

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 31, 2023



OVERVIEW

St. Mary's General Hospital has evolved from a small, community hospital to a healthcare leader in Canada's fastest growing urban area and tech market. We have experienced, and adapted, to exponential growth in both service volumes and levels of care in each of our specialties; Surgery, as the Regional Cardiac Centre and the Centre of Excellence for Respiratory Care and Level One Thoracic Surgery Centre.

Our current strategic plan for 2021-2026 defines our vision: Inspiring Excellence. Healthier Together and guides our actions with five strategic priorities: expand equitable access to high quality, empowered care; transform connected care with our partners and community; develop our team of today and the future; embrace new ways to innovate healthcare; and build for growth. These priorities each have a vital impact on the quality of care we provide. The first hospital priority focused on quality connects and elevates our QIP work.

PATIENT/CLIENT/RESIDENT ENGAGEMENT AND PARTNERING

One of our strategic goals is to increase patient engagement in all of our work. We have an existing Patient and Family Advisory Committee (PFAC) that has members engaged in hospital, regional and Ontario wide initiative such as the Evidence 2 Practice provincial patient advisory panel. We continually recruit new members and are undertaking active recruitment in 2023.

Similar to most healthcare organizations in Ontario, we realize that the patient voices we hear tend to not fully reflect the population we serve in our community. We are working with leaders from

various community groups and realize the pull to engage from organizations is placing demands on the time and energy of willing partners (such as the Canadian National Institute for the Blind or Southwest Ontario Aboriginal Health Access Centre). We are developing a multi-pronged approach to patient engagement which will allow for representation from the community in important decisions for them and connect the hospital to the various community groups without placing unnecessary time and energy demands of being 'full members' of PFAC.

Our Patient Relations process is one of the many ways we receive feedback. The volumes of concerns brought forward to patient relations has doubled since the pandemic began and we anticipate the high volumes to continue for multiple associated pandemic reasons. The increase in demand for care and bed pressures have also made an impact on the concerns we are hearing; we have concerns from patients not understanding their clinical journey or not being provided with fulsome information. Patient Experience can help to provide explanations where we can access the patient records online, re-iterate what tests were done and what care was provided. We believe that our new Patient Portal will be an invaluable asset for patients in accessing this information to improve engagement and better understand their clinical journey.

Through funding for seniors programming, we have maintained post covid funding, a staff role that has proved to be invaluable to patients, families and staff; the Patient Experience Assistant. They provide support for zoom calls home between patients and families, they provide safe activities for isolated and lonely inpatients and often will do a social visit with a patient who does not have any in person visitors. As we incorporate volunteers back into our daily

work, we will phase this work to involve them once again.

PROVIDER EXPERIENCE

We have approximately 1200 full time equivalent staff members. We are very proud of the external recognition received as being one of Canada's top 100 employers two years in a row through the Forbes evaluation process. Supporting staff wellness has been an enormous focus and much energy over the last several years as we evolve through the pandemic. Over the past two years we have made the following changes:

1. Mental health supports have been vastly improved for staff including; Enhanced Employee and Family Assistance program coverage and Health Benefits enhanced coverage for psychological services, for staff and physicians without extended benefits we have an onsite counsellor one day per week in addition to enhanced EFAP.
2. Weekly snack cart - Each week hospital units and departments receive snacks with a side of support. Our wellness staff includes reminders of wellness support available along with information about special events and tokens of staff recognition, for example, valentines coloured by local school children. This has been a highlight for many leaders as they volunteer for shifts to deliver the care cart to various units each week.
3. Expert facilitated Health and Wellness webinars. The last Wednesday of every month is Wellness Wednesday. Staff and Physicians are invited to participate in 60 minute webinars on topics related to wellness, burnout, stress, and workplace health & wellbeing.
4. We began monthly all staff town hall meetings via webinar. These are well attended and have at least 20 minutes of transparent Questions and Answers between staff typing in

anonymous questions live online and leaders responding to all questions as they are 'liked' by various staff attending the meetings.

5. As we evolve in our knowledge of COVID, we have increased the visibility of senior leadership by scheduling purposeful times for them to join the units through informal walkabouts and by joining their team huddles. This has begun as a 'casual connection point' to allow staff to feel comfortable with different presence on the units and will evolve into more purposeful questions and engagement by leaders with staff as the practices become a normal part of functions throughout 2023.

WORKPLACE VIOLENCE PREVENTION

Workplace violence prevention continues to be a priority for SMGH. We are committed to creating a safe, healthy and respectful workplace. Our health information system has an enhanced process to support the early identification of patients who pose a risk of harm to themselves and others. Supported by industry tested assessment tools, the enhanced process works to communicate the necessary information regarding patients with a history of violent or responsive behaviors to staff, to ensure their safety and the safety of others.

SMGH is dedicated to reducing aggressive behaviors and has implemented a minimal restraint policy to achieve this goal. The policy aims to minimize the use of physical restraints and promote alternative, non-violent methods of managing aggressive patients. The objective of the policy is to create a safe and secure environment for both staff and patients while ensuring the least restrictive intervention is used.

PATIENT SAFETY

Our patient safety culture is a strategic priority. We have included one of the summary questions from the staff survey regarding patient safety culture in our key measures for the strategic plan: "Overall grade on patient safety". Through the fall of 2022 we received feedback through the culture survey and immediately embarked on action plans to improve; We now release the manager feedback on every single incident report back to the individual who reported the incident, to close the loop, validate the staff feedback and show action.

We have built a significant emphasis on a "Just Culture" when performing quality of care analysis after patient safety incidents occur. We are releasing mandatory education for all staff to re-emphasize our beliefs in this approach, which is important to raise again as many staff have been onboarded over the last several years.

Over the last 2 years we have been re-establishing Quality Management processes and building capacity for Quality Improvement across the organization. Patient Safety is viewed as minimum requirement for quality care and is embedded in our framework as one of the 6 domains of Quality. Almost every time we talk about Quality, there is an aspect of Patient Safety included. For Patient Safety week we strengthened the connection between patient safety and patient experience by having members of our Patient and Family Advisory Committee in our lobby to encourage staff to consider how they engage with patients to improve safety. Communication with patients as a tool to improve safety is a source of teachable moments as we move towards accreditation survey in June 2023.

Over the past several years we have begun to embed and participate in provincial quality improvement tools that impact patient safety such as General Internal Medicine Quality Improvement Network. We were the first pilot site for the first quality standard Heart Failure to be standardized into our Electronic Health Record through the Evidence 2 Practice Ontario work. We are now taking the data from both these initiatives and building our quality improvement steps based on the analysis we can perform after participating.

Building on the refresh of the hospital wide quality scorecard in 2022 we re-established quality huddle boards in over 50 physical locations throughout the hospital with the aim of re-engaging staff in quality improvement and activities to achieve our strategic goals. Senior leadership is supporting the use of these boards through purposeful scheduling of attendance at huddles.

Through a generous 3 year donation from the foundation, we are entering year 2 with the University of Toronto to provide Quality Improvement training workshops and training to build capacity to achieve our QIP activities. We will train close to 35 individuals each year and foster their leadership in supporting others to adopt new ways of performing Quality Improvements.

HEALTH EQUITY

Acknowledging the problem of inequitable care is an important first step in beginning to “meet the health care needs of racialized health care users in terms of access and quality of medical care.” (Mahabir & al, 2021).

We track, measure and report to the Quality Committee of the Board trends and volumes of concerns related to inequitable

care/service as we feel any concern brought forward is a flag that there are similar unreported concerns.

We do take necessary actions to identify improvement opportunities for equity of service provision such as a recent Accessibility User Experience Audit which was completed and highlighted recommendations to remove barriers for people with disabilities at SMGH.

Our ultimate goal is to ensure we are providing care in an equitable manner that respects diversity, includes all people and ensures we deliver care the way that patients need us to deliver care. Over the next year we will be reviewing our data for the ‘priority neighbourhoods’ in our OHT that we know experience health inequities. We have begun by analyzing data for readmission rates based on postal code with the hope that we could identify an opportunity for improvement for this year’s QIP. We will continue this analysis with our local OHT partners throughout the next several months with the belief that we will identify work for the 2023/25 QIP.

One example of our constant reflection and learning is through our cardiac rehab program where it was identified that a particular patient population was not comfortable attending rehab in our current environment, so we have adapted and are now trialing different methods of providing the same service to meet their needs.

As identified in our strategic plan, “Our people are the heart of our hospital. We are committed to focusing on wellness, resilience, inclusion and skill development so our teams feel safe, respect one

another, have opportunities for skill development and remain passionate about providing unparalleled care.” All staff completed an online training in the summer of 2022 focused on ‘unconscious bias’, with the aim of bringing awareness to how we function as care providers and colleagues.

The hospital is undertaking a hospital wide survey as part understanding more about the diversity of our team so we can actively identify areas to improve upon, and all feel a strong sense of belonging at work. Diversity has a significant impact on how everyone experiences the workplace. Each voice tells us a different inclusion story and we aim to hear all of them.

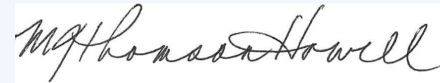
EXECUTIVE COMPENSATION

The President, Chief of Staff will have 5% and Vice Presidents will have 3% of their compensation linked to the Quality Improvement and Strategic Plan key performance indicators.

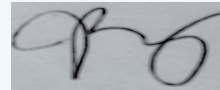
SIGN-OFF

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

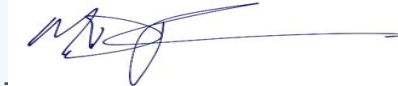
I have reviewed and approved our organization’s Quality Improvement Plan on **March 31, 2023**



Marion Thomson Howell, Board Chair



Janine Barry, Board Quality Committee Chair



Mark Fam, Chief Executive Officer



Rebecca Stuart, Chief Nursing Executive