

Let's Make Healthy
Change Happen.



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



3/15/2022

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, 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, Sinai Health's Board of Directors approved the first 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 multiyear commitment. 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. These Quality Aims are measurable statements that outline Sinai Health's program of quality and expected level of performance. Improvements in performance were seen with the initial set of Quality Aims with opportunity for organizational learning recognized. With these in mind, the Quality Aims were renewed in 2019 and 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 content experts. The Quality Aims form the scaffolding to anchor Sinai Health's year-over-year Quality Improvement Plan (QIP) including multiyear activities and progressive improvement targets.

Sinai Health continues a 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. The new Quality Aims explicitly define the intentional connectivity of these strategies and attached (Appendix 1) are the Sinai Health Board of Directors approved Quality Aims from 2020-2024. The dimensions of quality including safe, timely, effective and people centred with an underpinning of efficiency and equity remain the focus for Sinai Health.

Reflections since the QIP 2021/22 submission:

Through the second year of the pandemic, as with healthcare organizations throughout the province, Sinai Health managed through waves 3, 4 and 5. In this time, Sinai Health responded to and led through regional increases in COVID-19 hospitalizations, ICU admissions, ramp up and ramp down measures, changes to public health requirements, changes in infection prevention and control measures, vaccinations, rapid antigen testing, PCR testing, new variants of concern - Omicron, health human resource challenges and disruptions in supply chain. Sinai Health leaders continued to guide a coordinated approach to responding to the pandemic through collaboration partners including with the Toronto Academic Health Sciences Network (TAHSN), the Toronto Region COVID-19 Hospital Operations Table, GTA Hospital Command Centre and the Ontario Critical Care COVID-19 Command Centre.

As we reflect on this past year, many learnings from a quality perspective were recognized. Collaboration and coordination as a system (acute, rehab/ccc, community) across the Toronto region and beyond, was critical in supporting timely access to care for patients regardless of where they were located and to help level patient demands for hospitals in geographic areas most burdened by the pandemic. Collective use of scientific evidence translated by organizations working in partnership allowed for critical and efficient adoption of best practices through shared resources e.g. Provisions of Care Expectations for Nursing and Health Disciplines Guidance, Essential Care Partner Access. Nimble organizational structures such as the Sinai Health Incident Management System (IMS), allowed for rapid decision making and clear accountability to enact Directives and Guidance and remove barriers. Singular focus on defined priorities within the Operating Plan allowed the hospital to focus on the most critical issues. Never before has it been clearer that the people who make up Sinai Health (staff, physicians, patients and families) are our greatest assets, the best change agents and the strongest advocates for quality care. These are simple but important learnings that helped ensure Sinai Health was able to not only respond to the pandemic but also continue to make gains on our Quality Aims.

The Sinai Health QIP 2021/22 was drafted recognizing the likely impact of the ongoing pandemic. As a result of COVID-19, hospitals and healthcare systems had to shift the focus of their efforts. Nonetheless, quality and the associated dimensions have remained at the forefront. From a **safety** perspective, organizations including Sinai Health were centred on avoiding transmission of infections within the hospital, particularly those causing COVID-19 outbreaks. Sinai Health ramped up and down hospital operations in response to government directives to support regional planning and **access** for acute and specialized hospital beds all while ensuring continued and **timely** support for patients in need of rehab/complex continuing care. **Effective** care for all patients was a priority including pain management, pressure injury prevention, escalation of care (recognition of patient deterioration/need) and safe medication delivery. **Patient and family caregiver partnerships**, in this time, remained a critical priority especially with restrictions in visitor access. Finally, **staff and physician workplace safety** was essential.

Sinai Health has made significant gains to move forward the Quality Aims. Highlights (table 1), from a safety perspective, include improvements across all health care associated infections including C.difficile, catheter associated urinary tract infections (general surgery), central line associated bloodstream infections (NICU) and only one confirmed COVID-19 outbreak occurred up to the end of Q3 2021/22, across Sinai Health campuses. Improvements have been made across all access/timely performance indicators including wait times to inpatient beds from the emergency department and a reduction in patients designated alternate levels of care (acute medicine and complex continuing care) supporting greater patient access to hospital beds. Change ideas to support escalation of care have included the full implementation of the AvaSys - remote patient monitoring system, which has led to a further reduction in falls rate (25% decrease acute care – MSH, 45% decrease rehab/ccc – HBH) and implementation of the first phase of the Massimo – remote physiologic monitoring system has occurred. Finally, Sinai Health continues to make gains in supporting patient access to information with over 120,000 patients registered for MyChart - the electronic patient portal, at Mount Sinai and spread of MyChart to Hennick Bridgepoint Hospital initiated this past year.

Table 1 Summary of Improvement Highlights QIP 2021/22

Quality Aim	Baseline (start of Quality Aim 2019-2020)	Year To Date (YTD) Q3 2021/22
C.Difficile	0.37 per 1000 patient days	0.20 per 1000 patient days
Catheter Associated Urinary Tract Infections (CAUTI)	2.5 CAUTI per 1000 catheter days	2.05 CAUTI per 1000 catheter days
Central Line Associated Blood Stream Infections (CLABSI)	7.3 CLABSI per 1000 line days	5.0 CLABSI per 1000 line days
90 th Percentile Wait Time to Inpatient Bed	18.1hrs	11.5hrs
ALC Percent (acute medicine)	34.7%	16.3%
ALC Percent (ccc)	25.9%	14.0%

Looking forward, Sinai Health's 2022/23 QIP will continue to focus on the Quality Aims with an emphasis on continued pandemic response, pandemic recovery, safe delivery of care and addressing the needs of patients, families and the people who work in the organization. Sinai Health is also looking forward to the first multiyear sequential Accreditation Canada survey. Our work will continue to focus on the Quality Aims:

- **Safe:** eliminate healthcare associated infections including avoidance of COVID-19 outbreaks
- **Timely:** ensure access to care by enhancing hospital patient flow, reduce surgical backlog and support cancer care recovery
- **Effective:** ensure fundamental patient care needs are met through change ideas that recognize, relay and respond to patient deterioration/needs, advance medications safety through closed loop medication systems, medication reconciliation and decrease pressure injuries
- **Person centered:** eliminate serious incidents of staff and physician harm and continuously improve patient experience through information sharing and engagement.

Patient partnering and relations:

Sinai Health recognizes that successful patient engagement is not a short-term project or tactic and that success will come as we work to develop new practices and new values in partnership with patients and families. By enabling organizational level partnership, through a multitude of patient and family voices, Sinai Health will continue to evolve in our engagement efforts. To that end, Sinai Health has continued to build trusting relationships with our PFACs. This year, Sinai Health expanded its PFAC community to include two new PFACs for a total of 7 PFACs including:

- Mount Sinai Hospital Corporate PFAC
- Hennick Bridgepoint Hospital Corporate PFAC
- NICU Family Advisory Committee
- Family Health Team PFAC
- Mount Sinai Hospital Fertility LGBTQ Care Advisory Committee
- Obstetrics PFAC (new 2021/22)
- Mental Health PFAC (new 2021/22)

The Sinai Health PFACs, in addition to various Patient and Family Advisors including Patient and Family Advisors on the Board Patient Safety and Quality Committee, have offered insight and contributed to improvements in a wide range of topics including:

- Sinai Health Ethics framework, Medical Assistance in Dying (MAID) information & process
- Meeting Accreditation standards
- Education materials: pressure injury, self-administration anticoagulation injections
- Master planning
- Pandemic response including Essential care provider (visitor) access, vaccination access
- Operating Plan, Quality Improvement Plan
- MyChart and Virtual visits
- Learner feedback opportunities
- Mix gender patient rooms, wayfinding and signage
- Caregiver Resource Centre (expected to launch in the summer of 2022)
- Ground work for strategic direction in health equity
- Lead inter-professional education sessions, Caregiver Talks - Hospitalist Grand Rounds
- Members of hiring committees including Hospitalists, Medical Informatics Leads

Looking forward to fiscal 2022/23, Sinai Health is excited to welcome 5 additional PFACs including the Rehab/CCC, Palliative Care, Cancer Care, Inflammatory Bowel Disease PFACs and the Dementia Caregivers Family Advisory Committee. The Caregiver Resource Centre is expected to launch in the summer of 2022 and targeted efforts for information sharing through the use of MyChart are planned. Finally, Sinai Health looks forward to new Patient Experience surveying tools in partnership with the OHA to be implemented in early 2022/23.

Provider experience:

Through the pandemic, healthcare workers have experienced a range of emotions. A great deal of appreciation has been felt by most working in healthcare, from clapping in neighbourhoods around the world, to toy companies creating #ThankYouHeroes dolls in honour of doctors and nurses, to countless and ongoing gestures of gratitude. At the same time, it is recognized that healthcare workers have experienced excessive workloads, new work processes, work-home conflicts/imbalance and a lack of input or control. This has led to distress, burnout and depression (West et al., 2018). Anxiety has been exacerbated in the pandemic with concerns around access to personal protective equipment, taking infection home, access to rapid testing, childcare, support for family and personal needs, deployment, competency and access to up to date information (Shanafelt et al., 2020). In spring 2020, the prevalence of severe burnout was 30-40% in Canadian physicians, nurses and other healthcare professionals. By spring 2021, the rates were >60% (Maunder et al., 2021). Healthcare professionals in intensive care settings, COVID-19 hospitals, emergency departments, nurses and younger healthcare professionals or trainees have had elevated risk of burnout (Maunder et al., 2021).

In the public realm, factors such as increased financial or food insecurity, exposure to media hype, worsening substance abuse and mental health, fear and overall tensions with public health measures (quarantine, mandatory vaccination, visitor policies, masking) have led to an overall increase in interpersonal violence (Mazza, 2020). A study conducted at an academic emergency department by Sarayna et al (2022) describes an increase in incidents of workplace violence during the pandemic. Of 221 emergency department workers surveyed, 85.1% indicated they had been verbally abused in the study period of July to December 2020 with 12.7% indicating abuse by patients or visitors every day or two. Verbal abuse have included threatening tone of voice, abusive language, harassment (racial, gender, sexual) or personal verbal threats (threat of violence, physical assault outside the workplace) and physical assault included assault with bodily fluids, weapons, punching, biting, rough handling, scratching or kicking.

Sinai Health has experienced a dramatic increase in incidents reported of workplace violence including many incidents of moderate to severe harm. The emergency department has been an area of specific focus. In addition to the many steps taken by Sinai Health to support resiliency and wellness of the workforce, thorough internal and external reviews have been completed to systematically and concretely create a path forward to truly decrease the level of harm experienced by our staff and physicians. The 2022/23 QIP will focus on enacting priority recommendations from the Emergency Department Safety and Security Review which was partnered with the Psychiatric Emergency Services Review. Additional measures including operationalizing the physical space enhancements within the emergency department including mental health assessment rooms, enabling security response through improved duress systems and implementation of an organization wide violence assessment tool in combination with behavior/safety flags to alert staff and physicians to appropriate care plans will be important objectives to decrease harm.

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 2022/23, 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

Lily Yang, Chief Quality, Patient Experience and Clinical Informatics

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