

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 28, 2024



OVERVIEW

For 100 years, the Sisters of St. Joseph have maintained their tradition of ministering to the sick at St. Mary's General Hospital. We are proud to be recognized globally for providing world-class, innovative healthcare in our Regional Cardiac Centre, Regional Chest Program and Regional Eye Program. In fiscal year 2023'24, we reviewed and revised our current Strategic Plan, ensuring continued alignment with our current priorities and pressures and those of our regional partners. Improving access to high-quality, empowered care remains one of our top strategic priorities and we aim to achieve this through partnership with our patients, our team members, and our external partners, to continually identify areas for improvement and collaboration.

St. Mary's commits to engaging our teams in the continuous improvement of operations and quality of care at the program level through our innovative Quality and Operations Committees. These committees function as a crucial venue to exchange information about operational performance and the impact of improvement initiatives, to establish priorities and work plans, and both provide input into and align work with the Strategic Plan, Clinical Services Plan, Quality & Patient Experience Strategy, and the annual Quality Improvement Plan (QIP). A current state analysis of these committees, conducted in 2023'24, has identified improvement opportunities that will enhance their function and are a priority to support execution of the 2024'25 QIP.

Our FY 2024'25 QIP focuses on initiatives that strengthen the collective impact of our clinical, quality, and patient experience strategies, deepening connections throughout the organization to the care we provide. Our workplans include initiatives to enhance

the patient flow and care in the right place at the right time; ensure staff education in equity, diversity, and inclusion; improve patient experience with a successful discharge; implement the bundles from Choosing Wisely, and design and implement a Senior Friendly Framework. The FY 24'25 QIP focuses on indicators with broad impact, requiring engagement and collaboration of many teams and external partners, and is designed to promote and enhance the quality culture at St. Mary's.

ACCESS AND FLOW

St. Mary's, despite high throughput and volumes associated with our regional specialty programs, has a relatively low rate of patients designated as Alternate Level of Care (ALC). SMGH has prioritized work with regional hospital and community partners this past year. Initiatives with high impact on access and flow include: "Let's Go Home" (LEGHO) and Home at Last - programs to support early discharge and settling in at home; developing the early stages of a rapid access to primary care clinic; and hosting SCOPE (Seamless Care Optimizing the Patient Experience) for improved primary care navigation support. Additionally, ongoing initiatives such as the congestive heart failure home monitoring program ensure that patients receive care close to home that supports timely discharge, emergency department avoidance and enhanced patient activation and engagement.

St. Mary's is also enhancing acute care capacity through innovative measures, with a focus on inpatient capacity and flow this past year. We have created a new After-Hours Clinical Administrators' role to facilitate patient flow from the emergency department and provide administrative on-site to support and enhance patient experience, quality care and discharge planning. Our new surge

plan was implemented in late September and supports timely, evidence-based decision making for activating surge beds. The addition of a dedicated Occupational Therapist in ED, an increased frequency of ALC rounds, collaborating with community partners, have contributed to eliminating discharge barriers, avoiding admission, and decreasing length of stay.

A review of space utilization resulted in re-envisioning spaces to create additional inpatient and surge bed capacity. Our airway clinic has moved to an off-site location, allowing for expansion of their programs while creating additional usable space within St. Mary's walls, an ongoing challenge in an aging building. Renovations will soon be complete to expand our level 2 "step down" capacity to support our regional thoracic program, and planning continues to open a short stay unit adjacent to the emergency department where patients requiring a shorter length of stay can receive timely care and discharge.

St. Mary's recognized a need to increase our OR utilization to support ongoing service recovery as well as to continue the expansion of service offering meets the needs of our growing communities. In September 2023, the new Surgical Retina Program launched and exceeded predicted volumes, significantly improving access to care, as patients previously had to go to Hamilton or London to receive this critical service. By capitalizing on the redeployment of unused blocks, capacity in FY 2023'24 increased by at least 3% overall, and as much as 10% in some services. SMGH plans to further improve utilization and efficiency with the introduction of an electronic OR block optimization software, and a new central e-referral platform for endoscopy.

The 2024'25 SMGH QIP will continue to prioritize throughput by advancing ongoing partnerships and transparency in accessing external post-acute beds, developing an in-house short stay unit, and reinforcing a "Home First" philosophy upon admission. St. Mary's has recently achieved Home Care Agency Status, allowing for innovative and seamless supports from hospital to home. Our focus on new safety indicators, designed to improve the quality of care and patient experience, is expected to concurrently contribute to improved throughput, by reducing the hospital acquired barriers to discharge such as infection and delirium, and ensuring patients and families have the information and supports they need to be successful in their self-care and recovery.

EQUITY AND INDIGENOUS HEALTH

St. Mary's has made a commitment to prioritize a culture where safety prevails, mutual respect flourishes, and skill enhancement opportunities are in abundance. Foundational work has occurred with the approval of the 2024-2026 SMGH Equity, Diversity, and Inclusion Strategy, and the 2024'25 QIP Equity initiatives align to increase our understanding and build our capacity to reach these goals. The inaugural EDI strategy prioritizes delivering equitable care, developing, and driving innovative solutions to address racial health disparities and ensuring health equity and access for racialized and marginalized groups. To further our understanding, we will work with in partnership with Grand River Hospital to implement the Measuring Health Equity (MHE) data set at points of registration to better identify our equity-deserving and equity-seeking patient populations through enhanced sociodemographic data collection.

Working with our St. Joseph's Health System partners, developing

the cultural competency of our team will be a focus in this year's QIP. We will utilize our existing diversity, equity, and inclusion e-learning modules, to ensure our Leaders become more aware of their own biases and learn effective inclusion strategies through the completion of an EDI certificate. All St. Mary's staff have access to these modules and will also be encouraged to gain the certificate. To further support EDI capacity building within our teams, St. Mary's has also developed new corporate orientation to educate all new staff on the history of the land on which our hospital is located, our work in Truth and Reconciliation and the implementation of the Equity, Diversity, and Inclusion strategy. We will continue to assess the need to support our staff in providing culturally safe care, free from harassment, discrimination, implicit bias, micro-aggressions, and systemic discrimination.

The FY 24'25 SMGH QIP also includes initiatives to continue to enhance and embed EDI best practices at the point of care. SMGH continues to engage with non-English speaking patients and families using the innovation Voyce system, a real-time translation platform that connects care teams and patients with clinicians who speak their language. Data collected from the Voyce service of the use period will be used to inform a translation strategy for St. Mary's as we look to revamp our patient information materials, and our discharge teaching infrastructure. Additionally, the professional practice team will be developing an EDI framework for staff education materials, ensuring that clinical teaching and reference materials reflect the diversity of our communities and the patients in our care.

Though not directly tied to the 24'25 QIP, SMGH along with its regional partners Grand River Hospital and Cambridge Memorial

Hospitals have all agreed to partner on one strategy to ensure we are all on the same path to find Truth and support Reconciliation. The three hospitals have come together under the guidance of Indigenous community members, who have recommended that working together as one to serve the local community is advisable. A commitment dinner will occur in spring 2024, to be attended by the three hospitals, Elder Henry of the University of Waterloo, representatives from Crowshield Lodge, and the Southwestern Ontario Aboriginal Health Access Centre. SMGH is prepared to commit to help form and participate in an Indigenous Advisory Circle, bringing forward initiatives such as additional education, a dedicated staff and patient Aboriginal navigator, and visual symbols of our commitment to work together, such as art installed across the hospital.

PATIENT/CLIENT/RESIDENT EXPERIENCE

At St. Mary's, we are proud of the Exemplary Standing recognition we received from Accreditation Canada during last year's survey, praising our dedication for commitment to "embedding within its fabric a culture of people-centered care that will flourish in continuous purposeful engagement about what is meaningful to its patients and families".

The St. Mary's Patient and Family Advisory Council (PFAC) was established in 2018 and is integral in advising our leadership team, programs and departments on matters that impact the patient and family experience and patient-centered care. It is comprised of 4 hospital representatives and currently 9 community volunteers, one of which sits as co-chair as well as having a seat on the Quality Committee of the Board. In FY 23'24, the PFAC has refreshed their terms of reference, adopted a new approach to membership and

recruitment, and has co-designed the development of the 2023-2026 Quality & Patient Experience Strategy. SMGH PFAC members continue to be engaged in many community level groups, such as with the KW4 Ontario Health Team, as well as many internal committees and working groups, such as the Patient Portal committee, and the Transfer of Accountability Working Group. A goal for FY 24'25 is to embed a patient/family advisor at the program level, with a seat at each program's Quality & Operations Committee, and to codesign a relaunch of patient whiteboards and SMGH inpatient discharge teaching and patient information. In FY 23'24 SMGH PFAC members identified that they wanted a way to engage directly with frontline teams, and began joining members of the leadership team on "Care Cart" rounds, an opportunity to connect with team members, hear from them directly and celebrate everyone's contributions to patient and family-centered care at St. Mary's.

In addition to a PFAC member on the Quality Committee of the Board, FY 23'24 saw a refresh of the patient experience and satisfaction reporting to the committee, who now receives a quarterly Patient Experience Report, as well as a patient story at the start of every meeting in partnership with the clinical program highlighting their improvement work that meeting. Whenever possible, our committee looks forward to hearing directly from the patient or family members themselves, supporting compassionate and reflective dialogue in their own words.

Considerable development and implementation work occurred during 2023'24 to launch a digital version of our Patient Experience Survey. Participation in the survey has exceeded expectations since launch in December 2023, and we look forward to using the patient

and family voice to highlight our strengths and identify opportunities for improvement. In 2024'25, St. Mary's looks forward to collaborating with CIHI and other acute care hospitals to identify provincial benchmarks for the survey.

St. Mary's is committed to accessible support for our patients and families. We have a strong Patient Experience Office and in the past year we have enhanced their visibility and ready access for patients and families by creating a dedicated office located within the main lobby. This has greatly enhanced engagement with the Patient Experience Office and has promoted more drop-in in-person conversations with staff, patients, and families.

PROVIDER EXPERIENCE

Taking a future forward approach, St Mary's is committed to enhancing and creating strategies aimed at increasing recruitment, retention, and development of our staff. There is a focus on creating a workplace that fosters wellness, equity, and safety, where staff feel a sense of belonging, and that cultivates excellence. Our Innovation team has launched, supported by the SMGH Foundation, a Culture of Innovation and Quality Improvement fund. This fund encourages team members to identify areas for improvement, innovation, and more joy at work, by providing them up to \$4000 to test a solution to a challenge they face. Projects underway this year include battling food insecurity by providing frozen meals for discharged patients in need; surgical site remote monitoring to improve outcomes after surgery; and creating digital signage to enhance accessibility and equitable access to information.

St. Mary's has established many staff wellness and recognition

initiatives, including but not limited to our Care Cart, staff appreciation days and BBQs, a team-based appreciation fund, enhanced mental health benefits, the launch of new fitness and wellness spaces, and health and wellness webinars. Many of these initiatives were created after a wellness and benefits survey was conducted to determine what was important to staff. A Physician Wellness program has also been created to foster physician wellness and combat burnout.

During COVID, our onboarding process leveraged a virtual platform at St. Mary's. In-person orientation and training were limited to new nursing staff and while this was a necessary step during the pandemic, it was far from ideal. As such, in January 2024 SMGH resumed orientation sessions, held in-person, for all new staff. Feedback in surveys has been very favorable. New staff have received the warm welcome that introduces them to "The St. Mary's Way" and supports them to make early connections with other new staff, leaders, and subject matter experts presenting at the sessions.

SAFETY

At the start of each day at St. Mary's, all senior clinical and non-clinical department leads attend a 15-minute virtual Daily Safety Sync. This meeting provides a valuable platform to highlight events that have or might impact patient and staff safety in the previous and next 24 hour period, and to present key patient safety, staff safety and daily operational metrics. The Daily Safety Sync ensures all departments are informed about the day's actual and potential risks and their role in any mitigations required or impacts that need to be planned for.

At St. Mary's, there is a strong patient safety reporting culture, and utilization of our incident reporting system is consistently strong. Patient safety incidents are reported at each program's Quality and Operations meeting to drive engagement in action planning, share learnings, and identify any program-level improvements required. In 2024'25, work is underway to foster a culture of problem solving and supporting the creation of change initiatives at the frontline and department level, thereby evolving the SMGH safety culture from one that reports and discusses to a learning culture that routinely acts to improve itself. To further support this shift, our processes for Quality of Care reviews and identification of critical events continue to be revised to increase the structure and transparency of the process to better identify opportunities for improvement with a lens to learning, fairness and accountability.

The 2024'25 St. Mary's QIP identifies patient safety, and by extension staff safety, as a high priority. Our focus on evidence based clinical guidance such as Choosing Wisely and the Senior Friendly Framework, are purposeful because of their broad impact, and capacity to inform frontline-driven change initiatives.

POPULATION HEALTH APPROACH

As a member of the KW4 OHT, St. Mary's takes a holistic view on health and how it relates to the delivery of health care. Partnering to improve community health, social determinants of health such as food security, settlement, and housing, are all priorities. In partnership with Grand River Hospital, we are participating in "Building the Future of Care Together" to plan for future hospital-based services that meet the needs of our growing community.

At St. Mary's we strive to understand the clinical needs of the

community and the health care service model that is required. To that end, for every one of our programs that is review, we conduct a population health review. One example from this past year is the population health analysis completed as part of our application for the Ontario Lung Screening Program.

SMGH also continues to partner in our community to ensure patients have access to high quality preventative care and effective system access for those with complex needs. In partnership with the KW4 OHT and Grand River, we are part of the Seamless Care Optimizing Patient Experience (SCOPE) program. This program supports primary care, family health teams and specialist physicians by providing a nurse navigator to help complex patients access required resources and support, thereby keeping them out of emergency. There has been a focus on newcomers to KW who do not have access to the same resources to help them navigate the Canadian Health Care System.

The PREVENT Clinic is a new program by St. Mary's General Hospital that aims to prevent cardiac risks for patients who need it the most – those without a primary care provider or family doctor. The data indicates that people who are most vulnerable in our communities, including people from racialized communities, newcomers to Canada and Ontario and some of our lowest income earners and underhoused members of our community, are most likely not to have a family physician. The SMGH foundation worked with Manulife to secure multi-year funding to make this clinic possible. We found this to be a win-win solution between us, Manulife, and the hospital, driving a focus on empowering sustained health and well-being; this means a vision for people to live longer, better and

healthier lives.

EXECUTIVE COMPENSATION

The Senior Leadership Team (President, Chief of Staff, Chiefs and Vice Presidents) will have up to 10% of their compensation linked to the Quality Improvement and Strategic Plan key performance indicators.

CONTACT INFORMATION/DESIGNATED LEAD

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SIGN-OFF

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

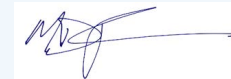
I have reviewed and approved our organization's Quality Improvement Plan on **March 28, 2024**



Mr. Tim Rollins, Board Chair



Dr. Andreas Laupacis, Board Quality Committee Chair



Mr. Mark Fam, Chief Executive Officer



Ms. Rebecca Stuart, Other leadership as appropriate