

Who is North York General Hospital (NYGH)?



Search

Foundation | Seniors' Health Centre | Health Professionals | Media

- PATIENTS & VISITORS
- ABOUT US
- AREAS OF CARE
- LEARNING & INNOVATION
- CAREERS & VOLUNTEERS

Home > About Us > Who We Are > Overview



- WHO WE ARE
- Values
- Leadership
- Overview
- Community Served
- Recognition

Overview

North York General Hospital (NYGH) is one of Canada's leading community academic hospitals. We provide an exceptional care experience for our patients and their families, and have proudly served our diverse communities in North Toronto, and beyond, since 1968.

NYGH offers a wide range of acute care, ambulatory and long-term care services at three sites: the General site (4001 Leslie Street); the Branson Ambulatory Care Centre (555 Finch Avenue West); and Seniors' Health Centre (2 Buchan Court). Our regional programs serve all of south central Ontario.

The hospital partners with 36 different academic institutions, including the University of Toronto, to prepare future physicians, nurses and other health care professionals to work in interprofessional teams, providing essential care in a community hospital setting. NYGH programs are the training site for four core clerkship programs and we provide a site for core rotations to 22 different University of Toronto Residency Programs. Over 300 North York General physicians have faculty appointments at the University of Toronto. Each year, 1,200 nursing students come here to learn and develop their clinical skills.

Our staff, physicians and volunteers have a history of transforming health care to better serve our patients. We are leaders who adopt the most innovative health information technology, strategists who carefully chart patient flow and find ways to reduce wait times, and visionaries who dream of, and work towards, the ideal patient experience. From boardroom to bedside, we go above and beyond to offer the best and safest care. We put our patients first in everything we do.

Leaders in patient- and family-centred care

- NYGH is home to one of the largest Family and Community Medicine programs in Canada with over 380 community family physicians credentialed with the hospital, caring for the patients and families we serve. In total, more than 800 physicians are credentialed with NYGH.
- As a learning organization, NYGH is committed to developing its people. Through a commitment to a "just culture" we support each person on their journey to be the best they can be, focusing on delivering excellent patient care and high-quality service.

Why?

Creating Transformational Care Environments

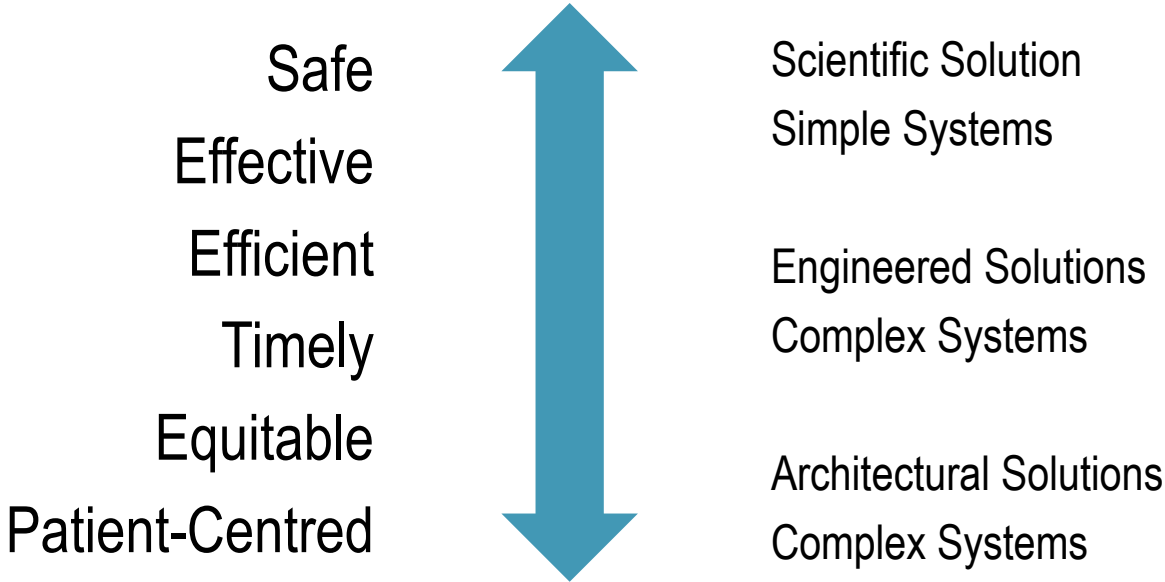
How?

Collaborative Design Process

What?

Patient and Family Centred Care Environments

6 Dimensions of Healthcare Quality





Going Beyond Traditional Thinking

North York General Hospital is using new mental models to solve our hospital's complex challenges.

Design thinking

Human-centred design

Human factors



Booth # 13



InnovationEX

EXPOSITION & EXCHANGE

Wednesday April 5, 2017
10:00 a.m. – noon
Markham Stouffville Hospital
Link Lobby 381 Church St, Markham
Parking in Lot #6,
south side of hospital, Entrance D

Presented by the Joint Centres for Transformative Health Care Innovation
No registration required
No cost to attend

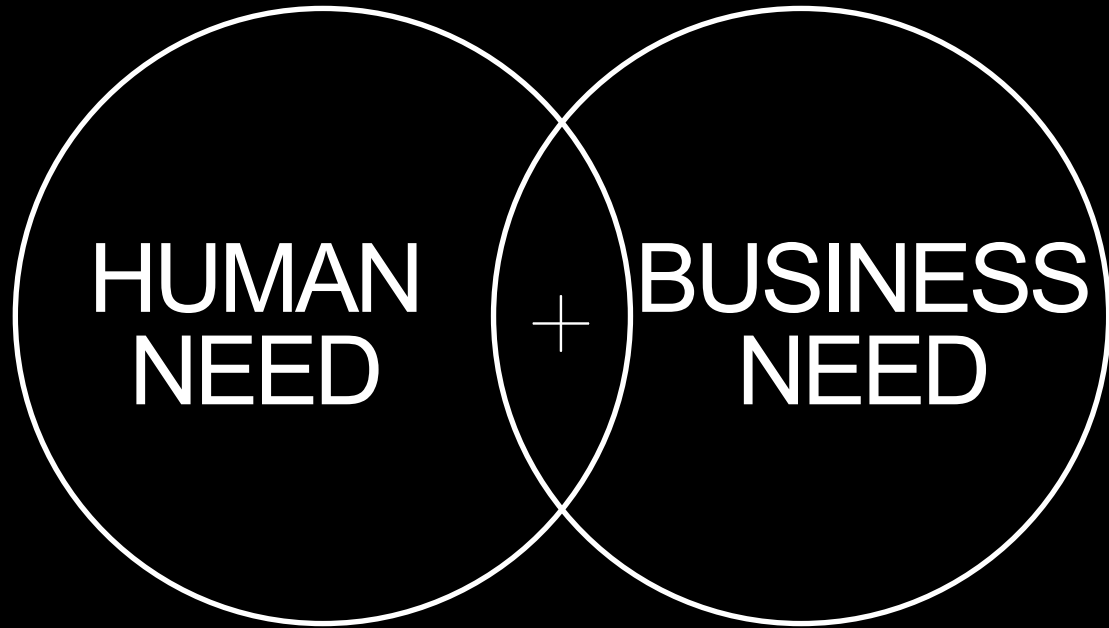


**Anne
Tanenbaum
Chemotherapy
Centre**
(ATCC)

**Child and Teen
Program**
(CATP)

DESIGN ➤ APPEARANCE

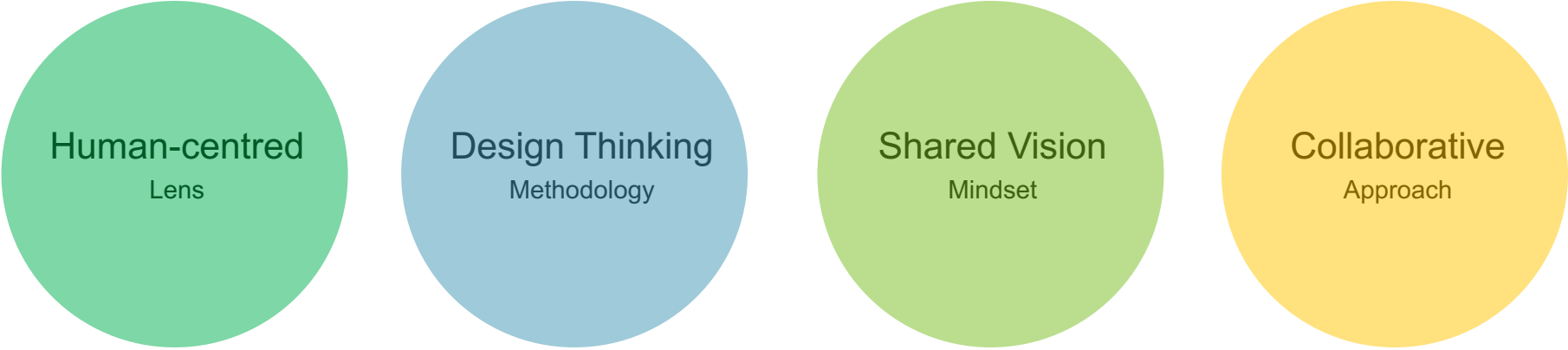
DESIGN =
FUNCTION
EXPERIENCE
OUTCOMES
COST



HUMAN
NEED

+

BUSINESS
NEED



Human-centred
Lens

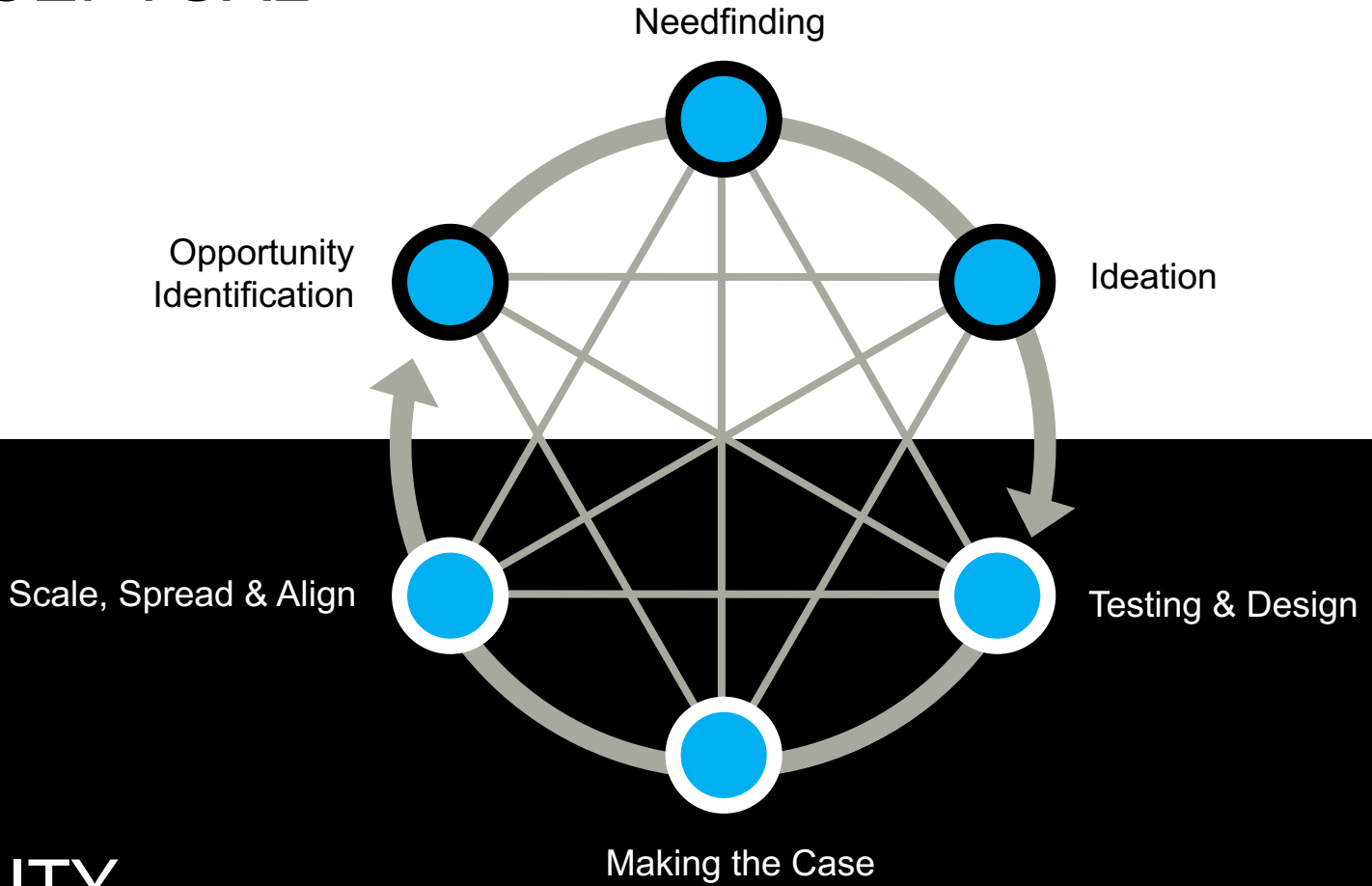
Design Thinking
Methodology

Shared Vision
Mindset

Collaborative
Approach

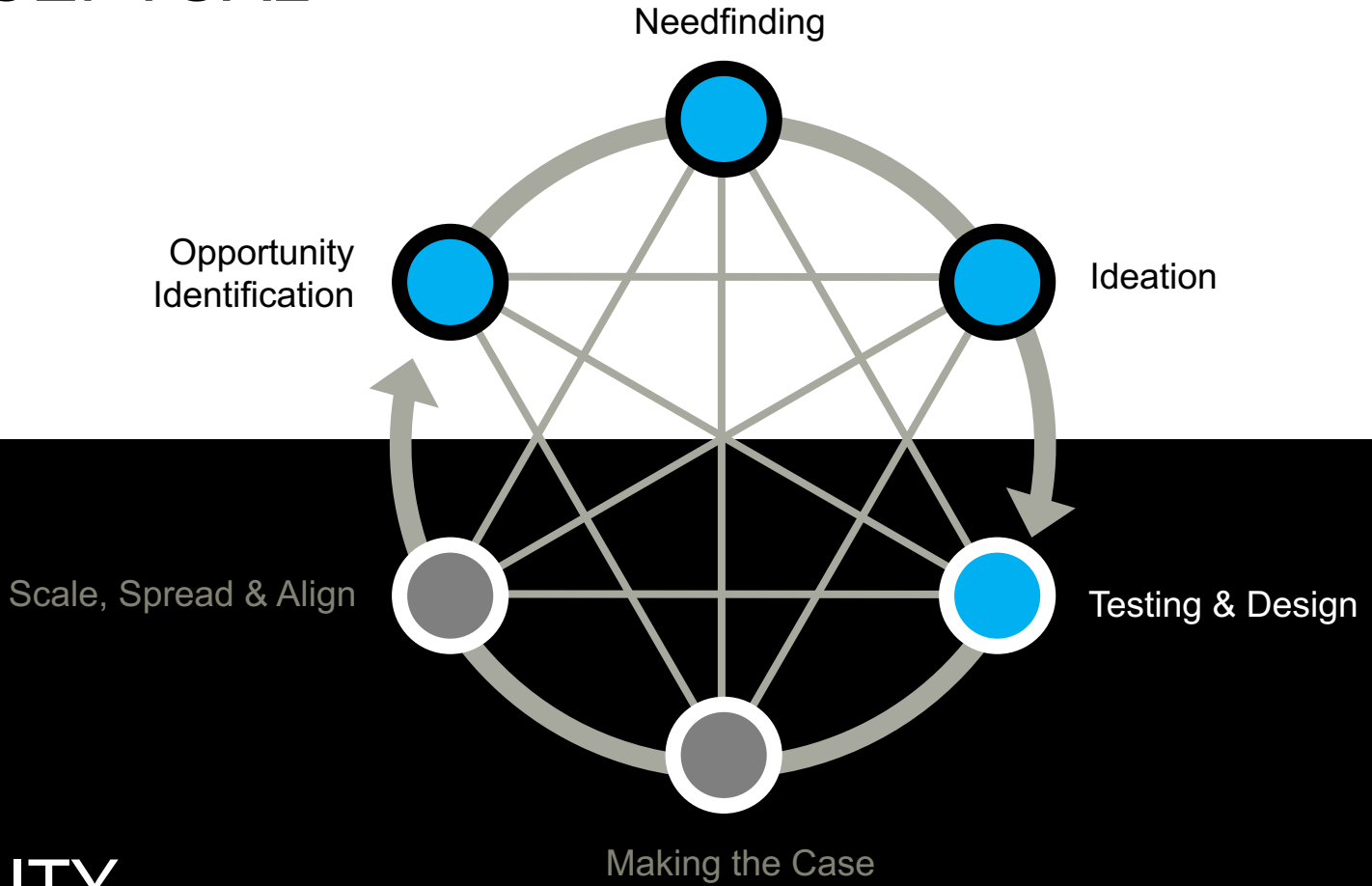
CONCEPTUAL

REALITY

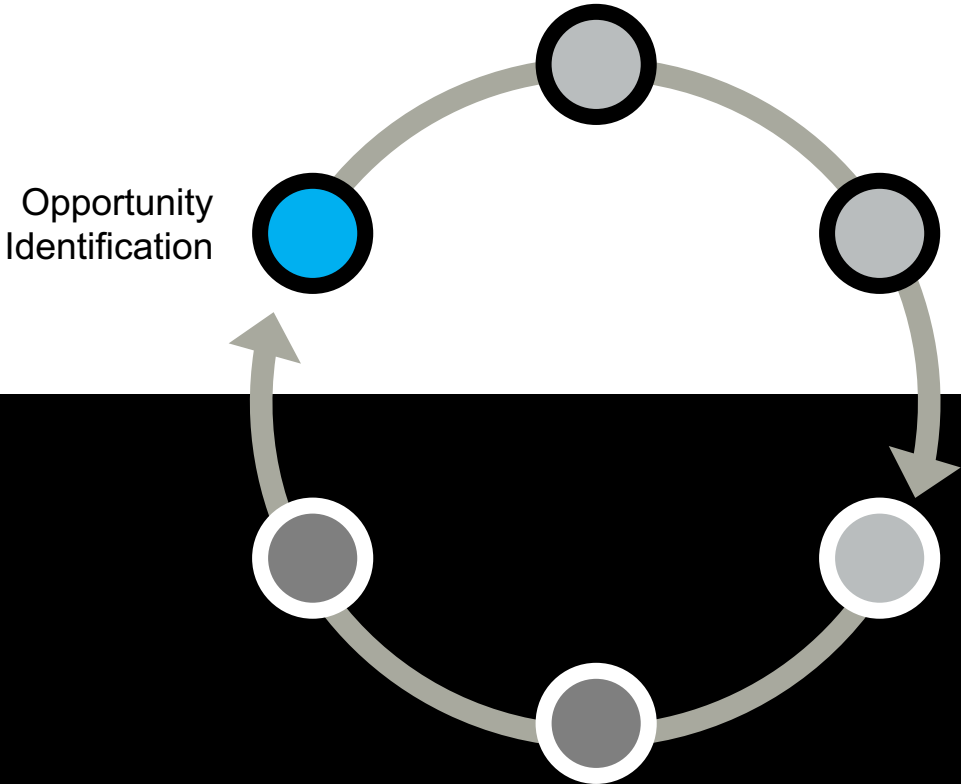


CONCEPTUAL

REALITY



CONCEPTUAL



REALITY



CONTEXT
INQUIRY

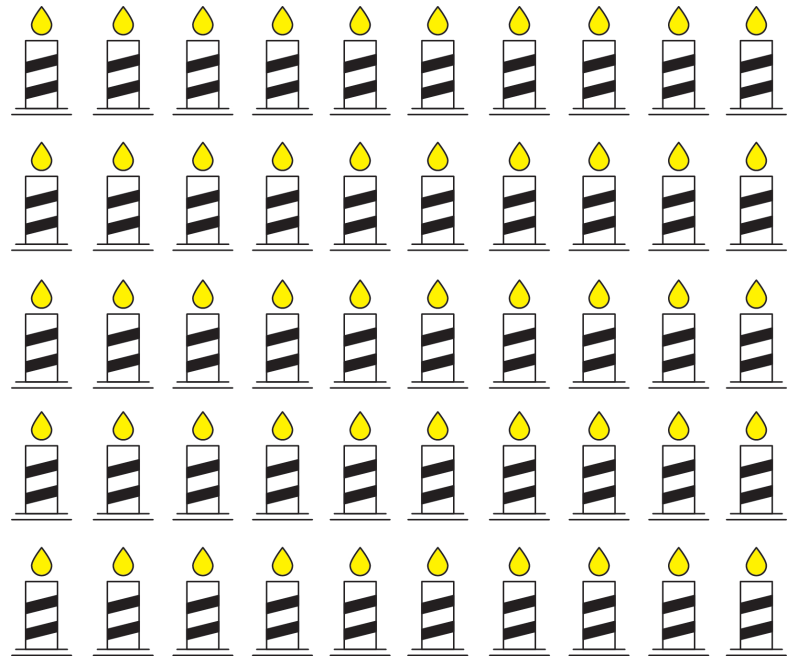


LEADERSHIP
PERSPECTIVE



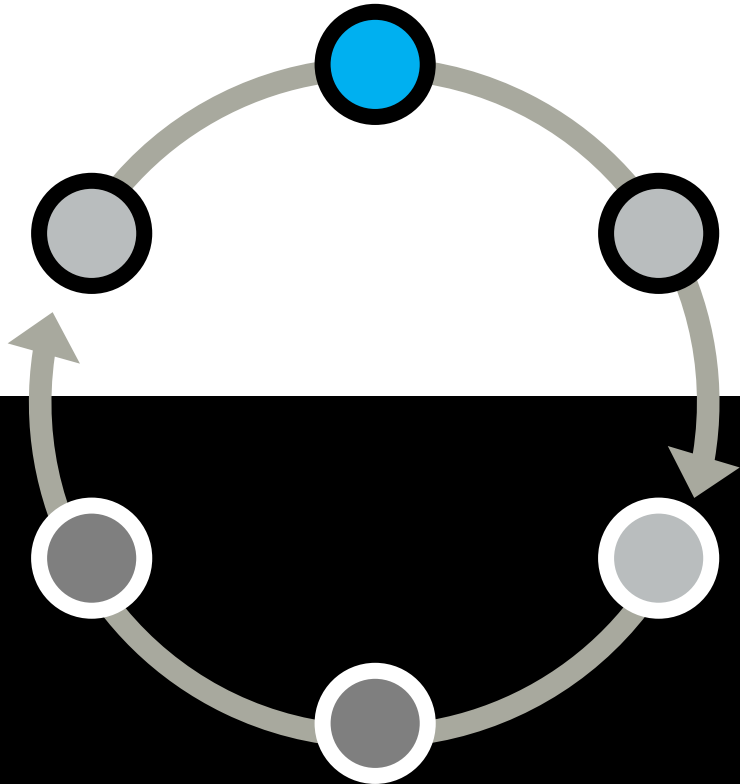
PROBLEM
FRAMING

CHILD & TEEN UNIT



CONCEPTUAL

Needfinding



REALITY



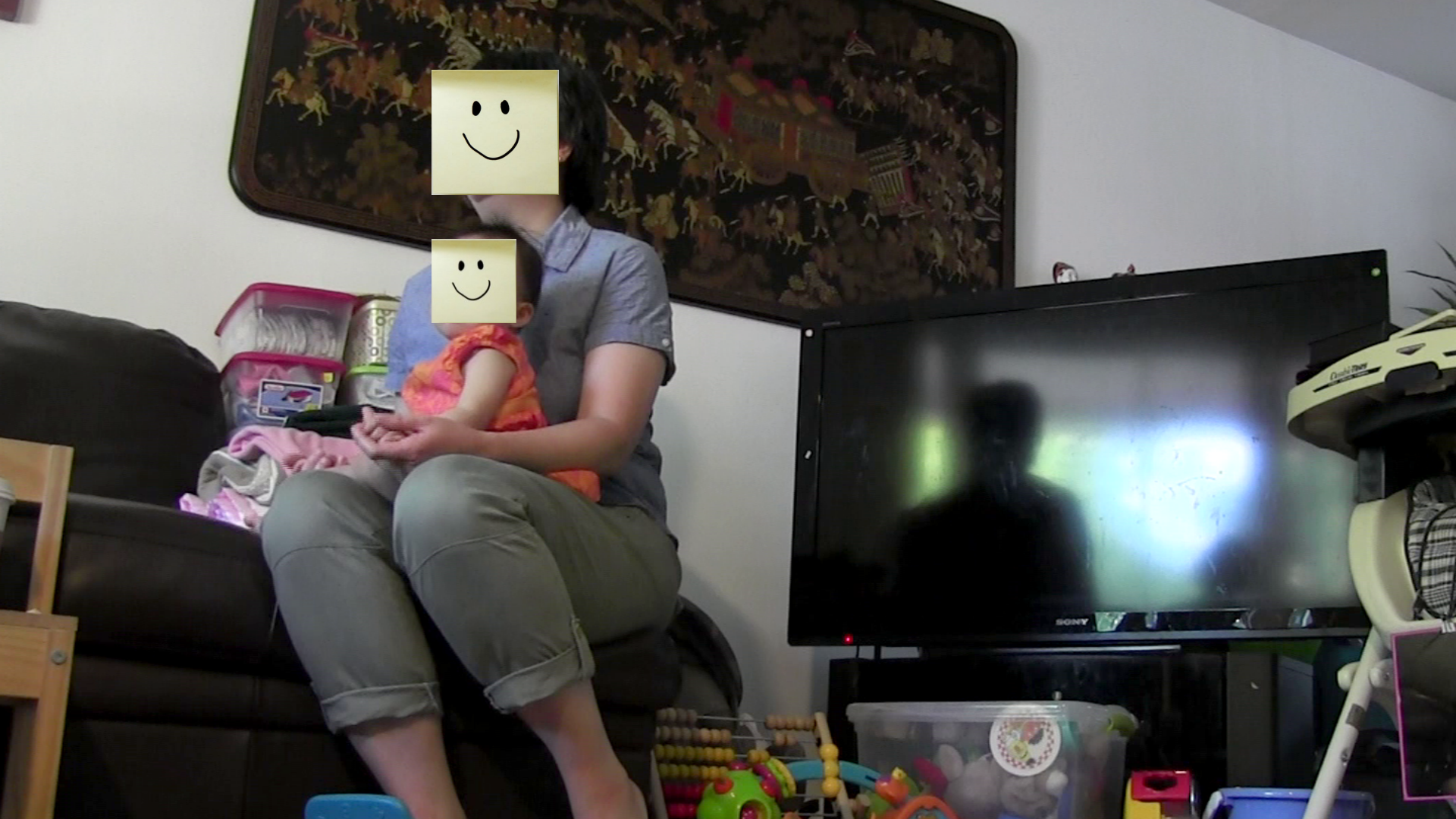
PATIENT +
FAMILY NEEDS

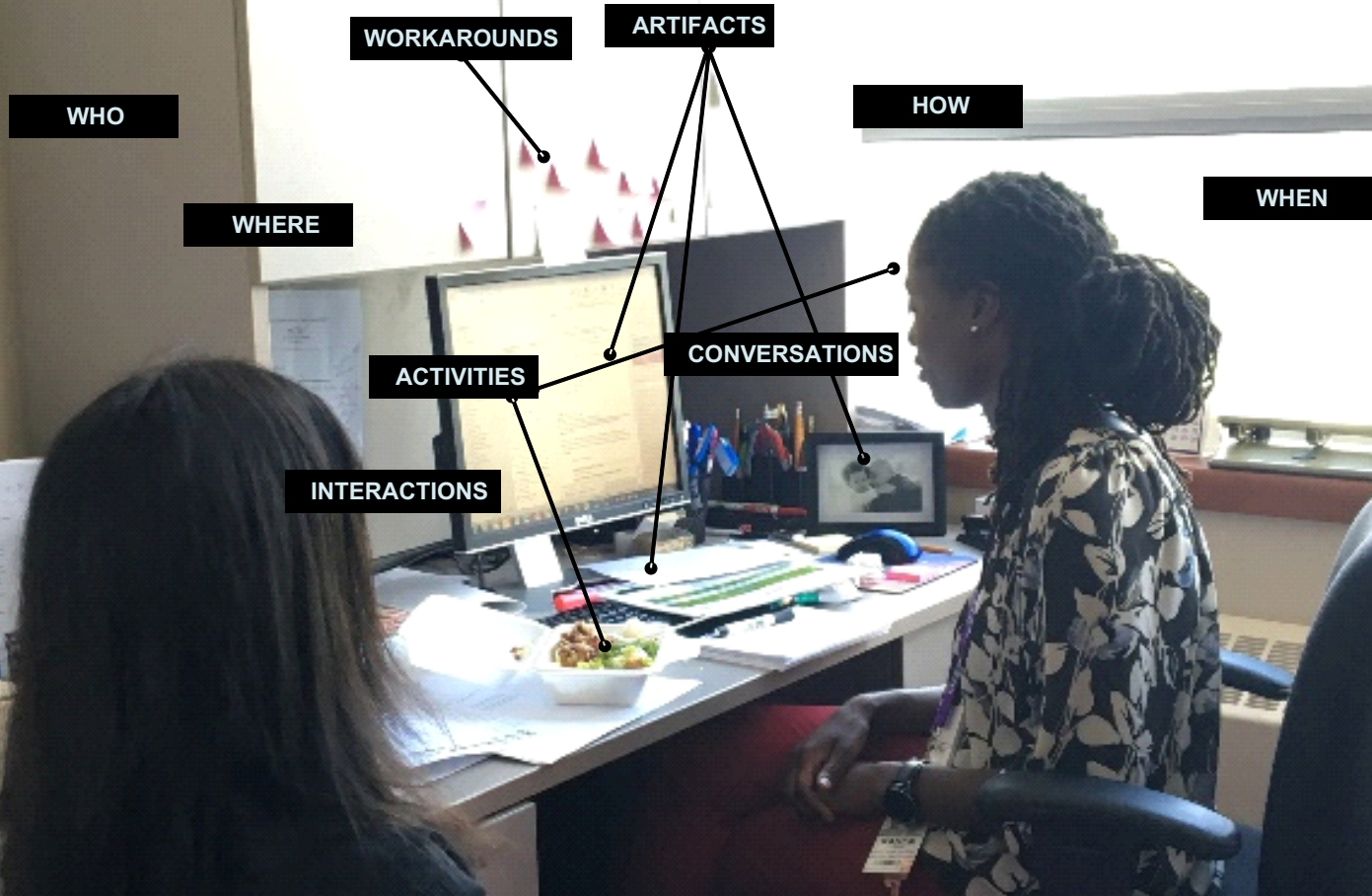


PHYSICIAN +
STAFF NEEDS



IMMERSIVE
OBSERVATION





“When you are trying to convey a concept of excellence, it’s hard when the physical space is old.”

- *NYGH Paediatric Physician*

“Eating, schoolwork, recreation, socialization. Those things are so important and the kids need a place to do them. Lengthy hospital stays can be pretty isolating, so the kids look forward to getting out of their room.”

- Parent of NYGH Patient

CATP

Painpoints & Needs

- Lack of parental accommodations and amenity space
- Lack of space for “normal” life activities
- Minimal clinical support space
- Impacts on optimisation

Supportive, Collaborative Care Team

Feeling heard

Having choice

Being encouraged

Feeling safe

Flexible, Personalized Experience

Freedom and control

Flexible access to resources

Appropriate Environment

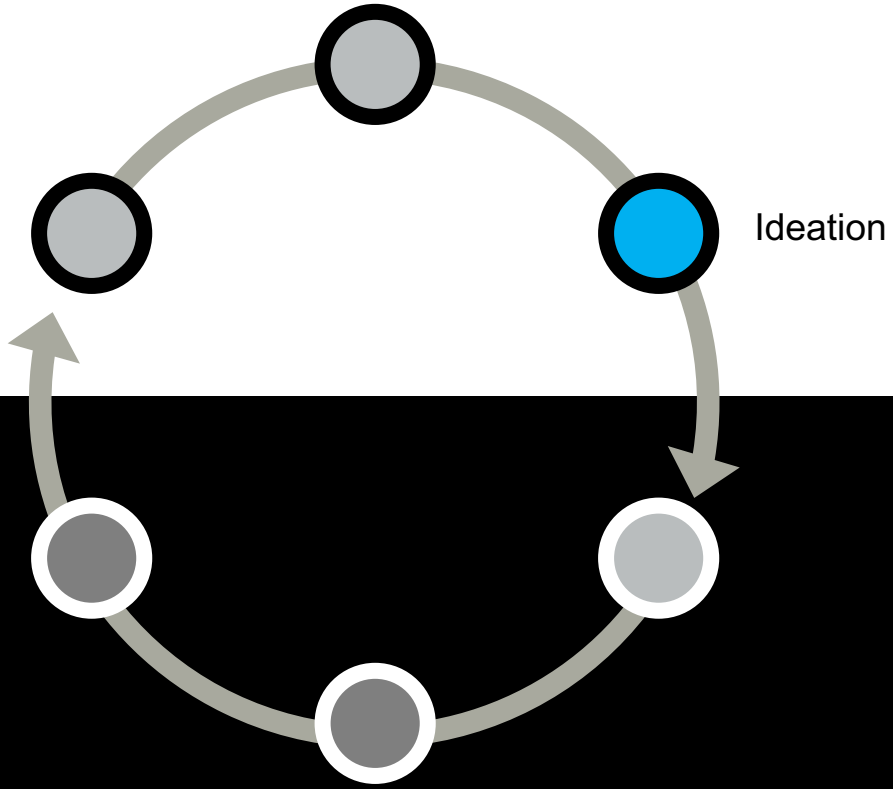
Physically safe

Accessible resources

Necessary amenities

Efficient workflow

CONCEPTUAL



REALITY



IDEATION
WORKSHOPS



DEFINING
VISION



PRECEDENT
REVIEW

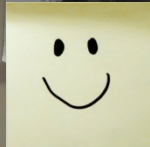
NYGH
Strategic Goals
& Design Principles



CATP
Strategic Goals
& Design Principles



Change,
Realization,
Healthier
patient
population



LOVE
"SOMEONE WHO" - CAN'T
FEEL BAD
"I WANT TO FEEL GOOD"
DO THAT (MOVEMENT)
THAT FEELS GREAT
THAT FEELS GREAT
THAT FEELS GREAT

LOVE
"SOMEONE WHO" - CAN'T
FEEL BAD
"I WANT TO FEEL GOOD"
DO THAT (MOVEMENT)
THAT FEELS GREAT
THAT FEELS GREAT
THAT FEELS GREAT

LOVE
"SOMEONE WHO" - CAN'T
FEEL BAD
"I WANT TO FEEL GOOD"
DO THAT (MOVEMENT)
THAT FEELS GREAT
THAT FEELS GREAT
THAT FEELS GREAT

NO
SOMEONE WHO
FEEL BAD
I WANT TO FEEL GOOD
DO THAT (MOVEMENT)
THAT FEELS GREAT
THAT FEELS GREAT
THAT FEELS GREAT

JAMIE

JAMIE

JAMIE

JAMIE

JAMIE

Be the #1
Community
Paediatric Provider
in the GTA

Be a leader in
navigating the
changing paediatric
landscape

Provide
distinctly
exceptional
experiences for all
patients and
families

Reduce
anxiety-inducing
unknowns for
patients and
families

EXPERIENCE-DRIVEN *but not* Inefficient

SUPPORTIVE *but not* Intrusive

**CHILD- AND TEEN-
FRIENDLY** *but not* Juvenile

FLEXIBLE *but not* Unspecific

SIMPLE AND BRIGHT *but not* Static

LOVE IT, LEAVE IT



KID FRIENDLY
INVITING
FUN

DIFFERENT
SECTIONS TO
EXPLORE
INTERESTING

LOOKS
COMFORTABLE
GOOD
VISUAL
CONNECTION
IF WAITING

TOO MUCH IN
THE WAY -
NEED CLEAR
PATH

SEEMS
TEEN FRIENDLY
BUT NOT
CHILD FRIENDLY?

PLACE TO EAT
COLORFUL

SURFACE
FOR ~~MINIMIZE~~
EATING
TALKING

MULTI FUNCTIONAL
SOFA
DONT FEEL
LIKE HOSPITAL

GOOD SITTING
AREA
FOR FAMILY +
STAFF
INTERACTION



BAD COLORS
TOO OPEN
FOR WORK
OLD SCHOOL

-VISUAL
PRIVACY
ENABLES
COLLABORATION

ROUTINE
THOSE CHAS
DISTRACTION
CRUISE
FROM

BETTER
THAN A
CRUISE
FROM

NEED PLACE
TO PUT
PERSONAL
ITEMS



OK FOR
RESIDENTS/
HOTELLING

DISTRACTIONS -
IN PATH
OF TRAVEL

LITTLE STORAGE
TOO TIGHT
NO PRIVACY

Sounds
Please?

MUST
HAVE

COMFORT

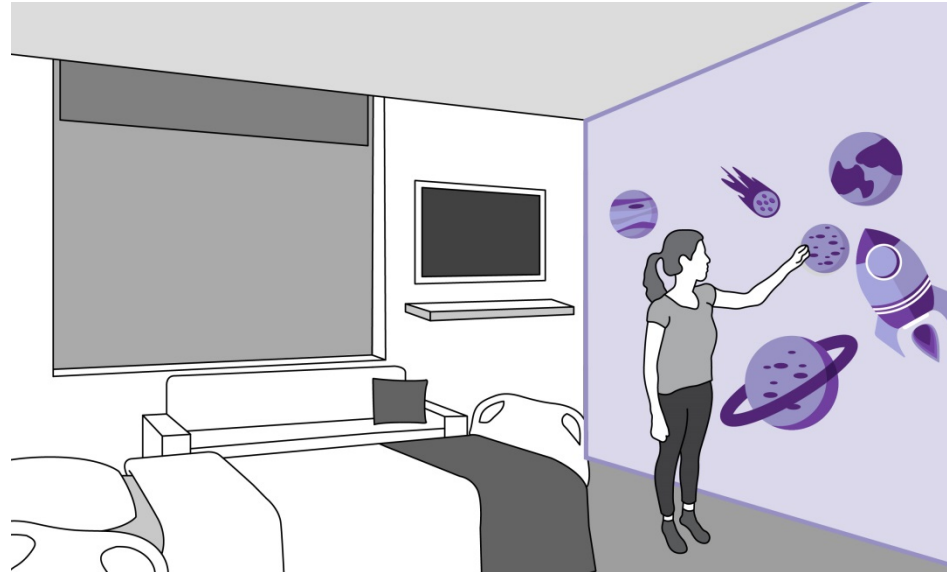
WIPEABLE
INFECTION
CONTROL

BRIGHT/
CONTROLLABLE
LIGHT

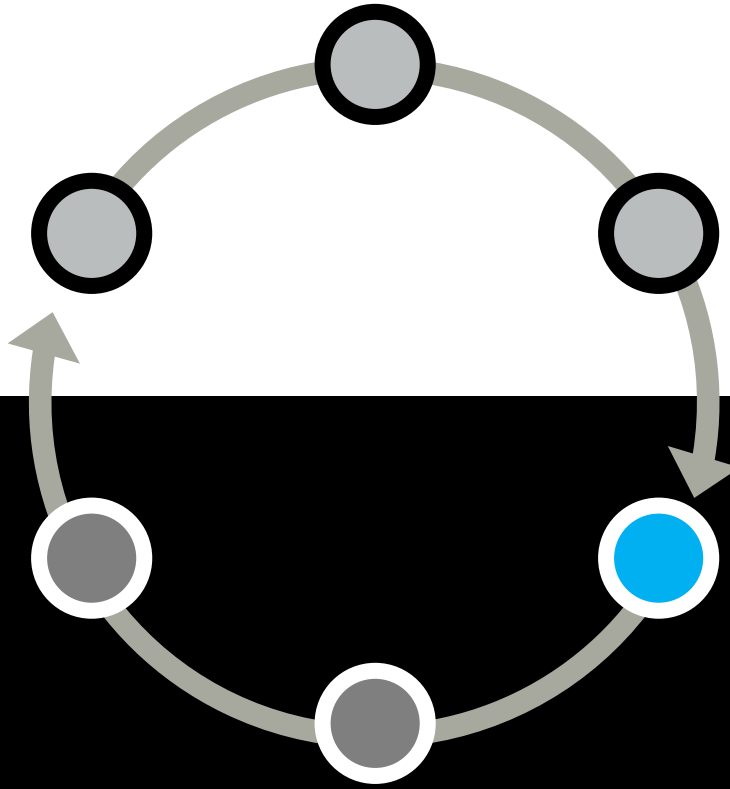
INVITING/
PLEASING
COLOR

- WANT COLOR
- PHYSICAL TEXTURE IS NOT
GOOD
- ART/MURAL/WALL ACTIVITIES/
STIMULI

- MINIMIZE DISTRACTIONS
FOR FEEDING PTS
- NO HEAVY DOORS

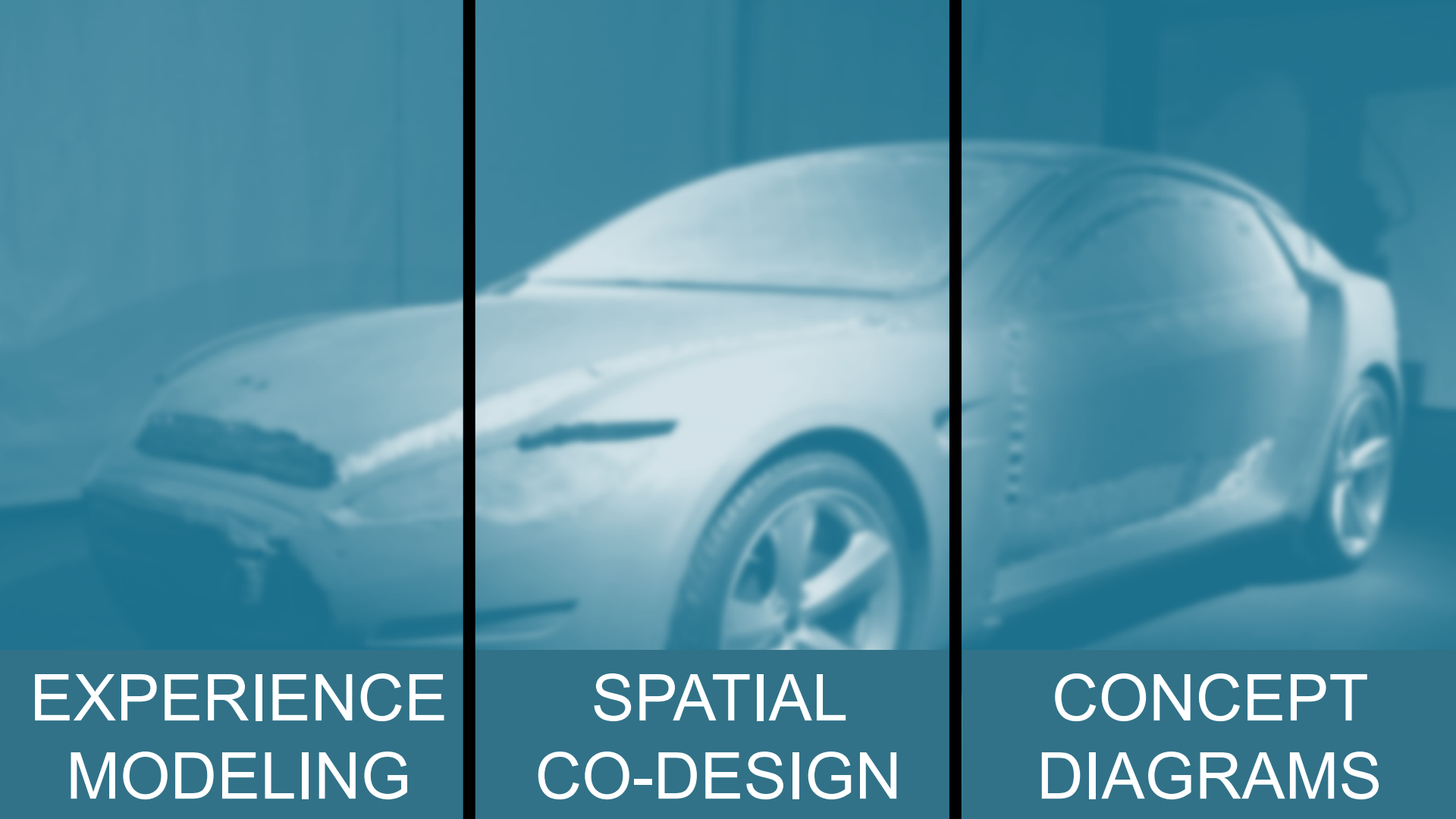


CONCEPTUAL



Testing & Design

REALITY



EXPERIENCE
MODELING

SPATIAL
CO-DESIGN

CONCEPT
DIAGRAMS

The 5Es

Created by Doblin Innovation Group

ENTICE

I want the best care for my diagnosis from staff I trust and in a place close to home.

ENTER

Getting to the clinic is smooth and easy, which helps lower my anxiety about the visit.

ENGAGE

This is so welcoming, comfortable, and timely. The clinic embodies the community spirit I love about NYGH.

EXIT

I got everything I needed and don't feel too concerned about what's next.

EXTEND

I know exactly how to take care of myself and answer any questions I might have.

Entice

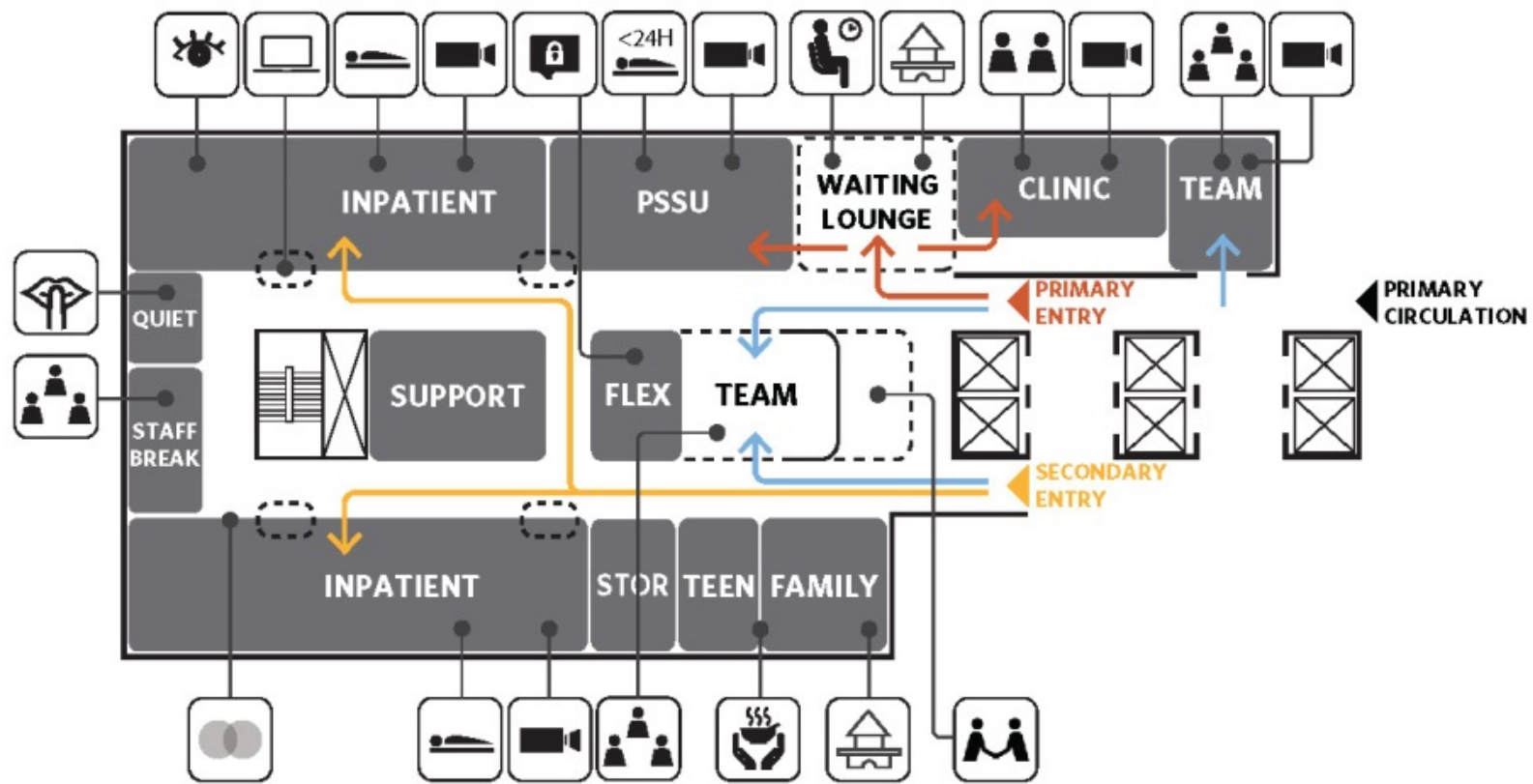
0 Referral

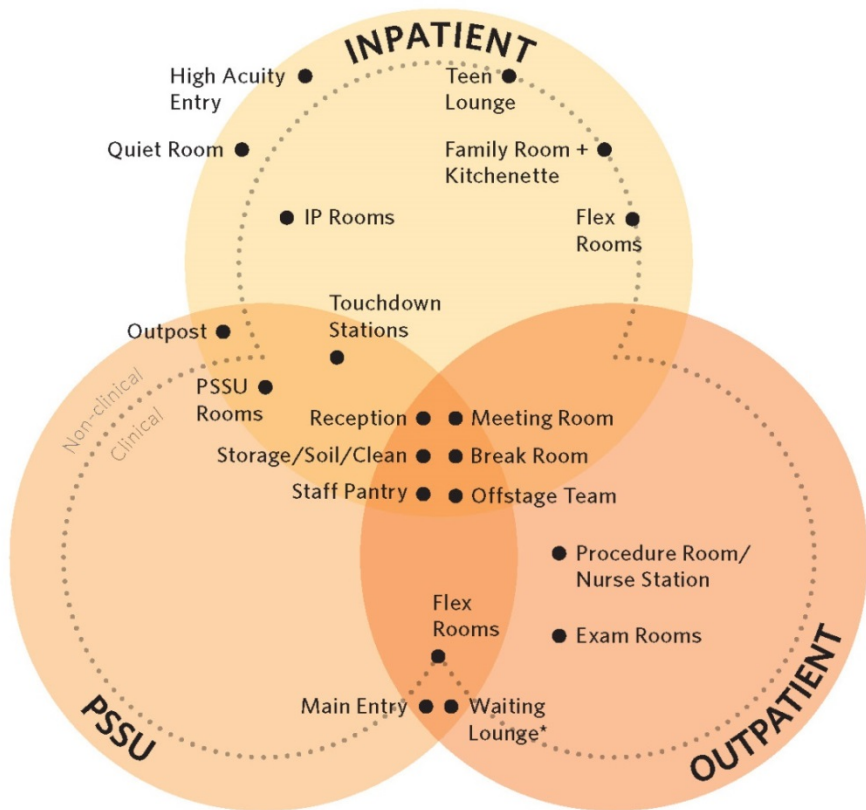
1 Warm Remote Greeting

2 Pre-registration and Information Communication 2.0

Patient's Goal	To be connected with the best care for their diagnosis	Have confidence regarding path ahead and understanding of next steps	Provide information once and access information from NYGH when and where desired
NYGH's Goal	Have patients seek care from NYGH's Anne Tanenbaum Chemo Centre	Communicate what to expect	Increase efficiency and likelihood of on-time arrival for appointment Decrease duplication, gather required information prior to visit, and understand patient preferences
Experience	The referral process enables a patient and their current physician to seamlessly connect to the clinic. Templates available online clearly indicate what information is required before the care team can reach out.	The care navigator, a new role, helps reduce anxieties by guiding patients through the entire process. They provide a warm remote greeting to the patient, explain what information is needed, why, and begin to set expectations for the visit. In turn, patients can ask questions and feel heard. Pre-appointment symptom information is gathered as a first step towards front-loading clinical interactions in the future.	The warm remote greeting is complimented by a technology platform that enables communication between the patient and care team. Email and forms online for pre-registration, symptom assessment, and palliative care screening streamline communication. Patients are provided with a hard copy and digital itinerary with pre-appointment tasks and directions, and introductory videos online help communicate what to expect. Patients can also fill out a digital personal profile allowing them to set mobility needs, communication preferences and needs, and share key information to reduce duplication. Plus, discounted parking information is made available to frequent fliers.
Staff		Care navigator	Care navigator
Space		<ul style="list-style-type: none"> Space must be provided for the care navigator Care navigators will need to have private calls and in-person conversations with patients and families 	
Technology	<ul style="list-style-type: none"> Online referral template 	<ul style="list-style-type: none"> Video conferencing capabilities to introduce staff to patients and families before arrival Virtual tour of clinic space 	<ul style="list-style-type: none"> Online pre-registration, palliative screening forms and digital profile Itinerary template with campus map and directions Introductory and informational videos about staff and clinic Symptom assessment forms
Operations		<ul style="list-style-type: none"> Integrate care navigator into care team with clear role delineation and communication protocols 	<ul style="list-style-type: none"> Use information gathered to do initial assessment whether or not patient may need introduction to palliative team



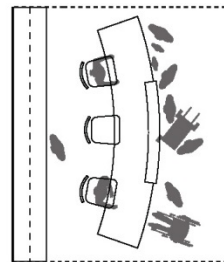




Shared spatial resources

*The Waiting Lounge is primarily for the PSSU and Outpatient patients and families, however, the space may be used after-hours by families of inpatients as well as staff.

Reception



*Diagrams indicate character only, exact size, configuration and capacity TBD

FUNCTION

- Receives and monitors patient and family entry to and exit from department

PRIMARY ACTIVITIES

- Document patient's arrival and inform care team per schedule
- Instruct pre-encounter activities
- Address general questions and concerns
- Inform appointment itinerary
- Guidance to subsequent inpatient or outpatient clinical services

SPATIAL AND PRIVACY CONSIDERATIONS

- First point of contact within department
- Visibility to and from main team area and any entry into department
- Visual connection and close proximity to pre-encounter spaces/ waiting lounge
- Requires acoustical privacy for patient/ family communication with receptionist

PRIMARY OCCUPANT

- 2-3 staff including receptionist, secretary, coordinator and/or volunteer
- 1 patient + 0 to 2 family members

USER CONSIDERATIONS

- Requires intuitive way finding into department from corridor and elevators
- Clear visibility from entry of department
- Patients range from infant to children and teens accompanied by multiple family members
- Patient arrival in or with car seat, stroller, or wheelchair and with additional baggage
- High acuity and low acuity patients and families will arrive through separate entries

TIMING & FREQUENCY

- Conform to regular hours of operation

Lessons Learned

1. The transformational design solution is located between the insights and constraints, and it is not buried within the problem.
2. Designing includes planning, but planning does not include designing. Recognize the difference between failure and mistakes.
3. In trying to bridge the gap between vision and reality, understand who is guarding the other side to successfully implement your ideas.
4. Recognize the difference between collaboration and teamwork. Be comprehensive and inclusive in your collaboration.