

Quality and Safety Plan 2020-2023

Extraordinary Care, Every Day

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Introduction

At Markham Stouffville Hospital (MSH), delivering excellent patient care is at the heart of everything we do. In partnership with our patients and their families, we support, develop, and implement strategies to improve the quality of our services. We believe it is our duty to ensure everyone receive safe, personalized care each and every day. As such, our aim is to empower, support, and inspire our staff, professional staff, and volunteers to be trusted providers of care, and be the hospital of choice for extraordinary experiences.

This plan is anchored within the: 2019-2022 Strategic Plan, that focuses on three pillars:

- Delivering an Extraordinary Patient Experience;
- Embracing our Community; and
- Empowering our People

Additionally, this plan is supported by: Health Quality Ontario's Quality Matters: Realizing Excellent Care for All; our annual Quality Improvement Plan (QIP); and the Provincial Infectious Diseases Advisory Committee (PIDAC) best practice documents.

Our 2020-2023 Quality and Safety Plan sets the direction for achieving continuous improvement to Safe Care, Clinically Effective Care, and Extraordinary Patient Experience over the next three years.



Vision and Values

VISION: CARE BEYOND OUR WALLS:

Connecting with our community

In 2019, Markham Stouffville Hospital (MSH) released its bold strategic plan, shaped by patients, families, community partners, staff, physicians, volunteers, board members, and donors. It is grounded in a Vision that speaks to our commitment to serve the community beyond the boundaries of our physical facilities. We are continuously striving to do better for our patients, families, and the community we serve.

Our values underpin all our interactions, and are integral to delivering high-quality, safe care, and an extraordinary experience for the communities of Markham, Stouffville, Uxbridge and beyond.

Our values describe how we interact with each other and our patients and underpin everything we do to achieve our goal:

"Extraordinary Care, Every Day"

RESPECT

I embrace diversity and inclusion and treat everyone with dignity.

TRUST

I am reliable and show integrity in everything I do.

COMMITMENT

I take accountability to follow through.

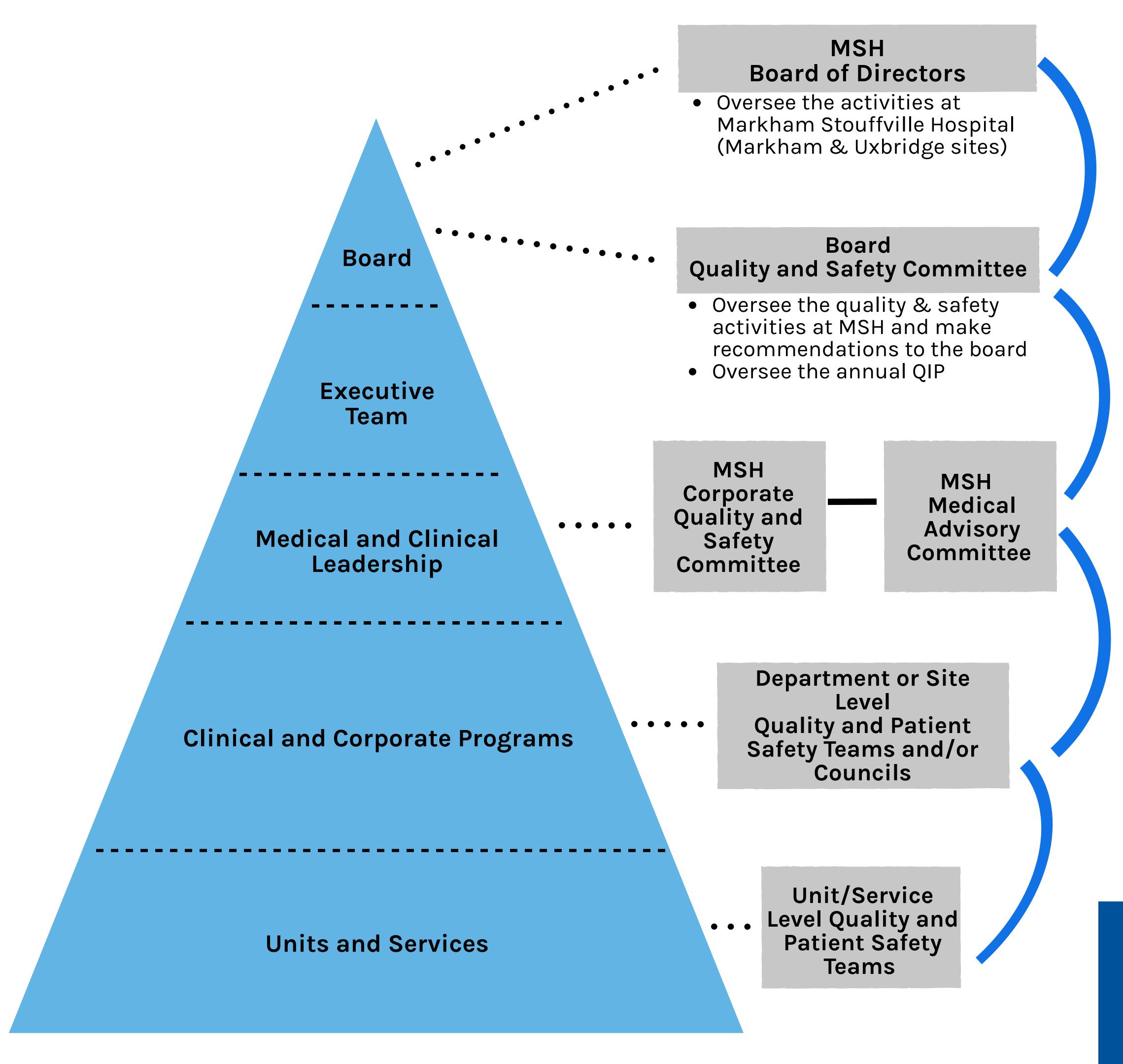
COMPASSION

I approach all relationships with empathy, sensitivity and understanding.

COURAGE

I take ownership of my actions and responsibility for solving problems.

Governance Structure

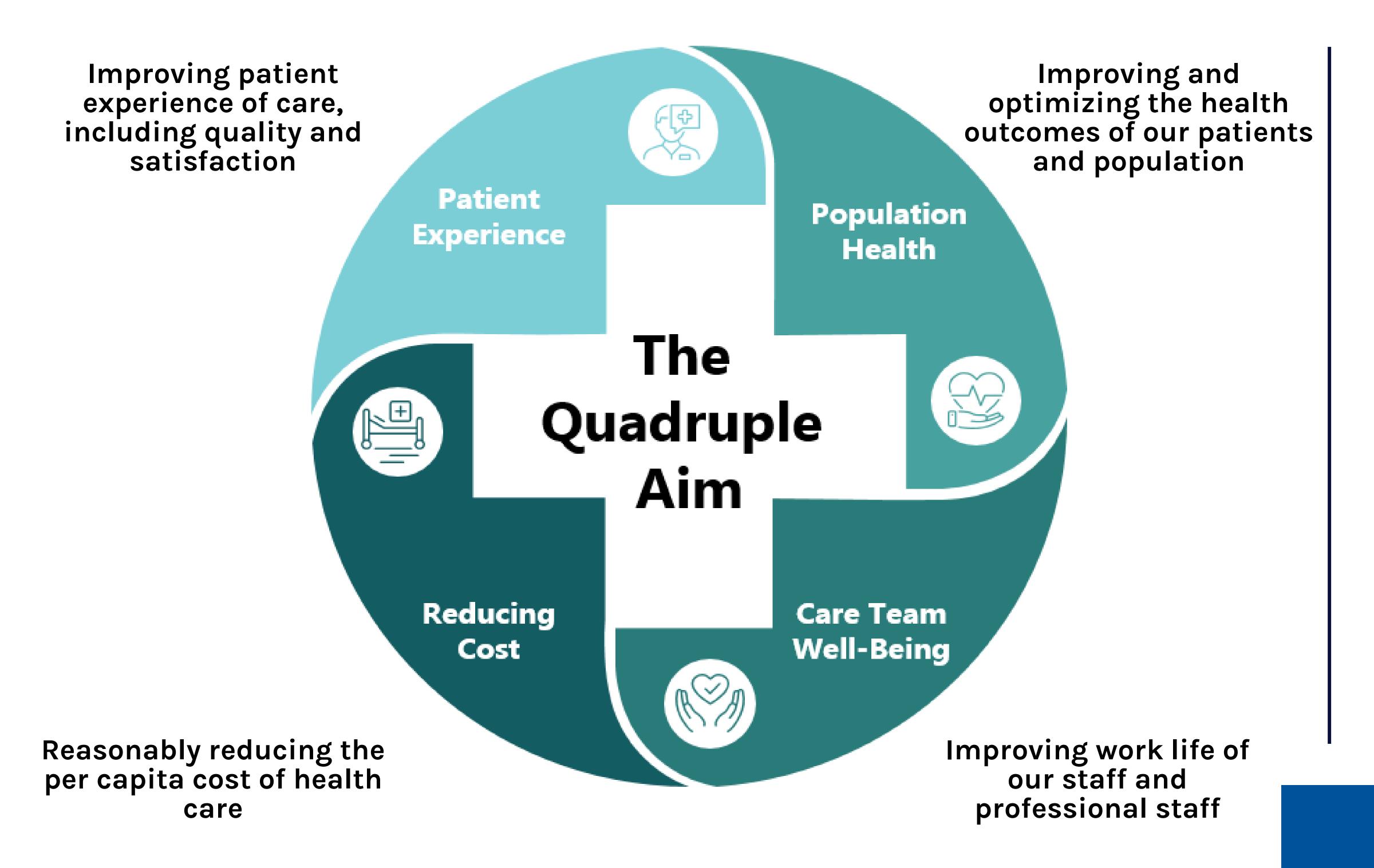


~ Quality is Everyone's Responsibility ~

The Excellent Care for All Act (ECFAA), which came into law in June, 2010, puts Ontario patients first by strengthening the health care sector's organizational focus and accountability to deliver high quality patient care.

It helps define quality for the health care sector, reinforces shared responsibility for quality of care, builds and supports boards' capability to oversee the delivery of high quality care, and ensures health care organizations make information on their commitment to quality publicly available.

Quadruple AIM



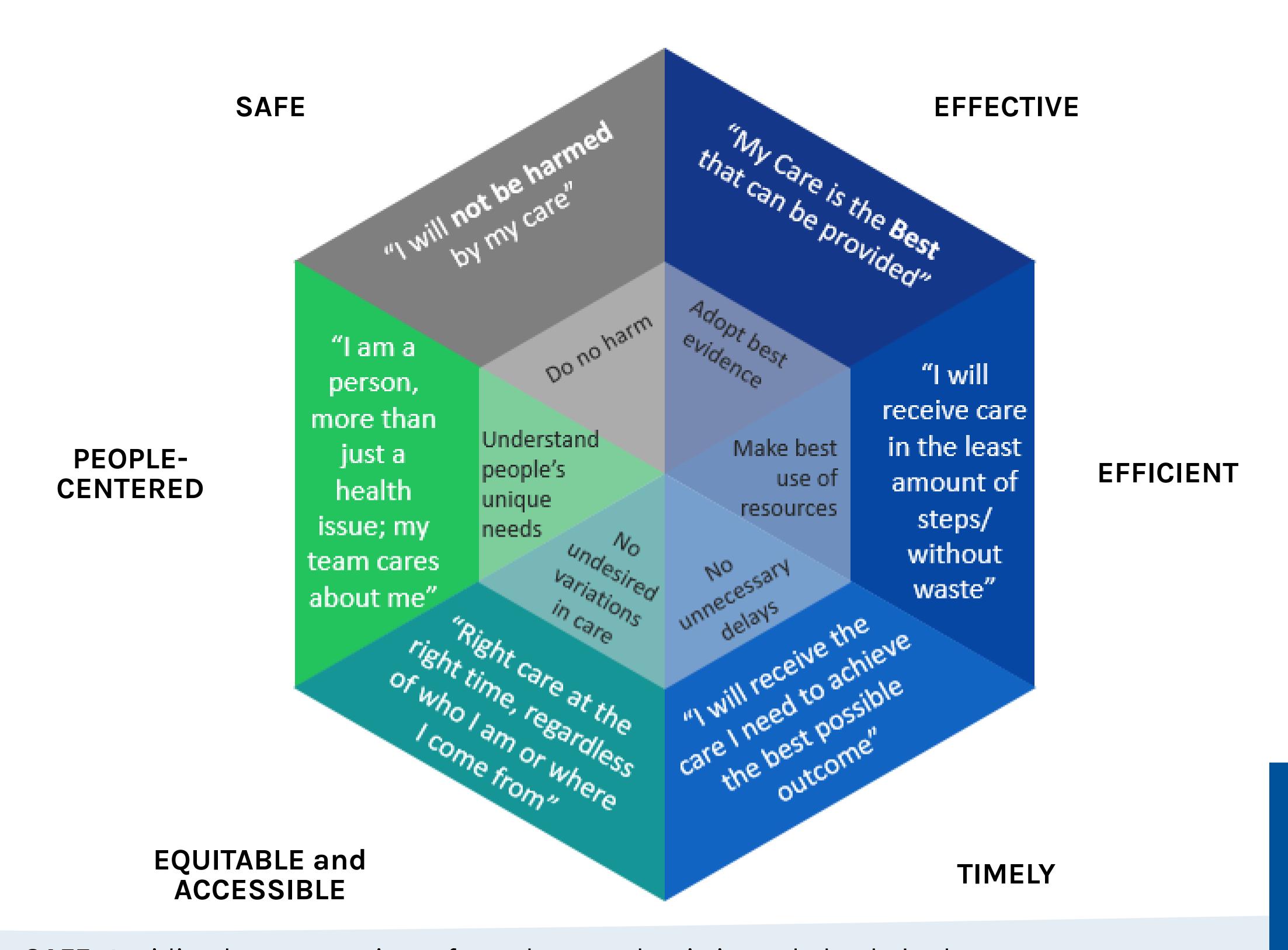
The Quadruple AIM

has become a way of thinking; a concept that has spread to all corners of the healthcare system, and embraced by organizations around the world.

At its core, it is about improving the lives of our patients. It is our compass to optimizing health system performance and the quality of care we provide.

Achieving the Quadruple AIM truly requires a collaborative approach and the simultaneous pursuit of four dimensions, designed to improve patient outcomes and achieve a better quality system.

Quality Dimensions



- SAFE: Avoiding harm to patients from the care that is intended to help them
- **PEOPLE-CENTERED:** Refers to establishment of a partnership among practitioners, patients, and their families (where appropriate); providing care that is respectful of and responsive to individual preferences, needs, and values, ensuring that patient values guide all clinical decisions
- **EQUITABLE and ACCESSIBLE:** Refers to providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, health status, geographic location, and socioeconomic status
- **EFFECTIVE:** Providing care to all who could benefit and refraining from providing services to those not likely to benefit (avoiding overuse and underuse); whether the diagnosis, care, treatment, and/or interventions achieve the desired or projected clinical outcomes
- EFFICIENT: Refers to the best possible use of available resources to achieve maximum results; avoiding deficient care or waste of equipment, supplies, ideas, or energy

Model for Improvement

At MSH, we have embraced the **Model** for Improvement from the Institute for Healthcare Improvement (IHI).

This model asks three important and strategic questions to guide action and change:

- 1) What are we trying to accomplish?~we set a defined goal or AIM~
- 2) How will we know that a change is an improvement?

~we identify a family of measures~

3) What change can we make that will result in improvement?

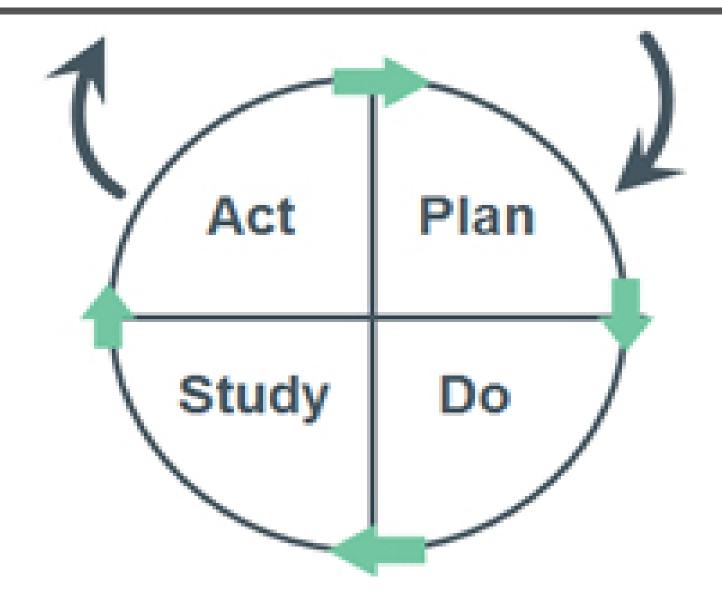
~we identify and prioritize meaningful change ideas~

Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?



Once these three questions are answered to provide clarity and direction to improvement efforts, we utilize the Plan-Do-Study-Act (PDSA) cycle to develop, test, and/or implement proposed changes; we continuously assess and monitor the impact of the proposed changes.

Accreditation Canada ROPs

~ Required Organizational Practices ~

are evidence-informed practices addressing high-priority areas that are central to Quality and Safety.

Safety Culture: Create a culture of safety within the organization

- Accountability for quality
- Patient safety incident disclosure
- Patient safety incident management
- Patient safety quarterly reports

Worklife/Workforce: Create a worklife and physical environment that supports the safe delivery of care and service

- Client flow
- Patient safety: education and training
- Patient safety plan

<u>Communication:</u> Promote effective information transfer with clients and team members across the continuum of care

- Client identification
- The "Do Not Use List" of abbreviations
- Information transfer at care transitions
- Medication reconciliation as a strategic priority and at care transitions
- Safe surgery checklist

Infection Control: Reduce the risk of health care-associated infections and their impact across the continuum of care

- Hand-hygiene compliance
- Hand-hygiene education & training
- Infection rates
- Reprocessing

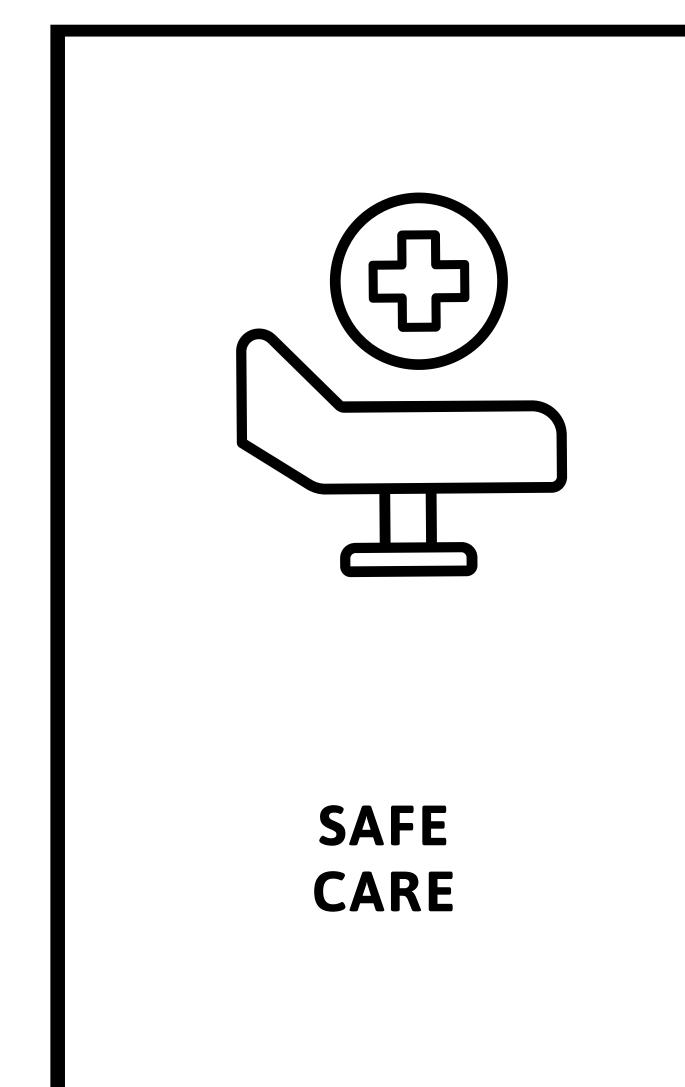
Medication Use: Ensure the safe use of high-risk medications

- Antimicrobial stewardship
- Concentrated electrolytes
- Heparin safety
- High-alert medications
- Infusion pump safety
- Narcotics safety

Risk Assessment: Identify and mitigate safety risks inherent in the client population

- Falls prevention and injury reduction
- Home safety risk assessment
- Pressure ulcer prevention
- Skin and wound care
- Suicide Prevention
- Venous thromboembolism prophylaxis

Extraordinary Care, Every Day

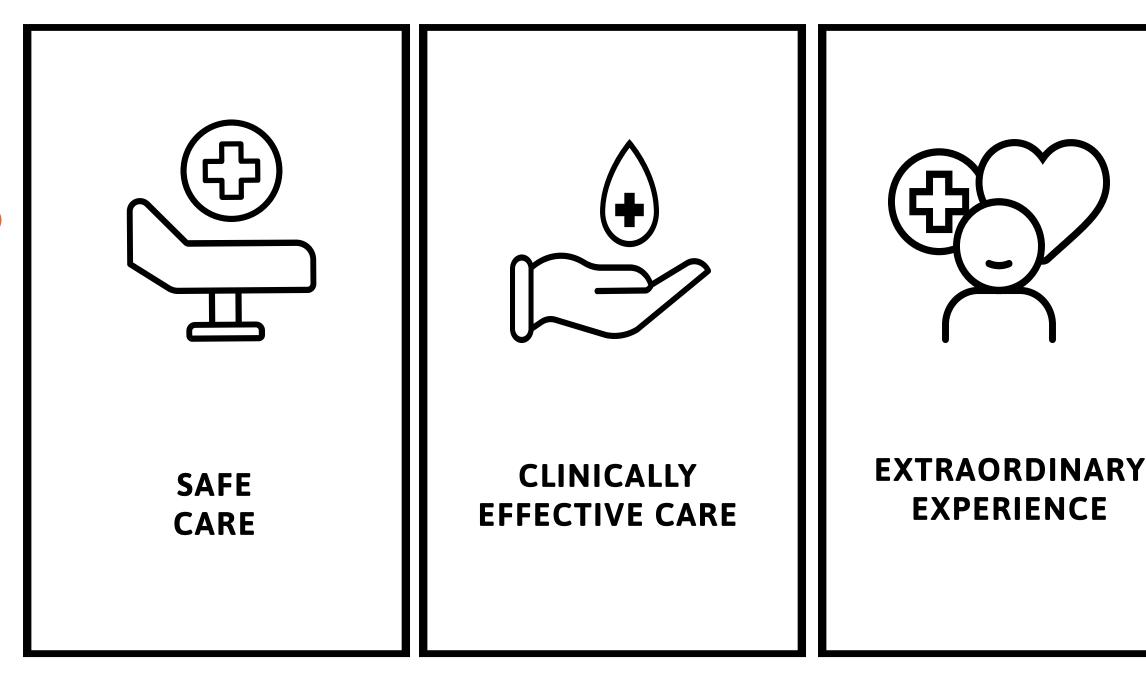






Our Goal, Priorities, and Objectives

Extraordinary Care, Every Day



Priority #1: SAFE CARE Objectives:

- Advance the foundations of safety management
- Develop a coordinated reporting structure to support leader review and management of patient safety incidents
- Develop greater sensitivity to operations
- Advance infection prevention and control monitoring and surveillance

Priority #2: CLINICALLY EFFECTIVE CARE Objectives:

- Develop effective quality structures and support with resources
- Advance 'Leader Rounding' and embed into daily practice
- Provide care based on best practices

Priority #3: EXTRAORDINARY PATIENT EXPERIENCE Objectives:

- Improve the reach and timely use of patient experience feedback
- Advance Patient-Led Organization strategy
- Strengthen culture of People-Centered Care, with patients as equal partners

Safe Care: Overview



Safe patient care is described by the Canadian Patient Safety Dictionary (2003) as "the reduction and mitigation of unsafe acts within the healthcare system, as well as through the use of best practices shown to lead to optimal patient outcomes".

Patient safety is the cornerstone of high-quality health care. At Markham Stouffville Hospital, ensuring we have a strong foundation, clear and safe processes, and defined safety monitoring mechanisms to reduce and mitigate potential harm to the people we serve is our number one priority.



Safe Care: Objectives

2020-2023

SAFE CARE

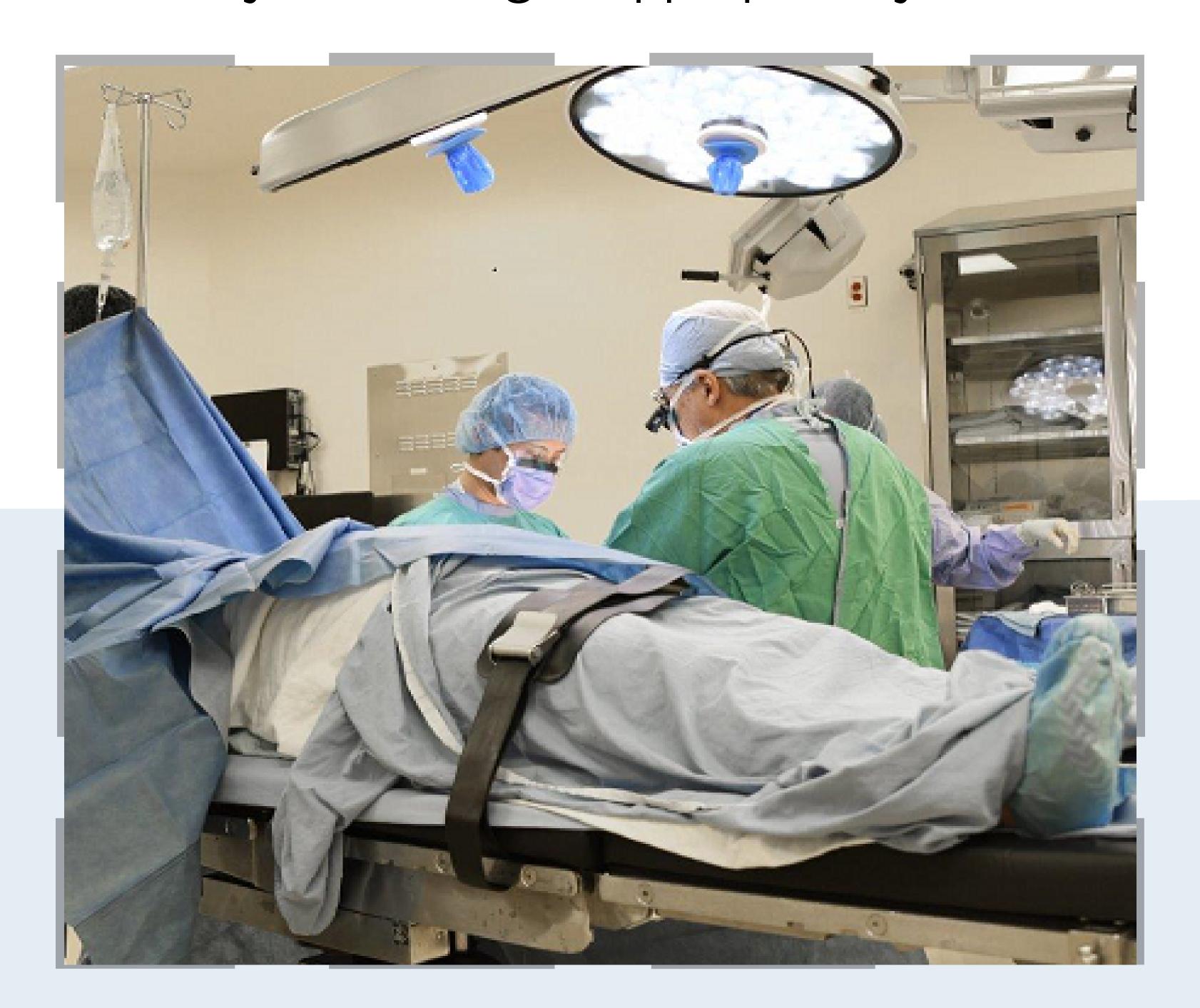
Objectives	Activities
1) Advance the foundations of safety management	a) Adopt a standardized patient safety framework
	b) Explore high reliability organizations
	c) Define the patient's role in patient safety
2) Develop a coordinated reporting structure to support leader review and management of patient safety incidents	a) Refresh tools, resources, and expectations for incident management and report out (including critical incidents and serious safety events)
	b) Develop a defined process for identifying, monitoring, and reporting Never Events
3) Develop greater sensitivity to operations	a) Refresh organization-wide safety huddle
	b) Refresh monthly patient safety leadership walks
4) Advance infection prevention and control monitoring and surveillance	a) Trend analysis around healthcare associated infections - antibiotic resistant organisms
	b) Explore opportunities to centralize the hand hygiene program

Clinically Effective Care: Overview



Clinically effective care is driven by the adoption of best evidence and practices. Patients and families depend upon each care team member to keep up with evolving treatment practices, and interrelated systems and processes in a timely way.

At Markham Stouffville Hospital, ensuring patients and their families receive care that is the best that can be provided is integral to providing an overall high-quality patient experience. Through formal partnerships, structures, check-ins, alerts, and audits, our team can identify needs and ensure they are managed appropriately.



Clinically Effective Care: Objectives

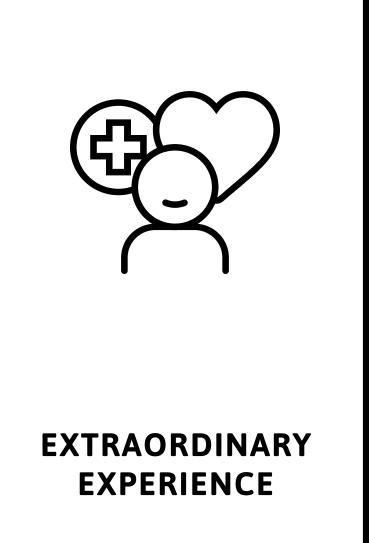
2020-2023

CLINICALLY

EFFECTIVE CARE

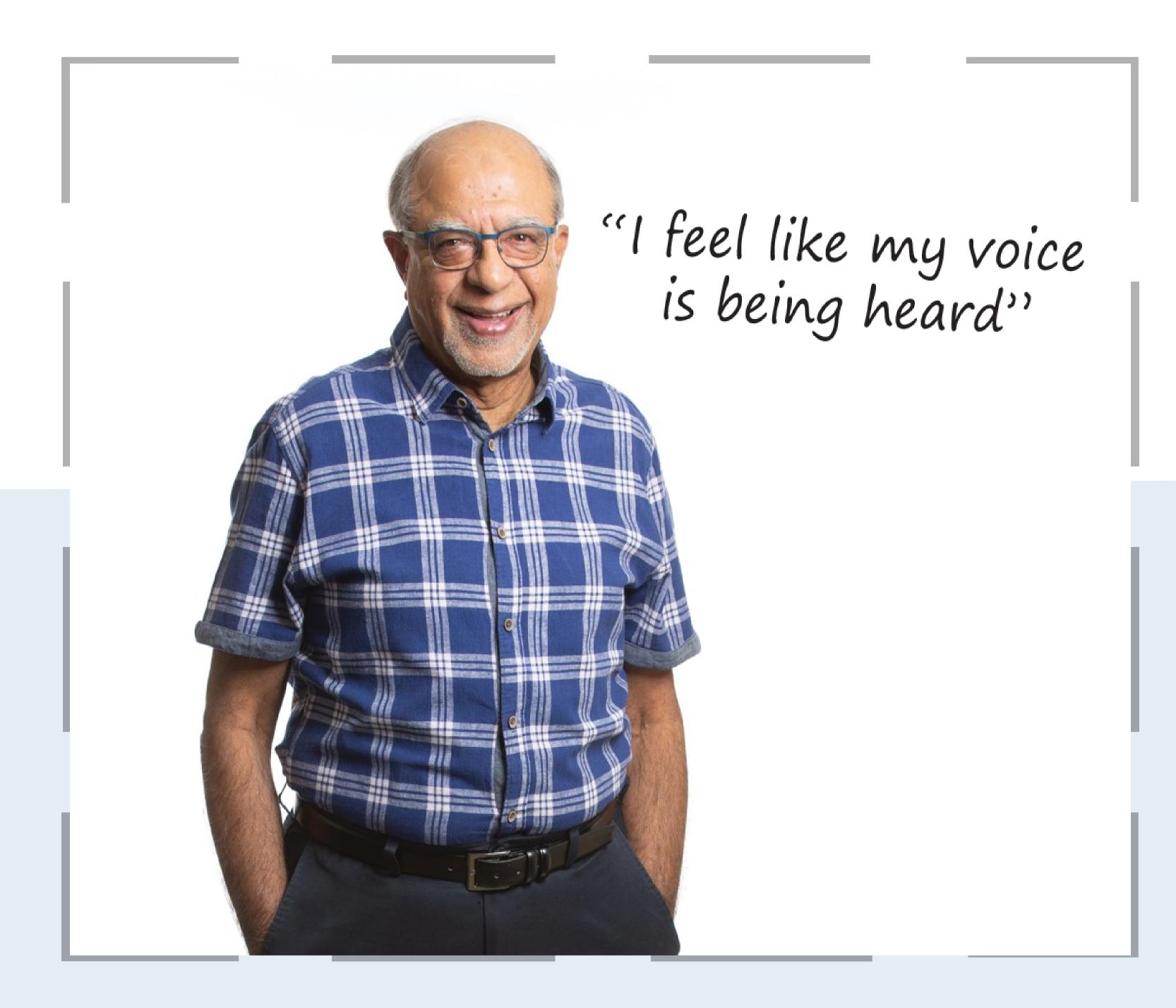
Objectives	Activities
5) Develop effective quality structures and support with resources	a) Develop a framework for formal partnerships at the unit-level through implementation of a Business Partner Model
	b) Support department/site-level quality and patient safety teams and/or unit councils
	c) Establish ROP leads and Accreditation teams
	d) Develop and implement a Quality scorecard
	e) Develop and implement training for QI Fundamentals
6) Advance 'Leader Rounding' and embed into daily practice	a) Develop a Leader Rounding framework that includes a standard definition and competencies
	b) Develop standard work for leaders in clinical and non-clinical areas
	c) Explore automation opportunities of qualitative and quantitative feedback
7) Provide care based on best practices	a) Embed best practices into Quality, Safety, and Patient Experience work, specifically QIP Initiatives
	b) Expand language/interpreter services to include video-conferencing capability

Extraordinary Experience: Overview



Patient experiences are a rich source of information about the performance of our organization. As such, improving patient experience is a key health system priority and invariably, a key hospital priority.

At Markham Stouffville Hospital, we strive to ensure a positive patient experience for our patients each and every day. We define patient experience as the "sum of all interactions, shaped by an organization's culture that influences patient perception across the continuum of care" (adopted from the Beryl Institute).



Extraordinary Experience: Objectives

2020-2023

Objectives	Activities
8) Improve the reach and timely use of patient experience feedback	a) Explore real time patient feedback through the Ontario Hospital Association (OHA) short-form surveys
	b) Refresh the post-discharge Call Back program, including customizing questions
	c) Implement data visualization, and explore automation of patient experience feedback data
9) Advance the Patient-Led Organization Strategy	a) Enhance the patient-led organization framework to include tools for patient engagement and co-design
	b) Develop training for partnering with Patient Experience Participants (PEPs)
	c) Embed the patient voice in the co-design of care
10) Strengthen culture of People-Centred Care, with patients as equal partners	a) Provide opportunities for staff to grow as providers of compassionate care, including development of a plan to sustain compassionate rounds
	b) Spread and sustain PFCC training, and build on iCARE principles