

Improving the Patient Experience at St. Michael's Hospital

ST. MICHAEL'S HOSPITAL 2016-17 QUALITY IMPROVEMENT PLAN

St. Michael's
Inspired Care.
Inspiring Science.

OUR COMMITMENT TO PATIENTS AND FAMILIES

At St. Michael's, our commitment is to provide the best possible experience to our patients, their caregivers and families. Whether someone comes to us in an emergency, to treat a chronic health issue or to receive care in our community and primary health programs, we want to ensure health-care needs are met and that patients have a positive experience throughout their care journey. Our Quality Improvement Plan was designed to reflect our commitment to driving value as defined by the experiences of our patients. This document outlines our improvement plans for 2016-17, and our successes and challenges this past year.

Informing our Quality Improvement Plan

Feedback from patients and families along with our staff and physicians has been instrumental in shaping this 2016-17 Quality Improvement Plan. A thorough review of our quality improvement achievements in 2015-16 also provided valuable lessons and guidance for our priorities this coming year.



1. PATIENT AND FAMILY FEEDBACK

Through online surveys and Patient and Family Advisory groups, we asked our patients and their families to share their views and advice on their experiences at St. Michael's.



Online Patient and Family Surveys

The online patient and family survey was available on our external website and shared through social media outlets including Facebook and Twitter. The survey focused on four key quality improvement areas: discharge planning, hand hygiene, preventing falls and medication reconciliation. Patients and families were asked about the importance of these priorities in relation to their hospital experience.

Patient and Family Advisory Groups

St. Michael's has a rich history of engaging patients and families through our Patient and Family Advisory Groups. We partnered with these groups including our Community Advisory Panels and the advisory councils and boards supporting our cystic fibrosis, hemodialysis, and heart and vascular patient and family populations. At focus group sessions, we asked for input on the same four areas as above.

What Patients and Families Told Us

Our patients validated we are focusing on projects that are important to them, and we are grateful for the range of valuable suggestions they offered.

Patients told us going home can be hard.

Having resources and information to bring home when leaving the hospital was a key suggestion, along with having the opportunity to talk with the clinical staff before being discharged.

Patients want to get well while they're in the hospital.

Ensuring effective infection control and prevention is a key priority for our patients and their families. That means patients need to be comfortable approaching their clinical team about hand hygiene practices. These responses confirmed that we are focusing on areas that resonate with our patients. Through the posts on social media and meetings with Patient and Family Advisory Councils, we heard from many patients and family members. Their feedback has helped shape our areas of focus in 2016-17.

2. STAFF, PHYSICIAN AND LEADERSHIP FEEDBACK

Our staff and physicians are instrumental in delivering the high quality and patient-centered care our patients and families expect. They are also committed to making every patient and family interaction the best possible experience based on the unique needs of those receiving care at St. Michael's. We know how important their input is to build our quality priorities. This was accomplished through a survey asking questions related to our quality priorities that was posted on our internal website. We were pleased to have received responses from staff and physicians on our quality improvement priorities.

What Staff, Physicians and Leadership Told Us.

Our staff, physicians and leadership offered concrete ideas on how they, in partnership with patients and families, could better communicate discharge plans. Ideas were also generated on how to better support patients when they are discharged from hospital, including ways to remain safely at home and reduce the likelihood of return visits to the Emergency Department or readmission to hospital. Staff and physicians also identified the resources they required to further build their capacity in quality improvement.

3. QUALITY IMPROVEMENT ACHIEVEMENTS IN 2015-16

Outlined below are the achievements from 2015-16 demonstrating our continued commitment to keeping patients safe, helping patients safely transition to the next stage of care and providing high-quality care through the wise use of resources.

KEEP ME SAFE

Improving Hand-Washing Rates

We recognize there is a cultural component to practising good hand-washing – that staff must feel supported and comfortable reminding each other when to clean their hands. With a focus on our four intensive care units, we targeted education with front-line staff, to help them understand how to provide and accept feedback related to their hand-washing practices. Over the year, our four intensive care units increased their hand hygiene rates for Moment 1 (before touching a patient) by 10 per cent, and we have improved by 6 per cent throughout the organization.



Reducing Falls

At the beginning of the year, we set an ambitious target to reduce our falls rate across the hospital. A fall during a hospital stay can impact overall healing and extend a patient's time with us. We started by applying falls prevention ideas from units with the fewest falls to our more complex units while also considering when falls tend to happen.

Patients getting up at night to go to the bathroom are at risk of falling. We need to better understand those situations when patients may be at greater risk for falling, and discuss those with our clinical teams to prevent an accident. We didn't achieve our target but we learned many lessons, primarily from our patients, that we will apply this year.



The Right Medications at the Right Time

Keeping track of medications can be a challenge – for patients and their health-care providers. Patients may not be able to provide this list and clinicians must check with multiple sources – including pharmacies and other care providers – to ensure they compile an accurate and up-to-date list. Having a system to gather the best possible medication information to guide all medication orders on admission and discharge can prevent errors and improve patient outcomes. In 2015-16, St. Michael's implemented a three-step medication reconciliation process on our mental health inpatient unit. From April 2015 to January 2016, we increased our completion of best possible medication history on admission by 17 per cent in that unit and by 6 per cent across the hospital.





SMOOTHING TRANSITIONS

Reducing wait times in the Emergency Department

Patients expect efficient care. Each year, we continue to shorten wait times in our Emergency Department. And 2015-16 was no different. To do better, we have to improve patient flow throughout the hospital. That's because wait times in the Emergency Department for a patient needing to be admitted depend on available beds on units in the hospital. Our teams have been working hard to better transition patients in the hospital to their next stage of care to provide beds for other patients waiting in the ED. Our ED staff also continues to work on redesigning internal workflows to improve patient wait times.

Despite our efforts, we did not achieve our target this year. We saw a continued increase in the volume and acuity of patients we care for in the ED. We also had some internal challenges with our aging facility that put pressure on our operating rooms and the ED itself. There is good news on the horizon with a future expanded ED as part of our 3.0 redevelopment project.

Keeping family doctors informed through discharge summaries

Quality care is about supporting a patient throughout his or her care journey despite silos in the health-care system. Our physicians recognize their role in communicating with a patient's family doctor so that they have up-to-date information. That means we need to get the summary of a patient's hospital visit to the community care team as quickly as possible.

We are proud that in 2015-16, we increased the percentage of discharge summaries that are completed and sent (electronically and by paper) to family doctors within 48 hours of a patient leaving the hospital. The metric went from 80 per cent to 88 per cent – exceeding our target of 85 per cent.

Improving patient satisfaction at discharge

Helping patients plan for a safe transition when they leave the hospital is a continuous focus at St. Michael's. Many initiatives were successfully implemented this year to increase the satisfaction patients had with their discharge planning experience.

One example of a success is the implementation of Patient Oriented Discharge Summaries. These are easy-to-understand summaries that aim to provide our patients with key information following discharge from hospital. This information focuses on medications, follow-up information, key symptoms to watch out for and how to respond. This past year, we introduced these new reports on our Urology (July 2015) and Neurosurgery (January 2016) services. Feedback from patients collected from the Urology service from July to December demonstrated a positive impact on discharge satisfaction scores with a 4 per cent increase (to 74 per cent) compared to the previous fiscal year.

Preventing readmissions

We know leaving hospital is a challenging time. We continuously strive to ensure our patients and families have the supports in place to stay where they want to be: at home. Despite this, our patients often get readmitted to hospital.

This past year, we wanted to understand why.

Focusing on patients with Chronic Obstructive Pulmonary Disease and congestive heart failure, we analyzed our data and determined which key factors influenced whether our patients needed to be readmitted. From there, we created a tool that our General Internal Medicine team used to identify which patients were at greater risk of returning to hospital, at admission. Yes, at admission – that prevention plan needs to start when patients at risk arrive, and not just when they leave.

We designed a tool to help our teams ensure our patients have the supports they need to leave hospital safely, and reduce the chances of returning. Our aim was not to reduce our readmission rate this past year, but to put together the pieces to improve our rates in 2016-17.

PROVIDING HIGH-QUALITY CARE THROUGH WISE USE OF RESOURCES

Improvement Program

With funding for hospitals capped for the last number of years, we had a very strong focus on how we could better use our financial resources. We began an organization-wide change to increase value with a focus on improving how we purchase supplies, decrease costs and standardize care. This new program, called the Improvement Program, provided a set of tools for our clinical and business teams to re-examine the ways in which they run our services. Our focus initially was on our Supply Chain, Heart and Vascular and Perioperative programs. More than \$6 million from July to March was saved, which translates to more than \$7 million for the next year. We have great momentum on this program, and plan to expand the focus in 2016-17 to continue to drive efficiencies.

Choosing Wisely Canada

As a member of the Choosing Wisely Canada's "Early Adopter Collaborative," St. Michael's is one of the first hospitals in Canada to take on the Choosing Wisely challenge. The goal is to reduce harm to patients by dispelling the notion that "more is always better," while helping clinicians and patients make smart decisions about potentially unnecessary tests, treatments and procedures. St. Michael's developed a strategy to develop clinician driven, locally relevant initiatives addressing areas of overutilization at our hospital. St. Michael's has seen incredible growth of the program and it is supporting more than 10 projects at various stages of development and implementation.

St. Michael's 2016-17 Quality Improvement Plan: Areas of Focus

St. Michael's 2016-17 QIP builds on the feedback from our patients, families, staff, physicians and leaders and the successful achievements from our quality improvement work in 2015-16. We believe that by listening to what our patients and staff told us, we have identified further areas for improvement that will contribute to the provision of high-quality care each day. The following sections describe our areas of focus for 2016-17, and highlight three important themes: Keep Me Involved, Keep Me Safe and Make My Transition from Hospital Seamless.



KEEP ME INVOLVED

We recognize that our patients come to us with a variety of needs and diverse backgrounds. Some are coming from far away to see specialists, others are our neighbours, and some visit because they work nearby.

We're making it a priority to listen to our patients and their families.

They are in the best position to tell us how we can improve on their experience at St. Michael's. To facilitate that input, we are continuing to build our Patient and Family Advisory Councils. The advisory councils will be one way to achieve active dialogue, help set priorities and have input into areas that are important to patients.

We've already been given some advice. Even before our redevelopment project began, we knew our building can be confusing to navigate. We need to be creative as we embark on an ambitious renovation project to make it easier for patients and visitors to find where they need to go. We also need to find a way for families and friends to be present in their loved ones care, balancing their visits with the patient's need to rest and recover.

We are sure as our councils evolve there will be many other ideas raised. Our commitment is to listen and to work together.

Our aim this year is to find the best ways patients can help us improve their experience at the hospital. We will accomplish that by the following activities:

- **Patient and Family Advisors:** We recognize patients come to us with a variety of needs and diverse backgrounds. We continue to add patient and family advisor positions to help patients and their caregivers have active dialogue, help inform priorities and have input into areas that are important to them.
- **Patient and Family Advisory Councils:** these are one-way in which patients and their families can have active dialogue with our health teams on priorities to improve the overall patient and family experience.



KEEP ME SAFE

As care providers, we understand patients put their trust in us at a very vulnerable time in their lives. Caring for them is a privilege, and with that privilege comes responsibility. One of our most important responsibilities is to ensure we keep patients safe. At St. Michael's, we are relentless in our commitment to eliminating unnecessary harm. Our approach is multi-faceted. We are looking to learn from other industries that have a long experience in safety science and error reduction. We are partnering with experts from the *Canadian Patient Safety Institute* to teach and train our staff in patient safety techniques and tools. We will invest in systems and technologies to better understand gaps in the work we do, and will work in partnership with patients and families to redesign our processes.

Our commitment is broad, and in 2016-17 we will measure our safety improvement in three specific areas:

Keep me from becoming injured

We know that some of our patients are particularly vulnerable to falling when they come to hospital. This is often a result of the new and strange environment, or new or changed medications that may have side effects. We are going to ensure we know if patients are at increased risk for falling. We will put supports in place to ensure they don't fall, and our staff will take steps to understand how they can better communicate with patients and families to reduce falling. We commit to reducing falls by identified at-risk patients by 10 per cent.

Keep me safe from hospital infections

One area in which we know we need to strive to excel is how we prevent the spread of infection. St. Michael's has an excellent track record in managing and preventing hospital-acquired infections. This year, we will once again make washing our hands the way in which we publically commit and demonstrate to you that preventing any infection while you are in our care is a priority. We will measure this progress by auditing how our staff washes their hands before they come to the patient bedside. We will increase our hand hygiene rates by 5 per cent in the four intensive care units where patients are most vulnerable.

Keep me safe by ensuring my health-care team knows my medication list

Moving through the health-care system is challenging. There are many players that patients interact with as they engage with hospital specialists, their family doctor and others. Our teams need to ensure that they understand the medications patients are taking and why they need them. The teams also need to ensure patients receive the right medications while in our care, and that other members of their broader care team know of any medication changes once patients leave the hospital.

Our health-care providers have been focusing on new ways to capture patients' medication history to ensure they can share this information clearly with patients and their broader health-care team. We are designing a new electronic tool to help our doctors, nurses and pharmacists' record what patients tell us is on their medication list, allowing others on the team to update it consistently. We will measure this success by ensuring that more than 73 per cent of our patients have a complete medication history on admission.



MAKE MY TRANSITION FROM HOSPITAL SEAMLESS

We know that as patients start to feel better the best place for them to be is at home – however they define home. Our job is to ensure patients know when they may be ready to go home so that they and their support network can plan for that transition. In 2016-17, we are continuing the work we initiated last year. We will be co-designing with our patients improved discharge processes in the following ways:

Keep me informed

We will continue to use whiteboards in patient rooms to communicate an expected date of discharge and capture questions and concerns to help prepare patients. We will provide a summary of items to remember when the patient goes home, in simple language and not our complicated health-care terms or jargon. This list will include what medications are needed, what activities can be resumed and when, and who to call with questions.

Measure my satisfaction

We will use a new patient satisfaction survey to monitor what patients think about the discharge process. This feedback will help us identify how we can improve.

Reduce the amount of time I wait in the Emergency Department

Emergency Departments can be scary, loud and uncomfortable places. While patients may feel good knowing they are in safe hands and getting care during an urgent situation, we know that when we move patients from the ED to a bed in a timely manner they start to heal and rest, and we free up our ED to care for others.

Improving the patient experience in our ED will continue as a key priority. The success of this work includes partnering with patients on how we get them ready to go home. We will also look at how patients can access care outside of an Emergency Department. For example: we plan to pilot a new rapid assessment clinic for patients who are cared for by our General Internal Medicine teams in an effort to avert admissions and readmissions. One of our challenges will be that our Emergency Department will begin a renovation this year. As we work in a space under construction, it will be even more important to move patients quickly to the next area of care.

Keep me from coming back to the hospital

We are privileged at St. Michael's to provide comprehensive care to our community through our six Family Health Teams (FHT) in the downtown core. Our FHTs are often a patient's front door to St. Michael's. We know, through patient feedback and by examining our data, that we could do a better job of keeping patients out of hospital and cared for at home. This year, we are collaborating with our FHTs to find ways to better develop care plans and to communicate patient care needs between the hospital and the FHTs. Initially, we will measure the rate with which patients with congestive heart failure and Chronic Obstructive Pulmonary Disease return to our hospital within 30 days of discharge. Our aim is to reduce readmissions and ensure that when patients are discharged from the hospital, they have the appropriate follow-up appointments with their family physician and community resources to support them.

Additional Quality Drivers at St. Michael's Hospital

While the QIP is the blueprint to guide our quality priorities, the strategies, approaches and enablers to quality improvement at St. Michael's are motivated by several additional drivers that share a common goal: creating the best experience for our patients and families.

1. Strategic Plan

This year marks the second year of a new strategic plan for the hospital. It is an ambitious platform for change that puts the patient at the centre of everything we do. The plan's vision for quality includes a strong focus on ensuring the organization's sustainability in light of ongoing acute care fiscal challenges. Our three population priorities – urban, disadvantaged and critically ill patients – will be better served thanks to our strategic approach to highlighting their needs, and determining how we can best meet those needs. We will continue to engage with our patients and the broader community to meet that goal. Our plan also outlines educational objectives to grow our organizational capacity for continuous improvement and innovation. **For more information, please see: <http://www.stmichaelshospital.com/about/strategic-plan.php>**

2. Equity Data

In October 2013, the St. Michael's Family Health Team began collecting equity data to better understand the patient populations we serve and ensure we are providing equitable care. In 2014, we began collecting this same information in our ambulatory clinics and, most recently, in the Emergency Department. This information helps us understand how to best provide high quality care to all of our patient populations regardless of income, gender, immigration status and language. Analysis is underway by our Family Health Team to understand how best to use this data in a primary care setting.

We are also looking at how this information will help us understand certain patient populations, such as patients who are readmitted to hospital with Chronic Obstructive Pulmonary Disease. Although we are early in this part of our journey, we are committed to collecting and applying this important information to our quality improvement work. Our goal over the next year is to develop an equity indicator specific to our patients with chronic lung disease while sustaining our survey participation rate at 90 per cent.

3. Senior-Friendly Hospital Strategy

St. Michael's has a continued focus on elderly patients and is guided by the St. Michael's Senior-Friendly Hospital Strategic Plan. Improved integration of senior-friendly hospital principles with our quality and patient experience improvement strategies is a priority for St. Michael's in 2016-17. This work will further support our vision for a senior friendly hospital: *"St. Michael's Hospital will be a recognized exemplary system leader in the provision of high quality, person-centred elder care by prioritizing and implementing organization-wide processes and integrated systems that improve the experience and outcomes of older adults."*

4. Accreditation Canada On-Site Survey

St. Michael's is preparing for its next Accreditation Canada on-site survey in May 2016. Ongoing work to align the hospital with Accreditation Canada's standards and requirements has informed our QIP change ideas. St. Michael's sees accreditation not as an isolated activity, but as an opportunity to continually monitor and showcase the hospital's rigorous quality and safety standards and activities. This perspective is nicely illustrated by our 2016 accreditation slogan: *"excellence every day."*

5. Renovations and Construction: St. Michael's 3.0 Project

St. Michael's is undergoing an ambitious redevelopment project to transform patient care. Dubbed "St. Michael's 3.0," this project includes a new, 17-storey Peter Gilgan Patient Care Tower at the corner of Queen and Victoria streets, a renovated Emergency Department and significant upgrades to improve the existing hospital space. Our objective is to use this opportunity to push the boundaries and use technology to further help us create the best possible patient experience at St. Michael's.

6. Quality Improvement Capacity Building

The hospital supports an academic approach to improvement through capacity building for our clinicians and leadership by way of the St. Michael's Quality Improvement Fellowship program. This program is a joint offering from the Education and Quality and Performance departments. Teams that participate in this program learn how to apply the quality improvement methodology to their QIP change ideas, and ensure that our QIP activities are in line with quality improvement best practices.

More than 70 interdisciplinary leaders from across the hospital have completed the QI Fellowship. This collaborative experience aligns directly with our QIP work, and encourages individuals to think about quality as a business strategy, applying principles and tools, as well as planning and structuring a workday to embed and lead quality in their day-to-day work.

Integration and Continuity of Care

St. Michael's 2015-18 Strategic Plan highlights integration and strategic system partnerships across sectors as an important focus for the future. The following are examples of the system partnerships we are building across the sector.

- 1** St. Michael's Hospital and the Toronto Grace Health Centre continue to work collaboratively to enhance patient care processes at both organizations for disadvantaged patients with medically complex and-or mental health needs. We are focusing on increasing in-patient and ED patient transfers to the post-acute care rehabilitation setting at Toronto Grace. These processes are helping to reduce the number of patients who return from Toronto Grace to St. Michael's within seven days.
- 2** St. Michael's recently initiated a new collaborative project called Assess and Restore with Toronto Grace, Toronto Community Care Access Centre and WoodGreen Community Services to improve care transitions and integrate care for frail, elderly patients. We expect to serve 50 to 75 patients a year.
- 3** We have also entered into a partnership with WoodGreen Community Services where selected General Internal Medicine inpatients attend an Enhanced Adult Day Program operated in the community by WoodGreen. This promotes improved socialization and quality of life for participants, and prepares patients for discharge and transitions in care. Evaluation will determine if this contributes to reduced length of stay and alternate level of care.

Patient and Family Engagement

As noted earlier in this plan, in the past year, St. Michael's engaged with patients and families to gather their input on our quality improvement initiatives.

Patient and Family Experience Videos

Quality improvement is a journey. And knowing why we're on that journey is critical to help bring about change. To better illustrate the impact of our QIP objectives to staff and members of the public, we've created four short videos.



The videos focus on our 2015-16 QIP themes: preventing falls, improving hand hygiene rates, enhancing our medication reconciliation and discharge planning processes. Each video features a patient and/or family member telling us about the impact of their hospital stay, or the importance of a particular quality improvement objective, as well as staff highlighting the action we're taking to improve processes. Click on this link to access these videos:

<http://www.stmichaelshospital.com/quality/index.php>



Patient and Family Advisory Groups

St. Michael's has a rich history of gathering input from patients and families for specific projects and initiatives. The Cystic Fibrosis Patient and Family Advisory Board is a patient-led group that works with the hospital's cystic fibrosis care team, developing new programs and reviewing changes in guidelines or recommendations to shape a patient- and family-centered, efficient and cost-effective model of care. Mental Health and Addictions and our Diabetes Comprehensive Care programs also have established forums for regular patient and family feedback to the staff and leaders of these areas.

There are four Inner City Health Community Advisory Panels on Aboriginal Health, Women and Children at Risk, Homeless and Under-Housed, and Mental Health and Addictions. These CAPs are comprised of patients, family members, community agency representatives and

hospital staff and physicians. They meet regularly to improve the quality of care of these populations and, by extension, all patients of St. Michael's. Our CAPs have contributed to more than 60 innovations in patient care, research and education that have had an impact on how we do our work at St. Michael's. CAPs are a best practice model for health organizations around the world to improve hospital services through community engagement – particularly for those who are most vulnerable. The chair of each CAP reports to the hospital board.

We continue to look for opportunities to tell patient stories as a means of driving change, and informing our quality improvement process. As we move forward with our patient engagement journey, frameworks such as our QIP signify our commitment to creating the best possible patient experience in partnership with our patients, families and the community.

Thank You

St. Michael's is pleased to submit this 2016-17 Quality Improvement Plan, which clearly demonstrates our commitment to patients and families. We will continue to strive in providing the best patient experience at St. Michael's. We believe that by listening to those we are here to serve, we have identified areas for improvement that will contribute to the provision of high-quality care each day.

We thank all those who provided feedback on our efforts and look forward to our continued partnership with all our patients in achieving the best health outcomes.

We would also like to thank our staff, physician and leaders for the care they provide each and every day to our patients and families and their commitment to continuously improving the quality of care. Through the expertise of our staff, physicians and leaders and their involvement in quality improvement initiatives, we will provide the best possible experience to our patients and families. Without them, our goal of continuous improvement would not be achievable.

Additional Information

For additional information on our 2016-17 QIP, including a condensed version, please visit www.stmichaelshospital.com/qip. Please feel free to share the document and its accompanying one-pager with your health-care team to show how St. Michael's is committed to quality patient care.



Performance Based Compensation

[As part of Accountability Management]

In accordance with the requirements of the *Excellent Care for All Act 2010*, executive accountability for the overall performance of the organization is embedded in the management philosophy and practice at St. Michael’s. Our executives’ compensation for 2016-17 is linked to performance in a graduated manner based on the following four QIP indicators:

- Moment 1 hand hygiene
- Emergency Department length of stay for admitted patients
- Patient falls
- Best possible medication history on admission

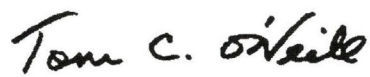
Chief Executive Officer: Five per cent of annual salary.
Executive Vice President and Chief Nursing Officer: Two per cent of annual salary.
Vice President and Chief Medical Officer: Two per cent of annual salary.
Vice President Education: Two per cent of annual salary.
Vice President Research: Two per cent of annual salary.

Each of the four metrics is weighed at 20 per cent for the determination of the amount of compensation awarded. The amount awarded per metric will be based on the Board of Directors’ evaluation, set out in the table below:


PROGRESS AGAINST QIP TARGETS FOR ALL FOUR INDICATORS	PERCENT OF AVAILABLE INCENTIVE	COMMENTS
Worse than previous year’s performance and no special considerations	Zero	
Worse than previous year’s	Up to 10	E.g. Closure of Emergency Department
Maintained previous year’s performance and special considerations	Up to 20	E.g. Baseline affected by unusual circumstances
Better than previous year’s performance but did not meet target	Up to 50	
Achieved target	100	

Sign-off

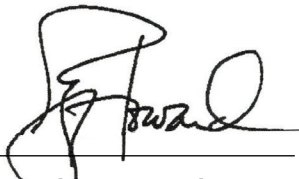
I have reviewed and approved our organization's Quality Improvement Plan.



Tom O'Neill
Board Chair



William Etherington
Quality Committe Chair



Robert Howard
Chief Executive Officer

St. Michael's
Inspired Care.
Inspiring Science.

