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

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.
Overview

In our third year as Sinai Health System (SHS), we have transitioned from a focus on amalgamation to operating as a fully-integrated System of care. Sinai Health remains dedicated to realizing the best health and care, from healthy beginnings to healthy aging, for people with complex and specialized needs. Our mission inspires us to discover and deliver exceptional care in hospital, home, and community; with a focus on equity and population health.

In 2016, the Board of Directors approved a set of High Level Quality Aims for SHS to align and focus the organization's efforts related to quality and set stretch improvement targets over a multi-year time horizon. These Aims were established through a systematic and consultative process that included: patient and family feedback, a comprehensive review of internal and external information, key stakeholder committee feedback and frontline staff and content experts. The Aims were identified as high priority areas for focus because:

- they are clinical issues that are widely understood to be highly challenging to address and require organizational coordination, innovation and alignment of resources, and
- they are cross-system issues and strategically aligned to our organizational priorities and are patient issues that commonly face the complex and specialty needs of the populations we serve.

Once the Aims were established, a series of expert content groups were established to identify the key drivers of quality related to each of the areas of focus and a program of work was defined to complete over several years. Annually the drivers are reviewed to ensure updates in evidence, internal and external context are incorporated. These Quality Aims form the scaffolding to anchor our year-over-year Quality Improvement Plans including progressive improvement targets and 2018/19 marks the start of the third year of our efforts.

Sinai Health System’s Aims are as follows, and a comprehensive list of sub-aims can be found at the end of the Narrative:

1. Make care safer by eliminating preventable harm or death caused in the delivery of care.
2. Provide effective and reliable care in the implementation of clinical processes to detect and manage both pain and behavioural and psychological symptoms of dementia for populations with complex and specialized care needs.
3. Provide timely access to acute, rehabilitative, complex continuing and community care for populations with complex and specialized care needs by being a top 10% operational and best
practice performer in achieving length of stay and wait time targets for complex orthopedic and medicine populations.

4. Be a top 10% performer in **engaging and informing patients and their families** in the design and delivery of care and care transitions.

**Describe your organization’s greatest QI achievements from the past year**

Sinai Health, as an integrated system, and Mount Sinai Fertility participated in its first Accreditation Canada survey in June 2017. As part of the Qmentum accreditation program, Sinai Health undertook a comprehensive self-assessment and external peer review process in which the organization was evaluated against over three thousand national standards of excellence including required organizational safety practices. Accreditation Canada Surveyors interviewed patients, families, staff, physicians, community partners and board members across multiple sites and programs. Sinai Health System met over ninety seven percent of the standards and achieved accreditation with **Exemplary Standing** which is the highest level of performance available through Accreditation Canada.

Sinai Health’s Exemplary standing provided strong validation for the organization’s direction in quality and patient safety. While many QI achievements were made through 2017/18, Accreditation was an important milestone for the entire staff to come together and demonstrate that Sinai Health System is better through our collective strengths.

**Selected from Accreditation Canada Report**

“The organization is commended on the extensive work that was undertaken to prepare for the creation of this new entity and on its vision to strengthen the integration of care across the continuum for patients and families.”

“…it is evident that SHS is clearly demonstrating the mission and living the values that have been set forth by the board and senior management team in consultation with patients, families, staff, physicians, and volunteers. A sense of caring and extreme pride permeates the organization.”

“There is a commitment to excellence, innovation and quality service delivery…The spotlight is always on the commitment to the organization’s four quality aims and to delivering safe, reliable, effective and exceptional patient and family centred care. This ensures a high level of accountability throughout all levels of the organization.”
Resident, Patient, Client Engagement and Relations

An important value at Sinai Health is person centred care and building on the collection of work in both legacy organizations, an intentional approach to embedding patient- and family-centred care within the Quality Aims was made. In order to live the value of person centredness, Sinai Health has made patient and family caregiver engagement a priority as an approach to improving patient experience. We recognize patients and family caregivers have “expertise by experience” and as such, Sinai Health has been purposeful in our work to engage patients across the spectrum from sharing, consulting or deliberating to collaborating and shared leadership.

In order to build on activities of both Bridgepoint and Mount Sinai, an inventory of best practices in engagement was collected in early 2017. It was clear through the inventory that Sinai Health had many pockets of excellence but was challenged with consistency of approach and adoption of engagement practices. To advance Sinai Health System, a roadmap for patient engagement, adopted from the Gordon and Betty Moore Foundation\(^1\), was approved at the Board Patient Safety and Quality Committee in 2017/18. Building on the driver diagram created the year prior, Sinai Health has and will focus on six core activities for patient and family engagement:

1. **Support patient and family preparation**
   Sinai Health, in 2017/18, began the foundational work of building the structures and resources needed to prepare patients and families to partner with healthcare providers. In particular, resources have been identified and in collaboration with Patient Advisors a working group is beginning to develop materials and consistent messaging to *increase awareness of opportunities to partner*. A *standardized training program* leveraging the supports available in volunteer services is proposed along with the associated processes to *enable ongoing identification of effective patient and family advisors*.

2. **Ensure clinician and leadership preparation**
   Person centred care cannot be achieved without *investment in staff training and education*. The objectives are to develop and deliver training programs that bring together healthcare professionals and to help them understand how patients & families can participate to improve organizational design. At Mount Sinai, a program adopted from the Cleveland Clinic is *Service with Heart*. It is an educational program, lead through Organizational Development, to provide staff and physicians with skills to consistently interact with patient and families in a way to foster

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\(^1\) Gordon and Betty Moore Foundation. 2014. A Roadmap for Patient and Family Engagement in Healthcare
best patient experience and service excellence. It supports staff and physicians in developing empathetic skills so that patient and family needs are considered before, during and after every interaction. At present, over 2,300 people at Mount Sinai have been trained. In 2017/18, re-commitment to a service excellence training program including Service With Heart was made in support of the person-centred care value and the 2018/19 QIP identifies the methods through which the program will spread to Bridgepoint and refresher training will occur at Mount Sinai. Sinai Health has continued with training of staff and leaders in experience based co-design with strong adoption through the Cultivating Care – A Caregiver Friendly Hospital initiative in partnership with the Change Foundation and WoodGreen.

3. Create opportunity for organizational partnership

As staff, patients and families are prepared to partner, processes need to be in place to match patients and families with opportunities of interest. Support mechanisms are needed to enable partnership. Central to the objectives will be a recruitment process that reflects the organizational value of equity. Sinai Health will be explicit and intentional in its program to ensure the diverse voices of the population in Ontario are reflected. This will include in the 2018/19 QIP methods to support translation in co-design events, learnings from organizations like Toronto Community Housing in engagement, recruitment and continued connection to the communities with which we engage.

Continuing on the well-established NICU parent advisory, two new advisories were established as outlined in the 2017/18 QIP namely the Family Health Team and the CCC (Dialysis) Patient and Family Advisories. At Sinai Health, the intent is to systematically develop local advisory groups at the various service delivery areas with the potential of a corporate advisory council reflecting members of the various programs as the advisory councils mature.

4. Develop and implement care and system redesign

a) Cultivating Care: A Caregiver Friendly Hospital

In January of 2017, Sinai Health System was awarded a multi-year, multimillion dollar grant from the Change Foundation to conceive of, implement and evaluate ideas to improve identification, assessment, communication and resources for caregivers. This fiscal year and over the next several years will see the adoption and development of resources and care processes focused on the family caregiver. Work in year one focused in Stroke Rehab and Palliative services. In the winter of 2017/18, using experience based co-design, family caregiver experiences were captured through a series of thirty six family caregiver interviews. Their experiences were themed as different personas. These personas included the experience of caregivers living far from the hospital trying to coordinate from a distance, caregivers with limited
English proficiency and language barriers to caregivers with financial challenges. The project has been lead in partnership with caregivers and through all stages we have been reminded of their wisdom. In many cases, caregiving has meant isolation, guilt, loss, and enormous self-sacrifice.

“To attend anything for myself; I work 6 days/week and work through lunch – when can I do it?” Sinai Health Caregiver 2017

Using the various personas, identified through the capture phase, a brainstorming workshop with seven caregivers, community partners (The Stroke Network), Sinai Health staff, WoodGreen and the Change Foundation was conducted to generate change ideas. Through the lens of the personas, teams moved through a typical journey of the patient from onset of the stroke, through the emergency visit, acute care, rehab and return to the community. The barriers and themes from the event were well aligned with the need for improved communication, recognition of caregivers, assessment of caregiver's individual needs and opportunity to develop resources and education.

b) Family Presence policy

In direct support of Family Caregivers, SHS took the “Better Together” pledge from the Canadian Foundation for Healthcare Improvement (CFHI). In it, Sinai Health committed to reviewing the visiting hour policies and remove barriers for a more inclusive family presence approach. Currently, except in select areas (e.g. NICU, Labour and Delivery, Emergency Department, Post Op, Ambulatory Day Surgery, ICU, Palliative Care), families have restricted visiting times. The 2017/18 QIP focused attention at the Bridgepoint site. Over the summer, a survey of staff and patients was completed to understand current perspectives. This survey was used to identify barriers and concerns to moving to less restrictive visiting hours. It identified that while 83.3% (n=30) of patients and family caregivers agreed that improved family access would improve emotional well-being of patients, only 18% (n=80) of staff and physicians actively endorsed policy change. Staff concerns centred on the safety and security of patients and staff, particularly during the overnight period. Other concerns noted were risk of excessive noise, adequacy of patient rest, inadequate space, and potential for interference with clinical care. To address these concerns we have designed new processes in partnership with staff, patients and families to support family presence, including the introduction of “quiet hours” and caregiver identification (ID badges and secure access). We will be ready for a spring launch in 2018.

5. Ensure transparency and accountability
Giving patients access to information in their medical record is a well-known enabler to patient and family engagement and an aid to self-management. Patients cannot be active decision makers without information. Information sharing is a core tenant of patient- and family centred care and a way in which organizations can support transparency. Prioritized on the 2017/18 QIP was an initiative to enable access by patients to important elements of the clinical record (e.g. diagnostics, discharge notes, lab results) through the “MyChart” portal. Workflows and communication plans designed in partnership with Patient Advisors launched in the high volume registration areas of Diagnostic Imaging from January through March 2018 with plans for initiation started in and Women’s and Infants. Full roll out of the “MyChart” portal will be realized through 2018/19.

6. **Adopt measurement and research objectives**

The Excellent Care for All Act (ECFAA) requires patient satisfaction surveys to be conducted and to use this information in improving the care experience for patients. Sinai Health has a long history of seeking feedback from patients on their satisfaction. However, in 2016/17 a new survey Canadian Institute for Health Information (CIHI) Canadian Patient Experience Survey (CPES) was introduced in Ontario. This new survey tool provides a refreshed set of questions and potential for national level benchmarking. **Highlights of the work** this year in collecting measures of patient and family caregiver experience include:

- a selected subset of indicators of patient experience including pain management, information sharing, informed care and would you recommend are provided at an aggregate level on the QIP performance scorecard
- program level results are provided quarterly to all inpatient areas and a number of outpatient areas such as the emergency department.
- introduction of Real Time surveys in Ambulatory Oncology Clinic and spread to other areas to be used as a tool to measure impact of local improvement efforts
- Sinai Health in partnership with The Change Foundation has been meeting to develop and a caregiver experience tool with initial baseline trial in the first quarter of 2018/19
Collaboration and Integration

A new Behavioural Support Transition Resource (BSTR) service was supported as part of a pilot project initiated in the Toronto Central LHIN. The BSTR resource is a unique component of LOFT Community Services existing Behavioural Support Services (BSS) and is focused on supporting the transition of patients who are currently designated ALC or at risk of becoming ALC and who are experiencing responsive behaviours that are creating barriers to their transition from hospital. This includes patients with responsive behaviours related to cognitive impairment, mental health and/or substance use. Sinai Health System was a collaborator in this pilot program.

For the pilot, the BSTR service consisted of two BSTR Teams comprised of specialized Case Managers and specialized Personal Support Worker’s (PSW’s). The role of the BSTR Teams was to:

- Develop an evidence-based Behavioural Support Plan to support successful transitions to other living destinations
- Build capacity with the hospital teams related to behaviours
- Support the transition from hospital to community and long-term care settings in collaboration with existing outreach services (e.g. Community Care Access Centres (CCAC), Community Behavioural Support Outreach Team (CBSOT), Long-Term Care Behavioural Support Outreach Team (LBSOT), Crisis Outreach Service for Seniors (COSS), Geriatric Mental Health Outreach Team (GMHOT), Psychogeriatric Resource Consultant (PRCs), Nurse-led Outreach Team (NLOT) and Geriatric Outreach Team (GOT).
- Provide equitable access to the service for selected TC LHIN hospitals
- Reduce the ALC rate for the defined cohort

Team members were dedicated to hospitals to ensure efficiency and development of strong on-site teams. As of the fall of 2017, there have been 15 referrals in rehab/ccc with 3 successful transitions out of the hospital to long-term care or retirement home. In acute care, 7 referrals were made with 2 successful transitions, with patients transitioned back to prior residence. Diversions from long-term care admission have been a key success of this program. All other patients have had functional assessments and behavioral plans created that are being carried out by staff while waiting for placement. BSTR has been one example of system collaboration and integration of efforts to achieve improved patient outcomes.

Sinai Health collaboration efforts have also included partnership with the Rekai Center at Wellesley Central place to develop a program for community reintegration beds. Together, a model inclusive of
criteria and processes for transition has been developed. A Social Work Navigator role has been designed to support care planning and continuity.

**Engagement of Sinai Health People**

At Sinai Health System, 2017/18 marks the launch of the *People Plan 2018-2013*. The overarching goal of the *People Plan* is to invest in people and to provide a healthy work environment and culture that facilitates safe, high quality service excellence and compassionate care. To achieve this goal, the development of the People Plan required consideration of many contributing factors. Special priority in the plan’s construction was placed on gaining insight to perspectives of both the employee population and the patients’ experience to understand how well our values are communicated in service delivery. Our initial work centers on the meaning of Sinai Health’s six organizational values of person-centred care, excellence, accountability, equity, collaboration and innovation through a common understanding of the behaviours needed to live these values. The critical role of engaged people (employees, learners, physicians, scientists and volunteers) at Sinai Health is recognized as the backbone to an effective healthcare system.

As Sinai Health embarks on the next five years of the *People Plan*, we will continue to ensure strong engagement of all our people in the quality agenda. The SHS Quality Aims are the foundation of the 2018/19 QIP and are widely shared across SHS. Staff regularly monitor and contribute to change ideas through daily quality and safety huddles. As with prior years, the year three change ideas to achieve the Quality Aims were developed through numerous frontline content experts and clinical teams. These ideas were refined through various stakeholder groups including the Sinai Health Medical Advisory Committee, Nursing Advisory Committee, Health Disciplines Advisory Committee, Centres of Excellence and Program Committees. An understanding of what quality means to patients and families through numerous stories and solicited patient and family feedback has grounded the work of the Quality Aims and the QIP. Oversight of the development of Quality Aims and QIP was through the SHS Quality, Patient Safety and Risk Committee with final approval and adoption provided through the Sinai Health Senior Management Team, Patient Safety and Quality Board Committee and overall SHS Board.

“There is evidence that quality improvement is happening at the program and the unit levels through unit councils and visibility boards. The organization has invested in quality improvement education and training for staff and physicians so that they have the necessary tools and knowledge to support quality improvement. Tools and methodologies include resources such as access to human factors; decision support, LEAN, the use of driver diagrams and experience-
based co-design and a process to enable staff, patients and families to look at the care pathway and their emotional journey as they interact in the health care system.” Accreditation Canada Report 2017

Population Health and Equity Considerations

Health equity allows people to reach their full health potential and receive high-quality care that is fair and appropriate to them and their needs, no matter where they live, what they have or who they are (Health Quality Ontario). Both Bridgepoint and Mount Sinai Hospital have long histories rooted in compassion and with a focus on caring for underserved populations in health care. This legacy continues today with Sinai Health System’s commitment to health equity and to providing exceptional care that is accessible to all.

“The community partners…acknowledge that SHS is not afraid to work on tough issues. They particularly want to acknowledge the human rights and health equity office and how SHS is leading this important agenda. SHS is walking the talk. The tools, and expertise this office provides to internal and external stakeholders are outstanding.” Accreditation Canada Report 2017

Our Human Rights and Health Equity Office and associated program of work include:

- Assisting members of the health system community to address and resolve complaints of harassment and discrimination that violate the Ontario Human Rights Code as well as complaints of non-Human Rights Code harassment
- Providing education and training to raise awareness of human rights issues as they relate to health care including: preventing and addressing workplace harassment and violence; the Are you an ALLY campaign, Leading Equity, symposia on health equity, and annual events such as Lunar New year, Black History month, National Day of Remembrance and Action on Violence against Women, Pride is Good for your Health and others.
- Organizing community events such as the Black Experience in Health Care symposium, co-chairing the Hospital Collaborative on Marginalized Populations
- Developing policies to guide our understanding and actions related to current human rights and equity issues.
- Translating the “Respect, Rights, and Responsibilities” brochure into our top 7 preferred languages
- Leading the “Measuring Health Equity in the TCLHIN” project by supporting 16 hospitals and 17 Community Health Centres in collecting and using patient/client-level demographic
data, a first of its kind initiative in Canada. In this role we continuously develop tools and resources to support data collection and use, provide educational opportunities such as webinars on data analysis and data collection training, engage in one-on-one consultations, share best practices between organizations, and provide evidence-based recommendations. All resources have been made widely available on torontohealthequity.ca.

- Provide consultation and materials to organizations and jurisdictions outside the Toronto Central LHIN interested in demographic data collection including other LHINs, hospitals, community health centres, public health organizations, provincial ministries, and more.

Access to the Right Level of Care - Addressing ALC

The term alternate level of care (ALC) is used to describe patients who are waiting for an appropriate level of care to meet their needs. The extent of the ALC challenge in Ontario’s hospitals is a serious, system-wide issue. Long waits for appropriate levels of care are a symptom of significant issues related to patient flow, access to care, system integration, availability of care and service options, system capacity and resources.

In January 2016, Sinai Health System confirmed the need to establish a corporate ALC Avoidance & Management Committee to provide a forum to develop ALC avoidance and management strategies and ensure that strategies are aligned with TC LHIN policies, priorities and Ministry-LHIN Accountability Agreement (MLAA) performance targets. The ALC Committee is led by Chairs from both the Bridgepoint and Mount Sinai sites along with a Toronto Central CCAC/LHIN senior leader. The committee holds monthly meetings and has helped:

- Build champions and expertise at both sites
- Facilitate stronger linkages with partners in the community services sector (CSS), and
- Provide opportunities to address ALC challenges form a systems’ perspective.

The ALC Committee has developed a work plan with clear priorities that are aligned with other corporate SHS initiatives and the work of the TCLHIN ALC Task Group on Transition & Flow to which Sinai Health is a member. Through the many efforts of the ALC Committee, staff and physicians, Mount Sinai has seen an overall reduction of ALC rate from 34.7% in 2016/17 to 23.3% as of Q3 2017/18 with special cause noted through the year, indicating directionally appropriate changes in place while Bridgepoint has avoided retrograde performance in ALC achieving an ALC rate of 25.8% as of the end of the third quarter.
**SHS ALC Committee - Recent Milestones**

- Development of an “Official ALC Launch” presentation to raise awareness of ALC as a corporate priority. This presentation has been shared with numerous groups with the goal of securing corporate-wide engagement and support among staff and physicians in ALC activities and fostering greater understanding of the “burning platform” and case for change.

- Implementation of specific “test of change” initiatives at both sites including:
  - Development and implementation of Transition Planning Risk Assessment Screening Tool (T-PRAS) administered early in the admission process to identify patients at risk of becoming ALC and to initiate timely communication with patients and families about transition;
  - Establishment of new partnerships with the community services sector including community housing facilities to support transition to the community;
  - Improved communication with families and Substitute Decision Makers (SDM) through common messaging about the importance of transitioning from hospitals, options for transitioning from hospital, etc.

- Harmonization of processes and approaches to discharge and escalation supported by legal counsel

- Harmonization of processes including documentation to support Weekly ALC Discharge Rounds at BH and Complex Discharge Huddles at Sinai.

- Development of a common Discharge/Transition Policy for the Sinai Health System.

- Leadership the Co-Chairs in TC LHIN ALC activities

- Exploration of linkages with programs offered by Circle of Care
Opioid Prescribing for the Treatment of Pain and Opioid Use Disorder

Two important quality sub-aims are 1) to reduce harm from high-risk medications and 2) to be a top performer in pain management. There is an interrelationship between these sub-aims and Sinai Health has been working to provide exceptional outcomes in both areas. In addition to the Sinai Health Pain Management working group, the Mount Sinai Opioid Quality Review working group was initiated in the summer of 2017. Through their efforts, two change ideas have been identified as integral to the Opioid Strategy at Sinai Health. These are to 1) to adopt Health Quality Ontario opioid quality standards and 2) to develop recommendations for safe initial opioid naïve doses. The group will develop policies and procedures for clinical interpretation of opioid dose range medication orders and ensure opioid monitoring post administration. They will implement changes through the use of best practices and, develop recommendations for computerized physician order entry of morphine and hydromorphone orders that adhere to general principles for safe initial opioid naïve doses, as initial elements of the strategy.

Workplace Violence Prevention

Workplace violence is an issue that affects health providers across the continuum. At SHS, we define workplace violence as a threat, attempt or actual exercise of physical force by a person against a worker, in a workplace, that causes or could cause physical injury to the worker. Lead by the office of Human Rights and Health Equity (HR&HE) in collaboration with Human Resources, Sinai Health System has many leading practices in place including:

- integrated policies on *Workplace Violence Prevention, Human Rights and Health Equity and Domestic Violence*
- communication tools to raise awareness: Workplace Violence Prevention poster, Workplace violence, harassment, domestic violence prevention intranet resources and addressing harassment and violence by patients and visitors tools
- mandatory e-learning and training session with HR&HE and Occupational Health
- programs and processes: code white, panic buttons in vulnerable areas, BOOST/psychiatry physician assessments/consults, staff safety plans e.g. safe walk program, employee assistance
- research initiative lead through Mount Sinai Psychiatry – Universal Precautions
- Quality Aim: behavioural psychological symptoms of dementia
- Operationalized the work out of the Hospital Violence against Women Action Committee to educate and develop policies on domestic violence in health care. Co-developing educational tool for TAHSN-M task force on addressing domestic violence for physicians.
“Workplace violence prevention is extremely well developed and supported, and the work on domestic violence is outstanding.” It includes packages for people at risk, education of 900 nursing and health disciplines staff, creation of safety plans and psychological counselling for victims and abusers.” Accreditation Canada Report 2017

Workplace Violence prevention has been identified as an organizational priority In 2018/19 we will focus our efforts on increasing reporting of workplace violence incidents by:

1. Streamlining the incident reporting processes
2. Implementation of a standard incident response process

Performance Based Compensation

Hospital leadership at Sinai Health System is held accountable for achieving QIP targets through performance-based compensation, to ensure organizational alignment and leadership focus on continuous improvement in quality of care. In 2018/19, as in 2017/18, executives will have at least 30% of performance-based compensation tied to a subset of the indicators in the QIP. The selected QIP indicators will be derived from the complement of indicators outlined in the QIP Improvement Targets and Initiative spreadsheet, including targets for improvements in high-leverage, system-wide measures of patient safety, timely access, and patient and family-centred care.
Quality Aims

**STEPS to Quality**

- **Safe**
  - Falls: Zero falls with serious injury or death
  - CDI: Zero incidence of nosocomial CDI
  - Pressure Ulcer: Zero incidence of hospital acquired stage II or greater pressure ulcers including neonatal population
  - High Risk Medication: Zero serious harm or death associated with high risk medications

- **Timely**
  - Orthopedic LOS: Meeting top 10% QBP LOS targets
  - Conserved Days and Medicine LOS: Decrease conserved days to be a top 10% performer for complex medicine patients at MSH and sustain LOS reductions at BAH
  - ALC: Decrease overall percentage of ALC for Medicine and CCC to less than 20%
  - Emergency Performance: Maintain top 10 standing in "Performance Rank" in PAR ranking system
  - Obstetrics Wait: System leader in wait times by ensuring 95% of CS&G priority 1-3 meet mean practice times for assessment and LOS to disposition

- **Effective**
  - Behavioural and Psychological Symptoms of Dementia (BPSD): Provide effective and reliable care in the implementation of clinical processes to detect and manage both pain and behavioural and psychological symptoms of dementia (BPSD-agression/agitation) for populations with complex and specialized care needs.
  - Pain Management: Top 10% performer in pain management (post-partum, complex medicine, orthopedic and continuity for discharged high risk populations)

- **Patient and Family Centred**
  - Overall Experience: Be a top 10% performer in overall patient experience “would recommend”
  - Continuity and Transitions: Be a top 10% performer in patient experience for continuity and transitions
  - Informed Care: Be a top 10% performer in patient experience for “informed” care
  - Engaged: Ensure 80% of all corporate quality initiatives will have patient and family engagement

Sinai Health System
600 University Avenue, Toronto, M5G1X5
Sign-off

I have reviewed and approved our organization’s Quality Improvement Plan.

______________________________ (signature)
Chair of the Board of Directors
Brent Belzberg
Chair of the Board of Directors
Sinai Health System

______________________________ (signature)
Chair of the Patient Safety and Quality Committee of the Board
Paula Blackstien-Hirsch
Chair of the Patient Safety and Quality Committee of the Board
Sinai Health System

______________________________ (signature)
Chief Executive Officer
Gary Newton,
President & CEO
Sinai Health System