

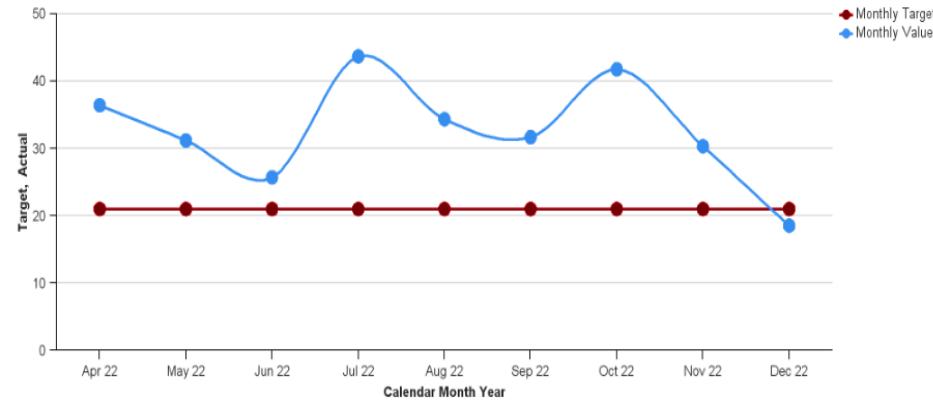
# NYGH 2022/23 QIP- Progress Report

# QIP: Timely Transitions of Care

To improve emergency department, wait time for inpatient bed

**Performance Indicator:**  
90<sup>th</sup> percentile Time to Inpatient Bed

Target	FY 21/22	YTD (Jan 2023)
<b>21Hrs.</b>	<b>25.6Hrs.</b>	<b>32.2 Hrs.</b>



### Comments on the Progress of this Indicator

Last year, this indicator was affected by higher number of patients admitted through the ED and the ALC pressures. There was an increase in number of patient awaiting access to an in-patient rehabilitation bed has increased significantly in Q3. For the next QIP to further improve this indicator, NYGH will focus on improving discharge planning processes and patient flow by enhancing communication methods, implementing initiatives to improve turnaround times for bed placements. Additionally, Transitional Care Programs such as transitional care units (TCU), reactivation care center (RCC), and at home programs are all being leverages to facilitate discharges from acute care, support a decrease in prolonged length of stay, and thus, decrease in ALC days

Change Ideas	Implemented	Comments/Accomplishments and Lessons Learned
<p><b>Improve Discharge Planning Process</b> Improve patient flow by enhancing communication methods and RMR process</p>	Partially	<ul style="list-style-type: none"> <li>Projects for this change idea were partially implemented due to competing priorities. In the next year QIP we will continue these initiatives to ensure completion</li> </ul>
<p><b>Improve Reactivation Care Center (RCC) Referral Management Process</b> Improve referral management and turnaround time for bed placement</p>	Yes	<p>These change ideas were successfully implemented:</p> <p>Change Idea 1: Over 90% occupancy Change Idea 2: Outcomes include (1) reduction in workplace violence incidents &amp; (2) reduction in responsive behaviours, (2) less LTC bed offer rejections given less responsive behaviours</p>
<p><b>Patient Placement Processes</b> Standardize and redesign patient placement processes to improve daily patient flow</p>	Yes	<ul style="list-style-type: none"> <li>This change idea was successfully implemented.</li> </ul>

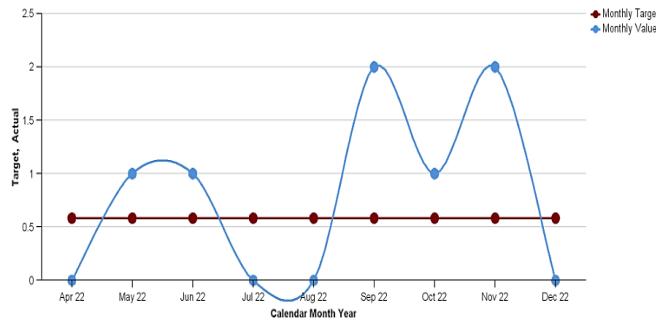
# QIP: Workplace Violence Prevention

To reduce overall number of incidents of workplace violence

## Performance Indicator:

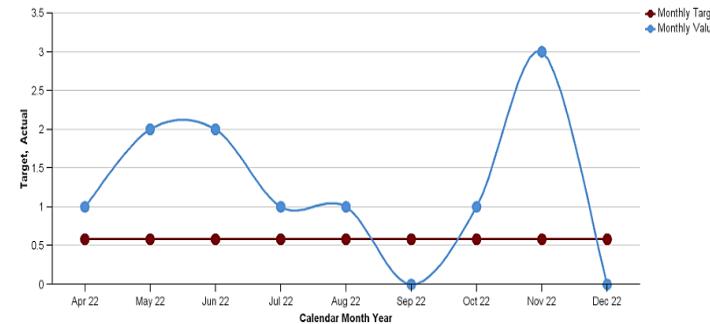
Number of Workplace Violence Prevention Incidents that Resulted in Clinical Follow-Up

Target	FY 21/22	YTD (Jan 2022)
7	15	7



Number of Workplace Violence Incidents that Result in Lost Time

Target	FY 21/22	YTD (Jan 2022)
7	19	12



## Comments on the Progress of this Indicator

The number of incidents that resulted in lost time has exceeded our target. We saw a spike in Q3 that was related to a very high number of patients admitted with complex neurocognitive and mental health conditions. The increase in acuity in the patient population has led to increased number of claims within staff for mental health. Within NYGH we are aiming to provide ample support and continue to encourage our staff to report and consider their own health needs. To counteract the increase, our WPV subcommittee continues to make important strides with multiple strategies to support our staff and create a comprehensive response plan to reduce the number of incidents. In addition, we will continue to focus on this indicator with our change ideas included for next year QIP

Change Ideas	Implemented	Comments/Accomplishments and Lessons Learned
<p><b>Education and Awareness Initiatives</b></p> <ul style="list-style-type: none"> <li>Implement physician focused training sessions to boost physician safety and support.</li> <li>Implement education related to verbal abuse and harassment interventions with a focus on situations including visitors</li> </ul>	Partial	<ul style="list-style-type: none"> <li>The physician education was partially completed and the session for the emergency room physicians had to be rescheduled for September 2023.</li> <li>The guidelines for leaders related to the management of verbal and discriminatory abuse or harassment were finalized and have been shared with leaders. The focus will now be on developing a process for leaders to follow when there has been such an incident on their unit. Once the process is developed, there will be focused education for the leadership team.</li> <li>The Code White debrief tool and process is completed and the PDSA was successful. In the coming year, the new debrief process will be rolled out across the organization.</li> </ul>
<p><b>Increase care plans for patients with potential to harm behaviour</b></p> <p>Establishing and implement process for developing a care plan for patients who have been identified with a behavioural alert</p>	Yes	<ul style="list-style-type: none"> <li>All activities related to achieving this change idea have been completed. The next steps related to this change idea have been included in the QIP for 2023/24. Education will be provided to staff on how to develop the workplace violence safety care plan, where to find the care plan in the electronic health record, and how to modify the care plan to reflect change in patient condition</li> </ul>
<p><b>Implement Mock Code White Simulations</b></p> <p>Conduct Code White simulations in the inpatient areas starting with units with high number of security assist calls to enhance knowledge and interprofessional practice.</p>	Yes	<ul style="list-style-type: none"> <li>Code White simulations were completed on all of the units across the hospital, including inpatient and outpatient areas. Simulations specific for the Code White responders/team were also development and completed. In the 2023/24 QIP we are moving towards a sustainability plan by increasing the skill of staff in the development of simulations and we will aim to offer simulations to higher risk areas or areas in which there are frequent Code White calls or high numbers of calls for security to assist. Simulations for the Code White team will continue on a quarterly basis to enhance the effectiveness of the team function, team safety and to reduce risk of injury.</li> </ul>

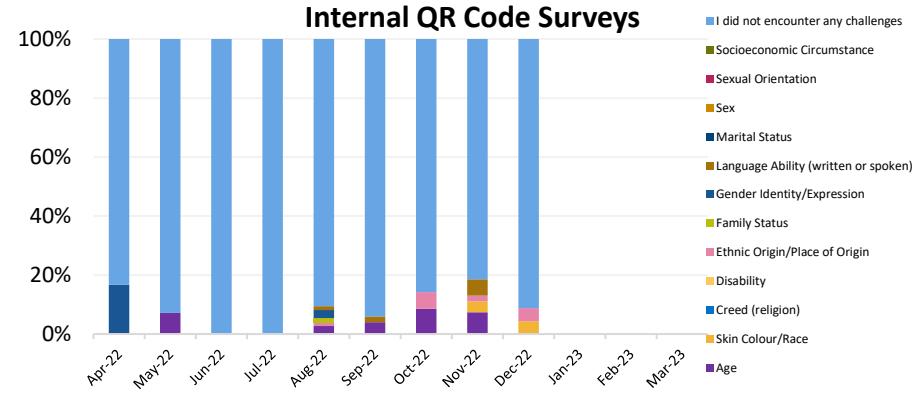
# QIP: Equitable Healthcare

To foster a safe, inclusive environment where everyone feels welcomed, respected and valued

## Performance Indicator:

% response to the question: "During your visit, did you encounter difficulties or problems for any of these categories (check any that apply)? " (e.g. Disability, Culture/Ethnicity/Race, Sexual Orientation, Language, Religion, No Issues, etc.) Units included in reporting: 2W,2SE,4N and Paeds clinic, ED

Target	FY 21/22	YTD (Feb 2022)
<b>90.5%</b>	<b>91%</b>	<b>92.0%</b>



**Comments on the Progress of this Indicator**

The advancement of EDI is a long-term commitment. Over the past two years, NYGH has focused on building the foundations for EDI at our organization and there has been a significant progress to create an inclusive environment at NYGH. For 2023-24 fiscal year the change initiatives will continue to address current gaps to enhance equity and people centred care for 2023/24 and beyond.

Change Ideas	Implemented	Comments/Accomplishments and Lessons Learned
<p><b>Provide Equity, Diversity and Inclusion Training</b> Determine modules to build capacity for EDI amongst staff, physicians, learners and volunteers <b>Lead: Janelle Benjamin</b></p>	Yes	We will continue to advance our EDI framework in the next year and build capacity amongst our physicians, learners and volunteers by providing different educational sessions.
<p><b>Recruiting diverse Patient Experience Partners</b> Advance the NYGH People Centred Care strategy and its commitment to involving more volunteers and input from diverse religious, cultural and economic backgrounds. <b>Leads: Shana Haberman &amp; Sean Molloy</b></p>	Yes	This change initiative was implemented and as a result 15 PXP's representing diverse backgrounds were recruited. Next year, we will focus on providing professional development and engagement sessions to equip our PXP's to be successful in their role
<p><b>Advancing NYTHP Equity Agenda</b> Develop a consistent approach for equity, diversity and inclusion including data collection methods across NYTHP <b>Leads: Rob Crawford, Ivy Wong</b></p>	Partially	This change idea was partially implemented and has been included in our QIP plan for next year to ensure completion.

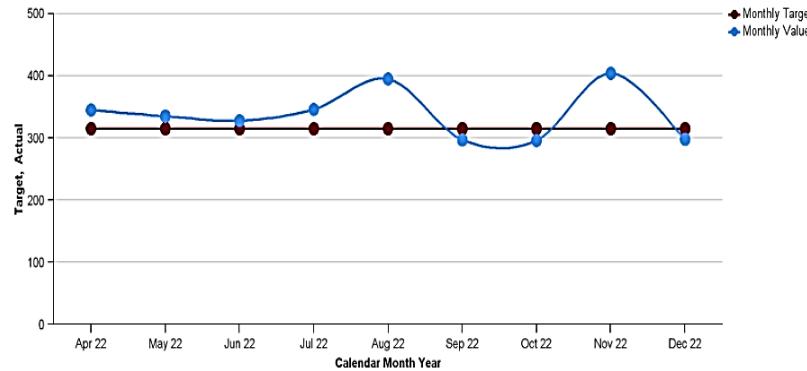
# QIP: Integrated Healthcare Experience

To improve patient satisfaction with digital health tools

**Performance Indicator:**

Number of active users on MyChart application

Target	FY 21/22	YTD (Feb 2022)
<b>15,000</b>	<b>8,603</b>	<b>15,022</b>



**Comments on the Progress of this Indicator**

We met our target of 15,000 users registered on MyChart. Two out of three change ideas were implemented over the course of the year. This year, our team identified feasibility plans and approaches to drive further MyChart adoption amongst our patient population through environmental scans and engagement with other MyChart sites. For next fiscal year, we aim to drive exponential growth in MyChart awareness and adoption by implementing various channels of adoption including introducing real-time access and more accessible ways for our patients to register.

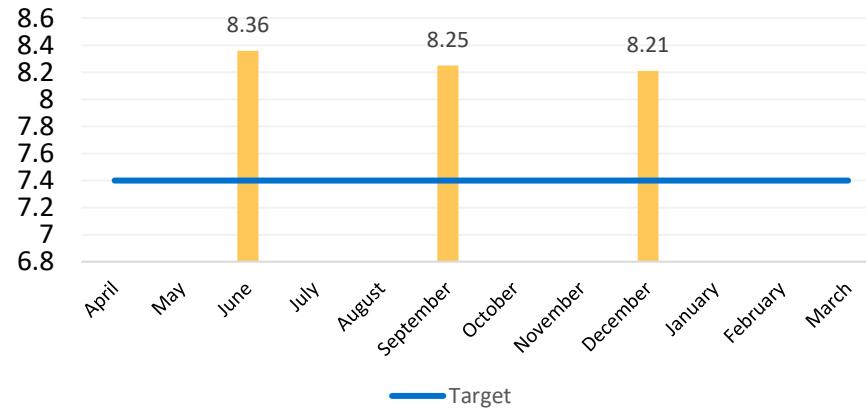
Change Ideas	Implemented	Comments/Accomplishments and Lessons Learned
<p><b>Improve access to health information within MyChart</b> Leverage the full functionality available in MyChart to provide patients access to more of their NYGH health record</p>	Yes	<ul style="list-style-type: none"> <li>The Real-time access plan for MyChart has been developed to enable patients to see their reports and clinical notes as soon as they're available. The plan was amended to be rolled out next year, along with the decentralization of MyChart registration as that will garner more awareness and traction with staff and patients. We were hoping to go-live with real-time results this fiscal year, however, our recent reduction from 14 days to 3 days for pathology and radiology results was just instituted mid-year and we learned that clinicians needed more time to understand the impact of reduced delays across the board. A lesson learned is that earlier physician engagement and bringing other examples of hospitals who have real-time access could have helped alleviate some of the fears around real-time access to results. Next year, we aim to provide our clinicians with supporting materials on how to set expectations with patients around real-time access and bring in leaders from other organizations to talk about their experiences with real-time access.</li> </ul>
<p><b>Increase awareness and usage of digital health tools</b> Build promotional materials and information sessions to increase users</p>	Yes	<ul style="list-style-type: none"> <li>The Ontario trusted account 'Fast Pass' for MyChart was implemented in March 2023. The Fast Pass leverages the Provincial digital health credential (the Ontario trusted account) to register for MyChart. We believe this new feature will improve the patient experience for patients trying to access MyChart. For next fiscal year, we will be closely monitoring this metric to identify areas of improvement in the user experience and continue to engage our patient experience partners to collect additional feedback.</li> </ul>
<p><b>Collecting Email Addresses</b> Develop an approach for collecting email addresses to improve patient experience data collection</p>	No	<ul style="list-style-type: none"> <li>Due to competing priorities this change idea wasn't implemented. This change idea has been included in the workplan for next year to ensure implementation and completion.</li> </ul>

# QIP: Efficient Use of Building Resources

To improve environmental sustainability through the efficient use of resources

**Performance Indicator:**  
Reduce Carbon Emissions

Target	FY 2018	YTD (Dec 2022)
7.4 kg/sf	7.9kg/sf	<b>8.21 kg/sf</b>



**Comments on the Progress of this Indicator**

This indicator has been impacted by COVID. As the ventilation was adjusted to supply fresh air to units, more gas was used to heat up the spaces in the winter months. To further improve this indicator, new initiatives related to insulation and heat recovery will be implemented in addition to change initiatives included in next year QIP

Change Ideas	Implemented	Comments/Accomplishments and Lessons Learned
<p><b>Retrofit Projects to Reduce Green House Gas Emissions</b> Air Handling Units (AHU) Optimization</p>	Yes	Changes in the building infrastructure since 2018 have resulted in higher net energy usage. We will continue to optimize HVAC and AHU and implement energy saving projects.
<p><b>Launch NYGH's Sustainability Committee</b></p>	Yes	<ul style="list-style-type: none"> <li>The committee was successfully established, and additional working groups will be established as needed to focus on the implementation of specific initiatives based on the workplan of the committee.</li> </ul>