

Let's Make Healthy
Change Happen.



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



2/22/2021

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.

Sinai Health's 2020-2024 Quality Aims are measurable statements and expected level of performance within the dimensions of quality including safe, timely, effective and people centered, with an underpinning of efficiency and equity. The Quality Aims are established through a broad consultative process that include a comprehensive review of internal and external information, patient and family feedback, key stakeholder and frontline staff feedback, and with content experts. The Quality Aims form the scaffold to anchor Sinai Health's year-over-year Quality Improvement Plan (QIP) including multiyear activities and progressive improvement targets. Quality Aims are typically achieved over a three to five year timeframe. Sinai Health continues to focus on Quality Aims that have potential to affect significant segments of our patient populations, and are achievable only through organizational alignment of strategy. Core strategic initiatives such as 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.

This past fiscal year, to say the least, has been unlike any other. When the 2020/21 Quality Improvement Plan (QIP) was drafted and approved by the Board of Sinai Health a year ago, Ontario had just over 100 COVID-19 cases. As we complete this next iteration of the 2021/22 QIP, Ontario has surpassed 300,000 total COVID-19 cases. As with prior years, this narrative serves to provide an overview of Sinai Health's quality achievements and provides the context for the next QIP in fiscal 2021/22.

In 2020, as we shifted focus to respond to the COVID-19 pandemic, quality and the associated dimensions remained at the forefront. From a **safety** perspective, we were centred on avoiding transmission of infections within the hospital, particularly those causing COVID-19 outbreaks. Sinai Health calibrated hospital operations in response to Ministry of Health directives and regional actions to provide **access** to ICU beds, opened an assessment centre for COVID testing, and significantly increased laboratory testing capabilities, all while ensuring continued and **timely** support for patients in need of acute and rehab/specialized complex care. **Effective** care for all patients was a priority including pain management, pressure injury prevention and safe medication delivery. Understanding and responding to the **Patient and family caregiver experience**, in this time, remained a critical priority especially with significant restrictions in visitor access. Finally, **workplace safety and wellness** was essential requiring constant attention on supporting the prevention of outbreaks amongst our people at every level of the organization. These substantial efforts collectively moved forward the Quality Aims, albeit differently than planned in the winter of 2019/20 when the QIP 2020/21 was first approved.

As a result of the need for the ongoing response to COVID-19, Sinai Health's Patient Safety Quality Committee of the Board approved a modified QIP in September 2020 determining which change ideas would move forward, those that could be re-scoped, or those that needed to be deferred. In total, of the main change ideas originally proposed, 66% were fully implemented or re-scoped this past fiscal year many of which were highly aligned to support COVID-19 activity e.g. MyChart to provide patient and family information including in the COVID-19 Assessment Centres and implementation of the AvaSys monitoring system to support escalation of care activity and remote patient monitoring to decrease staff and physician exposure during care of COVID-19 patients or persons under investigation.

Finally, as Sinai Health reflected on the year's learnings and developed the 2021/22 QIP a number of planning assumptions were adopted. The first assumption is that Toronto is unlikely to transition to normalcy until later in 2021 due to a confluence of evolving factors including vaccine distribution and ability to sustain public health measures. As such, it is likely COVID-19 will continue to have an effect on Sinai Health's operations until the third quarter. Recognizing this, QIP planning included a focus on alignment of COVID-19 related initiatives, recovery and return to baseline activity, addressing deferred demand (e.g. surgery) due to ramp down of clinical services as well as a realistic appreciation of hospital bandwidth to engage in new corporate initiatives. Additionally the 2021/22 QIP prioritized change ideas that move forward re-scoped or deferred patient safety (hospital acquired infections) initiatives from the 2020/21 QIP, any multiyear capital commitments (closed loop medication system, MyChart, Caregiver Resource Centre), prior year HQO guidance on mandatory indicators (ED time to admit, workplace violence) and any external requirements (Accreditation Canada, NSQIP, TAHSN Escalation of Care).

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

Among the many achievements this past year in clinical excellence and continuous quality improvement, Sinai Health is proud to have received Magnet Recognition Program® re-designation at the Mount Sinai Hospital. The Magnet Recognition Program® was developed by the American Nurses Credentialing Center (ANCC) to recognize health organizations across the globe that provide a gold standard of nursing excellence. Magnet-recognized organizations embody a collaborative culture that attracts and retains the best nurses as demonstrated by lower nurse dissatisfaction and burnout, higher job satisfaction and lower turnover. The ongoing commitment to evidence based practice implementation and continuous evaluation against international benchmarks has resulted in improved patient outcomes including lower patient falls, lower nosocomial infections, lower hospital acquired pressure injury rates and lower central line associated bloodstream infection rates; all of which are established goals of the Quality Aims.

In September 2020 we hosted a 2-day Magnet® Virtual Site Visit which was the final milestone in our journey to achieve the prestigious Magnet re-designation. Three appraisers from the ANCC were virtually present to interview 690 participants from across many disciplines, clinical areas and departments. Embedded throughout the virtual site visits were a series of presentations from nurses (front-line, advanced practice, managers, researchers, educators, directors and executives), physicians, health disciplines (e.g. pharmacy, social work, physiotherapy, occupational therapy, respiratory therapy), other disciplines (e.g. human factors) and patient and family advisors. At the end of the virtual site visit, the appraisers shared extremely positive information. Key highlights included the shared governance and unit council engagement, level of accountability of nurses and the interprofessional collaboration within the organization. Other important recognition included the cascade of the corporate strategy and deep understanding of the professional practice model among staff. Appraisers spoke favorably about the unwavering enthusiasm of Sinai Health as a system and some comments included:

- Feeling empowered to innovate when looking at quality and safety initiatives, patient care and to engage in professional development.
- Felt their voices being heard and impacting clinical and other decisions at Sinai Health. One front-line nurse stated “change starts with us”.
- Expressed how proud they were with how the hospital responded to the Covid-19 pandemic. Nurses described appreciating the transparency of leadership and of their Chief Executive Officer.

Magnet® Recognition is an important element of Sinai Health’s quality vision. The organization is extremely proud of this quality designation. At present there are 548 Magnet- designated organizations world-wide (8 international organizations). Mount Sinai Hospital remains the only hospital in Canada to achieve this distinction. Achieving Magnet-recognition within a global pandemic with a backdrop of the World Health Organization’s (WHO) designation of 2020 as the International Year of the Nurse and the Midwife was highly rewarding and was a culmination of multiyear efforts that lead to an important moment of celebration for Sinai Health.

Collaboration and integration:

This year has demonstrated the real potential of health care organizations in reaching out to collaborate and integrate in ways unseen previously to address issues, in concert, regionally and within the province of Ontario. In this section, we highlight three contributions by Sinai Health to the health system with respect to collaboration and integration that have led to quality outcomes in patient safety, effective clinical care and support for timely access to care. These contributions include 1) Sinai Health's leadership role in the pandemic planning and response 2) Support for Long Term Care (LTC) and Retirement Homes, and 3) Addressing System Capacity

Leadership Role in Pandemic Planning and Response

Organizations and individuals across the region and province stepped up to lead and guide a coordinated approach to responding to the pandemic. Through roles on structures like the Toronto Academic Health Sciences Network (TAHSN), the Toronto Region COVID-19 Hospital Operations Table, GTA Hospital Command Centre, Ontario Critical Care COVID-19 Command Centre, Central Table at Ontario Health – Emergency Services, Provincial COVID-19 Laboratory Expert Testing Strategy Panel (recommendations to the Chief Medical Officer of Health) and the Long Term Care (LTC) Hospital Resource, Sinai Health leaders were able to shape pandemic planning and response efforts locally, regionally and provincially. Sinai Health's leadership participation included:

Sinai Health Senior Leader	Regional or Provincial Leadership Role
Dr. Gary Newton President & Chief Executive Officer	TAHSN CEO Hospital Representative & Executive Sponsor Toronto Region COVID-19 Hospital Operations Table
Jane Merkley, EVP Chief Operating Office and Chief Nurse Executive	Co-Chair, Toronto Region COVID-19 Hospital Operations Table Co-Chair Executive Member of LTC Hospital Resource Co-Lead Planning Stream GTA Hospital Command Centre
Susan Brown, EVP People & Culture and Chief Human Resources Officer	People/HR TAHSN Community of Practice Toronto Region COVID-19 Hospital Operations Table
Barbara McCully, VP Corporate Communications	Communications TAHSN Community of Practice Communications Lead Toronto Region COVID-19 Hospital Operations Table
Karen Hurlburt, VP Strategy and External Relations	Liaison Officer, Ontario Critical Care COVID-19 Command Centre
Dr. Howard Ovens Chief Medical Strategy Officer	Central Table at Ontario Health representing Emergency Services
Dr. Jennie Johnstone Infection Control Physician Lead	IPAC Lead, Toronto Region COVID-19 Cross Sector, Planning and Implementation Table and Chair Provincial COVID-19 Laboratory Expert Testing Strategy Panel – recommendations to CMOH and Command Table LTCH Hub lead

Long Term Care and Retirement Homes

On March 17, 2020 the Premier and Cabinet declared an emergency in Ontario under the Emergency Management and Civil Protection Act due to the outbreak of COVID-19 in the province. Starting in April 2020, the Ministry of Health, the Ministry of Long-Term Care (LTC) and Ontario Health partnered hospitals with LTC and retirement homes that were struggling to meet the care and service needs of their people and residents during the COVID-19 pandemic. The provincial government announced a number of measures to facilitate the urgent response needed to assist Long-Term Care homes in crisis in Ontario. Specifically, the government introduced a new Directive for LTC homes, under the Emergency Management and Civil Protection Act to facilitate this assistance. On April 21, 2020 Ontario Health announced a Hospital Resource Partnership (HRP) model with Long-Term Care (LTC) and Retirement Homes. The goals of the HRP model were the following:

- Leveraging hospital expertise to support residents' urgent clinical needs
- Helping decrease risk of transmission to acute care settings by minimizing avoidable transfer to acute care
- Offering support with staffing and Occupational Health and Safety measures to address critical staffing shortages
- Supporting homes from an infection prevention and control (IPAC) perspective to share expertise and strengthen IPAC practices
- Deploying personal protective equipment (PPE) to mitigate immediate shortages and ensure both staff and resident safety
- Supporting testing and surveillance of staff and residents to manage and prevent outbreaks.

In April 2020, Sinai Health was partnered with two Long-Term Care (LTC) homes and three retirement homes to support their pandemic response and recovery. Sinai Health's internal leadership team in partnership with frontline staff and physicians assisted the LTC and retirement homes by conducting Infection Prevention and Control (IPAC) risk assessments, supporting on the ground teams with patient care through multi-disciplinary assessments and virtual rounding, on-site COVID testing, supplies, Occupational Health and Safety support for return to work, and the deployment of 22 nurses and a clinical nurse specialist.

Sinai Health staff noted that the experience of supporting LTC and retirement homes through the pandemic was a difficult but remarkably rewarding experience. The sincerity of support from senior leadership was crucial in enabling the various program and site leads to have the flexibility and trust needed to accomplish the goals and objectives of the action plan. Sinai Health staff would like to commend the unwavering commitment and work the staff at each of the LTC and retirement homes did to take the recommendations, directions and guidance provided to improve the quality and care provided to the residents through the pandemic.

"The people who worked there are really special, willing to sacrifice their lives significantly to care for the other staff and for the residents."

Addressing System Capacity

The GTA Hospital Command Centre was given the authority through Ontario Health to maximize the efficient access to all hospital beds in order to reduce the burden of COVID on hospitals experiencing high community spread to optimize patient safety. As a single regional decision-making body, support the system by redirecting resources as needed to preserve system integrity. Their authority for all acute and non-acute beds (rehabilitation, complex continuing care (CCC) and reactivation care) extended to:

- Monitor hospital capacity needs across the region in real time
- Respond in a timely manner and focusing on early warning signs
- Move patients between hospitals; acute to acute, and acute to post-acute

The Ontario Critical Care COVID Command Centre acted as a separate structure with its own authority to operate in partnership with the GTA Hospital Command Centre to enable transfers of critically ill patients to ensure access to a critical care bed.

Through the second wave and in response to the approach that all hospitals would act together as a single system resource, Sinai Health partnered fully to ensure timely patient access and safe delivery of care throughout the system. Through fiscal 2020/21, Sinai Health supported additional capacity to meet increasing demands as triggers and thresholds were met across the region necessitating an increased number of inter-facility transfers. In total Sinai Health operationalized an additional 18 Rehab/CCC beds, 25 acute beds, and 7 critical care beds (5 ICU, 2 surgical stepdown). Since the GTA Hospital Command's inception, numerous directives were actioned and over 1000 patients were transferred to support load share across the system. Within this, together, Mount Sinai Hospital and Bridgepoint Active Health, accommodated the second highest number of transfers among all receiving facilities. Finally these accomplishments to enable system flow were only possible through mitigation of health human resource (HHR) pressures including the implementation of team-based models of care. Planning for the 2021/22 QIP incorporates Sinai Health's plans to maintain and maximize surge capacity in order to best meet the demands of an ongoing COVID-19 context and address backlog of patient care needs. A number of change ideas have been designed to optimize patient flow. Lastly, a number of renovations will be complete bringing increased opportunities including in the Operating Room area.

Patient partnering and relations:

Family Presence

Patient and family partnership is clearly understood to improve overall patient experience. 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. In 2019/20, Sinai Health proudly introduced its Family Presence policy to enable 24hour presence for designated family members or other caregivers to participate in care and have unrestricted access to patients while in hospital. Family presence removed barriers to communication, supported care transitions, patient safety and their presence, embody our value of humanity in recognizing the importance of simply enabling patients to be with those who care most about them.

At the very early onset of the pandemic, the Chief Medical Officer of Health recommended that hospitals move towards limiting visitors to only those deemed essential in specific circumstances. Early limitations were in response to unknown information about COVID-19, real concerns about supply chain and lack of personal protective equipment and an overall lack of knowledge by the general public on public health measures. A standardized approach, informed by evidence, ethical principles, patients and families was developed through the Toronto Region Hospital Operations Table to offer hospitals practical guidance on how to proceed. Sinai Health had a significant role in supporting the development of this and many iterative changes to enable access for essential care providers (ECPs) through the various phases of the pandemic. Significant moral distress was experienced by staff and physicians due to the competing tensions of protecting vulnerable patients and supporting family presence amidst the real need to protect themselves and their colleagues. An ethical framework was utilized prioritizing proportionality, trust, reciprocity, stewardship, equity and compassion. Recommendations adopted included context for how to identify which patients should be offered access by ECPs, bidirectional phases for visitor access to mirror community COVID-19 burden, ways to minimize risk for onsite ECPs, supports for ECPs, and an appeals process. Nonetheless during the early part of the pandemic, significant limits were placed on family presence.

To support patients and families, with these limitations, Sinai Health quickly established tools for *Caring Connections*. Within the first week of the Visitor Restrictions policy, the Sinai Foundation and Information Systems were able to partner with our vendors to allow in room telephone and television access for the majority of patient rooms. During 2020, in total 744 telephones and 560 televisions were provided at no cost to patients. Through a generous donation by TELUS, 100 cellular phones were provided to Sinai Health. These phones were equipped with a data plan, a virtual visit application, unlimited local and Canada-wide calling. A process was developed to deploy the phones when needed throughout the year. Virtual connections have been supported across Mount Sinai and Bridgepoint for patients and families through 18 dedicated iPads at Bridgepoint and 40 at Mount Sinai. Within the first month, Zoom was used regularly to support numerous social support calls weekly on the clinical units. One family was able to arrange a 59th wedding anniversary celebration for a complex continuing care inpatient, while an acute care physician was able to support a 95 year old patient who had been in isolation for several weeks to connect with her niece. Whether through practical supports like laundry or providing books, patients benefitted from *Sinai Delivery*. Family Caregivers were able to drop off non-perishable items 7 days a week to be delivered to their family members. On average 50-80 deliveries are made weekly across both

sites. Another essential service was the introduction of *Intentional Caregiver Update Calls* for long stay patients in rehab and complex continuing care. Patients who were unable to communicate by themselves due to physical or cognitive challenges were scheduled to have their families receive regular updates. Family Caregivers were supported through an intake process to understand what key questions they would like to receive regular updates about by the care team. Through the initiative, care teams proactively connected with Family Caregivers on issues most important to them and then established regularly scheduled calls. Staff reported the scheduled calls helped decrease unexpected calls to the unit and experienced high level of satisfaction with the program. ECP's reported access to information improved.

Over the past year we incorporated learnings about the experiences of our patients and their ECP through the Patient and Family Advisory Committees, the appeals we received through our patient relations department and health equity impact assessments. Through these, we supported adjustment to policy including enhanced access at the end of life and for patients who were longer stay (>14 days), recognition of health equity challenges had by families and improved access for patients transitioning from pediatric care. One small measure of success was the development of a robust appeals process at Sinai Health that was identified by the Canadian Foundation for Healthcare Improvement (CFHI) as an exemplar process for organizations across the country. In total, at the end of December 2020, Sinai Health received just over 400 appeals, with support for same day response with urgent appeals (7 days a week) and an average response time of 1.7 days for non-urgent requests. A Visitor Navigator role was introduced to decrease tensions arising in particular with visitor limitation in the Emergency Department given the physical space restrictions of the area undergoing construction and in the final quarter of 2020/21 a volunteer support model to schedule ECPs will be introduced to decrease the burden on the clinical teams to facilitate scheduling. Finally, as Sinai Health looks towards the next fiscal year, on the 2021/22 QIP we are committed to the return of Family Presence in as many areas and as soon as it becomes safe to do so.

Patient and Family Advisory Committees

This year, Sinai Health was pleased to have supported the development of two corporate level Patient and Family Advisory Committees (PFAC) for Mount Sinai Hospital and Bridgepoint. The inaugural Patient and Family Advisors on the PFACs have been generous with their time, support and wisdom and the organization has tremendously benefited and we have been extremely appreciative. The PFACs have been meeting monthly since May 2020 and have made a number of valuable contributions including review and input into:

- **Communication materials** such as COVID-19 patient and family information and website, Amnion Project, Workplace Violence poster, Emergency Department Falls visual management initiative, out-patient COVID-19 screening app trial and feedback
- **Policy and procedure reviews** including GTA IMS Transfer and Consent process and tools, Toronto Regional Visitor policy, escalation process for visitors non-compliant with infection control practices, use of shared spaces during COVID - precautions
- **Strategic initiatives** including Sinai Health's Clinical Services Review, Quality Improvement Plan 2021/22, Magnet Re-designation and hospital Accreditation and review of Accreditation standards.

Health and Safety of Workers

A major focus at Sinai Health has been a collaboration between senior leaders, employees & physicians to address and improve the safety of our people, including safety from workplace violence. A high priority this past year has been to address the persistent threats to the health and safety of healthcare workers resulting from COVID-19. The pandemic has highlighted the extent to which protecting health workers is key to ensuring a functioning health system and a functioning society. COVID-19 has exposed health workers and their families to unprecedented levels of risk (WHO, 2020). In addition to physical risks, the pandemic has placed extraordinary levels of psychological stress on health workers exposed to high-demand settings for long hours and a recent review found that one in four reported depression and anxiety during COVID-19 (WHO, 2020).

Sinai Health undertook a number of initiatives to protect/support our people in the workplace through partnership between Occupational Health and Safety, Infection Prevention and Control, Professional Practice and Clinical Operations. These outbreak mitigation strategies were enabled with the support from Environmental Services, Building Services, Communications, Human Factors Engineering, Information and Technology, Human Resources, Procurement, Department of Psychiatry, Risk and many other areas. Examples include:

- Risk assessment for all shared team spaces and food & beverage consumption
- Implement physical distancing and protection in shared spaces – visual cues – floor decals, additional break areas, plexi-glass installation, signage (room occupancy, masking, distancing), workflow changes in waiting areas, medication rooms, care stations, nursing stations, changes in break schedules to support occupancy, removal of clutter, changes in locker rooms
- Employee participation to mitigate opportunity for transmission (new role as safety coach)
- Logistics for Personal Protective Equipment during times of global shortage – procurement, delivery, supply
- Fit testing all employees for N95 respirators
- Implemented universal protocols for Protected Code Blue
- Education and training sessions to manage aerosol generating medical procedures (AGMPs)
- Education during outbreaks on PPE and other issues related to potential transmission
- Universal masking policies
- Regular practice alerts for targeted education
- Regular telephone Town Hall by leadership
- Screening processes on entry to the hospital
- Vaccination of all people in direct contact with patient care areas
- COVID-19 assessment centre: supporting testing and return to work
- COVID-19 surveillance support during outbreaks with all call centre 7 days per week and 12 hours every day
- Partnership with Toronto Public Health

- Partnership with IPAC, Risk Management, Security as well as all teams in our portfolio.
- Initiation and support of the call centre (Risk Assessment on all people exposed to COVID, follow up on all exposures to patients or co-workers)
- Workplace risk assessments related to violence within units and departments
- Follow up on all safety related incidents
- Involvement with all construction activities
- Disability Management

Sinai Health is committed to the health and wellbeing of our people. The pandemic wellbeing approach has focused on 3 complementary pillars including:

- Wellness Resource Hub e.g. wellness resource deployment, employee and family wellness, diversity and inclusion programming, guided meditations, wellness breaks
- Resiliency Aid Responders e.g. peer groups, virtual offerings, round table on pandemic mental health, on-site counselling, debriefs on moral distress, mindfulness
- People Appreciation & Offerings e.g. highlighting our people stories, donor meals and treat delivery

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 2021/22, 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 measures for patient safety, timely access, effective care delivery and person 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)

Peter F. Cohen
Chair of the Board
Sinai Health

Board Quality Committee Co-Chair _____ (signature)

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

Board Quality Committee Co-Chair _____ (signature)

Thomas J. Kornya
Co-Chair, Patient Safety and Quality Committee
Sinai Health

Chief Executive Officer _____ (signature)

Dr. Gary Newton
President and CEO
Sinai Health