Quality and safety are the hallmarks of the care we provide at TSH. They are embedded in everything we do every day. They are everyone’s responsibility!

Our strategic plan will guide us to continually enhance our programs and services to ensure that excellent quality care is provided to our community.

We will deliver high quality, safe care and sustainable services by designing and adopting evidence-based practices.

To provide an outstanding care experience that meets the unique needs of each and every patient.

Annual Quality Improvement Plan

Patient Safety Plan

Mission

Our commitment

Timely
Care is provided when needed

Effective
Care is based on best evidence

Equitable
Care provided ensures equal access to all

Patient-Centred
Care is based on partnerships with patients

Safe
Care is free from harm

Efficient
Care uses resources wisely

The delivery of the highest quality patient care that is...
OUR OBJECTIVES

Our objectives are key actions that flow from our Quality and Patient Safety Framework. They are directly linked to our performance metrics and are evaluated on an ongoing basis.

ANNUAL QUALITY IMPROVEMENT PLAN

- Increase the number of improvement activities with patient involvement
- Reduce hospital-acquired infection rates
- Avoid facility-acquired pressure ulcers
- Improve the proportion of palliative patients discharged with home support
- Reduce readmission rates for chronic obstructive pulmonary disease
- Reduce the number of conservable days
- Increase the number of patient care units that implement an interprofessional model of care
- Reduce hospital injuries related to falls
- Improvement in alternate level of care days
- Reduce readmission rates for congestive heart failure
- Reduce Emergency Department length of stay for admitted patients
- Successfully implement a Lean business performance system
- Increase the number of quality improvement ideas implemented

PATIENT SAFETY PLAN: Key Required Organizational Practices

- SAFETY CULTURE
  - Create a culture of safety within the organization
  - Implement a documented and coordinated approach to disclosing patient safety incidents to patients and families.
  - Implement a patient safety incident management system that supports reporting and learning.

- COMMUNICATION
  - Promote effective information transfer with patients and team members across the continuum of care
  - Ensure at least two person-specific identifiers are used to confirm that patients receive the service or procedure intended for them.
  - Communicate information relevant to the care of the patient effectively during care transitions.

- MEDICATION USE
  - Ensure the safe use of high-risk medications
  - Ensure there are documented and coordinated approaches:
    - to collect accurate and complete information about patient medications and utilize this information during transitions of care; and
    - for infusion pump safety that includes training, evaluation of competence, and a process to report problems with usage.

- INFECTION CONTROL
  - Reduce the risk of healthcare-associated infections and their impact across the continuum of care
  - Enforce standard accepted hand-hygiene protocols and monitor compliance on a regular basis.
  - Monitor processes for cleaning, disinfecting, and sterilizing medical devices and equipment and make improvements as needed.

- RISK ASSESSMENT
  - Identify and mitigate safety risks inherent in the patient population
  - Use a safe surgery checklist to confirm that safety steps are completed for a surgical procedure in the operating room.
  - Identify and implement a list of abbreviations, symbols, and dose designations that are not to be used in the organization.

- WORKLIFE / WORKFORCE
  - Create a worklife and physical environment that supports safe care and service
  - Provide patient safety training and education on specific patient safety focus areas at least annually to staff and volunteers.
  - Implement a documented and coordinated approach to prevent workplace violence.
### OUR WORK PLAN

Our work plan will guide improvements in patient safety throughout the organization and result in heightened focus on keeping our patients safe.

<table>
<thead>
<tr>
<th>Patient Safety Goal</th>
<th>Objective</th>
<th>Planned Initiatives</th>
<th>Measure(s)</th>
<th>Target</th>
<th>Timeframe</th>
<th>Responsibility</th>
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| Reduce the risk of health care associated infections and their impact across the   | Enforce standard accepted hand hygiene (HH) protocols and monitor compliance | Procure audit tool to enable real time feedback of HH audit data. Conduct HH audit to monitor compliance with hand hygiene protocols. Identify educational opportunities to promote effective hand hygiene practices for staff, physicians, and patients. | - Overall rate of hospital for point-of-care for HH.  
- Percentage of compliance for “Before initial patient/patient environment contact” and “After initial patient/patient environment contact”. | 87% before and 87% after | 2016-2017 | Interim Vice-President, Patient Services             |
| continuum of care                                                                  |                                                                           |                                                                                                                                                                                                                     |                                                                                                                                             |                                 |              |                                                      |
| Identify and mitigate safety risks inherent in specific patient populations         | Reduce hospital injuries related to falls                                 | Evaluate and monitor compliance of falls prevention program through chart audits and falls risk screening tool compliance. Conduct post fall debriefings. Spread the Mobilization of Vulnerable Elders in Ontario (MOVE-ON) strategy. Provide education to patients and family members about how to prevent falls. | - The number of patients who had a fall in hospital that are related to moderate and severe injuries per 1,000 patient day. | Rate of severity of injury from falls/1,000 patient days is 0.20 or lower | 2016-2017 | Interim Vice-President, Integrated Care and Patient Experience |
| Avoid facility acquired pressure ulcers                                            | Conduct risk assessment for patients at admission and at regular intervals throughout the patient’s care. Ensure adherence to prevention of pressure ulcers policy, including standardization of products, equipment, and treatment protocols.  
Complete bi-annual hospital wide pressure ulcer prevalence audit. |                                                                                                                                                                                                                     | - Percent of inpatients with facility acquired pressure ulcer (stage 2 or higher) during prevalence audit. | 2.1%                           | 2016-2017 | Interim Vice-President, Integrated Care and Patient Experience |
| Create an environment that supports safe care and service                           | Reduce the Emergency Department (ED) length of stay for admitted patients  | Adhere to scheduled admission processes to support timely transfer of admitted patients in ED. Establish proactive process to open additional capacity in Medicine on weekends to meet ED admitted demand through flex census plan. Change in staff/physician schedules to adjust to meet ED visit demand. Introduce reassessment triggers to prompt when patients are ready for physician reassessment and discharge. | - 90th percentile length of stay in hours for admitted patients at ED, measured from registration to leaving ED | 25.4%                          | 2016-2017 | Interim Vice-President, Patient Services             |
| continued on next page                                                             | Reduce hospital readmission rate for patients with Congestive Heart Failure (CHF) | Establish dedicated specialized ambulatory care services, which streamline the care for target population. Consolidate CHF patients on specialized cardiac floor to enable consistent application of CHF pathway. | - 30 day readmission rate to TSH – CHF                                                                                                                 | 15.1%                          | 2016-2017 | Interim Vice-President, Patient Services             |
|                                                                                   | Reduce hospital readmission rate for patients with Chronic Obstructive Pulmonary Disease (COPD) | Expand access to COPD clinic post discharge to access specialist follow-up and education with respiratory therapist. | - 30 day readmission rate to TSH – COPD                                                                                                              | 12.8%                          | 2016-2017 | Interim Vice-President, Patient Services             |
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<td>Create an environment that supports safe care and service</td>
<td>Reduce the time patients designated for Alternate Level of Care (ALC) spend in hospital</td>
<td>Introduction of ALC corporate steering committee to implement further best practices. Divert non-acute admissions through the introduction of team huddles in ED to review high risk patients. Improve bullet round discharge discussions to promote and align with Home First processes to divert ALC. Update corporate ALC policy to reflect escalation processes and track compliance to the standard. Refresh Corporate Complex Discharge Rounds with community partners to identify alternate discharge options and remove barriers to discharge.</td>
<td>- ALC Days divided by Patient Days from Census</td>
<td>11.3%</td>
<td>2016-2017</td>
<td>Interim Vice-President, Patient Services</td>
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<td>Promote effective information transfer with patients and team members across the continuum of care</td>
<td>Reduce the number of conservable days</td>
<td>Roll-out (corporate and programs) physicians specific conservable days report. Implement Medicine and Surgery standardized block schedules for ambulatory care. Explore the opportunity to integrate another clinical service (between TSH hospital sites).</td>
<td>- Percent Conservable Days excluding ALC days</td>
<td>18.9%</td>
<td>2016-2017</td>
<td>Interim Vice-President, Patient Services</td>
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<td>Ensure at least two-person specific identifiers are used to confirm that patients receive the service or procedure intended for them</td>
<td>Implementation of corporate communication and change management plan strategies: - I Ask Because I Care posters - Educational videos - FAQs for staff and physicians - Weekly quality checks - Mock tracers</td>
<td>- % compliance with use of two person specific identifiers to confirm each patient’s identity</td>
<td>100% compliance</td>
<td>2016-2017</td>
<td>Interim Vice-President, Integrated Care and Patient Experience</td>
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<td>Communicate information relevant to the care of the patient effectively during care transitions in partnership with patients</td>
<td>Ensure transfer of accountability documentation tools and communications strategies are standardized and implemented across the organization. Implement/document daily patient goals, and conduct weekly compliance audits.</td>
<td>- % compliance with timely, accurate, and complete patient information at transition points of care</td>
<td>100% compliance</td>
<td>2016-2017</td>
<td>Interim Vice-President, Integrated Care and Patient Experience</td>
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<td>Use a safe surgery checklist to confirm that safety steps are completed for a surgical procedure in the operating room (OR)</td>
<td>Conduct weekly compliance audits to ensure each phase of the safe surgery checklist is completed. Evaluate the results of the checklist at OR Program Council.</td>
<td>- % compliance with surgical safety checklist</td>
<td>100% compliance</td>
<td>2016-2017</td>
<td>Interim Vice-President, Patient Services</td>
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Our structure is aligned to emphasize that quality and safety is a shared accountability across the organization through ongoing monitoring, evaluation, and continuous improvement.

### Board Quality & Safety Committee (QSC)

The QSC monitors hospital activities aimed at improving quality of care and patient/staff safety including risks and relevant mitigating strategies. Monthly reports from PSGs and select departments advise the Board on performance and future improvement opportunities.

### Senior Management Team (SMT) | Medical Advisory Committee (MAC)

QCC develops and reviews our annual quality plans and monitors trends in critical incidents. Consisting of leaders and physicians from all programs, professional practice, and support departments, QCC links to the SMT, the MAC, and QSC, as required.

### Quality of Care Committee (QCC)

PSG and department committees provide program and departmental level direction in the planning, organization, delivery, and evaluation of quality patient-centered care. PSG and departmental scorecards align to our corporate strategic and quality scorecards. Quality and patient safety initiatives are driven corporately across the organization through specific committees and/or departments, such as the Falls Committee, Infection Prevention and Control, and Risk Management.

### Department Committees

### Quality/ Patient Safety Corporate Initiative

There are over 50 improvement huddle boards across our clinical, support, and administrative areas. Huddles foster a culture of learning, empower staff in team problem-solving, and monitor performance metrics that connect local activities to corporate goals.

### Our Supports: Decision Support | Innovation and Performance Improvement | Human Resources and Diversity | Patient Relations | Risk Management

### OUR SYSTEMS AND PROCESSES

Our quality systems and processes integrate to ensure prompt Issue Identification brought to the right level of accountability for Problem Solving and ongoing Performance Feedback.

#### I. ISSUE IDENTIFICATION

- Risk Registry and "Catch-Report-Strike"
- Improvement opportunities
- SAFE incident reporting system

#### II. TEAM PROBLEM SOLVING:

- Tiered huddle boards
- Lean improvement events
- Ongoing care team collaboration

#### III. PERFORMANCE FEEDBACK

- Daily huddles
- Performance scorecards
- Leadership Gemba
- VIP Chats

#### IV. LEARNING CULTURE

- Online Learning Management System
- Development of the next generation of leaders
- Lean Training – Internal Yellow, Green, and Leadership Levels

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