



Sunnybrook's Strategic Balanced Scorecard

December 2016



Sunnybrook's Strategic Balanced Scorecard

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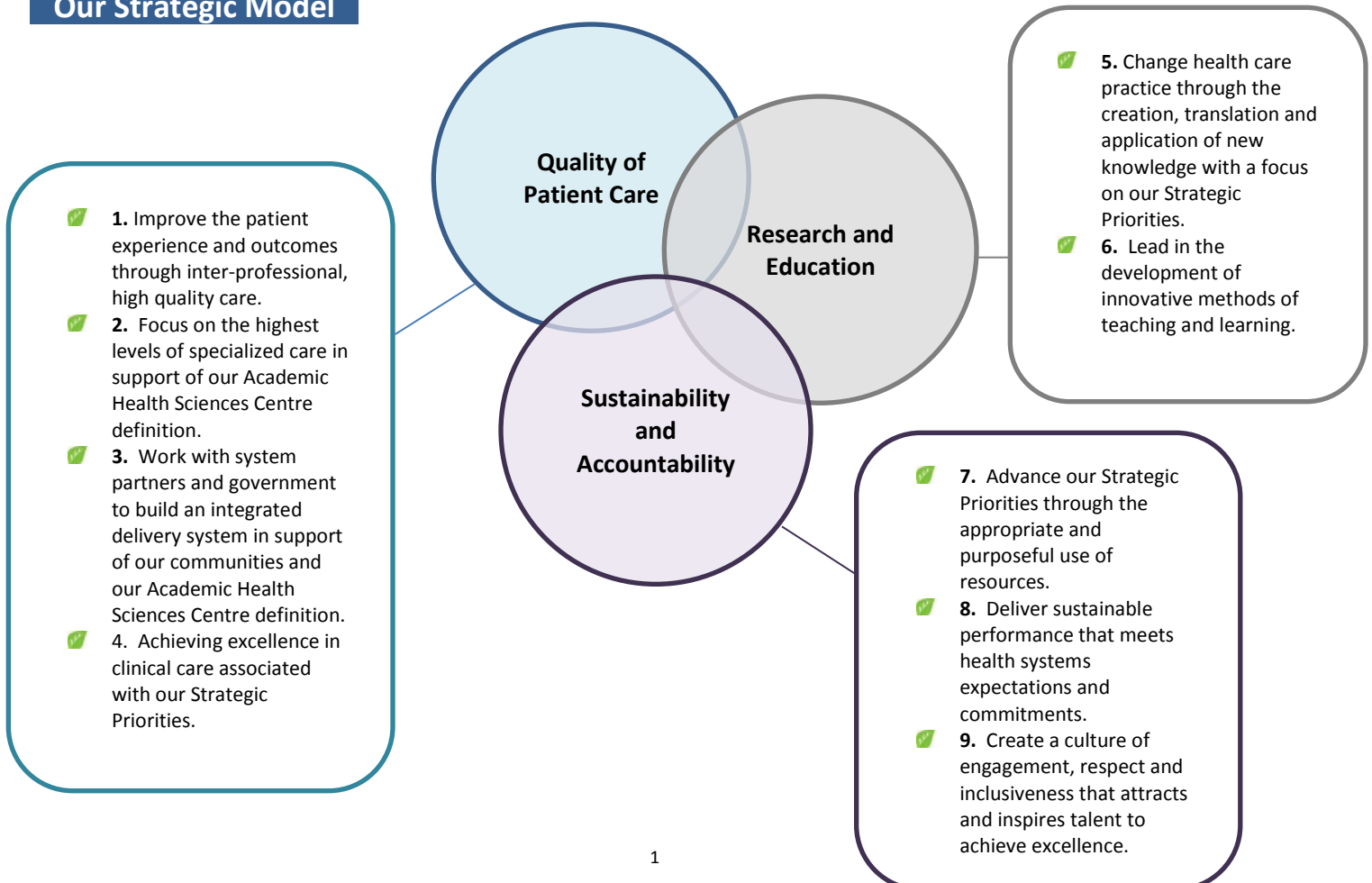
Welcome to Sunnybrook's *Strategic Balanced Scorecard*. The purpose of this report is to give you a window on the hospital to see how we are doing in meeting our nine strategic goals that were established in our 2015-18 Strategic Plan. Each of our nine strategic goals has a number of objectives and indicators, and in this report you will be able to see how Sunnybrook is performing in the dimensions of: **quality of patient care, research and education, and sustainability and accountability**. We encourage you to [explore the online version](#) of our Strategic Balanced Scorecard to obtain the most out of the information we are providing.

Our *Strategic Balanced Scorecard* provides an unprecedented level of transparency for our communities. We believe it is important for the many communities we serve across the province to see how we are meeting their needs to deliver excellent care, conduct innovative research, and offer rewarding educational experiences. We are providing this information in an easy to understand format with written explanations.

Since we are reporting on Sunnybrook's Goals & Objectives, not all of this information is directly comparable with what other hospitals have chosen to report on their balanced scorecards. We plan to update this information twice a year and you should generally expect to see gradual advancement towards our targets. One of the challenges in any reporting tool is interpreting the information provided. It is important for you to realize that any single data point may not indicate that we have either achieved our target on a sustainable basis, or that there is a significant concern. We have therefore developed a unique color coded legend to indicate both point-in-time results as well as trends.

If you have any questions, please email:
questions@sunnybrook.ca

Our Strategic Model



DIMENSION 1 - QUALITY OF CARE - GOALS 1, 2, 3 AND 4

Goal 1 – Improve the patient experience and outcomes through inter-professional, high quality care

Objective 1.1.1 - Reduce preventable harm

This indicator measures the number of escalation of care-related safety incidents resulting in major/critical harm to the patient. Escalation of care is the communication process that occurs once clinical deterioration is recognized by any clinical member of the team. The overarching goal of this metric is to permanently eliminate preventable harm related to escalation of care.

#	Indicator	Baseline	Target	Jan 15 - Dec 15	Jan 16 - Jun 16
		Current / Annual	Current / Annual	Previous Report	Current Cycle
1.0	Critical events related to the escalation of care (#)	2 / 4	0	1	0

Objective 1.1.2 - Lead provincially in patient outcomes for select Quality Based Procedures (QBPs)

Quality Based Procedures (QBPs) are an integral part of Ontario's Health System Funding Reform (HSFR). Chronic Obstructive Pulmonary Disease (COPD) and Stroke have been identified as quality based procedures that have the potential to both improve quality outcomes and reduce costs. The indicators below measure the number of deaths from all causes occurring in-hospital within 30 days of first admission for patients with a diagnosis of COPD or Stroke.

#	Indicator	Baseline	Target	Jul 15 - Dec 15	Jan 16 - Jun 16
				Previous Report	Current Cycle
1.1	Stroke: 30 day in-hospital mortality (Rate)	7.7	≤ 6.5	11.8	8.8
1.2	COPD: 30 day in-hospital mortality (Rate)	7.0	≤ 7.0	5.4	3.6

Commentary (Stroke Mortality): Performance has improved this reporting period; however, there remains a variance from baseline and from target. Of note, the distribution of stroke patients discharged from Sunnybrook has shifted since baseline, with fewer less severe transient ischemic attack (TIA) patients being admitted. In addition, with the increasing volume of patients arriving at Sunnybrook for the new clot retrieval procedure (Endovascular treatment), our patient acuity has risen, increasing both the potential positive outcome and the potential risk. Mortality cases continue to be reviewed in detail as part of the stroke Morbidity and Mortality (M&M) rounds.

Objective 1.1.3 - Lead in the provision of high quality end of life care

This indicator reflects the average length of stay (LOS) for Alternate Level of Care (ALC) patients in acute care that are waiting for a palliative care bed. Improvement in this area will enable Sunnybrook to achieve a greater number of timely transfers of palliative patients to the right setting (better quality).

#	Indicator	Baseline	Target	Apr 15 - Mar 16	Apr 16 - Sep 16
				Previous Report	Current Cycle
1.0	Palliative care ALC length of stay (Days)	5.3	≤ 4.5	3.9	3.3

Footnote: This indicator excludes long stay patients > 10.3 days.

Sunnybrook's vision for quality dying is that "Dying patients and their families receive the highest quality of care". This indicator reveals the percent of respondents who replied positively to the following question: "Overall, how would you rate the care that your family member received in the time leading up to their death at Sunnybrook?"

#	Indicator	Baseline	Target	Jul 15 - Dec 15	Jan 16 - Jun 16
				Previous Report	Current Cycle
2.0	Satisfaction with End of Life Care (as reported by family) (%)	43.0	≥ 75.0	58.5	50.0

Goal 2 – Focus on the highest levels of specialized care in support of our Academic Health Sciences Centre definition

Objective 1.2.1 - To Increase the proportion of specialized activity

A traditional measure of “specialized care” has been to look at the amount of Tertiary/Quaternary activity vs. Primary/Secondary level activity. The Ministry of Health and Long Term Care (MOHLTC) has established an algorithm for the assignment of cases into four levels of care. Sunnybrook applies further refinement to this categorization based on the Clinical Activity Allocation Model (CAAM) per the 2015-18 Strategic Plan.

#	Indicator	Baseline	Target	Jan 15 - Dec 15 Previous Report	Jan 16 - Jun 16 Current Cycle
1.0	Specialized care - Tertiary/Quaternary clinical activity (%)	15.6	≥ 16.0	15.8	16.4

Footnote: Previously reported results (i.e. Jan 15 - Dec 15) have been updated to reflect final values.

Goal 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

Objective 1.3.1 - To identify, develop and establish internal and external clinical partnerships that enhance safe transitions of care to the community, timely access to high quality care and efficient use of resources

This indicator reflects all-cause unplanned 30-day readmission rates for patients with a principal discharge diagnosis of Chronic Obstructive Pulmonary Disease (COPD) or Congestive Heart Failure (CHF). Unplanned readmissions to acute care facilities following discharge are tracked to monitor the quality of care provided.

#	Indicator	Baseline	Target	Jul 15 - Dec 15 Previous Report	Jan 16 - Jun 16 Current Cycle
1.1	COPD: Readmissions within 30-Days of discharge (Rate)	25.5	≤ 23.0	12.3	18.9
1.2	CHF: Readmissions within 30-Days of discharge (Rate)	20.5	≤ 19.5	10.4	16.7

Immediately following discharge from the hospital is a time of high risk for the patient. Providing timely, accurate and complete information to the patient's primary care provider can reduce the risks to the patient including medication errors and re-admission. This indicator measures the percentage of eDischarge summaries completed and signed-off within 48 hours of discharge from an acute admission.

#	Indicator	Baseline	Target	Oct 15 - Mar 16 Previous Report	Apr 16 - Sep 16 Current Cycle
2.0	eDischarge Summary Completion within 48 hours (%)	35.0	≥ 75.0	45.0	48.0

Goal 4 – Achieving excellence in clinical care associated with our strategic priorities

Objective 1.4.1 - To achieve the highest level of clinical outcomes and standards in Cancer

This indicator measures the percentage of breast cancer patients who are seen for radiation treatment within target (1, 7, 14 days, depending on priority) after they are ready to be treated.

#	Indicator	Baseline	Target	Jul 14 - Jun 15 Previous Report	Jul 15 - Jun 16 Current Cycle
1.0	Breast: Radiation ready to treat to treatment wait time (%)	89.2	≥ 85.0	88.9	90.8

This indicator measures the percentage of prostate cancer patients seen within the provincial wait time target of 14 days, and reflects the time between a patient's referral to a radiation oncologist and the actual visit with the oncologist.

#	Indicator	Baseline	Target	Jul 14 - Jun 15 Previous Report	Jul 15 - Jun 16 Current Cycle
2.0	Prostate: Radiation referral to consult wait time (%)	89.5	≥ 85.0	99.4	99.1

This indicator demonstrates the percentage of patients treated for Colorectal cancer within the provincial wait time target for all priority categories (i.e. urgent, semi-urgent, elective). It identifies the wait time from when a patient and surgeon decide to proceed with surgery, until when the actual procedure is completed.

#	Indicator	Baseline	Target	Jul 14 - Jun 15 Previous Report	Jul 15 - Jun 16 Current Cycle
3.0	Colorectal: Surgical decision to treat to treatment wait time (%)	90.5	≥ 90.0	93.0	88.3

Objective 1.4.2 - To achieve the highest level of clinical outcomes and standards in Heart and Vascular

This indicator reflects the risk-adjusted intra and post-operative mortality rate within 30 days of patients undergoing elective and emergency endovascular repair of an abdominal aortic aneurysm. The current benchmark is typically what is achieved when hospitals participate in the American College of Surgeons' National Surgical Quality Improvement Program (NSQIP).

#	Indicator	Baseline	Target	Jan 14 - Dec 14 Previous Report	Jan 15 - Dec 15 Current Cycle
1.0	Heart: EVAR Mortality (Rate)	1.25	≤ 2.26	4.11	1.75

Objective 1.4.3 - To achieve the highest level of clinical outcomes and standards in Image-Guided Brain Therapies

This indicator encompasses all-cause unplanned 30-day readmission rates for patients with a principal discharge diagnosis of Stroke. Unplanned readmissions to acute care facilities following discharge are tracked to monitor the quality of care provided.

#	Indicator	Baseline	Target	Jan 15 - Jun 15 Previous Report	Jan 16 - Jun 16 Current Cycle
1.0	Stroke: Readmissions within 30-Days of discharge (Rate)	7.4	< 7.5	4.5	5.5

Objective 1.4.4 - To achieve the highest level of clinical outcomes and standards in High Risk Maternal and Newborns

Necrotizing Enterocolitis (NEC) is a potentially fatal gastrointestinal disease that primarily affects premature infants. This indicator reflects the rates of Necrotizing Enterocolitis in the neonatal ICU for babies < 33 weeks.

#	Indicator	Baseline	Target	Oct 14 - Mar 15 Previous Report	Apr 15 - Mar 16 Current Cycle
1.0	Newborns: Necrotizing Enterocolitis (Rate)	6.1	≤ 5.0	2.3	2.4

Objective 1.4.5 - To achieve the highest level of clinical outcomes and standards in Trauma

Treatment of severely injured patients with an Injury Severity Score (ISS) ≥ 16 is very challenging. This indicator reflects in-hospital mortality for patients, age ≥ 16 with an ISS ≥ 16 (the latter excludes patients with severe burns and those without vital signs).

#	Indicator	Baseline	Target	Sep 14 - Aug 15 Previous Report	Sep 15 - Aug 16 Current Cycle
1.0	Trauma: ISS ≥ 16 mortality (Rate)	10.9	≤ 11.8	10.7	11.2

While large burns can be fatal, advances in burn care developed by Sunnybrook experts over the last two decades have helped to reduce mortality. This indicator measures the mortality rate of patients with burns over 20% of their body surface area; the latter excludes patients deemed non-survivable upon admission.

#	Indicator	Baseline	Target	Sep 14 - Aug 15 Previous Report	Sep 15 - Aug 16 Current Cycle
2.0	Burns: Mortality for burns over 20% of total body surface area (Rate)	8.1	< 20.0	3.1	15.4

DIMENSION 2 - RESEARCH AND EDUCATION - GOALS 5 AND 6

Goal 5 - Change health care practice through the creation, translation and application of new knowledge with a focus on our Strategic Priorities

Objective 2.5.1 - To create new knowledge that advances our Strategic Priority areas

This indicator highlights the success of all Sunnybrook Research Institute (SRI) scientists in attracting research funding from external sources (i.e. private sector, granting bodies, grants from charitable organizations), and how much external funding received by SRI is attributable to research in a Strategic Priority.

#	Indicator	Baseline	Target	14-15	15-16
				Previous Report	Current Cycle
1.1	Total External Funding (\$ million)	70.6	≥ 70.0	73.5	83.8
1.2	Total External Funding in Strategic Priorities (%)	61	≥ 50	76	78

Footnote: The Strategic Priority breakdown for **External Funding** is as follows:

- 39% = Cancer
- 19% = Heart & Vascular
- 34% = Image-Guided Brain Therapies
- 6% = Trauma & Burns
- 2% = High Risk Maternal & Newborn

This indicator shows the success of SRI scientists in publishing their research in peer-reviewed journals, and how far SRI-authored papers are concentrated in Strategic Priority areas. It is noteworthy that many papers not attributed to any Strategic Priority area may be in an area of basic science that as yet is not targeted within a Strategic Priority.

#	Indicator	Baseline	Target	14-15	15-16
				Previous Report	Current Cycle
2.1	Publications (#)	930	≥ 930	1,002	1,020
2.2	Publications in Strategic Priorities (%)	38	≥ 50	52	52

Footnote: The Strategic Priority breakdown for **Publications** is as follows:

- 38% = Cancer
- 11% = Heart & Vascular
- 27% = Image-Guided Brain Therapies
- 18% = Trauma & Burns
- 6% = High Risk Maternal & Newborn

Citations are a measure of the dissemination impact of published papers. This indicator tracks Cumulative Citations of all SRI publications over a rolling 5 year period to measure the impact over time of SRI-based research.

#	Indicator	Baseline	Target	14-15	15-16
				Previous Report	Current Cycle
3.0	Cumulative Citations (% Increased based on 5 year rolling period)	11	≥ 10	10	9

Goal 5 - Change health care practice through the creation, translation and application of new knowledge with a focus on our Strategic Priorities

Objective 2.5.2 - To test and translate new knowledge into improved treatment approaches and apply in the clinical domain

This indicator shows the number of active pre-clinical research protocols at SRI, and the proportion of this activity attributable to Strategic Priority areas.

#	Indicator	Baseline	Target	14-15	15-16
				Previous Report	Current Cycle
1.1	Preclinical Activity (# protocols)	104	≥ 100	109	103
1.2	Preclinical Activity in Strategic Priorities (%)	62	≥ 50	77	77

Footnote: The Strategic Priority breakdown for **Preclinical Activity** is as follows:

- 50% = Cancer
- 8% = Heart & Vascular
- 36% = Image-Guided Brain Therapies
- 6% = Trauma & Burns
- 0% = High Risk Maternal & Newborn

This indicator shows how many clinical research protocols are active and attributable to a Strategic Priority, and illustrates the progression of SRI's clinical research studies towards achieving a clinical application.

#	Indicator	Baseline	Target	14-15	15-16
				Previous Report	Current Cycle
2.1	Human Protocols Activity (# protocols)	1,452	≥ 1,000	1,616	1,653
2.2	Human Protocols Activity in Strategic Priorities (%)	40	≥ 50	41	42

Footnote: The Strategic Priority breakdown for **Human Protocols Activity** is as follows:

- 50% = Cancer
- 13% = Heart & Vascular
- 12% = Image-Guided Brain Therapies
- 16% = Trauma & Burns
- 9% = High Risk Maternal & Newborn

This indicator shows the number of active clinical research trials that are the first to include human subjects, and are attributable to a Strategic Priority, and thus shows SRI's innovation in clinical research activities.

#	Indicator	Baseline	Target	14-15	15-16
				Previous Report	Current Cycle
3.1	First-in-Human Studies Activity (# studies)	46	≥ 50	46	45
3.2	First-in-Human Studies Activity in Strategic Priorities (%)	50	≥ 50	70	67

Footnote: The Strategic Priority breakdown for **First-in-Human Studies Activity** is as follows:

- 67% = Cancer
- 7% = Heart & Vascular
- 17% = Image-Guided Brain Therapies
- 7% = Trauma & Burns
- 3% = High Risk Maternal & Newborn

Objective 2.5.3 - To support the commercialization of technologies into industry

Private sector involvement in SRI research provides an industry-institute partnership through which business growth can be coupled with advancing the development of discoveries made by SRI scientists. This indicator shows how much funding Private Sector Partnerships have contributed to SRI research, and how these contributions align with Strategic Priority areas.

#	Indicator	Baseline	Target	14-15	15-16
				Previous Report	Current Cycle
1.1	Private Sector Partnership Funding (\$ million)	8.3	≥ 7.0	11.3	13
1.2	Private Sector Partnership Funding in Strategic Priorities (%)	40	≥ 50	48	67

Footnote: There are 211 **Private Sector Partnerships** actively contributing funds to SRI researchers, 63% of which are partnerships in a Strategic Priority area as follows:

- 57% = Cancer
- 20% = Heart & Vascular
- 19% = Image-Guided Brain Therapies
- 4% = Trauma & Burns
- 0% = High Risk Maternal & Newborn

An IP disclosure indicates the development of a new device or drug that is sufficiently advanced for commercialization activities to be initiated. This indicator shows the number of new research disclosures arising from SRI-based research.

#	Indicator	Baseline	Target	14-15	15-16
				Previous Report	Current Cycle
2.0	Intellectual Property (IP) Disclosures (#)	28	≥ 20	35	22

Footnote: Seventy-seven percent (77%) of SRI's **IP Disclosures** are in a Strategic Priority area as follows:

- 29% = Cancer
- 29% = Heart & Vascular
- 29% = Image-Guided Brain Therapies
- 12% = Trauma & Burns
- 0% = High Risk Maternal & Newborn

A license agreement grants the right to use intellectual property for a defined period, allowing the holder to bring the specified technology to market. This indicator shows the number of newly signed licenses to access SRI intellectual property.

#	Indicator	Baseline	Target	14-15	15-16
				Previous Report	Current Cycle
3.0	Licenses (#)	3	≥ 3	10	1

Commentary: Following an extraordinarily successful year in 2014-15 this year's return is low. It is possible that certain licenses completed late in 2014-15 were captured in last year's figures as opposed to this year's.

Footnote: One hundred percent (100%) of SRI's **Licenses** are in a Strategic Priority area as follows:

- 100% = Cancer
- 0% = Heart & Vascular
- 0% = Image-Guided Brain Therapies
- 0% = Trauma & Burns
- 0% = High Risk Maternal & Newborn

This indicator shows the number of newly incorporated start-up companies based on technology/intellectual property developed in SRI laboratories.

#	Indicator	Baseline	Target	14-15	15-16
				Previous Report	Current Cycle
4.0	Start-Ups (#)	2	≥ 1	2	0

Commentary: Over the past decade Sunnybrook Research Institute (SRI) has initiated 14 start-ups, and 3 additional start-ups have arisen from the latter. The ambitious target of a new start-up per year was intended to maintain this level of activity; however, due to issues around timing, target was not achieved this past year. We nonetheless intend that it will be achieved next year.

Footnote: Zero percent (0%) of SRI's **Start-Ups** are in a Strategic Priority area:

- 0% = Cancer
- 0% = Heart & Vascular (Tube Medical; Straylight)
- 0% = Image-Guided Brain Therapies
- 0% = Trauma & Burns
- 0% = High Risk Maternal & Newborn

Objective 2.5.4 - To support the implementation of discoveries and/or findings into practice

This indicator shows the number of active Health Canada-approved multi-centre studies that are led by Sunnybrook, and the proportion attributable to Strategic Priority areas. This indicator highlights Sunnybrook's leadership in translating research towards improving healthcare practice.

#	Indicator	Baseline	Target	14-15	15-16
				Previous Report	Current Cycle
1.1	Implementation Partnerships (#)	21	≥ 20	20	16
1.2	Implementation Partnerships in Strategic Priorities (%)	38	≥ 50	55	38

Footnote: The Strategic Priority breakdown for **Implementation Partnerships** is as follows:

- 0% = Cancer
- 0% = Heart & Vascular
- 100% = Image-Guided Brain Therapies
- 0% = Trauma & Burns
- 0% = High Risk Maternal & Newborn

Goal 5 - Change health care practice through the creation, translation and application of new knowledge with a focus on our Strategic Priorities

Objective 2.5.5 - To support the wide-spread adoption of discoveries and/or findings into practice

Reporting for these indicators will be in narrative format, as required, to reflect the highly variable and extended duration of this activity, as well as highlight significant progress towards outcomes and provide relevant information.

#	Indicator
1.0	Widespread adoption as evidenced by: Number of evidence-based guidelines (where applicable)

Narrative
n/a

#	Indicator
2.0	Widespread adoption as evidenced by: Government remuneration (where applicable)

Narrative

Sunnybrook Health Sciences Centre (SHSC) / Sunnybrook Research Institute (SRI) made application to the Ontario Health Technology Advisory Committee (OHTAC) in mid-December 2013 toward uptake of Magnetic Resonance (MR) guided high-intensity focused ultrasound (HIFU) for ablation of uterine fibroids into the Ontario health care system. The process to date has included:

- (i) internal presentation to OHTAC at the end of February 2014*
- (ii) broad-based clinical assessment in comparison to current standard of care*
- (iii) epidemiological assessment, notably safety and outcomes analyses*
- (iv) economic analysis*
- (v) internal OHTAC review culminating in a “public consultation” process through posting its findings*

The recommendation was posted in March 2015: “... that MR-guided high-intensity focused ultrasound be considered as one option in the treatment of symptomatic uterine fibroids in women who are unresponsive to medical therapy.”

Goal 6 – Lead in the development of innovative methods of teaching and learning

Objective 2.6.1 - Enhance utilization of technology enabled learning throughout Sunnybrook

The indicators below measure the total number of simulation encounters of external (non-Sunnybrook staff) learners (e.g. Medical Students, Residents and Fellows), as well as internal (Sunnybrook staff) learners (e.g. Registered Nurses, Physicians and Health Disciplines).

#	Indicator	Baseline	Target	Apr 15 - Mar 16	Apr 16 - Sep 16
		Current / Annual	Current / Annual	Previous Report	Current Cycle
1.0	Simulation encounters of non-Sunnybrook staff learners (#)	487 / 973	≥ 506 / ≥ 1,012	1,976	1,118
2.0	Simulation encounters of Sunnybrook staff learners (#)	209 / 695	≥ 217 / ≥ 723	762	888

Footnote for Simulation encounters of Sunnybrook staff learners: This indicator's target has been re-balanced to better reflect the expected distribution of simulation activity through the course of the year.

Sunnybrook's Learning Management System (LMS) is a versatile, personalized and online system that has become the tool for managing educational activities and keeping users connected to the learning community within Sunnybrook. The LMS provides tools to create eLearning (authored) courses. It also 'hosts' the courses, and provides a searchable 'catalogue' for finding and selecting courses. The indicator below reflects the number of online clinical courses completed by Sunnybrook Staff on the Learning Management System.

#	Indicator	Baseline	Target	Apr 15 - Mar 16	Apr 16 - Sep 16
		Current / Annual	Current / Annual	Previous Report	Current Cycle
3.0	Clinical courses completed by Sunnybrook Staff on the LMS (#)	5,206 / 10,411	≥ 5,416 / ≥ 10,832	revised indicator	6,896

Footnote: The definition of this indicator has been revised to account for only clinical courses completed through Sunnybrook's Learning Management System (LMS).

Objective 2.6.2 - Enhance health literacy skills of Sunnybrook providers to better engage patients and families

Health Literacy Workshops continue to be offered across the organization with the aim of building capacity for effective teaching competencies in the area of patient and family education. Health literacy is of continued and increasing concern for health professionals, as it is a primary factor behind health disparities. The indicator that follows reflects the number of physicians, student learners and staff that attended a health literacy workshop and were trained on health literacy principles.

#	Indicator	Baseline	Target	Apr 15 - Mar 16	Apr 16 - Sep 16
		Current / Annual	Current / Annual	Previous Report	Current Cycle
1.0	Learners who have been trained on health literacy principles (#)	25 / 50	≥ 28 / ≥ 55	63	10

Commentary: Health literacy workshops are being scheduled later in the year than usual. The courses ramp up in October-March and are aligned with the Patient Education Funds call which closed at the end of September. Once awardees are notified, they are required to take the health literacy workshops which will increase the numbers significantly. Additionally, health literacy workshops for individual programs outside of what is listed in the Organizational Development and Leadership calendar are being offered in the late Fall. Of note, there are approximately a dozen learners actively participating in the health literacy e-learning module; numbers will continue to improve as participants complete this module.

As part of Sunnybrook's overarching education strategy, the Hospital has developed a multi-faceted family and patient education strategy. With regard to the latter, Sunnybrook has launched patient and family education (PFE) learning centres in the Odette Cancer Centre, Holland Orthopaedic Centre, and Women's and Babies' Program. This indicator highlights the number of patients, family members and caregivers that have been served at one of these learning centres.

#	Indicator	Baseline	Target	Apr 15 - Mar 16	Apr 16 - Sep 16
		Current / Annual	Current / Annual	Previous Report	Current Cycle
2.0	Patients and families who have been served at a learning centre (#)	4,827 / 9,654	≥ 7,500 / ≥ 15,000	19,308	10,105

Footnote: A revised target has been established for this indicator based on improved accuracy in data collection.

Patient and Family Education (PFE) is one of the key areas under the Education portfolio at Sunnybrook. The PFE vision at Sunnybrook is to reinvent patient and family education. To help meet this objective, the PFE committee has created a toolkit for Sunnybrook staff to guide in the development of print resources. This indicator measures the number of funded Patient Family Education (PFE) documents produced using the PFE toolkit.

#	Indicator	Baseline	Target	Apr 15 - Mar 16	Apr 16 - Mar 17
				Previous Report	Current Cycle
3.0	Funded PFE documents produced using the PFE toolkit (#)	8	≥ 9	12	Updated Annually

DIMENSION 3 - SUSTAINABILITY AND ACCOUNTABILITY - GOALS 7, 8 AND 9

Goal 7 – Advance our Strategic Priorities through the appropriate and purposeful use of resources

Objective 3.7.1 - Position our Strategic Priorities for ongoing development to invent and deliver world class care

This indicator serves to identify at least \$250,000 of focused Strategic Priority investment in each year of the strategic plan.

#	Indicator	Baseline	Target	15-16	16-17
				Previous Report	Current Cycle
1.0	Strategic Priority Investment Funding (\$)	500,000	≥ 250,000	410,000	Updated Annually

Objective 3.7.2 - Align the Medical Human Resource Plan (MHRP) to our Strategic Priorities

This indicator measures the percentage of Medical Human Resource positions hired to the 5 Strategic Priority programs.

#	Indicator	Baseline	Target	15-16	16-17
				Previous Report	Current Cycle
1.0	Strategic Priority Investment in Medical HR (%)	55	≥ 40	61.0	Updated Annually

Footnote: The FY 2015-16 result is comprised of 28 new hires, of which 17 (61%) are contributing to the five (5) Strategic Priorities as follows:

- 21% = Cancer (6 hires)
- 21% = Trauma & Burns (6 hires)
- 11% = High Risk Maternal & Newborn (3 hires)
- 7% = Heart & Vascular (2 hires)
- 0% = Image-Guided Brain Therapies (0 hires)

Goal 8 – Deliver sustainable performance that meets health systems expectations and commitments

Objective 3.8.1 - Ensure patients have access to specialized services when they need them

#	Indicator	Baseline	Target	Previous Report	Current Cycle
		Current / Annual	Current / Annual	Jan 15 - Dec 15	Jan 16 - Jun 16
1.0	High Risk Birth Cases (#)	332 / 664	≥ 350 / ≥ 700	686	489
2.0	Open to Trauma (%)	100	100	Oct 15 - Mar 16	Apr 16 - Sep 16
				100	100
3.1	Transcatheter Aortic Valve Implantation (TAVI) Procedures (#)	39 / 78	≥ 54 / ≥ 107	Apr 15 - Mar 16	Apr 16 - Sep 16
				121	78
3.2	MitraClip Procedures (#)	14 / 28	≥ 20 / ≥ 40	41	21

Footnote for TAVI and MitraClip Procedures: The targets for these indicators are revised annually, pending receipt of funding letters from the TCLHIN.

Objective 3.8.2 - To optimize capacity by ensuring patients are cared for in the right place

#	Indicator	Baseline	Target	Oct 15 - Mar 16	Apr 16 - Sep 16
				Previous Report	Current Cycle
1.0	Corporate Acute Care Occupancy (%)	99	≤ 95	104	101

Commentary: Occupancy levels have improved markedly this reporting period despite an environment characterized by increasing patient volumes and declining bed availability. The organization continues to collaborate with fellow hospitals and funding authorities to develop approaches aimed at easing occupancy and reducing demand for inpatient resources. An example of this is developing an effective repatriation program by partnering with clinicians and administrators in referral hospitals. The Occupancy Executive Committee (OEC) continues to create new occupancy improvement initiatives and regularly reviews performance through the hospital's Enterprise Risk Management (ERM) Program.

Objective 3.8.3 - To provide evidence-based care within the defined funding envelope

#	Indicator	Baseline	Target	Jul 15 - Dec 15	Jan 16 - Jun 16
				Previous Report	Current Cycle
1.0	Eligible Quality Based Procedure (QBP) cases meeting expected length of stay (LOS) targets (%)	76.0	≥ 80.0	84.0	85.5

Footnote: The following QBPs are reflected in this indicator: Hemorrhagic Stroke, Hip Fracture, Ischemic Stroke, Transient Ischemic Attack (TIA), Unilateral Hip Replacement and Unilateral Knee Replacement.

Goal 9 – Create a culture of engagement, respect and inclusiveness that attracts and inspires talent to achieve excellence

Objective 3.9.1 - To attract and retain talent

Staff Turnover is a provincial indicator that is measured at all hospitals in Ontario, and is well aligned with staff engagement. The target is the Ontario Hospital Association benchmark.

#	Indicator	Baseline	Target	Oct 15 - Mar 16	Apr 16 - Sep 16
				Previous Report	Current Cycle
1.0	Staff Turnover (%)	4.3	< 4.2	4.0	4.2

Sunnybrook has a Strategic Workforce Plan and we need to measure how we are investing in our own talent. This indicator is an important reflection of the effectiveness of our talent leadership program.

#	Indicator	Baseline	Target	15-16	16-17
				Previous Report	Current Cycle
2.1	Leadership promotion from within Sunnybrook (%) - Directors	62	≥ 50	61	Updated Annually
2.2	Leadership promotion from within Sunnybrook (%) - Managers	64	≥ 50	66	Updated Annually
2.3	Leadership promotion from within Sunnybrook (%) - Program Chiefs	74	≥ 50	72	Updated Annually

Objective 3.9.2 - To build leadership capacity

Sunnybrook is committed to investing in building our leadership capacity by providing teaching and learning opportunities for our leaders of today, and our emerging leaders of tomorrow. Through Sunnybrook's Leadership Institute we will provide emerging leaders, developing leaders and advanced leaders with educational programs and courses that build upon their leadership competencies and improve their ability to be the best leaders they can be.

#	Indicator	Baseline	Target	15-16	16-17
				Previous Report	Current Cycle
1.0	New leadership learning development programs delivered to leaders (#)	10	≥ 11	14	Updated Annually