



CANADIAN COLLEGE OF  
HEALTH LEADERS  
COLLÈGE CANADIEN DES  
LEADERS EN SANTÉ



# 3M HEALTH CARE QUALITY TEAM AWARDS

Healthcare Quality  
Team Initiatives  
Executive Summaries  
2019 Submissions





3M Canada Company  
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Dear Dedicated Health Care Team Members,

Innovations in healthcare are moving forward at an ever-increasing speed. As a result, healthcare professionals are tasked with the need to balance their adoption of new technologies and the need to improve patient outcomes with their obligation to provide the level of personal care that people need and deserve.

For this reason, 3M Canada is proud to have partnered with the Canadian College of Health Leaders for over two decades to recognize achievements in maintaining that balance. The 3M Health Care Quality Team Awards proudly recognize healthcare programs that improve the delivery of patient care and, by extension, the lives of our fellow Canadians'. We thank you for once again letting us be a part of this event.

These Awards highlight the teams that work together on quality improvement projects resulting in sustained change within their organizations and, as in every previous year, the quality of the award submissions we receive make selecting a winner a difficult task. Each team that took the time to share their initiatives deserves our congratulations and I want to thank all the nominees and winners for your efforts in moving healthcare in Canada forward.

The enclosed booklet includes executive summaries of all the 2019 programs that were submitted for consideration. Despite the continuing challenges we all face in healthcare, these initiatives prove that creative thinking, sharing best practices, and execution can dramatically improve the delivery of support and care across Canada. It also highlights the incredible partnership between 3M Canada and the Canadian College of Health Leaders. The 3M Health Care Quality Team Awards provide a forum for all of us to celebrate these amazing accomplishments with the hope of creating systematic change.

As a science company, 3M Health Care values our partnerships with customers and industry stakeholders that allow us to provide solutions to health care professionals so they can focus on what is most important: their patients. Thank you for efforts to find ways to reduce complications, improve patient outcomes and provide people with the care we receive and deserve.

We are proud to celebrate you all today.

Sincerely,  
3M CANADA COMPANY  
Britta Lesaux  
Executive Director, Health Care Business



In 1994, the Canadian College of Health Leaders and 3M Canada Company launched the 3M Health Care Quality Team Awards to encourage and recognize innovation in health services by linking two important concepts: quality and teams. Although two submissions were selected for special recognition, the 2019 competition included many important quality improvement efforts. We are pleased to share a brief overview of the submissions and hope this document will encourage wider use of quality planning methods and tools in Canadian health services.



### **2019 3M HEALTH CARE QUALITY TEAM AWARDS RECIPIENTS**

- Quality Improvement Initiative(s) Across a Health System:  
**North York General Hospital** - *Breast Cancer Integrated Care Collaborative*
- Quality Improvement Initiative(s) Within an Organization:  
**Providence Health Care** - *Megamorphosis - Shifting from an Institutional to a Social Model in Residential (Long Term) Care*

**OTHER SUBMISSIONS:**



**Quality Improvement Initiative(s) Across a Health System**

- Humber River Hospital - Optimizing Care Transitions, Discharge Planning Pathway and iPlan
- University Health Network - Inter-professional Spine Assessment and Education Clinics (ISAEC)



**Quality Improvement Initiative(s) Within an Organization**

- Alberta Health Services - Improving access to surgical care using a centralized intake system – the Facilitated Access to Surgical Treatment (FAST) Program
- Horizon Health Network - The clinical impact of a urinary tract infection management bundle in a tertiary teaching hospital
- Mackenzie Health - A Smarter Touch to Patient Registration
- Michael Garron Hospital - Voices-Patient Videos: Key to Safety and Quality Improvement at Michael Garron Hospital
- Nova Scotia Health Authority - Implementation of an intraoperative margin assessment protocol for head and neck cancer surgery

## *Breast Cancer Integrated Care Collaborative*

### **North York General Hospital**

The traditional breast cancer journey is commonly fragmented, with poor collaboration between caregivers that result in delays in treatment and an uncoordinated, inefficient experience for the patient. In addition, breast cancer treatment is focused on the individual expertise of each specialist in isolation without collaborative cross-discipline input. Access to resources such as peer support and education is provided on an ad hoc basis.

North York General Hospital (NYGH) recognized that the complexity of breast cancer treatment necessitates a more collaborative and integrated approach to care and treatment. As a result, a passionate team of inter-professional providers and a patient advisor came together, and through extensive consultation co-designed the NYGH Breast Cancer Integrated Care Collaborative (ICC). Using an innovative approach to co-designing services together with, evidenced based practice as a lever for change, the ICC was developed to provide a seamless, integrated patient and family-centred care approach from diagnosis to survivorship. Since inception, NYGH has achieved the following success in these key indicators:

- 100% of patients receive a multi-disciplinary case conference during diagnosis;
- Surgical wait times for breast cancer average 30.4 days for the 90th percentile, consistently below the Central LHIN target of 38 days; and
- An increase from 51% to 81% of wait times within target from referral to consult for systemic treatment.

The ICC has transformed healthcare across the system and provides high quality outcomes and an exceptional experience for our patients, families and caregivers.

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## 2019 3M HEALTH CARE QUALITY TEAM AWARD RECIPIENT: QUALITY IMPROVEMENT INITIATIVE(S) WITHIN AN ORGANIZATION

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### *Megamorphosis - Shifting from an Institutional to a Social Model in Residential (Long Term) Care*

#### **Providence Health Care**

Megamorphosis is Providence Health Care's residential care's (RC) movement to transform from an institutional to a social model of care. PHC has provided compassionate RC for decades; however aging infrastructure and homes evolved from a medical system has led to a focus on efficiency, rather than emotional connections and quality-of-life for residents. The need for efficiency in both care as well as contracted services results in resident days being directed by what makes sense for the organization and staff rather than what the resident wants. Not willing to wait for a new building, the leaders of PHC RC embarked on a journey to improve the lives of residents, staff and families.

The novel methodology of human-centred design was used to understand the experience of those who live, work and visit our homes. Following months of insight gathering, ideation and testing, it became clear that something creative was needed to shake loose the institutional routines developed over time that were acting as barriers to transformative change. Megamorphosis focusses on increasing the engagement of each resident through the following principles: emotional connections matter most, residents direct each moment, and home is a feeling. With 6-8 weeks of pre-work activities in preparation for change and 2 weeks of rapid-cycle testing of ideas during which staff, residents and families co-create and test changes together, we have seen sustained increases in positive and social emotional connections between staff and residents, increased personalization of resident spaces, and increased resident engagement in everyday activities.

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*Optimizing Care Transitions, Discharge Planning Pathway and iPlan*

**Humber River Hospital**

A high-quality health system is defined as one that is safe, effective, patient centered, timely, efficient and equitable. Many hospitals in Canada and globally are under enormous pressure to provide care and regularly operate at over 100% capacity; this negatively impacts patients as there are fewer hospital beds available for care. The biggest contributor to capacity challenges is that many patients that do not require the intensity of resources/services provided, are waiting in the hospital to transition to care in more appropriate settings, these patients are defined as Alternate Level of Care (ALC). ALC patients are commonly characterized as frail and elderly, and may have cognitive impairments including dementia, behavioural characteristics, functional challenges, and social vulnerabilities. These patients typically have a longer length of stay in hospital, and are at greater risk for deconditioning, functional decline, delirium, falls and infections; affecting their future health status.

The aim of this initiative was to optimize care transitions for these patients using a team approach with hospitals, community partners, and a regional authority. Specific outcomes include process redesign with standardized clinical workflows to improve integration across the continuum of care, and an innovative technology iPlan that centralized hospital and community information to support day-to-day operations, corporate quality improvement and system level decision making, to inform alignment of community services. Post implementation, this initiative has resulted in a 15% decrease in ALC days at Humber River Hospital, with a platform to sustain outcomes and support ongoing improvement for the benefit of patients and providers.  
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*Inter-professional Spine Assessment and Education Clinics (ISAEC)*

**University Health Network**

Occasionally, the University Health Network (UHN) is provided the opportunity to disrupt the delivery of health care services across Ontario. Using innovative design, development, and implementation strategies, our UHN team created a program that brings together health service providers and experts from across the continuum of care to make a tangible difference to patient care, hospital services and community care. Known as ISAEC, this inter-professional model of care provides patients with timely access to specialized spine assessments, education and tailored treatment plans regardless of geographic location. When indicated, patients are provided with streamlined access to networked specialists and diagnostics.

ISAEC has demonstrated an ongoing focus on quality improvement and patient outcomes, unprecedented teamwork and innovative solutions that span the delivery of care. The success of ISAEC is directly related in part to the team fostering a quality improvement environment that ensures: 1) solutions are rooted in strong clinical evidence; 2) a system's view of program management; and 3) the application of continuous PDSA learning methods to drive process change.

Since initiating program operations, ISAEC has provided services to over 7,000 patients. It has been successful in decreasing overall imaging utilization within the ISAEC network as well as documenting significant improvements in patient health outcomes while maintaining extremely high patient and primary care provider satisfaction rates.

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*Improving access to surgical care using a centralized intake system – the Facilitated Access to Surgical Treatment (FAST) Program*

**Alberta Health Services**

Alberta Health Services' corporate mission is to provide a patient-focused, quality health system that is accessible and sustainable for all Albertans. Inefficiencies in referral systems from primary to specialist care contribute to delays in surgical diagnosis and treatment. These delays are associated with adverse patient outcomes and suboptimal use of resources. Centralization of referral is a strategy that seeks to optimize the flow of referrals by using a central mechanism through which referrals are received, screened, and distributed.

A centralized referral program for general surgical consultation was implemented at the Royal Alexandra Hospital in Edmonton in early 2016. Project implementation was guided by a multi-specialty stakeholder group including surgeons, family physicians, Primary Care Networks, nurses and healthcare administrators and leaders.

The program has proven to be effective in increasing the efficiency of consultation and in improving access to surgical care. The program is popular with both referring physicians and specialists, and has rapidly expanded to include additional surgeons and family doctors. At the time of writing, the program involves 25 surgeons providing care to over 10,000 patients referred from over 1000 family doctors. In addition, the program has generated data on the performance of our system, and has enabled us to start further process improvement projects such as pre-consultation screening for surgical patients with suspected cancer and the reduction of waiting time for endoscopy services. In the coming months, the program will expand to include additional hospitals and services in the Edmonton Zone.

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*The clinical impact of a urinary tract infection management bundle in a tertiary teaching hospital*

**Horizon Health Network**

The inappropriate use of antimicrobial therapy creates a significant risk for patient harm. The provision of antibiotics to persons with asymptomatic bacterial infection of the urinary tract (asymptomatic bacteriuria, or AB) provides no benefit in most patients, and increases risk of complications including infection with *Clostridium difficile* and antibiotic resistant organisms.

At the Moncton hospital, it was identified that unnecessary treatment of positive urine cultures in asymptomatic persons was pervasive, and required a multifaceted intervention targeting the submission, diagnosis, reporting, and treatment of positive urine cultures. We implemented a urinary tract infection (UTI) management bundle consisting of nursing education, prescriber education, modification of the reporting of positive urine cultures, and review of antimicrobial choice by the hospital pharmacy team, if possible. The intervention led to substantial improvements in clinical care at the Moncton Hospital including a dramatic reduction in unnecessary sample submission to the microbiology lab (by one third), improved adherence to a UTI best practice algorithm with a marked reduction in the unnecessary treatment of asymptomatic bacteriuria (from 67.3% of patients pre-intervention to 16.5% post-intervention), and augmented role of ward pharmacists in the diagnosis and treatment of this common infection.

The UTI bundle led to a marked reduction in inappropriate antimicrobial therapy at The Moncton Hospital, and the associated risks created for patients with this unnecessary treatment. The multifaceted nature of the intervention led to a sustained impact over time as evidenced by an audit completed one year after the post-intervention analysis was complete.

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## *A Smarter Touch to Patient Registration*

### **Mackenzie Health**

Facing an increase in patient volumes, space constraints and lines that were already too long, regional healthcare provider Mackenzie Health identified an opportunity to improve the patient experience and quality of care starting from the first moment of hospital entry. The goal to address these challenges was to improve the experience of the patient by reducing the length of time to register. To deliver upon this goal, in 2016 Mackenzie Health as part of its EMR (Electronic Medical Record) implementation leveraged software to solve this problem. Now, patients can get to their scheduled appointment on time while alleviating anxiety caused by extended waiting times as a result of the registration process.

The successful implementation of the kiosks has allowed Mackenzie Health to increase its registration volume by 17%, minimize wait times to register, and provide a more patient centred space right at the start of hospital entry. Additionally, the solution with its ability to be provided in multiple languages, being accessible to all patients, reducing infection and improving confidentiality to the patient's information has led to significant patient satisfaction. Greater than 90% of patients with scheduled appointments use the kiosks. This successful use of innovative technology will be extended to the New Mackenzie Vaughan Hospital opening in 2020. The kiosk project has been effective in helping us provide an exceptional patient and family experience by using innovation as an enabler to help improve the care of the patient.

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## *Voices-Patient Videos: Key to Safety and Quality Improvement at Michael Garron Hospital*

### **Michael Garron Hospital**

The Patient Video Program at Michael Garron Hospital was conceived as a way for the organization to inspire and challenge itself. After recognizing its impact, the program was branded in 2016 as Voices: Patient Videos.

Delivering a quality care experience as defined by patients is what drives MGH strategically. The Patient Video Program has been instrumental in informing the hospital how it can create health for the community it serves.

Videos have disseminated the patient voice broadly across the organization, challenging people to understand things from a patient perspective by listening and reflecting on their stories.

From a leadership perspective, videos influence how decisions are made, ensuring they are grounded by the patient voice.

It is now customary for physicians to listen to a patient video and then reflect on how they practice and provide care. Videos are being researched to advance knowledge about what influences a patient's hospital experience.

Videos have provided patients with a safe venue for sharing their concerns and improvements. Information gleaned from videos has helped MGH challenge itself, admit its mistakes and strive for improvement. Few other programs have had such a major impact.

A video led to reflection and the adoption of new values. Says Sarah Downey, President & CEO; "That family actually told us what our values should be when they told us what we needed to do better. Had they not been willing to tell us, and we had not been willing to listen, we would not be where we are today."

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*Implementation of an intraoperative margin assessment protocol for head and neck cancer surgery*

**Nova Scotia Health Authority**

One of the leading causes of death for head and neck cancer patients is when the entire tumour is not removed during surgery (positive margin). Positive margins lead to higher recurrence rates and decreased survival. Even for patients who survive recurrence with further treatment (i.e. additional surgery, radiation, chemotherapy) the increased intensity of treatment comes with significant additional morbidity.

The goal of this project was to reduce the rate of positive final margins in head and neck cancer surgery at the QEII Health Sciences Centre by changing the way margins were assessed intraoperatively.

We transitioned from a defect-oriented method to a specimen-oriented method of assessing margins intraoperatively. The specimen-oriented method allows for a more accurate assessment of the relationship between the tumour and the surrounding tissues. To determine the effectiveness of the transition, margin positivity rates for T1-T2 oral cavity and oropharynx squamous cell carcinoma patients were examined over five years prior to the implementation of the new protocol. The previous rate of positive margins at the QEII for this cohort was 12.9%. In the first year of the new protocol, the positive margin rate had been reduced to 1.6%. After two years it was 0.9%. This represents a statistically significant reduction in the rate of positive margins. For a patient it represents a greater than 90% risk reduction for having a positive final margin. This benefits patients by decreasing their risk of recurrence or death and decreasing or eliminating their need for adjuvant treatment such as radiation and chemotherapy.

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## Former Team Award Recipients

### **Quality Improvement Initiative(s)** **Within an Organization**

#### **2018 - Primary Health Care**

“Getting the Care I Need, When I Need it”: Group Visits Empower Changes in Priority Areas across Primary Health Care System

#### **2017 – University Health Network (UHN)**

UHN Quality Improvement Plan Discharge Summary Program

#### **2016 – Mississauga Halton LHIN**

Weaving a Mosaic of Support: Caregiver Respite in Mississauga Halton LHIN

### **Quality Improvement Initiative(s)** **Across a Health System**

#### **2018 – Trillium Health Partners**

Putting Patients at the Heart: A Seamless Journey for Cardiac Surgery Patients

#### **2017 – London Health Sciences Centre**

Connecting Care to Home (CC2H)

#### **2016 – BC Cancer Agency and Provincial Health Services Authority**

Get Your Province Together! BC Cancer Agency Emotional Support Transformation

### **Programs and Processes in an Acute Care Hospital Environment**

#### **2015 – St. Paul’s Hospital, Providence Health Care**

Evolving Care Systems: The hemodialysis renewal project, a co-location model for change

#### **2014 – Mount Sinai Hospital**

The Acute Care for Elders (ACE) Strategy

#### **2013 – Vancouver Coastal Health**

iCARE/ITH: One Integrated Model of Care

#### **2012 – North York General Hospital**

e-Care Project

#### **2011 – St. Michael’s Hospital**

Inspiring Improvement: Working Together for Timely, Quality Patient Care at St. Michael’s Hospital

#### **2010 – IWK Health Centre**

Twenty-four Hour Dial for Dining Program

#### **2009 – Trillium Health Centre**

Creating Excellence in Spine Care – Re-designing the Continuum

#### **2008 – North York General Hospital**

Patient Flow: Improving the Patient Experience

#### **2007 – University Health Network (UHN)**

ED-GIM Transformation Project

#### **2006 – Providence Health Care**

Improving Sepsis Outcomes

### **Acute Care Facilities**

#### **2005 – St. Paul’s Hospital**

Living PHC’s Commitment to Excellence: The “LEAN” Approach to Quality Improvement in the Laboratory

#### **2004 – Providence Health Care**

A Multidisciplinary Pathway for Surgical Patients from First Hospital visit to Discharge

#### **2003 – Trillium Health Centre**

Driving Performance Excellence at Trillium Health Centre: The Dashboard as a Catalyst for Change

#### **2002 – Trillium Health Centre**

Ambulatory Care That Takes Quality to the Extreme



**Large/Urban Category**

**2001 – The Scarborough Hospital**

A Change of Heart: Innovative Care Delivery for the CHF Patient

**2000 – Rouge Valley Health System**

Pediatric Clinical Practice Guidelines: Providing the Best for Our Children

**1999 – Sunnybrook & Women’s Health Science Centre**

Long-Term Care Work Transformation Project

**1998 – Scarborough General Hospital**

Orthopaedic Future: Making the Right Investments

**1997 – St. Joseph’s Health Centre**

Dialyzer Re-use: An Advance in the Cost and Quality in the Canadian Healthcare System of the 1990s

**1996 – London Health Sciences Centre**

**1995 – Tillsonburg District Memorial Hospital**

**1994 – Renfrew Victoria Hospital**

**Programs and Processes in a Non Acute Environment**

**2015 – Capital Health**

My Care My Voice: ICCS Initiative to Improve Care for Complex Patients by Providing a “Voice to the Patient”

**2014 – Island Health**

Better Patient Journeys: Community-Lead Strategies to Improve Hospital Flow

**2013 – Capital Health, QEII Health Sciences Centre**

Palliative and Therapeutic Harmonization: Optimal Care, Appropriate Spending

**2012 – Alberta Health Services**

Glenrose Rehabilitation Hospital Services Access Redesign

**2011 – Mississauga Halton Local Health Integration Network**

Support for Daily Living Program – A Winning Community-based Solution for Addressing ED, ALC and LTC Pressures

**2010 – Sunnybrook’s Holland Orthopaedic & Arthritic Centre**

A Team-based Approach to Chronic Disease Management That Improves Patient Access and Care

**2009 – Whitby Mental Health**

Whitby Mental Health Metabolic and Weight Management Clinic

**2008 – Capital Health**

Implementation of Supportive Living Integrated Standards

**2007 – Providence Health Care (PHC)**

Medication Reconciliation: Reducing the Risk of Medication Errors for Residents Moving in to Residential Care

**2006 – Maimonides Geriatric Centre**

Minimizing Risk of Injury

**Other Facilities/Organizations**

**2005 – Capital District Health Authority**

Organ and Tissue: Innovation in Donation

**2004 – Vancouver Island Health Authority**

Implementing the Expanded Chronic Care Model in an Integrated Primary Care Network Project

**2003 – St. John’s Rehabilitation Hospital, Toronto Rehabilitation Institute**

Achieving Clinical Best Practice in Outpatient Rehabilitation: A Joint Hospital-Patient Satisfaction Initiative

**2002 – Maimonides Geriatric Centre**

Maimonides Restraint Reduction Program



***Small/Rural Category***

**2001 – Woodstock County General Hospital**

Endoscopic Carpal Tunnel Release: An Example of Patient-Focused Care

**2000 – Welland County General Hospital –  
Niagara Health System**

Niagara Health System: Patient-Focused Best Practice Program

**1999 – Headwaters Health Care Centre**

Teamwork Key to Quality Care: Filmless Digital Imaging System Addresses Quality Issues for Patients, Hospital, Medical Staff and Environment

**1998 – Alberta Capital Health Authority**

Castle Downs Health Centre

**1997 – Brome-Missisquoi-Perkins Hospital**

Client-Centred Approach to Care Surgery Program

**1996 – Crossroads Regional Health Authority**

Pharmacy/Nursing Team Summary

**1995 – Centenary Health Centre**

**1994 – The Freeport Hospital Health Care Village**



### Summary

Descriptions provided by the entrants indicate that quality teams empower employees by giving them knowledge, motivation and a strong sense of ownership and accountability. Multidisciplinary teams, united for a common purpose, achieve results that no one person, department or service can. By transcending departmental boundaries and learning about each other's functions, teams found workable solutions to organizational problems. This, in turn, enabled them to function as internal consultants and models for continued improvement. They developed healthy interprofessional relationships among themselves, other departments and the community. By setting up teams, organizations observed that management decision making became team-based decision-making; single assessment and evaluation turned into team assessment and evaluation; a focus on technical skills became a focus on process management skills; a focus on individual skills became a focus on the ability to be on a team; and subjective/intuitive evaluation became objective, evaluative tools.

The College and 3M Health Care are looking forward to receiving many new and innovative team initiatives for consideration for next year's 3M Health Care Quality Team Awards. The details and the entry form are available on-line at [www.cchl-ccls.ca](http://www.cchl-ccls.ca). For further information, please contact:

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### Canadian College of Health Leaders

The Canadian College of Health Leaders (CCHL) is a national, member-driven, non-profit association. The College strives to provide the leadership development, tools, knowledge and networks that members need to become high impact leaders in Canadian healthcare.

As defined by the LEADS in a Caring Environment framework, a leader is anyone with the capacity to influence others to work together constructively. The College's LEADS Canada team provides LEADS-based leadership development services, and partners with

organizations, authorities and regions to facilitate not only the adoption of the framework, but a cultural shift required to fully imbed LEADS throughout an organization.

Through LEADS, the CHE designation, credentialing, training, conferences, mentoring and a nationwide careers network, we support health leaders in every sector and region, from every professional background and at any stage of their career.

Located in Ottawa, the College collaborates with 21 chapters across the country and engages with its 3,500 members and 80 corporate members to promote lifelong learning and professional development while recognizing leadership excellence.

Visit [www.cchl-ccls.ca](http://www.cchl-ccls.ca) for more details. Follow us on Twitter @CCHL\_CCLS and on Facebook at <https://www.facebook.com/CCHL.National/>.



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At 3M, we apply science in collaborative ways to improve lives daily. With \$30 billion in sales, our 90,000 employees connect with customers all around the world. Established in 1951, 3M Canada was one of the first international subsidiaries opened by 3M with the head office and original manufacturing site in London, Ontario where approximately 800 of the company's 1,800 employees work. Learn more about 3M's creative solutions to the world's problems at [www.3M.ca](http://www.3M.ca) or on Twitter @3M\_Canada.