

Let's Make Healthy
Change Happen.



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



**NORTH YORK
GENERAL**

3/27/2023

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, if they submit a version of their quality improvement plan to Health Quality Ontario (if required) in the format described herein.

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Overview

Improving quality is a major focus at North York General Hospital (NYGH). During 2019/20, the organization conducted extensive planning and engagement to support the development of its Strategic Plan. The importance and excellence in quality from both internal and external stakeholders was a dominant theme. How we embed quality into every aspect of NYGH is something people are exceptionally proud of. Quality remains central to the way NYGH operates and provides care. In fact, improving the services and care we provide to our community is a key part of Thinking Beyond, NYGH's Strategic Plan 2020-2025.

NYGH decided in 2021 – 2022 to build a Quality Improvement Plan (QIP) with a 3-year time horizon recognizing the uncertainty of the pandemic and the need for a longer planning cycle related to quality priorities. Choosing to expand the timeframe allowed us to select projects which would require longer periods to achieve but would better influence the experiences of those using our services and living in our community. This is now year three in this 3-year QIP planning cycle.

Timely and efficient transitions, patient safety, patient experience, equity, effectiveness, and integration are the key performance dimensions in the QIP to improve quality of care. Our annual QIP planning process is designed to align with our Strategic Plan, our Quality and Patient Safety Plan, and mandates priorities defined by health agencies such as Ontario Health and the Ontario Ministry of Health and Long-Term Care.

The NYGH QIP outlines the organization's priorities aimed to increase quality of care and the patient experience. It is inclusive and represents feedback from our Quality Improvement Plan Task Force, Quality of Care Committee, Quality Committee of the Board, and Board of Governors, with data to support the strategies retrieved and utilized from our hospital performance data. Indicators, change plans and metrics are informed by processes from agencies such as Accreditation Canada and Home and Community Care Support Services Toronto Central, as well as leveraging and including collaborative partnerships with our Ontario Health teams to achieve enhanced integration and continuity of care for our patients.

Overview of Seniors' Health Centre:

Senior's Health Centre (SHC) is NYGH's long-term care home licensed to operate under the Ministry of Long-Term Care Legislation and Regulations. SHC is home to a diverse group of residents.

The SHC 2023/24 QIP Priorities include:

1. Reducing the number of transfers of residents to the Emergency Department
2. Improving resident experience by increasing the number of residents who felt staff listen to them well
3. Enhancing resident experience by increasing the number of residents who felt they were able to voice their opinion about the home
4. Management of antipsychotic medication prescribed
5. Management of Falls

These five priority indicators share alignment with the priorities of the provincial government, our organization’s current 5-year Strategic Plan, our Long-Term Care Service Accountability Agreements, and Accreditation standards.

Managing quality during these challenging times remains paramount and NYGH is proud to have achieved exemplary standing in Accreditation during the pandemic. This is a testament to the dedication and commitment to excellence team members bring to work each day.

Patient/client/resident engagement and partnering

Over the past year NYGH rolled out an exciting new strategy for People-Centred Care (PCC) in alignment with the NYGH Strategic Plan 2020-2025, Thinking Beyond. PCC supports our commitment to create an inclusive environment that empowers people – from those receiving care and support, to those providing care and those behind the scenes. Building on NYGH’s strong leadership in health quality, PCC will enhance our impact on the health and well-being of our diverse community.

Our new PCC strategy has a dual focus on culture and quality transformation. PCC builds on NYGH’s decades of achievement in Patient- and Family-Centred Care and takes it to the next level by inspiring us to take a more holistic approach, looking beyond the walls of the facility, to build healthier communities. This means considering a person’s environment, social conditions, lifestyle, values, and beliefs. Inherent in PCC is addressing health inequities related to health status, access to services, and outcomes.

Identified goals for PCC Strategy are:

1. Enhance a culture of People-Centred Care
2. Transform the service experience

Our priority was to design a new Patient Experience Partner (PXP) program and transition our existing Patient and Family Advisors (PFAs) into the new design. NYGH took into consideration some gaps that were observed in the former PFA program. One of opportunities identified was the need to be more diverse through our patient and family advisors. With the new design, we prioritized recruitment of more PXPs from under-represented or marginalized groups to better represent our community.

Over the last year, our current 28 PXPs have been engaged in 58 new projects, initiatives, and activities. They advised on hospital planning and operations by participating in working groups, committees, hiring panels, research projects, and capital planning. This amounts to over 100 placements at the organization and over 4,000 hours of gifted time. The PXP group reminds us of how vital it is to engage with our community in new ways and to hone our skills in co-design to continuously improve health outcomes.

Planning and preparing to engage patients in Quality Improvement (QI) initiatives

The corporate Quality Committee was tasked with directing and strategically informing the work of the 2023/24 submission. Included in the membership of the committee are two PXPs that are dedicated committee members, responsible for providing input and direction on the selection of indicators, targets, and QI projects. The PXPs participate in all phases of the QIP development, including a review of the prior year's performance, brainstorming and generation of quality issues, selection of projects, and target setting. They share their unique perspectives and help ensure that the voice of our patients and families are heard, considered, and included in planning.

Collaborating with Patient Experience Partners on QI initiatives

NYGH understands the importance of patient and family engagement in determining success and includes the patient and family perspective as part of the planning and support of all QI initiatives. In 2022/23, PXPs collaborated and engaged with staff and physicians across the organization including committees, working groups, hiring panels, patient education resource reviews, and capital redevelopment projects. Since April 2022, PXPs have played a role in over 58 projects, advancing QI initiatives in areas such as: digital health, capital planning, research and innovation, corporate risk, strategy and analytics, transitional care and community integration, to name a few. Over the last year, NYGH is excited to gradually resume in-person PXP engagement.

Over the next year, NYGH will build several exciting new showcase projects, data and insight initiatives, and capacity-building programs to advance the PCC strategy. These activities will demonstrate how our organization is practicing PCC and will have lasting benefits, with success measured through surveys, audits, patient experience scores, and the continued involvement of PXPs across all levels of the organization.

Provider experience

The pandemic has brought unprecedented challenges and with it, high staff turnover rates and a growing burden of stress on healthcare providers.

Like many other health care organizations, with the looming health human resource crisis across the province and nationally, NYGH have implemented many recruitment strategies to address this crisis including:

- The introduction of the New Nurse Clinical Educator role that assists with the increase in onboarding of new staff transitioning into the organization inclusive of Internationally Educated Nurses (IENs) and New Graduates,
- The introduction of the Patient Care Assistant role to help front line providers with workload management that focus on activities of daily living (ADLs). These roles have recently been extended until August 30, 2023. Candidates must be enrolled in a healthcare program which in turn benefits NYGH in also providing our hospital with a pipeline for future recruitment.

- Organizational participation in both the Clinical Extern Program & Internationally Educated Nurses Program (Supervised Practice Experience Partnership-SPEP). These ministry-funded programs are a great resource in supporting future nurse training and recruitment and integration into the Canadian Healthcare field. The programs have been extended to March 31, 2024.
- The implementation of both the Relocation Program to encourage out of province recruitment, and the Referral Program, to incentivize internal staff to refer candidates to North York General Hospital.
- Continued support and promotion of partnerships with academics to attract learners and new graduates.

During this past year, North York General have continued to implement activities and resources to support the holistic well-being of our people, as outlined in our Wellness Framework. Some notable activities include:

- The Summer Concert series, highlighting and celebrating the musical talents of our NYGH providers,
- Team building activities including our Pumpkin Carving and Gingerbread House Contests,
- The opening of our staff Wellness Room as a rest and relaxation space, and
- The Wellness Express, which brings wellness breaks and support to the units.

In support of our multi-year NYGH Wellness Framework, we are actively focusing on multidimensional offerings to support our people through the pandemic and beyond. Through collaboration and feedback from our staff, physicians and volunteers, new opportunities are identified. Examples of offerings include resources for musculoskeletal disorder prevention, psychological well-being, safety, prevention of workplace violence, and diversity and inclusion.

Human Resources in collaboration with the wellness team are routinely assessing the impacts of our various initiatives to learn, adapt, and continuously improve our approaches to retain our current workforce and attract new talent.

NYGH Wellness Framework 2021/25 Cultivating the well-being of our people



Workplace Violence Prevention

NYGH is committed to protecting the health and safety of our people — the prevention of any type of workplace violence is a priority and is strongly supported by our Senior Leadership Team. One of the ways that this commitment is demonstrated is through the Workplace Violence Prevention (WPV) Program, which encourages a best practice and evidence-based approach in taking every reasonable precaution in protecting our people from incidents of workplace violence.

Workplace Violence Prevention aligns with the “People Come First in Everything We Do” pillar of our Strategic Plan. To create a place of health, wellness and healing for all, there has been considerable focus on creating a psychologically safe workplace. Incidents of workplace violence are reported to the Senior Leadership Team, Board of Governors and Medical Advisory Council on a quarterly basis through Occupational Health, Safety and Wellness (OHSW) and the Quality Improvement Plan (QIP).

In the 2022/2023 fiscal year many key initiatives were introduced or further developed to aid in workplace violence prevention. Highlights include:

- Addition of a Mandatory Training Module for all new hires, entitled Crisis Intervention
- Addition of an online training module for staff who are designated Code White Team Members
- The introduction of Code White Simulations which have been completed in all inpatient clinical areas and in select outpatient areas
- The introduction of Code White Simulations for members of the Code White Team
- The resumption of in person crisis intervention classroom training delivered by The Safe Management Group with one day sessions for all patient facing staff and 2-day, high risk training for all staff in the emergency department, the mental health program, and select high risk

clinical areas within the medical program in which there are a high number of Code White and security assist calls.

- The Intranet page dedicated to Workplace Violence has been updated with new guidelines for front line staff and leaders when responding to incidents of violence, harassment, or discriminatory remarks by visitors
- Curriculum in Crisis Intervention for Physicians was developed, and 4 classes have been offered to date.
- Zero Tolerance of Abuse, Harassment or Discrimination signage was updated and posted throughout the organization.
- A new initiative in which a member of the Senior Leadership Team reaches out to staff/physician/volunteer (with consent) who has had a lost time injury (physical or psychological) due to a Workplace Violence Incident was implemented and very well received by staff

In 2023/2024, NYGH are focusing strategies to enable more opportunities for our newly hired staff to attend Crisis Intervention Training within their first 3-6 months of hire. We have developed a template for a workplace violence care plan that can be used by multidisciplinary teams to enhance the quality of care, the patient experience and staff safety for patients who are at risk of verbal or physical aggression or who have had incidents of verbal or physical aggression towards other patients or staff. This care plan will become part of the health record to enable continuity of care from shift to shift and during transitions of care. Work is also being done to roll out a care pathway for patients with responsive behaviour associated with dementia.

Our work continues to develop and evolve to make our hospital a safe and transparent place for everyone at NYGH.

Patient Safety

NYGH is committed to providing high quality, safe care to the communities it serves. Foundational to this commitment is an effective and comprehensive Patient Safety Program. The core role of the Patient Safety Program at NYGH is to support the evaluation, design and enhancement of processes and standards to ensure patients are kept safe while receiving care. The Patient Safety team engages in this important work in several ways: exploring and learning from patient safety events; advocating and fostering principles of a Just Culture; and collaborating through external networking with local and provincial patient safety teams.

Exploring and Learning from Safety Incidents

Serious patient safety incidents are rare and unexpected occurrences in healthcare. When they happen, it is integral that we learn from these incidents to prevent them from happening again. Capturing safety events is the first step, and NYGH does this through an incident reporting tool that is accessible to all staff, learners and physicians. They are encouraged to enter an incident report for all types of events regardless of their severity. It is important that “good catches” and “near misses” are captured because they may pose potential safety threats that require further analysis. The data entered is monitored daily for quality assurance and trending purposes.

When a serious patient safety incident occurs, the Patient Safety team engages clinical leadership, staff, physicians, learners and the patients and families involved to complete a rigorous review of events. An interprofessional quality of care review is completed and root causes are identified. Any outstanding immediate risks are addressed while the team plans to develop sustainable interventions for the identified root causes of the incident.

The outcomes of serious safety event reviews are shared at department quality rounds, safety huddles and staff in-services. NYGH's Patient Safety team routinely attends department Quality of Care Committee meetings and corporate committee meetings to share learnings from safety incidents and present incident data where appropriate.

Just Culture Principles

When a serious patient safety incident occurs, it can be devastating for those staff, learners, physicians involved, including patients and their loved ones. Thankfully, these are rare occurrences to which NYGH is committed to reducing. While uncommon, when they *do* happen, safety incidents can also have major negative impacts on the teams involved. Feelings of isolation, self-criticism and embarrassment can occur among the care team if safety events are not reviewed with care and sensitivity. The principles of Just Culture encourage health teams to understand that individual care providers are rarely the primary cause of safety incidents. Often described as the Swiss Cheese Model, serious safety incidents are usually the result of several, overlapping system vulnerabilities, that when lined up, create a gap. This gap in care bypasses through established safety nets in place at the time of the incident.

It is essential that the Patient Safety team works toward establishing trust with those involved to shift away from blame, but toward this richer understanding of system failures. Without this trust, reviews will fall short, and the implementation of improvements will not be sustainable. To this end, the Patient Safety team has created structured tools and decision trees to guide leaders in systems-level thinking and minimizing bias. This fiscal year NYGH will also see important changes in terms of the process of reviewing incidents to better align more closely with the Canadian Incident Analysis Framework and other patient safety gold standard practices.

Collaboration Within and Outside NYGH

Healthcare is a complex system that routinely adapts to crises as they arise. Addressing gaps in process or care within a highly complex system can be challenging. The Patient Safety team at NYGH tackles this challenge by strengthening the reliability of hospital processes through collaboration and system-level interventions. The team works closely with the Risk, Quality Improvement and Professional Practice departments to streamline efforts and ensure the sustainability of proposed recommendations generated from serious safety event reviews. Moreover, the Patient Safety team consults and partners directly with the clinical teams on quality improvement initiatives. This year, Patient Safety is partnering with the Maternal Newborn Program on the creation of a new emergency response plan to care for patients experiencing obstetrical emergencies.

As a member of the Toronto Academic Health Science Network (TAHSN) Community of Practice Patient Safety work stream, NYGH has joined a collective of hospitals working towards a shared goal of reducing preventable patient harm. The first step in this endeavor is to standardize the classification of patient harm across institutions which will then support streamlining of improvement efforts. The community of practice brings safety leaders across the Greater Toronto Area (GTA) to discuss emerging patient safety

research, local challenges, and success stories in hopes enhancing collaboration across the major health systems.

Health Equity

As an organization dedicated to providing the highest standard of care, we must continue to find ways of understanding the experiences and views of all patients, residents, people at NYGH, and community members to ensure everyone's needs are met.

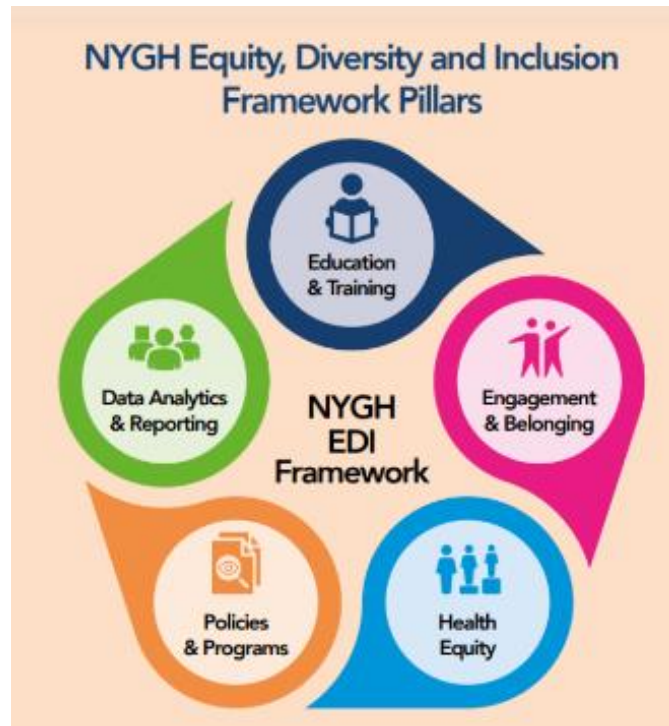
NYGH's commitment to Equity, Diversity and Inclusion (EDI) is part of our Strategic Plan, *Thinking Beyond*, and, most specifically, our Strategic Direction, *People Come First in Everything We Do*. We strive to advance EDI in all that we do. To have healthy people and communities, every person must have access to the resources and support they need to be well. Everyone – whether they are receiving care, living in our communities, or involved in health care delivery – must be safe, respected and able to achieve their full potential.

The advancement of EDI is a long-term commitment. Over the last few years, NYGH has focused on building foundations for EDI at our organization, while tackling pressing issues related to discrimination, systemic racism, and health disparities, which have been exacerbated during the pandemic

Through the Health Equity Pillar of our work, we hope to transform the experience for patients, residents, families and caregivers by promoting a People-Centred Care culture, including diverse patient, family and caregiver voices, and reducing disparities in access to services, quality of care and outcomes. Specific actions are being taken in support of this pillar:

- Promote EDI through our People-Centred Care strategy and work with health care partners including the North York Toronto Health Partners and peer hospitals to advance health equity. This included recruiting diverse Patient Experience Partners (PxPs).
- Tracking and measuring our performance on the Quality Improvement Plan (QIP) indicator for patients' experience with health equity at NYGH
- NYGH has convened a Health Equity Measurement steering committee to guide the collection of sociodemographic data (using Ontario Health's equity survey)
 - A high-level policy framework has been developed that speaks to the use, collection, and storage, as well as privacy and training aspects of health equity data
- First ever pilot at NYGH to collect and store sociodemographic data is planned to start April 2023 at the Specialized Geriatrics Services
- As well as, in the coming year, NYGH will be developing a Health Equity Implementation Workplan, as requested by Ontario Health-Toronto

Everyone's voice matters and we will require meaningful input and involvement from everyone in our diverse workforce and communities. Fostering an environment where every person feels safe and valued and can be themselves is an ongoing commitment that involves every person, team and aspect of our organization. Throughout our journey, we will continuously learn and adjust our approaches, based on feedback and new knowledge.



Executive Compensation

NYGH executive team's compensation is linked to the performance of the QIP in order to ensure a change in focus from compliance to performance improvement.

The following roles from our Senior Leadership Team are included in this process:

- President and Chief Executive Officer (10%)
- Chair, Medical Advisory Committee (5%)
- Vice President, Medical & Academic Affairs (5%)
- Vice President, Clinical Services, Quality & Risk, Long Term Care and Chief Nursing Executive (5%)
- Vice President, Corporate Performance, Digital Health Innovation, and Chief Financial Officer (5%)
- Vice President, Planning, Redevelopment & Clinical Support (5%)
- Vice President, Chief Human Resources Officer (5%)

Contact Information

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Sign-off

It is recommended that the following individuals review and sign-off on your organization's Quality Improvement Plan (where applicable):

I have reviewed and approved our organization's Quality Improvement Plan

Board Chair bc (signature)

Board Quality Committee Chair janet beed (signature)

Chief Executive Officer Karyn Popovich (signature)

Other leadership as appropriate _____ (signature)