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

Improving quality and safety is a major focus at North York General Hospital (NYGH). This has created a culture of patient- and family-centred care and where everyone in the hospital is responsible for making quality improvements. The annual Quality Improvement Plan (QIP) outlines the hospital’s priorities and initiatives aimed to increase quality of care and the patient experience. In 2012, the hospital launched the 2012-2015 Strategic Plan and renewed mission and vision to guide the quality initiatives that make up the annual QIP.

Our Strategic Plan addresses the realities of the healthcare landscape while focusing on what matters most, providing quality, safe and effective care to our patients. The 2014/2015 QIP indicators are aligned with our Hospital Services Accountability Agreement (H-SAA), the Ministry of Health of Health and Long Term Care’s (MOHLTC) Pay for Results program, the Health System Funding Reform (HSFR) and reflect the hospital’s vision to provide exceptional healthcare to our diverse communities. NYGH incorporated priorities of the ministry by designing quality improvement initiatives that strengthens collaboration with system partners to achieve integration and continuity of care. Examples include reducing readmissions and transitioning patients from acute care to alternate level of care in the community. Indicators, change plans and metrics are informed by measureable processes such as Accreditation Canada, Central LHIN, externally recognized agencies, and regional and provincial planning.

In developing NYGH’s QIP, data was reviewed from the patient experience process, incident review management system, and feedback from staff, physicians and volunteers. Feedback from patients and families who were cared for in the Emergency Department, help develop change processes to improve the patient experience. NYGH continues to see improvements in reducing harm caused by patient falls, with a further reduction in patient incident reports for falls since last year. Patient and Family Advisors partnered with NYGH on the development of a revised definition of quality. Seeing the patient experience through the eyes of patients and families contributes to a better understanding of quality and safe care. The 2014/2015 QIP will build on the hospital’s success and will continue to pursue excellence in quality patient- and family-centred care. At NYGH our patients come first in everything we do.

Integration & Continuity of Care

Building on the hospital’s strong relationships with healthcare providers across the Local Health Integration Network (LHINs), North York General Hospital (NYGH) is developing models of care across programs and providers that demonstrate integrated and continuity of care.

In 2013/2014, Integrated Care Collaboratives (ICCs) were launched for breast cancer, hip and knee joint replacements and elderly care (in collaboration with Baycrest). The ICC model coordinates care from prevention, diagnosis, treatment, rehabilitation to management. These value-based models strengthen partnerships, communication, standardized processes and improve integration internally and between hospitals and community providers.

Improving access to information between healthcare providers, such as primary care and community services, will help strengthen integration and continuity of care at NYGH. Currently, physicians in the Department of Family and Community Medicine receive notifications when their patients are being treated in the Emergency Department (ED) and when they are admitted as an inpatient and discharged from the hospital. This year, these notifications will expand to all referring family and community physicians that wish to receive them. In addition to primary care notifications, hospital specialists will contact family physicians when discharging complex patients and ensure patients are seen by their family physician within one week of discharge for continuity of care.

NYGH is leading the development of the North York Central Health Link (NYCHL). Health Links brings family physicians, nurse practitioners, specialists, hospitals, Community Care Access Centres (CCAC) and other community services together to improve the care of complex patients. NYCHL patients will receive a dedicated Health Links Care Coordinator, a meeting
(case conference) with their care team and a coordinated care plan to ensure the team is working towards the same goals. NYCHL will improve patient outcomes, reduce ED visits and hospital admissions, and patients and families will have better experiences.

**Challenges, Risks & Mitigation Strategies**

North York General Hospital (NYGH) provides a wide range of programs and services to a growing and diverse population. With an aging provincial and local population, the Emergency Department (ED) has seen a 15% increase in patient volume over the past three years. This causes an increased demand for hospital resources, which impacts quality of care. The following indicators identify additional risk factors that may limit improvements in 2014/2015.

1. Alternate Level of Care (ALC) has been identified as a health system problem and improvements are contingent upon focusing on internal (hospital) and external (agencies) partnerships. Limited external resources impedes on our ability to transition patients from acute care to ALC within an efficient time frame. The process for patients and families to choose a facility, also contributes to extended length of stay in a hospital. To mitigate risks, the Access to Care Steering Committee defined specific quality improvement projects to reduce length of stay and continues to work closely with community partners to find solutions.

2. Reducing readmission rate will be a focus for 2014/2015. Patients who are readmitted to the hospital are typically frail, elderly and have complex needs. They return to the hospital because they are unable to find community resources that meet their needs, on their own. To improve readmission rates, coordinated, follow-up care needs to be available in the community, and not in a hospital setting.

Improvements through Quality-Based Procedures will enable NYGH to further implement evidence-based care reducing readmissions. New processes incorporate better coordinated follow-up care, upon discharge. Health Links supports high-needs patients who frequently visit the Emergency Department. By developing coordinated care plans in collaboration with community healthcare providers, patients and families will be better supported in the community and will have fewer visits to the hospital.

**Information Management Systems**

Information management systems play a valuable and important role at North York General Hospital (NYGH). These systems identify the needs of our patients, inform quality improvement initiatives, set quality improvement targets and help the hospital provide higher quality care. A well-developed Business Intelligence (BI) System is in place. Accountability mechanisms are in place to ensure indicators are monitored regularly, performance is reviewed and action plans are in place to ensure NYGH continues to meet or exceed desired levels. Key performance indicators include those in the Quality Improvement Plan (QIP), quality dashboard, balanced score card and other dashboards are automatically updated in near real time.

Safety, access to care, patient- and family-centred care, integrated care and efficiency are reported regularly to the hospital Quality Committee and the Quality Committee of the Board. Indicators include Hospital Standardized Mortality Ratio (HSMR), surgical safety checklist compliance, medication reconciliation at admission and discharge, wait times, readmission rates, patient satisfaction and operating margin.

NYGH uses information management systems to also track performance over time, benchmark against other hospitals, determine best practices and to set future performance targets. Each indicator is assigned to a leader who is accountable for its performance and is monitored through the hospital’s Leader Evaluation Manager (LEM) framework.
Engagement of Clinical Staff & Broader Leadership

In 2012, the Senior Leadership Team at North York General Hospital (NYGH) made a commitment to evolve the corporate culture and further expand on quality, safety and patient- and family-centred care. This strategic initiative is supported by a communication and education plan designed to increase staff, physician and leadership awareness and engagement. A fundamental aspect of this culture is the shared commitment to establishing common quality improvement goals. These improvement goals include keeping our patients safe from hospital acquired infections, preventing falls, accurate medication, and ensuring that their time in the hospital is appropriate, timely and cost effective.

At the unit level, quality boards and quality circles are used to manage and sustain improvement plans. Quality boards display the unit’s results for safety, quality, staff engagement, patient experience and key performance indicators (KPI). Quality circles bring the team together to discuss the indicators and highlight where they are performing well and where there are opportunities for improvement.

In circumstances where targets are not achieved, Quality Improvement Specialists and/or resources are deployed to assess the situation and develop solutions to address any gaps. A key component of this approach is the inclusion of the Patient and Family Advisory Council and Advisors in the process. These individuals become equal team members and provide a unique perspective that often leads to unique solutions.

As NYGH approaches the third year of its strategic commitment to this evolving cultural, there have been positive results in the engagement of staff, physicians, volunteers and Patient and Family Advisors at all levels. Although our strategic plan will end in 2015, NYGH’s commitment to quality improvement is a continuous journey that will play a key role in the development of the next strategic plan. Quality improvement is part of the foundation in healthcare at NYGH, and has led to better care, better outcomes, and ultimately, a better patient and family experience.

Accountability Management

The following indicators are linked to the performance based compensation for the North York General Hospital (NYGH) Senior Leadership Team.

<table>
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<tr>
<th>Dimension</th>
<th>Indicator</th>
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<tbody>
<tr>
<td>Safety</td>
<td>Medication reconciliation at admission</td>
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<tr>
<td>Safety</td>
<td>Medication reconciliation at discharge</td>
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<tr>
<td>Patient Centred</td>
<td>Improve Emergency Department patient satisfaction (rate overall e care and service )</td>
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The following roles in our Senior Leadership Team are included in this process:
President and Chief Executive Officer (10%)
Chair, Medical Advisory Committee (5%)
Vice President, Medical and Academic Affairs (5%)
Vice President and Chief Nursing & Allied Health Professions Executive (5%)
Vice President, Corporate Services, CFO & CIO (5%)
Vice President, People Services & Organizational Development, CHRO (5%)
Vice President, Clinical Support Services & Stakeholder Relations (5%)
Vice President, Planning, Facilities & Support Services (5%)
Health System Funding Reform

North York General Hospital (NYGH) is incorporating Health System Funding Reform (HSFR) into the quality processes by:

- Building on the culture of quality and safety
- Optimizing patient flow and access to care for patients in the most appropriate setting
- Implementing Integrated Care Collaboratives (ICCs) in partnership with primary care and community providers
- Planning for changes in volume, capacity and quality improvements needed to support the Quality-Based Procedures (QBPs)
- Building on patient- and family-centred care environments in collaboration with system partners to meet future needs

The Integrated Care Collaboratives (ICC) model coordinates care from prevention, diagnosis, treatment, rehabilitation to ongoing management. Patient Navigators play a key role in the ICC model, providing patients with a consistent, familiar contact to help them through their journey. ICCs have been successfully implemented for hip and knee replacement surgery and breast cancer care in 2013/2014, and will be expended to selective QBPs.

Our annual strategic planning reviews appropriate services NYGH provides and identifies services for growth. QBPs are part of the Health System Funding Reform (HSFR) which encourages the adoption of best practices linked to how we are funded. Quality indicators for QBPs include readmission rates and length of stay. In 2013/14 QBPs were launched for Stroke, Chronic Obstructive Pulmonary Disease, Congestive Heart Failure and Endoscopy. NYGH’s first year of case costing data was submitted for 2011/2012 and will be used to compare actual case costs for QBPs against best-practice-adjusted funding rates.

Other

North York General Hospital (NYGH) is creating a culture of patient- and family-centred care by partnering with patients and families to understand how to provide care that will lead to better patient experiences. Patient and Family Advisors are a key component in creating this culture. They are patients and family members who have received care at NYGH within the past two years. By sharing their unique thoughts and perspectives, Advisors ensure the voices of patients and families are heard, considered and included in our programs and plans. The Patient and Family Advisory Council works in partnership with NYGH to ensure that the needs and priorities for patient- and family-centred care are considered and incorporated into matters that impact patients and their families. Advisors in their first year at NYGH contributed over 800 hours to patient-and family-centred care initiatives.
Accountability Sign-off

I have reviewed and approved our organization's 2014/15 Quality Improvement Plan.

Mr. H. Dunbar Russel  
Board Chair

Mr. Peter Singer  
Quality Committee Chair

Dr. Tim Rutledge  
Chief Executive Officer