

Let's Make Healthy
Change Happen.



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

SickKids[®]

THE HOSPITAL FOR
SICK CHILDREN

17/03/2020

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, if they submit a version of their quality improvement plan to Health Quality Ontario (if required) in the format described herein.

ontario.ca/excellentcare

Overview

The Hospital for Sick Children (SickKids) is committed to providing high quality and safe care to our patients and families. Quality and Accountability is embedded into everything that we do. We continue to find innovative ways to deliver the best care possible to our patients and families while finding new ways to partner with our community. We remain committed to be a leader in Children's health care, reinforced through our vision: Healthier Children. A Better World.

Built from the collective voice of our community, in March 2020 SickKids released [SickKids 2025](#), our 2020-2025 strategic plan. Development of the plan began in May 2019 and involved engagement of patients and families, staff, system partners, and the public through digital surveys, focus groups, and social media (Figure 1).

SickKids 2025 includes six strategic directions and 21 associated objectives that will act as a compass and guide the organization over the next five years (Figure 2).



Figure 1. SickKids' 2025 Engagement

The plan represents the beginning of a movement to deliver unprecedented outcomes through Precision Child Health. With big data and artificial intelligence poised to transform medicine and scientific discovery, SickKids will aim to harness the power of these technologies to move from a one-size-fits-all approach to medicine, to an individualized clinical care paradigm. To create a more seamless child and family experience, SickKids will situate this care within a network of digital and physical access points, with integrated physical and mental health services, striving to meet our patients' needs closer to home.

Change will be stabilized by a diligent focus on all dimensions of quality and the continuation of our journey as a high-reliability organization with the goal of eliminating preventable harm.

Technological progress and data-driven approaches will be balanced by a focus on the human elements of healing, bringing our patients and families closer in the co-design of research, education, and care, and ensuring compassionate communication in every encounter.

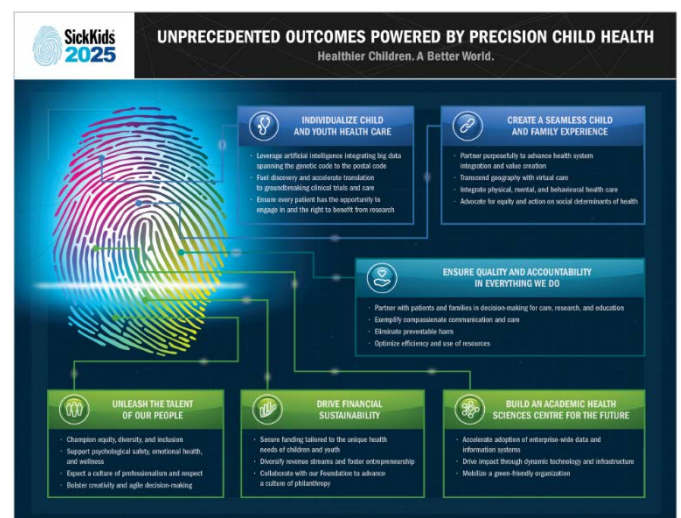


Figure 2. SickKids' Strategic Plan

SickKids 2025 includes three critical enablers that will unleash the talents and safeguard the wellness of our staff, carry us toward a more sustainable financial model, and drive the physical and technological evolution of our campus. We look forward to a strong partnership with Government and Ontario Health in bringing these exciting transformations to life.

A major aspect of what we hope to accomplish is by continuing to ensure that we drive quality and accountability in all that we do. Embedded in this pillar is the aspects of quality of care as defined by the Institute of Medicine (2001) care that is: safe, timely, effective, equitable and patient-centered. We continue to work alongside our internal and external stakeholders at Sick Kids and partner with patients and families to develop QIP metrics for 2020-2021 that reflect our strategic aims in a public view.

Timely and Efficient Transitions

Timely access to care for patients seen in our Emergency Department (ED) remains a priority and is an ongoing challenge. As in previous years, our ED visits have continued to increase, and our performance is significantly impacted during respiratory viral season. Despite this, we continue to achieve high levels of performance and continue to focus on improvement despite increasing patient volumes and acuity. Several initiatives are underway, including increasing public awareness and education. Beginning in fall 2019, our campaign to educate the public regarding alternative methods of care launched on our social media platforms (figure 3). We also completed a quality improvement project in partnership with pediatricians in the greater Toronto area. Through this pilot project, community providers partnered to promote paediatric patient walk-in clinic availability during the holiday season as well as encouraging those offices to increase their availability during the high viral season.



Figure 2. Patient and Family Infographic

Virtual Care

Consistent with a focus on delivering the right care at the right time in the right place, SickKids is now advancing implementation of our Virtual Care Strategy. As a critical component in our new strategic plan, the strategy will advance new and improved virtual care offerings such as virtual urgent care, specialized outpatient visits, and remote patient monitoring to expand equitable access to care, increase convenience for children and families, and optimize value for all.

Given SickKids' broad catchment, the strategy will aim to put an end to long drives to downtown Toronto, and time off school and work for short hospital visits, ensuring that children and families only come to the hospital when they have to, or when they choose to in order to optimize value for all (Figure 3).

Initial efforts of the strategy will focus on streamlining and expanding virtual visits across SickKids' ambulatory care services and developing a novel virtual urgent care model.

SickKids is currently collaborating with Ontario

Telemedicine Network (OTN) to integrate Epic and Zoom platforms. This integration will streamline the process for scheduled outpatient visits across our ambulatory services. Discovery work is complete in several clinics and, once evaluated, will spread and scale.

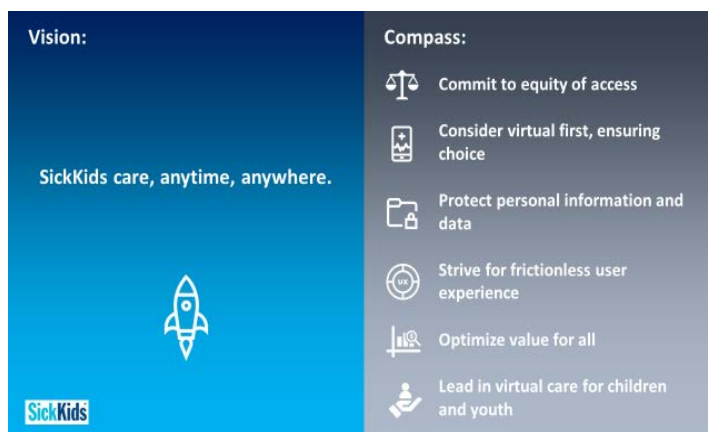


Figure 3. Virtual Care Vision and Values

Another key milestone involved the implementation of a unique virtual urgent care model. This model would allow patients and families to access a paediatric health professional on-demand, 24/7, via personal computer or hand-held device from any location with an internet or cellular connection. Establishing a virtual urgent care model requires collaboration between SickKids, OTN, Ontario Health, and the Ministry of Health to adapt billing codes for virtual urgent care visits.

Service Excellence

Excellent care starts with listening to patients and families. At SickKids, we continue to strive to understand and build upon the patient and family experience, centered on trust and effective partnerships. The [Office of Patient and Family Experience](#) (OPFE) continues to provide a safe and reliable space where patients and families can provide feedback – including sharing concerns, comments, suggestions, or compliments. SickKids is committed to acknowledging patient and family feedback received by OPFE within two business days so that we can begin working together to finding ways to improve patient and family experience. Early communication and intervention are pivotal to building relationships based on mutual trust and respect between patients and families and caregivers. We continue to review our feedback received from families by survey and aim to steadily increase our satisfaction scores in relation to six key areas we know patients and families care most about and embed those learnings into the improvement efforts we embark upon as an institution.

Safe and Effective Care

SickKids has successfully implemented the [Caring Safety program](#) over the last five years with many outstanding achievements and results that made our hospital and the care we deliver safer for both patients, families, and staff. We continue to drive our potentially preventable hospital acquired conditions (PPHAC) metric down using quality improvement and high reliability methodologies. These include, central line- associated blood



stream infections, (CLABSI), surgical site infections (SSI), catheter associated urinary tract infections (CAUTI), adverse drug events, falls causing moderate to severe harm, and pressure injuries (PI).

At SickKids, we continue to drive improvement in the field of preventing workplace violence; a central aspect of the staff safety components presents in our Caring Safely program. We are committed to providing the safest environment to work in possible. Since 2017, we have provided data on the following types of employee harm within the SPS collaborative:

Priority focused on decreasing the top areas of employee harm:

1. Preventing patient behavioral events, some of which are defined as workplace violence
2. Preventing slips, trips and falls
3. Preventing over exertion resulting from patient lifts and transfers and handling heavy objects

Achievements

Potentially Preventable Hospital Acquired Conditions

Our continued focus on our PPHAC metrics this past year has yielded some truly amazing results. Particularly, our focused efforts on central line- associated blood stream infections (CLABSI) across the institution where innovative interventions and focus on achieving 90% maintenance bundle adherence were associated with a 26% reduction in these infections in the past year. Traditionally this has been a very difficult metric to reduce as there are many contributing factors and all of them require

wide implementation and uptake to see consistent results. As such, our increased focus has been on using high reliability methodologies and ensuring consistency in our practices across the hospital. We have had incredible uptake on this metric by our executive leadership, which has been modeled by weekly executive team rounds for CLABSI and in-depth review of cases and sharing of learnings across units and departments. We have updated our audit and tracking tools (Figure 4) to create a hospital-wide dashboard not only to track CLABSI rates, and track unit adherence to bundle requirements and to monitor key failure modes. This preoccupation with failure has enhanced our ability to find practice variations and drive home standardization in care. We hope to build upon these successes and model with our other HAC's and continue to drive down the number of CLABSI across our institution.

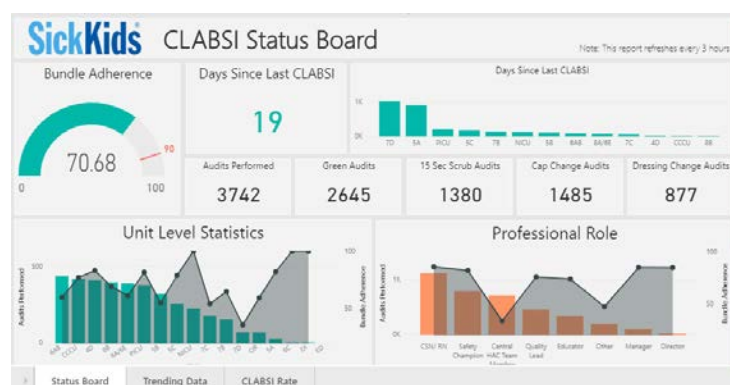


Figure 4. CLABSI Status Board

Collaboration and integration

Connected Care

Funded by the Ministry of Health and Long-term Care (MOHLTC) and located at SickKids, Connected Care is a program that partners across the continuum of care to coordinate services, improve health and safety, spread standards of paediatric practice and deliver greater value across the health system. Connected Care continues to offer programming to support home and community providers caring for children with medical complexity and technology dependence in order to improve effective care transitions from hospital to home or the community. In 2019, Connected Care implemented specialized training modules to home care and community-based clinicians to support effective care for complex patient needs close to or at home.



In 2019, the program launched Connected Care Live, a virtual care solution that provides a 'real-time' connection between hospital and home/community care providers and teams, with a particular focus on healthcare workers supporting children with medical complexity and technology-dependence (CMC-TD) outside of hospital settings. Health care providers who have registered as part of Connected Care's community of practice gain access to:

- 24/7 SickKids nurse-led consultative services (facilitated over secure chat/ voice/ video) to support the care of children with medical complexity and technology dependence.
- Access to specialized evidence-based paediatric resources (delivered in partnership with AboutKidsHealth).
- Quick Hits – up to date and evidence-based recommendations sent to the community of practice every two weeks; topics covered are informed by patients, family caregivers, and health care providers.

In its first year, The Connected Care Live community of practice has grown to include 550 community health care providers from more than 20 home care agencies and community partners across the Greater Toronto Area. Members of the community have initiated more than 200 SickKids' nurse-led real-time consultations, accessed over 1,500 self-directed resources and received 19 "quick hits".

Patient and Family Partnership and Relations

SickKids | Model of Child & Family-Centered CARE



Figure 5. SickKids' Model of Child & Family-Centered CARE

The [Centre for Innovation and Excellence in Child and Family-Centered Care](#) works with children (patients), families and staff to test innovative approaches and implement best practices for the advancement of child and family-centered care. The SickKids Model for Child and Family-Centered Care provides the underpinning values and informs all aspects of both care and operational functions at SickKids. The Model's key components include respect, communication, and partnership across all aspects of care.

In 2019, we unveiled our updated Patient and Family Rights and Responsibilities

document (Figure 6). Developed in collaboration with patients and families, this document is posted in all public spaces, was disseminated to all staff and was shared on various social media platforms. Organized into the key components of respect, communication and partnership, this document outlines patient and family members' rights and responsibilities respective to all aspects of their experience at SickKids.

A focus on partnership has led to the strengthening of our patient and family engagement infrastructure and resulted in the establishment of a [Family Advisory Network](#) (FAN) and the development of policies and processes to better support the recruitment and onboarding of Patient and [Family Advisors](#).

Formal mechanisms to place and support Family Advisors on various hospital committees and projects is fundamental to this engagement and partnership approach at SickKids. The FAN has grown significantly and now has over 100 Patient and Family Advisors sitting on over 70 hospital committees. Family Advisors, for example, sit on senior quality committees such as the Board Quality and Safety Committee and the Quality Management Council.

Importantly, Family Advisors regularly participate in Accreditation mock clinical tracers and identify opportunities for improvement; 14 tracers have been completed in 2020 so far. Patient and Family Advisors have participated heavily in large-scale organizational initiatives including the design of the future hospital campus as well as the development of the hospital's new strategy.

Storytelling is a powerful tool and is the basis for our Family as Faculty program, which trains Advisors to tell their stories of care as part of staff and trainee education. Digital storytelling continues to be used as a key tool being used to raise awareness among staff of the importance of compassionate

SickKids Patient and Family Rights and Responsibilities	
The Hospital for Sick Children (SickKids), affiliated with the University of Toronto, is Canada's largest centre dedicated to improving the health of children by integrating care, research and teaching.	
As a Patient or Family Member	
I have the right to:	I have the responsibility to:
RESPECT <ul style="list-style-type: none"> Receive safe, compassionate, and quality care that is patient and family-centred Be treated with dignity and respect Receive equitable care that considers my culture, background and identity Have my privacy respected 	RESPECT <ul style="list-style-type: none"> Respect the rights, privacy, property and diversity of staff and other patients and their families Not verbally or physically abuse staff, patients and visitors
COMMUNICATION <ul style="list-style-type: none"> Be fully informed about my diagnosis and treatment plan in a language I understand Ask questions, voice concerns and receive answers Expect that the members of my healthcare team will talk with one another about my care 	COMMUNICATION <ul style="list-style-type: none"> Share information to help my healthcare team develop the best plan of care Let my healthcare team know if I can't attend an appointment
PARTNERSHIP <ul style="list-style-type: none"> Participate in decisions about my care Know the name and role of each member of my healthcare team 	PARTNERSHIP <ul style="list-style-type: none"> Work together with my healthcare team to achieve best possible health outcomes

OFFICE OF PATIENT AND FAMILY EXPERIENCE
Contact us with comments, compliments or concerns about your SickKids experience.
patient.experience@sickkids.ca; (416) 813-6181; Enter through the Family Centre, Main Floor of Black Wing

Figure 6. Patient and Family Rights and Responsibilities

communication with patients and families. Advancing patient-oriented research is a key priority at SickKids. The Research Family Advisory Committee was established to provide researchers input on the design and implementation of research studies.

Feedback from patients and families about their hospital experience is important in identifying quality improvement opportunities. Patient and family experience surveys results in combination with requests, compliments and concerns received through the Office of Patient and Family Experience drive improvement initiatives. The Office has processes and is placed to investigate concerns reported by families and to support patients, families and staff to build positive relationships.

Health Equity

Health equity is an important component of the SickKids Model of Child and Family-Centered Care. Several programs and initiatives are laying the groundwork to advance a population health approach, with a focus on vulnerable populations. Key programs and initiatives include:

Indigenous Population Strategy - SickKids is currently exploring how to better support Indigenous children and their families in Toronto and across the province. The Indigenous population in Ontario is young and growing, and as compared to the general population, experiences well-documented inequities in health-care access, outcomes and social determinants of health. To ensure that work is directed by Indigenous voices, SickKids has been engaged in dialogue with Indigenous service providers, as well as Local Health Integration Network (LHIN), government and peer organizations experienced in supporting Indigenous populations. As a first action, a cohort of SickKids leaders and staff have completed Ontario's Indigenous Cultural Safety Training Program. As consultations with Indigenous groups proceed, SickKids will be working closely with Indigenous partners to identify and prioritize potential improvements in physical space, staff training, clinical programs, partnerships, education and research to ensure accessible, culturally appropriate services for Indigenous children and their families.

Health Equity Council – In 2019, SickKids introduced a Health Equity Council. This Council develops a strategy to address disparities in health outcomes among diverse patient populations.

Cultural Competence Education – SickKids continues to provide [cultural competence education](#) to staff through workshops and e-learning modules.

Interpreter Services – SickKids provides [interpretation services](#) in more than 100 languages through in-house staff interpreters, contract interpreters and over-the-phone interpretation. Staff receive regular education on the importance of using interpretation services when patients and families are not proficient in English. This education highlights the importance of interpretation services from both the equity and patient safety perspectives. Over 90 per cent of requests for face-to-face interpretation are filled. Translated patient and family education materials on several different health topics are available on SickKids' [AboutKidsHealth](#) health education website.

Accessibility – SickKids has an Accessibility Committee which looks for opportunities to remove barriers for people with disabilities and aims to improve access. All staff take accessibility training.

Family Legal Health Program – SickKids has a medical legal [partnership with Pro Bono Law Ontario](#), which provides a full-time on-site lawyer who helps families address legal issues and problems related to the social determinants of health (e.g. housing, education, employment, immigration, access to benefits, access to health care, etc.) that affect their child's health or the caregivers' ability to provide care.

Patient and Family Engagement – SickKids has 100 active family advisors in its Family Advisory Network. Recognizing a need for diverse representation, concerted efforts are made to recruit individuals from under-represented groups. These advisors sit on over 50 hospital committees/quality improvement initiatives.

Equity, Diversity and Inclusion Office

It is not enough to say we have a diverse workforce, we need to strive for an inclusive one. A more inclusive organization has more engaged and resilient employees who are empowered to question the status quo and drive improvement and innovation.

As an organization, we are focusing on three priority areas to increase inclusivity at SickKids:

1. Creating a Culture of Equity and Inclusion
2. Recruiting and Retaining a Diverse Workforce
3. Developing Skills and Cultivating Growth



Workplace Violence Prevention

At SickKids, addressing and preventing workplace violence events is a priority. As noted in previous sections, this is a central pillar in our Caring Safely program. In addition to reporting through our Caring Safely program, the tracking of total reported events on the QIP has enabled us to develop targeted approaches and tools that can help to prevent these events.

Behavioural events that involved a threat of physical violence accounts for 23% of all staff reported events. To address this, our hospital has developed and is currently piloting a screening tool that drives staff to create and use enhanced care plans for high-risk patients. In 2019, we piloted the tool on our neurology/neurosurgical inpatient ward that has clear escalation and prescriptive pathways,

customized to each patient's needs. We plan to incorporate the learnings from this pilot into a plan to roll out across the hospital in 2020.

Our code white policy has been revised to include new responses that are triggered with an emphasis on de-stigmatizing these events using evidence-based approaches to trauma-informed care. Mandatory retraining is occurring for all relevant staff in 2020.

Lastly, we have continued to support and advance a culture of reporting through the implementation of a robust communication campaign. The campaign titled, "Preventing Workplace Violence" is embedded into our communications and highlights many of the programs that are preventing or reducing workplace violence. A new internal website has been created to serve as informational for all staff on the topic of workplace violence as well as being a one stop to review new tools and policies as they arise. Our focus continues to be to increase our reporting of these events' hospital wide.

Executive Compensation

At SickKids, the QIP is an integral part of our goal to provide high-quality patient and family-centered care. Senior quality committees of the hospital and the Board of Trustees have oversight of the QIP development, and they track progress through regular reports and monthly quality scorecards. Individual departments involved in change initiatives are accountable through departmental scorecards.

To drive organizational performance and enhance management's accountability for delivery of our strategic objectives and priorities, our executives are eligible for performance-based compensation. Our Performance Assessment Framework is set with a 40 percent weighting applied to organizational performance indicators of which the QIP is a component for our senior management team. The other components include portfolio objectives, management responsibilities and core competencies.

For 2020, we have quality improvement goals related to timely and efficient care, patient-centered care, and safe and effective care. Our executives play important leadership roles and are accountable for these quality improvements, thus a component of their compensation is directly linked to achieving QIP performance targets.

Given the important focus on infection prevention and control, we have elected to place greater focus on just one QIP indicator this year: ***the rate of potentially preventable hospital acquired conditions per 1000 patient days***. Given the uncertainties around COVID-19 and fluctuating patient days related to the pandemic, we will be reviewing this indicator mid-year to determine if any adjustments are necessary.

Executive Performance Incentive Plan

Performance based compensation accounts for an additional 25% of the President and Chief Executive Officer's (CEO) annual base salary, 19% for the Executive Vice President (EVP) and 15% for Vice Presidents (VP)/Chiefs of these amounts. 40% of the performance-based compensation is directly linked to achieving 100% of the QIP target in addition to financial and other operating targets of the institution. If the organization achieves 100% of the QIP targets set out above, in addition to achieving

the financial and operational targets, the percentages listed below are multiplied by each executive's base salary to determine the value of the performance-based compensation tied to the achievement of the QIP.

The following executive roles participate in the Executive Performance Incentive Program. Incentives are awarded based on the degree of achievement of the above performance targets:

President and CEO 10%
Executive Vice President 7.6%
VP, Finance and CFO 6%
VP and CIO 6%
VP, Education and Academic Practice, and Chief, International Nursing 6%
VP, Human Resources 6%
Chief Medical Officer, and VP, Medical and Academic Affairs 6%
VP, Clinical 6%
VP, Clinical and Chief, Professional Practice and Nursing 6%
VP and Chief Legal and Risk Officer 6%
VP, Transformation 6%

Contact Information:

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Sign-off

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

J. Robert S. Prichard, Board Chair

Terrence Sullivan, Board Quality Committee Chair

Dr. Ronald Cohn, President and CEO