

Let's Make Healthy
Change Happen.



Agenda Item 7.1a

Quality Improvement Plan (QIP) Narrative for Health Care Organizations in Ontario



March 2026

This document is intended to provide health care organizations in Ontario with guidance as to how they can develop a Quality Improvement Plan. While much effort and care has gone into preparing this document, this document should not be relied on as legal advice and organizations should consult with their legal, governance and other relevant advisors as appropriate in preparing their quality improvement plans. Furthermore, organizations are free to design their own public quality improvement plans using alternative formats and contents, provided that they submit a version of their quality improvement plan to Health Quality Ontario (if required) in the format described herein.

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Overview

Sinai Health is comprised of Mount Sinai Hospital, Hennick Bridgepoint Hospital, the Lunenfeld-Tanenbaum Research Institute and system partner Circle of Care. As an integrated health system, we deliver exceptional care from healthy beginnings to healthy aging — especially for people with specialized and complex health needs — across hospital, community, and home settings.

Our Quality Aims 2025–2028 continue to guide our work across five domains: Safe, Timely, Effective, Equitable and Person-Centered. These aims define what “best possible care and experience” looks like for the patients and families we serve. By embedding the Quality Aims into our organizational strategy, we reinforce our commitment to excellence in patient care, safety, and experience. Achieving these aims requires an integrated, system-wide approach grounded in interprofessional collaboration, data-driven decision-making, and continuous quality improvement.

The organization’s annual Quality Improvement Plan (QIP) provides the framework to achieve Sinai Health’s Quality Aims, guiding multi-year activities and driving progressive improvement targets. In 2025–26, we focused on foundational work to strengthen systems, clarify processes, and align teams. In 2026–27, we are building on that groundwork, shifting from preparation to measurable improvement and spread across programs.

This year, we are proud to formally expand our Compassionate Care Strategy beyond the pilot units, with the aim to strengthen the consistency of respectful communication, empathy, and patient engagement at the bedside and across care settings. Our Compassionate Care Strategy includes a compassionate care intervention bundle that supports translating into tangible actions that patients and families can see and feel. Compassionate care is not simply a value, it is a commitment to how patients and families experience care every day. We recognize that in moments of care, patients and their care partners can experience fear, uncertainty, or vulnerability, and it is how we listen, communicate, and respond that profoundly shapes the patient experience. Our goal is to ensure that compassionate, person-centred care is not dependent on individual effort alone, but embedded in our systems, supported by our teams, and experienced reliably by every patient and family we serve. We will also be launching a new Electronic Record Project which is aligned with our Compassionate Care Strategy focused on reducing administrative burden for our clinicians and freeing them up to delivery high quality, compassionate care.

The 2025–26 Quality Improvement Plan (QIP) was developed through a systematic and consultative process that incorporated patient and family feedback, as well as input from key stakeholder committees, direct care staff, and subject matter experts. It was informed by planning assumptions and priority areas across the organization.

Our 2026–27 QIP reflects:

- Input from our Patient and Family Advisory Committees (PFAC)
- Reflections on 2025–26 QIP accomplishments
- Board and Organizational priorities
- Ontario Health performance indicators and priorities

- Data from safety events, patient experience and compassionate care surveys, and operational performance

Our commitment remains clear: to deliver care that is safe, timely, effective, equitable, and compassionate — every time.

SAFETY

Quality Aims 2025-28 (SAFE)

Aim Statement: Achieve ZERO “Never Events” and eliminate preventable Health Care-Associated Infections (HAIs)

Note: a **Never Event** is a serious and preventable patient safety incident that should not happen in a health care setting when proper safety processes are followed. This term is used to describe rare but serious events that cause significant harm and require review and action to prevent them from happening again.

Sub- Aim Statement #1: Achieve ZERO Never Events in the following targeted areas:

- Unintended foreign object left in the patient
- Stage III or IV pressure injury acquired after admission
- Leaving a secured ward without knowledge of staff
- Suicide or suicide attempt where prevention protocols were to be in place (self-harm event)

Sub-Aim Statement #2: Eliminate Preventable Health Care-Associated Infections (HAIs) through:

- I. Outperforming provincial/national benchmarks for rates of:
 - C. Difficile infection (CDI)
 - Central line associated bloodstream infection (CLABSI)
 - Catheter associated urinary tract infection (CAUTI)
 - Vancomycin-Resistant Enterococcus (VRE) bacteremia rate

Quality Improvement Plan 2026-27 (SAFE)

In 2025–26, we strengthened our systems to prevent serious harm. We saw meaningful improvements in infection prevention indicators and made progress in reducing self-harm events and pressure injuries. Foundational work included policy updates, set of safety practices, enhanced audits and performance monitoring.

In 2026–27, we are advancing from monitoring and foundational design to reliability and standardization.

Preventing Pressure Injuries

We continue working toward eliminating Stage III and IV hospital-acquired pressure injuries (Never Event) through early identification and immediate action to prevent progression.

In 2026–27, we are:

- Implementing technology to support early detection of skin breakdown in our high-risk Intensive Care Unit
- Strengthening adherence to prevention guidelines
- Standardizing early-stage pressure injury escalation pathways
- Improving visual reports to allow earlier intervention

Reducing Self-Harm Events

Following system-wide review and policy updates in 2025–26, 2026–27 focuses on staff training and use of suicide risk assessment and escalation protocols:

- Increasing suicide risk screening completion rates in the Emergency Department
- Expanding use of sets of safety practices for high-risk patients
- Strengthening monitoring and handover processes
- Providing enhanced suicide risk training across Emergency Department and inpatient mental health unit

Our goal is zero preventable self-harm events in patients identified as high risk.

Eliminating Preventable Infections

In 2025–26, we met or exceeded several infection targets, including strong progress in CLABSI, CAUTI, and VRE reduction. In 2026–27, we are:

- Formalizing central line infection prevention set of safety practices
- Expanding audits to provide real-time feedback
- Strengthening urinary catheter maintenance practices
- Reducing antibiotic use where not recommended
- Enhancing environmental cleaning
- Continued monitoring and reinforcement of hand hygiene

Preventing infections protects patients from serious complications and reduces length of stay.

TIMELY (Access and Flow)

Quality Aims 2025-28 (TIMELY)

Aim Statement: Ensure timely access to acute, complex continuing and rehabilitative care by reducing waits and harmful delays in care

Sub-Aim Statement #1: Achieve Top Performance amongst academic organizations focused on:

- Ambulance off-load time (Ontario Health Priority)
- ED wait time to physician initial assessment (Ontario Health Priority)
- ED time to inpatient bed (Ontario Health Priority)
- ED length of stay for non-admitted patients with low/high acuity
- ALC rate and throughput

Sub-Aim Statement #2: Achieve incremental year-over-year improvement in surgical volume and wait time target by:

- Increasing capacity and elective surgical volumes
- Increasing cancer surgical volumes
- Improving % wait list priority targets for all surgeries (long waiters)

Quality Improvement Plan 2026-27 (TIMELY)

In 2025–26, Emergency Department volumes reached record highs, and we experienced respiratory season pressures and outbreaks. With this, we saw some reduced performance in ED time to inpatient bed and ambulance offload times. We did however see improvements toward year-end as a result of multiple flow optimization initiatives.

In 2026–27, we are strengthening system reliability to optimize Emergency Department flow.

We will focus on:

- Standardizing bed assignment processes
- Conducting multidisciplinary root cause analyses to address system bottlenecks
- Optimizing escalation tools and alternate offload processes

Our goal is sustained, measurable improvement toward provincial benchmarks.

Alternate Level of Care (ALC)

Patient transitions from acute care to long-term (ALC-LTC) care continued to improve, with ALC rates on target and a higher-than-expected proportion of patients designated for long-term care. Progress was driven by coordinated strategies, including streamlined transfers, a new inpatient-to-rehab pathway, and expanded Emergency Department therapy services that reduced

unnecessary admissions. Teams strengthened the foundation for care by implementing the Clinical Frailty Score across units, introducing an electronic process for ALC-LTC designations, and expanding the Sinai Health to Home program (SHtoH) to support safe community transitions. Together, these efforts are enhancing patient flow, reducing delays, and improving the quality and safety of care. Building on progress in Clinical Frailty Score (CFS) screening and Sinai Health to Home, 2026–27 includes:

- Expanding frailty screening across additional units
- Standardizing interventions for patients at risk of functional decline
- Maturing SHtoH within the ED and expanding our overall hospital program targets.
- Strengthening external partnerships to support transitions

Improving transitions reduces hospital stays for patients where it is no longer medically necessary and improves patient flow.

Surgical Access and Long Waiters

The American College of Surgeons National Surgical Quality Improvement Program (ACS NSQIP) has once again recognized Mount Sinai Hospital with Meritorious Status for surgical patient outcomes in 2024, placing the hospital among the top-performing institutions internationally. Ranked in the top seven per cent of 609 participating hospitals worldwide, Mount Sinai earned distinction in both the “All Cases” and “High Risk” categories for exceptional postoperative outcomes.



The team was also awarded the Greatest Improvement in Surgical Outcomes Award, reflecting an extraordinary 77 per cent reduction in postoperative UTI rates since 2019. Building on prior recognitions in 2021 and 2022, these achievements highlight the sustained excellence, commitment, and collaboration of the entire surgical community at Sinai Health.



We remain committed to improving access to surgery by:

- Optimizing OR turnaround times
- Improving first case on time start performance
- Prioritizing long-waiter patients
- Maintaining elective and cancer surgical volumes

In 25/26 we made tremendous progress with our surgical long-waiter strategy, our goal is year-over-year reduction in patients exceeding priority wait targets (long-waiters)

EFFECTIVE (Population Health Management)

Quality Aims 2025-28 (EFFECTIVE)

Aim Statement: Ensure safe, effective transitions in care and best outcomes for older adults

Sub-Aim Statement #1: Ensure safe and effective transitions in care by reliably delivering targeted [HQO Transition Between Hospital and Home standards](#), including implementing an addictions and mental health pathway.

Sub-Aim Statement #2: Achieve the highest quality of life and health outcomes for older adults by meeting their fundamental care needs and optimizing transitions in care by focusing on the 4Ms, as outlined by the [IHI Age-Friendly Health Systems initiative](#) and other leading practices. The 4Ms include:

- What Matters
- Medications
- Mentation (delirium, depression and dementia)
- Mobility

Quality Improvement Plan 2026-27 (EFFECTIVE)

In 2025–26, we strengthened emergency psychiatric after-care services and expanded addictions consult services. At Mount Sinai Hospital, efforts focused on defining a proactive care pathway to support earlier intervention for agitated or suicidal patients, with the goal of reducing incidents of violence, minimizing restraint use, and enhancing staff safety. A review of best practices helped shape the pathway’s inclusion and exclusion criteria. Key performance indicators under consideration include completion of assessment tools, rates of critical incidents, and repeat visits. Work is now underway to engage stakeholders to ensure the pathway aligns with both clinical and operational priorities.

At Hennick Bridgepoint Hospital, the addictions service was expanded with the addition of a registered Mental Health and Addictions Social Worker to provide assessment, treatment, and community linkages. Implementation is ahead of schedule, and efforts have begun to transition consults and referrals to a digital workflow within the Electronic Patient Record, improving accessibility, efficiency, and tracking of patient referrals. In 2026–27, we are advancing this work.

Transitions in Care: Mental Health and Addictions Pathway – Access

- Reduce avoidable Emergency Department transfers to external psychiatric facilities when internal beds are available
- Expand psychiatric emergency service interventions
- Operationalize improved referral pathways for addictions services
- Increase timely access to post-discharge addiction care

This ensures continuity of care for vulnerable patients.

Transitions in Care: Age-Friendly – Appropriate Prescribing of Medication

In alignment with age-friendly principles, we are:

- Establishing baseline data for potentially inappropriate medications initiated during hospital stay
- Developing clinician tools and practice guidance to focus on alternatives to prescriptions
- Reviewing and optimizing standard orders
- Improving medication reconciliation practices

Reducing inappropriate medications improves safety and quality of life for older adults.

EQUITABLE (Equity and Indigenous Health)

Quality Aims 2025-28 (EQUITABLE)

Aim Statement: Deliver Culturally Responsive and Accessible Care

Sub-Aim Statement #1: Advance the maturity of Sinai Health’s Equity program to ensure culturally responsive and accessible patient care

Sub-Aim Statement #2: Reduce disparities in access to care, patient experience and clinical outcomes for equity-deserving populations in targeted program areas.

Quality Improvement Plan 2025-26 (EQUITABLE)

Sinai Health is committed to enhancing accessibility and inclusion for individuals of all abilities. The 2024-2029 accessibility plan is organized around the following general requirements of the [AODA’s Integrated Accessibility Standards Regulation](#):

- Customer Service
- Information and Communication
- Design of Public Spaces
- Employment

An accessible Sinai Health means prioritizing the principle of “access over accommodation”, ensuring that our spaces, programs, services, and workplace environment are designed with accessibility, inclusion, and belonging at the forefront. This approach aims to ensure that the needs of individuals with disabilities are integrated upstream into the organization’s core hospital planning, design and quality improvement efforts.

Quality Improvement Plan 2026-27 (EQUITABLE)

In 2025–26, we advanced accessibility planning and strengthened interpreter service integration. Additionally, we partnered with patients, families, caregivers, accessibility experts, and community organizations to co-design a refreshed ***Providing Access for People with Disabilities Policy***, ensuring patients and their support networks can fully participate in their care experience free of barriers, while embedding accessible practices into day-to-day care delivery.

Our 2026-27 Quality Improvement plan focus on four key priorities: Universal Accessibility, Culturally Safer Care, Linguistic Accessibility, and advancing infrastructure to support Health Equity. We are embedding accessibility and equity into routine operations. Key initiatives include:

- Expanding on-demand interpreter services in priority clinical areas
- Continuing implementation of the Multi-Year Accessibility Plan (AODA)

- Continued advancement of Sinai Health’s organizational maturity in health equity through staff education, data- and evidence-informed practices, and ongoing engagement with diverse patients and families.
- Advancing equitable discharge and transition processes
- Strengthening partnerships that support Indigenous cancer care and mental health

Our goal is to reduce barriers and ensure all patients receive respectful, accessible care.

PERSON CENTERED (Patient and Provider Experience)

Quality Aims 2025-28 (PERSON CENTERED)

Aim Statement: Deliver a compassionate care strategy by implementing an evidence based compassionate care initiative, supporting staff well-being and prioritizing patient needs over paperwork

Sub-Aim Statement #1: Implement a compassionate care strategy across Sinai Health that aligns with the framework outlined below:

Context – Implement safe staffing models and reduce administrative burden

Cultivate - Create an environment that builds the capabilities and capacity of health-care professionals, patients and their family caregivers to deliver compassionate care

Connect - Enhance workflow processes and daily routines to support patient connections

Care(giver) -Tailor care to individual patient needs in partnership with caregivers

Sub-Aim Statement #2: Enable an environment that supports staff well-being and retention by:

- Eliminating (*theoretical best*) serious incidents of workplace violence
- Being a top performer in health-care worker retention and avoiding premature departures of a nurse within two years of hire
- Creating an environment of belonging through Sinai Health’s Reconciliation, Equity, Diversity and Inclusion (REDI) strategy

Sub-Aim Statement #3: Develop and fully implement a renewed Electronic Patient Record (EPR) strategy across Sinai Health

Quality Improvement Plan 2026-27 (PERSON CENTERED)

Compassionate Care Intervention Bundle

In 2025–26, we successfully launched the compassionate care pilot on 14N (Surgical Oncology unit) and 9 South (Complex Continuing Care unit) which is focused on strengthening therapeutic relationships, enhancing emotional connections, and embedding purposeful, person-centered practices into daily care. On 14N Surgical Oncology unit at Mount Sinai Hospital, the pilot introduced a collection of interventions to support patient engagement in their care during their

time in hospital and understanding of discharge plan including scheduled rounding, staff education, FAQ tools to prepare the patient for physician rounds, and workforce wellness supports. The unit formally launched in January 2026 following broad engagement with nursing, health disciplines, learners, volunteers, and patient and family advisory council. On 9S a neurological support unit at Hennick Bridgepoint Hospital, the pilot centers on the implementation of a co-designed “Get To Know Me” personhood tool to build trust and deepen emotional connection between patients, care partners, and the care team. Developed through a multidisciplinary working group including patients and care partners, the tool is being operationalized through social work leadership and integrated into admission processes, with ongoing refinement based on patient feedback and survey results tied to QIP targets.

In 2026–27, we continue to move from design to full implementation and spread.

- Pilot and implement compassionate care interventions across the organization to test in every program including General Internal Medicine, Women’s and Infants’ Antenatal Unit, Mental Health and Rehab.
- Strengthen workflow processes to prioritize meaningful patient interactions
- Monitor and improve compassionate care scores and other clinical indicators

Our approach focuses on four pillars: Context, Cultivate, Connect, and Care(giver).

People Well-Being and Safety

The well-being and safety of our people remain a top priority in our QIP. This year, we are focusing on the reduction of workplace violence incidents through the consistent hospital-wide use of the violence assessment tool (VAT), standardized reinforcement of safety training in high-risk areas, and ensuring all newly hired staff in identified units complete training within three to six months. We will also implement a visual indicator across all programs and explore technological solutions to support staff awareness of potential for violence as well as a staff duress system.

In parallel, we are reinforcing timely, comprehensive support for staff involved in workplace violence incidents, including structured debriefing and access to mental health resources. Together, these efforts aim to reduce risk, strengthen staff confidence, and foster a safer, more supportive work environment and enhanced patient experience and safety.

Digital Strategy

Sinai Health’s Electronic Patient Record (EPR) environment reflects decades of incremental growth shaped by mergers, academic expansion, and decentralized digital investment. Rather than a unified enterprise platform, the organization operates a heterogeneous, multi-system clinical ecosystem. There is no single longitudinal patient record or patient portal to support patient access to information and communication with their clinicians.

At the same time, Sinai Health has committed to advancing patient safety, improving patient experience, reducing clinician burden, strengthening academic integration, and leveraging analytics and AI for clinical decision making. These objectives require a unified, structured, enterprise-wide EPR and data architecture.

The current digital fragmentation is experienced directly by clinicians at the bedside and in every transition of care. Across inpatient, outpatient and emergency areas, clinicians are routinely required to navigate multiple electronic systems, paper charts, shared drives, and external portals to assemble a complete patient picture. The burden is not only inefficient but also adds to clinician workload, cognitive burden and burnout. Clinicians are expected to be nimble in their work and must at times manage concurrently multiple patients in different locations of the hospital including: ED, inpatient floors, outpatient clinics). The lack of visibility to clinical assessments remotely introduces inefficiencies in their clinical work, creates delays in care and potential safety risks. In a similar fashion, patients are expected to navigate multiple patient portals creating challenges with access to information and a fragmented patient experience.

A unified enterprise EPR will not only improve efficiency but enhance the patient and clinician experience and support safe and reliable care. Through the EPR renewal initiative, we aim to achieve major milestones to strengthen our digital infrastructure. By leveraging technology effectively, we will better support our front-line teams and enhance the overall patient experience while advancing quality and patient safety.

Moving Forward

The 2026–27 QIP reflects Sinai Health’s commitment to continuous improvement. We are building on strong foundational work from 2025–26 and focusing on reliability, spread, and measurable impact.

Through strong governance oversight, patient partnership, and interprofessional collaboration, we will continue advancing toward our Quality Aims 2025–2028 and delivering the best possible care and experience for every patient.

Palliative Care

In 2024, Sinai Health was selected as a host health service organization for the Ontario Health / Ontario Palliative Care Network's palliative clinical coaching initiative and to play a role in the implementation of the provincial Palliative Care Health Service Delivery Framework in Toronto region. With the key aim of strengthening the delivery of palliative care for adults living in the community, the coaches are working to support community-based health care providers to gain comfort and skills in providing primary-level palliative care. The objectives are:

- 1) Building palliative care competencies of health-care providers in community organizations,
- 2) Broader integration and coordination between specialist providers and community organizations, and

- 3) Provision of timely, equitable access to high-quality palliative care to patients and their families, as close to home as possible.

Since July 2024, the coaches have engaged with health care teams in 20 organizations, including Long-term Care Homes, Family Health Teams, Community Health Centres and Home and Community Care Support Services. In 2025-26, the coaching team provided learning opportunities and education resources for over 900 health care providers and over 100 coaching and mentoring sessions for the organizations engaged in change initiatives. The coaches also focused on strengthening the referral pathways to the Temmy Latner Centre for Palliative Care and other specialist programs in order to optimally support these teams in accessing palliative care services for their patients and family caregivers.

Emergency Department Return Visit Quality Program (EDRVQP)

In 2023, the Psychiatric Emergency Services (PES) program was launched to improve care for patients presenting with Mental Health and Addictions concerns. Following implementation, transfers to the Centre for Addiction and Mental Health (CAMH) decreased from 13% to 9% for patients seen by PES. Some CAMH transfers remain unavoidable when patients require Psychiatric Intensive Care Unit (PICU) level of care or when a patient requires admission and there are no beds available on our inpatient Psychiatric Unit. However, we continue to focus on markedly reducing the rate of inappropriate CAMH transfers.

Implemented in 2023 to support urgent psychiatric follow up for ED patients seen by PES, the Emergency Aftercare Services (EAS) program was expanded in 2025 providing access for ED physicians to directly refer all patients requiring urgent outpatient psychiatric care. EAS replaced the previous Crisis Clinic referral pathway. Together, these services have improved local access to mental health care and reduced Emergency Department length of stay (ED LOS) for patients who remain on site. In 2023 and 2024, 34 and 136 patients respectively were seen by the EAS team. In 2025, with service enhancement to optimize post ED treatment for all mental health patients in need of urgent follow up care, a significant increase in access was achieved with 477 patients referred to EAS. Of these, 80% (376) were referred directly by Emergency Department providers, while 20% (101) were referred following a PES assessment in the ED. Among the 376 patients seen only by ED providers, 130 had EAS appointments successfully booked.

These initiatives demonstrate meaningful progress in strengthening local mental health care pathways, improving timely access to follow-up services, and reducing reliance on external transfers, while ensuring patients receive appropriate care closer to home.

This year, the ED Return Visit audit identified themes where foundational work is needed as well as others that build on existing initiatives that can be further optimized:

Mental Health and Addictions

- Many repeat ED visits involve patients with Mental Health and Addictions (MHA) concerns. An addictions Pharmacist, enhanced staff education, and a planned post-ED drop-in clinic aimed to improve care and access to supports will be added.
- The PES team will conduct patient interviews to better understand drivers of repeat ED use and identify opportunities for improvement.

Complex Psychosocial Needs

- Patients with complex psychosocial needs, including those facing housing instability and other significant social challenges, are frequently represented in repeat ED visits, often without admission. We will explore options to support immediate needs, coordinate community services, and enable follow-up beyond the ED visit.
- For patients with very high ED use and complex psychosocial needs, the ED will reinvigorate the Care Plan process using a multidisciplinary approach and patient engagement, to promote consistent, patient-centered care, support safe discharge, and reduce moral distress among care teams. We will also be expanding our Sinai Health Hospital to Home Program to prevent hospital admissions and support complex patients in the community.

Diagnostic Imaging

- We will continue to partner with the Diagnostic Imaging program to improve turnaround times from order to completion and from completion to report, reducing delays and patient frustration.

Consultant Services

- The ED will collaborate with consulting services to review and optimize physician response times; including call-backs, assessments, and dispositions, addressing potential delays that can contribute to prolonged length of stay or patients leaving against medical advice.
- For patients experiencing second-trimester pregnancy loss or complications such as retained products of conception, we will explore and assess the feasibility of on-call Operating Room access for non-emergent cases and co-develop a standardized care pathway with relevant stakeholders to enhance patient experience and reduce clinical risk.

We are optimistic that this foundational work and suggested follow up work in partnership with the relevant stakeholders will aim to address many of the quality issues identified by this year's Return Visit Audit.

Executive Compensation

At Sinai Health, hospital leadership is accountable for achieving QIP targets through performance-based compensation, reinforcing alignment and a strong focus on continuous quality improvement.

In 2026-27, more than 75 per cent of executive performance-based compensation will be tied to a defined subset of QIP indicators. These indicators will be drawn from the targets and initiatives outlined in the QIP, with emphasis on high-impact, system-wide measures related to patient safety, timely access, effective care delivery, and person-centred care.

Contact Information/Designated Lead

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Sign-off

I have reviewed and approved our organization's Quality Improvement Plan

Board Chair _____ (signature)

Andrew Hoffman
Chair of the Board
Sinai Health

Board Quality Committee Co-Chair _____ (signature)

Thomas J. Kornya
Chair, Patient Safety and Quality Committee
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Chief Executive Officer _____ (signature)

Dr. Gary Newton
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