality care experiences and health outcomes. The program provides your organization with standards, survey instruments, assessment methods and an actioning planning feature that were designed to promote continuous learning and improvement, and a client support model for on-going support and advice from dedicated advisors.

Your organization participates in a four-year accreditation cycle that spreads accreditation activities over four years supporting the shift from a one-time assessment while helping your organization maintain its focus on planning, implementing, and assessing quality and improvements. It encourages your organization to adopt accreditation activities in everyday practices.

Each year of the accreditation cycle includes activities that your organization will complete. Accreditation Canada provides ongoing support to your organization throughout the accreditation cycle. When your organization completes year 4 of the accreditation cycle, Accreditation Canada's Accreditation Decision Committee determines your organization's accreditation status based on the program's accreditation decision guidelines. The assessment results and accreditation decision are documented in a final report stating the accreditation status of your organization. After an accreditation decision is made, your organization enters year 1 of a new cycle, building on the actions and learnings of past accreditation cycles, in keeping with quality improvement principles.

The assessment manual (Accreditation Canada Manual) which supports all assessment methods (self-assessment, attestation, and on-site assessment), is organized into applicable Standards and ROPs. To promote alignment with the assessment manual (Accreditation Canada Manual), assessment results and

surveyor findings are organized by Standard, within this report. Additional report contents include a comprehensive executive summary, the organization's accreditation decision, locations assessed during the on-site assessment, required organizational practices results, and conclusively, People-Centered Care and Quality Improvement Overviews.

Executive Summary

About the Organization

Michael Garron Hospital (MGH), a division of the Toronto East Health Network (TEHN), is a community teaching hospital located in the east part of Toronto, Ontario. It opened its doors in 1929 as the first hospital east of the Don River. Throughout the years the organization has changed and adapted to meet the needs of a growing and now very culturally diverse community. MGH provides services to over 400,000 residents situated in 22 neighbourhoods, which often have distinct cultural practices and languages spoken. Forty-five percent of residents are visible minorities and over 50 different languages are spoken including Bengali, Cantonese, and Urdu.

In 2018, MGH began a historic redevelopment project which includes a number of phases. Phase 1, a new inpatient and ambulatory tower is completed and Phase 2, which will include a number of the support areas as well as the emergency department and the operating rooms, has not yet begun.

Michael Garron Hospital provides a full range of medical and surgical services and has strong community, clinical, research and academic partnerships including those with major teaching hospitals, universities and colleges in the Toronto area. The catchment area of MGH is growing, and the emergency department regularly sees 300 patients per day, with over 100,000 visits per year.

The organization has a long history of partnering with the community and embracing the cultural differences of the community. MGH is an anchor member of the Toronto East Health Network, an organization including over 100 different agencies and members. The Michael Garron Hospital is seen as a leader in the integration of care between hospitals and communities.

Surveyor Overview of Team Observations

The energy and excitement at Michael Garron Hospital is palpable, some of which may be attributed to the new building and the new and visionary 10 year (2025-2035) strategic plan. However, there is a strong sense of team and working together with each other and with patients and their families. Some staff indicated that they travel longer distances than required just to work at MGH and others commented that they stay because of the team and relationships they have formed. The organization has significantly reduced staff vacancy rates in all areas and has been successful in readily recruiting clinical team members to positions which are often difficult to fill.

With the constant growth in the community served, MGH has seen a significant rise in patient volumes. The emergency department sees approximately 300 patients per day, with many of these being children. Admission avoidance is a key focus with innovative programs such as the GEM+ team (recently expanded to include PT, OT, and Pharmacy) targeting seniors with complex needs; the Nurse-Led Outreach Team, which supports LTC residents; and the SCOPE program, offering primary care providers direct access to internal consultations and diagnostics. Enhanced discharge planning, streamlined processes for transition to Alternate Level of Care, and continued Home First initiatives help to improve patient flow through MGH.

MGH has a large mix of medical services with a number of specialized areas including acute stroke, long term ventilation, memory care, and a palliative care unit. Along with the general and orthopedic surgery the hospital also provides thoracic surgery and is recognized as a Thoracic Surgery Centre of Excellence. Both inpatient adult and pediatric mental health units are found at MGH.

Michael Garron Hospital has been an early leader in partnering with other health and social services agencies to support health and social well-being for the population within their catchment area. The organization continues to raise the bar with genuine interest and activities aimed at improving the health of all who live in their catchment area. MGH is an anchor partner of East Toronto Health Partners (ETHP), the Ontario Health Team (OHT) serving East Toronto. This OHT was launched five years ago and now has more than 100 health and social care partner organizations and individual patients, caregivers and community members.

MGH has also been an early champion of the need for greater awareness and attention to Equity, Diversity, Inclusion and Belonging (EDIB). In 2020 this was strengthened by the implementation of the MGH Inclusion Alliance to identify and address healthcare access inequities and barriers while promoting inclusion and safety. The organization continues to collaborate with and remain accountable to Indigenous advisors to enhance culturally appropriate care for First Nations, Inuit and Métis patients. Over the past year 87 percent of all staff at MGH have completed cultural sensitivity training and this year the organization plans to roll out sexual and gender diversity training to lay the foundation for support of gender-affirming care. Work is also underway to hire an Indigenous patient navigator.

Michael Garron Hospital has demonstrated a strong commitment to environmental stewardship and operational excellence, particularly in the transition to its new facility. Several initiatives were highlighted during the tracer which will yield tons of CO2 reductions when implemented. Water stations have been established across the facility to encourage the use of non-plastic water bottles, and the organization has moved away from some disposables.

MGH is highly regarded by its community partners and the diverse community it serves. There is a deep appreciation for the collaboration and willingness to help, which was demonstrated throughout the pandemic and has continued with the many partnerships currently in place to support services in the community.

Key Opportunities and Areas of Excellence

Key Strengths

- MGH has passionate, energized, and dynamic teams and leaders. There is a sense of energy and excitement, people are welcoming, and there is a sense of community.
- Michael Garron Hospital has, through extensive consultation, developed a 10-year strategic plan with a vision to be bold and have meaningful impact particularly as it relates to the integration of care.
- The organization has been and continues to be a leader in integrated care raising the bar with genuine interest and innovative actions aimed at improving the health of all who live in their catchment area.
- MGH has implemented innovative strategies to enhance quality and safety both within the hospital, such as patient simulation during hiring interviews, and support for community hubs where clients can access health and social services.
- Teamwork and collaboration are found throughout MGH. Interdisciplinary teams work closely together to support the complex needs of patients and their families.

Key Opportunities

- Phase 1 of MGH's redevelopment plan is completed with the new inpatient tower. However, there is a need to address remaining areas including the emergency department, critical care and several of the support areas.
- Although the organization has had some electronic documentation for a number of years, there exists significant hybrid documentation.
- The community served by MGH continues to grow and the organization is experiencing a significant increase in both emergency department visits (for both adult and pediatric patients) and inpatient days.
- MGH has a number of new staff and leaders who will continue to require education and support.
- There is an opportunity to embed Patient Experience Partners in all programs and enhance the voice of the patient in the planning and design of services across the organization.

People-Centred Care

Michael Garron Hospital (MGH) has developed and implemented a Patient and Family-Centred Framework focused on relationships, and a Patient and Family Engagement Framework which includes engagement ranging from consultation to co-design. The organization has a long history of engaging patients and families in their care and more recently enhanced the opportunities for engagement in service planning as well as co-designing areas of the new facility.

The organization has over 50 Patient Experience Partners who are engaged in different aspects of MGH. One area of engagement is the Patient Experience Panel (PEP) which serves as a key advisory group. PEP members have contributed to various hospital initiatives, including emergency preparedness protocols, disclosure policies, facility improvements, and strategic planning. Feedback from PEP members has impacted a number of patient-facing materials such as the Patient and Family Guide, MyChart functionality, and MGH webpages. With PEP guidance, a toolkit is currently being developed for hospital leaders with the goal of enhancing patient and family engagement. Prior to the pandemic, Patient Experience Partners were integrated into a number of programs and services across the organization. Currently they are found in only a few areas, such as the emergency department, mental health and medicine units, however plans are underway to expand this with Patient Experience Partners returning to all the major programs and services. The organization is encouraged to move forward with this plan and work with existing Patient Experience Partners who may have an interest in having greater involvement with a particular program or service.

MGH is commended for the work that was done to engage Patient Experience Partners in the planning of the new hospital wing. Patients, family and community members were invited to see and comment on mock-ups of a patient room and patient care areas. Input was gathered regarding the design and position of furniture and equipment, as well as signage and wayfinding.

Through discussion with some Patient Experience Partners, it was noted that they would like further opportunities to come together (in person) as a group and receive education and to learn about each other's experiences. The Patient Experience Partners interviewed indicated they enjoy their work, feel that their input is listened to, and that they are valued.

Michael Garron Hospital gathers patient feedback from across the organization through a patient experience survey. Monthly survey response dashboards are shared with the leadership team to guide specific improvement efforts. Plans are in place to implement a short-form survey for ambulatory and critical care areas to capture more diverse patient perspectives. Overall, MGH enjoys a high rate of patient satisfaction.

Quality Improvement Overview

Michael Garron Hospital (MGH) has embraced quality and safety as key priorities. The organization's recently drafted quality and safety plan aligns with the newly released strategic plan for 2025-2035. Several goals have been identified as part of this new plan including, to build quality and safety into the DNA of the organization, and a commitment to be a zero harm, high reliability organization with a board-to-bedside culture of psychological safety. Actions to support this plan include education and the provision of the tools to support quality and safety, further cultural safety training, and the creation of safety coaches, as well as the plan to create a patient/partners safety/quality leader role.

The organization has recently invested greater resources to support quality and safety initiatives. A few of the high volume/high risk departments such as the emergency department, mental health, and maternal/child programs have quality and safety leads embedded within the department. These leads have assisted the staff to understand and become engaged in quality and safety initiatives. There is a plan to implement quality and safety leads in all departments, and the organization is encouraged to ensure that this occurs in the near future. MGH is also encouraged to ensure that Patient Experience Partners receive education regarding quality improvement and are invited to participate in quality and safety initiatives.

Information regarding quality initiatives occurring within departments is provided to the Medical Quality and Patient Safety Committee (MQPSC). The MQPSC is an inter-professional committee responsible for providing hospital-wide leadership for quality and safety and reports to the senior leadership team and the Board Quality and Performance Committee. The committee membership includes two Patient Experience Panel members.

The organization develops an annual quality improvement plan with key indicators and targets that are monitored and reported to the Board of Directors quarterly. The Patient Experience Panel is regularly engaged in the development of MGH's quality improvement plan. One of the areas for this year's plan includes increasing patient safety incident reporting, especially near misses and good catches. To support this, the organization has, and continues to revise, the incident reporting system (RL Data Systems) to streamline reporting. Department huddle boards include a safety scorecard which monitors falls, medication incidents, near misses and good catches, and incidents of workplace violence.

Interdisciplinary huddles are held daily in patient care areas and discussion is held regarding their safety scorecard performance as well as follow-up on incidents that may have occurred recently. The organization is commended for the development of patient huddle boards which are located in public spaces and display information relevant to patients and their families.

Another key area of this year's quality improvement plan is the on-going training and educational opportunities for staff and leadership to build knowledge regarding Equity, Diversity, Inclusion and Belonging (EDIB). To date 87 percent of staff have completed cultural sensitivity training and the focus for the coming year is sexual and gender diversity training to support gender-affirming care. As well the organization has implemented a health equity questionnaire which has been given to surgical patients, and the goal is to increase the response rate to this questionnaire.

There has been a renewed focus on executive safety walk-about, and the leadership is targeting each member of the executive team to carry out one per month with the goal of interacting with staff, patients and families. One area that has recently been identified, and dealt with, through these walk-about is the lack of personal entertainment or communication equipment, such as TVs and phones, that was planned to be available in the patient rooms in the new tower.

The organization has implemented a comprehensive Enterprise Risk Management (ERM) program through which various categories of risks are reviewed and ranked based on the likelihood of occurrence and the potential impact of the risk should it occur. A comprehensive report is provided to the leadership and Board twice per year. One of the areas of high risk currently being monitored is MGH's inpatient and surge capacity.

Accreditation Decision

Toronto East Health Network's accreditation decision is:

Accredited with Exemplary Standing

The organization has exceeded the fundamental requirements of the accreditation program.

Locations Assessed during On-Site Assessment

The following locations were assessed during the organization's on-site assessment:

- Michael Garron Hospital (Toronto East Health Network)
- Withdrawal Management Services

¹Location sampling was applied to multi-site single-service and multi-location multi-service organizations.

Required Organizational Practices

Required Organizational Practices (ROPs) are essential practices that an organization must have in place to enhance client safety and minimize risk. ROPs contain multiple criteria, which are called Tests for Compliance (TFC).

Table 1: Summary of the Organization's ROPs

ROP Name	Standard(s)	# TFC Rating Met	% TFC Met
Medication Reconciliation at Care Transitions - Ambulatory Care Services	Ambulatory Care Services	5 / 5	100.0%
Client Identification	Ambulatory Care Services	1 / 1	100.0%
	Critical Care Services	1 / 1	100.0%
	Diagnostic Imaging Services	1 / 1	100.0%
	Emergency Department	1 / 1	100.0%
	Inpatient Services	1 / 1	100.0%
	Mental Health Services	1 / 1	100.0%
	Obstetrics Services	1 / 1	100.0%
	Perioperative Services and Invasive Procedures	1 / 1	100.0%
	Point-of-Care Testing	1 / 1	100.0%
	Substance Abuse and Problem Gambling	1 / 1	100.0%
	Transfusion Services	1 / 1	100.0%

Table 1: Summary of the Organization's ROPs

ROP Name	Standard(s)	# TFC Rating Met	% TFC Met
Information Transfer at Care Transitions	Ambulatory Care Services	5 / 5	100.0%
	Critical Care Services	5 / 5	100.0%
	Diagnostic Imaging Services	5 / 5	100.0%
	Emergency Department	5 / 5	100.0%
	Inpatient Services	5 / 5	100.0%
	Mental Health Services	5 / 5	100.0%
	Obstetrics Services	5 / 5	100.0%
	Perioperative Services and Invasive Procedures	5 / 5	100.0%
	Substance Abuse and Problem Gambling	5 / 5	100.0%
Medication Reconciliation at Care Transitions Acute Care Services (Inpatient)	Critical Care Services	4 / 4	100.0%
	Inpatient Services	4 / 4	100.0%
	Mental Health Services	4 / 4	100.0%
	Obstetrics Services	4 / 4	100.0%
	Perioperative Services and Invasive Procedures	4 / 4	100.0%

Table 1: Summary of the Organization's ROPs

ROP Name	Standard(s)	# TFC Rating Met	% TFC Met
Falls Prevention and Injury Reduction - Inpatient Services	Critical Care Services	3 / 3	100.0%
	Inpatient Services	3 / 3	100.0%
	Mental Health Services	3 / 3	100.0%
	Obstetrics Services	3 / 3	100.0%
	Perioperative Services and Invasive Procedures	3 / 3	100.0%
Pressure Ulcer Prevention	Critical Care Services	5 / 5	100.0%
	Inpatient Services	5 / 5	100.0%
	Perioperative Services and Invasive Procedures	5 / 5	100.0%
Venous Thromboembolism (VTE) Prophylaxis	Critical Care Services	5 / 5	100.0%
	Inpatient Services	4 / 4	100.0%
	Perioperative Services and Invasive Procedures	5 / 5	100.0%
Medication Reconciliation at Care Transitions - Emergency Department	Emergency Department	1 / 1	100.0%

Table 1: Summary of the Organization's ROPs

ROP Name	Standard(s)	# TFC Rating Met	% TFC Met
Suicide Prevention	Emergency Department	5 / 5	100.0%
	Mental Health Services	5 / 5	100.0%
	Substance Abuse and Problem Gambling	5 / 5	100.0%
Hand-hygiene Education and Training	Infection Prevention and Control	1 / 1	100.0%
Hand-hygiene Compliance	Infection Prevention and Control	3 / 3	100.0%
Infection Rates	Infection Prevention and Control	3 / 3	100.0%
Workplace Violence Prevention	Leadership	8 / 8	100.0%
Patient Safety Education and Training	Leadership	1 / 1	100.0%
Medication Reconciliation as a Strategic Priority	Leadership	5 / 5	100.0%
Patient Safety Incident Disclosure	Leadership	6 / 6	100.0%
Patient Safety Incident Management	Leadership	7 / 7	100.0%
Client Flow	Leadership	5 / 5	100.0%
Preventive Maintenance Program	Leadership	4 / 4	100.0%
Antimicrobial Stewardship	Medication Management	5 / 5	100.0%

Table 1: Summary of the Organization's ROPs

ROP Name	Standard(s)	# TFC Rating Met	% TFC Met
High-alert Medications	Medication Management	8 / 8	100.0%
Heparin Safety	Medication Management	4 / 4	100.0%
Narcotics Safety	Medication Management	3 / 3	100.0%
Concentrated Electrolytes	Medication Management	3 / 3	100.0%
The 'Do Not Use' List of Abbreviations	Medication Management	7 / 7	100.0%
Safe Surgery Checklist	Obstetrics Services	5 / 5	100.0%
	Perioperative Services and Invasive Procedures	5 / 5	100.0%
Infusion Pump Safety	Service Excellence	6 / 6	100.0%
Medication Reconciliation at Care Transitions - Home and Community Care Services	Substance Abuse and Problem Gambling	4 / 4	100.0%
Accountability for Quality of Care	Governance	5 / 5	100.0%

Assessment Results by Standard

The following section includes the outcomes from the attestation (if applicable and on-site assessments, at the conclusion of the on-site assessment.

Core Standards

Qmentum Global™ for Canadian Accreditation has a set of core assessment standards that are foundational to the program and are required for the organization undergoing accreditation. The core assessment standards are critical given the foundational areas of high quality and safe care they cover.

The core standards are always part of the assessment, except in specific circumstances where they are not applicable.

Emergency and Disaster Management

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the table below.

Assessment Results

The Emergency Preparedness Plan for MGH takes into consideration strategies to mitigate, prepare for, respond to and recover from emergency and/or disaster situations. An Incident Management System (IMS) is also in place with an identified command centre as well as roles that will be filled to provide leadership and decision-making in response to a hospital-wide emergency or disaster.

MGH has hired a dedicated resource to lead and provide ongoing support for emergency and disaster management across the organization. Overall coordination and oversight of the Emergency Preparedness Plan is provided by the Emergency Preparedness Committee. This committee includes members from clinical and non-clinical areas across 26 different departments and is responsible for emergency code policy updates, co-developing the business continuity plan, the hazard identification and risk assessment, downtime plans, and discussing additional emergency preparedness information and actions within the organization. The Emergency Preparedness Committee is also responsible for maintaining the Emergency Communications Process and ensuring communication pathways are up to date for all external stakeholders. The Emergency Communications Process is reviewed following every emergency at Michael Garron Hospital or at minimum once a year.

The disaster management plan is reviewed every two years. The information is found on-line, and a written copy is found in each department. Internal code practices and table-top exercises are held regularly with fire drills held monthly. Staff are required to annually review e-learning modules related to various codes. Debriefs are held after each mock code or actual event and recommendations made to support process improvement. This documentation is kept for a time to support the recognition of trends.

There is a comprehensive business continuity plan which includes the actions to be taken as well as the communication plans that may be used in emergency situations. MGH has ensured there is good redundancy in utilities and communication tools and has had the opportunity to implement new features with the recent redevelopment.

There are multiple tables at which MGH sits to plan and coordinate emergency plans. The organization's All-Hazards Response Plan must be aligned with the Ministry of Health Emergency Plan as it outlines requirements for Ontario hospitals and will ensure a coordinated response to a wider emergency. There is also coordination with acute care hospitals across the city of Toronto, the city itself, as well as community agencies. Plans are in place to support the triage and transfer of patients should there be a need for an evacuation. Memorandums of understanding exist with transportation services including the emergency medical services (EMS) to support the transfer of patients who need to be evacuated.

Table 2: Unmet Criteria for Emergency and Disaster Management

There are no unmet criteria for this section.

Governance

Standard Rating: 98.8% Met Criteria

1.2% of criteria were unmet. For further details please review the table below.

Assessment Results

The Board of Directors for Michael Garron Hospital are knowledgeable and very committed in their roles of setting direction, monitoring the function and overseeing the quality and safety of services provided by MGH. It is a large board comprised of 19 elected members as well as a number of ex-officio members. In addition to the elected members, board committees use non-elected committee members to support specific advice and input.

Prior to the recruitment of new members, each current member of the Board completes a competency, skills and demographic survey to determine potential gaps to be filled. There is an open call for new members and applicants are interviewed using consistent interview questions. There is a comprehensive Board orientation and new members are paired with an existing Board member who acts as a guide or mentor for a period of one year. All Board members sign, on an annual basis, a declaration of conflict, privacy consent, and an understanding of their roles and responsibilities.

The work of the Board is completed through committees that include Governance and Human Resources, Nominating, Performance Monitoring and Quality, Finance and Audit, and Redevelopment. Each committee has an annual workplan which guides the work of the committee throughout the year.

The Board evaluates its functioning annually and each Board member is also provided feedback regarding their performance on the Board.

The Board was actively engaged in the recently approved Strategic Plan. Information was brought forward from the many consultations, and areas of priority were identified. The annual operational plan for the current year is in development and once completed will come forward to the Board regularly with updates as to progress being made.

Although there is an engagement framework that the organization has used along with the East Toronto Health Partners Ontario Health Team, there was no evidence that the Board was aware of a plan for stakeholder engagement that includes communication plans. There was a communication plan from several years ago, but this has not been updated nor shared with the Board. MGH is encouraged to develop a current communication and community engagement plan and share this with the Board twice a year.

The voice of the patient is brought to the Board through several methods. A Patient Experience Partner is a member of the Performance Monitoring and Quality Committee of the Board; patient experience results are shared regularly; and each meeting begins with a patient story. Currently the patient stories are presented by staff involved with the patient. The Board is encouraged to explore the potential of having patients and/or family members who are comfortable doing so tell their story directly to the Board.

Table 3: Unmet Criteria for Governance

Criteria Number	Criteria Text	Criteria Type
1.2.1	The governing body works with the organization to ensure the organization has a comprehensive plan for stakeholder engagement that includes communication plans.	NORMAL

Infection Prevention and Control

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the table below.

Assessment Results

The Infection Prevention and Control (IPAC) program at Michael Garron Hospital has established a unique Community Hub, extending support to ten long-term care (LTC) homes and a community health center (CHC) for POCT respiratory testing. This initiative strengthens partnerships and enhances infection control practices beyond the hospital setting.

The unit has developed advanced tracking capabilities through Teletrack, allowing for efficient bed management by minimizing cleaning times and turnaround delays, ultimately reducing bed blockages within the facility. A hand hygiene (HH) program is in place, featuring dashboards, full reports, and targeted feedback to low-performing units. The overall efforts remain low as indicated on all the dashboards with an even lower than expected HH compliance rate. Efforts are underway to implement RFID automated HH systems to help provide an additional layer of monitoring and compliance tracking, however more effort and input is required to motivate staff to complete the Moments of Hand Hygiene.

The incorporation of patient feedback into operations, signage, and other patient-facing support elements enhances transparency and ensures a patient-centered approach.

Environmental initiatives, such as the glove reduction program in collaboration with other organizations, further demonstrate a commitment to sustainable healthcare practices.

The IPAC department has an in-house ATP and bio-germ testing program, ensuring thorough environmental monitoring and pathogen control. Antimicrobial-Resistant Organisms (ARO) data collection and action plans are well-structured, with information displayed on dashboards, shared with external services, and reviewed in >72-hour cases, with feedback provided to IPAC champions and the executive team. MGH also faces ongoing surge-related resource challenges, with difficulties in acquiring additional support when demand increases.

Moving forward efforts to strengthen hand hygiene compliance, improve surge resource allocation, and optimize tele tracking efficiency will further elevate infection prevention and control standards. Expanding external engagement through the Community Hub and refining data-driven strategies for ARO tracking and response will support a more resilient infection control framework, through ongoing innovation and collaboration.

Table 4: Unmet Criteria for Infection Prevention and Control

There are no unmet criteria for this section.

Leadership

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the table below.

Assessment Results

Planning and Service Design

Michael Garron Hospital recently approved a new ten-year Strategic Plan (2025 – 2035). Leaders described the rationale for a ten-year plan as their desire to truly be visionary and create meaningful impact, particularly regarding the integration of care. Annual operational plans will be set, and regular environmental scans conducted to determine any changes required throughout this period. The strategic plan was developed with extensive consultation. Input was gathered from over 1,400 touchpoints with staff, physicians, volunteers, patients, family members, visitors, community members and many others. These touchpoints included responses to surveys, focus group sessions, meetings with community partners, and meetings with internal and external leaders. Key pillars of the plan include an ongoing commitment to delivering quality care, valuing and inspiring their people, investing in emerging technology and physical infrastructure, advancing an academic mandate, and furthering their leadership in integrated care. The organization's values were also reviewed and re-affirmed as the new strategic plan was developed.

Work is underway to cascade the strategic plan throughout the organization as each department has been asked to create their goals and objectives in keeping with the overall plan. As this work is completed, a corporate operational plan will be built for those goals that require the attention of senior leaders.

Michael Garron Hospital has been an early leader in partnering with other health and social services agencies to support health and social well-being for the population they serve. The organization is setting the bar with genuine interest in improving the health of all who live in their catchment area. MGH is an anchor partner of East Toronto Health Partners (ETHP), the Ontario Health Team (OHT) serving East Toronto. This OHT was launched five years ago and now has more than 100 health and social care partner organizations and individual patients, caregivers and community members. MGH has provided leadership and innovative strategies to bring much needed health and social services to populations across the area served by the ETHP OHT. For example to address the gap in health equity and improve the overall health of their population, MGH, East Toronto Family Practice Network, and other ETHP partners have launched or are working together to implement integrated care pathways for chronic diseases, expand access for youth mental health supports, launch a new community Health and Wellness Hub offering a range of health and social care services, as well as a HART Hub to support residents seeking treatment for issues related to substance use.

MGH is commended for the work that has been done to support population health, the leadership they have shown to date and their commitment to continuing this work with even greater energy as part of the new strategic plan. Community partners speak highly of their partnerships with Michael Garron Hospital indicating that communication is good, and the organization is always prepared to support and collaborate with them to improve the health and social well-being of the community. The partners present described MGH as collaborative, innovative, creative, community-centred, generous, and genuine in their interests in supporting work in the community. There is a strong interest amongst the community partners in continuing their work with MGH to support connectivity of client information across their organizations.

MGH developed a Master Plan some years ago which has continued to be updated as Phase 1 of redevelopment has been completed with the patient care tower. Phase 2 is still in discussion with the

Ministry of Health but is needed given the significant growth in the area and the high volume of emergency department visits.

Much work has been done recently to review and revise the many policies and procedures across the organization. Those needing review were prioritized and the vast majority of the highest priority have been completed. MGH is encouraged to complete this work as soon as possible.

Human Capital

Michael Garron Hospital has experienced health human resource shortages similar to other health care organizations across Canada post the pandemic. However, efforts to recruit and retain staff have proven to be successful and the organization vacancy rate is significantly lower than many other hospitals in the province. Recruitment efforts focused on attracting international candidate as well as incentivizing current staff, physicians, and volunteers to refer talented candidates to key hospital roles identified by Human Resources, with referrers receiving monetary recognition. The organization has also implemented stay interviews to identify when staff may be looking for a change and find a way to keep the staff interested in staying on.

Although the organization has recently invested in health human resources in a number of areas, the scope of responsibility for some managers remains quite broad and the organization is encouraged to review and address this where possible.

Vacant positions are filled through a transparent process. Interviews are held using consistent questions and scoring. Patient Experience Partners are included in the interview process whenever possible. The organization is commended for the inclusion of patient experience partners in this process as well as the use of simulation of skills with patient experience partners acting as the patient as part of the candidate interview process.

Michael Garron Hospital has made a concerted effort to support staff and leaders through education and ongoing training. A talent management plan identifies emerging leaders and provides recognition of opportunities for growth and development within different roles in the organization. MGH has had good success in growing their own and has a large number of long tenure staff and physicians. Staff interviewed indicated they enjoy working at MGH because of the strong collaborative teamwork and several staff stated the team was like family.

The organization has prioritized creating a healthy and supportive workplace and has put in place a number of initiatives including providing adequate staffing thereby stabilizing the workforce; continuing the redevelopment project such that staff have the space and resources to complete their work; a Wellness Survey giving staff the opportunity to provide feedback which directly informs the organization-wide wellness plan; and providing learning modules to address stigma, promote psychological health and safety and teach colleagues how to support those experiencing mental health challenges.

Policies, procedures and organization-wide processes have been put in place to identify, address and monitor the occurrence of workplace violence. The incidence of reported workplace violence is tracked and reported to leadership as well as the Board. Risk assessments are conducted regularly, and incidents are taken very seriously with broad discussion at leadership and unit safety huddles.

MGH has championed Equity, Diversity, Inclusion and Belonging (EDIB) for several years and in 2020 this was strengthened by the implementation of the MGH Inclusion Alliance to identify and address healthcare access inequities and barriers while promoting inclusion and safety. The Alliance focuses its efforts on addressing anti-Black and anti-Indigenous racism and other forms of equity-related issues. The organization continues to collaborate with and remain accountable to Indigenous advisors to enhance culturally appropriate care for First Nations, Inuit and Métis patients. Over the past year 87 percent of all staff at MGH have completed cultural sensitivity training and this year the hospital plans to roll out sexual and gender diversity training to lay the foundation of support for gender-affirming care. Work is also underway to hire an Indigenous patient navigator.

Principle Based Care and Decision Making

Michael Garron hospital is commended for the work that has been done to integrate ethics and the use of ethical frameworks into their day-to-day work. Whether the discussions are related to patient care or resource allocation, staff look to the support of the processes identified through the ethical frameworks.

Support for principle-based care and decision making is provided through a Bioethics Advisory Forum which is a forum of both clinical and non-clinical staff and physicians who identify and discuss ethical

issues related to general and specific concerns associated with the delivery of health care at MGH. The Bioethics Advisory Forum functions in a supportive role to the bioethicist who is responsible for providing timely bioethics services. The bioethics service provides consultation, education and debriefs across the organization. The most frequent topics include consent, capacity and substitute decision making.

Members of the Bioethics Advisory Forum serve as the eyes and ears of the bioethics service and support awareness of bioethical issues, values and resources throughout the organization. The Bioethics Advisory Forum meets for one hour approximately nine times per year.

The organization has used the A4R framework for resource allocation for a number of years and has recently adopted a new framework, the IDEA framework, for the review of ethical issues related to clinical care. Staff are familiar with the frameworks as well as the bioethicist who is available to support their discussions.

MGH has a research ethics board which reviews each research study that is undertaken within the organization.

Resource Management

Resource management at MGH is supported through a collaborative and comprehensive process which engages many areas across the organization. An interdisciplinary Resource Management Committee meets monthly to review business cases and to benchmark results to better understand the pressures as well as the opportunities which are present.

The development of the operating and capital budgets is initiated by the Finance department and engages the leadership dyads from across the organization. These drafts are then approved by the executive leadership team and ultimately by the Board of Directors. The A4R ethical framework is embedded into discussion regarding both operational and capital budgets and support is available from bioethics services.

Departments hold accountability for their budgets and meet monthly with Finance to review their financial positions. All new leaders receive training upon hire and also have access to financial analysts to support their ongoing learning needs.

The organization maintains a five to 10-year capital equipment plan for equipment replacement. There is an ongoing need for equipment replacement and further investment will be required as Phase 2 of redevelopment goes forward. Despite the ongoing need for replacement, the organization also invests in new technology to support enhanced services and improved quality and safety.

Patient Flow

The Patient Access and Flow department oversees timely placement of patients in appropriate care areas and facilitates cross-departmental communication to address bottlenecks and delays. Standardized work processes, including clearly defined Access and Flow and Surge Alert policies, guide decision making during high-demand periods. These policies include criteria for surge levels and responses and are reviewed annually to ensure ongoing relevance. MGH's focus on admission avoidance is evident through innovative programs such as the GEM+ team (recently expanded to include PT, OT, and Pharmacy) targeting seniors with complex needs; the Nurse-Led Outreach Team, which supports LTC residents; and the SCOPE program, offering primary care providers direct access to internal consultations and diagnostics. Remote Care Monitoring further reduces ED use by supporting patients at home post-discharge.

Capacity management is strengthened by daily bed meetings, unit-based discharge planning rounds, and initiatives like the Medical Short Stay Unit and a weekend discharge team, all designed to maximize bed utilization and smooth patient transitions. The approach to transition planning is robust, with programs like MGH2HOME supporting home-based care, standardized documentation by transition navigators, and ongoing collaboration with regional partners to improve access to sub-acute care. Enhanced use of Tele Tracking software has improved visibility and efficiency in bed placement and turnaround times in EVS. While MGH has made significant progress, opportunities remain to further develop predictive discharge planning, achieve earlier discharge times, and expand the use of digital tools to support patient flow.

Physical Environment

Michael Garron Hospital has demonstrated a strong commitment to environmental stewardship and operational excellence, particularly in the transition to its new facility. Several initiatives were highlighted

during the tracer which will yield tons of CO₂ reductions when implemented. In addition, a tremendous effort was made to ensure continuity of care and service improvement, and this has been reflected in patient feedback. For example, a patient on T9 reported a markedly positive experience in cleanliness and service levels compared to the previous facility.

MGH has also integrated an advanced Radio Frequency Identification (RFID) based incident reporting and asset-tracking system, enabling precise location tracking of patients, equipment, and key infrastructure. This system will not only streamline navigation within the facility but also assist in preventing security incidents such as Code White events, ensuring an adequate access management strategy for a facility of its size and complexity when implemented.

Maintenance services are well documented and efficiently managed. MGH has implemented robust workflows for system operations, using an electronic system facilitated by a dispatcher to handle repair requests with ease. Additionally, the Acuity system provides excellent monitoring capabilities, enhancing coordination between physical plant directors, security personnel, and operations teams.

However, certain risks remain in the hybrid recordkeeping approach within the Medical Device Reprocessing Department (MDRD). Reliance on both paper and digital workflows introduces potential transcription errors, and improvements in document control are necessary, including better integration of updated manuals in Teams to mitigate risks.

Cleaning operations have been prioritized to optimize patient flow. The use of bed management software ensures efficient discharge tracking and an average bed turnover time of 36 minutes, which meets the Toronto benchmark for hospitals of comparable size. While data is currently shared during daily huddles, transitioning to a dashboard system will improve performance monitoring, however this has not been implemented as yet. The cleaning manager remains highly responsive to individualized performance data, using biochemical markers and observational analysis to identify staff requiring additional support while recognizing those who consistently meet efficiency benchmarks.

MGH's kitchen operations function well and benefit from enthusiastic staff, but infrastructure issues pose concerns. Cracks in the flooring create a significant safety hazard, necessitating replacement, while the outdated preparation area (belt driven Aladdin system) also requires upgrading, representing a substantial financial investment. The laundry system, while operational through an external agency, faces potential vulnerabilities due to low backup supplies of clean linens. If a surge occurs, the current mitigation strategy of placing additional supplier orders may not be adequate given potential delivery delays. Strengthening stock management protocols would enhance preparedness and reduce operational risks.

Overall, Michael Garron Hospital excels in managing its physical environment through strong facility transitions, access control measures, and maintenance workflows. Cleaning operations remain efficient, supported by effective data-driven oversight. However, recordkeeping risks, infrastructure concerns in the kitchen, and vulnerabilities in laundry supply management must be addressed to ensure continued regulatory compliance, patient safety, and environmental sustainability. Continued training, infrastructure improvements, and strategic interventions will further enhance the hospital's resilience and overall preparedness.

Communication

The communications department is made up of nine team members dedicated to leading communications and community engagement programs designed to enhance reputation and build trust, keep the internal and external audiences engaged, support organizational goals, foster meaningful relationships with community and hospital partners, and champion a culture of inclusion and a supportive work environment through the celebration of diversity.

The team provides services in nine priority areas: strategic corporate communications to support corporate wide campaigns and initiatives; media, stakeholder and government relations; proactive promotion of MGH's programs, services, people and community; digital media, web site, and marketing; partnerships and community engagement; branding and visual communications; crisis communications and issues management; communications planning for patient care services; and redevelopment communications.

There are many communication and social media channels used for both internal and external stakeholders including Twitter, Facebook, LinkedIn, Instagram, emails, screen savers, coffee chats and unit rounding by senior leaders. There are releases by the communications team to the organization with three to four posts each week.

There is a Community Liaison Committee made up of MGH's neighbours and city councilors who are notified anytime there is a change made that may impact the surrounding community, such as a change to the MGH entrance, noise, dust or construction. Communication is also done in real time and quarterly through email to receive feedback and input. This has resulted in providing increased security at the new temporary entrance on Salmon Street.

There is a close partnership with East Toronto Health Partners, Ontario Health Team, an initiative with over 100 community partners that serve East Toronto to support shared initiatives and integrated care; Toronto Academic Health Sciences Network to align messaging, share learnings and amplify system-wide priorities; government, and media. Members of the MGH communications team also serve as representatives on the East Toronto Health Partners Communications, Engagement and Navigation portfolio. They collaborate on any communications and tailor the message to the community that is impacted. Translation can sometimes be done by community health ambassadors. The communications team also works very closely with the Foundation through monthly meetings and each promotes the other's content. There is an internal newsletter, Internal Eastbound, shared every two weeks, which includes updates on the OHT partnership, redevelopment and patient stories.

With the completion of the Strategic Plan, the communications team is encouraged to complete their communications plan and share it broadly with both internal and external stakeholders.

Strengths of the program include a deep collaboration with clinical and operational teams that ensures communications reflect frontline realities, strong relationships with patient partners and community stakeholders, a responsive and collaborative team culture, and a diverse skill set across the team, in such areas as writing, design, digital, community engagement, commitment to equity, inclusion, and accessible communications, in all their work. There is a focus on managing communication demands, ensuring AODA compliance across digital platforms, and expanding meaningful patient involvement. There was extensive engagement with the Patient Experience Panel on the locations of the public screens. PEP feedback indicated that patients wanted calming content in specific areas, such as the waiting rooms, and that on the Emergency Planning page on the hospital website there should be a warning page for the public prior to reading the emergency codes material.

There is a strong presence and support by the privacy team on the ETHP's Privacy and Digital Committees as chair and co-chair respectively. The privacy team has developed a toolkit created and available free of charge to their OHT partners through the ETHP website. Privacy has had a good tracking and audit tool for seven years. The audit tool identifies and flags if a staff member goes into the chart of a patient within ¼ mile radius of their home.

The incident reporting system is RL Solutions, with a focus on speaking up for safety. Staff shared that they felt they could fill in an incident report without any repercussions for reporting.

The leadership spoke positively about Hypercare, an app used by staff and physicians to streamline safe two-way communication on a secure platform. There is high adoption by specialists and primary care physicians, and staff. It is also used as a tool to broadcast information to and about the organization.

While the organization adopted Cerner in 1997, there are a number of units that are still using paper or a hybrid model, including the emergency department, hemodialysis and the fracture clinic. While there is a challenge with the current funding model, there is a commitment and plan to transition to electronic charting for these programs this coming year.

MyChart is the patient portal used by MGH through Sunnybrook. There was engagement with the Patient Experience Panel on recent changes, in March 2025, regarding youth having access to their own chart as of 14 years old and removing parent's access unless there was consent from the patient to reinstate their access. Earlier release of pathology reports, that are currently released after 30 days, and diagnostic imaging reports, currently released after 15 days, is expected to be implemented in May 2025.

During the survey, staff members in specific areas spoke positively about having personal safety devices to enhance staff safety. They are also connected to the nurse-call system to facilitate timely response to and straddle both the patient and staff experience. Staff feel that this provides an opportunity to see the positive impact of the initiatives in the community.

Staff are deeply proud of the collaborative partnership with partner hospitals, and grassroots community partners.

Table 5: Unmet Criteria for Leadership

There are no unmet criteria for this section.

Medication Management

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the table below.

Assessment Results

Michael Garron Hospital (MGH) demonstrates a strong commitment to delivering safe, effective, and patient-centered pharmacy services across a diverse clinical population. The pharmacy team oversees a comprehensive medication management system, ensuring the provision of a reliable drug distribution system, patient and staff education, and centralized IV admixture services for parenteral nutrition, chemotherapy, and IV therapies. Pharmacy also plays a key role in providing education to both patients and staff, developing evidence-based resources to enhance medication safety and therapeutic outcomes. Through robust medication incident monitoring and drug use evaluations directed by the Pharmacy and Therapeutics Committee, the organization ensures continuous quality improvement and cost-effective drug therapy.

MGH provides medication management support across a wide range of clinical areas with a team that brings deep expertise and strong interdisciplinary collaboration. The pharmacists are trusted partners on patient care units, actively supporting patient flow and surge initiatives, particularly during high-volume periods such as emergency department expansions. Pharmacy technicians have shown flexibility by adopting new workflows to meet the needs of newly created patient care spaces.

The department has a strong patient experience partnership model. Patient Experience Partners play a critical role in the work of the department, participating on pharmacist interview panels, designing staff education, such as for Medical Assistance in Dying, and supporting the development of patient-centered materials like the Medication Discharge Report and VTE prophylaxis education.

MGH's pharmacy services also reflect a strong commitment to community health. During the COVID-19 pandemic, the team led the country's largest vaccination clinic and single-day vaccination event. Further, the team demonstrated remarkable community leadership during critical pediatric medication shortages, working collaboratively with local pharmacies to share essential supplies. They continue to provide community support by assisting with RSV and flu vaccination campaigns.

Despite these many strengths, physical space limitations within the pharmacy department present an ongoing challenge. As the organization continues to expand clinical services, the pharmacy has not seen a proportional expansion in space. In particular, the lack of a proper ante room for hazardous drug compounding remains a critical infrastructure gap. The organization is encouraged to continue the expansion of purpose-built pharmacy facilities which will be essential to meet future standards for safety and efficiency.

The department has made significant progress in modernizing medication storage through renovation of many medication rooms and the implementation of automated dispensing units (ADUs) across most clinical areas. Completing ADU implementation in the remaining few areas and continuing the renovation of older medication rooms will further enhance security, compliance, and workflow efficiency.

MGH's pharmacy services are deeply integrated into clinical care teams, contributing to seamless patient flow and surge capacity management. Rapid deployment of additional ADUs during patient surges in the emergency department highlights the pharmacy's agility and commitment to supporting hospital operations. At the same time, change fatigue is becoming a reality for pharmacy staff given the pace and volume of change. Ongoing efforts to prioritize staff wellness, foster open communication, and implement structured change management strategies will be critical to sustaining engagement and performance.

MGH continues to be a leader in innovation, piloting AI-enabled hazardous drug compounding technology to improve accuracy and safety. Decision making across the department is highly data driven, with robust metrics guiding quality improvement initiatives. The Antimicrobial Stewardship Program exemplifies this approach, having significantly reduced blood culture contamination rates through the creation of a specialized blood procurement team and ongoing stewardship efforts targeting urine culture management and antibiotic allergy assessments.

Opportunities also exist to further strengthen pharmacy support for oncology services. While the Oncology Pharmacy and Therapeutics Subcommittee provides targeted oversight, future expansion of dedicated oncology pharmacist resources will be important as cancer care volumes grow.

MGH is making important strides in workforce development. Student integration pilots with the East Toronto Health Network are underway, and the department is focused on internal succession planning.

Despite space and staffing pressures, MGH's pharmacy department consistently upholds a strong culture of collaboration, innovation, and patient-centered service. With continued investment in infrastructure, technology, and staff well-being, the program is well positioned to sustain its excellence and meet the future needs of its growing community.

Table 6: Unmet Criteria for Medication Management

There are no unmet criteria for this section.

Service Excellence

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the table below.

Assessment Results

MGH is committed to delivering service excellence across the health care network in East Toronto. The MGH leadership is dedicated to addressing the complexities of managing health care for their population. The team is very proud of serving a population of over 400,000 in East Toronto, MGH proudly serving a diverse community of 22 neighbourhoods where 45 percent of the residents are visible minorities and over 100 languages are spoken. They have strong partnerships with the other community partners through the East Toronto Health Partners (ETHP). The team is very proud of being leaders of innovation in integrated care. They have increased their presence and support. They also have a strong partnership with other hospitals through the Toronto Academic Health Sciences Network.

The ten-year strategic plan 2025- 2035 is shaping the improvements for service excellence based on five strategic pillars:

- Deliver High Quality and Compassionate Care
- Value and Inspire Our People
- Invest Now for Our Future
- Advance a High Impact Academic Mandate
- Lead Integrated Care

With a newly released strategic plan, the corporate strategic goals have been translated to departmental and unit level goals. Each unit has a staff huddle board and there is good evidence of program specific dashboards with quality indicators in alignment with the corporate pillars. The investment of quality and safety leads in some of the key clinical programs will assist in furthering the focus on and commitment to quality improvement. MGH commitment to high quality and safe, compassionate care is evidenced by the promotion of a just culture and patient safety behavior program emphasizing the importance of good catches, near misses, and learning from incident reports. All incident reports are reviewed by the leadership team and, depending on the level of harm, include a root cause analysis in an effort to identify learnings and opportunities to improve and make system improvements without shame or blame.

MGH places high importance on staff competency, offering comprehensive orientation programs, ongoing training, and leadership skills training. There are various opportunities for ongoing leadership training, including the four module Maintaining Management Excellence program for leaders, which has been recently refreshed and is open to all leaders with an 80 percent completion rate. A one-year leadership program is available to frontline staff and emerging leaders. Staff across the organization reported strong morale and expressed appreciation for the support provided by leadership, which is reinforced by stay interviews that are check-ins with staff, as well as unit-based councils across the organization. Access to resources for professional growth, including digital platforms for learning, monthly grand rounds, regular educational rounds, and dedicated educators, ensures that team members are well prepared. Quarterly rounds with a focus on staff wellness, known as Schwartz rounds, were shared as an illustration of the deep commitment to compassionate care and an opportunity to hear staff share their perspective and story. The annual core curriculum, which includes emergency codes, diversity, equity and inclusivity, and disclosure training has completion rates of 84 percent for staff and 100 percent for physicians. Personal development and retention efforts are reinforced by performance reviews that are completed every two years. Policies are reviewed every three years with oversight by a Policy Steering Committee. While policies were prioritized and all Grade A policies were completed, there is an opportunity to focus on ensuring that the remaining policies are reviewed in a timely manner.

Overall, MGH's commitment to training, competency development, and access to corporate resources fosters a strong, stable workforce that is equipped to meet diverse patient needs.

MGH uses an electronic platform, Cerner, with few areas still using paper or hybrid documentation, and with plans to standardize electronic health records across the organization. The standardization will help mitigate the variability associated with the different documentation methods, improving continuity of care and patient safety. Current practices emphasize the use of standardized order sets which promote evidence-based approaches to care. Monitoring the program dashboards and further identifying action plans for metrics that are not meeting their targets will enhance MGH's performance through process improvement and better patient outcomes.

MGH is focused on patient-centred care through ongoing safety initiatives and quality improvement efforts that prioritize patient goals. Regular safety huddles, quality boards, and feedback mechanisms reflect MGH's commitment to transparency and accountability in health care delivery. MGH proactively engages patients and families through a strong corporate patient experience panel program with 50 members. Patient and family advisors are active at the program level in the Emergency, Medicine, Senior Friendly and Palliative Care programs, to name a few. Opportunities lie in expanding interaction and embedding patients and family advisors at the program specific level with diverse representation from the community to enhance patient experience and foster more collaborative care planning. By strengthening these engagement practices and providing program level visibility on key performance metrics, MGH is well positioned to continue driving meaningful improvements that positively impact outcomes.

This commitment to service excellence illustrates MGH's dedication to providing high-quality and compassionate care that meets the diverse needs of its community. The team is very proud of working together as a team and how they support one another. Continued focus on addressing current challenges will support MGH in achieving its vision of integrated care with bold impact.

Table 7: Unmet Criteria for Service Excellence

There are no unmet criteria for this section.

Service Specific Assessment Standards

The Qmentum Global™ for Canadian Accreditation program has a set of service specific assessment standards that are included in the accreditation program based on the services delivered by different organizations. Service standards are critical to the management and delivery of high-quality and safe care in specific service areas.

Ambulatory Care Services

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the table below.

Assessment Results

The teams at the Hemodialysis, Fracture Clinic, and Child and Adolescent Outpatient programs were surveyed during this visit. They all have clear goals and objectives, posted and visible for their teams, on the huddle boards that align with the strategic plan. The teams all showed a commitment to involve patients, families and community partners in service delivery by understanding the needs of the community and trying to match demand and supply in their programs. Overall, there is a strong sense of teamwork and leadership support. Staff feel engaged and heard by their supervisors. Members of the teams showed pride and enthusiasm in what they do and shared their successes. In all the programs surveyed, there is evidence of a strong interdisciplinary team approach. All three clinics showed a strong commitment to education, training, and learning. Education and training are evident in the multiple opportunities available to staff to access and participate in learning, which includes robust orientation to the organization and their program, as well as ongoing annual mandatory core curriculum. A staff member interviewed was unaware of how to access the tuition assistance program.

Hemodialysis

The team of the Hemodialysis program is enthusiastic and excited regarding the programs and services they provide in the ambulatory care setting at Michael Garron Hospital. They are strongly motivated by working collaboratively as a team with a client-centred focus and the goal of improving the quality of life of their clients. As a satellite of the St. Michael's Hospital Regional Renal program, MGH is proud of being a strong system partner and works closely with them and the Ontario Renal Network to ensure that patients receive safe, high quality renal care that meets the needs and choices throughout their lives. The 20-station program is delivered through an interdisciplinary team with clearly established goals and objectives. They have a well laid out staff huddle board as well as a separate one for patients and their families. While the program is located in the legacy building, the staff expressed gratitude to the Foundation for recent renovations to brighten the space. The program is fortunate to have three nephrologists on staff to provide care to the dialysis patients and the staff feel very supported with a strong interdisciplinary approach.

To support and accommodate the 95 percent occupancy, and growth in volumes and patient needs, the team has implemented several initiatives of service expansion with the establishment of a nocturnal program, home peritoneal dialysis, and acute inpatient hemodialysis. These expansions support patients to have access to the most effective and their chosen modality close to home and serve to help mitigate MGH's capacity challenges.

The team has clear program specific goals and objectives as well as patient outcome measures with strong positive patient satisfaction results, low infection rates, and hand hygiene rates consistently over 85 percent. The program actively participates in research studies, such as Dial Mag and Kite. The team is actively involved in several quality initiatives which have been implemented including the development of a welcome package co-designed by the patients. One of the patients interviewed was grateful to provide input and feedback to the welcome booklet so that it might help any new patients referred for treatment. The program is encouraged to establish and embed a patient and family partner(s) into the program structure. Patients who were interviewed had very positive feedback about the overall care they receive and feel the staff are kind, caring and compassionate. Patients and families are encouraged to take an active role in the treatment plan. They are provided with initial and ongoing access to information and resources.

Another quality improvement initiative was the implementation of a primary care nursing model whereby a meeting is held monthly, that includes the primary nurse and patient and family, to review the patient's progress through a written report card which includes a variety of measures including bloodwork, foot assessment, and the overall patient's goals, education needs, and care plan. This report card is translated in several different languages, and uses emoji faces to rate their satisfaction.

Most patients were observed receiving their treatment on a hospital bed. One patient was observed in a recliner chair using another chair to prop up their feet. The team is encouraged to partner with the Foundation to explore the purchase of up-to-date recliner chairs suitable for comfort for the duration of receiving dialysis treatment.

The program is supported with a closed loop medication system reducing the potential for medication errors. While patients do not wear ID bands, every patient is photographed with their consent and this picture is placed on the inside of the cover of the binder as a reference in addition to the patient's name and date of birth.

While the space is clean and well organized, the patient chart binders are labelled with the patients' last name and located on a shelving unit, visible for all patients and families who enter the unit. The program is encouraged to find a strategy to protect the privacy of patients' names, and at the same time keep the binder charts accessible for the staff.

Fracture Clinic

The Fracture Clinic moved to the new Ambulatory Clinic in the new tower six weeks ago. The Patient Experience Panel was actively engaged for the initial and final design including the patient flow.

The Fracture Clinic has a strong and effective interprofessional, collaborative team providing fracture care that reflects the needs of each individual client with referrals from the emergency department, family physician offices, and post-operative surgical patients.

While there is hybrid charting, with electronic documentation, the referrals are done via fax or paper. There is an electronic referral process for the Fracture Clinic made available to local community family physicians, however, there is underutilization of the electronic referral process. MGH is encouraged to work with local family physician offices to use the electronic referral process in an effort to reduce paper, enhance the tracking of referrals, and avoid any referrals being missed.

It was noted during the time in the Fracture Clinic that several patients were challenged with wayfinding either to find diagnostic imaging or to navigate their way out of the clinic space. Staff have also expressed concern regarding wayfinding and the leadership team is encouraged to work with patients and families to co-design and implement a simple wayfinding strategy.

Overall, the program does a great job managing the growing number of referrals and increasing volumes and staff feel supported by leadership.

Child and Adolescent Outpatient

Located in the new tower, the program is open Monday to Friday during the day hours. The clinic is well organized with a focus on staff safety whereby emergency buttons are located in the corridors in addition to the safety pendants worn by staff.

Staff are passionate about the programs and services they provide and future opportunities to serve their vulnerable population. They have developed strong partnerships with their community partners to provide child and adolescent outpatient programming in an effort to avoid ED visits and hospital admissions. They are committed to collaboration and partnerships with both internal and external stakeholders. Staff are very interested in quality improvement and innovation and are not shy to share their ideas for making a positive difference and for making improvements in their programming. They feel the support of leadership to implement these in the workplace.

This tight knit energetic team is dedicated and committed to the innovative programs they provide to the clients and families, and they are aligned with the organization's vision and values. The interprofessional team has strong expertise in the program areas and is committed to best practices. The program has developed goals and objectives that are monitored, reported, and shared with staff across the program. They work with their partners to improve services. They are highly motivated, excited, and live the vision of Integrated Care, Bold Impact through a model of interprofessional collaboration.

Patients describe the Building Bridges program staff as caring, respectful, and helpful in addressing and meeting their needs. They have classroom programming especially for those patients who are struggling with school anxiety.

The program speaks proudly about their strong interdisciplinary approach. The team has broadened their programming and has increased patient access through their collaboration with community partners.

The staff embrace changes that occur as a result of both staff and patient feedback. For example, concerns have been expressed by staff regarding the current location of the Extensive Needs Program and staff safety. The Joint Occupational Health and Safety Committee has been engaged to support the staff concerns and discussions are underway about moving the program onsite. Another example arose from the Ontario Perception of Care (OPOC) tool for measuring mental health patient and family satisfaction; it was unclear to them how they can make a complaint or share their concern. As a result, the leadership team have posted information in the waiting rooms about how to share any concerns or complaints, including a picture of the manager and supervisor. The plan is to repeat the OPOC to measure the impact of this strategy. Overall, the program is commended for identifying recommendations and improvements geared toward improving the patient and staff experience and overall patient and staff safety.

The program is also to be commended for recruiting a patient and family experience partner who is engaged and embedded with both MGH Child and Youth program as well as the Woodgreen Youth Advisory Committee and Youth Outreach Team.

The staff expressed that they appreciated the strong focus over the past several years on cultural, racial and gender sensitivity whereby patients and families have their care plans tailored to their preferences. The team is deeply committed to providing care to meet the individual needs of their patients and families.

Table 8: Unmet Criteria for Ambulatory Care Services

There are no unmet criteria for this section.

Critical Care Services

Standard Rating: 98.2% Met Criteria

1.8% of criteria were unmet. For further details please review the table below.

Assessment Results

Michael Garron Hospital's (MGH) Critical Care Program provides care to patients across both Level 3 and Level 2 ICU beds. With 19 Level 3 ICU beds, the unit is fully equipped to care for critically ill patients experiencing respiratory failure, multi-organ dysfunction, or complex post-surgical complications.

Additionally, six Level 2 beds support the hospital's long-stay program, focusing on patients requiring prolonged mechanical ventilation and extended recovery from critical illness. Care is led by dedicated intensivists who are available 24/7, with overnight admissions managed in collaboration with internal medicine hospitalists.

The critical care team at MGH is distinguished by its interdisciplinary model, comprised of intensivists, nurses, pharmacists, physiotherapists, respiratory therapists, social workers, and the outreach and vascular access teams. Daily collaboration fosters individualized and holistic care plans. The organization's 24/7 Outreach Team (a group of specially trained critical care nurses and a physician) supports early identification of at-risk inpatients and rapid mobilization of ICU resources, which supports timely intervention across MGH. This proactive model helps reduce ICU admissions through earlier clinical escalation. They also support the monitoring of patients transitioning out of the ICU.

Staffing and leadership structures continue to evolve to meet the needs of the unit. The team has made great progress in recruiting permanent staff, reducing reliance on agency nurses and enhancing team stability. The introduction of a charge nurse role has further strengthened leadership, particularly during after-hours, by improving communication, coordinating patient flow, and supporting clinical decision making. While progress is evident, the unit still depends on some agency staff, and further recruitment and retention efforts are encouraged to eliminate this need entirely. Ongoing investments in staff development are evident, with ICU staff being trained in advanced skills such as Continuous Renal Replacement Therapy (CRRT), Peritoneal Dialysis, and Code Blue response, supported by a designated clinical mentor and an ICU educator who provides bedside training and coaching. Continued focus on skill building among newer staff will help strengthen the capability and confidence of junior team members.

MGH has demonstrated commitment to quality improvement and data-informed decision making, with a recently implemented digital dashboard that provides real-time data on ICU bed availability, staffing, and patient acuity. This tool enhances transparency and operational responsiveness. A current quality initiative is aimed at reducing unnecessary PICC line insertions through a standardized needs assessment protocol, promoting safe and appropriate use of interventions.

The ICU's approach to patient and family engagement reflects several best practices. Families are involved in bedside shift reports, and whiteboards in patient rooms, co-designed with Patient Experience Partners, support communication of daily care plans and patient goals. A dedicated waiting area also includes a whiteboard for families, supporting transparency and shared understanding. However, there is an opportunity to enhance family involvement in daily rounds, which are currently held at the nursing station rather than the bedside. Shifting rounds to the bedside would align more closely with standards for patient and family-centered care and improve communication around care decisions.

In terms of physical infrastructure, while parts of the ICU have been renovated, space constraints remain a challenge, particularly where cluttered hallways and hallway storage affect both functionality and safety.

There is an opportunity to continue investments in physical space modernization, which would better support the growing complexity and acuity of patients. Another opportunity is with ICU surge capacity planning. The leadership team has an understanding of how the ICU would expand during a surge, but a formal, documented surge policy is not in place specific to the ICU.

Additional strengths of MGH's ICU program include its Stop 5 Debrief model, a nurse-led initiative that provides structured reflection after every Code Blue event. This tool supports team learning and emotional resilience. Staff also report feeling well supported in high-stress situations, through both teamwork and access to a bioethicist for complex ethical dilemmas. The ICU also maintains established policies and procedures around organ and tissue donation, working in collaboration with Ontario Health's Trillium Gift of Life Network (TGLN), in alignment with national donation and transplant standards.

Table 9: Unmet Criteria for Critical Care Services

Criteria Number	Criteria Text	Criteria Type
1.1.6	There is a surge capacity plan for critical care units to manage a high number of clients during times of increased volume, as well as during pandemics, mass-causalities or other large-scale emergencies.	NORMAL
2.4.3	Daily rounds are conducted by the team in partnership with the client and family.	HIGH

Diagnostic Imaging Services

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the table below.

Assessment Results

The Diagnostic Imaging department at Michael Garron Hospital (MGH) supports a growing annual volume of exams across a diverse patient population, including emergency, trauma, inpatient, and outpatient cases, as well as screening for breast, lung, and cardiac conditions. MGH offers a comprehensive range of imaging and diagnostic services, including CT, MRI, X-ray, ultrasound and ultrasound-guided procedures, non-invasive vascular studies, nuclear medicine, mammography, bone mineral density testing, echocardiography, stress testing, pulmonary function testing, sleep studies, and EEG. Strategic investments have been made to expand services such as the Ontario Lung Screening Program, Cardiac CT, and broadened mammography screening to reflect changing guidelines and to address the needs of their community.

The upcoming opening of the new Interventional Radiology suite will allow MGH to offer specialized procedures on-site that were previously sent to other hospitals, improving patient access and reducing the burden of travel. Patient partners played an integral role in designing the patient flow and experience within the new suite. Continued efforts to fully renovate older imaging areas will ensure a consistently modern and patient-friendly environment throughout the department.

A major strength of the Diagnostic Imaging program is its data-driven and patient-focused approach. Live CT wait-time dashboards, a patient-facing X-ray wait-time clock, and expanded CT and MRI operating hours all aim to reduce wait times and improve transparency. As part of broader patient flow initiatives, the introduction of the Discharge Limiting Order category has allowed for prioritized imaging of patients ready for discharge but awaiting final imaging, directly supporting hospital capacity management and improving overall patient throughput. Ongoing optimization of scheduling practices, especially for non-urgent outpatient exams, remains an opportunity to further enhance efficiency and equity in access to care. The team's proactive expansion of mammography and Ontario Breast Screening Program hours, following the decrease in eligible screening age, demonstrates a strong responsiveness to evolving community needs. The team is encouraged to explore expansion of the successful self-scheduling pilot (currently available for mammography to other modalities like ultrasound to further enhance patient autonomy and access to care. The team is also encouraged to continue to leverage real-time dashboards and scheduling data to identify and address any pockets of longer wait times.

Interdisciplinary teamwork is a strength of MGH's Diagnostic Imaging department, with regular modality meetings, daily rounding, and a Diagnostic Imaging Council. Staff engagement initiatives such as daily quality huddles, mock Code Blue drills, and robust weekly peer reviews amongst radiologists help maintain a strong focus on quality and safety. Continued attention to fostering staff wellness will be important to address the ongoing pressures of high patient volumes and frequent operational changes.

In response to aging equipment, MGH is actively engaged in the acquisition and implementation of new technologies, including a new PACS system and portable X-ray. Investments in advanced technology have been paired with expansion of MRI and CT operating hours and 24-hour CT service to help address increasing demand, patient flow challenges, and wait times. There continues to be some technology within the department which is nearing end-of-life. MGH is encouraged to continue efforts to replace aging imaging equipment, ensuring service continuity, image quality, reduced radiation levels, and minimizing downtime. Opportunities remain to fully eliminate fax-based referrals by promoting adoption of electronic systems like Ocean, streamlining referral intake processes, and reducing administrative burdens.

Staff development and succession planning are priorities, with active cross-training programs and internal promotion strategies. To strengthen resilience against staffing shortages, expansion of cross-training models and innovative roles like RPN-enhanced imaging support and non-regulated tech assistants is ongoing.

MGH's commitment to quality improvement is evidenced by initiatives like the DI Aid pilot to support ED imaging wait times, the Safety Officer role for radiation monitoring, and the robust Quality Control lead structure. Turnaround times are closely tracked, and interesting or rare cases are reviewed as a team for shared learning. Further expansion of formal small-scale quality improvement projects, tied to broader organizational goals, could amplify the department's already strong culture of excellence.

Through patient feedback and operational data, MGH continues to refine the patient experience, enhancing wayfinding, appointment communications, and flow through the new imaging areas. This commitment to continuous improvement, combined with innovative leadership and a strong culture of collaboration is evident in the work of the Diagnostic Imaging department.

Table 10: Unmet Criteria for Diagnostic Imaging Services

There are no unmet criteria for this section.

Emergency Department

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the table below.

Assessment Results

Michael Garron Hospital's Emergency Department (ED) is one of Ontario's busiest single-site emergency departments with over 100,000 visits annually and a consistent 10 percent year over year growth. The ED manages more than double the capacity for which it was originally built. In response, the team has implemented several innovative strategies to support patient and staff safety, patient flow, and quality improvement.

The distributed leadership model is a key strength of the ED, which includes dedicated dyad physician-administrator leadership roles across core areas such as operations, education, and wellness. This structure moves the ED beyond reactionary decision-making to a more strategic and vision-driven approach. The recent expansion of roles, including department navigators and child life specialists, as well as the elimination of agency staffing, speaks to a robust workforce planning approach and contributes to workforce stability and continuity of care.

MGH's commitment to patient flow and access is evident in the implementation of a Rapid Assessment Zone, designed in partnership with patient experience partners through simulations to identify and mitigate potential bottlenecks prior to opening. Additional strategies such as the ED e-booking portal for minor injuries and physician scheduling optimization through a dedicated committee demonstrate a data-driven approach to managing demand and enhancing timely access to care.

MGH's approach to mental health care in the ED is exemplary. A dedicated zone, enhanced triage screening, 24/7 crisis staff, psychiatric support, and daily joint rounds demonstrate a patient-focused and integrated care model. The ED's commitment to pediatric and geriatric care is also notable: the Child and Youth Emergency Zone, developed with families, integrates therapeutic play and virtual reality for pain management, while the growing geriatric-focused zone uses HELP volunteers and the GEM+ team to support frail older adults and facilitate safe discharges.

Staff safety and well-being are equally prioritized through formal wellness leads, a social council, and initiatives to reduce workplace violence, including mock Code Whites, increased security, and QR code-based incident reporting. The introduction of technologies like AI scribes and ED wait-time displays, along with the push to reduce paper-based workflows, demonstrates innovation in care delivery and commitment to digital transformation, though continued efforts to fully integrate the ED into the electronic health record would enhance both patient and provider experience.

Despite its many successes, opportunities for improvement remain. Space constraints continue to challenge the ED's ability to meet growing demand and long-term infrastructure planning will be essential. Further efforts to integrate electronic documentation and reduce manual processes would support efficiency, reduce error, and improve continuity of care. Continued focus on predictive modeling and data analytics to anticipate demand patterns and allocate resources could further enhance service responsiveness.

Table 11: Unmet Criteria for Emergency Department

There are no unmet criteria for this section.

Inpatient Services

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the table below.

Assessment Results

The inpatient program at Michael Garron Hospital is a large, interconnected system consisting of multiple units with combined/shared operations, which include Stroke/Acute Medicine, General Internal Medicine (GIM/Oncology, two GIM units, Respiratory/Pulmonary Disease/Post-Weaning Care, and Memory Care with Long-Term Ventilation. Each unit plays a critical role in delivering specialized care tailored to patient needs.

Key strengths of the program include its focus on internal medicine with structured tools for care and discharge planning, as well as external collaborations for COPD and heart failure management, allowing for ambulatory follow-up and remote monitoring.

The Long-Term Ventilation unit stands out for its strong partnerships with institutions (Sunnybrook and Holland Bloorview, ensuring seamless patient referrals and individualized care plans through the My Story initiative, which extends beyond medical needs.

Extensive educational programming for new hires and external hospital partners further strengthens the quality of care. The Memory Care Unit boasts a unique garden room design and incorporates behavioral specialists while maintaining connections with multiple external agencies, though referral sources remain internal. Its outreach team supports the broader hospital network, though external engagement with long-term care remains limited.

There were a few risks identified on the tracer which include: the reliance on paper charting in the emergency department before transitioning to electronic records in ward units presents inefficiencies and potential gaps in documentation. Additionally, while the Memory Care and Long-Term Ventilation units maintain strong internal connections, limited external collaboration remains a challenge with these two units, requiring proactive measures to strengthen relationships with external partners. Plans are being developed to enhance these connections, ensuring more comprehensive and integrated patient care across the broader healthcare system.

Table 12: Unmet Criteria for Inpatient Services

There are no unmet criteria for this section.

Mental Health Services

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the table below.

Assessment Results

During the onsite survey, the Child and Adolescent Mental Health Inpatient Unit was reviewed in detail followed by a tour and high-level review of the Adult Mental Health Inpatient Unit.

The adult inpatient unit went from a 35 to 43 bed unit with one seclusion room in February 2023 when they moved to the new tower. The child and adolescent unit has six inpatient beds and one seclusion room. Both units are bright, spacious, clean and well organized. The physical space was co-designed with patient and family input, which includes the sensory room on the adult unit which has a massage chair, stationary bike, treadmill, aromatherapy, sound machine and plasma ball. The sensory room was supported by a donor with the goal of providing the patients with an opportunity to help reduce their anxiety and provide an outlet for their thoughts and feelings.

The interdisciplinary team providing mental health services at MGH are committed, qualified professionals who promote patient and family centered care. Staff are trained to use standardized assessments. The program embraces a care approach known as Safewards. The focus is on the promotion of a safe recovery and healing environment with a gentle approach by staff. The model promotes positive interactions between staff and patients to reduce tension, prevent violence and enhance safety. Staff shared that this approach is consistently implemented and effectively manages safety risk and seems to contribute to the overall decrease in violence, Code White's and aggression on the unit and increased staff engagement.

The goal is focused on respect and kindness for patients. This program encourages doing things together with the patient that are encouraging, supportive, respectful, comforting and calming. The Child and Adolescent Mental Health Unit has a Calm Trolley filled with activities, such as reading material, and a Muslim prayer mat, that help to calm and soothe patients when they feel anxious. The Adult Mental Health Unit holds weekly Mutual Help meetings to encourage patient feedback, share positive messages and identify areas for improvement for the program.

The adult inpatient unit is well supported by a small team of rotating hospitalists who provide oversight for medical issues. For patients under 18 years of age, pediatricians are consulted for medical issues.

There is 24/7 onsite crisis mental health coverage and psychiatrists are onsite from 0900h to 2200h in the emergency department. The team feels supported by the security team and identifies that this positive relationship contributes to staff safety and a low number of staff injuries. A personal safety device/emergency alert card is worn by all staff and there are also emergency buttons located in various areas of the unit. The medication room on the child and adolescent unit is designated as a P.I.P. room that provides a secure and locked room with a camera and phone in the event there is a need for a safe room for patients and staff. The patients interviewed articulated that they had been treated with kindness and respect and were informed of their role in patient safety.

Overall, staff are proud of their teamwork, collaboration, and team commitment in supporting each other and working together within MGH and with community partners. Innovative new ideas and changes are not new to the mental health program. The programs continuously review population health and hospital data to assist in the planning of new and expanded services. An example of a new program being introduced is the Youth Wellness Hub which was led by the MGH to support the communities in East

Toronto. The various ambulatory clinics such as the Urgent Care Clinic, Connection Clinic and numerous community partnerships with East Toronto Health Partners support the inpatient units by diverting admissions to hospital or by facilitating early safe discharges from hospital. A centralized intake process has been established to assist in managing and streamlining referrals and the waitlist to support community family physicians. Referrals are triaged to either hospital or community-based programs. The adult program is currently piloting a centralized intake process with a few of the clinics and evaluating the effectiveness. Psychiatrists are supporting the community HART Hub initiative as well as a perinatal program at Thorncliffe Park, identified as a priority as one of the fastest growing neighborhoods in the city of Toronto with approximately 600 kids under the age of five years. Staff consistently describe the amazing community partnerships that all provide support to meet clients where they are at and reduce barriers to the social determinants of health. Challenges in the social determinants of health, including lack of housing, employment and food, are commonly seen.

Professional development, education and training opportunities are supported by the leadership with mandatory annual core curriculum and there is a wealth of resources available on the intranet. This is a strength of the program and demonstrates MGH's commitment to the growth and development of staff, best practices, and innovative approaches to supporting a system approach to delivering mental health services. Training includes identifying, reducing and managing risks to patients and staff safety. The team members report that there is a strong culture of speaking up for safety and performance reviews are conducted annually with career goals and aspirations set according to individual staff growth and development plans. The weekly update shared by the clinical resource leader is helpful in providing regular updates on key areas of focus for quality and safety.

The team is commended for their strong collaborative working relationship and client centered focus.

Table 13: Unmet Criteria for Mental Health Services

There are no unmet criteria for this section.

Obstetrics Services

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the table below.

Assessment Results

The Maternal Newborn and Children's program is comprised of three main areas: Family Birthing Centre (FBC, Neonatal Intensive Care Unit (NICU and Pediatric Department that provide a wide range of programs and services to both inpatients and outpatients including those in the eating disorders inpatient program, surgery, endoscopy, obstetrics, NICU and a number of outpatient clinics. The interdisciplinary team includes obstetricians, family practice, midwives, anesthetists, nurses and allied health supports. The team works collaboratively to provide compassionate quality patient centered care and delivered 2,520 births in 2024 with 415 infants cared for in the NICU. Caesarian sections are performed in two operating rooms located within the program where the obstetrical nurses attend. Skin to skin contact is supported in the OR following a C-section. With five lactation consultants, breastfeeding is encouraged and supported.

There are many partnerships including Kids Health Alliance, Sick Children's Hospital, several community health centers, family health teams, and Public Health.

The Obstetrical unit has a secure door with controlled badge access. There are plans for an infant protection system to avoid any risk of abduction.

The LDRP and postpartum RNs are cross trained, and staff feel that they are well supported and commented that the orientation program for new staff, and ongoing training including simulation and mock codes was comprehensive. There is an educator that supports training and ongoing education with biweekly skills drills on focused topics, such as shoulder dystocia, and blood transfusion. There is good access to mandatory education as well ongoing training. Monthly simulation is organized for the interprofessional team with the goal of obtaining accreditation status by University of Toronto. A booklet was developed as a resource for fetal health surveillance. There has been a focus on reducing perinatal trauma with opportunities to make national and international presentations of the successful outcomes. The team participates in Better Outcomes Registry and Network (BORN) that have resulted in comprehensive professional development and enhanced patient quality and safety.

The team has embraced quality improvement with a weekly interprofessional committee with the lens of reviewing quality improvement projects and policies and supporting the unit to meet strategic goals. The leadership team reviews incident reports with a focus on improving patient safety and quality. There are daily huddles, staff are encouraged to speak up for safety and debriefs after codes is a regular practice. Staff were familiar with how to complete an incident report on the intranet. A number of quality initiatives were shared including the oxytocin safety checklist, modified early obstetrical warning system (MEOWS, measurement of estimated blood loss, Obstetrical Triage Assessment Scale (OTAS, and early recognition of deterioration. An electronic whiteboard is used by the program to support the monitoring of patient urgency and patient flow.

A trauma informed program for supporting patient care and staff has been supported through the Foundation's Impact Council Grant with half supporting capital equipment investment and the other half supported the training of staff on trauma informed care. Obstetrics led the organization with this program and MGH is now looking at spreading it across the organization.

The quality board for this program is situated in the main corridor, with BORN data, hand hygiene and safe surgical checklist data posted and being monitored. There is much work to do on hand hygiene, as well as the safe surgical checklist compliance rates, and the program is encouraged to develop an action plan to improve the metrics.

The documentation system on the unit is electronic. Patient assessments are standardized, and patients are involved in their plan of care. Patients and family members interviewed felt that they were well prepared; all of their questions were answered, and they described the staff as caring, knowledgeable and respectful of their wishes. The Voyce translation service, an on-demand video translator, was used to support the consent process, provide information, and answer any questions for non-English speaking patients during the observation of a C-section. The transition of information process is standardized between shifts and when transferring a patient from one care provider to another.

A recent interprofessional collaborative initiative led by midwifery is the Family and Newborn Clinic to support early discharges. The program connects patients to community-based care seamlessly for postpartum care in the home by a midwife.

There is much staff pride in the teamwork, and a feeling of working at home away from home, with excellent interprofessional collaboration.

Table 14: Unmet Criteria for Obstetrics Services

There are no unmet criteria for this section.

Palliative Care Services

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the table below.

Assessment Results

The Palliative Care unit at Michael Garron Hospital provides a comprehensive, multidisciplinary approach to caring for patients with life-limiting illnesses, ensuring dignity, comfort, and support for both patients and their families. The unit is sizable, encompassing a 22-bed ward, consult services, outpatient care, and hospital-wide outreach, allowing for seamless continuity of care across various settings.

The unit offers an array of specialized services that enhance the patient's experience, including art therapy, massage, music therapy, choir participation, and access to a solarium for moments of reflection and comfort. In addition, staff receive extensive education through symposia, e-learning modules, and a structured 10-week palliative basics program. A resource guide is currently in development to further support staff in providing high-quality palliative care.

The unit has established a Medical Assistance in Dying (MAID) program guided by a community steering group. While the patient request volume remains low, increasing meeting frequency within the steering group will further strengthen oversight and responsiveness. In support of the palliative care staff, the hospital offers a grief support group for patients, families, and staff, ensuring emotional and psychological support during difficult moments. Staff also have access to supervisors, spiritual care counselors, and the Employee Assistance Program (EAP) to maintain their own well-being while delivering compassionate care.

While the Palliative Care unit excels in many areas, opportunities exist to further enhance collaboration with external partners, particularly in strengthening transitions of care beyond the hospital setting. The MAID steering group would benefit from more frequent meetings to ensure proactive discussions and evolving best practices. Additionally, ensuring comprehensive documentation of symptom management strategies and patient care preferences remains a priority for maintaining high standards.

By continuing to refine care processes, bolster education initiatives, and expand external collaboration, the Palliative Care Unit remains committed to delivering patient-centered, holistic care. With ongoing investment in staff training, specialized therapies, and emotional support programs, MGH is well-positioned to ensure compassionate, high-quality palliative care that meets the needs of patients and families.

Table 15: Unmet Criteria for Palliative Care Services

There are no unmet criteria for this section.

Perioperative Services and Invasive Procedures

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the table below.

Assessment Results

The Surgery Department encompasses a wide range of integrated units, including the Perioperative Assessment Clinic, Peri-Anesthesia Care Unit, Operating Room, Outpatient Procedure Unit, MDRD, and the Inpatient Surgical Unit. These services are supported by an interdisciplinary team under a dyad leadership model that brings together administrative and medical leaders in surgery and anesthesia. MGH conducts a high volume of complex and diverse procedures such as general, thoracic, bariatric, orthopedic, plastic, urologic (including robotic-assisted surgeries), gynecological, pediatric dental, ophthalmologic, ENT, and pediatric endoscopic surgeries. MGH has several surgical partnerships and is recognized as a Thoracic Surgery Centre of Excellence.

MGH maintains a strong focus on patient safety, operational efficiency, and continuous quality improvement. For example, the creation of a dedicated Acute Care Surgery and Orthopedics Room has addressed challenges with limited OR availability, improving access to urgent procedures, reducing hospital length of stay, and enhancing flow from the emergency department to the inpatient surgical unit. MGH has adopted digital safety checklists via the i-Care system to ensure reliability and consistency in preoperative assessments, addressing previous concerns related to incomplete or lost paper documentation. Staff recruitment, development and education are emphasized through regular initiatives such as “Wisdom Wednesdays,” mock code blue drills, and simulation-based interviews, particularly for onboarding internationally educated nurses. These efforts have contributed to a well supported team environment with low vacancy rates and a strong sense of staff engagement and ownership.

A focus on patient-centered care is evident in much of the work the team does. The development of a perioperative discharge summary in collaboration with the Patient Experience Partner Panel ensures patients are well-informed and supported post-operatively. Additional follow-up is provided through post-discharge NSQIP phone calls and a remote monitoring program, both of which aim to reduce emergency department visits and identify complications early. Feedback is continuously gathered through inpatient rounding and Qualtrics surveys, ensuring patient voices inform service improvement.

MGH’s perioperative program is also notable for its commitment to innovation and environmental stewardship. The organization promotes sustainability through initiatives like the Bring Your Own Reusable Bag program, encouraging environmentally conscious behaviors among patients. Data-driven decision making is embedded into the program’s culture, with routine tracking of safety, flow, and performance metrics guiding quality improvement initiatives. The organization’s opioid reduction strategies have been nationally recognized, earning MGH the 2023 Surgical Quality Improvement Program Performance Year Award for achieving significant reductions in opioid prescribing.

Despite these strengths, there are key opportunities for improvement. Including a patient experience partner in Surgical Council meetings would further enhance patient engagement and support an enhanced approach of co-design. Workflow efficiency in the Outpatient Procedure Unit remains an area for development, particularly to reduce wait times and support timely patient discharges. As surgical volumes continue to grow, MGH could continue exploring internal capacity expansion and external partnerships for managing complex surgical cases and sustaining waitlist reductions. Expanding the robotics program represents a significant opportunity to improve surgical precision and patient outcomes; however, this will require investments in infrastructure, staff training, and systems to ensure equitable patient access.

Table 16: Unmet Criteria for Perioperative Services and Invasive Procedures

There are no unmet criteria for this section.

Point-of-Care Testing

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the table below.

Assessment Results

Michael Garron Hospital’s Point-of-Care Testing (POCT) program operates within a robust, medium-to-large Laboratory Medicine service that includes hematology, pathology, and biochemistry. Microbiology services have been outsourced to the Shared Hospital Laboratory under Dr. Kevin Katz.

The program is managed by an experienced medical laboratory technologist (MLT, ensuring strong adherence to standard operating procedures (SOPs, comprehensive staff training, education, proficiency testing, and competency assessments. The POCT program supports clinical services through a collaborative model, transitioning from a previously more unilateral approach, enhancing integration and efficiency.

The primary POCT services provided include glucometer testing with 100 units in use and urine pregnancy testing conducted at an off-site location. The POCT program benefits from a dedicated and engaged workforce. Use of a glucometer on the ward was observed, and the operation of the device met all Accreditation Canada guidelines. The staff member involved was thoughtful, dedicated and performed all the steps noted on the SOP. Further, the team member’s training documents were reviewed as part of the tracer and demonstrated that she had completed training, been certified, and had performed multiple quality control runs to meet re-certification requirements as outlined in the SOPs.

Table 17: Unmet Criteria for Point-of-Care Testing

There are no unmet criteria for this section.

Reprocessing of Reusable Medical Devices

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the table below.

Assessment Results

The Medical Device Reprocessing (MDR department at Michael Garron Hospital plays a crucial role in ensuring the safe and effective reprocessing of reusable medical devices. While the Endoscopy Unit operates in a new facility with an appropriate flow, the MDR basement facility requires major capital upgrades, particularly for critical equipment. Despite being neat, organized, and in good working order, the physical environment—floors, ceilings, and walls—needs significant improvement. One of the primary challenges faced by the department is the increasing service demand, which has outpaced the available space needed for processing medical devices.

The department demonstrates a strong commitment to quality improvement (QI, with a designated quality lead and accessible information that fosters a culture of transparency and continuous improvement. Staff feel supported and empowered to provide input, with their suggestions reviewed and implemented as appropriate. Educational opportunities are present, including MDR Week, in-service training, and biennial assessments, though they could benefit from greater structural organization. The team is highly engaged, collaborative, and committed to innovation and growth, strengthening the department's ability to adapt and improve its processes.

The MDR team does not perform neurological services and, as such, does not require a Creutzfeldt-Jakob Disease (CJD) protocol. Their Immediate-Use Steam Sterilization (IUSS) protocol is well-established, monitored as part of quality processes, and has been successfully avoided, through recommendation of alternatives to clinical departments when possible.

While the team exhibits strong collaboration and passion for their work, several pressing concerns require attention. Space limitations remain a key constraint, as service requests continue to grow without a proportional expansion in processing capacity. Staffing challenges also present difficulties in balancing workload with increasing clinical service demands. Additionally, aging equipment poses a risk to efficiency and reliability, with no redundancy in place for critical devices approaching the end of their lifecycle.

Moving forward, addressing infrastructure needs through capital investments in facility upgrades and space expansion will be critical for supporting growing demands. Further structuring educational programs and ensuring continuity in staffing will enhance team effectiveness. Strengthening equipment redundancy plans will safeguard against service disruptions and improve operational resilience. Through continued investment in quality improvement and innovative solutions, the MDR department is well-positioned to sustain high standards of patient safety and care excellence.

Table 18: Unmet Criteria for Reprocessing of Reusable Medical Devices

There are no unmet criteria for this section.

Substance Abuse and Problem Gambling

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the table below.

Assessment Results

Although previously run as a combined co-ed men's and women's service, MGH saw the need in the community, divided the program, and now the Withdrawal Management Service (WMS) comprises two separate services, one for men and the other for women. The WMS program and its staff are centralized in one building located at 985 Danforth that offers safety and comfort and promotes a therapeutic environment. The artwork of clients from the program is displayed on the walls. Each program has developed important connections with one another and with the community through collaboration with clients, and community partners. The program is proud to advocate for one of the most vulnerable, marginalized, and stigmatized populations in the community.

During the onsite survey, the women's Withdrawal Management Service was reviewed. The women's program opened in August 2022 and is comprised of a highly qualified interdisciplinary team that supports quality and safe client care and promotes client and family-centered care at all levels. The ETHP community advisors co-designed the space, and the services offered. To reinforce client and family-centered care, clients are included in decision making regarding their care every step of the way. These partnerships support the quality and continuity of care that is being delivered. The staff work tirelessly to reduce the stigma of mental health and addictions and collaborate with community partners to meet the needs of the clients. As a result, the program has an excellent relationship within the organization and with external stakeholders.

The program has established formal pathways with partners within their network for better and improved continuity of care including an MOU with the Jean Tweed Centre and The Neighborhood Group for access to treatment services, and support on-site and formal pathways with Native Child and Family Services of Toronto, Thunder Woman Healing Lodge, and East Toronto HART Hub. Recovery Reimagined is an outpatient day program of MGH that supports the patients' discharged from the WMS program and referrals from the community and manages approximately 150 to 200 clients.

The strength of the program is in the interdisciplinary teamwork including nurses, nurse practitioner, social service workers, addictions and mental health workers who all collaborate daily to create personalized and person and family-centered care plans. This holistic approach improves patient outcomes and fosters a comprehensive recovery journey. Staff expressed a need for a backup plan for support when the nurse practitioner is absent and on weekends when medical issues arise.

The team ensures the principles of person and family-centered care are embedded in all care processes. They regularly collect feedback formally through the Ontario Perception of Care Tool for Mental Health and Addictions, mutual help meetings, family meetings, and the patient experience team. They also collect feedback informally through all interactions with patients and families. The team honors the patients' and families' experiences, perspectives, autonomy and integrity by offering options, co-creating individualized care plans, implementing trauma-informed care and providing meaningful engagement opportunities.

There is thoughtful attention from all team members to create a collaborative culture of learning and growth through intentional debriefs rooted in a just culture with principles of no blame or shame. Adverse events are seen by the team as an opportunity to provide safer, improved quality of care for patients, families and the community. Staff were aware and grateful for the organization's diverse opportunities for professional development including tuition assistance, online learning modules, rounds and supervision.

Once patients are ready for discharge, the program experiences significant challenges with shelter space and affordable housing with a waitlist of up to 10 years; residential treatment often has a six-month waitlist. This requires the program to be creative with community partners to ensure that clients have a safe discharge. The program is proud of their strong collaboration and program offerings which include partnerships with Centennial College to provide such offerings as acupuncture, massage therapy and yoga.

Patients who are participating in the program report a positive and streamlined experience in accessing the program. They are deeply grateful for the support, care and compassion from each and every team member during the program and for the support and resources offered on discharge. The patients feel having a separate women's withdrawal program offers a safe and supportive structure for recovery with a strong network of support services once they are discharged from the program. The men's withdrawal program offers an alumni peer support program and feedback from patients provided suggestions for creating similar opportunities of alumni peer support in the women's program.

The team is deeply committed to ensuring that clients and families play an essential role in the development of all aspects of their programs and are involved in their care plans. The team is proud of their work and grateful to the leadership for its support and commitment. The team is commended for their unwavering commitment to collaboration and being seen as leaders of innovation, change and partnerships in the community.

Table 19: Unmet Criteria for Substance Abuse and Problem Gambling

There are no unmet criteria for this section.

Transfusion Services

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the table below.

Assessment Results

Michael Garron Hospital's Laboratory Medicine Service is a well-established and efficiently managed program that encompasses hematology, pathology, and biochemistry. Microbiology services have been outsourced to the Shared Hospital Laboratory under Dr. Kevin Katz.

The transfusion program is currently overseen by an experienced medical laboratory technologist (MLT) who has ensured that standard operating procedures (SOPs, training protocols, education programs, proficiency testing, and competency assessments are well-documented and effectively implemented. These measures have contributed to the program's strong clinical performance and MGH's commitment to maintaining high standards in transfusion services.

Recent advancements have significantly improved operational efficiency. The integration of a new hematology analyzer has enhanced workflow by enabling random access capabilities and increasing processing capacity, replacing previous manual methods. The expansion of hematology testing capabilities, including the addition of direct antiglobulin tests (DAT and antibody investigations, has broadened MGH's diagnostic scope.

Staff competency remains consistently high, as reflected in their performance evaluations, and strong collaboration between porters, registered nurses (RNs, and transfusion area personnel has strengthened clinical coordination, ensuring smooth patient care. Auditing of hematology processes is thoroughly documented and regularly reviewed, further reinforcing quality control measures.

Despite these strengths, the impending transition of the Laboratory Information System (LIS) poses a considerable challenge. The current LIS software will be sunsetted in 2027, necessitating a complete operational overhaul to accommodate legacy, current, and future systems for effective documentation and monitoring. This transition requires careful planning to ensure seamless functionality and avoid disruptions in laboratory operations. Integrating pathology and certain hematology products into the LIS tracking system remains difficult, raising concerns about interoperability and efficiency. Addressing these technical challenges through early intervention and strategic planning will be essential for maintaining workflow continuity.

Looking ahead, management is encouraged to proactively develop an LIS transition strategy that ensures compatibility with legacy and future systems while minimizing operational risks. A detailed assessment of integration challenges, particularly in pathology and hematology tracking, will be necessary to select a system that supports seamless interoperability. Enhanced training programs for staff to prepare for system transitions will also be beneficial in mitigating potential disruptions. Continued review of diagnostic testing expansions will optimize service delivery and maximize the benefits of newly introduced capabilities.

Table 20: Unmet Criteria for Transfusion Services

There are no unmet criteria for this section.