

Let's Make Healthy
Change Happen.



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



1/21/2020

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, Bridgepoint Active Healthcare, Lunenfeld-Tanenbaum Research Institute and system partner Circle of Care. As an integrated health system, it delivers exceptional care from healthy beginnings to healthy aging, especially for people with specialized and complex health needs, in hospital, community and home. Sinai Health discovers and translates scientific breakthroughs, develops practical health solutions, educates future clinical and scientific leaders and leads efforts to eliminate health inequities. Its Lunenfeld-Tanenbaum Research Institute ranks in the top ten biomedical research institutes in the world. Sinai Health is an academic, teaching institution, affiliated with the University of Toronto.

In 2016, the Sinai Health System's Board of Directors approved a set of high level Quality Aims to align and focus the newly amalgamated organization's efforts related to quality, and set stretch improvement targets over a three to five year time horizon. The goal in establishing these Quality Aims was to define what "best care and best patient experience" looks like for complex and highly specialized patients across the Sinai Health System. These Quality Aims are measurable statements that outline Sinai Health's program of quality and expected level of performance. The Quality Aims were established through a broad consultative process that included a comprehensive review of internal and external information, patient and family feedback, key stakeholder and frontline staff feedback, and with the content experts. The Quality Aims form the scaffolding to anchor Sinai Health's year-over-year Quality Improvement Plans (QIPs) including multiyear activities and progressive improvement targets. Quality Aims are typically achieved over a three to five year timeframe. As Sinai Health approached the end of the first three years, an opportunity was taken to review our progress towards achievement of the Quality Aims, and refine the direction for the next three years.

Through this past fiscal year, Sinai Health has reflected on the learnings of the initial Quality Aims acknowledging that the dimensions of quality are interconnected. The Quality Aims reflect our key strategic priorities, our focus on issues that have potential to affect significant segments of our patient populations, and are achievable only through organizational alignment of multiple strategies. To deliver on Sinai Health's strategic priority of clinical excellence, core strategic initiatives, such as the Magnet® recognition program for nursing, the National Surgical Quality Improvement Program (NSQIP), the Academic Practice Strategy for Nursing and Health Disciplines, and Sinai Health's People Plan, serve as foundational enablers to the achievement of the Quality Aims. The new Quality Aims explicitly define the intentional connectivity of these strategies and attached (Appendix 1) are the Sinai Health System Board of Directors approved Quality Aims for the next three years.

Establishing Sinai Health's quality vision through the Quality Aims was a critical beginning. The organization has also focused on further capacity building to deliver results. We have and will continue to develop improvement capability throughout the organization to accelerate and sustain system level improvements. Opportunities to advance our capability will be integrated into the Sinai Health 2020/21 Operating Plan. Over the next few years, a major focus will be to:

1. **Align corporate and programmatic infrastructure** to support shared governance and to help achieve clinical and operational excellence
2. **Build organizational transparency and connectivity** through visual management, intentional leadership rounding and clear accountability through cascading metrics from the Board, executive and senior leadership to local teams
3. **Develop organizational capacity in quality improvement science** at the leadership and frontline

Describe your organization's greatest QI achievement from the past year

As Sinai Health reaches the end of the first Quality Aims, one of the organization's greatest achievements has been in patient safety and specifically in our efforts to eliminate serious harm from falls. Falls in hospitals continue to occur, particularly among older adults and can have a traumatic impact on patients including causing serious injuries (e.g. fractures that may require surgery) that result in decreased mobility, functioning and participation in daily activities; and mortality rate. Falls are associated with an increased length of stay and significant cost. Sinai Health has intentionally put in place a multi-faceted approach to preventing falls and avoiding falls with serious injuries.

Our approach has been as follows:

1. Reliable and systematic identification of patients at risk of falls – 92% of patients with Morse completion within 24hrs over fiscal 2019/20 Q3 YTD
2. Coordination through safety huddles and implementation of best practices to reduce falls likelihood and harm including appropriate sedative prescription practices, use of hip protectors, early mobilization and continence management
3. Implementation of innovative solutions – SmartCells Flooring (engineered flooring to reduce the impact of force ten-fold compared to existing floor mats): 44 beds across Sinai Health

As a result of these combined efforts, in rehab/complex continuing care, there has been a reduction in falls with moderate to serious harm from a baseline in both fiscal 2015/16 and 2016/17 of **0.14 per 1000 patient days** to 0.07 per 1000 patient days in fiscal 2018/19 and **0.06 per 1000 patient days** year to date (December 2019). At the acute care site, there has been a parallel reduction in falls with moderate to serious harm from a baseline in fiscal 2016/17 of **0.10 per 1000 patient days** to **0.05 per 1000 patient days** year to date (December 2019). The interdisciplinary and cross functional teams at Sinai Health have created a new standard of care for falls harm prevention in hospitals. The outcomes demonstrate the value of the Quality Aims in bringing organizational attention to complex issues and alignment of system wide efforts to demonstrate improvement, in quality of care.

Collaboration and integration

Toronto Central LHIN is enabling Sinai Health to take on a leadership role in working with the existing home and community palliative care program and its partners to develop a regional vision for palliative care. This initiative will leverage the strong foundation already in place and support the evolution of the home-based palliative care program into a model that aligns with, and supports Ontario Health and new and emerging Ontario Health Teams (OHTs).

By partnering with Sinai Health, the LHIN's palliative program will benefit from the ability to leverage our clinical and academic research strengths, introducing new opportunities and innovation in palliative home care. This partnership will also ensure that the existing program is well supported and continues to provide equitable access to patients in the region in a time of change.

The intended outcome of this collaborative initiative is to focus on delivering high quality patient and caregiver experience and outcomes for the Palliative Care Program including:

- Timely access to care
- Enhancing patient quality of life throughout the course of their treatment
- Provision of supportive services when needed
- Optimizing effective pain and symptom management
- Supporting seamless transitions and continuity of care for patients
- Supporting caregivers and families

Sinai Health is also actively participating in multiple discussions about the creation of Ontario Health Teams, in order to support the goal of providing more connected care for patients and families across health care providers. Downtown Toronto poses unique challenges, given the high number of health care providers, low fidelity of patients to any one health provider network, and the high inflow of patients from other regions. As such, we anticipate that Sinai Health will continue to provide a number of highly specialized and regional services, in addition to actively partnering with other health care providers nearby to improve the integration of care for our local patients and families. To that end, Sinai Health has endorsed the Mid-West Toronto OHT (MWT-OHT) proposal and serves on its Executive Project Advisory Committee. The MWT-OHT is currently engaging in co-design work (including patients, caregivers, health service providers) to enhance the integration and quality of care provided to our “Year 1 priority populations” including those experiencing homelessness or under-housing, substance use and frail elders.

Patient/client/resident partnering and relations

Patient and family engagement is recognized by Sinai Health to improve overall patient experience and health outcomes. Patients and family caregivers need to be encouraged, welcomed and invited to be involved in decision making and have active participation in a range of activities including planning, evaluation, care, research and training. Through the Quality Aims, Sinai Health has adopted change strategies outlined in *A Roadmap for Patient and Family Engagement*¹. Specific Roadmap strategies embedded within our QIP include care and system redesign through the launch of Family Presence and improvement in organizational transparency through the Patient Portal – MyChart.

Family Presence Policy

The Canadian Foundation for Healthcare Improvement (CFHI) launched a campaign calling on hospitals to take the Better Together Pledge and move towards implementing family presence policies. These policies would enable patients to designate a family member or friend to remain with them 24/7 and be a part of their care team. Sinai Health committed to improving patient experience by adopting the Better Together Pledge in collaboration with Patient Advisors by launching “Quiet Hours” and through the introduction of controlled access Family Caregiver ID cards in June 2018 at the Bridgepoint site. As of the end of December 2019, 687 family caregivers have been registered for ID cards in rehab and complex continuing care (excluding palliative – no pre-existing limit for caregivers). Through the 2019/20 QIP, Quiet Hours was launched at the Mount Sinai campus in January 2020 and in partnership with Patient Advisors, an evaluation will be conducted on the processes developed and outcomes achieved.

Patient Portal: MyChart™

Patient portals are healthcare related online applications that allow patients to access and share their health record information. Providing patients with access to an electronic patient portal linked to the patient health record supports transparency in the healthcare system and enables self-management. MyChart™ is a patient portal, hosted through Sunnybrook Health Sciences Centre through which patients and families can receive direct access to their health record. At Sinai Health, MyChart™ was a QIP priority. A steering committee inclusive of a Patient Advisor guided the co-design with patients and families of patient facing information material and enrolment processes. Currently patients are enrolled through diagnostic imaging, admitting and health records. From the launch in February 2019 to the end of December 2019 over 33,000 users were enrolled, surpassing the enrollment of most MyChart™ platform users in Ontario in a relatively short time. Sinai Health patients and family caregivers are able to sign on through one password to access their health records in other MyChart™ organizations using the multisite platform e.g. Unity Health, Sunnybrook, William Osler, Michael Garron Hospital.

¹ Gordon and Betty Moore Foundation. 2014. *A Roadmap for Patient and Family Engagement in Healthcare*.

Workplace Violence Prevention

An early and major focus of our new VP, People Safety and Transformation will be to collaborate with senior leaders and frontline staff to finalize a comprehensive strategy to address and improve the safety of our people, including safety from workplace violence, through a wide range of initiatives such as those aimed at supporting people following safety events and advanced training in de-escalation and trauma informed care. Efforts will also include establishing a governance structure and key indicators for tracking, addressing, optimizing and sustaining People Safety; and raising awareness, at all levels of the organization, of workplace violence through identification, reporting, response; and optimizing learning processes for identifying and addressing the key contributing factors to People Safety.

Virtual Care

The neonatal intensive care unit (NICU) utilizes the Family Integrated Care (FICare) model, which was developed by clinicians at Mount Sinai Hospital. FICare integrates families as partners in the NICU care team and provides a structure that supports the implementation of family-centered care. Research has shown that infants cared for under the FICare model develop faster, experience less stress, spend fewer days in the NICU, and are less likely to be readmitted to the hospital after discharge.

A key component of FICare includes supporting and engaging family-caregivers as active participants in morning medical rounds. Participation in morning medical rounds is important for family-caregivers as it provides them with real-time information on the status of their baby and allows them to partner with the care team in developing care plans for the day. The NICU care team involved in morning medical rounds can include physicians, nurses, respiratory therapists, dietitians, and social workers. However, many family-caregivers are unable to participate in morning medical rounds for a host of reasons. Some of these reasons include families who live far distances from the hospital or parents who have inflexible work schedules and are unable to come to the hospital during working hours. As such, in partnership with the Ontario Telemedicine Network, the Cultivating Change project team supported through the Changing Care grant from the Change Foundation, brought together family-caregivers and staff to co-design an “E-Rounds” project, which allowed family-caregivers to participate remotely in morning medical rounds in a meaningful way. Using a free smartphone application, parent-caregivers can remotely connect to their healthcare team through a secure video-conferencing system during daily medical rounds and family meetings.

Since the launch of E-Rounds in the spring of 2019, over 30 families have participated, which has increased parent participation in morning medical rounds by 14%. From our evaluation, 100% of E-Rounds participants felt more informed about their baby and felt their participation strengthened their relationship with the care team.

Based on the success of E-Rounds, there is considerable opportunity to expand this initiative across different program areas within and external to Sinai Health. Finding innovative ways to welcome

caregivers to the bedside of our patients aligns with our overall aim to drive a culture change towards becoming a more caregiver friendly organization.

“I see how bringing families who couldn’t have participated in rounds without the technology leads to increased bonding, empowerment, and increased overall involvement in FiCare.”

NICU Care Provider

“Being on E-Rounds lets me feel a part of my grandson’s care, and helps me to know how to best support my son, and daughter-in-law.”

NICU E-Rounds Participant

Executive Compensation

Hospital leadership at Sinai Health is held accountable for achieving the QIP targets through performance-based compensation, to ensure organizational alignment and leadership focus on continuous improvement in quality of care. In 2020/21, as in previous years, executives will have at least 30% of performance-based compensation tied to a subset of the indicators in the QIP. The selected indicators will be derived from the complement of targets and initiatives outlined in the QIP, including targets for improvements in high-leverage, system-wide efforts toward capacity building, patient safety, timely access, effective and equitable care, and patient and family-centred care.

Contact Information

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Other

Appendix 1 Quality Aims

Sign-off

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

Board Chair _____ (signature)

Brent Belzberg
Board Chair
Sinai Health

Board Quality Committee Chair _____ (signature)

Paula Blackstien-Hirsch
Chair, Patient Safety and Quality Committee
Sinai Health

Chief Executive Officer _____ (signature)

Dr. Gary Newton
President and CEO
Sinai Health