Improving the Patient Experience
St. Michael’s Hospital
Quality Improvement Plan 2017-18
Our Commitment to Patients and Families

Since the Sisters of St. Joseph opened our doors 125 years ago, St. Michael's has become a national leader in critical care, the adult trauma centre for downtown Toronto and a major teaching and research hospital affiliated with the University of Toronto.

In other words: every year, tens of thousands of patients and families depend on St. Michael's for care.

Whether our clinicians and staff are delivering a life-saving procedure, helping to deliver a baby or providing a routine check-up, we believe we can always do better. At this level of complexity, innovation and responsibility, continuous quality improvement is not just an objective: it’s our imperative.

About this document

This 2017-18 Quality Improvement Plan (QIP) is part of the hospital’s comprehensive quality strategy for 2017-18, available at www.stmichaelshospital.com/quality. While the comprehensive quality strategy is the blueprint for all of St. Michael’s quality improvement activities, this 2017-18 QIP focuses on the areas where we have very defined and measurable changes that we believe we can achieve within the next 12 months. As required by the 2010 Excellent Care for All Act, this document was submitted to Health Quality Ontario (HQO) April 1, 2017. Download this document and appendices at www.stmichaelshospital.com/qip.
Theme One: PROTECT ME FROM HARM

Above all, St. Michael’s first responsibility and priority is to keep our patients and staff safe. We are relentless in our commitment to eliminating unnecessary harm. What was defined as safe care yesterday may not be safe today; as science advances, so do the standards we measure ourselves against and we must strive to stay at the forefront.

In 2017-18, St. Michael’s QIP safety targets will focus on three main areas: protecting our patients from hospital-acquired infection through consistent staff hand washing; reducing daily blood tests for inpatients; and preventing staff injury from lifting and repositioning patients.

Protecting our patients from hospital-acquired infection through consistent hand washing

Our patients are vulnerable; some extremely so. We wash our hands to protect our patients from hospital-acquired infection, and to show them that we care about their safety.

Last year, the hospital focused on improving “Moment 1” in our ICUs: washing hands prior to contact with a patient or the patient’s environment. The ICUs’ open-concept environments, unique workflows and time pressures present major challenges to compliance. Although targeted initiatives in 2016-17 led to a 14 per cent increase the ICUs’ hand-washing – a significant improvement – St. Michael’s did not reach our 2016-17 stretch goal of 67 per cent. However it’s vital that this work and momentum continue in 2017-18.

The literature tells us that progress on hand hygiene is usually a long journey. Given that fact, our stretch targets in 2016-17, as well as those in previous years, have been ambitious. Although we have achieved steady improvements, we have been unsuccessful in reaching these targets. For that reason, in 2017-18, we’re determined to set and reach a more realistic target: 66 per cent of staff washing hands before touching the patient or the patient’s environment. This target will apply to all inpatient units across the organization.

To achieve this goal, we are validating and rolling out a new, real-time hand hygiene data feedback system on eight units. Quick access to performance data will enable these units to see the impacts of practice changes and improvement cycles almost immediately. A hospital-wide awareness campaign will focus on the importance of hand hygiene from a patient’s perspective. Finally, we will continue the improvement work in the ICUs to sustain and build on last year’s exciting improvements.

Our target for 2017-18: Increase staff hand washing to 66%

What we mean by... HAND HYGIENE MOMENT 1

At St. Michael’s, we follow the “four moments” of hand hygiene, which means our care providers clean their hands:

1. Before contact with the patient or patient environment
2. Before an aseptic procedure
3. After exposure to body fluid or removing gloves
4. After contact with the patient or leaving the patient environment

Moment 1 has the greatest impact on patient safety and will continue to be our priority.
Reducing daily blood tests for inpatients

From the patient’s perspective, every needle prick hurts. Losing just a few milliliters of blood per day – about one full tube’s worth – also increases risk of anemia. Among hospital patients, anemia is associated with longer length of stay, blood transfusions and, in rare cases, even death.

A clinician-driven Choosing Wisely project in 2016 to measure the scope of the problem showed that more than half of St. Michael's inpatients received daily, routine blood work. About one-third of those tests occurred after three consecutive, normal lab values. This suggests that some repetitive testing is likely habitual and unnecessary.

Our QIP target for this year is to reduce daily bloodwork ordered for General Internal Medicine (GIM) inpatients by 10 per cent. We're aiming to reduce the volume of blood drawn; fewer tubes of blood means fewer needle pricks. Improvement efforts will focus on physician and resident education, and revising order sets to encourage a more thoughtful approach.

What we mean by...CHOOSING WISELY

The goal of the international Choosing Wisely campaign is to dispel the false notion that “more care is better care,” and help clinicians and patients make smart decisions about potentially unnecessary tests, treatments and procedures.

St. Michael's goal of reducing unnecessary, daily bloodwork is based on a Choosing Wisely recommendation.

Preventing staff injury from lifting and repositioning patients

If we don’t keep our staff safe, we can’t keep our patients safe. Lifting and repositioning patients, although part of the job for many St. Michael’s staff, poses a significant risk of musculoskeletal injury (e.g. strains and sprains to the low back and shoulders). Our data show an alarming trend: the severity of staff injuries related to the manual handling of patients is increasing.

Our QIP staff safety target is to reduce the incidents and severity of staff injuries related to lifting and repositioning patients by 10 per cent. To achieve this goal, we will introduce strategies to reduce manual handling of patients wherever possible, education for staff and a deeper dive into the data to help identify root causes.
Theme Two: USE MY TIME WISELY

Shorter waits in the Emergency Department

Our patients’ time matters. Waiting undermines the patient’s experience as well as the hospital’s quality of care. Long wait times in the Emergency Department are a symptom of inefficiencies in the hospital’s patient-flow system – inefficiencies that we believe can be improved. In the past, our QIP target has focused on reducing wait times for admitted patients in the Emergency Department. This improvement work remains a corporate focus, and we will continue to report on our performance to the Ministry of Health and Long-Term Care.

For the 2017-18 QIP, we are shifting our focus to reduce length of stay for non-complex (CTAS 4 & 5) patients in the Emergency Department. Our target is to reduce length of stay for the 90th percentile of this group to 4.5 hours or less. This would represent a 12.5 per cent improvement. This is an ambitious goal, given the multiple, competing pressures on our Emergency Department, including an anticipated renovation and move.

A focus on improving the flow of non-complex patients will address an important problem: wait times for this population has been increasing. It will also target and remove bottlenecks in the flow of all patients through the Emergency Department.

Improvement efforts will focus on better processes at triage and for moving patients from one stage in their journey to the next. We’ll explore introducing dedicated staff to support those processes, and explore the possibility of enabling ambulatory patients to travel to and from Medical Imaging without a porter. We’ll also analyze our staffing to ensure that we have the right coverage at the busiest times.

Our target for 2017-18: Shorten ED wait times for non-complex patients by 12.5%

What we mean by… CTAS (The Canadian Triage And Acuity Scale)

“CTAS” is a tool that Emergency Departments and paramedics use to categorize patients’ care needs, and prioritize them by urgency from 1–5 (1 is the most urgent). For example, a cardiac arrest or seizure would be classified as a CTAS 1. An earache or simple fracture are CTAS 4, and a sore throat is a CTAS 5.
Beyond the QIP: Faster transitions across St. Michael’s and beyond

In addition to the above activities, multi-pronged strategies to improve patient flow across the hospital continue to be a priority. Highlights for 2017-18 will include the launch of a project to reduce length of stay for mental health inpatients; an initiative to shorten wait times for referrals from our Family Health Team to St. Michael’s orthopedic specialists; and improved, evidence-based protocols for responding to periods of unexpected, higher-than-usual patient flow.

Theme Three: USE MY KNOWLEDGE, BUILD MY KNOWLEDGE

Empowering patients for a smoother transition home

When we asked our Patient and Family Advisors where to focus our quality improvement activities, they highlighted the need for accurate, easy-to-understand information and instructions at discharge. Empowering patients and families with the right information at discharge is key to safe care at home, as well as preventing Emergency Department visits and readmissions.

After discharge, the our routine patient experience survey asks patients, “Did you receive enough information from hospital staff about what to do if you were worried about your condition or treatment after you left the hospital?” Last year was the first year this question was asked of our patients, and so our first quality-improvement task was to identify our baseline: 62.3 per cent.

St. Michael’s target for this year is to improve that performance to 65 per cent. To reach this goal, we will continue to roll out our initiative to share plain-language, user-friendly discharge summaries with patients in the majority of our hospital services (including Cardiovascular Surgery, Nephrology, Trauma and General Internal Medicine) by March 31, 2018. We will continue to find new ways to provide patients with discharge information early in their stays, through care guides and patient whiteboards that update patients on their expected date of discharge. To ensure that we fully understand all aspects of our patients’ discharge experiences, we are also undertaking a qualitative evaluation of the use of user-friendly discharge summaries in General Surgery. Building on last year’s successful pilot, we will continue and expand our initiative to call patients soon after they’re discharged to ask them about their experience. This feedback, captured while the experience is still fresh in the patient’s mind, will help us further refine these strategies.

What we mean by... DISCHARGE

When a patient is “discharged,” it means they’re leaving the hospital to go home or to another facility (such as long-term care).
Beyond the QIP: Building and benefiting from our patients’ and families’ unique knowledge

Reflecting a broader commitment across the organization – and across health care in Canada – to value and benefit from patient’s and family members’ unique knowledge, several additional activities will also advance the theme of “Use My Knowledge, Build My Knowledge.”

At the request of our patients and families, the hospital will expand visiting hours and family presence overnight, starting April 2017. This is an opportunity to not only improve our patients’ experiences but to benefit from family members’ unique understanding of the patient’s history and context. This is an exciting and significant change for the hospital, and our roll-out strategy includes initiatives and campaigns to improve our culture along with our policies.

As mentioned previously, St. Michael’s is improving our processes and infrastructure for investigating and reviewing patient safety incidents. Interviews with patients and families will now be an important input to this process. Patient and Family Advisors are helping us develop best practices and structures to make sure these interviews meet the needs of our patients and families as well as our investigators.

In 2017-18 we will introduce a new, online portal where patients can access their own health information and see their own test results. If patients desire, they can also give family members, caregivers and other care providers access to their information. Our goals are to empower patients with their own health information and facilitate collaboration, integration and continuity of care between care providers.

As mentioned throughout this document, our Patient Engagement Program activities are central to addressing this quality priority. We launched our first corporate Patient and Family Advisory Council in 2016. To learn more, please see “Patient and Family Engagement” on page 11.

Become a Patient and Family Advisor at St. Michael’s

You sometimes notice things we don’t. Things like how your care is provided, and how we could be doing better. Play a valuable role in helping to ensure the best possible patient experience at St. Michael’s. Become a Patient and Family Advisor for the Heart and Vascular Program. Visit stmichaelshospital.com/patientandfamilyadvisors for more information.

For more information, please contact PatientandFamilyAdvisor@smh.ca
LOOKING BACK: A KEY ACHIEVEMENT FROM 2016-17

A detailed update on our achievements related to the 2016-17 QIP is available at www.stmichaelshospital.com/qip.

Looking back, one 2016-17 achievement that we are particularly proud of is St. Michael’s success in reducing falls among at-risk patients.

By preventing falls, we can save lives. For some patients, a bad fall in hospital could mean weeks more of institutionalization, permanent disability, and in rare cases, even death.

One of St. Michael’s 2016-17 QIP targets was to reduce falls among at-risk patients by ten per cent. We not only achieved that goal but surpassed it, reducing the rate by a total of 17.3 per cent. In addition to changing practice, our change projects were successful in improving safety culture and quality-improvement capacity among front-line staff. This is an exciting example of how the QIP process can lead to significant impact on patient care.

We focused on change projects in areas of the hospital that serve patients who are at highest risk of falling: General Internal Medicine and Trauma/Neurosurgery. Both programs implemented round-the-clock intentional rounding, to improve patient-provider communication. During intentional rounds, front-line staff use a set schedule, script and checklist to assess and manage patients’ fundamental care needs (e.g. toileting). Both programs used multiple tests of change to develop their own guidelines and schedule for rounds, to tailor the model and ensure sustainability. Both teams found that collaboration is key: once the whole interprofessional team was involved in the initiatives, improvements accelerated.

Change projects also included patient education through posters and call-bell instructions, and equipment changes such as low beds, bed alarms and improved lighting. A key lesson learned was that sharing local performance data back to staff (at least monthly) was key to engagement.

These change strategies have now been demonstrated to be effective, and we will continue to track and evaluate our progress and sustainability as we roll them out to additional parts of the hospital. The falls-prevention program is included in the hospital’s comprehensive quality strategy.
OUR PROCESS: DEVELOPING THE 2017-18 QUALITY IMPROVEMENT PLAN

The process of identifying quality improvement priorities for each year starts with some basic questions.

How successful are we in meeting our patients’ care needs?

Where are the system gaps and opportunities for integration?

What’s the best way to drive value and ensure our resources – including time, energy, ideas – are going where they are needed most?

To answer these questions, we must listen to our patients, families, physicians, staff and leadership – and we must look at performance data.

In preparing this 2017-18 QIP, our patients’ and families’ priorities were identified through rich discussions with the hospital’s Patient and Family Advisory Council. The council, founded in 2016, is a highly engaged group of St. Michael’s patients, family members and staff that meet regularly to share insight, ideas and feedback on the patient and family experience at St. Michael’s. Patient satisfaction data and trends/feedback gathered through our Patient Relations Department were also key inputs to the planning process. To ensure that this QIP reflected our larger community’s priorities, we referred to the excellent Resident’s Health Services Panel Report, authored in 2016 by a group of our community members (the St. Michael's Residents’ Health Services Panel). For more information on our Patient Engagement Program, see the “Patient and Family Engagement” section on page 11.

St. Michael’s staff, physicians and leadership contributed to the development of this QIP through broad internal engagement. Discussion and feedback at multiple tables and levels ensured that our goals and targets are doable, and that the right people are engaged from the beginning.

In addition to our staff, physicians and leadership’s insight, the 2017-18 quality priorities, targets and initiatives are based on careful analysis of performance data. To capture the full range of the patient experience, we examined data across six broad categories: safety, outcomes, access to care, patient centredness, equity and efficiency. This includes St. Michael’s performance on past years’ QIP targets, plus the multitude of additional quality and safety data we track and examine on an ongoing basis.
QUALITY IN CONTEXT: EXISTING STRATEGIES

Next, we considered our strategic environment and the QIP’s alignment with existing strategies.

Quality Strategic Framework

In 2013, St. Michael's Quality Strategic Framework identified a central quality vision: providing the best possible experience to our patients and their families. Ever since, this vision has been the touchstone for all of St. Michael's quality strategies and decision-making, including the selection of targets and improvement initiatives included in this QIP.

2015-18 Strategic Plan

2017-18 marks the final year of the hospital's current strategic plan. The plan highlights the need to improve care for three population priorities: our urban community, patients that experience disadvantage, and critically ill patients. Learn more at www.stmichaelshospital.com/about/strategic-plan.php.

Accreditation

In 2016-17, St. Michael's once again achieved Accreditation with Exemplary Standing, the highest-possible distinction from Accreditation Canada. Although our next on-site survey is several years away, the work to align the hospital with Accreditation Canada's standards and requirements is ongoing and informs our QIP change initiatives every year.

Choosing Wisely Canada

St. Michael’s was one of the first hospitals in Canada to take on the Choosing Wisely challenge. The goal is to reduce harm by helping clinicians and patients make smart decisions about potentially unnecessary tests, treatments and procedures. Today, we are home to a robust and growing Choosing Wisely program of clinician-driven, locally relevant initiatives to change culture and address areas of overutilization. One of our 2017-18 QIP targets is based on a Choosing Wisely recommendation to reduce unnecessary, daily blood tests.

Senior-Friendly Hospital Strategy

St. Michael’s has a continued focus on supporting elderly patients and is guided by our Senior-Friendly Hospital Strategic Plan. It's important that our quality and patient-experience improvement strategies are integrated and aligned with senior-friendly hospital principles. Our goal is to become a system leader in providing high-quality, person-centred elder care.

Surgical Quality Improvement Plan

As a member of the Ontario Surgical Quality Improvement Network, St. Michael's participates in NSQIP-ON, Ontario's version of the National Surgical Quality Improvement Program. The program helps hospitals collect high-quality, clinical data, and compares surgical outcomes among all hospitals in the program. Surgical teams can use these data to identify opportunities for improvement and develop a programmatic Surgical Quality Improvement Plan. Much like this QIP, the SQIP tracks baseline data, change initiatives, process measures and outcomes.

St. Michael's Academic Family Health Team Quality Improvement Plan

Since 2013, our Academic Family Health Team's Quality Steering Committee has led the development of their own, annual Quality Improvement Plan that outlines change initiatives for primary care. Each Family Health Team practice site has its own interprofessional quality improvement team that operationalizes quality priorities by testing changes locally.
**Patient Engagement Program**

St. Michael's Patient Engagement Program was launched in 2016 to ensure that our patients' care strongly reflects our patients' priorities. The program has seen tremendous growth in the past year, and the momentum continues to grow. To learn more about this program, please see the “Patient and Family Engagement” section on page 11.

**Our Shared Purpose**

In an exciting new development, St. Michael's, St. Joseph's Health Centre and Providence Healthcare are exploring the possibility of creating a health network with a single governance and management model that will benefit patients, our respective communities and the health system as a whole. Because this process is still in the exploratory stage, it did not affect our QIP planning this year. However in future years, the proposed network has the potential to advance health services across the spectrum of care for all our patients and residents, from primary care through tertiary/quaternary to post-acute through rehabilitation, palliative care and long-term care.

**QUALITY IN CONTEXT: BARRIERS AND CHALLENGES**

In developing this 2017-18 QIP, it was also important to consider the barriers and challenges to reaching our quality improvement goals.

**Competing priorities**

St. Michael's primary challenge is common to every busy, health care environment: competing priorities. Every leader, physician and staff member at St. Michael's has two jobs; doing his or her daily work, and improving it. For front-line staff in particular, balancing the need for constant improvement with the associated workload is a constant challenge. Striking the wrong balance can lead to overburdening of providers and to unsuccessful quality improvement initiatives. This means that if additional improvement workload is introduced, we must find ways to reduce workload in other areas.

**Funding challenges**

Funding is also a perennial challenge. The cost of delivering health care is increasing, but our funding remains relatively unchanged. In response, St. Michael's is prioritizing activities to improve the strategic use of resources. For example, our Improvement Project Management Office's (IPMO) mandate is to increase value-for-money with a focus on improving how we purchase supplies, decrease costs and standardize care. All QIP activities have been planned and prioritized in alignment with IPMO planning.

**St. Michael's 3.0**

Finally, our physical environment is changing. St. Michael's ambitious, multi-year redevelopment project will continue in 2017-18. This year will see the completion of construction of the new, 17-storey Peter Gilgan Patient Care Tower, as well as a completely renovated Emergency Department and significant upgrades to improve the existing hospital space. The long-term goal of a cutting-edge space includes significant growing pains in the short-term: demolition, multiple moves and disruptions caused by construction noise/vibration have challenged several inpatient areas as well as the Emergency Department. All QIP activities have been planned and prioritized in alignment with construction planning.
2016-17 was a big year for patient engagement at St. Michael’s. Most notably, we launched our first corporate Patient and Family Advisory Council and undertook a year-long community engagement process in partnership with TC LHIN.

At the beginning of 2016, with funding from the TC LHIN, we recruited local residents to represent their community and join our Residents’ Health Services Panel. Panelists didn’t need to be current or former patients. They just had to live in central-east Toronto and be willing to come to our hospital for eight sessions throughout the year to give ideas about improving health services in the area. They created their first report in late 2016 summarizing principles and priorities for their local health system. Read the report and learn more about the panel at [www.stmichaelshospital.com/residentspanel](http://www.stmichaelshospital.com/residentspanel).

The hospital’s new, corporate Patient and Family Advisory Council develops programs and provides advice and feedback regarding changes or recommendations to shape a patient- and family-centered, high-quality model of care. The eight-member council is an important resource for the hospital, and its founding is an exciting step forward in our patient engagement journey.

Three areas of the hospital host formal, ongoing, program-specific Patient and Family Advisory Councils: The Cystic Fibrosis Patient and Family Advisory Board, the Heart and Vascular Patient and Family Advisory Committee and the Hemodialysis Patient and Family Advisory Committee. These groups are co-led by patients and staff members.

St. Michael’s patient engagement model also includes a team of 23 Patient and Family Advisors who are available to consult on short- and long-term projects. Since April 2016, our Patient Engagement Strategy has enabled the involvement of Patient and Family Advisors on 23 initiatives including QIP development, planning for our new Patient Care Tower, interventions to improve discharge planning, education for Incident Response Teams, the implementation of an online portal where patients can access their own health information, and the drafting and implementation of a new visiting hours policy.

Additional groups, such as Mental Health and Addictions and our Diabetes Comprehensive Care programs, have also established forums for regular, in-person patient and family feedback.

There are four Inner City Health Community Advisory Panels (CAPs) at St. Michael’s: 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. 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. Co-chairs of each CAP are also members of the St. Michael’s Community Advisory Committee which reports directly to our Board of Directors.

St. Michael’s patient engagement activities will continue to gain momentum in 2017-18. We will create and identify more opportunities for our patients, their families and our communities to help guide our quality-improvement initiatives. Our Patient and Family Advisor recruitment strategy will focus on improving diversity among our advisors, to better represent our diverse patient population. We have also launched a formal, third-party evaluation of the hospital’s patient engagement activities to ensure that the program is guided by a clear understanding of its strengths and opportunities.
ADDITIONAL CONSIDERATIONS

A focus on integration and continuity of care

St. Michael’s 2015-18 Strategic Plan highlights integration and strategic system partnerships as an important focus for the future. Our proposed integration with St. Joseph’s Health Centre and Providence Healthcare, although still in the exploratory stage, is an exciting example.

The following are examples of further system partnerships we are building across the sector.

Our inpatients often wait several days – and in some circumstances, even weeks – for a bed in a rehabilitation facility. St. Michael’s is developing a partnership with Providence Healthcare to facilitate referrals directly from the Emergency Department, before the patient is admitted to St. Michael’s. The goal is to ensure patients are getting the most appropriate level of care in the most timely manner, and to prevent patients from gaining ALC status (see “Addressing ALC Issues” on page 13). This referral process has been successfully implemented in the Emergency Department for inpatient orthopedic and geriatric medicine patients.

As part of the ongoing evolution of the health system in Ontario, The Toronto Central Local Health Integration Network (TC LHIN) has divided its region into five planning areas (called “sub-regions”) to provide a foundation for the development of local integrated systems to ensure that the residents receive better health outcomes at the local level. St. Michael’s has been identified as the Hospital Resource Partner for the Mid-East Toronto Sub-Region. In this role, the hospital will partner with the TC LHIN and service providers across health sectors to develop an integrated local strategy that best serves the residents of our local community.

Integration of primary care is also a system priority in the coming year and St. Michael’s deputy chief of Family and Community Medicine has been named the Primary Care Clinical Lead for Mid-East Toronto Sub-Region. Through this role, St. Michael’s will be integral in engaging primary care providers in the development and implementation of an integrated local health system strategy that will improve the quality of care for our patients.

St. Michael’s has partnered with Toronto Grace Health Centre and Toronto Central Community Care Access Centre for a rehabilitation project called “Assess and Restore.” The program helps frail senior patients receive the supports they need before, during and after discharge, while also freeing up beds in St. Michael’s General Internal Medicine and Acute Care of the Elderly unit. Assess and Restore patients receive rehabilitation at Toronto Grace for up to six weeks, while working toward their recovery goals. CCAC and community partners are involved early, which is instrumental to ensuring our patients get access to the appropriate services.

St. Michael’s partnership with WoodGreen Community Services has facilitated access to several day programs for our patients, improving quality of life and mobility. After discharge from rehabilitation, Assess and Restore patients (see above) whose families are unable to provide care during the day can participate in social and activity program for elderly patients. Selected General Internal Medicine inpatients can also attend a WoodGreen Enhanced Adult Day Program operated in the community. The goal is to prepare patients for discharge and transitions in care.

St. Michael’s 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 inpatient and Emergency Department 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.
**Measuring equity**

Providing equitable care is a pillar of our mission and values and strongly aligns with our strategic priority of advocating for patients who experience disadvantage. A commitment to improve equity is at the foundation of our addictions strategy, mental health outreach work and population health research led by the Centre for Urban Health Solutions. Ongoing education initiatives help clinicians recognize patients who are disadvantaged, and ensure they’re getting support that works for them.

Data drives quality improvement in health care; as the saying goes, “if you can’t measure it, you can’t improve it.” At eighteen of our clinics and our pre-admissions facility, patients are offered voluntary socioeconomic questionnaires. We collect these data from our patients to better understand the populations we serve, identify gaps in our services and ensure we are providing high-quality care to all of our patient populations regardless of income, gender, immigration status and language.

Our Academic Family Health Team was the first group in the hospital to implement the survey. Today, the Family Health Team is using that equity data to inform the development of new care models, and to help analyze their performance in addressing their patients’ social determinants of health.

Although the broader hospital is at an earlier stage in this journey, analysis is underway to ensure our equity data are robust. A recent decline in collection efforts indicates the need for engagement and education among staff and patients, which will be a focus in 2017-18.

**Addressing ALC issues**

When a patient no longer requires the intensity of resources/services provided in an acute care hospital, but remains at the hospital while they wait for an alternate level of care to become available, the patient is designated “ALC.”

St. Michael’s is a system leader in terms of ALC; our rate is the lowest in TC LHIN. However, from a patient perspective, ALC care is not quality care: we need to do better in helping our ALC patients get to the next stage of their journeys. From a system perspective, our analysis shows that the hospital’s ALC rate continues to negatively affect patient flow, and reducing that rate would improve care across the hospital.

Although ultimately, the decision to admit one of our patients to the care of an outside institution is out of our control, there are strategies on our end that have been shown to improve this process. For example, St. Michael’s General Internal Medicine team has successfully reduced ALC days for their patients through better coordination of care, with a particular focus on our community partners. Improvement efforts in 2017-18 will focus on spreading these initiatives to additional areas impacted by ALC, including Trauma/Neurosurgery. Our data show a longer length of stay for ALC patients requiring complex, continuing care, and for those requiring CCAC services at home, so we will focus on strategies to improve those processes.
PERFORMANCE-BASED COMPENSATION

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 2017-18 is linked to performance in a graduated manner based on the following five QIP indicators: Moment 1 hand hygiene; routine bloodwork; staff incidents resulting in harm; patient experience at discharge; and length of stay for non-complex (CTAS 4-5), non-admitted Emergency Department patients.

Chief Executive Officer: Five per cent of annual salary.

Executive Vice President and Chief Nursing Officer: Two per cent of annual salary.

Executive 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 five 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:

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<thead>
<tr>
<th>Progress against QIP targets for all four indicators</th>
<th>Percent of available incentive</th>
<th>Comments</th>
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<tbody>
<tr>
<td>Worse than previous year’s performance with no special considerations</td>
<td>Zero</td>
<td></td>
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<tr>
<td>Worse than previous year’s performance with special considerations</td>
<td>Up to 10</td>
<td>e.g. Closure of emergency department</td>
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<td>Maintained previous year’s performance with special considerations</td>
<td>Up to 20</td>
<td>e.g. Baseline affected by unusual circumstances</td>
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<tr>
<td>Better than previous year’s performance but did not meet target</td>
<td>Up to 50</td>
<td></td>
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<tr>
<td>Achieved target</td>
<td>100</td>
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Thank you

St. Michael's is pleased to submit this 2017-18 Quality Improvement Plan. Thank you to the staff, physicians, patients and families who contributed their expertise and energy to the development of this plan. Together, we can provide the best possible experience for our patients and families.

Tom O'Neill
Board Chair

Peter Gordon
Chair, Quality Committee of the Board

Robert Howard
Chief Executive Officer
For additional information on our 2017-18 comprehensive quality strategy, QIP and stories to bring their implementation to life, please visit www.stmichaelshospital.com/quality.