



## Table of Contents

Exceptional Patient and Family Experience 1

**Benchmark Quality and Efficiency .....6**

**Community-driven Growth .....9**

Great People, Systems and Partners.....10

### Exceptional Patient and Family Experience

#### In Praise of...

The President Report highlights feedback from grateful patients and families for the care and services they received from staff during their stay at Mackenzie Health.

**The following note was submitted by the wife of a patient to one of our Patient Care Coordinators in the Continuing Care Program:**

Thank you for the care and attention that you, the doctors and nurses provided to my husband over the last few months. This has been a very difficult time for our family, but it could have been much worse without you and the hospital team's dedication and expertise. My family and I are truly grateful for the level of care you provided to my husband. We are also grateful for the time you took to talk with us to help us better understand our options. It was a great comfort. Thanks again.

**The following compliment was submitted by the daughter of an ICU patient to one of the Social Workers:**

I just wanted to take a moment to thank you for taking the time to speak to my Dad

about my mother's condition. As you know, my mother is on her way to recovery once again thankfully. Your lovely smile and kind words go a very long way. I just wanted you to know that. You are a much needed asset to the Intensive Care Unit team. Thank you for all your help and your compassion.

**The following note was submitted by a patient's husband regarding our Nurse Educator for the Emergency Department:**

I wanted to take this opportunity to commend your staff in two departments in particular. My wife was admitted through Emergency. I want to let you know about the exceptional level of care, compassion and knowledge of your Emergency Department Nurse Educator and how truly amazing she has been. The physicians who cared for my wife were also wonderful. I also would like to tell you that we have had the same experience from the entire nursing station of 4East. It has made our experience at your hospital much more comforting.

**The following compliment was submitted by a patient's family member regarding the Mackenzie Health Chaplain:**

Words cannot express fully how we appreciate all the love, support and encouragement you exhibited during my

brief encounter with you at Mackenzie Health. On behalf of my family and myself, I take this opportunity to thank you for your contribution towards the dramatic recovery of the health of our beloved mother. I shall continue to communicate with you in order to keep abreast with her health and recovery.

**The following message was submitted by a patient that attended the Breast Health Clinic:**

I am writing to inform you about a hospital experience I had at Mackenzie Richmond Hill Hospital. I would like to thank the physicians and all the staff at the Breast Health Clinic, who were very helpful to me. The social worker provided lots of resources and support. All the staff provided me with more help than I originally thought I needed. During my treatment plan, I was treated like a family member. People cared about my questions and concerns. I never felt like a lonely person. My heartfelt thanks them all.

**The following was submitted by a patient's family member regarding the Support Services Coordinator:**

I want to send a compliment to the afternoon cleaning staff and their supervisor. My daughter and I were visiting relatives at your hospital in the Intensive Care Unit and were sitting in the

lobby waiting to go in when someone who was very pleasant greeted us and wished us well and spoke to us like we were family and had known us a long time. If you could please pass along our sincere thanks and appreciations during this hard time in our family, that would be great.

### **Laparoscopic splenic cyst fenestration performed at Mackenzie Health**

Dr. Luke Bui and the surgical team recently performed one of the organization's first laparoscopic splenic cyst fenestration. By utilizing existing Minimally Invasive Surgery technology in a novel way, the surgical team was able to laparoscopically remove only the cyst from a patient's spleen.

Traditionally, the treatment for this condition is complete splenectomy. However, through this innovative technique, the team was able to remove the 13cm cyst, preserve the spleen, minimize pain, and reduce the long-term risks associated with not having this organ. An added benefit is that the patient was able to return home the day following surgery. The team continues to expand the scope of what is possible for the benefit of patients through minimally invasive surgery. This recent accomplishment is an

example of our vision to create a world-class health experience.

### **Improving Post-Operative Nausea and Vomiting**

In an effort to lower our Post-Operative Nausea and Vomiting (PONV) rates and improve the patient experience, the Department of Anesthesiology reviewed the real-time PONV data in the perioperative period over the Spring and Summer of 2014.

The review led to departmental rounds highlighting 2014 guidelines and the creation of a management protocol for prevention and rescue of PONV, both retrospectively and then prospectively. Following the rounds, the data showed that the Post-Anesthetic Care Unit (PACU) delays related to PONV were reduced to 8.4 per cent. This is a great accomplishment, considering that the industry quoted incidence for PONV nears 30 per cent.

The Department of Anesthesiology Quality Assurance Committee will continue to study the results and hope to develop strategies to continue this impressive improvement and share lessons learned across the Surgery Program and its various stakeholders.

In addition to improving the patient experience, lower PONV rates also positively affect other variables such as same day cancellation rates and cost per case. Given these tangible results, the Committee's next project for quality advancement will look at other ways to reduce the variability of Pain Control in the post-operative period.

### **Closing the Communication Gap at Mackenzie Health: Becoming Aphasia friendly**

An important requirement for our 2015 Stroke Distinction survey is to “demonstrate full implementation of projects or initiatives that align with best practice guidelines, utilize the latest knowledge and integrate evidence to enhance the quality of stroke services.” The stroke project or initiative will be evaluated against criteria during the on-site visit to be accepted as demonstrating excellence and innovation.

The Canadian Stroke Best Practice Recommendations (CSBPR) form the basis of the Distinction program and were updated in 2013. This edition, there is a significant emphasis on communication post-stroke, since 30 per cent of patients with stroke present with Aphasia –

disruption of their language skills, involving language production and comprehension. Aphasia negatively impacts participation in rehabilitation, mood, relationships and quality of life, beginning in the hospital setting.

This round of accreditation, we are undertaking a full scale initiative to ensure our Integrated Stroke Unit (ISU), and later our whole hospital, is “Aphasia–friendly.” This will include:

- Supported Conversation for Adults with Aphasia (SCA™) training for all staff;
- Identification of patients with Aphasia with a unique logo;
- Enriching aphasia-friendly resources available for staff on ISU;
- Development of a picture-based meal selection tool, to be used by ISU hostesses, to assure patient-centred menu selections in hospital, as well as a version for patients to use at home.

At Mackenzie Health, we work to overcome the barriers faced by patients with Aphasia, as we believe that this improves their physical, mental and emotional outcomes, enhances their hospital experience and leads to a smoother transition back to the community.

## **Mackenzie Health Welcomes the Patient and Family Advisory Council**

On November 13, 15 community residents participated in a one-day comprehensive orientation for Mackenzie Health's first Patient and Family Advisory Council.

The Council began its work with its formal council meeting on December 1, 2014. An early opportunity for the council is to support revisions of the visitor policy as experienced by the patient and family.

Patient and Family Advisory Councils (PFAC) are a well-recognized best practice and transformational indicator of excellence at hospitals. The purpose of a PFAC is to serve as a vehicle and forum for participation and partnership by patients and families with the hospital care providers and administration to improve care and service delivery.

The goal of the Mackenzie Health PFAC is:

- to ensure the perspective of patients, family members or their caregivers is always considered and incorporated in organizational activities; and
- to listen and learn from patients, family members or their caregivers to embed the *patient voice* throughout the organization.

The role of PFAC and the appointed *Advisors* is to identify current and future opportunities to improve the care experience for patients, family and caregivers. By building a formal and structured partnership between Advisors and the organization, Mackenzie Health will be able to better identify and integrate the patient perspective in its planning and activities.

## **Gentle Persuasive Approaches in Dementia Care (GPA)**

Beginning in September, Gentle Persuasive Approaches in Dementia Care workshops has been offered to staff in two formats: an eight hour full day session and a four hour recharge session. The purpose of the workshops is for healthcare providers to learn how to provide compassionate care and how to safely and gently redirect individuals who may be wandering in an attempt to leave the premises or who may be exhibiting protective behaviours.

Three full day workshops and four recharge sessions have been held at Mackenzie Health to date. These sessions are a great opportunity to capitalize on participants' experiences in working with patients with dementia. On average, over 100 hours of collective wisdom have been contributing to a very rich discussion.

## Mobilization of Older Adults at Mackenzie Health

Prevention of functional decline has been identified as a priority in the Central Local Health Integration Network (LHIN) Senior Friendly Hospital strategy and is an area of focus at Mackenzie Health.

Functional decline is a new loss of independence in self-care capabilities and is typically associated with deterioration in mobility and in the performance of activities of daily living (ADLs) such as dressing, toileting and bathing. Statistics show that:

- 30-60 per cent of older adults experience functional decline when in hospital;
- one year after discharge, less than 50 per cent of older adults recover their pre-illness level of functioning and long-term care placements are high;
- functional decline is often difficult to reverse and may lead to long-term loss of independence, social isolation and quality of life.

To avoid functional decline in older adults, Mackenzie Health is working to prevent functional decline by maintaining or enhancing functional abilities.

*Mackenzie Moves* has been implemented in the Emergency Department and a number of Medicine units over the past year. Knowledge translation sessions are also planned for the Intensive Care Unit and the Surgery units over the next month. A recent audit of one of our Medicine units revealed that 80 per cent of patients were out of bed and 20 per cent of patients were sitting up in bed for lunch. Kudos to the staff for their commitment to keeping “Mackenzie Moving!”

The Hospital Elder Life Program (HELP) Volunteer walking program initially piloted on C3N over the summer has also been expanded to include all clinical units.

## Benchmark Quality and Efficiency

### Technology Supporting Patient Care

In a collaborative effort, the Pharmacy and Professional Practice teams have been working diligently over the summer to transform the medication administration and the medication distribution models at Mackenzie Health, to allow for an enhanced patient experience.

The new model consists of the implementation of Automated Dispensing Units (ADUs) to house medication in the patient care areas and the implementation of work stations on wheels (WOW) for nursing staff. Patient-specific medication will be available in the WOW for the nursing team to administer.

The medication administration model and policy has also changed. Nursing teams will follow a new workflow and standardized work for medication administration eliminating current risks and enhancing medication safety. We are expecting that this new model will improve efficiency by:

- minimizing the number of places the nurses need to look to retrieve medications for their patients;
- minimizing returns to pharmacy by allowing for more up-to-date retrieval of medications close to the time they are due to be administered; and
- enhancing the security and documentation efficiency for narcotic and controlled substances.

Following successful implementation, this new model will also inform our planning for Mackenzie Vaughan Hospital as we

continue to leverage technology to enhance patient care.

The first two phases of the ADU implementation have been completed with an upgrade to the server and existing cabinets in the ICU and Emergency Department, as well as the deployment of 18 ADUs to all of the ambulatory and pre- and post-operative areas.

Implementation of the new medication distribution model and the ADUs mark the first milestone in a Two-Year Pharmacy Transformation work plan aimed at improving the quality and safety of care provided to our patients.

The Pharmacy Transformation work plan represents an enhancement of all pharmacy services to help enhance patient care and medication safety.

To enable the implementation of the new medication distribution model, Mackenzie Health is:

- redesigning the role of the pharmacy technicians;
- implementing automated medication dispensing cabinets; and
- implementing a full suite of centralized Pharmacy Automation and barcoding.

To help enhance patient care and medication safety, Mackenzie Health is

- redesigning the role of the pharmacists to allow engagement in clinical activities;
- redesigning and implementing medication reconciliation processes at admission, transfer and discharge; and
- implementing a *Central Intravenous Admixture (CIVA)* service to provide nurses with readily-prepared intravenous medication to help them spend more time at the bedside.

Redesigning the Role of the Pharmacy Technician is currently at the forefront, with the redesign of the medication distribution model. With the implementation of a 24/7 staffing model for pharmacy technicians, use of organizational resources, such as Central Staffing & Scheduling Office (CSSO), will be leveraged to allow Pharmacy Leadership more time to focus on quality assurance and continuous quality improvement. New roles for pharmacy technicians such as “tech-check-tech” processes and medication histories will optimize the Regulated Pharmacy Technicians’ scope of practice at Mackenzie Health and allow redirection of pharmacist resources to direct patient care and facilitation of safer patient transitions back to the community.

Each of these initiatives serve as building blocks to one another, and the team is ready and excited about moving Pharmacy Practice forward and enhancing the patient experience at Mackenzie Health.

### **Mackenzie Health recognized by Healthcare Insurance Reciprocal of Canada**

Mackenzie Health participated in the Healthcare Insurance Reciprocal of Canada (HIROC) Risk Assessment Checklist program – for the second consecutive year – and qualified for a five per cent discount on our corporate insurance premiums for the second year in a row. In its congratulatory letter, HIROC noted that “Mackenzie Health has clearly demonstrated its commitment to improving risk management and patient safety activities organization-wide.” This is a great recognition of the ongoing work we do to mitigate organizational risks.

## Community-driven Growth

### Redevelopment and Transformation Update

#### Mackenzie Vaughan Hospital Planning Update

Another important project milestone was reached on November 28, 2014, when Mackenzie Health received the Stage 2 Functional Program approval letter from the Ministry of Health and Long-Term Care.

Mackenzie Health continues the work to finalize Stage 3 tender documents for the request for proposals release scheduled for later this year.

#### Vaughan Lands

Mackenzie Health continues to work with the City of Vaughan, the Ministry of Health and Long-Term Care and Infrastructure Ontario to finalize the land arrangements for the Mackenzie Vaughan Hospital project.

### New Patient Education and Resource Centre Open for Chronic Kidney Disease Patients and Families

The Chronic Kidney Disease Program recently launched a new Patient Education and Resource Centre at the Oak Ridges community location. The Resource Centre is an example of the programs' commitment to

providing ongoing education for dialysis patients and their families.

The development of the Resource Centre aligns with and supports our commitment to providing the best possible patient experience. It is also in line with the Best Practice Guideline from the Registered Nurses' Association of Ontario (RNAO) enabling Decision Support for Adults Living with Chronic Kidney Disease and our accountability to support Ontario Renal Network (ORN) priorities. These priorities include supporting growth in home therapy and growth in dialysis access.

### Breastfeeding Outpatient Clinic

Mackenzie Health Woman and Child Program embarked on a partnership with York Region Public Health Nurses in establishing an outpatient Breastfeeding Clinic. This initiative will provide much needed qualified and expert support to mothers in our community who require additional assessment, information and education with breastfeeding. This is one of many strategies the Woman and Child Program is adopting in realignment with the RNAO's Breastfeeding Best Practice Guideline and the Baby Friendly Hospital initiative.

The Outpatient Breastfeeding Clinic is scheduled to be opened in December 2014 and will run five days of the week. The Woman and Child Program Lactation consultants and Public Health Nurses will be available on designated days of the week in providing breastfeeding assessment, newborn assessment and clinical support.

## Great People, Systems and Partners

### Mackenzie Health Innovations Featured at Booth at Health Achieve

In early November, Mackenzie Health was pleased to host a booth at the Ontario Hospital Association's annual Health Achieve convention. The booth highlighted six Mackenzie Health innovations:

- the Innovation Unit
- the *Connect* automated post-discharge call program
- the Smart Hospital Vision enabled by Information, Communication and Automation Technology (ICAT)
- the rehab partnership with St. Elizabeth,
- the enhanced Central Equipment Management system; and
- Hardwiring Patient Safety with Best Practices.

The booth was well attended and industry peers were very enthusiastic about our innovations and how we are integrating them to create a world-class health experience for patients, families and our healthcare team.

### Mackenzie Health Presented at Health Quality Ontario Transformation 2014

Mackenzie Health and NRC Picker have jointly submitted a poster presentation for the 2014 Health Quality Ontario Transformation Conference held on November 20, 2014. The poster, titled "Connecting Safe Patient Transitions Through *Connect* Discharge Call Program," highlighted the automated discharge phone call program that was piloted at Mackenzie Health over the past year. The program has generated much interest from other healthcare organizations and has been well received by our own patients.

The collaboration between NRC picker and Mackenzie Health with regard to the automated discharge phone call program has also been highlighted in the October 23, 2014 issue of OHA Healthscape. The article titled "Patient Safety Success Story: Technological Advances Enabling Patient Transitions and Safety" highlights the program's ability to identify potential issues and prevent re-admission.

## Mackenzie Health Provides Canadian Content at Recent Rehabilitation Conference

Mackenzie Health is proud to have participated in the 2014 American Congress of Rehabilitation Medicine, this year held in Toronto. During the October 9 and 10 sessions, significant Canadian content was featured. Mackenzie Health's District Stroke Coordinator participated in three sessions:

- *Hot Topics in Stroke Rehabilitation: Differences in Models of Stroke Rehabilitation across International Settings (Ontario and BC, Canada; Portland, Maine, USA; and King Fayad Medical City, Riyadh, Saudi Arabia);*
- *The Role of Research in Reimbursement* (presented the Central LHIN Stroke Prevention Strategy (Mackenzie Health as Lead) as a model of how practice-informed policy translates to policy-enabled practice);
- *Creating Change in Health Policy: Demonstrating the Value of Rehabilitation in the US and Canada.*

The American Congress of Rehabilitation Medicine (ACRM) was established in 1923 and is a valuable international rehabilitation resource. ACRM's goal is to keep the community connected by creating

opportunities to exchange and share information among clinical practitioners, rehabilitation researchers, knowledge brokers, research funders, provider organizations, healthcare payers, and industry regulators. The ACRM produces Archives of Physical Medicine & Rehabilitation, an acclaimed international journal covering the specialty of physical medicine and rehabilitation, as well as interdisciplinary disciplines involved in rehabilitation.