

Sunnybrook's 2015/16 Quality Improvement Plan

Overview

Sunnybrook Health Sciences Centre is pleased to share its fifth annual Quality Improvement Plan (QIP). This plan describes some of the hospital's key priorities for quality improvement. Sunnybrook's vision is *to invent the future of healthcare* and the hospital's mission is to *care for our patients and their families when it matters most*. The hospital's vision and mission have formed the basis for the key initiatives in this plan.

Sunnybrook's four quality strategic goals, that have guided the selection of the QIP priorities, include the following:

1. Improve the patient experience and outcomes through inter-professional, high quality care.
2. Focus on the highest levels of specialized care in support of our Academic Health Sciences Centre definition.
3. Work with system partners and government to build an integrated delivery system in support of our communities and our Academic Health Sciences Centre definition.
4. Achieve excellence in clinical care associated with our strategic priorities.

As a large academic health sciences centre, Sunnybrook is engaged in multiple activities that improve the quality of our services. This plan captures a selection of those high priority initiatives and builds on earlier plans in order to further improve our performance. The following are some notable areas of focus:

- Sunnybrook continues to participate in NSQIP (the National Surgical Quality Improvement Program of the American College of Surgeons), a quality/performance monitoring program that provides international comparator data for academic hospitals with similar surgical patient populations. Based on our NSQIP results, we have developed three quality improvement plans focused on reducing specific infection rates in our surgical populations.
- Another major area of focus is to embed key best practices across the hospital. Our best practices program is based on “knowledge to practice” and “frontline champion engagement” principles. The goal is to create a culture of interprofessional collaboration that has a focus on what matters most to patients and on improving patient outcomes. Five of the QIP indicators are aligned with this best practice work, including patient satisfaction (person-centred care), falls risk reduction, palliative care alternate level of care length of stay (associated with our quality dying best practice initiative), delirium (Senior Friendly care) and hand hygiene.
- Patient engagement remains a key area of focus: embedding the voice of the patient in all of our practices and processes is vital to achieving quality care. One example of how we plan to engage patients is to initiate virtual engagement consultations via our website to solicit input from the 65% of our patients who are from outside of the greater Toronto area, a technique that has not been used by any other Ontario hospital.

Integration and Continuity of Care

Sunnybrook continues to collaborate with its community partners to ensure our patients receive high-quality, accessible, and coordinated care.

- Sunnybrook is one of a group of health care organizations that make up the North East Toronto Health Links, which is designed to better coordinate health care services for high-need patients such as those who do not currently have access to a family doctor and have complex care needs. We are focussed on increasing referrals to this team-based program for patients that will benefit from its individualized approach.

- We are also aiming to increase referrals to the Toronto Community Care Access Centre's new "Telehomecare" program for eligible patients with COPD (chronic obstructive pulmonary disease) and CHF (congestive heart failure), when they are discharged. This program provides patients with a higher level of monitoring in the community to ensure continuity of care at home.
- Finally, we have increased our focus on reducing ambulance off-load times in order to assist our paramedic partners to re-deploy their services to the field in a more expeditious manner. Our plan is designed to reduce wait times for treatment in our Emergency Department for patients arriving by ambulance.

Challenges, Risks and Mitigation Strategies

The following are some of the challenges and risks to achieving our 2015/16 QIP targets:

- Sunnybrook has increased the number of indicators on its QIP this year. The three key strategies to manage the volume of work are:
 - A strong investment in capacity building via our iLead Quality & Patient Safety support program, which gives staff training, tools and support to manage quality improvement at the front line.
 - Active senior leadership support for all QIP indicators.
 - A new tracking mechanism to enable project leaders to schedule implementation at the unit level and to adjust their implementation accordingly (where possible).
- Two particularly challenging indicators on this year's QIP are related to the Emergency Department (ED) – wait times for non-admitted patients and ambulance off-load times. Because Sunnybrook's ED visits continue to grow, the hospital is focusing on initiatives to further improve patient flow, as well as relying on the continuous review of key ED performance metrics in order to assess and respond to capacity pressures.

Information Management

As an academic health sciences centre, we ensure that the best available data informs our practices.

Sunnybrook has been recognized as a national leader for its development of SunnyCare and MyChart. SunnyCare is an electronic medical record system that provides authorized clinicians with quick and easy access to patient medical information, thereby supporting increased collaboration among the health care team members. MyChart is an online website where patients can create and manage their personal health information based on clinical and personal information. By giving clinicians and patients better access to results and status, these two systems can improve outcomes and create efficiencies, while placing patients at the centre of the circle of care.

Examples of how we are capturing important information to inform improvement activities are highlighted here:

- This past year, we developed an intranet page for staff to learn more about the QIP indicators, our progress in achieving targets, and how their efforts have an impact on this work. To drive traffic to the page, results are posted quarterly alongside a story related to one of the indicators.
- Sunnybrook continues to invest in its iLead data portal (described above) by expanding the number of quality indicators displayed. Programs also take the initiative to develop program-level dashboards for key operational and quality indicators unique to their areas. New this year is a best practice dashboard, a user-friendly tool providing an overview of both quantitative and qualitative best practice data. The intent of all of these initiatives is to enable staff to talk about the data and related best practices in order to support quality improvement at the local level and, ultimately, to drive patient care improvements.
- There are other information systems used to support and monitor improvements, for example, in the areas of acute care occupancy and patient flow. We have implemented a bed management system and developed a

series of online dashboards and email notification functions to enable programs to make decisions based on current occupancy, ED wait-times, and expected admissions and discharges over the next 24 hour period.

Engagement of Clinicians and Leadership

Sunnybrook utilizes a number of methods to engage our clinicians and leaders in establishing shared quality improvement goals. In the development of priorities for the annual QIP, clinical leaders and local clinical working groups are engaged in developing the evidence-based action plans for each indicator. Further, the Interprofessional Quality Committee, comprised of clinical and administrative leadership from each of our strategic programs, is consulted and provides ongoing monitoring of QIP activities. In addition, staff at all levels are involved in setting local quality improvement priorities based on quality and safety data such as adverse event data, accreditation standards and patient satisfaction scores.

Patient/ Resident/ Client Engagement

Sunnybrook is actively creating a culture of patient and family engagement to support the delivery of safe, quality and person-centred care by broadly engaging patients, families and our community. For example, patients and families are actively engaged in planning the delivery and improvement of care processes through their roles in program-based Patient and Family Advisory Committees and participation in other key decision-making groups and committees. Across the organization, we are fully integrating the three vital behaviours of person-centred care by all staff in order to fully engage patients and their families in their care on a daily basis. As part of our planning for our 15/16 QIP, we created a webpage on our external website inviting comments on three of our quality improvement plans as well as on how people would like to be engaged in and informed about quality in the future.

Accountability Management

For many years, Sunnybrook has had an at-risk component to its executive compensation for the CEO and Senior Leadership Team. A percentage of the executive's compensation (20-30%) is based on the achievement of annual goals and objectives that are aligned to the organization's strategic goals and to the person's portfolio.

Sunnybrook's Executive Performance Management Program is well established, comprehensive and governed by the Performance and Compensation Committee of the Board of Directors. The Program includes both a 360° performance evaluation (built on the foundation of leadership competencies) and specific performance goals that are used to drive quality and organizational improvement. For April 1, 2015 – March 31, 2016, five QIP objectives will be linked to Executive Performance and Compensation. (Please see table below.)

Health System Funding Reform

Sunnybrook has established a strong accountability framework for addressing Health System Funding Reform (HSFR) by establishing a Quality Based Procedures (QPBs) Committee and a Clinical Utilization Committee that together are responsible for identifying gaps where our costs and/or practices vary from Ministry targets and best clinical practices. Task groups in each program focus on developing strategies to address these gaps e.g. care maps, standardized order sets to reduce variability, enhanced discharge planning processes, etc.

With respect to service capacity planning, Sunnybrook actively participates in the Ministry's Health System Funding Reform Advisory and Working Groups to identify best practices in care delivery and to encourage the vertical and horizontal integration of services. Our ambulatory strategies aim to prevent select emergent admissions by providing rapid access to diagnostic testing and efficient provider follow-up in an outpatient setting. This will ultimately lead to improved system integration, more person-centred care, and increased sustainability in health care delivery.

We look forward to another successful year in achieving our goals and objectives and to continuing to improve the care of our patients.

Accountability Sign-off

I have reviewed and approved Sunnybrook Health Sciences Centre's 2015/16 Quality Improvement Plan and attests that our organization fulfills the requirements of the *Excellent Care for All Act*.

- David Agnew, Board Chair, *Board of Directors*
- Elizabeth Martin, *Chair, Board Quality Committee*
- Barry McLellan MD FRCPC, *President and CEO*

Please note: The signed copy of this document is on file, and not included here in order to maximize Accessibility

Sunnybrook's 2015/16 Quality Improvement Plan

2015/2016 QIP Link to Executive Compensation

2015/2016 QIP Link to Executive Compensation									
AIM		MEASURE			Percentage of available incentive				
Quality dimension	Objective	Measure/ Indicator	Current Performance	Target for 2015/16	100%	75%	50%	25%	0%
Safety	Reduce rates of postoperative Urinary Tract Infections	Rate of urinary tract infections among specified patient populations submitted to NSQIP	3.33%	1.70%	Target Achieved (Performance is less than or equal to 1.70% by Q4)	Performance is greater than or equal to 1.70% and less than 2.24% by Q4	Performance is greater than or equal to 2.24% and less than 2.79% by Q4	Performance is greater than or equal to 2.79% and less than 3.33% by Q4	Performance is greater than or equal to 3.33% by Q4 (i.e. no improvement)
Effectiveness	Improve organizational financial health	Total Margin	-	≥0%	Target Achieved, or would have been achieved, after adjusting for circumstances beyond management control.	-	-	-	Total margin is below 0%
Access	Improve the setting for palliative care patients and their families in the last part of life: reduce the Alternate Level of Care (ALC) Palliative Care length of stay	Average ALC Palliative Length of Stay (days)	6.1	4.9	Target Achieved (≤4.9 days) by Q4	Performance is greater than 4.9 and less than or equal to 5.3 days by Q4.	Performance is greater than 5.3 and less than or equal to 5.7 days by Q4.	Performance is greater than 5.7 and less than or equal to 6.1 days by Q4.	Performance is greater than 6.1 (i.e. no reduction in average ALC LOS palliative beyond baseline) by Q4.
Patient Centredness	Increase patient and community engagement on relevant hospital operations and policy decisions.	Number of times the hospital uses a Virtual Engagement Consultation on Sunnybrook.ca to engage in conversations with patients and the community related to relevant hospital operations or policy.	1	4	Target Achieved (4 new virtual engagement consultations launched)	-	2 - 3 new virtual engagement consultations launched	-	≤1 new virtual engagement consultation launched (no improvement)
Integrated	Decrease length of stay for stroke patients.	Percentage of ischemic stroke patients meeting the recommended 5 day length of stay target.	51.85%	62.00%	Target Achieved (≥62%)	Performance is greater than or equal to 58.62% and less than 62.00%.	Performance is greater than or equal to 55.23% and less than 58.62%.	Performance is greater than or equal to 51.85% and less than 55.23%.	Performance is less than 51.85% (no improvement).