



## North York General Hospital

### Accredited with Exemplary Standing

March, 2016 to 2020

**North York General Hospital** has gone beyond the requirements of the Qmentum accreditation program and demonstrates excellence in quality improvement. It is accredited until March 2020 provided program requirements continue to be met.

**North York General Hospital** is participating in the Accreditation Canada Qmentum accreditation program. Qmentum helps organizations strengthen their quality improvement efforts by identifying what they are doing well and where improvements are needed.

Organizations that become accredited with Accreditation Canada do so as a mark of pride and as a way to create a strong and sustainable culture of quality and safety.

Accreditation Canada commends **North York General Hospital** for its ongoing work to integrate accreditation into its operations to improve the quality and safety of its programs and services.

### Accreditation Canada

We are independent, not-for-profit, and 100 percent Canadian. For more than 55 years, we have set national standards and shared leading practices from around the globe so we can continue to raise the bar for health quality.

As the leader in Canadian health care accreditation, we accredit more than 1,100 health care and social services organizations in Canada and around the world.

Accreditation Canada is accredited by the International Society for Quality in Health Care (ISQua) [www.isqua.org](http://www.isqua.org), a tangible demonstration that our programs meet international standards.

Find out more about what we do at [www.accreditation.ca](http://www.accreditation.ca).

## Demonstrating a commitment to quality and safety

Accreditation is an ongoing process of evaluating and recognizing a program or service as meeting established standards. It is a powerful tool for quality improvement. As a roadmap to quality, Accreditation Canada's Qmentum accreditation program provides evidence-informed standards, tools, resources, and guidance to health care and social services organizations on their journey to excellence.

As part of the program, most organizations conduct an extensive self-assessment to determine the extent to which they are meeting the Accreditation Canada standards and make changes to areas that need improvement. Every four years, Accreditation Canada surveyors, who are health care professionals from accredited organizations, visit the organization and conduct an on-site survey. After the survey, an accreditation decision is issued and the ongoing cycle of assessment and improvement continues.

This Executive Summary highlights some of the key achievements, strengths, and opportunities for improvement that were identified during the on-site survey at the organization. Detailed results are found in the organization's Accreditation Report.

### On-site survey dates

March 20, 2016 to March 24, 2016

### Locations surveyed

- **2** locations were assessed by the surveyor team during the on-site survey. Locations and sites visited were identified by considering risk factors such as the complexity of the organization, the scope of services at various sites, high or low volume sites, patient flow, geographical location, issues or concerns that may have arisen during the accreditation cycle, and results from previous on-site surveys. As a rule, sites that were not surveyed during one accreditation cycle become priorities for survey in the next.
- All sites and services are deemed **Accredited with Exemplary Standing** as of the date of this report.

See **Appendix A** for a list of the locations that were surveyed.

### Standards used in the assessment

- **18 sets of standards** were used in the assessment.

## Summary of surveyor team observations

*These surveyor observations appear in both the Executive Summary and the Accreditation Report.*

During the on-site survey, the surveyor team undertook a number of activities to determine the extent to which the organization met the accreditation program requirements. They observed the care that was provided; talked to staff, clients, families and others; reviewed documents and files; and recorded the results.

This process, known as a tracer, helped the surveyors follow a client's path through the organization. It gives them a clear picture of how service is delivered at any given point in the process.

The following is a summary of the surveyor team's overall observations.

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North York General Hospital (NYGH) is to be commended for the leadership exhibited in all aspects of its operations. From the board through the front line, there is a clear cultural alignment, with all living the vision of "Our patients come first in everything we do."

The commitment to quality and safety was palpable, and the leadership being exhibited by the organization in the area of patient- and family-centred care noteworthy. With 34 patient advisors supporting the organization, there is a very keen awareness of the important and measurable impact these individuals are having on the quality of care provided across NYGH. All teams met during the on-site survey clearly valued and appreciated the thoughtful and considerate input provided by these patient and family advisors. Given the organization's commitment to research, consideration should be given to publishing on the successes realized as a result of this commitment.

The organization is very much viewed as a leader in the region, both for what it is undertaking internally and for its relationships across the continuum. The board and senior leadership team set the tone for this, and the expectation is that everyone in the organization brings this lens to their areas of work.

The systems and structures in areas such as quality and risk, safety, improvement, patient experience, decision support, resource stewardship, planning, utilization, emergency preparedness, infection prevention and control, and patient flow, among others, truly reflect this organization's commitment to "Patient First" care. Clearly, the phrase "Making a World of Difference" is the focus of everyone's role at NYGH.

Key areas of focus from a leadership perspective will be to "maintain the gains" in all areas while operating in a more restrictive funding environment. Stronger relationships, continued innovation, and a commitment to regional planning and partnerships will need to remain a top priority for the organization. Master planning in this environment will be doubly important and fundamental for the organization to make decisions around capital investments over the next 10 years.

North York General Hospital (NYGH) has strategically partnered with a number of organizations to advance care for the patients served across the hospital's catchment area. During the on-site survey, the opportunity arose to meet with a number of these key partners to better understand the relationships. It was clear from all that NYGH is viewed as innovative, trustworthy, patient-focused, and committed to working with others. This was reflected in the depth and breadth of the relationships that existed, whether between hospitals such as Sunnybrook for ethics, with long-term care and rehabilitation centres for patient flow, or with paramedics, fire, and police services.

Significant efforts are underway to strengthen the overall community response to mental health issues and the team is commended for its work with the Toronto police in this area. The partners reinforced the importance of these efforts, as well as the ongoing initiatives to facilitate patient flow across the system. Emergency preparedness was raised as an area of strength, with partners exhibiting a willingness to work together in this area. Creating formal agreements between organizations in the event of a major incident requiring evacuation should be considered.

A number of partners spoke to initiatives, such as the Chronic Obstructive Pulmonary Disorder (COPD) "Bundled Payment" work that was ongoing and that reinforces the organization's commitment to system integration. This latter point was evident during meetings with individuals across the organizations. Clearly, health care teams collaborate with community partners to optimize the patient's experience by identifying and resolving potential barriers. Processes to align patient care with home care were robust and consistent. The Community Care Access Centre (CCAC) had a strong presence throughout the hospital with a clear mandate to ease transitions for patients requiring their for

Many in attendance at the community partners meeting spoke to the success of the Joint Centres -Transformative Healthcare Innovation initiative. This was noted with approval and NYGH and the members are urged to advocate for spread across the system of some of the ongoing initiatives.

From a partnership perspective, a couple of areas may present opportunities in the future. First, looking at further partnership opportunities right across the continuum of care and second, ensuring sound, regional service delivery planning, particularly in light of the organization's current master plan development and the recent opening of an expanded Humber Hospital.

All staff members are integral to the delivery of safe, quality, patient-focused care. This was a key evaluation component of the interview process which included a representative from the Patient and Family Advisory Council. Staff wellness is a priority and the organization provides access to several programs designed to support the physical and mental wellness of all staff.

Relationships at and between all levels in the organization are strong and respectful. Physician engagement is exceptional, with a strong medical presence in all aspects of the organization's leadership and decision-making processes. The organization is commended for the efforts it is making in engaging people around its vision. The ongoing satisfaction scores reflect the success of these efforts.

The tools employed by the organization to address staff concerns and promote a safe and healthy environment are noted with approval. Communication is strong, and all spoken with feet their voice is heard, not only within their specific sphere or accountability but also more broadly across the organization. The creation of a just culture is reflected in the direction the organization is headed and the success of these efforts comes through in survey results.

There is a significant commitment to the professional development and retention of staff, with many innovative initiatives to assist staff in attaining worklife balance, including flexible scheduling and exercise classes. By adopting this philosophy, the organization has clearly become a magnet organization for attracting people. This is also reflected at the board level with over 70 applicants for a current vacancy.

The patient advisors are taking a more visible role across the organization and are having a tremendous impact on the culture and feel of the organization. That said, the broader volunteer program is exceptional, with hundreds of community members stepping forward. In all discussions with volunteers, they felt valued, well supported, and engaged.

Notwithstanding all other aspects of this report, the delivery of high-quality, safe, appropriate care is the number one priority of the organization. All of the systems in place and the efforts to engage people around the patient clearly speak to this.

All staff and physicians take great pride in their contributions to delivering safe, quality, patient-focused care. The teams are open to feedback from staff as well as patients and families. The teams are on a continuous quality improvement journey, modifying their practice models and environments in response to this valuable feedback.

One example of a very innovative way to address access to services is their medical-surgical clinic. The clinic prevents patients from needing to wait in the Emergency Department for access to specialty care. It also assists in providing follow-up care for patients who are admitted. The staff who work in the clinic are very proud of their role and work collaboratively as an inter-professional team.

The organization is commended for its commitment to Choosing Wisely Canada. Critically assessing what we do is fundamentally important and if we can improve care by provide fewer interventions, or approaching care delivery in a different manner, this should be a priority. Embedding the Choosing Wisely Canada recommendations directly into the care pathways is noted with approval and sets the bar towards which other organizations should strive.

Ongoing and extensive efforts are underway to ensure all clients have the opportunity to share their experiences while receiving care at NYGH. The systems in place to collect feedback are transparent and easily accessible by patients and families, and the Patient Experience Office is commended for the ongoing efforts in collecting, collating, and distributing feedback. Closing the loop on feedback is also handled very well, through very effective tracking and engagement processes. The organization is commended for implementing the new electronic Quality Boards. These are a wonderful tool for sharing positive feedback with staff. Overall patient satisfaction scores reflect the commitment to client satisfaction.









It was an absolute pleasure to survey North York General Hospital. Every member of the NYGH team should be remarkably proud of the exceptional care they provide and of the environment they have created. By putting patients and family members at the centre of everything the organization does, by putting the systems and supports in place to continue to advance this, and by continuing to advocate for a just culture, the organization has assured itself of continuing to be a leader in the delivery of innovative, patient-focused health care not only in the Greater Toronto Area, but right across Canada.

## Overview: Quality dimensions results

Accreditation Canada uses eight dimensions that all play a part in providing safe, high quality health care.

These dimensions are the basis for the standards, and each criteria in the standards is tied to one of the quality dimensions.

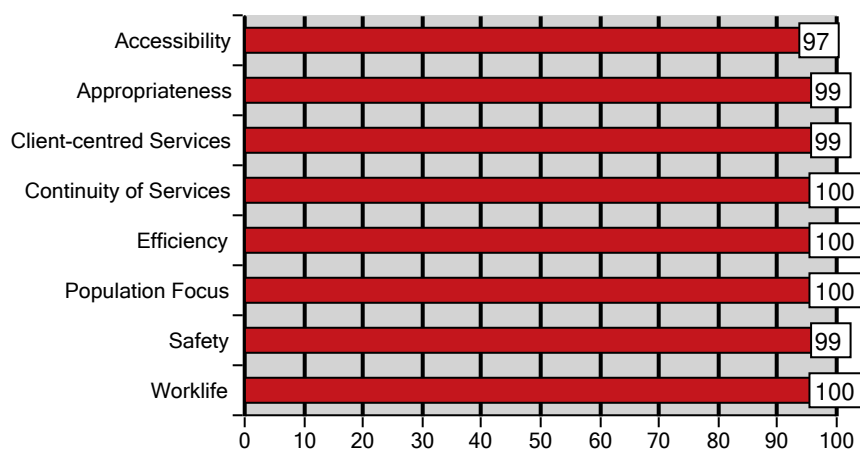
The quality dimensions are:

	<b>Accessibility:</b>	Give me timely and equitable services
	<b>Appropriateness:</b>	Do the right thing to achieve the best results
	<b>Client-centred Services:</b>	Partner with me and my family in our care
	<b>Continuity of Services:</b>	Coordinate my care across the continuum
	<b>Efficiency:</b>	Make the best use of resources
	<b>Population Focus:</b>	Work with my community to anticipate and meet our needs
	<b>Safety:</b>	Keep me safe
	<b>Worklife:</b>	Take care of those who take care of me

Taken together, the dimensions create a picture of what a high quality health care program or service “looks like.” It is easy to access, focused on the client or patient, safe, efficient, effective, coordinated, reflective of community needs, and supportive of wellness and worklife balance.

This chart shows the percentage of criteria that the organization met for each quality dimension.

**Quality Dimensions: Percentage of criteria met**



## Overview: Standards results

All of the standards make a difference to health care quality and safety. A set of standards includes criteria and guidelines that show what is necessary to provide high quality care and service.

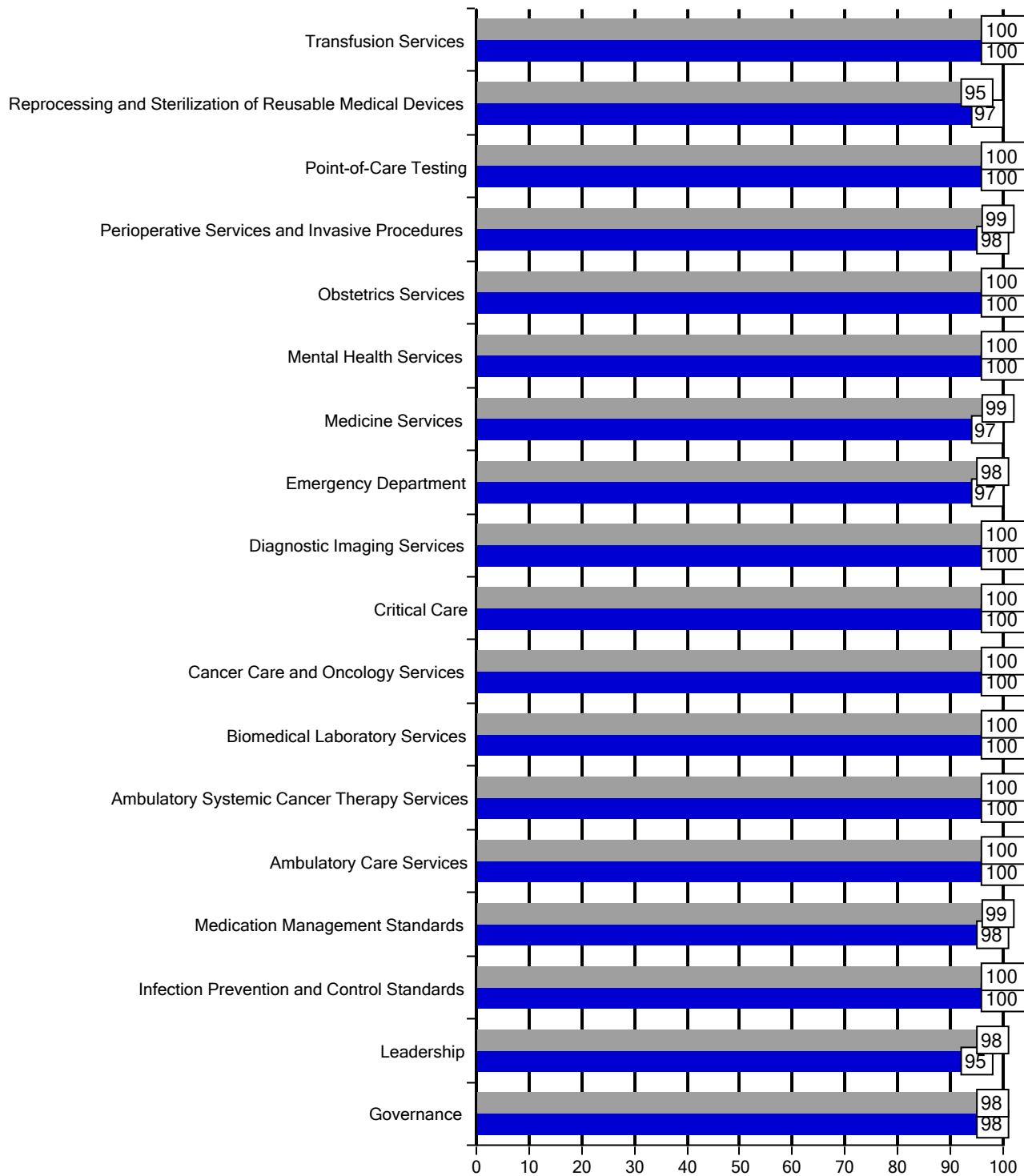
Some criteria—specifically those related to safety, ethics, risk management, or quality improvement—are considered high priority and carry more weight in determining the accreditation decision.

This chart shows the percentage of high priority criteria and the percentage of all criteria that the organization met in each set of standards.



**Standards: Percentage of criteria met**

■ High priority criteria met 
 ■ Total criteria met



## Overview: Required Organizational Practices results

Accreditation Canada defines a Required Organizational Practice (ROP) as an essential practice that must be in place for client safety and to minimize risk. ROPs are part of the standards. Each one has detailed tests for compliance that the organization must meet if it is to meet the ROP.

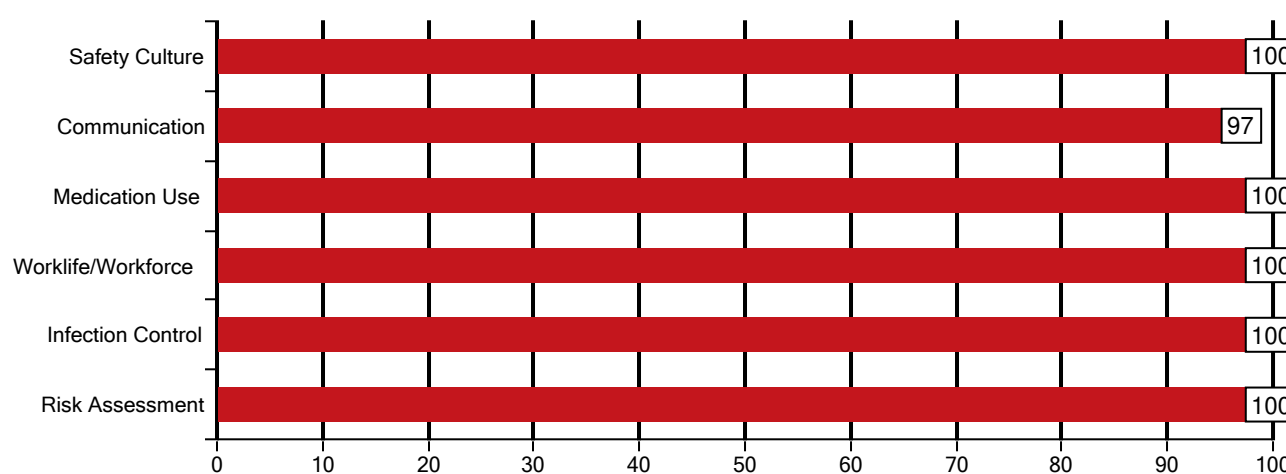
ROPs are always high priority and it is difficult to achieve accreditation without meeting most of the applicable ROPs. To highlight the importance of the ROPs and their role in promoting quality and safety, Accreditation Canada produces the Canadian Health Accreditation Report each year. It analyzes how select ROPs are being met across the country.

ROPs are categorized into six safety areas, each with its own goal:

- **Safety culture:** Create a culture of safety within the organization
- **Communication:** Improve the effectiveness and coordination of communication among care and service providers and with the recipients of care and service across the continuum
- **Medication use:** Ensure the safe use of high-risk medications
- **Worklife/workforce:** Create a worklife and physical environment that supports the safe delivery of care and service
- **Infection control:** Reduce the risk of health care-associated infections and their impact across the continuum of care/service
- **Risk assessment:** Identify safety risks inherent in the client population

See **Appendix B** for a list of the ROPs in each goal area.

**ROP Goal Areas: Percentage of tests for compliance met**



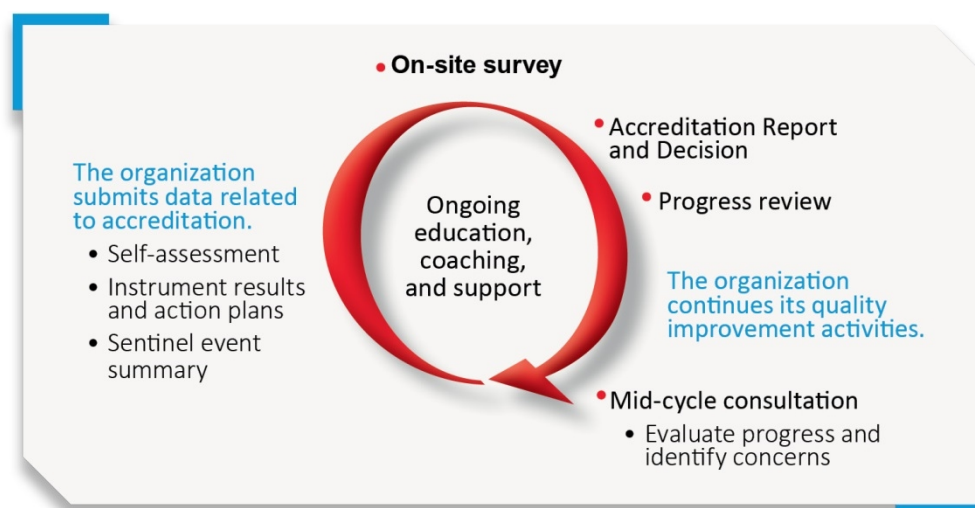
## The quality improvement journey

The Qmentum accreditation program is a four-year cycle of assessment and improvement, where organizations work to meet the standards and raise the quality of their services. Qmentum helps them assess all aspects of their operations, from board and leadership, to care and services, to infrastructure.

The program identifies and rewards quality and innovation. The time and resources an organization invests in accreditation pay off in terms of better care, safer clients, and stronger teamwork. Accreditation also helps organizations be more efficient and gives them structured methods to report on their activities and what they are doing to improve quality.

In the end, all Canadians benefit from safer and higher quality health services as a result of the commitment that so many organizations across the country have made to the accreditation process.

### Qmentum: A four-year cycle of quality improvement



As **North York General Hospital** continues its quality improvement journey, it will conduct an in-depth review of the accreditation results and findings. Then a new cycle of improvement will begin as it incorporates any outstanding issues into its overall quality improvement plan, further strengthening its efforts to build a robust and widespread culture of quality and safety within its walls.

## Appendix A: Locations surveyed

- 1 North York General Hospital
- 2 North York General Hospital - Branson Site

## Appendix B

### Required Organizational Practices

#### Safety Culture

- Accountability for quality
  - Patient safety incident disclosure
  - Patient safety incident management
  - Patient safety quarterly reports
  - Patient safety-related prospective analysis
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#### Communication

- Client Identification
  - Information transfer at care transitions
  - Medication reconciliation as a strategic priority
  - Medication reconciliation at care transitions
  - Safe surgery checklist
  - The “Do Not Use” list of abbreviations
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#### Medication Use

- Antimicrobial stewardship
  - Concentrated electrolytes
  - Heparin safety
  - High-alert medications
  - Infusion pump safety
  - Narcotics safety
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#### Worklife/Workforce

- Client Flow
  - Patient safety plan
  - Patient safety: education and training
  - Preventive maintenance program
  - Workplace violence prevention
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#### Infection Control

- Hand-hygiene compliance
  - Hand-hygiene education and training
  - Infection rates
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#### Risk Assessment

## Required Organizational Practices

- Falls prevention
  - Pressure ulcer prevention
  - Suicide prevention
  - Venous thromboembolism prophylaxis
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