

Sinaï Health		2024/25 Quality Improvement Plan (QIP)												
Quality Aims	Goals	Measure												
		YE 2022/23		Current Performance YTD Q3 2023/24		2024/25 Target								
		Outcome Indicator	MSH	HBH	MSH	HBH	MSH	MSH Target Rationale	HBH	HBH Target Rationale	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Goal for 2024/25
Safe	Make care safer by eliminating preventable healthcare associated infections (HAI)	Rate of nosocomial C.Difficile Infection (CDI) per 1,000 patient days	0.20	--	0.18	--	<0=.20	Better than Provincial Average	Maintain Indicator to be monitored through Infection Prevention & Control Committee	Environmental Services Cleaning	Develop and implement the shared equipment cleaning protocol and associated processes such as identification of cleaned vs dirty equipment.	% Project Milestone	100%	
											Implement the Rescue Wipes as a standardized practice (MSH)	Implementation on all med/surg units	777 units - 100%	
										Hand Hygiene adherence (SH)	Pilot novel hand hygiene adherence monitoring tool on 2 units (MSH - ICU, NICU)	2/2 units	100%	
											Optimize the direct observation hand hygiene auditing/feedback program (corporate and peer-to-peer approaches) (SH)	% Project Milestone	100%	
		Number of nosocomial CDI Cases	N=21	--	N=14	--	<0=.20	Better than Provincial Average	Maintain Indicator to be monitored through Infection Prevention & Control Committee		Launch a campaign to promote appropriate glove use, audit and provide feedback (SH)	% Project Milestone	100%	
										Antimicrobial Stewardship (SH)	Establish mapping of procedure specific perioperative antimicrobial prophylaxis and pilot suggested prophylaxis practices	% Project Milestone	100%	
											Evaluate post-operative antimicrobial choice, dose and duration	% Project Milestone	100%	
											Evaluate post-operative surgical site infection (SSI) and establish best-practice guidance for management of SSIs	% Project Milestone	100%	
		Rate of Catheter associated Urinary Tract Infection (CAUTI) per 1,000 catheter days in GIM and ICU	GIM 4.8 N=15	--	GIM 5.9 N=12	--	GIM 4.7	20% Improvement	--		Minimize duration of in-dwelling catheters when medically appropriate	Expand the "Zero-In" audit program for in-dwelling catheters to 12S and ICU.	# of point prevalence studies completed for ICU and 12S	2/2
		Number of CAUTIs	ICU 2.2 N=10	--	ICU 2.6 N=6	--	ICU 2.1						Implement an evidence-based protocol to reduce catheter dwell time (Choosing Wisely - Lose the Tube Campaign)	Average duration of in-dwelling catheters (Current - 18 days for GIM)
Rate of Central Line Associated Blood Stream Infections (CLABSI) per 1,000 line days in the ICU	0.21	--	0.55	--	0.21	Best Achieved	--		Evidence-based CLABSI prevention practices	Implementation of the 20-20-20 Campaign (insertion checklists, Scrub the Hub Campaign, hand hygiene)	% of adherence to standard processes	100% adherence		
Number of CLABSIs in ICU	N=1	--	N=2	--	0.21									
Rate of Central Line Associated Blood Stream Infections (CLABSI) per 1,000 line days in the NICU	6.0	--	7.3	--	5.8	Best Achieved	--		Evidence-based CLABSI prevention practices	Adhere to provincial IPAC best practice guidelines	Evidence-based CLABSI prevention practices (skin care bundle and PICC line devices), audit and feedback through safety huddles	% of adherence to prevention bundle best practices	100% adherence	
Number of CLABSIs in NICU	N=21	--	N=21	--	5.8						Staff education on the PIDAC best practices for routine practices, and environmental services cleaning for prevention and control of infections	% full time staff provided with refreshed education	>80%	
										Modify and renovate the scrub sinks in the NICU to facilitate hand hygiene. Develop a strategy to implement "Bare Below the Elbow" as the standard of practice in NICU	% Project Milestone	100%		

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	Number of Transmissions Beyond 1 Incubation Period	NA		2		0 Transmissions				Prevent nosocomial spread of respiratory viruses in inpatients	Adhere to PIDAC best practices for prevention of respiratory viruses	Adherence to provincial guidance and best practices	100%	
										Adhere to provincial or local guidelines, directives, standards and best practices in the prevention of respiratory and outbreak management	Surveillance and awareness of new standards/guidelines/directives/best practices. Adoption and evaluation of effectiveness. Examples include: ECP (visitor) guidance, vaccination, masking, physical space.	% of outbreaks controlled within 1 incubation period	>90%	
Timely	Advance our system focus on throughput to ensure timely access to care in acute, complex continuing and rehabilitative care	Throughput												
		Time to Inpatient Bed (90P)	31 hours	--	39.1 hours	--	35.2 hours (10% improvement)		--	Redesigning the system to enhance hospital flow	Deliver on priority work streams as set out by the Hospital Capacity and ED Pressures Task Force: - Operationalize and maintain surge capacity - Develop and implement standardized patient flow policies and workflow against targets e.g. time for bed ready to patient transfer - 1hr - expand inpatient mental health beds in alignment with psychiatric emergency services expansion - Explore bed management information system to support real-time decision making	Meet 7/7 Accreditation Client Flow Required Organizational Practices Ambulance Offload Time Patient Experience - % Long Wait Approval of business case - operationalize 3 new inpatient mental health beds	100% 60% offloaded within 30 min (10% improvement) 10% Improvement 100% Project milestone 3/3 MH bed implemented	
		ALC Rate	12.8%	10.9%	17.3%	18.3%	15%	15% Improvement	15%	20% Improvement	Fully operationalize newly renovated and previously decanted spaces to optimize patient flow: - Emergency Department - 12N Medicine Unit - 14N Surgical Unit	% Project Milestone	100%	
		ALC Throughput	0.96	0.94	0.95	0.78	>=1	Theoretical Best	>=1	Theoretical Best	ALC Explore and evaluate feasibility new external partnership(s) to advance transitions out of hospital for ALC designated patients (SH) Develop and implement sustainability plan specific to education and resources on ALC definition, designation and data entry (SH)	% Project Milestone % Project Milestone	100% 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	Pandemic Recovery												
		Pre-pandemic Surgical Volume & Cancer Care Recovery	Surgical Volume								Recover hospital capacity to prepandemic clinical volume activity and address backlog of cases	Operating Rooms (ORs) Expand current OR capacity to address backlog for surgical patients through continued workforce stabilization, operationalizing additional ORs and extended rooms. Optimization of OR efficiency through Perioperative Task Force work stream initiatives and workflow improvements: - Turn around time for the ORs - Utilization of OR block rooms - Preference cards and booking processes - Use real-time data from the Surgical Efficiency Targets Program (SETP) to inform optimization opportunities Participate in regional surgical collaborations to address backlog and implement a targeted prioritization approach	# of Operating rooms in operation	17/17
			2018/19 7,733		5333		>7,500	23/24 Volume for 6 months + 15% Improvement for last 6 months	--	--				
			Cancer Volume								Recover hospital capacity to prepandemic clinical volume activity and address backlog of cases	Health Human Resource Management in the ORs Implement a new OR master schedule supported by a new nursing model of care Relocate the percreta spectrum program to L&D operating rooms (WIH)	% Project Milestone	100%
		2022/23 6,733	--											
		2018/19 2,227		1,509		>2,000								
2022/23 2,041	--													
	% Wait List Over Priority Targets (Long Waiters)	--	--	51%	--	41%	20% Improvement	--	--	Implement the standardized Enhanced Recovery After Surgery (ERAS) protocol to improve length of stay for colorectal surgical cases Design and build the new pathology lab space Stabilize health human resources to improve provincial pathology turn around time and to meet ongoing demand as perioperative services increase Digital Pathology Transformation (Year 1 of Multi-Year Initiative) - Assess IT, equipment, and space requirements - Establish workflow re-design requirements to support technical change - Develop health human resources requirements to support implementation - Develop training requirements for all sub specialties within pathology - Develop implementation and staggered go-live plan (including evaluation)	% of cases meeting expected LOS (8.2 days)	>75%		
									% of eligible percreta cases performed in L&D				>80%	
									% of cases meeting expected LOS (8.2 days)				>75%	
										% Project Milestone	100%			
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	Post Partum Length of Stay	39.6 hours	--	39 hours	--	35.1 hours	10% Improvement	--	--	Staff Education	Implement mandatory (2 day) infant feeding training for WIH staff (Year 2 of 3)	# of WIH staff trained	140 per year for 3 years (418 staff total)
										Unit discharge processes	Optimize unit discharge processes (MD rounding, preparation of discharge orders, NP hours, patient education)	Exclusive chest feeding /breastfeeding rate at time of discharge	66% --> 75% (10% Improvement)
										Enhance Labour & Delivery flow with accurate obstetrical triage acuity scale information	Plan and design workflow processes and associated documentation in electronic medical record	% Project Milestone	100%
<i>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.</i>	Escalation of Care: Number of serious incidents involving escalation of care (3, 4, 5)	2		2		0	Theoretical Best		Recognize, Relay, Respond	Implement a structured communication tool and interdisciplinary education "PROMPT" to enhance communication and escalation of care (antenatal, post-partum, L&D)	% Project Milestone	100%	
									Scenario-based training		Standardize the MD communication tool and spread communication, documentation and intervention processes across HBH	Spread to 13 units	13/13 (100%)
									Standardize effective communication processes	Fetal monitoring competency certification from SOGC (L&D, antenatal, post-partum)		% full time staff trained	>80%
									Monitor, interpret and respond to atypical abnormal fetal health surveillance patterns		Implement the SOGC guidelines on the prevention and management of postpartum hemorrhage (WIH)	Rate of post partum hemorrhage	<3-6%
									Evidence-Based Best Practice Guideline	Operationalize high acuity obstetric unit		Adherence with PPH assessments	>75%
									High Acuity Obstetric Unit		Upgrade and optimize the nurse call system	% Project Milestone	100%
									Alarm Management & Communication	Review critical actionable alarm settings (MSH)		4 beds	4/4 beds
									Enhanced respiratory monitoring		Optimize workflows for secondary alerting (ICU, NICU)	% Project Milestone	100%
										Develop and implement Alarm management and device communication policy		# of patient safety incidents related to secondary alerting	0
Remote video monitoring	Adherence to workflows (audits)	% Project Milestone	>85%										
		Expand clinical criteria for remote monitoring and optimize the use of enhanced remote monitoring and constant care observers (SH)	% Project Milestone	100%									
			% reduction in reported falls and other safety incidents deemed appropriate for remote monitoring	20%									

Effective

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	Medication: Number of medication incidents (3,4,5)	2		2		0 Theoretical Best				Automation/Closed Loop Medication Systems	Implementation of ADCs (MSH) - Complete scheduled med room renovations to permit ADC installation (12S, 10N, 14N) - Advance the remainder of the med rooms/ADC plan (10S, 11N, 11S, 14S, L&D, CCU, WIH areas) Pilot Barcode Medication Verification in 1 clinical area (MSH)	# of med rooms renovated and ADC implemented # of area to pilot BMV	3/3 1/1
										Medication Reconciliation	Optimize BPMH and medication reconciliation process in ICU, ED, Medicine, Palliative Care, Surgery, Cancer Care, Rehab, CCC, and Ambulatory Care (HBH) Co-design a patient-friendly discharge medication summary list (MSH)	% BPMH and med rec completed Trial summary list in 1 clinical area	>80% 1/1
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.	256		133		133 Best Achieved				Reduce low-value laboratory testing (Choosing Labs Wisely)	Sustain efforts for acute inpatient areas for AST, urea, and aPTT and implement an online feedback dashboard Identify additional areas and engage with stakeholders for implementation in selected areas Work towards meeting criteria to achieve Leadership Status Designation from Choosing Wisely Canada by: - Participating in Using Blood Wisely and Using Labs Wisely programs - Initiate a self-directed Choosing Wisely project - Mentor another hospital to advance their Choosing Wisely efforts - Demonstrate sustained efforts and organizational commitment post designation	% of aPTT test requests % Project Milestone % Project Milestone	10% improvement 100% 100%
										Targeted Pressure Injury Prevention Strategies	Implement and evaluate the innovative scanning device that assesses and identifies increased risk of pressure injury development (MSH ICU) Staff education - Pressure Injury eLearning modules (3 modules) for all nursing staff (MSH ICU)	Reduction in pressure injury incidence (in 6-week trial) % full time nurses completed 3 PI modules	10% improvement >80%

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People Wellness		Number of Workplace Violence Serious Incidents	NA		11		0 Theoretical Best				Workplace Safety Strategies	Optimize and implement the use of the Violence Assessment Tool (VAT) in med/surgery, ED and Inpatient Psychiatry Expand duress system (MSH - GIM, Outpatient Psychiatry; HBH - HBH Ambulatory Care, Social Work, other high priority areas to be determined) Develop and customize a Violence Prevention and People Safety training program for high risk areas. Pilot and evaluate in the ED and Psychiatry (9S). Continue to operationalize the second phase of the Security HR plan and initiate ED purple zone mental health infrastructure enhancements. Conduct an external review of the physical security of the building and our emergency response plans to address risks related to a security threat and ensure the protection of our people, with consideration to the geopolitical climate and existing risks to SH. Operationalize Physician Professionalism Policy - Establish Professional Staff Professionalism Committee and associated processes	% VAT completed % Project Milestone Evaluation Completion % full time and part time RN Staff completed training % Project Milestone % Project Milestone % Project Milestone	>70% (ED - Triage) 100% 100% 90% 100% 100%
		People Wellness	NA		NA		Collecting Baseline				People Wellness (Employees, Physicians, Learners, Volunteers)	Establish a comprehensive wellness strategy - Adopt elements of the TAHSN Nursing Retention Toolkit as appropriate Identify a wellness measurement tool and plan for implementation. Collect baseline in 1 area at MSH & HBH	% Project Milestone	100% 100%
											EPR Optimization and Clinician Wellness	Conduct current state analysis of documentation redundancy and associated burdens Implement top 2 documentation strategies to reduce burden	% Project Milestone % Project Milestone	100% 100%

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People Centred	Be a top performer in engaging and informing patients and their families in the design and delivery of care	Patient Experience Measures	NA	NA	Collecting Baseline						Information Sharing with patients/caregivers (SH)	Advance digital platforms to enable information sharing with patients: Partner with patients and family caregivers on identifying high value reports to add to the electronic patient portal Plan and implement Pocket Health to allow patients to access, view and share medical imaging records	2 new reports per quarter % Project Milestone	'8/8 new reports made available 100%
											Patient Experience Strategy	Develop a multi-year data driven strategy to enhance patient experience, patient-reported outcomes and compassionate care Fully spread the compassionate care survey and conduct team assessments on the delivery of compassionate care Enhance PROMS data collection for Orthopedic Quality-Based Procedures	% Project Milestone % Clinical areas with implemented compassionate survey % QBP hips and knee cases with PROMS collected	100% 90% >60% cases with response rates for all 3 data collection time points
											Patient Engagement	Expand patient/caregiver involvement in organizational committees and increase co-design projects	% of QIP projects co-designed with patients/caregivers	>70%
											Ensure Accreditation standards are met where patient and family engagement are required ("with input from or in partnership with") in year 3 & 4 survey areas	Review standards and implement co-designed changes as needed to ensure standards requiring engagement are met fully	% of standards within each standard set met	>=95%
	Health Equity	Health Equity Demographic Data	NA	NA	Collecting Baseline						Demographic data collection and use	Spread the demographic data collection in ED and FHT Implement the OH Regional Data Governance Plan to support the use of demographic data	% patients surveyed % Project Milestone	>75% 100%
											Achievement of Rick Hansen Accessibility Certification & Website AODA Compliance	Deliver on year 1 work plan as set out in the Sinai Health Multi-Year Accessibility Plan - Pursue the Rick Hansen Accessibility Certification (HBH) - Co-design the accessibility policy and embed the standardized processes into daily operations, and provide staff education - Complete the Sinai Health Website Transformation project resulting in an integrated, externally-facing website that is AODA compliant, reduces cybersecurity risk and improves the user experience.	% Project Milestone % Project Milestone % Staff educated % Project Milestone	100% 100% >80% 100%
											Improve language concordant care	Enhance Interpreter Services Evaluate the Implementation of on-demand interpreter services technology in pilot areas (ED and Palliative Care) Spread the use of on-demand interpreter services technology to priority clinical areas where the technology is most beneficial	% Project Milestone	100%