

Quality and Safety at St. Joseph's Health Centre

Providing the safest care possible to our patients is very important to us. We have a saying at St. Joseph's Health Centre that "patient safety is everybody's responsibility."

So why is this important to us? As a community teaching hospital serving the diverse communities of south west Toronto, our patients and their families rely on us each and every day to provide safe, quality care. There are many initiatives and strategies in place that go into helping us achieve our strategic commitment of Putting Patients First by providing the safest care.

Over the next year, our newsletter, *Connections*, will provide our patients and their families as well as our staff, physicians and volunteers, with information on these initiatives to report on how we're doing on delivering on our commitment to provide safe, quality care.

Read on to learn more about what our Medicine, Ambulatory and Seniors' Health Program is doing to support quality care and patient safety at St. Joseph's Health Centre.

What does Quality mean to the Medicine, Ambulatory and Seniors' Health (MASH) Program? It means ensuring that they are Putting Patients First – whether that is by understanding and implementing best practices in care, standardizing processes and procedures to reduce waste, or providing enhanced value to patients in meeting or exceeding their expectations. At the heart of quality is ensuring that care provision is patient-centered, efficient, effective and accessible. The work of the patient care teams is focused on achievement of delivering on our commitment to Put Patients First by providing the safest care.

When brainstorming ideas for Quality Strategy initiatives in the MASH Program, its Leadership Team decided to leverage their existing operating objectives and initiatives as the starting point for 2010-11 planning. The structured discussion sessions provided an opportunity for the group to take a step back, reflect on the achievements of the past year, and refocus efforts on those initiatives that would provide the greatest opportunity to positively affect the Big Aim. "The Program has been fortunate to be an

early adopter of best practice strategies through the Releasing Time to Care® (RTC) initiative, which have a direct correlation with many of the outcome measures that we are developing for the corporate Quality and Safety Strategy. We're capitalizing on the sharing of internationally recognized best practices for enhanced care delivery," said Catherine Cotton, Administrative Program Director, Medicine, Ambulatory and Seniors' Health Program.

For each initiative within the MASH portfolio, leads have been assigned to develop, coordinate and implement quality plans. "Our approach is twofold: (1) to harness the expertise that we have within our Program to bring structure to intra- and inter-program-specific initiatives, and (2) to work collaboratively with other programs to gain knowledge of, and adapt, their best practices," said Cotton.

The Program is spread out over multiple inpatient units and outpatient clinics. "This provides us with multiple opportunities to affect many of the Big Aim indicators. A large percentage of our patient population are frail

seniors, at great risk of developing pressure ulcers or falling. Our team will be responsible for leading the development of strategies to reduce both of these adverse events, and to share these practices with our colleagues across the Health Centre. In addition, we are looking to educate our patients and family members, so that they are active participants in the process.”

It is still in the early days to see concrete results from the re-launch of these newly focused initiatives. During the 2009-2010 fiscal year, the Pressure Ulcer Awareness & Prevention Program launched by the MASH Program was successful in achieving a reduction in the number of pressure ulcers and teaching staff, patients and families about prevention strategies. There is a plan this year to enhance current practices using some of the lessons learned by staff of the RTC® pilot unit, 4 East. There has also been a refresh of the Corporate Falls Committee, co-chaired by one of the managers within the MASH Program, with a renewed mandate, revised tools and an enhanced education plan to ensure that all staff are aware of the strategies we can use to help reduce patient falls across the Health Centre. Early results from the pilot unit, 6G, are most encouraging; the staff like the new visual management tools that help to identify those patients at risk, prompting greater supervision and other safety practices.

The MASH program has partnered with the Toronto Central Community Care Access Centre (CCAC) and is heavily involved in their Home First initiative that is supported by the Toronto Central LHIN. CCAC coordinators take part in daily bullet rounds on the units, forging relationships that have realized a reduction in the number of people waiting for a long-term care bed in hospital – patients are able to go home to wait with the right supports and services. Through this collaboration, the programs have seen a reduction in the number of ALC days which in turn improves patient flow across the entire Health Centre.

“It is important to us to have our staff share and take part at weekly meetings – looking at where we are successful and where we are challenged. This takes time, but it reinforces what we are doing and allows the staff to develop new ideas or discuss different ways of doing things within each cycle of improvement,” said Cotton.

“RTC® has helped us to understand that we really need to involve staff in all of our initiatives in order to be successful. The initiatives become much more meaningful because the staff are playing a major role in the development and implementation of the plans.

Staff become owners of the process change, and are constantly exploring new ways to achieve success. This has had a remarkable influence on positive patient outcomes,” said Cotton.

“The idea is to gain small wins by using smaller tests of change allowing staff to review, celebrate or change our processes as we work toward achieving our goal. One of the first learnings that we have experienced is that we need to celebrate our success, no matter how small – this feedback enriches the next learning cycle,” said Cotton.

Over the next year, Catherine plans to attend a greater number of Point of Care team meetings. With the success of the Quality Strategy so dependent on the understanding and implementation of the plans at the direct care provider level, it is important to monitor how staff is managing, and to inspire and empower them to help make a difference. “We have learned from various improvement projects this past year that ongoing visible leadership commitment is key to sustaining success.”

“We must remember that this is not just about us, and achieving the goals that we have set, but it’s also about what our patients and their families have deemed important to them.” The MASH Program looks forward to the journey towards achievement of the objectives within our Quality and Safety Strategy.

The Quality conversation continues on Chatter!

Remember to visit the home page of SJNet and start chatting about the great work that is being done with your quality team or across the Health Centre!



30 The Queensway, Toronto, Ontario M6R 1B5
T: 416-530-6000 W: www.stjoe.on.ca