2020/21 Quality Improvement Plan (QIP)

Quality Aims	Goals	Measure	YE 2018/19		Current Performance YTD Q3 2019/20		2020/21Target							
		Outcome Indicator	MSH	BH	MSH	BH	MSH	MSH Target Rationale	BH	BH Target Rationale	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Goal for 2020/21
Safe	Make care safer by eliminating preventable healthcare associated infections (HAI)	Number of Sepsis Cases due to HAI	Not Available	--	Not Available	--	0	Theoretical Best	--		Confirm current data capturing methodology for in-hospital sepsis and determine the optimal surveillance strategy	Perform retrospective chart reviews to confirm in-hospital sepsis cases that meet clinical definition, determine opportunities for improvement in coding, and an optimal surveillance strategy for in-hospital sepsis	% Project Milestone	100%
		Rate of nosocomial C.Difficile Infection (CDI) per 1,000 patient days Number of nosocomial CDI Cases	0.34 N=36	--	0.11 N=9	--	0.11	Best Achieved Internally	Maintain Indicator to be monitored through Infection Prevention & Control Committee		Improve notification and monitoring system for double cleaning of indicated rooms (MSH)	Conduct prevalence audits of process documentation on one surgical (14N) and one medicine (10S) unit to gather baseline data. Conduct root cause analysis to identify barriers to adherence. Pilot intervention to standardize process.	% of adherence to double cleaning standard	80% adherence
		Percent of general surgery cases with surgical site infections (risk-adjusted)	Not Available	--	8%	--	7.2%	10% improvement	--		Standardize perioperative antimicrobial prophylaxis (MSH)	Share data from audits of perioperative antimicrobial prophylaxis with surgical groups. Pilot guidelines to standardize perioperative antibiotic prophylaxis in the general surgery program.	% of adherence to standard in general surgery	80% adherence
		Rate of Catheter associated Urinary Tract Infection (CAUTI) per 1,000 catheter days in Surgery Number of CAUTIs	4.3 N=24	--	3.1 N=12	--	2.8	10% improvement	--		Develop consensus-based decision tool to guide appropriate indications for catheter use in the surgical population (MSH)	Design and implement consensus-based criteria in the gynecology surgical program	% of adherence to decision tool	90% adherence
		Rate of Central Line Associated Blood Stream Infections (CLABSI) per 1,000 line days Number of CLABSIs	11.2 N=50	--	TBD	--	9	20% Improvement	--		Implement spot practice audits of central line insertion and maintenance process and provide data feedback to team for improvement (MSH)	Develop and implement audit process across the NICU and provide data and feedback to the team	% of adherence to standard process	100% completion
											Improve hand hygiene adherence - Target: MSH - 55% (E-Monitoring); BH: 95% Direct Observation			
											Participate in ICU/CCU multi-centre hand hygiene study (MSH)	Leadership participation in weekly multi-centre hand hygiene conference calls to share and learn from other hospitals	Completion of PDSA cycles	One PDSA cycle per quarter
											Expand hand hygiene forum to share and spread change ideas across all inpatient units (MSH)	Leadership from inpatient units to participate in weekly hand hygiene forum and monthly multi-centre hand hygiene conference call	Implementation and sharing of one quality improvement initiative related to hand hygiene improvement	14/14 in patient units
											Improve placement of hand hygiene dispensers to better align with workflow (BH)	Collaborate with inpatient units to identify optimal locations for hand rub and install dispensers	Pre and Post staff satisfaction survey about placement	20% improvement in satisfaction

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Timely	Advance our system focus on throughput to ensure timely access to care in acute, complex continuing and rehabilitative care	Time to Inpatient Bed from Emergency Department (90th Percentile)	21.3 hours	--	16.6 hours	--	16.6 hours	Maintain best achieved	--		Enhance overall hospital **capacity**	Support complex transition planning and ALC management by standardizing internal processes by defining roles, timeline, transfers of accountability, and implementing standard operating procedures to support complex transition planning across all inpatient units	ALC throughput Current performance (YTD Q3 19/20): Acute care - 0.95 CCC - 0.88	>= 1
											Redesigning the system to enhance hospital **flow**	Improve Diagnostic Imaging turnaround time in the emergency department by establish new work flow to support patients to self-porter to the diagnostic imaging area	P4R Rank - Current rank - 14	Top 10
												Optimize the current hospitalist program model by identifying peak times in the ED and matching hospitalist resources. Collaborate with Medicine to explore the expansion of the hospitalist program	& Project Milestone	100%
												Leverage the use of the Ocylus Bed Management System by establishing estimated discharge date (EDD) for patient diagnoses and design team processes to support the use of EDDs displayed on unit based electronic white boards to improve length of stay for select QBP populations (CHF & COPD)	QBP LOS index for selected populations (CHF & COPD) meeting CIHI expected LOS targets Current performance: CHF - 9.1 days COPD - 4.9 days	CHF ELOS - 7.1 days COPD ELOS - 5.1 days
												Improve perioperative flow from PACU to inpatient bed by: (1) establishing and implementing a new process for verbal reports for patients transferring from the PACU to an inpatient unit. (2) Re-align patient mix on 11N and 11S to admit ENT and OMFS patient populations based on defined admission criteria to ensure optimal use of beds	Average time from PACU ready for transfer to inpatient bed - current performance - 37 minutes	<30mins
												Improve overall inpatient flow by reviewing current state and optimizing the discharge process, specifically around timing for completion of discharge prescriptions, referrals and other discharge information for patients on selected inpatient surgical units (11N/S)	Percent of patents discharged before 12pm - current performance - 31.5%	40%
												Enhance rehab orthopedic flow by designing and implementing an activity and walking program to increase informal therapy for primary rehab hip and knee patients	QBP index for primary hip and knee Current performance: primary hip - 13 days primary knee - 14 days	11 days for hips and knees
											Enhance flow by matching **demand** to resources (MSH)	Establish and implement a resource matching strategy to improve peri-operative and inpatient capacity	% Project milestone	100%
											Understand organizational throughput (SHS)	Use value stream mapping as the methodology to visualize and understand organization flow through the various patient care streams. Determine top 3 areas for improvement and re-design process to implement	% Project milestone	100%

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Timely	Advance our system focus on throughput to ensure timely access to care in acute, complex continuing and rehabilitative care	% Meeting Obstetrical Triage (OTAS) Wait Times for levels 3, 4 & 5	CB	--	OTAS 3 - 33% OTAS 4 &5 - 55%	--	OTAS 3 - 36% OTAS 4 & 5 - 60%	10% Improvement	--		Refresh staff on OTAS prioritization system and implement an enhanced nursing model to improve patient flow in triage (MSH)	Re-inforce OTAS prioritization system and implement medical directives to establish a discharge disposition for the appropriate population (i.e. NST assessment and discharge from triage)	% of staff educated	80%
											Ensure availability of antenatal health records for patients arriving in Labour & Delivery (MSH)	Partner with outpatient antenatal clinics to develop and implement a process for ensuring patients have their health records upon arrival to triage	% of patients arriving in L&D with antenatal records	80%
Effective	Be a top performer among academic hospitals in delivering care outcomes by reliably embedding core care standards based in evidence to meet fundamental patient care needs.	Pain: % responding always in pain well controlled during stay (CPES - top box)	56.4% Surgery	51.2% Rehab Ortho	57.1% Surgery	58.8% Rehab Ortho	65% Surgery	10% Improvement	64.30%	Best Achieved Rehab (Internal)	Standardize Prescriptions (Opioid)	Standardize discharge prescribing practices for surgical patients (hip and knee replacements)	% project milestone	100%
											Enhance and standardize pain-related documentation	Develop a comprehensive and integrated pain assessment tool for Spiritual Care, Social Work (SHS) Physiotherapy and Occupational Therapy Validate pain documentation changes for nursing (MSH) Monitor the modification to eMAR (to track pain response) (SHS)	% project milestone audit of compliance pain response audit (nursing)	100% 80% 80%
											Patient Education	Develop a patient education information sheet with non-pharmacological pain management strategies (for all patients) (SHS)	% patients receiving information sheet by Q4	80%
											Physical Therapies & Strategies	Conduct a current state and literature review on best practices related to modalities for pain management.(BH) Implement one change idea related to the use of modalities as part of pain management on an orthopedic unit.(BH)	% project milestone	100%
		Escalation of Care: Number of serious incidents involving escalation of care (3, 4, 5)	CB	CB	CB	CB	0	Theoretical Best	0	Theoretical Best	Foundational Activity	Establish governance structure, incident collection and analysis method	# of incidents analyzed using established criteria	5 per program area by year end
											Corporate Policy	Complete literature review and best practice scan of other academic hospitals. Develop policy and develop organization dissemination process.	% of clinical leaders aware of policy (including Senior Clinical Directors, Managers, Practice Leaders, Physician Chiefs)	100%
											Video Monitoring Technology	Operationalize video monitoring technology and implement criteria, protocol and processes to effectively triage high risk patients to receive close observation (ie., patients at high risk for falls).	% of falls prevented/intervened in the rooms where the technology is being used to monitor at risk patients	>80%
											Implement vital sign strategy to enable continuous monitoring of respiratory status (rate, SP02, HBg) in high risk patients (MSH - surgical units - 11 N/S and 14 N/S	Develop Vital Sign Strategy and prepare RFP to procure Continuous Respiratory Monitoring System building on existing Phillips Infrastructure. Develop criteria/protocol based on technological solution, educate staff, and implement on one clinical unit.	% project milestone	100%

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Effective	Be a top performer among academic hospitals in delivering care outcomes by reliably embedding core care standards based in evidence to meet fundamental patient care needs.	Medication: Number of medication incidents (SSE Classification)	CB	CB	CB	CB	0	Theoretical Best	0	Theoretical Best	Automation/Closed Loop Systems	Review evaluation of CPOE and eMAR/BMV implementation and create an optimization work plan. Implement 2 change ideas. (BH) Create tool for bar code scanning compliance audits. Evaluate and automate reporting tools for BMV and send to key stakeholders. (BH) Implement automated Fast Packager – Q1(MSH) Implement ADCs in ED, Periop in alignment with Phase 3A move in dates.- Q3/Q4 (MSH) Complete Phase 1 Pharmacy Renovations – Q4(MSH) Pharmacy Robotics installation and preparation for go- (scheduled to implement 2021/22)	% project milestone (BH) compliance audits (BH) % project milestone (MSH)	100% >90% 1 00%
											Medication Reconciliation	Pilot, then implement RXM module for medication reconciliation across the hospital (BH) Explore software for Cerner to implement med rec (MSH)	% project milestone	100%
											Narcotic Diversion	Identify top 3 diversion strategies for opioids (MSH) Revision of narcotic and opioid-related audit policies (MSH) Identify strategy for bedside securement of opioids in PACU (lock boxes, etc.) (MSH) Revision of opioid-related policies (BH) Review current state of narcotic and controlled drug wastage processes and implement a change idea. (BH)	% project milestone	100%
											Technology to automate opioid dispensing	Implementation of Fast Packager in Pharmacy and ADUs in perioperative areas and L&D (MSH) Barcoded dose packaging to enable future BMV (MSH)	% project milestone	100%

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Effective	Be a top performer among academic hospitals in delivering care outcomes by reliably embedding core care standards based in evidence to meet fundamental patient care needs.	Pressure Injuries: Rate of Hospital Acquired Pressure Injuries > stage 2	TBD	TBD	11% ICU	3.8% 6N/S	6.5% ICU	40% Improvement	3.4% 6N/S	10% Improvement	Targeted Pressure Injury Prevention Strategies	**Acute (OR/Perioperative & ICU):** Assess and modify Pre-Admission Unit risk assessment tool and develop standard work process for use in the surgical population. Determine roles and responsibilities for Physiotherapy, Occupational Therapy and Clinical Nutrition with respect to pressure injury prevention and management Develop a therapeutic surface process for transitions of care for transfers to/from: ICU, OR/Perioperative Education for ICU staff on appropriate use of pressure injury equipment for pressure injury management **Rehab/CCC (Renal Unit - 6N/S)** PI protocol and staff education: Complete root cause analysis on renal unit including times patients are receiving dialysis (extended time); modify existing protocol as required, explore changes in EMR; provide education to staff on renal unit Nutrition and PI: Review best practices, assess gaps and implement 1 change to support improved nutritional practices on renal unit to support pressure injury reduction	% patients receiving Pre-Admit risk assessment tool % project milestone % project milestone % of Clinicians educated % clinician adherence to PI protocol % project milestone	>80% 100% 100% >90% >80% 100%
											Documentation Enhancement - EMR and CPOE to support PI prevention (MSH)	Standardize PI risk assessment documentation frequency (MSH) Develop EPR Admission order set (MSH) for PI prevention Refresh the pressure injury documentation tool	% staff documented (audit) % project milestone	>80% 100%
											Standardization of Pressure Injury and Patient Handling Equipment (MSH)	Pressure Relief Surfaces: Select, procure and implement pressure relief surfaces for ICU. Bed Strategy: Select, procure and implement New ICU beds (13) and determine bed/mattress strategy and funding model for Med-Surg units. Implement phase 1 of bed; mattress replacement plan. . Bed Positioning and Offloading Devices procure turning wedges, cushions and: identify recommendations for standardization Assess and optimize redistribution surfaces and devices and assess for future needs	% project milestone	100%

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People Centred	Eliminate serious employee and physician harm in the workplace	Number of Workplace Violence Incidents (overall)	107		66		118		10% Increase		Foundational - Awareness Campaign	Raise awareness throughout organization of workplace violence and harassment, reporting, process and available supports	Count - incidents reported through RL SAFER Reporting System	10% increase from YE of workplace violence incidents
		Number of Serious Incidents of Workplace Violence (moderate to severe)	CB	CB	CB	CB	0	Theoretical Best	0	Theoretical Best	Foundational - Establish Governance Structure	Establish governance structure for analyzing and addressing People Safety (from responding to individual incidents to planning corporate initiatives to optimize safety)	% milestone	100% milestone
											Foundational - Develop Data Collection and Analysis Process	Implement process for coordinated interdisciplinary effort to capture and address 'serious harm to our people'	% milestone	100% milestone
											Foundational - Develop Organizational Prevention Strategy	Create one organization-wide prevention strategy based on identified patters and root causes	% milestone	100% milestone
	Be a top performer in engaging and informing patients and their families in the design and delivery of care	Informed: % responding always in overall information sharing domain (CPES - top box)	45.2% UCC	--	46.4% UCC	--	53.0% UCC	Ont. IP Academic Average	--	--	MyChart (SHS)	Spread MyChart to BH - Go Live Spread registration for MyChart to remaining major admitting areas at MSH	% milestone % increase in patients enrolled	100% milestone (BH) 15% increase from YE 20/19/20 MSH
											Patient facing communication tool about admission process: medicine patients from ED (MSH)	Using Experience Based Co-Design methodology: Capture the experience by interviewing key stakeholders (Capture) Understand the experience by creating a journey map and determining touchpoints (Understand) Host Co-design event to determine solution (Improve) Establish measures to evaluate and sustain the initiative (Measure)	% responding always in "got enough information about admission processes (ED) admit"	37.9% Ont IP Academic Avg. (from 31.4% Q3 2019/20)
		Engaged: % responding always involved in decisions about care (CPES - top box)	--	59.7% Neuro Rehab	--	50.0%	--	--	60.0%	Best Achieved In Neuro Rehab (Internal)	SHARE (AHRQ) Shared Decision Making Education Tools (BH)	Adapt SHARE content for Sinai Health Deliver education to healthcare providers on 4 South (ABI) Test and evaluate understanding of SHARE content	% of healthcare providers that completed training with an improved understanding of shared decision making	80%
											Bedside Patient and Family Engagement (BH)	Interdisciplinary bedside rounding or Nursing Shift Change model (Using Experience Based Co-Design Methodology): 1. Capture the experience by interviewing key stakeholders (Capture) -Understand the experience by creating a journey map and determining touchpoints (Understand) -Host Co-design event to determine bedside rounding structure and content (Improve) -Establish measures to evaluate and sustain the initiative (Measure)	# of patients that receive bedside rounding	80% of unit patients by Q4
											Caregiver Resource Centre (BH)	Operationalize caregiver resource centre; co-design with patients and family caregivers programming opportunities to support go live of caregiver resource centre	# caregivers using resource centre/week	10