

# Quality Improvement Plan (QIP) Narrative: Markham Stouffville Hospital

Last updated: March 2017

## Overview

The Quality Improvement Plan (QIP) is an integral part of the quality framework at Markham Stouffville Hospital (MSH). This QIP, our seventh, was developed in partnership with patients, families, and the community we serve. The President's Advisory Council and the community provided input into the indicators for the QIP, with a goal of improving our performance in each of the quality dimensions of care:

- Effective – How do we deliver the highest quality care to our patients?
- Efficient – Are we being financially responsible and accountable for the resources we use?
- Patient Centred – Is the care we provide respectful of and responsive to patients and families?
- Safe – How can we decrease or remove risks?
- Timely – How long is the wait for the care to be delivered?

Along with community feedback, MSH's 2017/2018 QIP development process included consideration of the [Hospital Service and Accountability Agreement \(HSAA\)](#), the [Ministry of Health and Long Term Care \(MOHLTC\) Pay for Result Program](#), the [Ontario Hospital Association's \(OHA\) Strategic Plan](#), the [Central Local Health Integration Network's \(LHIN\) Strategic Plan](#), [Health Quality Ontario's \(HQO\)](#) priorities, and our own organization's mission and strategic goals. To that effect, our [MSH 2017/2018 strategic](#) themes align directly with our QIP priorities (Depiction 1). Our organizational strategic themes are:

1. Elevating quality and increasing access – Be the trusted provider of care and be a leading hospital for outstanding quality patient care and experience.
2. Developing a high performance organization – Foster a dynamic workplace culture with exceptional people and technology.
3. Exploring new healthcare delivery models – Be the leader in healthcare innovation by combining the art of caring with the science of best practice.
4. Increasing accountability and efficiency – Be exemplary stewards of our resources by creating systems of great governance with right services, right people, right costs.
5. Building and leveraging partnerships – Be active in creating beneficial partnerships that advance our priorities.

MSH is an original member of the [Joint Centres for Transformative Healthcare Innovation](#) (Joint Centres). As a community hospital dedicated to partnerships and innovation, this relationship reinforces MSH's commitment to improvement through collaboration. Members of the Joint Centres are six large community hospitals including Mackenzie Health, Markham Stouffville Hospital, Michael Garron Hospital, North York General Hospital, Southlake Regional Health Centre, and St. Joseph's Health Centre. The inclusion of the work of the Joint Centres in our QIP is intended to leverage the knowledge, expertise, and experience of the partners to maximize the benefits across all of member hospitals – including MSH.

The member hospitals will continue to work together on a number of spread initiatives designed to improve quality, safety and value in healthcare including: reducing the rate of *Clostridium difficile* infections, reducing the percentage of Caesarean Sections performed and reducing unnecessary tests through Choosing Wisely which received ARTIC funding through HQO and CAHO to further advance spread of leading practices across the participating hospitals and affiliated primary care practices. In addition, all six hospitals are sharing leading practices for adaptation for the prevention of workplace violence. This work includes creating a common approach to identification, assessment and care planning for patients at risk for violence. For 2017-18, an additional area of focus for the Joint Centres will be on critical incidents through an applied learning approach.

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MSH is engaged in a number of activities that improve the quality of our services. This plan illustrates the key initiatives that are a priority for the organization while building on the earlier work and plans to further improve our performance. Two key areas of focus are:

1. Innovation  
By supporting a culture of innovation we encourage all staff, physicians and volunteers to look for opportunities to improve the patient experience. Whether it is developing new mobile applications like Dash MD, where discharge information is provided to emergency department patients on their smartphone, or implementing an internal social media sharing platform called [Colleaga](#) that generates ideas about preventing violence in the workplace, MSH is transforming patient care and the patient experience. Our office of innovation was established in early 2016 and has already engaged multiple partners (e.g., ventureLAB, Closing the Gap, MaRs) that support our organization's innovative ideas.
2. Patient engagement  
Ensuring that patients and their family members are a part of the decisions that will impact their care will continue to be a priority for MSH. In 2017/2018, we will enhance our efforts to include patients and their family members as partners in their care. As part of our patient engagement strategy we strive to include a diverse representation that reflects our communities served.

This document will discuss how MSH is improving quality of care as it relates to the following topics:

- [Quality Improvement Achievements from the Past Year;](#)
- [Population Health;](#)
- [Equity;](#)
- [Integration and Continuity of Care;](#)
- [Access to the Right Level of Care – Addressing ALC Issues;](#)
- [Engagement of Clinicians, Leadership, & Staff;](#)
- [Resident, Patient, Client Engagement;](#)
- [Staff Safety & Workplace Violence; and](#)
- [Performance Based Compensation.](#)

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## Depiction 1: QIP Alignment with MSH Strategic Themes and Goals

### 1. Elevate Quality and Increase Access

Be the trusted provider of care and be a leading hospital for outstanding quality patient care and experience

#### QIP 2017/18 Indicators\*:

- 1) Medication Reconciliation on Admission;
- 2) Medication Reconciliation on Discharge;
- 3) Pressure Ulcers for Acute Patients;
- 4) 30 Re-admission for chronic obstructive pulmonary disease (COPD) Quality Based Procedure (QBP)

### 2. Develop a High Performance Organization

Foster a dynamic workplace culture with exceptional people and technology

#### QIP 2017/18 Indicators:

- 1) 30 Day Re-admission for Select Health Based Allocation Model (HBAM) Inpatient Group (HIG)s;
- 2) Would you recommend?;
- 3) Workplace Violence Prevention
- 4) Did you receive enough information?

### 3. Explore New Healthcare Delivery Models

Be the leader in healthcare innovation by combining the art of caring with the science of best practice

#### QIP 2017/18 Indicators:

- 1) Home Support for Discharged Palliative Patients;
- 2) Identifying Complex Health Links Patients

### 4. Increase Accountability and Efficiency

Be exemplary stewards of our resources by creating systems of great governance with right services, right people, right costs

#### QIP 2017/18 Indicators:

- 1) Emergency Department (ED) Length of Stay (LOS) for Complex Patients;
- 2) Alternate Level of Care (ALC) Rate

### 5. Build and Leverage Partnerships

Be active in creating beneficial partnerships that advance our priorities

#### QIP 2017/18 Indicators:

- 1) Mental Health & Addictions re-admission;
- 2) Clostridium Difficile Infection (CDI) Rate

\*Health indicator is a single measure, reported on regularly, that provides relevant information about health system performance. An indicator can provide comparable information, as well as track progress and performance over time.

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## QI Achievements from the Past Year

MSH implemented a number of successful quality improvement initiatives this past year that had a direct impact on the quality of care delivered to each of our patients. The activities (outlined below) met targets that were set prior to implementation and were tracked on a regular basis, through staff huddles and quality boards, program/departmental quality and operational committees, MSH's Quality and Patient Safety Coordinating Committee, and the Quality, Safety, and Risk Committee of the Board. The current quality structure and process has been designed to ensure a dissemination of accountability across the organization.

2016/2017 highlights include:

- **Reducing emergency department (ED) wait times for admitted patients**  
MSH introduced a dedicated bed team that prioritized the cleaning of inpatient rooms immediately after discharge to support the flow of admitted patients and decrease the time that a patient in the ED waits for an inpatient bed. Through this activity, we have seen a significant time reduction for ED patients waiting for an inpatient bed.
- **ED standard process for discharge instructions**  
By putting in place a new standard process for delivering discharge instructions for all patients, MSH improved the patient experience. Patients better understood the information that was given to them. Through the use of a mobile application, Dash MD – which MSH was the first hospital to pilot – patients and their families had the option to access discharge instructions at their fingertips on their mobile devices.
- **Improved way finding**  
We listened to patient feedback and have implemented new and improved signage strategies according to standard conventions that include colour coding and large print identification of buildings to help patients, families, visitors, and staff find their way around the hospital. We enhanced our concierge program, where volunteers assist patients, families, and visitors with directions and escort them throughout the hospital.
- **Implementation of collaborative care model**  
We piloted a redesigned model of care that emphasized the team approach to delivering patient care. This collaborative model of care put in place new standards such as at the bedside handover/transfer of care, patient whiteboards for communication sharing, and hourly patient rounding. This model was developed at MSH by a dedicated team of front line staff and physicians. The model has improved the coordination of safe and effective care to our patients.
- **Breathe Better program**  
Breathe Better is a 12-week supervised program offered through the Centre for Respiratory Health, COPD Clinic, and Cornell Community Centre. This pilot demonstrated significant improvements in patient outcomes for participating patients. It also highlights the importance of community partnerships in helping patients manage chronic disease. MSH is uniquely positioned to deliver this program because of our direct physical link between the hospital and the community centre.
- **Improving transitions of care for alternate level of care (ALC) patients**  
An ALC special team was created to consult on discharge planning for patients who were at high risk for ALC. This pilot resulted in an improvement in the transition of care from hospital to community.

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## Population Health

The Central LHIN has the highest number of seniors (85+) in the province, and the population is projected to increase by 59% by 2025. In response to this, we are developing a seniors friendly initiative that will include elements of the [senior friendly framework](#). Community members who took part in MSH's seniors fair earlier this year, provided feedback to MSH that will be included in our seniors friendly initiative.

As the elderly population continues to grow, health care providers have seen a steady increase in challenges to the management of chronic obstructive pulmonary disease (COPD). Current healthcare delivery models tend to treat patients with COPD in an acute phase of the illness. Very few patients receive active management of the chronic component of the disease. In 2017/2018 MSH will work to improve the management of the disease. We will do this by improving the discharge of patients and the follow-up process. To minimize these challenges for people with COPD we will:

1. Identify COPD patients at high risk for readmission
2. Refer them to the [Health Links program](#)
3. Continue the Breathe Better program

Mental health hospitalization, for all ages, has also seen an exponential increase, much more than any other type of hospitalization over the last few years. MSH's mental health program will review re-admission cases to identify the gaps. They will also continue to collaborate with community partners and other Central LHIN hospitals to better educate staff, patients, and families about the external community supports that are available.

## Equity

In 2016/2017 we launched an initiative called Diversity, Equity, and Inclusion Collaborative (Collaborative). The goal of the initiative is to bring together hospital staff and others with community representatives in a Collaborative forum to make MSH a more diverse, equitable and inclusive organization and one where everyone who enters our doors feels welcome, included and respected, and part of the community. As part of a multi-year strategy the Collaborative has created a focused plan that includes the development of an education and awareness plan, a plan to celebrate commonalities and differences such as understanding our diverse demographics, and building a code of behaviour based on fundamental respect for one another. Through these activities and the tools and resources created, our goal is to make diversity, equity, and inclusion a way of doing business. MSH staff, physicians, and volunteers helped create a fabric loom to show how we can build our community one strand at a time. The loom symbolizes the weaving of change into our cultural fabric. The loom will be on display in the main lobby at MSH.

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## Integration and Continuity of Care

A key priority for MSH in 2017/2018 continues to be the development and implementation of new partnerships and innovative healthcare delivery models. We continue to build strong relationships with healthcare and other social service providers across the Central LHIN and with other community partners. These partnerships allow us to coordinate the provision of seamless care across the continuum. Partnerships of focus are as follows:

- Continue the 12-week Breathe Better program working with the Cornell Community Centre
- Working with the Health Links program to improve care for complex patients – by improving data management and reporting, and bringing family physicians, nurse practitioners, specialists, Community Care Access Centers (CCAC), and other community service providers together.
- Continue and strengthen our collaborative approach to improve patient navigation through the health system. This is especially true for patients on the Quality Based Procedure pathways – COPD, congestive heart failure, and stroke – and mental health.
- Partner with acute care providers for the provision of specialized services not provided at MSH. These services include invasive cardiology, radiation therapy, tertiary neonatal and maternal services, acute stroke, and dialysis. These enhanced services are provided through jointly developed care delivery pathways, which enable patients to receive as much of their care, closer to home, as possible. This approach allows our patients and staff access to specialized knowledge and the latest medical advances.
- MSH is one of the six hospitals that are part of the Joint Centres for Transformative Healthcare Innovation. We will continue to form partnerships with other leading organizations as well as pilot leading practice initiatives with the overall goal of improving quality of care and patient safety.
- MSH will enhance the alternate level of care (ALC) management program in conjunction with Central LHIN strategies – a challenge that is recognized across the entire healthcare system.

## Access to the Right Level of Care - Addressing ALC Issues

ALC is a complex issue that has presented its challenges across the entire healthcare system – and has lasting effects on patient access to care, patient safety, and quality of life. When a patient occupies a bed in a hospital and does not require the intensity of the services provided in such an acute setting, it is costly. In fact, it costs the hospital an average of \$850 per bed, per day, while also causing delays in bed availability for other patients who need acute care.

The Province of Ontario has indicated that there will be no increases in long-term care home (LTCH) bed capacity across the province. This compounded by the fact that the Central LHIN has the highest number of seniors (85+) in the province with one of the lowest per capita rates of LTCH beds per population, poses a significant challenge for healthcare providers, such as MSH.

To combat this issue MSH is working with the Central LHIN to develop innovative care models that look beyond LTCH beds to try and meet the increasing demand. MSH will enhance the ALC management program by working with the Central LHIN strategies to educate staff, patients, and families. We will track progress and compare with our peer hospitals to improve documentation and ensure alignment with the clinical documentation best practices.

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## Engagement of Clinicians, Leadership, & Staff

At MSH our people (staff, physicians, volunteers,) are our most valuable asset. Our people are engaged regularly through various channels. We continually encourage feedback and recommendations on improvement to patient care. Staff, physicians and volunteers play a large role in the development, execution, and assessment of the QIP and its planned initiatives.

- QIP indicators are reported to the directors and senior leaders at the hospital and the Quality & Patient Safety Coordinating Committee on a quarterly basis. These results are cascaded down to all staff.
- When the targets are not met, the quality improvement team and the project leads meet to develop a variance report that indicates challenges, and provides mitigation strategies for the indicators that are not meeting the target/not on track to meet the target. The variance report is presented to the following: the senior leadership team, project leads, directors, managers, and physician chiefs.
- This coming year, QIP indicators and progress updates will be available on MSH's new reporting tool – a technology that links clinical, operational, and financial data across MSH, providing valuable insights to our staff and physicians. This will make all QIP indicators easily visible and accessible to staff and physicians.
- As part of our organization's commitment to improvement and ongoing learning, we will improve the reporting structure and debriefing method, directly related to the lessons learned from the previous year's QIP.
- The QIP is publicly available on the [MSH internet](#) and shared throughout the organization via our range of communication channels/platforms (internal and external).

## Resident, Patient, Client Engagement

Ensuring patients and their family members are a part of the decisions that will impact their care will continue to be a priority for MSH. This year our community members (patients and families), had the opportunity to tell us what they felt was important to them, as it related to the hospital's improvement plan, via a specific QIP survey. In 2017/2018 our hospital will build on the many initiatives started in 2016/2017 that are focused on patient engagement. These are:

- Consistently hosting health promotion events and activities that community members are invited to, at both the Markham and Uxbridge sites. Examples of events include:
  - Seniors Fair – Members of the community visited booths and learned about our seniors services including the newly launched geriatric clinic, and senior services offered in the community
  - Childbirth and Children's Program Initiative
    - Childbirth and Children's Program community event – Members of the community learned about the many services we provide from birthing options to child development services, as well as local services available
    - Kangaroo Care – MSH staff promoted the value of skin-to-skin contact with their babies to new moms and dads
    - Premie Picnic – Past patients (pre-mature babies and their families) took part in activities where they had a chance to connect and learn from each other's experiences

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- Osteoporosis Talk – Community members learned about Osteoporosis – what it is, good eating/exercising habits that prevent osteoporosis – from a presentation by an MSH physician and dietitian.
- Review and renewal of our visiting policy and procedures to include partners in care – allowing open 24/7 access to individual(s) who the patient has defined as significant to their well-being, and using Accreditation Canada standards for patient/family engagement to identify gaps and opportunities for improving how we engage and involve patients and families.
- The development/enhancement of existing patient and family advisory committees (PFAC) or similar entities across the hospital.
  - Development and launch of the patient and family advisory committee (PFAC) in Uxbridge – currently in the recruitment stage
  - Development of the Patients as Participants (PEP) program at the Markham site (similar to a traditional PFAC but less formal, and involves activities such as review of materials, focus groups, participating in project teams)
  - Launched the President’s Advisory Council, chaired by our CEO and includes community members who provide external insight to the hospital
  - Launched the Diversity, Equity, and Inclusion Collaborative, with participants who represent our community’s diversity
  - Pediatrics Diabetes PFAC meets quarterly
- We have used and will continue to use patient complaints, compliments, and satisfaction data, etc. to identify and implement a number of improvement activities such as way finding, visiting hours, and wait times.

## Staff Safety & Workplace Violence

The Province of Ontario is establishing workplace violence prevention programs in response to the increase in violence in the workplace experienced by healthcare workers. MSH works to ensure ongoing safety of our staff. As part of our collaboration with the Joint Centres our goal is to create a common approach to identification, assessment, and care planning for patients and staff, at risk for violence. In 2017/2018 we will conduct a current state assessment of workplace violence prevention practices outlined in the framework and plan developed by the Joint Centres. Once that assessment is complete we will develop and implement a plan to address the gaps.

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## Performance Based Compensation

Excellent Care for All Act (ECFAA) requires the compensation of CEOs and other executives to be linked to the achievement of performance improvement targets in the hospital's QIP. ECFAA implemented this approach to increase accountability and motivation for the delivery of the QIPs. In September 2016 the Broader Public Sector Executive Compensation Act was amended resulting in changes to some components of executive compensation. Going forward there will continue to be a tie between compensation and achievement of QIP targets.

At MSH the following are designated executives as per the ECFAA:

- CEO
- Chief of Staff
- Executive Vice President, Patient Services and Chief Practice Officer (includes Chief Nursing Executive role)
- Executive Vice President & Chief Administrative Officer
- Chief Human Resources Officer
- Vice President, Communications and Public Affairs

The achievement of the annual QIP measures outlined below account for 10% of the total performance-based compensation for the CEO and the executives listed above.

- Medication Reconciliation at Discharge
  - Total number of discharged patients for whom a Best Possible Medication Discharge Plan was created as a proportion of the total number of patients discharged.
- Patient experience
  - For the survey question "Would you recommend this hospital to family and friends?"- The per cent of respondents who respond "Definitely Yes".

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## Contact Information/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.



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Board Chair  
Thomas Barlow



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Quality, Safety, and Risk Committee Chair  
Drew Gerrard



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Chief Executive Officer  
Jo-anne Marr