

**NORTH
YORK
GENERAL**

Integrated Quality and Safety Framework

Updated: January 2019

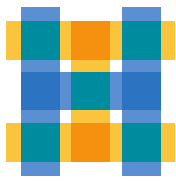
Developed by: Patient Experience and Quality Improvement Department

Making a World of Difference



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Introduction

Background

Over the years, North York General Hospital (NYGH) has demonstrated its commitment to advance the culture of quality and safety. The integrated quality and safety framework is a sub-project of the overarching strategic initiative “Deliver High Quality Safe and Accessible Care”. This strategic initiative builds upon the great work done to date as we strive to become an innovative leader in providing patient- and family-centred care, enhance quality, safety and risk management and maintain fiscal stewardship.

NYGH has developed the *Integrated Quality and Safety Framework* which is grounded in well-established industry standards for quality management and aligned with our mission, providing exceptional health care to diverse communities. The framework establishes what NYGH does to effectively manage quality and safety and it defines six elements of quality and safety management: Patient and Staff Well-Being, Quality Improvement, Safety for Everyone, Enterprise Risk Management, Planning, and Resource Stewardship.

Glossary of Key Terms

Activities of Quality and Safety: specific programs, principles, and approaches to managing the work done at NYGH to promote and improve quality and safety.

Elements: six major themes of activities, processes, departments, or programs focused on managing hospital processes that affect the dimensions of quality and safety.

Dimensions of Quality: the six dimensions provide focus on specific needs and expectations with regards to all stakeholders receiving care and services.

Inputs: internal and external stakeholders input into the priorities of how quality and safety is managed.

Integrated Quality and Safety Framework: the definitions, guiding principles and activities required for NYGH to enhance and manage quality and safety.

Patient- and Family-Centred Care: partnering with you and your family (as defined by you), respecting you, listening to you, informing you, and supporting you to make the best decisions about your care.

Quality and Safety: the extent to which an organization meets a client’s needs and exceeds their expectations. The conceptual components are defined by the six dimensions of quality¹: effective, efficient, equitable, patient- and family-centred, timely and safe. At NYGH this will be

¹ Adapted from Health Quality Ontario. (2014). Adapted from the *Attributes of a High-Quality Health System*.

achieved by partnering with staff, physicians, patients and families through collaboration, participation, information sharing and, respect and dignity throughout their entire experience.

The **2015-2019 NYGH Strategy** sets out the priorities and associated initiatives for the organization to achieve the vision of excellence in integrated patient-centred care through learning, innovation and partnerships.

Strategic Foundations' four enabler themes outline the key resources that require investment and cultivation to ensure the activities of quality and safety management can be facilitated.

People and Culture refers to all staff, physicians, volunteers, students and patient advisors that support the hospital's services. **Care environments** refer to renewing our plan for the current and future development of our facilities to align exceptional care with exceptional care environment. Appropriate **eHealth** information is utilized and is extremely important to ensure our processes are as high quality and safe as possible. Lastly, **Funding and Philanthropy** refers to optimizing financial transactions while enhancing patient-centred care and supporting quality and safety.

Purpose

The purpose of the *Integrated Quality and Safety Framework* is to provide a structure to excel in integrated patient- and family-centred care and evolve our culture of quality and safety. This document outlines the definitions and guiding principles of the *Integrated Quality and Safety Framework* and communicates specific activities and processes undertaken by NYGH to manage quality and safety.

Framework Development

An inter-professional committee was formed to focus on the enhancement and development of the framework which aims to communicate how quality and safety is defined and managed (Figure 1). Initially, an assessment of frameworks from other health care facilities was conducted to understand the components, processes and specific hospital based activities included in quality and safety management. After conducting a background review, the committee facilitated multiple focus groups with staff from both NYGH's General site and Branson Ambulatory Care Centre to gather diverse perspectives on how quality and safety activities are performed within the hospital. This feedback was consolidated and categorized to create all components of the framework.

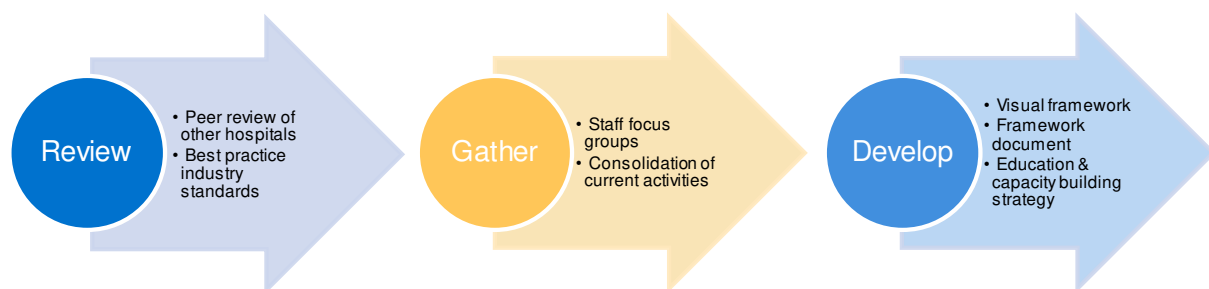


Figure 1: Framework Development Plan

Integrated Quality and Safety Framework

The *Integrated Quality and Safety Framework* (Figure 2) is comprised of four main components: (1) Inputs to Quality and Safety, (2) Strategic Foundations, (3) Elements of Quality and Safety, and (4) Dimensions of Quality and Safety (Output). The combination of each component describes how quality and safety are managed at NYGH, across all levels of the organization.



NYGH Integrated Quality and Safety Framework



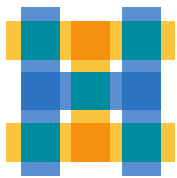
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Note: Lists are in alphabetical order

Figure 2: Integrated Quality and Safety Framework visual

The framework can be used for both conceptual and practical purposes and for assessing the state of the hospital, or individual departments.

Across the hospital, the framework depicts philosophies and activities used in managing quality and safety. At the most basic level, annually senior leaders can use the framework to review how well different aspects of quality and safety have been managed and focus on certain areas to improve in the next year.



Example #1: The hospital has identified that there was a lack of departmental planning this year and it may have attributed to inefficiencies across the hospital. Therefore, senior leaders have decided to develop a working group to improve departmental annual planning with a focus on efficiency.

At the departmental level, the framework can be used to review how teams manage quality and safety internally. Departmental leaders can ask members of their team what they do specifically to enhance the dimensions of quality, and identify with which key inputs these activities align.

Example #2: At a monthly staff meeting, a unit manager selected the quality dimension (output), *Timely* for discussion and asked the team what they did to ensure that patients could access their services in a timely manner. One staff member mentioned their local wait time quality improvement project. Another staff member mentioned “responding to patient complaints on booking services” which the manager noted that falls under the Enterprise Risk Management element. The manager finalized the discussion by summarizing and celebrating the things the team does to improve patients’ access to hospital services.

Inputs

Each input represents a themed stakeholder groups who help determine the priorities of how quality and safety is managed.

Patients and Families provide input through feedback on their care on a daily basis, through organized patient engagement activities such as feedback surveys and focus groups.

Secondary organizations that look to provide a system-wide approach to managing quality and safety are themed as; **Advisory Bodies**, such as Health Quality Ontario or the Ontario Hospital Association; **Professional Associations**, such the Registered Nurses’ Association of Ontario or the College of Physicians and Surgeons of Ontario; and **Accreditation Bodies** such as Accreditation Canada.

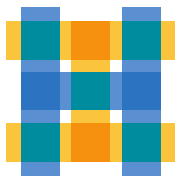
Lastly, formal **Legislation** and informal direction set by the **Government** provides input to the long-term transformation of quality and safety.

Elements

Patient and Staff Well-Being

The **Patient Experience Office** provides patients and families with an opportunity to express compliments, concerns, questions and suggestions. Hearing from patients and families is important as it provides the hospital a greater understanding of how our care and services are experienced.

Our **Patient and Family Advisors** (PFAs) play an important role in helping develop a culture of Patient- and Family-Centred Care. PFAs are patients, family members, or caregivers who have received care at NYGH within the past two years. They share their unique thoughts and



perspectives and help ensure that the voice of our patients and families is heard, considered and included in program planning.

Staff Psychological Safety and Wellness initiatives ensure that all staff, physicians and volunteers have mental health support and resources. To enable our staff to provide optimal care it is essential that they have physical and mental supports in place. A combination of efforts is ongoing including fitness partnerships, access to Employee Assistance Program, counselling, ergonomic assessments, and smoking cessation program. Future programming will focus on staff psychological safety and a combination of in person and online options to support staff wellness.

Quality Improvement

Health Quality Ontario defines quality improvement as “a systematic approach to making changes that lead to better patient outcomes (health), stronger system performance (care) and enhanced professional development. It draws on the combined and continuous efforts of all stakeholders — health care professionals, patients and their families, researchers, planners and educators — to make better and sustained improvements.”²

Quality improvement at NYGH occurs throughout the organization from structured quality improvement projects to everyday continuous improvement in departments and units.

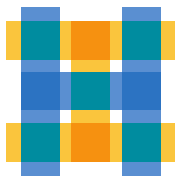
Performance Measurement is fundamental to each element of quality and safety management. It is the process of quantifying the effectiveness of a change through the collection and analysis of data. Measurement is conducted throughout the organization to support the decisions affecting the quality of care delivered to patients.

Process Analysis is a structured approach to assess potential problems and gaps in the care or service. This involves engaging stakeholders with various perspectives to identify specific activities and challenges in the process. Process analysis, when part of a structured improvement initiative, provides the foundation for data analysis, identification of the potential root causes and development of solutions.

Meetings that are designed to analyze, plan, monitor and trigger improvements to the quality of care or service, take the form of **Huddles or Quality of Care Committees**. These meetings allow staff members to reflect, better understand, and communicate how well they are performing and what the priorities are of a given program or department.

Quality Improvement Projects are undertaken to achieve better outcomes in one of the dimensions of quality, for example patient experience through implementing and sustaining changes in a specific process. These projects follow a standard methodology (i.e.: Lean, Six Sigma), utilize standard tools (i.e.: Plan Do Study Act (PDSA), Pareto, DMAIC (Define,

² Health Quality Ontario (2016). Engaging with Patients and Caregivers about Quality Improvement. Retrieved January 15, 2019, from <https://www.hqontario.ca/portals/0/documents/qi/qip/patient-engagement-guide-1611-en.pdf>.



Measure, Analyze, Improve, Control) and generally differ from standard projects as the major deliverable or solution to the problem is not known when a project team is being formed.

[Quality Improvement Links on Eric:](#)

Patient Experience and Quality – [Quality and Safety](#)

NYGH Quality Improvement Plan – [QIP](#)

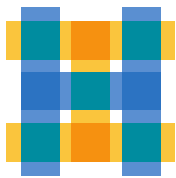
Safety for Everyone

NYGH is committed to providing a safe environment for staff, physicians, volunteers, patients and visitors. Safe workplaces are achieved through collaboration, knowledge transfer, transparency and engagement. In our promotion of safe environments the goal is to minimize harm, focus on prevention, encourage healthy workers and support safe environments. To facilitate this, the following key strategies are put in place.

NYGH enhances **Patient Safety** by creating a culture that supports the identification and reporting of unsafe acts through the development, implementation and evaluation of policies and programs to improve the prevention, early identification, and reporting of unsafe acts, adverse events and Required Organization Practices by Accreditation Canada.

NYGH optimizes **Staff Safety** by implementing evidence-based best practices and fulfilling occupational health and safety requirements. It is accomplished by the implementation of coordinated programs and protocols to protect healthcare workers from work-related injuries, infections and illnesses. **Joint Occupational Health and Safety Committees** bring together multi-disciplinary groups across all sites whose mandate is to focus on ensuring the hospital's policies and procedures are aligned to existing legislation and to specific health and safety concerns of employees. In addition, the **Physical Environment** is evaluated based on specific best practices which may include other designated professionals and regulations outside of health regulatory colleges.

NYGH enhances **Workplace Safety** by engendering a climate that supports the emotional and psychological safety and wellbeing of our staff through the development and implementation of policies and programs to help protect staff from workplace violence and dangerous patients, and to improve the culture of trust and safety within our workplace. Workplace safety includes a comprehensive program where the organization is actively tracking all incidents of workplace violence (verbal, near miss, physical, harassment), reviewing how to improve reporting and creates a safe environment for all through enhanced education and training. **Education and Training** includes informal and formal activities that focus on improving and sharing knowledge with regards to safe environments in the hospital. This includes the evaluation of practices and the implementation of internal indicators to measure success or improvement. Workplace violence prevention is an important element of all hospitals and is supported throughout the organization starting with our senior leadership team and a very robust multidisciplinary subcommittee. Workplace violence incidents are reported through our internal Safety Learning Incident Process (SLIP) system and include incidents of patient to staff, visitor



to staff and staff to staff. Key initiatives include facility wide prevention and management of aggressive behaviour, staff training and risk assessment for behavioural care to identify patients with a history of potential to escalate or harm.

Useful Links:

[Safety Plan](#)

Occupational Health, Safety and Wellness – [Safety Program](#)

Resource Stewardship

Resource Stewardship is a generalized term given to the process of balancing competing demands for various types of resources that are used for delivering health care services. Finding a balance in resource allocation combined with efficient and effective resource utilization should result in maximum benefits with respect to the stated health services goals. Utilizing resources that are not needed can result in patient harm and also reduce the availability of resources for future patients. Not utilizing needed resources creates risk for the immediate patients served.

Clinical Utilization refers to the appropriate use of clinical resources such as medications, treatments, interventions and diagnostics. The main focus is to reduce the variability in decisions of practitioners by basing utilization on evidence-based practices and guidelines. NYGH is an early adopter of a pan-Canadian initiative to improve clinical utilization management called [Choosing Wisely Canada](#).

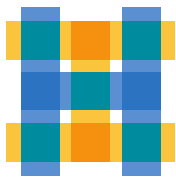
Patient Flow and Bed Management focuses on smooth transitions of patients requiring inpatient care and placing them in the right bed the first time based on their care needs. During times of high demand for inpatient services, creative approaches to meet all patients' needs are deployed. These collaborative approaches include additional unbudgeted physical spaces and partnering with external care providers as an attempt to balance the supply and demand variances for inpatient services. Measures of capacity include 5 times a day reporting across the hospital to highlight program occupancy and individual patient wait times.

When managing human resource utilization such as staff, the optimization of operational time refers to ***Staffing and Scheduling***.

Supply and Equipment Utilization negotiates and tracks contracts to purchase, maintain and repair equipment, to re-sell obsolete items and to replenish supplies in a manner that is efficient in terms of cost and length of contract as well as minimizes liability for the hospital. In addition, these activities focus on the standardization of products and services, and the replenishment and cohorting of supplies across the hospital in order to ensure efficiency, safety and improved retrieval.

Planning

Planning activities at NYGH create a roadmap of work to be undertaken to improve or manage quality, safety and resources. These activities engage stakeholders; analyze performance while balancing and aligning priorities across the organization.



Corporate-wide quality and safety is directly managed through the **Quality Improvement Plan**. This plan is developed annually and outlines the major projects needed to improve quality and safety directly. The Quality of Care Committee oversees this plan.

The broad operational planning for key resources is undertaken through several different plans such as: the **eHealth Strategy** which focuses on the development of a three year plan for health information technology, the **Financial Roadmap** focuses on annual operational and capital budgets, the **Master Plan** looks at short and long-term building developments, and the **People Plan** which is a three year plan for improving NYGH as a workplace for staff, physicians and volunteers.

Departmental Planning consists of individual annual projects that are undertaken in alignment with all other external plans along with the internally driven strategy of the program or department.

Planning Links:

Strategy – [NYGH Strategy](#)

Accreditation Canada - [Guide for Developing Qmentum Plans and Frameworks](#)

Enterprise Risk Management

Enterprise Risk Management (ERM) is a framework for a corporate approach to assess risk and develop strategies to manage these risks. Using this methodology, a comprehensive, prioritized graphic representation of risk is developed for the organization. This is seen as a proactive, not reactive process. Outcomes from an ERM program should include reducing operational surprises and losses. This is an inclusive process for stakeholders and customers to be able to share their perspectives. As a result of the ERM process, mitigating strategies with formal accountabilities and timelines are developed and monitored.³

Emergency Preparedness, as defined by Health Canada, includes all activities, such as plans, procedures, contact lists and exercises, undertaken in anticipation of a likely or unforeseen emergency.

When quality and safety incidents happen, issues need to be immediately resolved or mitigated by corrective actions through defined processes called the **Incident Reporting Framework** policy. Over time, archived incidents provide a basis for larger system improvements.

Legislative Compliance Management is a method to help reduce regulatory risk, defined as the risk of non-compliance with applicable regulatory requirements. Applicable regulatory requirements include recent legislation governing health care and hospitals through federal and provincial governments as well as regulations and regulatory directives.

³ North York General Hospital. (2013). *2013-14 Enterprise Risk Management at North York General Hospital*. Toronto

Medical-Legal Claims is a defined process undertaken to help resolve and manage potential or active litigations against the hospital and/or staff.

Policy Development and Review is a series of activities and processes all related to the development, revision and deletion of policies, procedures, and guidelines.

Enterprise Risk Management Links:

NYGH Intranet (eric) – [Emergency Preparedness](#)

NYGH Intranet (eric) – [Corporate Policies and Procedures](#)

Dimensions of Quality⁴

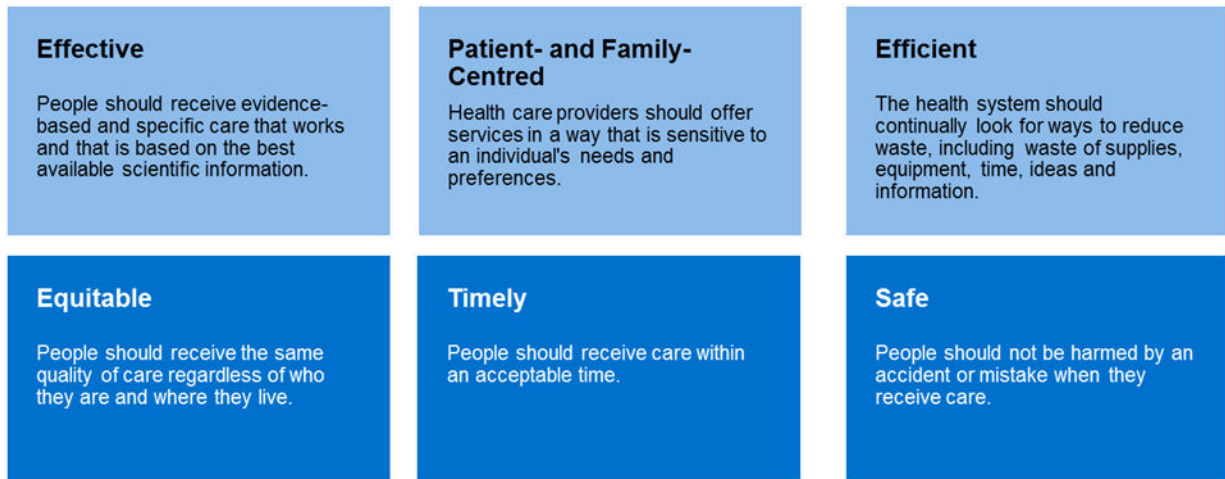


Figure 3: Dimensions of Quality

⁴ Adapted from Health Quality Ontario. (2014). Adapted from the *Attributes of a High-Quality Health System*.