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



3/8/2024

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 Sinai Health. The Quality Aims are measurable statements that outline Sinai Health's program of quality and expected level of performance. 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 annual Quality Improvement Plans (QIPs) form the scaffolding to achieve Sinai Health's Quality Aims through 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 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 2019-2024. The dimensions of quality including safe, timely, effective and person centred with an underpinning of efficiency and equity remain the focus for Sinai Health.

## Access and Flow

Sinai Health is committed to ensuring patients receive the care they need in the right place; at the right time. Over the course of the pandemic we evolved our approach to patient flow and in 2023/24, began to strategically design processes and practices that would sustain our efforts. Patient flow refers to the internal and external movement of patients within our local hospital system and our broader community.

Through the establishment of the Sinai Health Hospital Capacity and Emergency Department Pressures Task Force in October 2023, a targeted work plan has been developed that aims to optimize overall bed capacity, standardize processes and create efficiencies related to flow. These efforts align with the renewed but continued efforts focused on reducing alternate level of care (ALC) volumes and the development of a scalable surge strategy aligned across both campuses.

At Mount Sinai Hospital, parallel efforts are underway to complete our multi-year renovation plan to key clinical areas, including the Emergency Department (ED) that will result in an increase in overall stretcher capacity once completed. Length of stay for admitted patients in the ED is a core metric targeted for improvement to align with provincial wait time targets and to enhance patient experience during this period of care. Several initiatives are underway to support changes including the development of a net new 20-bed general internal medicine unit targeted for completion in the Spring 2024.

At Hennick Bridgepoint Hospital (HBH), learnings from supporting almost 400 admissions through GTA Hospital IMS directives (2020-2022), enabled us to re-consider how we utilize our beds, now offering greater flexibility within our service based models. Twenty-eight (28) additional beds were opened; admission times have expanded and weekend admissions optimized. A number of initiatives to reduce the likelihood or the duration a patient stays in hospital waiting for their discharge location are in progress. Our 2024-25 priorities include a committed focus to initiatives addressing ALC volumes, maintaining our occupancy targets, and facilitating timely patient discharge. Access to community resources and living options (e.g.: long-term care beds; housing for those experiencing homelessness; addiction and mental health support; behavioural support) remain some of the biggest challenges at HBH for supporting discharges for our most complex patients.

## Equity and Indigenous Health

Sinai Health and the Toronto Central Regional Indigenous Cancer Program (ICP) have now partnered for several years with the goal of improving the care and experiences of cancer patients for First Nations, Inuit, Métis patients. An Indigenous Patient Navigator supports patients who would like to be connected and guides our teams in ensuring that requests for Indigenous healing practices are incorporated in a culturally safe way.

Highlights of collaboration with the ICP team from this past year:

- Education sessions for staff continued to support ongoing learning about Indigenous perspectives on health and wellbeing;
- Sinai Health was honoured to host a Bundle Feast Ceremony, led by the Indigenous Cancer Care team, that brought together the sacred drums that were earlier gifted to eight hospitals in Toronto. In addition to being an important annual ceremony that recognizes the work of the drums and to prepare them for the next cycle, this event allowed Sinai Health to learn from other hospitals around how the gift of the drum has created opportunities for more dialogue about the changes needed in supporting Indigenous patients, families and communities.

Over this past year, Anishnawbe Health Toronto (AHT), Sinai Health and the Temmy Letner Centre of Palliative Care began the collaborative work of developing an Indigenous Palliative Care model.

## Patient experience

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. Over the past few years, Sinai Health has actively engaged with patients and families. By the end of March 2024, we are excited to have reached an important milestone of 100 formal Patient and Family Partners across 13 dedicated Patient and Family Advisory Committees. 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. The Sinai Health PFACs, in addition to various Patient and Family Partners including Patient and Family Partners on the Board Patient Safety and Quality Committee, have offered insight and contributed to improvements in a wide range of topics. We thank all of our Patient and Family Partners in addition to all the staff and physician leaders in the following PFACs:

- 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
- Mental Health PFAC
- Complex Continuing Care PFAC
- Rehab PFAC
- Palliative Care PFAC
- Emergency Department PFAC
- ICU PFAC
- Surgery and Oncology PFAC

This past year, Sinai Health relaunched the Family Presence policy across all inpatient areas, resuming our commitment to designated Family Caregiver presence in the hospital 24hrs a day in recognition of their critical importance to patient wellbeing. Sinai Health also hosted a workshop in partnership with Patient and Family Advisors to select the best validated tool to measure Compassionate Care which was launched in January 2024 and will complement the use of the Canadian Patient Experience Survey and the OHA Patient Experience Survey. Together, these measures will support a clearer understanding of patient experience across Sinai Health. Finally, a dedicated Caregiver Resource Centre made possible through a generous philanthropic gift by Bernie and Mildred Syron, officially opened its doors at the Hennick Bridgepoint site at the end of 2023 offering Family Caregivers a warm, welcome touchpoint to access supports and programming to increase Family Caregiver wellness and resilience.

## Provider experience

Sinai Health has identified the development and implementation of a new flexible and responsive Professional Care Delivery Model (PCDM) as an operational and strategic priority in response to our expanded bed capacity, the growing and changing care needs of our patient populations, and the unprecedented health human resource pressures being experienced internationally. A new PCDM is necessary to establish a sustainable model of care to enable our clinicians to deliver the best possible care now and in the future. Through implementation of an evidence informed PCDM, we will create an environment that enables our clinicians to work to optimal scope of practice, provides the right tools, processes and structures necessary to care for our patients and creates a workplace culture that supports clinician wellness and resilience. It is anticipated that through implementation of this model we will reduce clinician burden and moral distress, thereby improving the experience of providers and the patients they care for. Our PCDM will embrace Magnet principles including transformation leadership and structural empowerment allowing for our providers to leverage their expertise as active participants in our transformation.

We have evolved our traditional recruitment function to a strategic talent acquisition approach which utilizes client service teams to support leaders in sourcing and attracting highly qualified candidates. Our teams maintain pipelines with relevant talent communities and leverage multiple networks, as well as our employer brand, to fill critical health human resource vacancies. We have implemented a number of initiatives aimed at enhancing the candidate and new hire experience, including the launch of a refreshed onboarding and orientation program. Once on board, we offer all of our people a comprehensive suite of wellness programming and supports and recently returned to in-person engagement events and activities.

## Safety

As Sinai Health reaches its final year with the current Quality Aims, we have made significant gains within the Safe domain. Our objective over these multi-years and through the pandemic, was to dramatically reduce healthcare associated infections (HAIs). These infectious diseases are typically acquired in health care facilities such as hospitals and can result in severe complications or death. Sinai Health focused our efforts on the HAIs in greatest need of improvement in 2019. In the table 1 below through our systematic efforts and changes, Sinai Health is now a top performer with the lowest rate of C.Difficile infections among all Toronto Academic Hospitals and is a leader in the National Surgical Quality Improvement Program (NSQIP) which includes criteria to assess performance of Catheter Associated Urinary Tract Infection rates.

**TABLE 1**

<b>Quality Sub-Aim</b>	<b>Baseline Start 2019/20</b>	<b>Year to Date Q3 Fiscal 2023/24</b>
C. Difficile (Mount Sinai)	0.37 per 1000 patient days	0.18 per 1000 patient days
Catheter Associated Urinary Tract Infections - CAUTI (General Surgery)	4.3 CAUTI per 1000 catheter days	1.2 CAUTI per 1000 catheter days
Central Line Associated Blood Stream Infections – CLABSI (NICU)	11.2 CLABSI per 1000 line days	7.3 CLABSI per 1000 line days
Central Line Associated Blood Stream Infections - CLABSI (ICU)	3.0 CLABSI per 1000 line days	0.55 CLABSI per 1000 line days

With the return of in person events post pandemic, Sinai Health was please to host our annual Quality and Safety Symposium in person and virtually in October 2023. The Symposium began with Wellness and Burnout keynote speakers including one Family Caregiver Partner who addressed burnout as a Family Caregiver. This was followed by Science of Care presentations with over 40 contributors, our Academic Practice Awards in addition to the Excellence in Quality and Safety Awards.

### **Population Health Approach**

In the Fall of 2023, after a series of consultations and reviews of patient and staff needs, the Sinai Health Departments of Emergency Medicine and Psychiatry developed an expanded Psychiatry Emergency Service (PES) that includes additional mental health professionals, reduced barriers to referrals and a new Psychiatric Aftercare Clinic to help ensure post-ED discharge support for patients needing additional clinical or psychosocial supports. By embedding more readily available mental health care professionals in the ED alongside the Emergency Medicine Team, patients presenting with mental health or addictions challenges can receive coordinated care with specialized psychiatric expertise more collaboratively and efficiently. Staffed by a psychiatrist, clinical nurse specialist and mental health clinicians, the team is tasked with not only optimizing the patient experience in accessing mental health and addictions care but also committed to improving staff knowledge, safety and wellbeing when working with this patient population. With input from the Psychiatry Patient and Family Advisory Council (PFAC), the first pilot phase of the service during weekday daytime hours has resulted in reduced wait times for patients accessing mental health and additions care and faster disposition including referrals to an urgent aftercare service providing short-term medication management, resource navigation and crisis management. Expansion of PES service hours together with ongoing collaboration with the Centre for Addiction and Mental Health (CAMH), a long-standing partner in the delivery of emergency psychiatric care, along with plans to develop enhanced community resource connections and partnerships for patients are some of the ongoing goals for future work.

## 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 2024/25, 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/Designated Lead

Lily Yang  
Vice President Quality and Chief Clinical Informatics Officer

## Other

Insert 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)

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

**Chief Executive Officer** \_\_\_\_\_ (signature)

Dr. Gary Newton  
President and CEO  
Sinai Health

**Chief Nurse Executive** \_\_\_\_\_ (signature)

Jane Merkley  
Executive Vice President, Chief Nurse Executive & Chief Operating Officer  
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