Ontario Health
Quality

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 31, 2023

OVERVIEW

Mackenzie Health is a dynamic regional healthcare provider serving the communities across western York Region, comprised of two acute care hospitals: the Mackenzie Richmond Hill Hospital and the Cortellucci Vaughan Hospital, in addition to the Reactivation Care Centre and our extensive range of community-based locations and services. Guided by a vision to create a world-class health experience, Mackenzie Health has an unrelenting focus on dedicated patient care and is proud to serve one of the fastest growing and most diverse communities in Canada with more than 550,000 residents.

For the past year, we have been operating two hospitals and a network of community-based locations to provide seamless care to patients across all our sites. Our teams cared for thousands of COVID-19 patients across our two hospitals while providing virtual care to many more patients in our ambulatory and outpatient programs and clinics, including our COVID-19 home monitoring program. Opening our second hospital was a remarkable feat and could not have been achieved without the support and hard work of our large community and stakeholders.

As evidenced in volumes seen this past year, two hospitals are necessary to care for residents across western York Region. We surpassed the projected volume of 375 patients per day at both of our emergency departments within months of opening Cortellucci Vaughan Hospital, and we consistently see close to 600 patients per day across our sites. As with many hospitals, we have faced significant capacity pressures and health human resource challenges.

Mackenzie Health's Quality Improvement Plan (QIP) for 2023/24 continues to support our journey to "create a world-class health experience" by ensuring safe and effective care and timely access to care for all those within our community and supporting smooth transitions for patients throughout the healthcare system.

PATIENT/CLIENT/RESIDENT PARTNERING AND RELATIONS

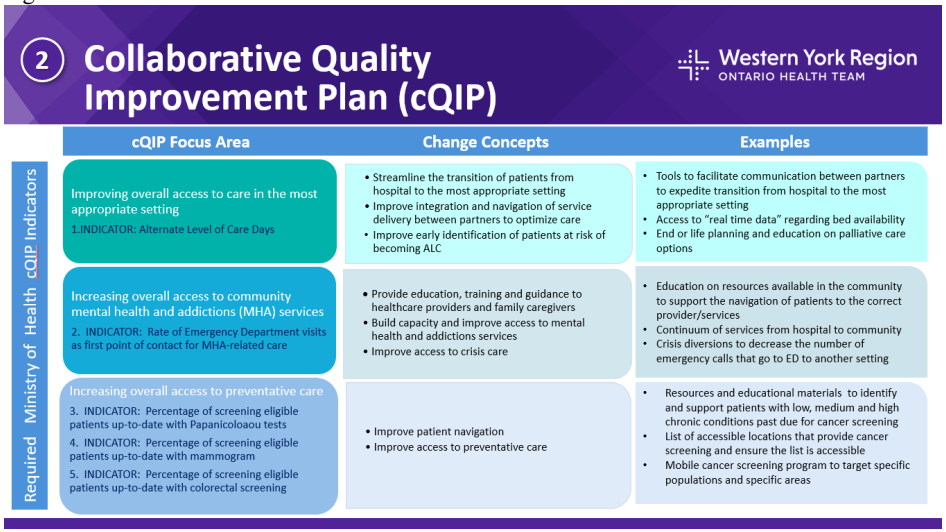
Ontario Health Team (Western York Region)

Mackenzie Health continues to work as part of the Western York Region Ontario Health Team (WYR OHT), composed of 16 member organizations across the primary care, home and community service, mental health, acute, long-term care, and palliative sectors. The OHT aims to improve coordination of care for patients through integrated care programming, starting with a focus on frail older adults. Over the past year, Mackenzie Health has worked closely with OHT partners to deliver, implement, and plan for new integrated care initiatives.

Collaborative Quality Improvement Plan cQIP

Through collaborative decision-making by members of our Integrated Care Advisory Committee, the decision was made to focus program development on strengthening palliative care programs across the ten long-term care homes in our region through training and support. The program's design was created with a working group of diverse OHT partners to drive foundational components of the program model including a Health Equity Impact Assessment (HEIA), gap analysis of palliative care processes in long-term care homes, change management plan, performance measurement framework (based on the Quadruple Aim) and curriculum development for the training. A key feature of the project will include how long-term care staff can proactively engage directly with residents and families to inform on the philosophy and approach to palliative care. In addition, specialized clinical pathways will be reinforced to support early identification of residents who could benefit from palliative and end of life care to avoid unnecessary transfers from long-term care to acute care settings (Figure 1).

Figure 1.



PROVIDER EXPERIENCE

MackenzieHelps

The MackenzieHelps program, which supports patients transitioning from hospital to home after their acute admission, continues to actively support patients in both its base and high intensity supports (Plus) program. Original partners include Mackenzie Health, SE Health and CHATS (Community and Home Assistance to Seniors). Recently, Leap of Faith Together (LOFT) was added as a partner to provide behavioural support for patients with higher intensity needs. The MackenzieHelps team has been working on a digital Shared Care Plan with Healthy Planet links to the EPIC system.

Virtual Care

In partnership with technology provider Evolv Rehab, the Virtual Rehab program uses innovative cloud software and hardware solutions to deliver rehab care at patients' homes for joint replacement and stroke patients. The program aims for efficient utilization of digital resources, minimize potential readmissions due to missed rehabilitation treatments, and enhance the patient experience by actively engaging patients to participate in their rehab care with interactive visual and audio on-screen aids to improve adherence to exercises and therefore outcomes and safety. From literature review, effective use of homebased physical therapy solutions can improve the physical function, cognitive function, functional independence, and health-related quality of life in patients.

In March 2022, the Virtual Stroke Rehab program was launched, offering virtual speech-language pathology (SLP) assessment and treatment for patients recently discharged from Mackenzie Health after a stroke. The virtual SLP program offers up to 12 weeks of twice weekly sessions to patients and their families targeting speech, language, and voice goals to improve functional communication outcomes. The program is supported by a part-time coordinator to liaise with patients and caregivers on hospital discharge and arrange technology if needed from our lending library of devices. Our team has noted a reduction in length of stay after implementing this service for patients requiring ongoing speech therapy rehabilitation and are safe to return home. The virtual SLP is linked with translation services to serve patients of many linguistic backgrounds. We collaborated with our community partners, CHATs and March of Dimes Canada, to provide technology set-up and links to ongoing community supports for patients and their families affected by stroke.

PATIENT SAFETY

HRO Leadership Training

At Mackenzie Health, we are committed to delivering reliable, safe care and excellent patient and staff experiences. Through our Zero Harm journey, we continue our efforts to transform quality and safety through the pursuit of highly reliable care. We made the choice to invest in becoming a High Reliability Organization (HRO) by designing the necessary training and tools in collaboration with our leaders, staff, and physicians to build a strong culture of safety and high reliability, supporting our people to consistently deliver excellent care. As part of our Zero Harm journey, staff and physicians will be trained on HRO Leader Skills and HRO Universal Skills for Reliability and Service Excellence to gain the skills necessary to support high reliability principles and service excellence (Table 1). More than 200 leaders were trained on the following:

HRO Leadership Skills:

The HRO Leader Skills provides an overview of High Reliability Principles and the three core leadership strategies needed to build a culture of safety to achieve zero harm at Mackenzie Health, those strategies are:

1. Demonstrating safety as a core value, delivering compelling safety starters, and actively showing support for those who speak up for safety.
2. Finding and fixing issues and problems that prevent safe and reliable practice by optimizing the huddles, utilizing visual management tools that promote problem solving, and Apparent Cause Analysis as a method for analyzing and learning from errors, events, and near misses.
3. Building and reinforcing accountability using feedback, and a Fair & Just Culture decision tool.

HRO Universal Skills for Reliability:

This training focuses on the fundamentals of high reliability organizing and provides an overview of the scope of preventable harm in healthcare. Staff will learn about and practice the Zero Harm Safety Behaviors Toolkit. These tools are evidence-based and, when practiced broadly and consistently, are proven to reduce the errors that lead to kinds of patient safety events and employee injuries that have occurred at Mackenzie Health.

HRO Universal Skills for Service Excellence:

When practiced effectively and reliably, the Commitment to Caring behaviours and tools will help us to ensure that every patient at Mackenzie Health has a care experience that is collaborative and human centered. These tools, when applied to our interactions with other Mackenzie Health team members, foster a psychologically safe work environment that will support our Zero Harm journey.

As part of next steps, front-line staff will be trained in universal skills for reliability and service excellence. Our goal is to build the foundation to maintain a high reliability culture and to drive a culture that fosters engagement and resilience among team members.

Table 1.

Education Module	Audience	Purpose
HRO Skills for Reliability	All	Teach skills that will reduce the incidence of normal human error.
HRO Skills for Service Excellence	All	Teach skills that will foster collegiality and patient-centered care.
HRO Skills for Leadership	Leaders	• Set expectation and reinforce HRO skills for Reliability/Service Excellence as standard practice. • Promote safety-first mindset • Facilitate identification and resolution of problems

Mackenzie Health continues to be Accredited with Exemplary Standing

Accreditation Canada awarded Mackenzie Health Accreditation with Exemplary Standing under the sequential Accreditation program. This recognition is a testament to the incredible team of staff and physicians at Mackenzie Health and their commitment to delivering safe, quality, patient-centred care to our community. The organization is commended on its commitment to using accreditation to improve the quality and safety of the services it offers to its clients and its community.

Digital Health

Mackenzie Health continues to collaborate with the Digital Pathology Network on recruitment of hospitals to the program and developing workflows with the Pathology team. This initiative is an example of our desire to use digital health strategies to improve quality of care across the continuum of care, improve communication between teams and have patients access care where it is needed most in a timely and efficient manner. Another example of digital innovation is our Point-Click-Care/EPIC initiative that enables integration between electronic medical record systems in acute care and with our long-term care partners. This clinical innovation will be expanding to additional long-term care homes in our region for more effective patient care.

Mackenzie Health has also been honoured for the third time by the College of Healthcare Information Management Executives as the only Canadian acute hospital to receive the 2022 CHIME Digital Most Wired recognition for its adoption and integration of smart technology and the positive impact it has on patient care. At Mackenzie Health, smart technology has essentially become a member of the care team, aiming to improve the patient and health care provider experience to give patients more control over their health care journey and enabling the health care team to spend more time caring for their patients.

HIMSS EMRAM

Mackenzie Health had received a revalidation of the Electronic Medical Record Adoption Model (EMRAM) Stage 7 in March 2022, the highest level on the Healthcare Information and Management Systems Society (HIMSS). EMRAM measures the level at which an organization adopts and uses electronic medical records to improve organizational performance, patient safety and health outcomes across patient populations by leveraging digital information. By implementing system improvements through two application upgrades in EPIC and ensuring that system functionality is up to date, we achieved a Gold Stars 8 standing, a measure of effective use of the EMR system (Figure 2). The new features helped maximize functionality, improve clinician productivity and satisfaction, and increase patient engagement, leading to improved patient outcomes.

Figure 2.

Central Line Associated Bloodstream Infection

Central line-associated bloodstream infections (CLABSIs) are associated with significant patient harm and healthcare costs. While CLABSIs are preventable through quality improvement (QI) initiatives, the COVID-19 pandemic has caused many challenges to these initiatives. An interprofessional quality aim committee conducted a common cause analysis to identify individual and system failure mechanisms, as well as to implement evidence-based interventions. Change ideas included improving governance and accountability, education and training, standardizing insertion, and maintenance processes, updating equipment, improving data and reporting, and creating a culture of safety (Figure 3). Interventions occurred over 4 Plan-Do-Study-Act cycles. The outcome was the CLABSI rate per 1000 central lines; process measures were rate of central line insertion checklists used and central line capped lumens used; balancing measure was the number of CLABSI readmissions to the critical care unit within 30 days. Results demonstrate CLABSIs decreased by 41% over 4 PDSA cycles from a baseline rate of 4.62 (July 2019-February 2020) to 2.71 (July-December 2022) per 1000-line days (Figure 4). By March 2022, the rate of central line insertion checklists used increased from 22.8% to 56.9%, and central line capped lumens used increased from 72% to 94.3%. Mean CLABSI readmissions within 30 days decreased from 1.49 to 0.18. In conclusion, our multidisciplinary QI interventions reduced CLABSIs by 41% across a health system during the COVID-19 pandemic. In order to achieve further decreases in CLABSIs to achieve our Zero Harm aim, the next stages of the project will focus on compliance of the maintenance bundle including dressing changes and line review necessity.

Figure 4.

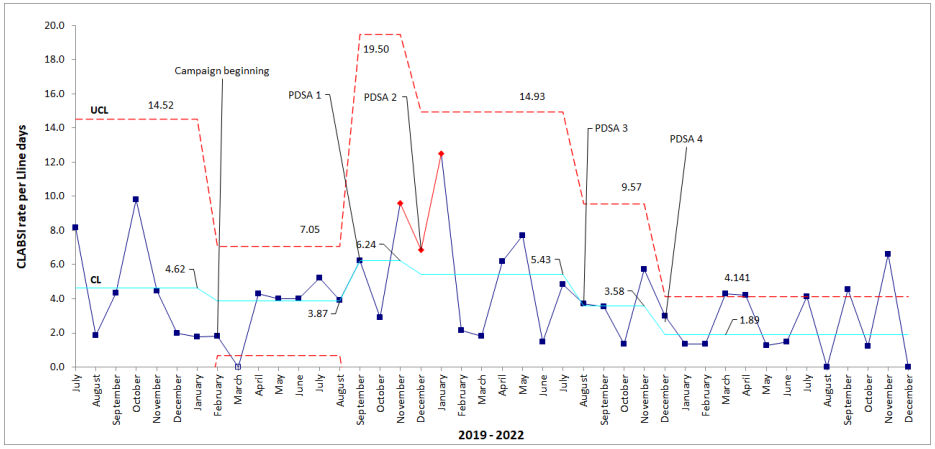
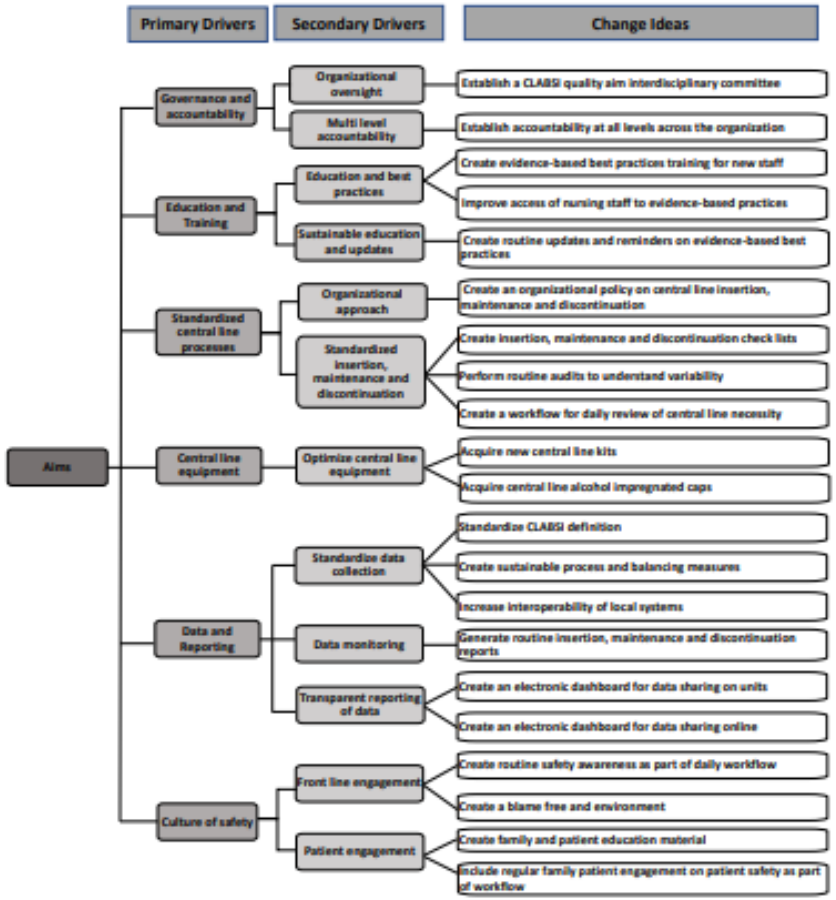


Figure 3.



Irretrievable Specimen

Pre-laboratory irretrievable loss of Anatomical Pathology specimens causes harm to patients, hospitals, and the healthcare system. Between June 2019 and December 2019, Mackenzie Health noted a baseline rate of 0.187 losses per 1000 specimens (3 losses/16,078 specimens). As part of a "zero harm" approach to patient safety, our aim was to reduce irretrievable specimen loss to zero. A period of wide stakeholder engagement took place, including a root cause analysis exercise and solicitation of potential interventions. Key drivers were developed including: 1) establishing a robust governance and accountability structure; 2) process redesign, including a novel technology solution (Figures 5 and 6); and 3) staff education and training. The primary outcome was to achieve zero specimen loss. Our intervention period included a new

process with the introduction of paper tracking forms, followed by the incorporation of a technology innovation for improved specimen tracing. Following our interventions, the rate of irretrievably lost specimens decreased from a baseline of 0.187 to 0 losses per 1000 specimens. Our health system successfully reduced irretrievable specimen loss to zero through iterative quality improvement changes over the course of a two-year period. Future endeavors will focus on enhanced data collection and measures to ensure sustainability.

Figure 5.

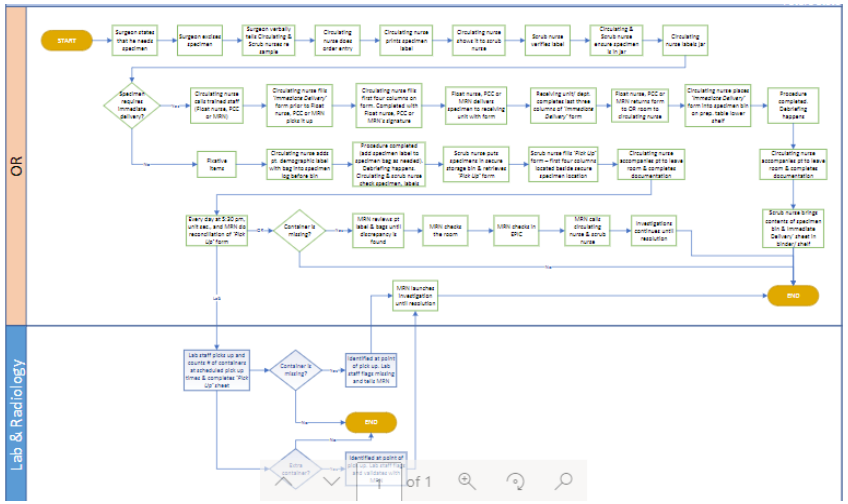
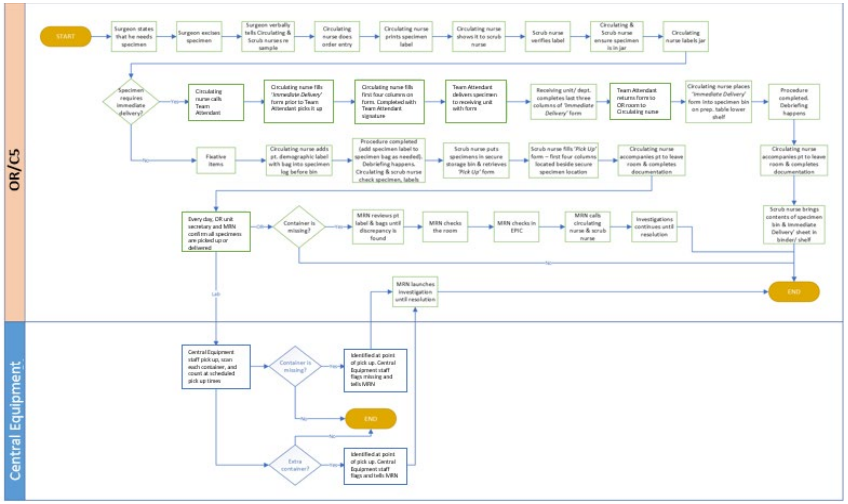


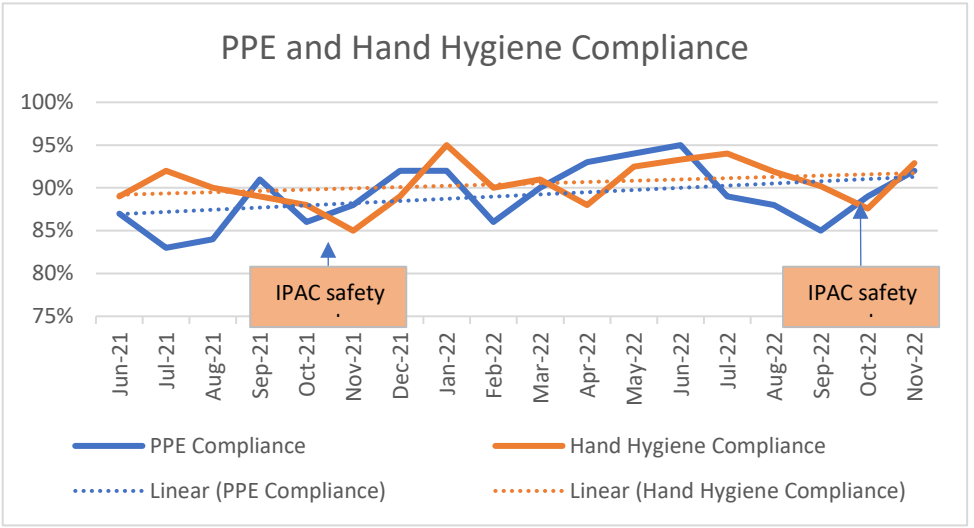
Figure 6.



IPAC Safety Coaches

The IPAC safety coaches program was introduced to the organization in March 2021 to engage, empower and grow the capacity of frontline staff to increase compliance with IPAC best practices. The program is now undergoing its third cohort of staff who are working to promote IPAC best practices, support initiatives and conduct audits. Frontline staff participate in weekly meetings with an educational component along with opportunities to bring forward any identified IPAC concerns. Opportunities for improvement were identified including modifying session content to engage a broader range of multidisciplinary professions. Hand Hygiene compliance and the Personal Protective Equipment (PPE) donning and doffing indicators have continuously improved since the commencement of the program (Figure 7).

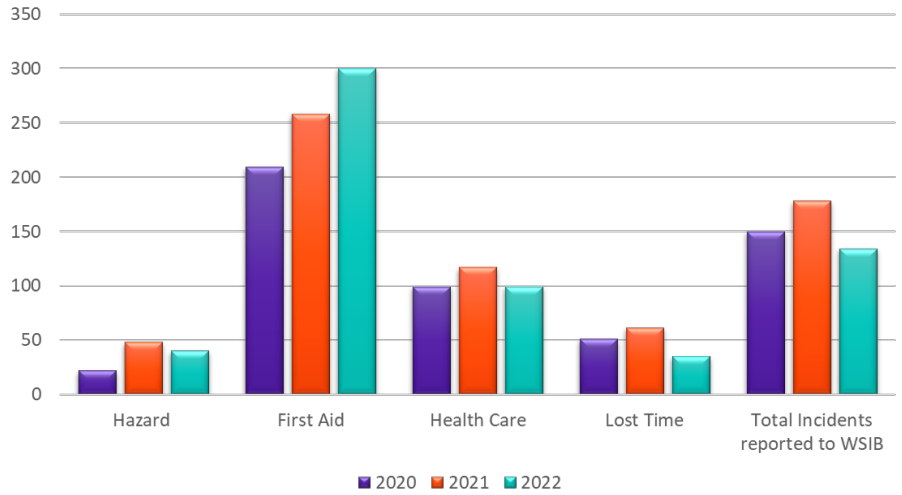
Figure 7.



WORKPLACE VIOLENCE PREVENTION

Building a strong culture of safety and providing a violence free environment for all is of critical importance to our organization. While seeing encouraging statistical data supporting a decrease in the number of incidents causing harm, Mackenzie Health continues its efforts to improve quality and enhance the existing Workplace Violence Prevention Program.

Figure 8.



Workplace violence may come in different forms and can originate from patients, families, visitors, the public, or co-workers. Aiming towards zero harm, our goal is to identify all potential sources of violence and eliminate or mitigate risks for future incidents. Members of the multidisciplinary Workplace Violence Committee meet regularly to ensure a safe environment across the continuum of care, including staff, patients, volunteers, and visitors. The Joint Health and Safety Committee is instrumental in continuous evaluation of the Program supported by the feedback from the frontline workforce, focusing on identifying gaps and potential measures for correction.

Workplace Violence Prevention and De-escalation Training

In addition to the Mandatory Workplace Violence Prevention training provided to all new hires, the Learning and Organizational Development Team, in collaboration with Health and Safety and clinical stakeholders, has developed a De-escalation Training to provide clinical and non-clinical staff with strategies on how to manage aggressive and violent behaviours. Enrollment since November 2022 has seen more than 3000 staff completing the e-learning module and nearly 900 frontline staff in high-risk areas have been provided with hands-on training. Impact of this training across the organization continues to be monitored and assessed.

Publications

Mackenzie Health continues to focus on establishing new methods in achieving high quality care and exemplary professional practice. This resulted in two approved publications last year on:

- Redstone, C., Zadeh, M., Wilson, MA., McLachlan, S., Chen, D., Sinno, M., Khamis, S., Malis, K., Lui, F., Forani, S., Scerbo, C., Hutton, Y., Jacob, L., Taher, A. (2022). A quality improvement initiative to decrease central line associated bloodstream infections during the COVID-19 pandemic: A "zero harm" approach, Journal of Patient Safety.
- Pinto, D., Tsourgiannis, J., Wintraub, L., Richards, P., Wilson, MA., Soheili, A., Sinno, M., Taher, A. (2022). A quality improvement initiative to decrease in-hospital irretrievable specimen loss: A "zero harm" approach. Canadian Journal of Pathology, 14(3): 17- 35. https://www.flipbookserver.com/CJP-14-3.

Next Steps

Mackenzie Health will continue with the majority of the 2022/23 QIP indicators. This year, another indicator related to equity will be included in our 2023/24 QIP. As outlined in the workplan, efforts will continue in managing the COVID response, improving quality indicators, supporting long-term care homes, and enhancing our staff & patient experience.

EXECUTIVE COMPENSATION

Mackenzie Health has a comprehensive executive performance-based compensation plan. The plan has an allocated pay for performance percentage that exceeds the industry average and extends to the Director level positions and above.

The performance-based plan is linked to the achievement of strategic goals and objectives, and includes patient centered service excellence QIP targets. Total compensation, benchmarked to market rates of peer hospitals, equals base salary and performance-based pay, also referred to as 'at risk' pay. The at risk pay component is:

- Up to 15% of base pay for the President and Chief Executive Officer (CEO)
- Up to 10% of base pay for the Executive Leadership Team reporting directly to the President & CEO (Executive Vice President, COO & CNE; Vice President, Strategy & Program Support Services; Vice

President, People Services & CHRO; Vice President, Finance & CFO; Vice President, Digital Health & CIO, and Vice President, Public Affairs & Stakeholder Relations and Chief Communications Officer)
- Up to 15% of base pay for the Vice President, Medical Planning & Chief of Staff (COS)

All management staff complete annual Accountability Agreements incorporating corporate strategic targets, program targets and individual targets. All Accountability Agreement objectives include QIP targets.

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 23, 2023.

Board Chair - Fay Lim-Lambie 

Board Quality Committee Chair - Azi Boloorchi 

Chief Executive Officer - Altaf Stationwala 

Chief Nurse Executive - Mary-Agnes Wilson 

Other leadership as appropriate

CONTACT INFORMATION

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AIM		Measure							Change				
Issue	**Quality dimension**	**Measure/Indicator**	**Type**	**Unit / Population**	**Source / Period**	**Performance 22/23**	**Target 23/24**	**Target justification**	**Planned improvement initiatives (Change Ideas)**	**Method(s)**	**Process measures**	**Target for process measure**	**Accomplishments and lessons learned**
Theme I: Timely and Efficient Transitions	**Timely**	The time interval between the Disposition Date/Time (as determined by the main service provider) and the Date/Time Patient Left Emergency Department (ED) for admission to an inpatient bed or operating room.	**MANDATORY**	Hours / All patients	CIHI NACRS, CCO / April 2022 - December 2022	42.6 hours	26 hours	Mackenzie Health will continue to use this indicator to improve patient flow. The 23/24 target will remain the same as 22/23 as the target was not reached	1) Develop and implement a mechanism to manage patient volumes	1. **NEW** Revise the Surge Bed Management Protocols to support a 2-site model 2. **NEW** Pilot the ED Shortstay unit at MRH for inpatients requiring short stay to increase capacity in ED and inpatient beds 3. **NEW** Pilot action rounds for inpatient holding in ED at CVH to coordinate care and facilitate care planning 4. **NEW** Optimize EPIC and implement Discharge Milestones feature	1. Percentage of staff trained on updated protocol 2. Percentage of milestone completion 3. Daily action rounds 4. Percentage of trained staff	1. 100% of relevant staff trained on updated protocol 5. 100% pilot completion 3. 100% completion of daily action rounds daily 4. 100% of medicine unit interdisciplinary team members trained	Initiative maintained for 23/24. Over the last year, the team successfully developed and implemented escalation plans to enhance flow. The team designed a CVH surge space to accommodate inpatients waiting for beds. New initiatives were identified to be piloted and implemented in the upcoming year.
Theme II: Service Excellence	**Patient-centred**	Percentage of complaints acknowledged to the individual who made a complaint within 2 business days	C	% / All patients	In house data collection / April 2022 - December 2022	99%	99%	Mackenzie Health will continue to focus on improving complaints acknowledged to the person who made the complaint within two business days. The target for 22/23 was 98%	1) Strengthen the function of Patient Relations.	Streamline complaints process	Percentage of patient relations files open for more than 60 days	80% of patient relations files resolved within 60 days	Initiative maintained for 23/24. Over the last year, an algorithm was developed to standardize the process. A more efficient approach to managing complaints was built. Next phase is to partner with the care team to lessen the severity of the complaints.
									2) Disseminate communication on the Patient Relations function to all staff, physicians, and leadership and engage stakeholders in complaint resolution	Design and implement a communications plan across Mackenzie Health that engages stakeholders	Percentage of nursing units and medical departments that have implemented the communication plan on the revised Patient Relations function	100% of nursing units and medical departments implemented the communication plan p	Initiative maintained for 23/24. Work in progress, the process of relationship building is continuous and requires regular scheduled visits to address the ever-evolving resource changes.
Theme II: Service Excellence	**Patient-centred**	Percentage of respondents that responded "yes" to the following question: During your hospital stay, did nurses and doctors include you and/or your family in making decisions by respecting your choices?	C	% / Discharged patients	Vocantas automated phone survey / April 2022 - December 2022	92%	92%	Mackenzie Health continues to work towards improving patient satisfaction utilizing real-time feedback survey results. The target for 22/23 was 90%.	1) Expand our Patient Partners Program to increase patient/family engagement in hospital committees and initiatives	1. Enhance recruitment of Patient Partners through a standardized approach 2. Engage Patient Partners in Organizational Committees 3. Engage Patient Partners in Organizational Quality Aims 4.Collaborate with patient Partners to co-design services and initiatives 5. **NEW** Implement Accreditation Canada recommendations for the patient partners program	1. Number of recruited patient partners 2. Percentage of Committees related to the Quality Governance structure that patient partners are participating in 3.Percentage of Organizational Quality Aims that patient partners are participating in 4. Number of initiatives that patient partners have successfully contributed to 5. Milestone completion	1. 20% increase in the total number of Patient Partners 2. 80% of the patient partners are actively participating in Quality Governance committees 3. 80% of organizational Quality Aims include a patient partner representation 4. At least five initiatives/projects co-designed with patient partners 5. 100% milestone completion	Methods updated and initiative maintained for 23/24. Patient partners have been embedded in program quality committees. As a next step, their role within these committees needs to be defined to enable meaningful and sustainable contribution.
									2) Explore leading practices for patient satisfaction/experience tools that are valid and reliable	1. Select a valid and reliable patient satisfaction/experience tool that is consistent with Accreditation Canada 2. Implement the selected patient satisfaction/experience tool organizationally	1. Percentage of milestone completion 2. Percentage of programs utilizing the new tool	1. 100% milestone completion 2. 80% of programs are utilizing the new tool	Initiative maintained for 23/24. Currently in the process of selecting a valid tool and embedding it into the existing electronic patient software (MyCare).
									3) Create and advance a holistic understanding of Commitment to care, experience module, that embraces patient experience as well as other key dimensions of performance.	1. Implement a train-the-trainer model for sustainability 2. Provide Training to relevant leaders and frontline staff for building sustainability	1. Number of staff trained in train the trainer module 2. Percentage of staff train in universal skills	1. 300 staff trained in train the trainer module 2. At least 20% of targeted staff received training on universal skills	Methods updated and initiative maintained for 23/24. During the co-design and common cause analysis of emotional harm events, people struggled with looking at situations from the patient's perspective. This training allows for an empathetic

AIM		Measure							Change				
Issue	**Quality dimension**	**Measure/Indicator**	**Type**	**Unit / Population**	**Source / Period**	**Performance 22/23**	**Target 23/24**	**Target justification**	**Planned improvement initiatives (Change Ideas)**	**Method(s)**	**Process measures**	**Target for process measure**	**Accomplishments and lessons learned**
													perspective to be considered moving forward when dealing with families and patients in complex situations.
Theme III: Safe and Effective Care	**Effective**	Percent of unscheduled repeat emergency visits following an emergency visit for a mental health condition.	P	% / ED patients	In house data collection / April 2022 - December 2022	17%	15%	Mackenzie Health will focus on reducing the number of repeat mental health visits to the emergency department. The 22/23 target will be to reduce revisits by 10% from the performance period of April to Dec 2022.	1) Review current state of repeat mental health visits to the emergency department and implement improvement strategies to reduce revisits	1. Conduct monthly analysis on repeat mental health visits to the emergency department to identify improvements needed 2. Develop & implement targeted interventions to identified gaps	1. Number of chart reviews per month 2. Number of interventions implemented	1. 10 chart reviews per month 2. At least 2 interventions have been implemented	Initiative maintained for 23/24. ED and Mental Health departments collaborated with decision support to retrieve real-time internal reports with real-time data that is actionable. The 2 initiatives implemented over the last year were enhancing community resources for patients and introducing weekend and after-hours flow huddles.
									2) Implement an Emergency Department diversion program for mental health patients in collaboration with York Support Services Network.	1. Retrieve relevant data from YSSN and conduct a current state analysis on referrals made to YSSN (frequency, type of patients, impact of referrals) 2. Develop & implement targeted interventions to identified gaps	1. Percentage completion of current state analysis 2. Number of interventions implemented	1. 100% of milestone completion 2. At least 2 interventions have been implemented	Initiative maintained for 23/24. Work in progress.
		Medication reconciliation within 24 hours of admission: Percentage of admissions where all of the patient's medications were reconciled	C	% / All inpatients	In house data collection / April 2022 - December 2022	62%	75%	Mackenzie Health will focus on improving compliance with medication reconciliation on admission by implementing more robust reliability structures. In the third quarter of 22/23 the target of 70% was achieved. Therefore, the 23/24 target will be increased to 75%.	1) Establish clear accountability for individual practitioners, pharmacists and unit leadership related to admission medication reconciliation.	1. Provide physician training on Medication Reconciliation and develop mandatory MyLearning training module. 2. **NEW** Establish accountability for monitoring medication reconciliation compliance at program quality councils.	1. Percentage of physicians that completed the MyLearning module 2. Number of program quality councils with medication reconciliation compliance on agenda.	1. 100% of physicians completed the MyLearning module 2. 100% of program quality councils have medication reconciliation compliance as a standing agenda item.	Initiative maintained for 23/24. Physician training launched last year, however, need to re-evaluate methods for enhancing uptake of module.
									2) Disseminate expectations for medication reconciliation organizationally	1. Develop and implement robust internal communication plan about medication reconciliation. 2. **NEW** Establish reporting structure from programs to medication safety committee.	1. Percentage of unit leadership and medical departments that received communication on medication reconciliation. 2. Programs with less than 95% compliance have a workplan for improvement that is shared at the medication safety committee.	1. 100% of unit leadership and medical departments received communication on medication reconciliation. 2. 100% of programs with less than 95% compliance have a workplan back to medication safety committee	Initiative maintained for 23/24. Over the last year, targeted communication and education occurred with areas that had lower compliance rates (Woman & child, Surgery, and Mental health) that had identified gaps.
		Rate of Central Line-Associated Primary Bloodstream Infections (CLI) in the Intensive Care Unit (ICU). Number of ICU patients with new central line-associated primary blood stream infection per 1,000 central line days	C	Rate per 1,000 / ICU patients	In house data collection / April 2022 - December 2022	2.57	2.45	Mackenzie Health's goal is to reduce the number of CLI's in the ICU. The target for 23/24 is reduced by 20% compared to the previous year target of 3.06	1) Reinforce the compliance with evidence-based insertion and maintenance bundles in the Intensive Care Unit (ICU)	1. Optimize maintenance bundle and CVC LDA documentation 2. Educate ICU staff and physicians on adapted protocols/processes as it relates to insertion and maintenance bundles 3. Develop and implement a maintenance audit structure	1. Percentage utilization of physician insertion template 2. Percentage of ICU staff and physicians who have received education on the new practices 3. Percentage of compliance with maintenance of Central Lines	1. 80% compliance with insertion template 2. 100% of ICU staff and physicians will receive education on the new practices 3. 80% compliance with maintenance of Central Lines	Initiative maintained for 23/24. 1. Maintenance bundle is currently available on EPIC, however, it's not a required documentation for nursing & physicians. Plan to optimize EPIC for required documentation. There was a positive impact on nursing practice as central line discussions are occurring during daily rounds. 2. Nursing education on protocols/processes have been completed. Physician education on insertion has been

AIM		Measure							Change				
Issue	**Quality dimension**	**Measure/Indicator**	**Type**	**Unit / Population**	**Source / Period**	**Performance 22/23**	**Target 23/24**	**Target justification**	**Planned improvement initiatives (Change Ideas)**	**Method(s)**	**Process measures**	**Target for process measure**	**Accomplishments and lessons learned**
													completed. Pending education on maintenance bundles. 3. Challenges around completing sterile dressing change audits as changes are done on night shifts. Currently, real time audits are completed once a week with staff.
									2) Optimize data accessibility both in real time and retrospectively to monitor and improve performance as it relates to CLABSI prevention	Collaborate with EPIC to build a dashboard in Tableau to display real-time performance metrics (i.e., dressing maintenance, line location, dwell days)	Percentage of sites with available performance dashboard	100% of sites with available performance dashboard	Initiative maintained for 23/24. Tableau dashboards were created and are currently shared during monthly huddles with the ICU team to review compliance rates. Next steps, there is opportunity to make this data more accessible to front line staff.
	Safe	Number of workplace violence incidents reported by hospital workers (as defined by OHSA) within a 12-month period.	MANDATORY	Count / Worker	Local data collection / January 2022 - December 2022	166	150	Mackenzie Health's goal is to continue working on reducing the number of workplace violence incidents. Recognizing that Mackenzie Health is now a two-site model, the target has been increased to 200.	1) Promote governance and leadership structure that supports reporting & management of workplace violence incidents	**NEW** Revise incident tracking & management system as part of the Current State Validation recommendations for the Safety Management System	Enhance identification of root cause/common cause to allow targeted prevention actions	Recurrence of incidents with similar root causes reduced by 10%	Methods updated and initiative maintained for 23/24. Over the last year, the utilization of EAP services has increased. In addition, quarterly committee meetings are taking place, with stakeholders from different disciplines providing input and recommendations on prevention strategies. This has been instrumental in endorsement of current initiatives.
									2) Assess the physical environment and operations for risk to ensure the workplace is safe for all employees	Complete the Annual Workplace Violence Risk Assessment at all sites and address gaps identified in the Annual Workplace Violence Risk Assessment through the implementation of corrective/ preventive actions	Rate of compliance with the Annual Workplace Violence Risk Assessment	100% completion rate of Annual Workplace Violence Risk Assessment by December 2023	Initiative maintained for 23/24.
									3) Reduce workplace violence incidents resulting in healthcare and lost time claims	1. Monitor results of de-escalation training implemented for front line staff in high-risk areas 2. **NEW** Train new leaders on standardized approach to incident management for prevention with emphasis on how to identify and document the root cause.	1. Percentage of trained staff in de-escalation technics 2. **NEW** Percentage of new leaders educated on the enhanced incident investigation process	1. 80% of staff in high-risk areas are trained in de-escalation technics 2. 100% of new leaders trained on how to identify and document the root cause.	Methods updated and initiative maintained for 23/24. Refresher education has been provided to managers on the investigation of incidents to implement corrective/ preventive measures.
		Hospital acquired pressure injury stage II and above in all inpatient populations: The rate of hospital acquired pressure injuries stage II and above over the total number of inpatient admissions.	C	% / All inpatients	In house data collection / April 2022 - December 2022	1.7	1.3	Mackenzie Health's goal is to reduce the hospital acquired pressure injury rate. The target for 2023/24 will remain the same, to reduce the rate of hospital acquired pressure injury to 1.3 or below.	1) Optimize pressure injury prevention strategies based on Braden scores	1. Monitor compliance with pressure injury prevention interventions 2. Identify further opportunities for optimization	1. Percentage of compliance with pressure injury prevention based on Braden score 2. Number of opportunities for improvement identified	1. 80% compliance with pressure injury prevention interventions based on Braden score 2. At least 2 improvement opportunities identified and implemented.	Methods updated and initiative maintained for 23/24. Over the last year, the EMR has been optimized to guide the use of targeted interventions for pressure injury prevention based on the Braden risk assessment sub-scores. This has helped nurses make informed decisions and standardize practice. The feedback from frontline nurses was overall positive.
									2) Increase capacity of clinical educators and bedside nurses to manage	1. Roll-out education to address knowledge gaps and support ongoing learning	1. Percentage of staff that received education	1. 100% of targeted staff completed the MyLearning module	Methods updated and initiative maintained for 23/24.

AIM		Measure							Change				
Issue	**Quality dimension**	**Measure/Indicator**	**Type**	**Unit / Population**	**Source / Period**	**Performance 22/23**	**Target 23/24**	**Target justification**	**Planned improvement initiatives (Change Ideas)**	**Method(s)**	**Process measures**	**Target for process measure**	**Accomplishments and lessons learned**
									non-complex pressure injuries	2. Monitor compliance with workflow	2. Percentage of stage 1 & 2 pressure injuries managed at the unit level	2. 20 % reduction in wound care consults for stage 1 and 2 PI	Unit level educational sessions conducted over the last year. Positive feedback obtained from nurses regarding this method of training rather than in auditorium that is less accessible. The plan is to create a continuous training model for sustainability. The e-learning module is in final stages.
									3) Establish a sustainable mattress and bed replacement program across the organization.	1. Implement an organizational mattress/bed inspection and replacement strategy. 2. Monitor compliance with mattress inspection and mattress replacement strategy	1. Percentage of mattresses inspected across the organization 2. Percentage of damaged mattresses that have been replaced	1. 100% of mattresses will be inspected across the organization 2. 100% of damaged mattresses have been replaced	Methods updated and initiative maintained for 23/24. The program is established and fully implemented at MRHH. All damaged mattresses have been replaced. The plan for next year is to implement the process at CVH.
		Rate of compliance with PPE practices	C	% compliant/ total observations	In house data collection/ April 2022 - December 2022	91%	91%	Mackenzie Health's goal is to increase the PPE compliance rate above the current performance of 91% by end of fiscal 2023/2024	1) Expand IPAC Safety coaches' program	1. Extend IPAC safety coaches' program across to all inpatient units 2. Build capacity of IPAC champions by engaging them in the corporate IPAC committee meetings	1. Percentage of inpatient units with designated safety coaches 2. Percentage of corporate IPAC committee meetings that included an IPAC champion	1. 100% of inpatient units with safety coaches. 2. 100% of corporate IPAC committee meetings included an IPAC champion	Methods updated and initiative maintained for 23/24. The program has been extended to all inpatient areas and non-clinical areas. Recruitment has been a challenge in certain departments. Plan is to continue this for next year to ensure engagement from all inpatient areas.
									2) Build leadership accountability for PPE & HH compliance data	1. Disseminate results at unit huddles and program committee meetings and work on action plans 2. Promote manager accountability of unit specific data	1. Percentage of units huddling with incorporated compliance data. 2.Percentage of units that achieved the minimum monthly audit target	1. 100% of units using compliance data at safety huddles. 2. 100% of units achieved the minimum monthly audit target (30 counts)	Methods updated and initiative maintained for 23/24. Unit leadership is aware of PPE compliance data available in Tableau. Performance data is shared at unit huddles and quality committee meetings. Plan to continue to work with leadership on action plans and accountability when performance is below target.
									3) **NEW** Create combined annual PPE and HH education module in MyLearn	Update annual requirement of training for all Mackenzie Health staff	Percentage of staff that have completed the annual combined PPE & HH MyLearning module	100% of staff will have completed the annual PPE & HH MyLearning module	Not applicable.
									4) Explore opportunities to optimize the use of Centrak for hand hygiene data collection and dissemination.	**NEW** Pilot project launched in 2 medicine units	Percentage of milestones completed	100% of milestones completed	Methods updated and initiative maintained for 23/24. Over the last year, A current state analysis was completed, and project plans have been created. Impact of the pilots will be monitored over the next year as the project progresses.

AIM		Measure							Change				
Issue	**Quality dimension**	**Measure/Indicator**	**Type**	**Unit / Population**	**Source / Period**	**Performance 22/23**	**Target 23/24**	**Target justification**	**Planned improvement initiatives (Change Ideas)**	**Method(s)**	**Process measures**	**Target for process measure**	**Accomplishments and lessons learned**
Theme III: Safe and Effective Care	**Equitable**	**NEW** Percentage of staff that completed the Inclusion and Diversity e-learning module	c	% / Staff	In-house data collection/ Calendar year - January to December 2022	85%	87%	Advance Inclusion and diversity agenda and create impactful change initiatives with the goal of building individual, team and organizational capacity and capability. Increase completion of learning modules by 2%.	1) Build capacity for Inclusion & Diversity by expanding programming and resources within the Inclusion and Diversity Program	1. Provide unconscious bias Training for new hires at corporate orientation (all staff) 2. Provide educational resources and learning opportunities on I & D related topics including unconscious bias, anti-black racism, allyship, and culturally responsive care	1. Percentage of staff/partners who completed unconscious bias training at new hire orientation. 2. Percentage of staff who completed optional I & D learning sessions	1. 100% of all new hires (all staff) 2. 7% of staff to attend optional learning sessions; launch anti-racism resources	Not applicable