Let's Make Healthy Change Happen.

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

Sinai Health System

3/25/2019

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 2016, the Sinai Health System's Board of Directors approved a 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 three to five year time horizon. 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 System. These Quality Aims are measurable statements that outline Sinai Heath's program of quality and expected level performance. The Quality Aims were 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. Quality Aims are typically achieved over a three to five year timeframe. As Sinai Health approached the end of the first three years, an opportunity was taken to reflect on our progress towards achievement of the Quality Aims, and do some refinement on the direction.

REFRESHED QUALITY AIMS

The Quality Aims refresh activities began in October 2018 with a series of consultative workshops with subject matter experts, clinical leaders, physicians, staff, patients, and families to review of our progress towards achievement of Quality Aims and to reflect on their learnings from previous years. An internal and external scan of the environment was conducted, including Health Quality Ontario's Quality Indicators, Accreditation Canada, Ontario Ministry of Health and Long-Term Care's strategic directions (i.e. "ending hallway medicine"), and Sinai Health's strategic priorities. We also took the opportunity to learn how other high performing organizations advance quality and safety priorities. It is clear that senior leaders must emulate high-impact behaviors, and build capacity for quality improvement in their organization by focusing and aligning their efforts to maximally achieve impact. Visible senior leadership within the quality agenda is critical, as well as integrating visual management tools, performance results, and standard work for senior leaders. These strategies build a common understanding of the quality and safety priorities for the organization, as well as enhancing capacity for quality improvement across all levels of leadership, frontline staff, and physicians.

A retreat with the Executive Quality Lead and the Quality, Risk and Professional Practice portfolio leaders occurred in January 2019 to synthesize all of the work and integrate the learnings. Through this, the refreshed Quality Aims (see Appendix 1) was developed. These new Quality Aims continue to be anchored in Health Quality Ontario's key dimensions of quality (Safe, Timely, Effective, and Person

Centred) with Equity as an embedded underpinning. The Quality Aims will be further refined to include clear and measurable objectives. 2019/20 will be a transition year between the current and new Quality Aims by completing the initiatives started in 2016 while concurrently begin mapping the work plan for each new aim through the development of driver diagrams and value stream activities. The refreshed Quality Aims are described below.

2019-2022 High Level Overview of Quality Aims

"Best care and best patient experience" will be characterized for complex and specialized populations as follows, by:

Safety
Eliminating preventable *harm or death caused by* ***healthcare associated infections*** *(HAI) commonly experienced by patients in the delivery of care.*

Timely
Advancing our ***system focus on throughput*** *to ensure* ***timely access*** *to acute, complex, rehabilitative, and community care for complex and specialized populations.*

Effective
Improving *care* ***outcomes*** *by* ***embedding best practices*** *and innovation* ***to meet fundamental*** *patient* ***care needs****.*

Person Centred
Being a top system performer in ***patient and staff experience*** *through enculturation of* ***Joy in Work***[1] *and* ***Patient & Family engagement*** *strategies*[2]

At Sinai Health, the dimensions of quality are seen as an interconnected series of Quality Aims that reflect our key strategic priorities, our focus on issues that have potential to affect significant segments of our patient populations, and are achievable only through organizational alignment of strategy. To deliver on Sinai Health's strategic priority of clinical excellence, core strategic initiatives, such as Magnet® recognition program for nursing, the National Surgical Quality Improvement Program (NSQIP), 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 refreshed Quality Aims explicitly define the intentional connectivity of these strategies.

This connection within the Quality Aims can be understood when it is considered first that **patient experience** is intricately **tied to staff experience**. Staff can only deliver the highest level of quality of

[1] Perlo J, Balik B, Swensen S, Kabcenell A, Landsman J, Feeley D. *IHI Framework for Improving Joy in Work*. IHI White Paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2017.
[2] Gordon and Betty Moore Foundation. A Roadmap for Patient and Family Engagement in Healthcare: 2014.

care to their patients when they experience “Joy in Work”, and work in an environment where they feel both psychologically and physically safe. An important early objective of Sinai Health’s People Plan and Academic Practice Strategy is to address workplace violence and psychological safety, and advance joy and meaning in work. Workplace violence prevention is also one of only two mandatory indicators to be included on the QIP. When staff feel safe, they are able to focus on what matters; and, it is well known that what matters most to patients universally is the respect and dignity they are shown during the delivery of fundamental care needs (i.e. hygiene, toileting, relational interactions), and that they are cared for in an environment that promotes safety and healing. Reliable delivery of fundamental care by all health professions is an Academic Practice Strategy priority and strongly linked to a positive patient experience. For example, for patients in the Intensive Care Unit, good oral hygiene is not only promotes patient comfort and dignity but it is also a best practice that is known to help prevent ventilator associated pneumonia (a hospital associated infection) which could lead to the most vulnerable of patients becoming septic. Therefore achieving the fundamentals of care is linked to achieving our safety Quality Aim of avoiding hospital-associated infections that can lead extended stay in hospital and in some cases to death. When the length of stay in any area is extended, organizational throughput and timely access to resources for other patients is impacted. These examples hopefully demonstrate the interconnection of the quality dimensions and aims while describing the interdependence of the Quality Aims with the Academic Practice Strategy and Sinai Health’s People Plan and other strategic priorities.

Organizational throughput and timely access to resources will be of particular focus over the next few years as we continue with major redevelopment activities within the Emergency Department (ED). As the new space is constructed, the QIP target for time to inpatient bed indicator will be to maintain prior year performance. The Sinai Health ED has been a top academic performer in Toronto over these past years and maintaining the time to admit despite large scale disruption in the physical space will be a stretch target for the organization.

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

Falls in hospitals continue to occur, particularly among older adults (age 65+). Falls can have a traumatic impact on patients including causing serious injuries (e.g. fractures that may require surgery) that result in decreased mobility, functioning and participation in daily activities; and mortality rate. Falls are associated with an increased length of stay and costs of health care. For example in Ontario, it is estimated that $2.8 billion was spent on fall-related injuries. The diverse array of factors that contribute to falls (e.g. biological, behavioural, environmental and socio-economic) require a multi-faceted approach to preventing both falls and falls with injuries. There is growing evidence to support approaches that include interventions aimed at addressing an array of risk factors. Technologically-enabled solutions such as sensing technologies (inertial sensors, video/depth cameras, pressure sensing platform and laser sensing)[18] and low impact flooring have potential to reduce fall-related injuries.

Building on foundational work for falls prevention, was the identification of core change ideas identified through a driver diagram. These ideas included:

1. Increasing the completion rate of the Falls Risk Assessment (Morse) and the Falls Plan of Care (FPOC)
2. Implementation of SmartCells Flooring – engineered product reducing the impact of force 10x more than existing falls mats on regular flooring
3. Revitalization of Falls Coaches and safety huddles
4. Systematic offering of hip protectors
5. Safe prescribing of sedatives
6. Continence management plans
7. Early patient mobilization

Establishing a clearly articulated goal and systematically implementing a multi-faceted approach to preventing both falls and falls with injuries can result in significant improvement. As a result of these combined efforts there has been a reduction in the falls with moderate to serious harm from a baseline 0.14 per 1000 patient days to 0.07 per 1000 patient days as of December 2018 in rehab and complex continuing care. This translates to an average of 10-16 less critical falls per year prior to when we started this work in 2016. From a process perspective, the completion of the Morse improved to 93% within 8hrs of patient arrival sustained over the last fiscal year, 89% completion of the Falls Plan of Care for high risk patients from a baseline of 66% completion in 2016. The SmartCells flooring (SCF) was installed in 24 beds by April 1, 2018. The appropriate utilization of these rooms was a key process measure. Over 3 quarters, there was an improvement, through focused team safety huddles, from 51% appropriate bed

days with high risk patients occupying rooms with SCF to 80% by the end of Q3 2018/19 and no serious injury in rooms with the SCF despite multiple falls. Patients and family caregivers were involved in the co-design of both the educational materials provided and various workflow processes. Looking forward, Sinai Health will be spreading the SmartCells flooring to identified medicine and surgery units at Mount Sinai and implementing a video remote patient monitoring program in 2019/20.

Patient/client/resident partnering and relations

Patient and family engagement is recognized by Sinai Health to improve overall patient experience of care. This means that 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. Through the Quality Aims, Sinai Health has adopted change strategies outlines in A *Roadmap for Patient and Family Engagement*[3]. Examples of Sinai Health Patient and Family Engagement initiatives are identified in appendix 2. At Sinai Health, an important goal to support person centred care is to reduce the variability across the organization with respect to being consistent in patient and family engagement. Through systematic implementation of the roadmap strategies and intentional spread of existing ideas within pockets of excellence, a culture of person centredness can reliably be achieved at Sinai Health.

Described in this narrative are three examples of work within our Patient and Family Engagement strategy including the launch of Family Presence, Cultivating Change – Caregiver Friendly Hospital and the Patient Portal - MyChart™.

Family Presence Policy

In 2014, the Canadian Foundation for Healthcare Improvement (CFHI) adapted the Institute for Patient and Family-centred Care's Better Together: Partnering with Families model to change the concept of families as 'visitors' to families as partners in care. The campaign called upon hospitals to take the Better Together Pledge and move towards implementing family presence policies that enable patients to designate a family member or loved one to remain with them 24/7 and be a part of their care team. There is evidence that family caregiver presence supports better coordination of care, fewer medication errors, fewer falls, a decrease in 30 day readmissions and better overall patient and family experience.[4] Accreditation Canada, The Academy of Canadian Executive Nurses, BC Patient Safety and Quality Council, Canadian College of Health Leaders, Canada Health Info-way, Canadian Patient Safety

[3] Gordon and Betty Moore Foundation. 2014. A Roadmap for Patient and Family Engagement in Healthcare.

Institute, Health Quality Council of Alberta, Manitoba Institute for Patient Safety, Registered Nurses' Association of Ontario, Saskatchewan Health Quality Council, Patients Canada and Patient for Patient Safety Canada have all endorsed the CFHI campaign.

In early 2017, Sinai Health committed to improving Patient Experience by adopting the Better Together Pledge at the Bridgepoint site through the Quality Improvement Plan (QIP) by committing to moving towards a more flexible family presence policy that supports patients in designating support persons to be in hospital at any time. A series of changes were made to address the cultural shift required and the patient and staff safety concerns including the introduction of "Quiet Hours" and with the introduction of controlled access Family Caregiver ID cards. Bridgepoint launched Quiet hours on June 1st, 2018. Since then over 360 family caregivers have been issued Caregiver ID cards with zero after hours serious caregiver incidents. Quiet Hours will be launch at the Mount Sinai campus in 2019.

Cultivating Change – Caregiver Friendly Hospital

It is understood that family caregivers are the common thread and glue that keeps the pieces together as patients move between hospitals, community-based home care and long-term care[3]. A family caregiver is a family member, friend or neighbour who provides the majority of care, support and enrichment to those who have health-related needs[3]. There are currently 3.3 million people (29% of the provincial population) in Ontario who are caring for a family member at home, hospital or other facility[4]. The amount of time family caregivers spend providing care and support exceeds the number of hours of care by paid personal support workers by 2.5 to 4 times[2]. By recognizing, facilitating and supporting family caregivers, overall patient experience, safety and system efficiency is improved.

The reality is that these caregivers are often not recognized for the role they play[3]. Frequently there is an inconsistent approach to family caregivers and they may not be considered as key members of the care team[3]. In early 2017, Sinai Health System, in partnership with WoodGreen Community Centre, was announced to be one of four successful submissions to receive a three-year, $2.5 million grant from The Change Foundation. The aim of the grant is to seed the changes needed to support family caregiver recognition, communication, support and education/resources.

At Sinai Health, through this initiative, over 150 family caregivers have been engaged as advisors on various work streams within the stroke, palliative and neonatal populations and in partnership with

[4] The Change Foundation. Out of the Shadows and Into the Circle: From Listening and Learning to Action. April 2015.

WoodGreen. Through experience based co-design methods, teams inclusive of family caregiver advisors have worked collaboratively to understand the journey of different caregivers and prototype various solutions to challenges faced by caregivers. Solutions have included a video series offering inspiration, practical advice and hope to parents of children in the NICU, the use of Ontario Telehealth Network (OTN) tools to support bedside family integrated care for those who are unable to be at the bedside and a number of workflow changes to help identify for the entire clinical team who patients identify as caregivers, redesign of the stroke education series to be more inclusive of practical family caregiver needs and a team wall to help patients and family caregivers understand the role of the various health professionals. The neurologic CARERs group will launch in the spring of 2019 and is a provider facilitated support service for Family Caregivers. Through this service, Family Caregivers will have a support group to discuss topics of self-care, navigation through the system, managing changes in the caregiver's relationships with the patient and planning for the future.

Patient Portal: MyChart™

Patient portals are healthcare related online applications that allow patients to access and share their health record information. This service empowers patients to manage their health by putting the necessary information in their hands. Patient portal use has been associated with improved outcomes for patients with chronic diseases (e.g. diabetes, hypertension and depression).[5] Providing patient access to an electronic patient portal linked to the patient health records supports transparency in the healthcare system and enable self-management.

MyChart™ is an online website, hosted through Sunnybrook Health Sciences Centre. Through MyChart™, patients receive direct access to clinical information from the electronic patient record system. In addition, patients can self-enter or upload personal health information e.g. allergies, medication lists and medical appointments to enable a one stop documentation resource.

MyChart™ was initially piloted on a Mount Sinai medical unit through an eHealth Ontario funding agreement and had 204 patients enrolled in 2015/16. The spread of MyChart as a corporate priority was identified on the 2017/18 QIP to support information sharing. A steering group inclusive of a patient and family caregiver was struck. Key issues addressed included patient ease of sign up, a communication strategy about the platform for patients and staff, workflow considerations in admitting areas, privacy issues, agreement of stakeholders on which elements of the health record to make available and

[5] Goldzwieg C.L., Orshansky G., Paige N.M., et. al., Electronic Patient Portals: Evidence on Health Outcomes, Satisfaction, Efficiency and Attitudes: A Systematic Review. Annals of Internal Medicine. November 19, 2013

sustainability of MyChart™ administrative supports. Through the efforts of the working group, patients have access to MyChart™ as of February 2019 starting in the Diagnostic Imaging area and Health Records. Over 650 patients were registered in the first 3 days. The plan is to spread to other admitting areas to encourage further patient access and to the Bridgepoint site. In conjunction with the Caregiver initiative, the feasibility of using MyChart as a vehicle to support caregiver communication is being explored.

Workplace Violence Prevention

In 2018, Sinai Health introduced the Sinai Health System People Plan Our aspiration is to bring joy, wellness and energy to our people so they are well equipped to be their best selves at work each and every day. Sinai Health People Plan aims to articulate the gifts of hope, confidence and safety that health care should offer to patients and family caregivers, and this can only come from a workforce that feels hopeful, confident and safe. *Joy in Work* is a term coined by the Institute for Healthcare, and it is an essential resource for the important business of healing and wellness. Foundational to the Joy in Work framework is physical and psychological safety which is a key domain within the People Plan. The goal is to have people flourish by knowing we are supported to be well and to work in healthy environments.

An initial priority within the People Plan will be to address physical safety and importantly, workplace violence. A task group was formed to develop the systematic thinking required to understand the drivers of workplace violence prevention and to build on work that has been in previous years. The primary drivers included the need for a robust response system, increased organizational awareness, leadership commitment, availability of tools and resources for leaders and frontline staff, physicians, volunteers and learners. A full governance structure will be implemented to start fiscal 2019/20 and a thoughtful process to implement change ideas will be put in place to target areas such as the emergency department and the transitional care unit.

Over the course of this year, Sinai Health initiatives to decrease workplace violence have included:

1. Personal safety training: the Sinai Health Security Team have conducted in-person safety and emergency training for more than 2800 personnel this year
2. Emergency Procedures: The new Code Silver-Active Shooter policy was rolled out at the end of the year and was presented to hundreds of employees in-person
3. Emergency procedures boards have been posted on the premises
4. Equipment: Update and increase in the number of personal safety devices (access control, surveillance cameras, panic alarms) to new areas of redevelopment in addition to updating ID cards to provide better information and allow for regular mandatory updates of those cards.
5. Deploying more specific contact information at various satellite locations to help with issues in outlying offices related to Security.

6. Parking: improvements in Security coverage, our Safe Walk program and interactions with Toronto Police (including data gathering after events) has improved the safety of staff and visitors around our facility
7. Ongoing statistical analysis and updates to our policies and procedures for our “Observers” (personal support workers and Security Guards on watches) have allowed us to better triage and allocate appropriate resources for more effective management of agitated and/or potentially violent patients.
8. Surveillance: Security’s Body Worn Camera program has been expanded to help us better capture critical incidents around the facility and to provide better documentation of active events.
9. Reporting: An update to the SAFER reporting system now allows for more specific reporting by more groups (including Security) to as to better document and escalate matters of concern.

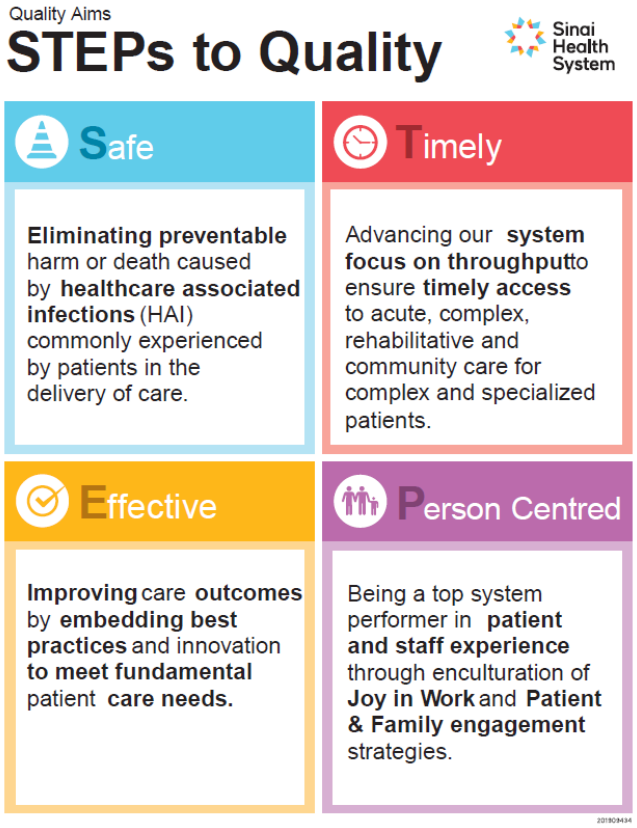
Finally, Sinai Health is fortunate to have a number of insightful leaders who support strategies that keep staff, physicians, learners and volunteers safe while recognizing the balance of best approach needed. Dr. Howard Ovens, former Director of the Department of Emergency Medicine and currently the Chief Medical Strategy Officer at Sinai Health and Mark McCormick, Security Manager and Fire Marshal Sinai Health offers another perspective on addressing workplace violence in the Emergency Department in a recent entry to Dr. Oven’s Emergency Medicine Cases blog (see appendix 3).

Executive Compensation

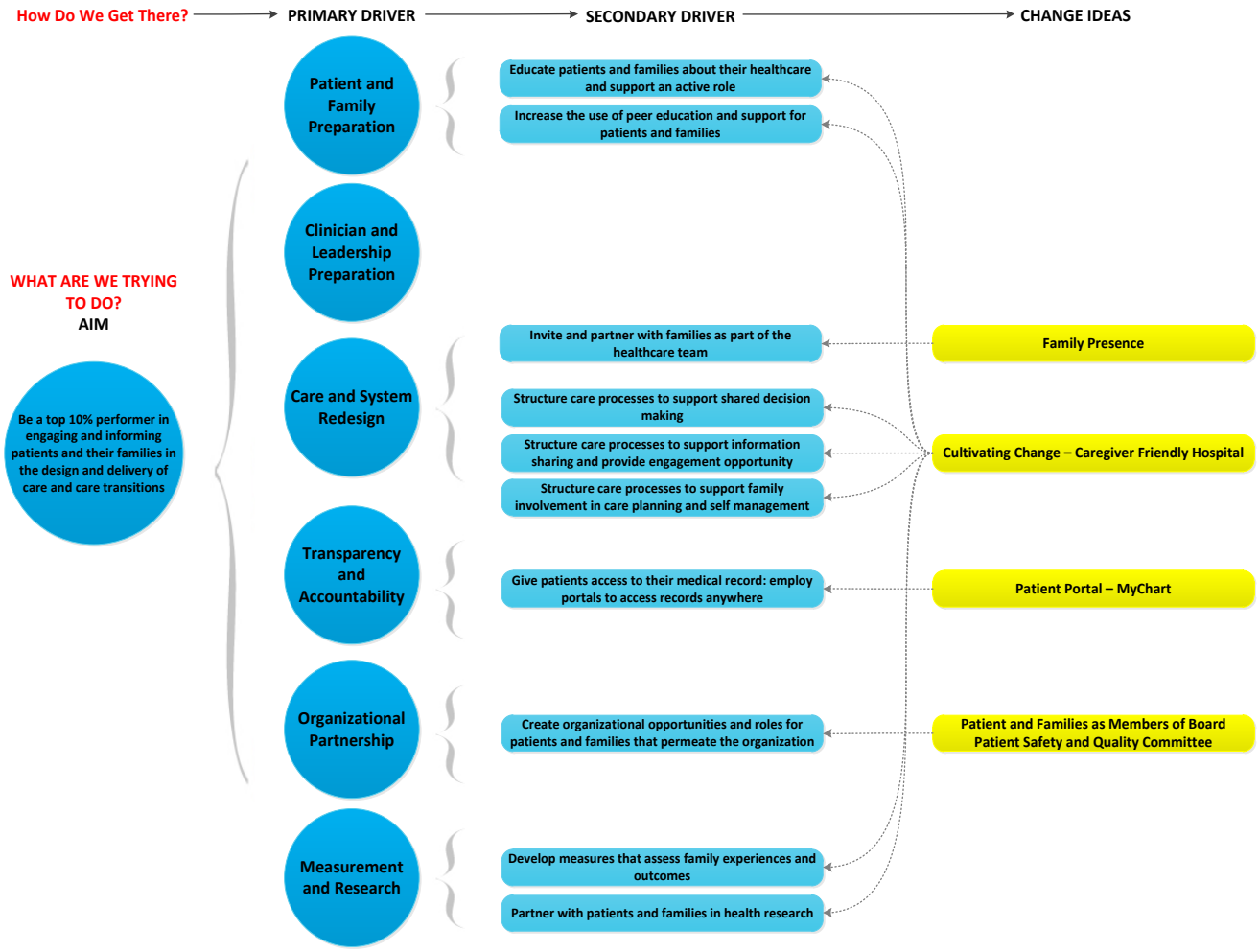
Hospital leadership at Sinai Health is held accountable for achieving the QIP targets through performance-based compensation, to ensure organizational alignment and leadership focus on continuous improvement in quality of care. In 2019/20, as in previous years, executives will have at least 30% of performance-based 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 capacity building, patient safety, timely access, and patient and family-centred care.

Other

Appendix 1: 2019-2022 High Level Overview of Quality Aims



Appendix 2 A Roadmap to Patient and Family Engagement Driver Diagram



Appendix 3 Zero-Tolerance Policies in the ED, Part 1: The delicate balance of protecting staff while ensuring patient access.[6]

I'm a member of the Canadian Association of Emergency Physicians' Public Affairs Committee, which advises the association on advocacy related to our discipline. We have a very engaged email list, and a colleague at a large urban center recently posted a query to the group; her ED is experiencing increasing violence and more and more often nurses are asking her to come out to triage to do a quick assessment to permit immediate discharge of a troublesome patient. Her dilemma was that she wants to support her nurse colleagues and help ensure a safe environment, but she feels unable to truly assess competence and state of mind in a rushed waiting room encounter with the nurses expecting a glance and an immediate eviction. The rising frequency in our urban centers of methamphetamine-induced agitation and psychosis was mentioned as an important contributing factor to the problems being faced.

The resulting email conversation was swift and shocking. Many of my colleagues reported similar challenges, including increasing violence overall and methamphetamine problems specifically, inadequate security provisions that often pitted staff against patients and staff against staff (generally nurses versus doctors), and security staff who were inadequate and/or unhelpful (reportedly often escalating situations instead of helping resolve them). All too often these situations resulted in front-line staff seeking solutions that diminished patient access in some way by banning or evicting patients and establishing a zero-tolerance policy for staff abuse.

Early in my career an incident at a community ED was widely reported in the media. A young man had sustained multiple injuries in a motor vehicle collision. When the on-call surgeon arrived and was met with a string of profanity from the patient, he became incensed and refused to see him, and he ordered the staff to transfer the patient to an academic center. At the referral center he was found to have a cerebral contusion and was not intoxicated. It also emerged that the patient was an A student and a solid citizen. The media reports and public reaction expressed no sympathy for the surgeon. The public expects the ED to be a safe place for patients in crisis due to illness, injury, intoxication, etc.—a sanctuary for care and support regardless of socio-economic status or age, race, dress, etc.

We are lucky to have a conscientious head of security at my hospital, Mark McCormick, who is committed to staff and public safety. Recently, after a difficult encounter with a patient, Mark graciously agreed to provide his perspective;

> *Prior to taking on the mantle of Hospital Security Manager, I started my career staffing and then managing security operations in both retail and corporate environments. In those areas, trespassing, banning, barring and employing a zero-tolerance policy toward workplace violence and its perpetrators is a normal perspective. In health care, however, those individuals we would ban from a mall are the exact people that we, as a society, need to have come to a hospital. They are often the sickest, most volatile, most disadvantaged members of society who need the most help, and we as an industry need to do more to help them. If we ban those patients, they will likely get worse and could harm themselves, a member of the public, maybe even our own loved ones.*
>
> *I often hear health care workers asking about banning patients and talking about zero-tolerance policies. I take every opportunity to instead advise that we "flag" them as Dr. Ovens described for faster, more precise interventions in future. My team and I use the various measures at our disposal as a means to set parameters for these individuals [and] create and establish limits to which they need to adhere in order to*

[6] Ovens, H., McCormick, M. Waiting to Be Seen #17 – Zero-Tolerance Policies in the ED, Part One: The delicate balance of protecting staff while ensuring patient access. Emergency Medicine Cases. https://emergencymedicinecases.com/zero-tolerance-policies-ed/. Published January 15th, 2019. Accessed February 8, 2019.

demonstrate their willingness to receive help. These methods also allow us to help protect not just the experienced physician or nurse dealing with them today but also the new resident or student nurse who starts tomorrow and has no prior experience with this person.

Where some will use the term zero-tolerance policy, we should instead be using the term 100 per cent response policy. By law and by ethics we have a duty to respond to, investigate, mitigate and make safe every single event that happens in our facilities.

In our hospital we have upwards of 10,000 people crossing through our doors every single day, and as I teach my staff, those are 10,000 people who need our help and 10,000 opportunities to make someone else's life a bit better. Be it a kind word, a gentle approach, a thorough investigation or even, when absolutely necessary, a firm and undeniable physical response to stop a threat, the help we provide these folks creates an incalculable ripple effect on their friends and family, our employees and even the city around us.
Mark McCormick, CHPA

Sign-off

I have reviewed and approved our organization's Quality Improvement Plan

Board Chair _____ (signature)
Brent Belzberg
Board Chair
Sinai Health System

Board Quality Committee Chair _____ (signature)
Paula Blackstien-Hirsch
Chair, Patient Safety and Quality Committee
Sinai Health System

Chief Executive Officer _____ (signature)
Dr. Gary Newton
President & CEO
Sinai Health System