



**ACCREDITATION  
AGRÉMENT**  
CANADA

# **Accreditation Report**

Qmentum Global™ Program

**North York General Hospital**

Report Issued: 21/11/2024

# Table of Contents

- About Accreditation Canada** ..... 3
- About the Accreditation Report** ..... 3
- Confidentiality** ..... 3
- Executive Summary** ..... 4
  - About the Organization ..... 4
  - Surveyor Overview of Team Observations ..... 6
  - Key Opportunities and Areas of Excellence ..... 7
  - People-Centred Care ..... 8
  - Quality Improvement Overview ..... 9
- Program Overview** ..... 10
- Accreditation Decision** ..... 11
  - Locations Assessed in Accreditation Cycle ..... 11
- Required Organizational Practices** ..... 12
- Assessment Results by Standard** ..... 19
- Core Standards** ..... 19
  - Emergency and Disaster Management ..... 19
  - Governance ..... 21
  - Infection Prevention and Control ..... 21
  - Leadership ..... 23
  - Medication Management ..... 26
  - Service Excellence ..... 28
- Service Specific Assessment Standards** ..... 30
  - Ambulatory Care Services ..... 30
  - Cancer Care ..... 31

# Table of Contents

Critical Care Services .....	33
Diagnostic Imaging Services .....	34
Emergency Department .....	35
Inpatient Services .....	37
Mental Health Services .....	38
Obstetrics Services .....	39
Perioperative Services and Invasive Procedures .....	41
Point-of-Care Testing .....	42
Reprocessing of Reusable Medical Devices .....	43
Transfusion Services .....	44

## About Accreditation Canada

Accreditation Canada (AC) is a global, not-for-profit organization with a vision of safer care and a healthier world. Together with our affiliate, Health Standards Organization (HSO), our people-centred programs and services have been setting the bar for quality across the health ecosystem for more than 60 years, and we continue to grow in our reach and impact. HSO develops standards, assessment programs and quality improvement solutions that have been adopted in over 12,000 locations across five continents. It is the only Standards Development Organization dedicated to health and social services. AC empowers and enables organizations to meet national and global standards with innovative programs that are customized to local needs. Our assessment programs and services support the delivery of safe, high-quality care across the health ecosystem.

## About the Accreditation Report

The Organization identified in this Accreditation Report is participating in Accreditation Canada's Qmentum Global™ accreditation program.

As part of this ongoing process of quality improvement, the organization participated in continuous quality improvement activities and assessments, including an on-site survey from 20/10/2024 to 24/10/2024.

Information from the cycle assessments, as well as other data obtained from the Organization, was used to produce this Report. Accreditation Canada is reliant on the correctness and accuracy of the information provided by the Organization to plan and conduct the on-site assessment and produce this Report. It is the Organization's responsibility to promptly disclose any and all incidents to Accreditation Canada that could impact its accreditation decision for the Organization.

## Confidentiality

THIS DOCUMENT IS CONFIDENTIAL AND IS PROTECTED BY COPYRIGHT AND OTHER INTELLECTUAL PROPERTY RIGHTS IN CANADA AND AROUND THE WORLD.

This Accreditation Report is provided to the Organization identified in this Accreditation Report, and permitted uses are as set out in the Intellectual Property Client Licensee Agreement between Accreditation Canada and the Organization, and nothing herein shall be construed or deemed as assigning or transferring any ownership, title or interest to any third party. While Accreditation Canada will treat this Report confidentially, the Organization may disclose this Report to other persons as set forth in the Agreement, provided that the copyright notice and proper citations, permissions, and acknowledgments are included in any copies thereof. Any other use or exploitation is expressly prohibited without the express permission of Accreditation Canada. Any alteration of this Accreditation Report compromises the integrity of the accreditation process and is strictly prohibited. For permission to reproduce or otherwise use this Accreditation Report, please contact [publications@healthstandards.org](mailto:publications@healthstandards.org).

This Accreditation Report is for informational purposes and does not constitute medical or healthcare advice, is provided "as is" without warranty of any kind, whether express or implied, including without limitation any warranties of suitability or merchantability, fitness for purpose, the non-infringement of intellectual property rights or that this Accreditation Report, and the contents thereof is complete, correct, up to date, and does not contain any errors, defects, deficiencies or omissions. In no event shall Accreditation Canada and/or its licensors be liable to you or any other person for any direct, indirect, incidental, special or consequential damages whatsoever arising out of or in connection with this Accreditation Report, and/or the use or other exploitation thereof, including lost profits, anticipated or lost revenue, loss of data, loss of use of any information system, failure to realize expected savings or any other economic loss, or any third party claim, whether arising in negligence, tort, statute, equity, contract, common law, or any other cause of action or legal theory even if advised of the possibility of those damages.

Copyright © 2024 Accreditation Canada and its licensors. All rights reserved.

# Executive Summary

## About the Organization

North York General Hospital (NYGH, affiliated with the University of Toronto, is recognized as one of Canada's leading community academic hospitals. Established in 1968, the hospital serves a diverse population of over 500,000 residents in north central Toronto and southern York Region, where more than 50 percent of the population are immigrants and visible minorities, 20 percent are considered low-income, and 17 percent are seniors. The senior population is projected to reach 25 percent by 2042. NYGH collaborates with 50 academic institutions, hosts over 1,500 students annually, and has 380 physicians with faculty appointments, making it a key center for interdisciplinary learning and education.

In the 2023/24 fiscal year, NYGH reported a substantial volume of services, including 29,240 inpatient discharges, 233,527 outpatient visits, 103,950 diagnostic and laboratory tests, and 118,335 emergency department visits. Additionally, the hospital reported 4,334 live births, 30,347 day-surgeries, and managed 434 acute care beds, 82 reactivation care beds, and 192 licensed long-term care beds. These figures demonstrate NYGH's capacity to address the broad and diverse healthcare needs of its community effectively.

NYGH's strategic direction is guided by its 2020-2025 Strategic Plan, Thinking Beyond, which was developed with contributions from a wide range of stakeholders, including patients, families, staff, and community partners. The plan underscores the hospital's commitment to quality and safety and leverages the accreditation process to engage senior leadership and enhance its capacity to adapt to changes and challenges. These challenges include rapid population growth, an increasingly diverse ethnocultural community, and a transition from an upper-middle-class catchment to a more diverse, multicultural demographic. As the current strategic plan approaches its conclusion in 2025, NYGH is working to balance ongoing priorities with the development of a new strategy aimed at sustaining resilience and continued excellence as one of Canada's top community hospitals.

Through the Accreditation process, organizational leaders at North York General Hospital seek valuable feedback on maintaining innovation and reinforcing NYGH's position as a leader in Canadian healthcare. Additionally, the leaders aim to identify strategies that will elevate the organization to new levels of performance and excellence, ensuring that it continues to meet the evolving needs of the community. A key focus will be on assessing the integration of Patient Experience Partners (PXPs) across various programs, using the survey as an opportunity to recognize the hospital's strengths while further embedding patient perspectives into the decision-making and quality improvement processes.

Summary provided by North York General Hospital

North York General Hospital (NYGH), affiliated with the University of Toronto, is one of Canada's leading community academic hospitals. We offer our diverse community a wide range of acute care, ambulatory and long-term care services across multiple sites. Through partnerships, collaboration and academic endeavours, we seek to set new standards for people-centred care. Working together with our patients and their families, we are making a world of difference.

We provide an exceptional care experience for our patients and their families and have proudly served our diverse communities in North Toronto, and beyond, since 1968.

The hospital partners with 50 different academic institutions, including the University of Toronto, to prepare future physicians, nurses and other health care professionals to work in interprofessional teams, providing essential care in a community hospital setting. 380 North York General physicians have faculty appointments at the University of Toronto. Each year, over 1500 students come here to learn and develop their clinical skills.

## Surveyor Overview of Team Observations

The Accreditation Canada Surveyors commend North York General Hospital for its thorough preparation and proactive approach to the accreditation survey. The hospital's leadership has demonstrated a strong commitment to continuous improvement, using the accreditation process as a valuable opportunity to gather feedback on sustaining innovation and solidifying NYGH's position as a leader in Canadian healthcare. The organization is not only focused on recognizing current strengths but is also dedicated to identifying strategies that will elevate the organization to new heights of performance and excellence. This commitment ensures that NYGH remains responsive to the evolving needs of its community, providing high-quality, patient-centred care well into the future.

### Board of Directors

The Board of Governors at NYGH plays a critical role in guiding the hospital's strategic and operational activities. Composed of members with diverse professional backgrounds, the Board's commitment to quality and safety is evident through its active involvement in governance, quality improvement, and risk management processes. There is a clear delineation between governance and management responsibilities, enabling the Board to focus on strategic priorities while supporting the operational leadership. A recruitment matrix helps ensure the Board's skills align with the hospital's needs, and ongoing development plans, informed by Accreditation Canada's Governance Functions Tool, promote continuous growth.

During the COVID-19 pandemic, the Board's steady leadership was essential in navigating challenges and supporting leadership transitions. The integration of patient and family input through Patient Experience Partners (PXPs) on the Quality Committee further strengthens the Board's focus on continuous improvement and patient safety. Opportunities for enhancement include prioritizing diversity in Board recruitment to better reflect the community and expanding the role of PXPs in governance meetings.

### Community and Community Partnerships

NYGH is recognized for its proactive and transparent collaboration with various community organizations, healthcare providers, and regional partners. The hospital's leadership in the Ontario Health Team reflects its commitment to integrated care, ensuring service continuity and enhanced patient access. Partnerships extend across the Greater Toronto Area, including collaborations with large hospitals for specialized programs and coordination efforts during the COVID-19 pandemic. These initiatives highlight NYGH's role as a trusted healthcare partner and its dedication to supporting the broader healthcare ecosystem.

Community partnerships also focus on the training and integration of internationally educated healthcare professionals, contributing to a stronger and more diverse healthcare workforce. NYGH's engagement with educational institutions and primary care providers supports seamless transitions between acute and community care, addressing the healthcare needs of the region.

### Leadership

Leadership at NYGH is driven by a commitment to high-quality, patient-centred care, supported by the strategic planning framework outlined in the 2020-2025 Thinking Beyond plan. Developed with input from thousands of stakeholders, the plan aligns with the hospital's mission and emphasizes equity, diversity, and inclusion (EDI). Leadership integrates data-driven approaches to inform strategic priorities, addressing community needs and disparities through comprehensive planning and resource allocation.

Resource management aligns closely with NYGH's mission, emphasizing quality, safety, and financial sustainability. The hospital's approach to budgeting balances long-term investments with immediate needs, with strategic support from the North York General Foundation. Principle-based decision-making guides actions and policies across the organization, ensuring fairness, transparency, and ethical considerations in both resource management and patient care.

Communication is a key strength at NYGH, characterized by transparency, multi-channel strategies, and ongoing engagement initiatives such as CEO town halls and the Listening Tour. The leadership team promotes a culture of listening and openness, integrating feedback from staff, patients, and the community into program planning. EDI principles are embedded in communication efforts, ensuring diverse voices are considered, and patient perspectives are integrated into decision-making.

#### Staffing and Worklife

NYGH's staffing strategies are guided by a comprehensive People Strategy that addresses the ongoing health human resource crisis impacting the healthcare sector. The hospital focuses on staff empowerment, wellness, and EDI, supported by workplace safety initiatives like violence prevention programs and a holistic wellness framework. High engagement scores reflect a strong culture of respect and support, with staff development prioritized through training, succession planning, and recognition initiatives such as the StandOut program. The hospital's recruitment efforts include programs to integrate internationally educated nurses and initiatives to address anti-racism, reinforcing a commitment to a diverse workforce. Notably, NYGH does not rely on agency nurses, a rare achievement in the region, supported by significant investments in recruitment and compensation.

#### Delivery of Care and Services

NYGH excels in delivering high-quality, patient-centred care through its interdisciplinary programs, which align quality improvement initiatives with the hospital's strategic directions. The use of standardized clinical pathways, risk assessments, and order sets ensures consistent and effective care delivery.

Programs are exploring virtual care options, incorporating hybrid models based on patient feedback to enhance accessibility and convenience.

The hospital's resilience during the COVID-19 pandemic is commendable, maintaining service delivery while adapting to evolving needs. Clients expressed trust in their care teams, and the consistency of safe, patient-centred care across the organization is a point of pride for the leadership and Board.

#### Client Satisfaction

North York General Hospital firmly embraces people-centred care as a guiding philosophy, actively involving patients, families, and the community to ensure services are responsive to the diverse needs of those it serves. The hospital's commitment to this approach is evident in the integration of Patient Experience Partners (PXPs), who are deeply involved in shaping programs and governance decisions, ensuring that client feedback leads to meaningful improvements in care. The People Centred Care (PCC) 2021-2026 strategy marks a significant evolution from traditional patient and family-centred care, advancing toward a model that prioritizes co-design and innovation across all levels of the organization. Investments in PCC infrastructure, including staff training programs and collaborations with leading institutions reinforce the hospital's culture of compassionate and inclusive care. PXPs are central to this effort, with their contributions visibly impacting quality and safety initiatives throughout the hospital. The PCC framework has also proven invaluable during challenging times where initiatives like virtual visiting programs ensured continued connection between patients and families. This dedication to embedding PCC principles across the organization has solidified NYGH's reputation as a leader in patient experience, consistently earning praise for its proactive and collaborative approach to healthcare.

The Surveyor Team has been impressed with the commitment to quality and safety that we witnessed throughout the Accreditation survey at North York General Hospital. There were numerous examples of leading practices and excellence across the programs and services we reviewed, reflecting the organization's dedication to delivering outstanding patient-centred care. We encourage NYGH to continue on this path of innovation and improvement, building on its successes while actively engaging in co-design with its patients and community.

## Key Opportunities and Areas of Excellence

North York General Hospital stands out for its deeply ingrained culture of safety and quality, which is reflected in its commitment to delivering high standards of care across all clinical and operational areas. Safety practices are not only embedded in policies but are actively reinforced at all levels of the organization, creating a robust culture of continuous improvement. The hospital's People-Centred Care philosophy goes beyond patient satisfaction, involving co-design initiatives where patients, families, and staff collaborate to shape services. This approach ensures that care is responsive to community needs. Furthermore, NYGH's strong collaborations with community partners, both locally and regionally, extend its reach beyond the hospital walls, fostering integrated care pathways and enhancing service continuity for patients.

To further enhance its impact, NYGH has several key opportunities for growth. Expanding community-based programs, particularly for seniors, will be crucial in supporting aging at home and reducing the need for institutional care. By focusing on areas such as home health services, caregiver support, and virtual care for chronic conditions, NYGH can address the growing demand for senior-friendly services. Additionally, advancing ambulatory care services presents a significant opportunity, with mental health, geriatrics, and chronic disease management identified as priority areas. Strengthening outpatient programs and enhancing access to these services will not only improve patient outcomes but also help alleviate pressure on inpatient beds.

As the organization prepares for the construction of a new tower, a strategic transition plan is essential to optimize the use of existing physical space. This plan should aim to maintain operational efficiency while accommodating growth in demand. Innovative space utilization strategies, such as flexible clinical spaces or shared facilities, can maximize capacity and ensure that service delivery remains uninterrupted during the transition.



## People-Centred Care

The People Centred Care (PCC) philosophy is thoroughly embedded in the organization's fabric with leadership, staff and physicians describing PCC as their north star. A key pillar in the hospital's strategic plan, Thinking Beyond, is its mission to become an innovator continually pushing the boundaries of PCC. This has been a deliberate evolution from the previous Patient and Family Centred Care approach that focused on engagement and quality improvement to a PCC approach that values co-design and innovation. Storytelling and co-design initiatives are extremely well established across all programs and areas and at all levels of the organization. The success and foundation of PCC has been instrumental in the engagement efforts to date as the hospital prepares its next strategic plan.

The hospital has made significant investments in PCC to support the People Centred Care 2021- 2026 vision and strategy, one that aims to enhance the culture of PCC and transform the NYGH Service Experience. This has been supported with the help of a dedicated manager and the strategic links to the Centre for Quality and Design, Patient Safety, Interprofessional Practice, Patient Relations and the Office of Equity, Diversity and Inclusion.

PCC education has been provided to all levels of the hospital and is a mandatory component of new hire orientation. Resources such as the Cleveland Clinic and the Beryl Institute are used to teach communication skills. Staff members have a true understanding of the principles of PCC and are able to apply these principles in their day-to-day interactions with the people they care for. The PCC infrastructure was invaluable during the pandemic, where the team quickly established and implemented a virtual visiting program to maintain the much-needed connections to family for patients admitted to hospital.

Interest in capturing the voice of the patient is evident throughout the hospital. Many areas have created patient experience surveys employing a variety of strategies such as QR codes to facilitate survey completion. Feedback from these surveys is used to make improvements at the program and unit level. NYGH will be transitioning to a new survey platform that will support standardization of questions and benchmarking.

Perhaps the greatest strength and anchor for PCC is the Patient Experience Partner (PXP) role, an evolution of the Patient and Family Advisor role. There are currently 33 PXP's, many deeply embedded in clinical, support and administrative teams, working groups and committees at all levels including membership on several board subcommittees. Following the pandemic, a structured recruitment effort to bolster the cohort of PXPs leveraged a health equity lens to ensure the diversity of the community was reflected in the newest PXP members. PXPs are provided with a robust orientation program but also highlighted that education is ongoing, often specific to their co-design and ensures they have the requisite knowledge to participate fully as a member of the design team.

The PXPs consistently describe their experiences as deep, authentic and meaningful engagement with the teams they work with. They take tremendous satisfaction in seeing the impact of their efforts in tangible ways. Numerous examples were shared by the PXP group of how they have been embraced and accepted as team members.

Another highlighted patient engagement program is the Peer Navigator Program within the Mental Health Services. The peer navigator supports and empowers the patients to share their voice and through their own lived experience, are a grounding presence to the team.

Throughout the week the survey team spoke with patients and families who consistently had respectful and compassionate interactions. Information was freely shared with them, and they were invited into all aspects of their care planning, hospital stay, or clinic visit and discharge.

## Quality Improvement Overview

North York General Hospital is deeply committed to quality improvement, making it a strategic priority across the organization. The culture of safety and quality is hardwired throughout the hospital, with a belief that quality belongs to everyone. Staff at all levels proactively engage in quality issues, and grassroots improvement initiatives often originate from the front lines, supported by specialized Quality Improvement Specialists who apply design thinking to transform individual projects into organization-wide advancements. NYGH's approach has evolved from LEAN practices to co-design methodologies, where patient experience partners, staff, and families collaborate to shape care experiences. This emphasis on people-centred care and co-design is a genuine reflection of NYGH's values, especially the commitment to putting people first in every aspect of its work.

Quality and safety activities are supported by an engaged team of staff, leaders, and Board members who regularly participate in collaborative quality improvement initiatives. Decisions are guided by a range of data sources, including patient satisfaction results, community feedback, staff input, and client experiences, allowing the organization to prioritize quality projects effectively. NYGH's Quality Improvement Plan unifies safety and improvement efforts into a coherent framework, with the Board of Governors receiving quarterly updates on patient safety, including analyses of safety incidents and progress on improvement initiatives. The hospital's Patient Safety Incident Management System enables comprehensive reporting, analysis, and monitoring of safety improvements, with staff trained to respond to incidents and share lessons learned.

The organization's robust Enterprise Risk Management Program helps identify and mitigate risks by analyzing root causes and trends across NYGH. Contingency plans are shared, and the effectiveness of the risk management approach is continually assessed and refined. Patient safety is a particular focus, with interdisciplinary teams ensuring accurate medication reconciliation during care transitions and compliance with safety protocols to enhance consistency in care. Training is provided for the disclosure of patient safety incidents, with regularly reviewed protocols informed by stakeholder input.

NYGH's dedication to quality is also evident in its strong physician engagement, continuous investment in patient safety, and commitment to innovation. Staff take pride in the collaborative environment, where diverse perspectives contribute to a learning organization focused on improvement. The hospital has set a goal to be internationally recognized for its co-design principles by 2030, showcasing its leadership in quality and safety. The organization's commitment to co-designing programs and services with meaningful client partnerships is evident at all levels, from the Board and senior leadership to unit-level initiatives, making NYGH a leader in proactive, people-centred care.

## Program Overview

The Qmentum Global™ program was derived from an intensive cross-country co-design process, involving over 700 healthcare and social services providers, patients and family members, policy makers, surveyors, clinical, subject matters experts, Health Standards Organization and Accreditation Canada. The program is an embodiment of People Powered Health™ that guides and supports the organization's continuous quality improvement journey to deliver safe, high-quality, and reliable care.

Key features of this program include new and revised evidence based, and outcomes focused assessment standards, which form the foundation of the organization's quality improvement journey; new assessment methods, and a new digital platform OnboardQi to support the organization's assessment activities.

The organization will action the new Qmentum Global™ program through the four-year accreditation cycle the organization is familiar with. As a driver for continuous quality improvement, the action planning feature has been introduced to support the identification and actioning of areas for improvement, from Steps 2. to 6., of the cycle.

To promote alignment with our standards, assessments results have been organized by core and specific service standards within this report. Additional report contents include, the comprehensive executive summary, the organization's accreditation decision, locations assessed during the on-site assessment, required organizational practices results and conclusively a Quality Improvement Overview.

# Accreditation Decision

North York General Hospital's accreditation decision is:

***Accredited with Exemplary Standing***

*The organization has exceeded the fundamental requirements of the accreditation program.*

## Locations Assessed in Accreditation Cycle

This organization has 7 locations.

The following table provides a summary of locations<sup>1</sup> assessed during the organization's on-site assessment.

**Table 1: Locations Assessed During On-Site Assessment**

Site	On-Site
Branson Ambulatory Care Centre	<input type="checkbox"/>
Minor Procedure Centre	<input type="checkbox"/>
North York General Hospital	<input checked="" type="checkbox"/>
Outpatient Services Centre	<input type="checkbox"/>
Phillips House	<input type="checkbox"/>
Reactivation Care Centre (Central LHIN Collaborative)	<input type="checkbox"/>
Seniors' Health Centre	<input type="checkbox"/>

<sup>1</sup>Location sampling was applied to multi-site single-service and multi-location multi-service organizations.

# Required Organizational Practices

ROPs contain multiple criteria, which are called Tests for Compliance (TFC). ADC guidelines require 75% and above of ROP's TFC to be met.

**Table 2: Summary of the Organization's ROPs**

ROP Name	Standard(s)	# TFC Rating Met	% TFC Met
Medication Reconciliation at Care Transitions - Ambulatory Care Services	Ambulatory Care Services	5 / 5	100.0%
	Cancer Care	5 / 5	100.0%

**Table 2: Summary of the Organization's ROPs**

<b>ROP Name</b>	<b>Standard(s)</b>	<b># TFC Rating Met</b>	<b>% TFC Met</b>
Client Identification	Ambulatory Care Services	1 / 1	100.0%
	Cancer Care	1 / 1	100.0%
	Critical Care Services	1 / 1	100.0%
	Diagnostic Imaging Services	1 / 1	100.0%
	Emergency Department	1 / 1	100.0%
	Inpatient Services	1 / 1	100.0%
	Mental Health Services	1 / 1	100.0%
	Obstetrics Services	1 / 1	100.0%
	Perioperative Services and Invasive Procedures	1 / 1	100.0%
	Point-of-Care Testing	1 / 1	100.0%
	Transfusion Services	1 / 1	100.0%

**Table 2: Summary of the Organization's ROPs**

<b>ROP Name</b>	<b>Standard(s)</b>	<b># TFC Rating Met</b>	<b>% TFC Met</b>
Information Transfer at Care Transitions	Ambulatory Care Services	5 / 5	100.0%
	Cancer Care	5 / 5	100.0%
	Critical Care Services	5 / 5	100.0%
	Diagnostic Imaging Services	5 / 5	100.0%
	Emergency Department	5 / 5	100.0%
	Inpatient Services	5 / 5	100.0%
	Mental Health Services	5 / 5	100.0%
	Obstetrics Services	5 / 5	100.0%
	Perioperative Services and Invasive Procedures	5 / 5	100.0%

**Table 2: Summary of the Organization's ROPs**

<b>ROP Name</b>	<b>Standard(s)</b>	<b># TFC Rating Met</b>	<b>% TFC Met</b>
Medication Reconciliation at Care Transitions Acute Care Services (Inpatient)	Cancer Care	4 / 4	100.0%
	Critical Care Services	4 / 4	100.0%
	Inpatient Services	4 / 4	100.0%
	Mental Health Services	4 / 4	100.0%
	Obstetrics Services	4 / 4	100.0%
	Perioperative Services and Invasive Procedures	4 / 4	100.0%
Falls Prevention and Injury Reduction - Inpatient Services	Cancer Care	3 / 3	100.0%
	Critical Care Services	3 / 3	100.0%
	Inpatient Services	3 / 3	100.0%
	Mental Health Services	3 / 3	100.0%
	Obstetrics Services	3 / 3	100.0%
	Perioperative Services and Invasive Procedures	3 / 3	100.0%



**Table 2: Summary of the Organization's ROPs**

<b>ROP Name</b>	<b>Standard(s)</b>	<b># TFC Rating Met</b>	<b>% TFC Met</b>
Venous Thromboembolism (VTE) Prophylaxis	Cancer Care	5 / 5	100.0%
	Critical Care Services	5 / 5	100.0%
	Inpatient Services	5 / 5	100.0%
	Perioperative Services and Invasive Procedures	5 / 5	100.0%
Pressure Ulcer Prevention	Cancer Care	5 / 5	100.0%
	Critical Care Services	5 / 5	100.0%
	Inpatient Services	5 / 5	100.0%
	Perioperative Services and Invasive Procedures	5 / 5	100.0%
Patient Safety Incident Management	Diagnostic Imaging Services	7 / 7	100.0%
	Leadership	7 / 7	100.0%
Patient Safety Incident Disclosure	Diagnostic Imaging Services	6 / 6	100.0%
	Leadership	6 / 6	100.0%
Medication Reconciliation at Care Transitions - Emergency Department	Emergency Department	1 / 1	100.0%

**Table 2: Summary of the Organization's ROPs**

<b>ROP Name</b>	<b>Standard(s)</b>	<b># TFC Rating Met</b>	<b>% TFC Met</b>
Suicide Prevention	Emergency Department	5 / 5	100.0%
	Mental Health Services	5 / 5	100.0%
Hand-hygiene Education and Training	Infection Prevention and Control	1 / 1	100.0%
Hand-hygiene Compliance	Infection Prevention and Control	3 / 3	100.0%
Infection Rates	Infection Prevention and Control	3 / 3	100.0%
Workplace Violence Prevention	Leadership	8 / 8	100.0%
Patient Safety Education and Training	Leadership	1 / 1	100.0%
Medication Reconciliation as a Strategic Priority	Leadership	5 / 5	100.0%
Client Flow	Leadership	5 / 5	100.0%
Preventive Maintenance Program	Leadership	4 / 4	100.0%
Antimicrobial Stewardship	Medication Management	5 / 5	100.0%
High-alert Medications	Medication Management	8 / 8	100.0%
Heparin Safety	Medication Management	4 / 4	100.0%
Narcotics Safety	Medication Management	3 / 3	100.0%

**Table 2: Summary of the Organization's ROPs**

<b>ROP Name</b>	<b>Standard(s)</b>	<b># TFC Rating Met</b>	<b>% TFC Met</b>
Concentrated Electrolytes	Medication Management	3 / 3	100.0%
The 'Do Not Use' List of Abbreviations	Medication Management	7 / 7	100.0%
Safe Surgery Checklist	Obstetrics Services	5 / 5	100.0%
	Perioperative Services and Invasive Procedures	5 / 5	100.0%
Infusion Pump Safety	Service Excellence	6 / 6	100.0%
Accountability for Quality of Care	Governance	5 / 5	100.0%

# Assessment Results by Standard

## Core Standards

The Qmentum Global™ program has a set of core assessment standards that are foundational to the program and are required for the organization undergoing accreditation. The core assessment standards are critical given the foundational functions they cover in achieving safe and quality care and services. The core standards are always part of the assessment, except in specific circumstances where they are not applicable.

## Emergency and Disaster Management

### Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the following table.

### Assessment Results

NYGH's Emergency Preparedness (EP) & Business Continuity committee is a large EP committee; however it has been focused on evolving from creating response plans to be proactively prepared. The organization is recognized for these efforts and for investing in a dedicated emergency management specialist to support the work. There has also been a focus on business continuity and creating dependency mapping that can be used when in an emergency to have an appropriate return to normal.

Their response codes are up to date, and they use simulation to assess any changes they make to those plans to validate the impact which is an innovative approach and should be shared.

They have simplified their IMS structure, while they ensure the right leadership is assuming the right roles for the situation. The committee/team have recognized that there are different needs for their seven sites and have adjusted EP plans to reflect those differences.

NYGH has extensive partnerships at the local and provincial level to support EP, most notably the GTA EP Group that has been working on a collective approach for family reunification processes. With the heightened risk of cyber issues, they have partnerships and collaborative tables that support education and learnings from each other.

There has been system-wide testing of emergency situations with a variety of partners, most recently a Code Silver in collaboration with police and fire.

### Table 3: Unmet Criteria for Emergency and Disaster Management

There are no unmet criteria for this section.

# Governance

## Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the following table.

### Assessment Results

North York General Hospital is overseen by a highly engaged and skilled Board of Governors, whose professional diversity and expertise are significant assets in navigating broader organizational opportunities and challenges. The Board's commitment to quality, safety, and people-centred care is evident in its active involvement in governance aspects related to these areas. New members bring fresh energy and viewpoints that complement the long-term vision of more seasoned directors, creating a balanced and future-focused approach to leadership. Clear distinctions between governance and management responsibilities are maintained through structured agenda items and well-defined reporting relationships with the Chief Executive Officer.

The Board at NYGH follows a recruitment matrix that identifies the skills and experience necessary for effective governance, with a focus on integrity, partnership, and continuous development. The bylaws, policies, and ethics framework align with the Board's mandate, guiding decision-making processes. Ongoing development is supported by a Board development plan informed by Accreditation Canada's Governance Functions Tool, ensuring alignment with strategic priorities. NYGH's Board plays a critical role in strategic planning, overseeing financial performance, and addressing quality, safety, and risk management. Regular updates from the CEO and a senior leadership succession plan contribute to organizational stability, particularly during challenging times such as the COVID-19 pandemic, when the Board provided a steady hand and made critical unanimous decisions to guide the organization through leadership transitions.

The Board takes pride in its strong culture and commitment to quality improvement, marked by a collaborative environment where diverse perspectives drive a learning organization. Board members actively participate in quality and risk management processes, including the review of patient safety incident reports and feedback from patient experience surveys. The integration of client and family input through Patient Experience Partners in the Quality Committee and other outreach efforts enhances the Board's focus on safety and continuous improvement. Board activities reflect a future-oriented mindset, prioritizing quality initiatives and adapting to complex challenges with nimbleness. Their close collaboration with the operational team ensures the progress of large-scale projects, even amidst economic uncertainty and regulatory complexities involving three levels of government, for capital development projects like long-term care and acute care towers.

Windows of opportunity identified by the Board include leveraging strong partnerships and investments in digital health and data analytics to innovate in healthcare delivery. The Board remains committed to advocating for systemic changes while addressing critical priorities such as health human resource development and maintaining financial stability. Strategic efforts in building community relationships and ensuring governance reflects the needs of the hospital's diverse stakeholders help NYGH punch above its weight as a leading community hospital in Canada. The Board's commitment to integration, collaboration, and continuous innovation fosters confidence among government officials, stakeholders, and the community, reinforcing NYGH's position as a top-rated healthcare provider. Moving forward, the Board is encouraged to continue prioritizing diversity in its recruitment efforts to continue to reflect the growing diversity of the North York community. In addition, the Board is encouraged to explore opportunities for expanding the inclusion of Patient Experience Partners (PXPs) into meetings of the Board of Governors.

### Table 4: Unmet Criteria for Governance

There are no unmet criteria for this section.

# Infection Prevention and Control

## Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the following table.

### Assessment Results

The IPAC program has an exceptionally committed and high functioning team who continue to seek ways to improve IPAC services both at the team and organizational level. They have a highly engaged PXP who is highly respected by the team for her input.

The team values the importance of mentorship and has been actively supporting new members to the team. The IPAC team is well connected and actively participates at the local, provincial and national level with several IPAC groups/associations. This has been beneficial for NYGH and the team in having access to evidence-based, best practice information.

The team has well established goals and objectives that have been influenced through several avenues including patient feedback, annual surveillance plan, and corporate priorities. NYGH's IPAC team is commended for the IPAC hub activities in supporting local long term care homes for IPAC education and consultation.

The IPAC team collaborates with programs/services to ensure IPAC best practice and improvements are implemented. For example, they worked with emergency to enhance their triage documentation which had an impact on improving additional IPAC precautions for patients.

Hand hygiene rates are monitored and improvements made when needed. There has been focused attention on improving the hand hygiene auditing process through increasing the number of trained auditors.

Food services is commended for their team's commitment to safe food handling and their efforts to follow public health guidelines and activities.

The environmental services team is a highly engaged team who strive to ensure best practices for cleaning are followed and the team is recognized for their role in patient safety.

### Table 5: Unmet Criteria for Infection Prevention and Control

There are no unmet criteria for this section.

# Leadership

## Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the following table.

### Assessment Results

North York General Hospital is dedicated to delivering high-quality, patient-centered care in a safe environment while fostering a culture of collaboration, respect, and mutual support. The leadership team is seen as approachable and supportive, contributing to a family-like atmosphere despite the hospital's growth. Strategic planning emphasizes community integration and strong partnerships across the continuum of care. NYGH's commitment to quality improvement and balanced financial management is recognized by partners, with the hospital leading in physician engagement and boasting some of the best metrics in the Greater Toronto Area, including short Emergency Department wait times and top cancer care performance in Ontario.

#### Planning and Service Design

Since the last Accreditation Canada survey, North York General Hospital has advanced its vision through the 2020-2025 Strategic Plan, Thinking Beyond, which emphasizes prioritizing people, fostering a learning community, driving integrated care, and ensuring sustainability. Developed with input from thousands of stakeholders, the plan focuses on equity, diversity, and inclusion, while enhancing patient-centered care and community health research. NYGH partners with the Ontario Health Team to integrate connected care and digital health solutions. As the current plan sunsets in 2025, a new 10-year vision is being shaped, engaging over 1,000 touchpoints, including community and staff members.

North York General Hospital integrates environmental scans and data analysis as essential components of its strategic and operational planning. Collaborating with the Ontario Health Team and other partners, the hospital accesses a wide array of data, including community demographics, health outcomes, and patient experiences, to inform strategic priorities and identify areas for growth. This diverse data set enables NYGH to better understand its community's needs and tailor its planning to address specific health challenges and disparities. Strategic priorities are operationalized through department-level SWOT analyses and scorecard tracking. Efforts are supported by change management resources to ensure continuous improvement and alignment with organizational goals.

#### Resource Management

North York General Hospital aligns resource management with its mission, vision, values, and strategic priorities while meeting legal and financial obligations. The resource allocation process is fully integrated into the hospital's planning cycle, focusing on enhancing the quality and safety of services. Annual operating and capital budgets are developed according to established financial policies, balancing long-term service funding with immediate needs. Capital investments are strategically identified and funded through various sources, including the North York General Foundation's well-established donor program. Ethical considerations and stakeholder input guide resource allocation decisions, with budgeting/finance committees, Board, and senior leadership conducting regular reviews. Financial performance is closely monitored through performance targets and scorecards, ensuring transparency and accountability.

#### Human Capital

The Human Resources team at North York General Hospital aligns its recruitment, retention, and staff support strategies with the organization's vision, mission, and values, aiming to build capacity to advance the Strategic Plan while fostering collaboration across all sites. Like many healthcare organizations in Canada, NYGH faces challenges of the impacts of the health human resource crisis in the country. In response, the hospital has developed a comprehensive People Strategy, formulated through consultations with leaders, staff, and physicians, focusing on empowering staff, ensuring safety and wellness, and promoting equity, diversity, and inclusion (EDI).

NYGH is committed to providing a healthy and safe work environment, demonstrated by initiatives such as a robust workplace violence prevention program, a holistic wellness framework, and occupational health and safety collaborations. The hospital invests in staff development through training, succession planning, and support for learners, including clinical and non-clinical onboarding programs. The Internationally Educated Nurses Program and anti-racism efforts reflect NYGH's dedication to fostering a diverse workforce. The StandOut recognition program and a strong culture of respect have resulted in high engagement scores, making NYGH one of the top organizations in the province for staff and physician engagement. Additionally, the hospital does not use agency nurses, a rare achievement in the Greater Toronto Area, supported by significant investments in recruitment and compensation.

### **Communications**

North York General Hospital is dedicated to promoting its services, values, and impact to clients, families, partners, funders, and the wider community. The leadership team aims to raise awareness of the hospital's programs, share core values, attract top talent, and encourage donations and volunteerism.

The communication plan supports information flow through various channels, including printed materials, a robust website, and active social media, ensuring accessible and consistent messaging that meets the diverse needs of clients, staff, prospective employees, partners, and the public.

NYGH prides itself on being a hospital that listens, demonstrated by its decade-long communication efforts with Patient Experience Partners (PXPs) and proactive community outreach. The hospital integrates patient perspectives into healthcare planning and collaborates with other hospitals on significant issues like cybersecurity. Communication extends to coordinating with over 55 long-term care units and primary care providers, ensuring seamless care across the continuum. Internally, initiatives such as quarterly CEO town halls, the Listening Tour, and a revamped Newsline support the hospital's new 10-year Vision and Strategic Plan, while efforts to embed equity, diversity, and inclusion (EDI) in all communications are ongoing.

### **Principle-Based Decision Making**

The organization employs an ethics framework tailored to its diverse and complex care environment, informed by best practices, and developed through extensive consultations with partners, leadership, staff, and patients. This framework aligns with the hospital's mission, vision, and values, ensuring that ethical principles guide decision-making across all levels, including staff, management, and the Board. It is applied to various areas such as research participation, staffing, and strategic decision-making, reinforcing a strong culture of integrity and patient-centered focus. NYGH demonstrated the practical application of its ethics framework during the survey by sharing examples of ethical dilemmas commonly encountered in hospital settings. NYGH is committed to protecting patients, as evidenced by its diverse research board, which includes Patient Experience Partners (PXPs) to ensure clarity of consent and protect patient interests. Additionally, ethicists play a crucial role in complex care settings like the Reactivation Care Centre, where they provide support for ethical decision-making.

### **Physical Environment**

North York General Hospital offers a physical environment that reflects both its history and its ongoing commitment to modernization and patient safety. Originally built in 1968, with significant renovations and additions in 2000, the hospital continues to refresh clinical areas and update facilities to meet safety and code requirements. Renovation priorities are set through a rigorous risk and patient safety evaluation, supported by a multiyear facilities plan reviewed annually. The facilities team diligently maintains building systems and runs a proactive maintenance program that emphasizes sustainability. Looking ahead, NYGH has ambitious plans for further development, including a new 384-bed long term care facility and an inpatient tower, which will add approximately 100 new beds and expand acute care services by 2034.



Recent upgrades demonstrate the hospital's thoughtful approach to redevelopment, including modernizing sections of the Emergency Department with a new Green Zone for ambulatory procedures and a Purple Zone for mental health, enhancing patient privacy and safety. Future redevelopment will focus on the maternal newborn area, with a patient experience partner embedded in the team to ensure user-centred design. The redevelopment team uses various methods to gather input, such as town halls and room simulations, while partnerships with academic institutions and Toronto Public Health provide additional expertise. Efforts to improve wayfinding and advance sustainability, like waste reduction initiatives and plans to lower energy consumption, underscore NYGH's commitment to a safe and environmentally responsible facility.

### **Table 6: Unmet Criteria for Leadership**

There are no unmet criteria for this section.

# Medication Management

## Standard Rating: 97.8% Met Criteria

2.2% of criteria were unmet. For further details please review the following table.

### Assessment Results

Pharmacy services are fully integrated into clinical care at NYGH. Each unit has a dedicated clinical pharmacist who works closely with the other members of the clinical team to enhance the safety and effectiveness of patient care. All admitted patients receive a medication review by a pharmacist during their episode of care.

NYGH has implemented a fulsome medication reconciliation process. The Best Possible Medication History (BPMH) is completed within 24 to 48 hours and is used as the basis for admission medication reconciliation by the admitting physician. Completion of the BPMH is typically done by a pharmacist, often commencing in the ER when a potential admission is identified but can also be done by a physician or nurse. The BPMH then becomes the foundation for transfer and discharge medication reconciliation. The BPMH completion rates are tracked and audited.

While there is a policy that the BPMH shall be completed with 24 to 48 hours, NYGH is encouraged to move the BPMH process as far upstream as possible to ensure that the initial medication orders at admission are as complete as possible and to minimize the duplication of work in ordering admission medications prior to reconciliation with the BPMH.

NYGH has implemented OmniCell automated dispensing cabinets and unit dose packaging of medications. The pharmacy team has undertaken a comprehensive review of the impact of automated alerts and has done extensive quality improvement work to reduce alert fatigue and ensure that the automated alerts are appropriate and effective in supporting safe medication prescribing and administration.

NYGH has a strong focus on safe medication practices and has a comprehensive approach to high alert medications and medications that may be confused with others (sound-alike / look-alike or SALA medications). Although the use of the OmniCell automated medication dispensing cabinets has largely negated the need for physical separation of SALA medications in medication rooms, there is still potential for adjacent storage in the central pharmacy. Similarly, with automated dispensing and unit dosing there is a need to maintain consistent labelling of high alert medications not only at the point of stocking the cabinets but also at the level of dispensing and patient administration. The pharmacy uses the 'tall man' lettering system for sound alike medications, but this is not consistently used in all settings where medications are stored, prepared, and dispensed. NYGH is encouraged to audit its labelling of medications to ensure consistent application of safe labelling practices in all settings where medications are handled.

There is an opportunity for NYGH to advance the quality of care, particularly for seniors, through a comprehensive approach to polypharmacy. Although each unit has a dedicated pharmacist, medication reviews are done on a case-by-case basis and there is no formal process for identifying clients at risk of harm from polypharmacy. NYGH is encouraged to develop a structured approach to polypharmacy with evidence-based triggers for pharmacy review of clients, and to monitor and evaluate the impact of addressing polypharmacy, particularly in frail, elderly or vulnerable clients. This could be coupled with a focus on deprescribing specific medications.

**Table 7: Unmet Criteria for Medication Management**

<b>Criteria Number</b>	<b>Criteria Text</b>	<b>Criteria Type</b>
5.1.9	Multi-dose vials are used only for a single client in client service areas.	HIGH
6.1.1	A structured program has been implemented to reduce the risks associated with polypharmacy, especially with frail or vulnerable clients.	HIGH
7.2.1	Medication preparation areas are clean and organized.	HIGH
11.3.3	When medication management processes are contracted to external providers, the quality of the services is regularly monitored by reviewing the evidence from the external contractors.	HIGH

## Service Excellence

### Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the following table.

### Assessment Results

The Service Excellence Standard is a collection of criteria that are foundational to the achievement of high-quality, safe, people-centred care. A first step carried out by NYGH is the annual external and internal engagements to identify service needs. Externally, service planning is supported through the Community Health Information Fairs, strategically designed to access underserved patient populations. Community Ambassadors, a new role identified through this process, are embedded in the Ontario Health Team and have been instrumental in opening access for services such as cancer screening.

Internally, the communications team supports robust annual goals and planning processes that are iterative and bidirectional. The Leadership Management Team (LMT) first identifies organizational goals and priorities which are shared with the programs and cascaded to units and departments to ensure point of care staff can make linkages to their day-to-day work. In parallel, program and departmental leaders gather staff input into local goals and priorities and communicate those goals through the formal leadership structure, to inform broader organizational planning. One example of the latter process was the creation of a standardized work assignment tool in response to concerns by staff that work assignments were not equally distributed.

The achievement of goals requires skilled people. The human resources team are instrumental in partnering with leadership, decision support, finance, and professional practice to develop and execute a plan. Several strategies, such as career laddering, formal mentorship programs, and the introduction of new roles, have recently been employed to address acute staff shortages in many staff categories. Leader onboarding has also been introduced to develop capacity in the strengths-based leader approach. Strategic partnerships have been formed with external and academic partners to strengthen access to specialty programs.

The work of the Office of Interprofessional Practice has focused intently on the post pandemic, novice workforce. Recognizing a gap in clinical competency, the team, as one strategy, expanded the simulation program as a primary vehicle for interprofessional learning. Knowledge translation has been bolstered with strategic investments in new nurse mentor and educator roles.

There are well established processes for access to information and health records for patients and families, enabled with the patient portal, MyChart. Access to and streamlining of information systems across all areas of NYGH is planned in the Spring of 2025 when the organization will see an important transition of all ambulatory documentation into the Cerner system.

Departmental quality boards at NYGH have been refreshed and are the units' "north star" for program and corporate quality goals, metrics, and change ideals. While these boards are routinely used, many of the more novice workforce have not had exposure to quality improvement (QI) science. This is recognized by the quality team and the organization is encouraged to support the education of the novice staff in QI principles and practice.

Patients are truly at the centre of this high-performance culture. Two Patient Experience Partners are dedicated to service excellence work and work closely with the teams that set the standard and provide the infrastructure for high quality and safe patient care at a corporate level. Strategic planning, program goals, recruitment, health professional orientation, and ongoing learning are but a few examples of their contributions through their patient lens.

## **Table 8: Unmet Criteria for Service Excellence**

There are no unmet criteria for this section.

## Service Specific Assessment Standards

The Qmentum Global™ program has a set of service specific assessment standards that are tailored to the organization undergoing accreditation. Accreditation Canada works with the organization to identify the service specific assessment standards and criteria that are relevant to the organization's service delivery.

### Ambulatory Care Services

#### Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the following table.

#### Assessment Results

NYGH's ambulatory care program provides a comprehensive variety of non-cancer clinic services across two sites (General and Champagne sites) and has continued to add new and/or expanded ambulatory care services.

The Baruch Weisz Clinic and the Specialty Care Clinic for minor procedures, hand therapy and Total Joint Assessment Centre have well established goals and objectives. Their goals and objectives are developed through the lenses of best practice, quality improvement, and often through feedback from their patients and families.

Ambulatory care has a passionate team who are eager to progress the opportunities for ambulatory care services into the future. They see themselves as a connected group of services, rather than independent clinics. They describe themselves as an umbrella, with many spokes that are connected and supportive of each other. They are encouraged to use their innovation and commitment to create new and expansive ambulatory services.

The team of providers are dedicated to ensuring the best experience for their patients and families. The PXP feels respected for his role and contributions toward improving quality in ambulatory care.

As a result of their program progress, they are commended for the establishment of their own quality program committee. Their huddles boards bring to life the quality initiatives and what they are monitoring. The team is encouraged to continue with their goal of implementing the ambulatory care EMR.

The Baruch Weisz Clinic is commended for the SCOPE (Seamless Care Optimizing Patient Experience) project to connect patients in ED and/or primary care with acute care consultation. The results of diverting ED visits and reducing ED LOS (length of stay) have been seen as a positive outcome.

The team has highlighted that space for increased volumes is a challenge.

#### Table 9: Unmet Criteria for Ambulatory Care Services

There are no unmet criteria for this section.

## Cancer Care

### Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the following table.

### Assessment Results

The NYGH cancer program has a strong academic focus while also maintaining a community hospital environment where patient care is at the forefront of service, treatment, and planning for the future. The ambulatory environment provides medical and radiation oncology with a focus on breast, colorectal, genitourinary and haematological malignancies. Patients have access to genetics counselling and a mature, nimble and well-respected clinical trials program in the industry. The team accepts patients from neighboring regions into the clinical trials program to enable access for the broader community.

The team leverages their interprofessional Program Quality Council, with representatives from an interdisciplinary team that includes a Patient Experience Partner (PXP). This credible patient voice has been integral to program goal setting, monitoring metrics, and the implementation of change initiatives to optimize patient outcomes and the patient experience. The team has well established partnerships with regional cancer programs for radiation therapy. The de Souza Institute for oncology and palliative care education is the standard entry to oncology ambulatory practice. The team has recently re-established their partnership with Wellspring Cancer Support services, enabled by the team's PXP who has linkages to both organizations.

Access to care is a key area of focus. The team is proud of the short wait times for initial consultation and treatment. System navigators for patients with breast and colorectal cancers connect patients to resources available in the Integrated Care Collaborative. The team has been well supported with pathology services and enviable turnaround times for tissue and laboratory specimens. The surgical program is active in the timely navigation for patients requiring surgical intervention. A drug access coordinator, embedded within the clinic also monitors an ever-increasing volume of pathology sent for biomarker testing.

Team members receive a comprehensive orientation to this specialty area of practice and there is flexibility to extend orientation upon request. Weekly education sessions are organized by the educator to ensure the team is up to date on new systemic therapy regimens. Staff receive education on new protocols prior to delivering that treatment in the clinic. New educator and clinical scholar roles have been introduced into the program to support novice nursing staff and learners.

The chemotherapy clinic has a satellite pharmacy that prepares all medications on a just-in-time basis. A sound medication reconciliation process is supported upon treatment initiation. Pharmacy and nursing provide chemotherapy education and a series of redundant checking processes to ensure accuracy.

This team has much to be proud of. This is a collaborative, compassionate, and engaged team with strong relationships, culture, and communication among team members and a palpable passion for the work they do. Physician collaboration between specialties has ensured patients receive an evidence based and comprehensive plan of care. The team has many experienced staff members in both inpatient and ambulatory environments. Their culture has buffered them from the effects of the health human resource pressures that resulted during the pandemic and that have impacted many other clinical environments.

The patient's perspective is well embedded within the clinic. The team was able to share recent co-design work to develop a patient resource that addresses medication related information and how to seek care when treatment related complications arise. The Care Chart digital service has been implemented, offering after-hours access to an oncology educated nurse for symptom and treatment related complications. The team has recently introduced a new patient experience survey to gain insights into improvements in inpatient and outpatient care.

The surgical oncology program has received national accreditation through the American College of Surgeons, National Accreditation Program, the only outpatient clinic in Canada to do so. Advanced surgical procedures for prostate cancer are supported by Integrated Care Collaboratives (ICC).

The program also has comprehensive inpatient, ambulatory, and outreach palliative care. Comprehensive symptom management, and emergency department avoidance are key goals of a program that streamlines the admission process for patients, bypassing the emergency department.

The success of the program has had the unintended consequence of increasing volume pressures that have placed pressures in the existing clinic footprint. The team has plans to transition the care delivery to a two-day model of care. While this will offer enhancements to the nursing model and reduced wait times, the team is encouraged to consider longer term strategies to address growth that may include further extending hours of service or evaluating novel approaches or models of care. NYGH may wish to consider dedicated parking spaces with ready access to the hospital entrance to lessen the burden of multiple visits.

The current process for systemic therapy preparation and administration has care providers working between two information systems. While a series of redundant verification processes exist, the transition to a single order entry, dispensing and administration system is essential to reduce the associated risks. NYGH is encouraged to ensure adequate resources for the pharmacy resource work effort for this transition.

## **Table 10: Unmet Criteria for Cancer Care**

There are no unmet criteria for this section.



## Critical Care Services

### Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the following table.

### Assessment Results

The NYGH critical care team has a 24-bed intensive care unit (ICU) with two beds on the 7th floor that are used for patients transitioning from the ICU to a medical ward. The team provides critical care services primarily for medical patients with additional surgical and cardiac patients. The ICU uses a closed model of physician care with a dedicated intensivist leading the team.

The critical care team have implemented several evidence based best practice bundles of care to reduce complications of ICU patient care such as ventilator associated pneumonia (VAP), stress induced gastrointestinal ulcers, venous thromboembolism, and central line associated infection. Additionally, the team has developed and implemented an acronymic A2F Liberation bundle of care which includes a goal to optimize appropriate sedation use and reduce sedation related complications and prolonged stays.

There is a well-established Critical Care Response (CCR) team, which was established as a pilot for the province. The CCR not only responds to calls for assistance with patients whose clinical condition is deteriorating but also follows patients discharged from the ICU for up to three days to ensure an effective transition. A unique and innovative feature is the ability for patients and families to call the CCR team directly after discharge from the ICU if they are concerned.

The critical care team deals regularly with end-of-life care and attendant issues. In conjunction with the provincial organ donation program, the team has achieved a 100 percent rate of approaching the topic of organ donation with families of eligible donors.

The critical care team is impacted by decisions leading to medical orders for critical care interventions for patients such as admission to the ICU. NYGH has a framework for documenting patient Goals of Care relating to resuscitation and critical care interventions. However, the documentation of patient Goals of Care and discussions about them is fragmented in the electronic medical report and not readily visible at the point of care. The relevant orders focus on menus of interventions and don't necessarily link to the patient's expressed goals and values. The critical care team has an opportunity to provide leadership in identifying and incorporating leading practices in incorporating patients' values into the Goals of Care documentation with a focus on de-medicalizing end of life care.

### Table 11: Unmet Criteria for Critical Care Services

There are no unmet criteria for this section.

## Diagnostic Imaging Services

### Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the following table.

### Assessment Results

The NYGH medical imaging department provides a range of diagnostic imaging modalities including x-ray, computerized tomography (CT), magnetic resonance imaging (MRI), ultrasound (US), interventional radiology (IR), mammography, and nuclear medicine (NM). The imaging department is located adjacent to the high-volume emergency department enabling it to provide emergent and expedited access for emergency patients. The department also works collaboratively with other departments, and external referrers, to provide timely access to imaging.

The imaging department is an integral component of the NYGH breast health program and has implemented initiatives to expedite and streamline access to screening and diagnostic mammography, contrast mammography, breast MRI, and cryoablation of lesions in collaboration with other care providers and programs. The department is innovating the use of artificial intelligence (AI) in breast imaging. NYGH is a recognized leader in breast health.

The imaging department has implemented a peer learning program with standardized retrospective reviews of randomly selected images. This program not only provides individual professional quality assurance but provides opportunities for peer education and team learning. Currently, this program involves all radiologists and imaging modalities, as well as biophysical profiles (BPP) for prenatal clinics. NYGH is encouraged to promote spread of the peer learning program to include all imaging modalities, such as echocardiography and anatomic pathology, where diagnostic and treatment decisions rely on professional interpretation of clinical images.

NYGH is taking a leadership role in the use of clinical decision support in the selection of imaging modalities. The medical imaging department has developed evidence-based decision support tools, based on Choosing Wisely Canada, that are integrated into the order requisitions for CT and MRI in the ER. This is already demonstrating impact on the selection of the most appropriate imaging modality.

The imaging department has implemented training for imaging technologists to screen patients for high-risk conditions at the point of intake to the department. This is enhancing patient safety and effectiveness of imaging through enhanced selection of appropriate imaging.

NYGH owns its imaging equipment and purchases new or replacement equipment through a group purchasing organization. Its approach is to select best of breed equipment for different modalities and applications. Consequently, the equipment in the department is made by several different manufacturers with potentially differing operating protocols. NYGH is encouraged to evaluate the potential for error arising from variations in protocols for different equipment with the same modality.

Since NYGH owns its equipment, it does not have a contractual relationship with a manufacturer for refreshing or replacing equipment on a periodic basis. The organization is encouraged to develop an overall plan for equipment renewal or augmentation.

### Table 12: Unmet Criteria for Diagnostic Imaging Services

There are no unmet criteria for this section.

## Emergency Department

### Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the following table.

### Assessment Results

This past year the emergency department (ED) leadership team has been able to refocus on key priorities as they return to normal operations post pandemic. The closure of their isolation zone has coincided with a return to pre pandemic patient visit volumes. The department has observed an increase in both pediatric and mental health cases in the past year and the team has continued to care for a large number of seniors. A geriatric emergency physician has been added to the geriatric emergency medicine (GEM) program and will work alongside the GEM nurses.

The team has robust processes to move patients safely and efficiently through the department. The First Swipe, pre triage area, staffed with an RN, ensures optimal flow and monitoring of the waiting room. All staff and physicians are attentive to patient flow and move seamlessly to observed bottlenecks within the department. The team routinely monitors a comprehensive set of metrics and uses this data to shift physician and other resources to respond to peak activity. A recent Kaizen event leveraging lean principles was held in the department, engaging front line staff and physicians, patient experience partners and the leadership team. This event led to the design and build of a newly renovated five bed Purple Zone to serve patients experiencing a mental health crisis and a refresh of the Green Zone to enhance flow for lower acuity patients. Other improvement initiatives to support department flow, efficiency and patient safety have included the creation of procedure kits for High Acuity Low Occurrence (HALO) events in the Blue (resus) Zone and an initiative focused on patients in sickle cell crisis with a goal to reduce time to analgesia.

This is a very high performing team that has much to celebrate. The department has a strong learning and research focus and plays host to national and international forums in medical education, emergency department, administration and emergency care. The department has a reputation as a highly desirable place to work for medical staff and learners of all disciplines. The department currently has no vacancies in their nursing or physician ranks.

This is an experienced leadership team who have a recipe for wellness engagement and professional development. A kudo board where staff can post words of thanks or celebration to one another is a small but powerful example of their commitment to recognition and wellness. Discipline specific as well as interprofessional learning is widespread across the program. This has been essential in responding to the shifting patient populations and to support the larger cohort of novice nurses who have joined the department but also serves as a key retention strategy. The department has recently introduced RPNs into the newly renovated Green Zone and supported them with a robust educational program to enable them to practice to full scope.

Perhaps most noteworthy is the department's work in ambulance offload (AOL) times. Although their performance has seen them as a top provincial performer for years, the team has continued its focus to ensure their best practices are available and spread across the province. This has included the development of an AOL toolkit in partnership with Toronto Ambulance Services. The organization is urged to consider submitting their work in AOL to Accreditation Canada as a leading practice.

There are a few areas of opportunity for the ED team to consider. Although the Kaizen event was very successful in achieving the intended results from a patient flow and safety perspective, many areas of the department would benefit from renovation. The space in the older sections of the department is congested with many wood surfaces that cannot be appropriately cleaned. The staff continue to make the most of their space, however NYGH is encouraged to continue to prioritize this important service for renovation.

Although patients receive comprehensive verbal instructions and a standardized summary of their ED visit, a copy of which is sent to the primary care provider, standardized discharge instructions are not available. The team is aware of an Ontario Health discharge instructions initiative and is encouraged to bring their expertise in quality improvement to that provincial table.

While there are currently no human resource vacancies in the department, the ED environment is susceptible to fluctuations in health human resources. The high number of novice staff suggests the people plan will need to be front and center on the leadership agenda.

### **Table 13: Unmet Criteria for Emergency Department**

There are no unmet criteria for this section.

## **Inpatient Services**

### **Standard Rating: 100.0% Met Criteria**

0.0% of criteria were unmet. For further details please review the following table.

### **Assessment Results**

Inpatient care is provided to medical, surgical, psychiatric, and pediatric patients. The medicine inpatient service provides care to primarily elderly patients with an average age of 80 or higher. The most frequent case mix groups (CMG) are congestive heart failure (CHF), chronic obstructive pulmonary disease (COPD), pneumonia and stroke. There is a dedicated stroke and neurological rehabilitation unit that provides best practice care for stroke patients.

The medicine unit team are highly engaged and involved in the organization's quality work. The unit has clear goals and objectives that are aligned with NYGH's Strategic Plan. The team members are enthusiastic about their own quality initiatives.

The medicine team has identified opportunities for improvement in the prevention and management of reactive behaviors in patients with dementia. They have developed an integrated care pathway which focuses on non-pharmaceutical preventive measures and interventions. It also aligns with initiatives to reduce inappropriate use of anti-psychotics in the elderly.

The medicine inpatient unit has a dedicated eldercare pharmacist who provides expertise and leadership in prescribing in older adults. There are opportunities for the medical team to provide leadership in developing an overall framework to address polypharmacy in the elderly.

The medicine inpatient unit team has developed an innovative communication tool for patients moving from one hospital area or department to another, such as from the inpatient unit to medical imaging. The Ticket to Ride program was developed in response to a safety event. It uses a standardized format sheet with key clinical interventions, such as oxygen, and safety alerts, that accompanies the patient while in transit from one unit to another. The Ticket provides easy access to key information for all care providers involved in the patient's journey.

NYGH has as one of its values - putting people first. It has an expectation that an overall scope of care will be documented in the patient's record. This outlines levels of intervention with a focus on critical care interventions. While this is crucial documentation, it is reflective of a focus on ensuring that providers know which interventions to provide rather than a focus on the patient's values and wishes. The medicine team is encouraged to work with others, such as the critical care team, to evaluate how the patient's Goals of Care and values are discussed, documented, and reflected in the interventions provided.

### **Table 14: Unmet Criteria for Inpatient Services**

There are no unmet criteria for this section.

## Mental Health Services

### Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the following table.

### Assessment Results

Mental Health Services at NYGH provide a robust inpatient and ambulatory program that includes services for adults and children and at several sites of the organization. Their leadership team and team members are passionate, patient centered, and dedicated to making a difference for the mental wellness of their patients and families.

They have a long-standing Participants Council, that has a number of patient/family advisors that have made significant contributions to the progress and improvement of mental health services. They are engaged in every aspect of decision-making, including recruitment of staff, renovations, and all quality improvement initiatives.

In addition, the Program has implemented a Peer Navigator Program which is a leading practice. Peer support partners have had a significant impact on empowering patients and assisting staff in understanding the patient perspective. The team is also commended for embracing the trauma informed care philosophy and shifting the thinking from *what's wrong with you* to *what happened to you*. NTGH and the program are encouraged to use this approach across the organization. Goals and objectives of the program are set annually, with input from patients and families.

Patient centered care planning starts on admission with the newly developed Getting to Know Me™ hand out. The provision of this information from the patient is used to personalize the care, especially during times of difficulty.

The renovations and refresh to the Child and Adolescent unit demonstrates the team's value of ensuring a welcoming, healing environment for the patients. The commitment of donor support is evident in the renovation of Phillip's House and the exceptional environment for providing Child and Adolescent mental health services, including eating disorder programs.

The program is commended for its commitment to listening and responding to patient/family feedback and there is evidence that they use it to make improvements. For example, the implementation of the Purple Zone was driven by patient experiences in the ED. The team is encouraged to ensure they are monitoring the outcomes and making adjustments where needed. Feedback also led to changes in the Day Hospital hours of service.

With respect to EDI, the Mental Health Program has completed the Health Equity Survey, and they are encouraged to continue with the assessment of that information to understand who they are serving.

Staff have highlighted their appreciation for being supported in their professional growth and development, including opportunities for career path changes. Leadership is commended for the addition of the clinical educator role and the impacts are appreciated by staff and patients.

### Table 15: Unmet Criteria for Mental Health Services

There are no unmet criteria for this section.

## Obstetrics Services

### Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the following table.

### Assessment Results

The maternal newborn program at NYGH has functional spaces for triage, labour, birth and recovery, operating room recovery beds for caesarean deliveries, and a Post Partum Unit has 25 beds with additional surge capacity. The inpatient program has complementary clinics for breastfeeding, antenatal consultations, medical disorders, midwifery care, genetics and bereavement support. Strong partnerships exist with midwifery, family medicine, neonatology, the Born Registry and Toronto Public Health as well as neighboring partners for redirect support. The program provides care to mothers and babies of 30 weeks' gestation or more and delivers 4,500 babies annually.

The program is supported by a large interprofessional team, leadership, and support staff. Two Patient Experience Partners (PXPs) are integral members of the team. A strong culture and healthy relationships within the program as well as across the hospital have enabled the team to provide seamless care and service to their patients and assemble resources to respond to emergent or urgent situations effectively and safely. Of note, the program has a new leadership team, individuals who bring energy and passion to the work of the team.

Education is foundational to the success of the team and even more important as the impacts of the pandemic have seen a large turnover in nursing staff. Leaders estimate 30-40 percent of the nursing staff have less than five years of experience. To respond to this, Investments have been made in educator and mentor resources to support novice practitioners. Additionally, novice staff are assigned an obstetrician buddy to further strengthen interprofessional relationships. Formal educational offerings such as the ACORN (Acute Care of at-risk Newborns) and moreOB (Managing Obstetrical Risk Effectively) programs are underway. Both programs involve the entire team and include theory as well as simulation exercises. Fetal health surveillance and mock Code Pinks are but a few of the additional unit-based offerings.

Strong processes and protocols are in place along the full trajectory of the birth experience. The team monitors patients with a scheduled cesarian section (C-Section) date or those approaching their due date to ensure alignment with program resources. Standardized triage, admission and monitoring processes are in place and incorporate the patient perspective. Robust processes are in place to assess and respond to urgent and emergent cases as well as scenarios when two C-sections occur at the same time. In these situations, the team works closely with anesthesia, respiratory therapy, midwifery, family physicians, obstetricians and others to mobilize resources.

Several areas of strength are noteworthy for this program. A large Midwifery Care Clinic, open seven days per week, 365 days per year provides a wide variety of outpatient services across the continuum from prenatal, postpartum, and feeding to jaundice checks. The team has recently received funding to expand services to enable midwives to offer eight week follow up appointments for patients who are not attached to the family health team or primary care physician. The team takes tremendous pride in their ability to offer novel solutions for patients so that an emergency department visit is avoided.

The team also supports a perinatal bereavement program that works closely with the clinical genetics and surgical program. A perinatal bereavement committee which includes a recently recruited psychiatrist supports a late loss in a postpartum depression support group. An early pregnancy clinic is also available within the hospital, working with new mothers to address early pregnancy with symptoms such as nausea, vomiting, pain or bleeding, ectopic pregnancies and early pregnancy loss.

Another area of strength rests in local quality improvement. The Fresh Eyes initiative recently launched and is focused on establishing a practice whereby electronic fetal monitoring tracings are reviewed at regular intervals by a second person. This approach has been shown to improve the accuracy of external fetal monitoring interpretation during the intrapartum period. Although this initiative is in its infancy, the team is eager to move forward with planning.

A few opportunities have been identified by the team. The environment, although not the oldest area in the building, will be undergoing renovations to ensure the environment is supported by current technology, infection control, and best practice standards. This has required a high degree of planning with the work happening in multiple phases. The team has held simulation events for each phase to assist them in understanding requirements for patient and staff flow in the event of emergencies. PXPs have been involved in room mockups to inform updates to the room layout. The organization is encouraged to continue to proactively evaluate and prioritize areas in need of facilities upgrades.

Other aspects of the environment have been identified by patients and families as areas of opportunity. Currently there are only six private rooms on the unit, and this impacts the ability for partners to remain overnight to support their spouse. Although an additional room will be created with the refresh, this will continue to impact the patient experience. Where possible NYGH may consider options to increase the availability of single patient rooms.

As mentioned above, the team has embarked on a comprehensive educational agenda to enhance the nursing skill of their more novice workforce. NYGH's commitment to the educational support infrastructure is to be commended as a key retention strategy.

## **Table 16: Unmet Criteria for Obstetrics Services**

There are no unmet criteria for this section.



## Perioperative Services and Invasive Procedures

**Standard Rating: 100.0% Met Criteria**

0.0% of criteria were unmet. For further details please review the following table.

### Assessment Results

The NYGH surgical program is comprised of multi-specialty surgical services with inpatient surgical care, operating suites, daycare surgery, and endoscopy. The main suite houses 12 operating rooms (OR), one dedicated cystoscopy room, one bronchoscopy room and four endoscopy rooms. Additionally, a separate surgical site offers ophthalmologic surgery, with a high-volume cataract program.

The NYGH surgical program has been recognized as a leader in surgical quality with awards from the National Surgical Quality Improvement Program (NSQIP) of the American College of Surgeons (ACS). The surgical program collaborates with medical imaging and other partners in the only credentialled breast health program in Canada. The surgical program has developed special expertise and focus in colorectal surgery and orthopedics.

The surgical program has developed evidence-based care pathways in colorectal surgery, wound care, and for hysterectomies and arthroscopy patients. The team is encouraged to look at other common surgical procedures or case types that involve multiple care providers and interventions and develop similar care pathways.

The OR suites are modern, well organized and well equipped. NYGH teams have demonstrated leadership in green initiatives by reducing waste in the OR, reducing greenhouse gas emissions through the elimination of high emission volatile anesthetics, and the implementation of low flow inhaled anesthetic techniques. Staff are justly proud of their leadership within the facility and amongst their professional peers in green sustainability in the OR.

The OR team has a number of quality improvement initiatives underway. The team has evaluated their use of the Safe Surgery Checklist and modified both the list and how it is used to be more effective in their context. The surgery and anesthesia department have collaborated in an initiative to reduce the use of post operative opioid analgesics, both in support of evidence-based patient analgesia and in recognition of the societal impacts of surplus opioids entering the illicit drug stream.

NYGH meets or exceeds provincial wait time targets for a range of surgical procedures. The team takes an active approach to wait list management with frequent reviews of its own waitlist and participation in regional tables. The team uses the NOVARI software tool for wait list management which allows them to access individual surgeon's office waitlists for better waitlist analysis. Additionally, the team is creative in managing its daily flow within the OR with scheduled surgical blocks and active management of staff scheduling to avoid end of day cancellations. An innovative 'block room' for induction of regional anesthesia allows efficient case turnover while shortening the recovery time and enhancing post operative analgesia for patients.

### Table 17: Unmet Criteria for Perioperative Services and Invasive Procedures

There are no unmet criteria for this section.

## Point-of-Care Testing

**Standard Rating: 100.0% Met Criteria**

0.0% of criteria were unmet. For further details please review the following table.

### Assessment Results

The Lab team has accountability for a robust process for Point of Care testing at NYGH. Currently, there are four POC modalities that include comprehensive QC and regular certification process for users.

The team is proud of the collaborative work they do with clinical programs, when requests are presented to the POC Committee, and that the final decision is always about being patient centered. The most recent approval was for a POC test that was generated through patient feedback where the need for repeated blood draws could be less invasive for patients.

### Table 18: Unmet Criteria for Point-of-Care Testing

There are no unmet criteria for this section.

## Reprocessing of Reusable Medical Devices

### Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the following table.

### Assessment Results

MDRD provides centralized reprocessing services across the organization and most notably reprocessing for high volumes of surgical procedures, births, endoscopies, outpatient procedures, such as cataracts, and diagnostic services, such as ultrasound probes. As programs/services have expanded over time, they have effectively used their space to adjust to the demands for increased reprocessing needs. The team and the organization are encouraged to continue to monitor the impact that may be required by MDRD if there is future expansion of services.

The MDRD team is highly engaged and committed to ensuring quality and safety in every aspect of the reprocessing process (decontamination, packaging and preparation, sterilization, sterile storage and endoscopy reprocessing). This has been demonstrated through their weekly huddles and tracking of key performance indicators. They are recognized for quality improvement projects such as the ultrasound probe cleaning process and the gauze removal initiative on trays.

The leadership team has been instrumental in bringing awareness across clinical programs about the importance of early involvement of MDRD when implementing new services that will require product reprocessing, such as the cardiac device implementation program.

Along with certified technical expertise, the team has a dedicated nurse educator with a background in OR and peri-operative care which has brought the integration of technical and clinical skills to the operations of MDRD. This team is commended for valuing the importance of teamwork within the department and with their internal stakeholders.

The team is proactively planning for replacement of major equipment, such as autoclaves, and cart washers, and are encouraged to continue their pursuit for the instrumental tracking system that would bring an additional level of quality and safety to the reprocessing process.

Overall, they are a team with exceptional expertise and supportive leadership who want to ensure they are making a difference.

### Table 19: Unmet Criteria for Reprocessing of Reusable Medical Devices

There are no unmet criteria for this section.

## Transfusion Services

**Standard Rating: 100.0% Met Criteria**

0.0% of criteria were unmet. For further details please review the following table.

### Assessment Results

Transfusion services have been leading best practices through their participation in the Blood Wisely provincial program and NYGH has one of the lowest minimal waste outcomes in the province.

There is an active, interprofessional Transfusion Management Committee (TMC) that has key performance indicators and quality initiatives they monitor. The team has been presented externally on their IVIG Utilization Project and was recognized for the impact their changes made on utilization.

The TMC brings in a PXP ad hoc when there are issues that may require their input. The Transfusion team has two transfusion safety officers, one who bridges lab with clinicians (nursing) and one that bridges lab with physicians. These roles have been instrumental in making quality improvement changes.

The Transfusion Officer (nurse) has been given recognition for work on developing a transfusion webpage for information and education.

### Table 20: Unmet Criteria for Transfusion Services

There are no unmet criteria for this section.