ACCREDITATION
AGRÉMENT
CANADA

Accreditation Report

Qmentum Global™ for Canadian Accreditation Program

Sunnybrook Health Sciences Centre

Report Issued: 10/07/2025

Confidentiality

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About Accreditation Canada

Accreditation Canada is a global, not-for-profit organization with a vision for safer care and a healthier world. Our people-centred programs and services have been setting the bar for quality across the health ecosystem for more than 60 years. We continue to grow in our reach and impact. Accreditation Canada empowers and enables organizations to meet national and global standards with innovative programs that are customized to local needs. Accreditation Canada's assessment programs and services support the delivery of safe, high-quality care in health systems, hospitals, laboratories and diagnostic centres, long-term care, rehabilitation centres, primary care, home, and community settings. Our specialized accreditation and certification programs support safe, high-quality care for specific populations, health conditions, and health professions.

About the Accreditation Report

The Organization identified in this Accreditation Report (the "**Organization**") has participated in Accreditation Canada's Qmentum Global™ for Canadian Accreditation program.

As part of this program, the Organization has partaken in continuous quality improvement activities and assessments, including an on-site survey from June 8, 2025 to June 13, 2025. This Accreditation Report reflects the Organization's information and data, and Accreditation Canada's assessments, as of those dates.

Information from the assessments, as well as other information and data obtained from the Organization, was used to produce this Report. Accreditation Canada relied on the accuracy and completeness of the information provided by the Organization to plan and conduct its on-site assessments and to produce this Report. It is the Organization's responsibility to promptly disclose any and all incidents to Accreditation Canada that could impact its accreditation decision for the Organization.

Program Overview

The Qmentum Global Program enables your organization to continuously improve quality of care through the sustainable delivery of high-quality care experiences and health outcomes. The program provides your organization with standards, survey instruments, assessment methods and an actioning planning feature that were designed to promote continuous learning and improvement, and a client support model for on-going support and advice from dedicated advisors.

Your organization participates in a four-year accreditation cycle that spreads accreditation activities over four years supporting the shift from a one-time assessment while helping your organization maintain its focus on planning, implementing, and assessing quality and improvements. It encourages your organization to adopt accreditation activities in everyday practices.

Each year of the accreditation cycle includes activities that your organization will complete. Accreditation Canada provides ongoing support to your organization throughout the accreditation cycle. When your organization completes year 4 of the accreditation cycle, Accreditation Canada's Accreditation Decision Committee determines your organization's accreditation status based on the program's accreditation decision guidelines. The assessment results and accreditation decision are documented in a final report stating the accreditation status of your organization. After an accreditation decision is made, your organization enters year 1 of a new cycle, building on the actions and learnings of past accreditation cycles, in keeping with quality improvement principles.

The assessment manual (Accreditation Canada Manual) which supports all assessment methods (self-assessment, attestation, and on-site assessment), is organized into applicable Standards and ROPs. To promote alignment with the assessment manual (Accreditation Canada Manual), assessment results and

surveyor findings are organized by Standard, within this report. Additional report contents include a comprehensive executive summary, the organization's accreditation decision, locations assessed during the on-site assessment, required organizational practices results, and conclusively, People-Centered Care and Quality Improvement Overviews.

Executive Summary

About the Organization

Sunnybrook Health Sciences Centre is a nationally leading and globally recognized academic health sciences centre providing high quality, compassionate care to 1.1 million patients annually across Ontario. We have a dedicated team of over 16,000 staff, physicians, learners and volunteers, working across a network of integrated sites and campuses that represent the full continuum of care. This includes pre-hospital, primary and community, acute and post-acute care. Sunnybrook's impact extends beyond our walls, shaping the future of health care delivery across the province and beyond. As a leader in the Ontario health system, we influence health policy, develop innovative treatments, and collaborate with partners to continuously improve care. Our commitment to high-quality outcomes is driven by our ongoing collaboration with local and provincial partners to enhance health system performance and drive meaningful change in patient care. At Sunnybrook, we serve a diverse patient population, from our local North Toronto community to individuals across Ontario who require specialized and complex care. Our comprehensive services span from primary care to cutting-edge treatments, making us a trusted partner in the health system.

Surveyor Commentary

Founded in 1948 as Canada's largest hospital for Veterans, Sunnybrook Health Sciences Centre (SHSC) has evolved into one of the country's leading academic health sciences centres. Affiliated with the University of Toronto since 1966, it operates across 11 sites, including campuses such as the Bayview Campus, Holland Centre, St. John's Rehab, and the Reactivation Care Centre, all of which were visited during the Survey.

SHSC delivers care across a wide spectrum, with:

- Over 10,600 employees, 1,000 physicians, and 4,400+ learners
- A $1.7B operating budget
- 1.1 million patient visits annually
- 1,350 beds and a broad array of services in acute, complex, mental health, rehab, and long-term care

SHSC's strategic plan – INVENT 2030 includes four main directions:

1. Personalized & Precise Treatments
2. Integrated Care
3. Quality & Patient Experience
4. Thriving People & Teams

Enabled by priorities in digital health, social responsibility, and growth, Sunnybrook aims to invent the future of health care. It is recognized as a leader in numerous high-acuity services, including:

- Highest provincial volumes in trauma, stroke intervention, cancer surgeries, and critical transfers
- Canada's highest volume for TAVI (Transcatheter Aortic Valve Implantation) procedures and HIFU (High-intensity focused ultrasound) for essential tremor
- Over 600 clinical trials and 28 start-ups, with $170M in annual research spending

SHSC has embedded Equity, Diversity, Inclusion, Anti-Racism, and Sustainability across all that it does, including:

- The LEAP Framework and President's Anti-Racism Task Force advances policies, education, and leadership diversity
- The Green Task Force and GROW Framework lead initiatives in energy savings, waste diversion, and sustainable procurement
- Inclusive practices include Indigenous wellness spaces, language-concordant care, and gender- affirming data systems

Recent Innovations, Capital Projects and Planned Capital Projects

- Peter Cipriano Centre for Seniors Health
- Harquail Centre for Neuromodulation
- Garry Hurvitz Brain Sciences Centre
- Organization-wide implementation of green and digital innovations

Awards and Recognition

- Ranked second in Canada and twenty-fourth globally (Newsweek's World's Best Hospitals 2025)
- One of Canada's Greenest Employers (17 years)
- Recognized for top cardiac, obstetric, and surgical care programs

Current Challenges

- Infrastructure needs and HIS (Health Information System) implementation
- Emergency department occupancy
- Navigating uncertain funding environments

Surveyor Overview of Team Observations

Board of Directors

The Board of Directors (Board) at Sunnybrook Health Sciences Centre (SHSC) exemplifies strong governance through strategic engagement and oversight. They recently approved the INVENT 2030 Strategic Plan, demonstrating inclusive decision-making and commitment to spiritual and community-based care. Key performance indicators (KPIs) and patient stories guide discussions and governance. The Board includes community members on governance committees and fosters continuous education around equity and inclusion. Their visible presence and structured oversight support system-wide health advancements.

Community and Community Partnerships

SHSC advances strong and meaningful partnerships across the healthcare continuum. Collaborations with organizations like Baycrest, Toronto Public Health, VHA Home Healthcare, and others drive innovation and shared patient care strategies. Community councils, Indigenous partnerships, and integrated care planning reflect Sunnybrook's commitment to population health and equity. Programs such as IV home care, ED avoidance, and IPAC Community of Practice highlight community-first design. Proactive support of the North Toronto Ontario Health Team, combined with the organization's focus on addressing unattached patients, typifies their commitment to partnerships. The organization also leads provincial initiatives, including a mass casualty MOU with first responders.

Leadership

SHSC's leadership is inclusive and responsive. With a firm focus on innovation, strategic planning, and patient flow, leaders foster interdisciplinary teamwork and transparency. They support a culture of learning and resilience, with direct engagement in clinical, operational, and strategic processes. Initiatives like Project SHIFT (staff scheduling) and robust emergency preparedness reflect their forward-thinking governance. The senior team remains highly visible and committed to continuous quality improvement. In addition, they are reinforcing the need for the organization to balance its commitment to innovation, education and research, with a clear focus on supporting the hospital-based needs of the populations served.

Staffing

The Human Resources team champions safety, diversity, and inclusion. The team has successfully lowered vacancy rates post-pandemic, and comprehensive orientation, mentorship, and leadership development programs are embedded throughout. Advanced tracking systems and self-scheduling tools help staff manage work-life balance. Interdisciplinary collaboration and professional development are prioritized, with notable recruitment outreach to local youth and continued compensation equity reviews.

Work life

The work environment at SHSC supports wellness, inclusivity, and safety. Initiatives like PROMPT training in obstetrics and the Sunnybrook Leadership Institute help foster clinical confidence and teamwork. Staff are routinely recognized and involved in shaping workplace improvements. Safety policies such as Behavior Alerts and support systems for managing workplace violence reflect a deeply ingrained culture of care. Physical and mental wellness programs are integrated throughout, with visible leadership participation and strong union collaboration.

Delivery of Care and Services

SHSC offers exceptional, integrated care across multiple specialized programs including trauma, cancer, obstetrics, critical care, and diagnostic imaging. Innovations such as virtual care coordination, integrated pharmacy systems, trauma recovery, and community outreach programs like BRAVE exemplify patient-

centered excellence. Care teams are interprofessional and consistently pursue quality improvement. Infrastructure modernization and state-of-the-art equipment complement SHSC's evidence-informed practice and system-wide clinical leadership.

Client Satisfaction

Client satisfaction at SHSC is high, with patients consistently reporting compassionate care, expert teams, and involvement in care planning. Tools like real-time patient feedback, PFAC integration, and Family Presence policies ensure responsive and respectful care. Programs such as the Patient Experience Centre and NICU family advisors demonstrate strong client engagement. SHSC’s commitment to cultural sensitivity, accessibility, and seamless care transitions further enhances the patient and family experience.

The Survey Team very much enjoyed its time with the organization and commend all Sunnybrookers for the passion and compassion they bring to their work each and every day. The organization is commended for its commitment to the accreditation process and is urged to continue its mission of “we are here when it matters most.”

Key Opportunities and Areas of Excellence

System-Wide Strengths

Patient-Centred Focus: SHSC demonstrates a strong commitment to patient and family engagement through structures such as the Patient Experience Centre, Indigenous Wellness Centre, and widespread community partnerships.

Innovation and Leadership: There is strong innovation across multiple initiatives, such as the Cogeneration Project, DaVinci and Rosa robotic technologies, PROMPT obstetrical training, and the new HIS implementation.

Quality Improvement and Risk Management: Numerous programs reflect strong integration of quality improvement (QI, risk management, and patient experience frameworks, with high-performing interdisciplinary leadership noted in areas like Critical Care, Diagnostic Imaging, and Cancer Care.

Environmental Sustainability: National recognition for green initiatives and long-standing leadership in planetary health, supported by energy recovery projects and a culture of environmental stewardship.

Integrated Clinical and Research Ethics: Ethics is embedded in decision-making, supported by strong frameworks and national leadership roles.

Key Program Strengths Clinical Excellence:

- Mental Health: Unique, innovative treatments and collaborative teams in modern, patient-friendly environments.
- Obstetrics: Strong reputation among patients, high RSV vaccine uptake, and team-based training using PROMPT.
- Critical Care: Comprehensive specialized services with international recognition and strong clinical work ethic.
- Palliative Care: Culturally sensitive, innovative approaches with inclusive care from inpatient to community.
- Cancer and Long-Term Care: Interprofessional teamwork, integration of services, and personalized, co-designed care models.
- Perioperative Services: TRAC Program, Meritorius Status with NSQIP, innovation with the hybrid OR Robotics Surgery and Molli.

Operational and Infrastructure Strengths:

- Emergency Preparedness: Capacity, gamification strategies, and regional leadership.
- Resource Management: Strong fiscal integrity, philanthropic relationships, and strategic planning (INVENT 2030).
- Physical Environment: Capital upgrades, green power projects, and patient/family engagement in design.
- Human Capital: Effective recruitment and retention strategies, violence prevention, and staff development opportunities.

Cross-Cutting Opportunities for Improvement Digital and Data Optimization:

- Transition from paper-based systems (e.g., SOPs, audit records) to digital platforms.
- Operational planning for HIS implementation and digital innovation to improve continuity and access.
- Expansion of Quality Conversation Boards and performance dashboards to drive transparency and engagement.

Medication and Documentation Practices:

- Improve timeliness of Best Possible Medication Histories (BPMH) and reconciliation across several programs (Mental Health, Obstetrics).
- Standardize medication safety processes and enhance documentation quality.

Patient Flow and Discharge Planning:

- Broaden structuring of discharge planning from admission.
- Leverage new medical input for improved care transitions, especially in Emergency and Inpatient units.

Environment and Space Management:

- Address overcrowding and corridor storage issues through interim space leaning.
- Enhance monitoring in sterile supply zones and ensure ergonomic access to patient furniture.

Engagement and Governance:

- Strengthen PFAC onboarding and feedback loops with the Board.
- Expand opportunities for co-design and education across governance levels.

Equity and Social Determinants of Health:

- Expand harm reduction strategies and ethical care pathways for uninsured and marginalized populations.
- Improve support for complex discharges, especially in palliative and long-term care settings.

People-Centred Care

The leadership at Sunnybrook Health Sciences Centre (SHSC) has a strong commitment to patient engagement and has established a patient experience lead with plans to expand staffing to support the organization-wide initiatives.

Patients and family members are engaged in many quality initiatives, evaluation of programs, and the development and responses to patient surveys. Patients and family members are welcome and can receive immediate assistance at the front door at the Sunnybrook Experience Centre. SHSC collects patient satisfaction data in real time, and many units have developed additional strategies for receiving patient feedback. The data is reviewed regularly by leadership, posted on internal websites, and distributed to the Board and across the organization.

There is engagement of Patient and Family Advisory Council (PFAC) members at the program level, with a mature relationship established in Cancer Care, Mental Health, and the Schulich Heart Program. There is a very active Veteran's Council that has been instrumental in the design of the physical layout of the centre and outdoor memorial. A great example of patient engagement is the acceptance of an Accreditation Leading Practice - Optimizing Virtual Care in Outpatient Rehab at Sunnybrook, St. John's Rehab, that was co-produced with a patient. At the program level patients and family partners are involved in quality initiatives, strategic planning, research, policy development, and new building designs. Patient and family members have been involved in the review of safety practices where there are identified systemic issues.

There are policies, practices, and celebrations of Indigenous culture, equity and diversity programs and initiatives. There is an Indigenous Wellness Centre fully accessible to all Indigenous patients and families. The Indigenous navigator is linked to the Toronto Network to support patients to ease their journey and reduce historic barriers to accessing health care. This may also include the engagement of Elders in supporting traditional teachings, ceremonies, and language translation.

In direct care, patients and family members participate in the development of care plans. Patients report that they were actively involved in decision making, reflecting their preferences, and fully considering the patient's support network. There is a concerted effort to reach out to the community to ensure appropriate cultural support and spiritual care. This may include efforts to ensure a special diet and access to interpretations services. Patients and family members spoke of the level of compassion, care, and expert knowledge of the medical team. Many patients indicated this was their hospital/health centre of choice.

Extensive patient education materials stress the participation of the patient in self-management of care and active participation in recovery to reach optimal health outcomes.

There are well developed community partnerships to support efficient and effective care across the catchment area facilitating early and comprehensive responses with a concentrated focus on trauma and senior care. Care plans reflect an interdisciplinary approach that extends beyond the hospital and health centres to the creation of support plans to return home and reduce readmissions. There are community advisory councils to provide ongoing advice on community needs and the adaptations necessary to connect with at risk community members.

Patients benefit from extensive research and innovative practices undertaken at SHSC. Research is considered to be a part of the care continuum. This benefit impacts patients across the province and internationally in specialized areas that include trauma and brain surgery,

There is a volunteer network to support patient care at multiple sites. Patients and family members have recognized and appreciated the volunteer efforts. Patients can also be offered practical support with transportation systems and referrals for housing and other community assistance programs.

Areas for ongoing development that could be considered are the standardization of orientation and training for all Patient and Family Advisors (PFA) and the expansion of PFA engagement in more units

and locations. Inclusion of PFAs could be requested earlier in a project launch and include ongoing consultation on patient safety initiatives in a proactive rather than reactive phase. Links to the Family Council at the Veterans Centre could also be clarified and enhanced.

SHSC may wish to consider an organization-wide evaluation of the impact of the Indigenous education and humility training and all equity, inclusion and diversity programs to ensure all units are consistently engaging in culturally sensitive practices.

The Family Presence policy could be reviewed as there are some units within the hospital that have specific time limits for visits, while other units have a very flexible approach. A review across the units could consider the rationale and reasonableness of visiting restrictions.

Overall, it has been a pleasure to meet with the Board, staff, community partners, patients, and family members at Sunnybrook Health Sciences Centre. This is an organization that truly walks the walk when it comes to patient care and experience.

Quality Improvement Overview

Sunnybrook Health Sciences Centre (SHSC) has established a mature and integrated quality management framework that is embedded across all aspects of the organization. Built on the principles of the Institute of Medicine's six dimensions of quality—Safe, Timely, Effective, Efficient, Equitable, and Patient-Centred—Sunnybrook's quality strategy is implemented through clear governance, strong clinical engagement, and a culture of continuous improvement.

Oversight begins at the Board level through the Quality and Patient Experience Committee, which includes community representation and maintains legislative responsibility for critical incident review, oversight of the annual Quality Improvement Plan (QIP), and broader alignment with the organization's INVENT 2030 Strategic Plan. At the operational level, quality and safety are monitored through the Interprofessional Quality Committee and further embedded through physician and interprofessional leadership, including the Medical Advisory Committee and the Patient Safety Leadership Team. A system-level approach to risk, disclosure, and continuous learning is well coordinated, ensuring organization-wide alignment.

Annual priority setting is strong at SHSC. Through the Quality Retreat, leaders from across the organization review past performance, assess strategic direction, and co-develop actionable goals for the year ahead. These priorities inform both the QIP and the local program workplans. Emerging risks are tracked and addressed through the Enterprise Risk Management framework, which is tightly aligned with operational planning and receives regular updates through both senior management and Board reporting structures.

At the unit level, a strong culture of quality is visible through Quality Conversations—short, structured huddles, designed to support dialogue around safety, data, and improvement opportunities. Most programs across the organization now participate in these weekly sessions, supported by coaching, visual dashboards, and ongoing leadership engagement. SHSC has also embraced digital solutions to enhance data transparency and patient engagement, including the integration of Qualtrics feedback tools, Power BI dashboards, and the RL6 reporting platform. In saying this, it is recognized that efforts to elevate the use of Quality Conversations, and other avenues where quality is discussed, are necessary.

The K3E unit provides a great example of quality in action. Through strong interprofessional collaboration, a commitment to recognition and celebration, and initiatives such as bedside shift reports and falls prevention strategies, the team has cultivated an environment where safety and patient-centred care go hand-in-hand. Their recent designation as an Age-Friendly Health System, and the many heartfelt messages received from grateful patients and families, speak to the high standard of care being delivered.

Staff engagement and recognition are critical enablers. From Best Practice Champions and Healthy Stay Volunteers to unit-specific training and celebratory milestones, staff are empowered and supported to lead improvements. SHSC's learning culture is reinforced through simulation-based education, interdisciplinary workshops, and quality-focused events that help foster innovation and teamwork.

Patient and family involvement is similarly strong. The Patient and Family Advisory Council (PFAC) plays an active role in guiding service design and improvement, while Patient Experience Ambassadors ensure that the voices of vulnerable individuals are captured and acted upon. Digital feedback mechanisms are now delivering real-time insights that shape care delivery, inform future priorities, and enhance the experience of care. On this point, the leadership advancing the collection and interpretation of this data is looking forward to further linking patient feedback directly into quality priorities.

Integrated quality management at SHSC is a collective commitment that is visible in leadership structures, clinical practice, staff culture, and patient partnerships. The organization continues to advance its agenda with clarity, transparency, and a commitment to delivering the best possible outcomes for the people and communities it serves.

Kudos to the entire team for the passion and commitment brought to this important program.

Accreditation Decision

Sunnybrook Health Sciences Centre's accreditation decision is:

Accredited with Exemplary Standing

The organization has exceeded the fundamental requirements of the accreditation program.

Locations Assessed during On-Site Assessment

The following locations were assessed during the organization's on-site assessment:

- Sunnybrook Health Sciences Centre - Bayview Site
- Sunnybrook Health Sciences Centre - Holland Site
- Sunnybrook Health Sciences Centre - Reactivation Care Centre
- Sunnybrook Health Sciences Centre - St. John's Rehab Site

[1]Location sampling was applied to multi-site single-service and multi-location multi-service organizations.

Required Organizational Practices

Required Organizational Practices (ROPs) are essential practices that an organization must have in place to enhance client safety and minimize risk. ROPs contain multiple criteria, which are called Tests for Compliance (TFC).

Table 1: Summary of the Organization's ROPs

ROP Name	Standard(s)	# TFC Rating Met	% TFC Met
Medication Reconciliation at Care Transitions - Ambulatory Care Services	Ambulatory Care Services	5 / 5	100.0%
	Cancer Care	5 / 5	100.0%

Table 1: Summary of the Organization's ROPs

ROP Name	Standard(s)	# TFC Rating Met	% TFC Met
Client Identification	Ambulatory Care Services	1 / 1	100.0%
	Cancer Care	1 / 1	100.0%
	Critical Care Services	1 / 1	100.0%
	Diagnostic Imaging Services	1 / 1	100.0%
	Emergency Department	1 / 1	100.0%
	Inpatient Services	1 / 1	100.0%
	Long-Term Care Services	1 / 1	100.0%
	Mental Health Services	1 / 1	100.0%
	Obstetrics Services	1 / 1	100.0%
	Perioperative Services and Invasive Procedures	1 / 1	100.0%
	Point-of-Care Testing	1 / 1	100.0%
	Rehabilitation Services	1 / 1	100.0%
	Transfusion Services	1 / 1	100.0%

Table 1: Summary of the Organization's ROPs

ROP Name	Standard(s)	# TFC Rating Met	% TFC Met
Information Transfer at Care Transitions	Ambulatory Care Services	5 / 5	100.0%
	Cancer Care	5 / 5	100.0%
	Critical Care Services	5 / 5	100.0%
	Diagnostic Imaging Services	5 / 5	100.0%
	Emergency Department	5 / 5	100.0%
	Inpatient Services	5 / 5	100.0%
	Long-Term Care Services	5 / 5	100.0%
	Mental Health Services	5 / 5	100.0%
	Obstetrics Services	5 / 5	100.0%
	Perioperative Services and Invasive Procedures	5 / 5	100.0%
	Rehabilitation Services	5 / 5	100.0%

Table 1: Summary of the Organization's ROPs

ROP Name	Standard(s)	# TFC Rating Met	% TFC Met
Medication Reconciliation at Care Transitions Acute Care Services (Inpatient)	Cancer Care	4 / 4	100.0%
	Critical Care Services	4 / 4	100.0%
	Inpatient Services	4 / 4	100.0%
	Mental Health Services	4 / 4	100.0%
	Obstetrics Services	4 / 4	100.0%
	Perioperative Services and Invasive Procedures	4 / 4	100.0%
	Rehabilitation Services	4 / 4	100.0%
Falls Prevention and Injury Reduction - Inpatient Services	Cancer Care	3 / 3	100.0%
	Critical Care Services	3 / 3	100.0%
	Inpatient Services	3 / 3	100.0%
	Mental Health Services	3 / 3	100.0%
	Obstetrics Services	3 / 3	100.0%
	Perioperative Services and Invasive Procedures	3 / 3	100.0%
	Rehabilitation Services	3 / 3	100.0%

Table 1: Summary of the Organization's ROPs

ROP Name	Standard(s)	# TFC Rating Met	% TFC Met
Venous Thromboembolism (VTE) Prophylaxis	Cancer Care	4 / 4	100.0%
	Critical Care Services	5 / 5	100.0%
	Inpatient Services	5 / 5	100.0%
	Perioperative Services and Invasive Procedures	5 / 5	100.0%
Pressure Ulcer Prevention	Cancer Care	5 / 5	100.0%
	Critical Care Services	5 / 5	100.0%
	Inpatient Services	5 / 5	100.0%
	Long-Term Care Services	5 / 5	100.0%
	Perioperative Services and Invasive Procedures	5 / 5	100.0%
	Rehabilitation Services	5 / 5	100.0%
Medication Reconciliation at Care Transitions - Emergency Department	Emergency Department	1 / 1	100.0%
Suicide Prevention	Emergency Department	5 / 5	100.0%
	Long-Term Care Services	5 / 5	100.0%
	Mental Health Services	5 / 5	100.0%

Table 1: Summary of the Organization's ROPs

ROP Name	Standard(s)	# TFC Rating Met	% TFC Met
Hand-hygiene Education and Training	Infection Prevention and Control	1 / 1	100.0%
Hand-hygiene Compliance	Infection Prevention and Control	3 / 3	100.0%
Infection Rates	Infection Prevention and Control	3 / 3	100.0%
Workplace Violence Prevention	Leadership	8 / 8	100.0%
Patient Safety Education and Training	Leadership	1 / 1	100.0%
Medication Reconciliation as a Strategic Priority	Leadership	5 / 5	100.0%
Patient Safety Incident Disclosure	Leadership	6 / 6	100.0%
Patient Safety Incident Management	Leadership	7 / 7	100.0%
Client Flow	Leadership	5 / 5	100.0%
Preventive Maintenance Program	Leadership	4 / 4	100.0%
Antimicrobial Stewardship	Medication Management	5 / 5	100.0%
High-alert Medications	Medication Management	8 / 8	100.0%
Heparin Safety	Medication Management	4 / 4	100.0%
Narcotics Safety	Medication Management	3 / 3	100.0%

Table 1: Summary of the Organization's ROPs

ROP Name	Standard(s)	# TFC Rating Met	% TFC Met
Concentrated Electrolytes	Medication Management	3 / 3	100.0%
The 'Do Not Use' List of Abbreviations	Medication Management	7 / 7	100.0%
Safe Surgery Checklist	Obstetrics Services	5 / 5	100.0%
	Perioperative Services and Invasive Procedures	5 / 5	100.0%

Table 1: Summary of the Organization's ROPs

ROP Name	Standard(s)	# TFC Rating Met	% TFC Met
Infusion Pump Safety	Service Excellence for Ambulatory Care Services	0 / 0	0.0%
	Service Excellence for Cancer Care	6 / 6	100.0%
	Service Excellence for Critical Care Services	6 / 6	100.0%
	Service Excellence for Diagnostic Imaging Services	6 / 6	100.0%
	Service Excellence for Emergency Department	6 / 6	100.0%
	Service Excellence for Inpatient Services	6 / 6	100.0%
	Service Excellence for Long-Term Care Services	6 / 6	100.0%
	Service Excellence for Mental Health Services	6 / 6	100.0%
	Service Excellence for Obstetrics	6 / 6	100.0%
	Service Excellence for Palliative Care Services	6 / 6	100.0%
	Service Excellence for Perioperative Services and Invasive Procedures	6 / 6	100.0%
	Service Excellence for Rehabilitation Services	6 / 6	100.0%
Accountability for Quality of Care	Governance	5 / 5	100.0%
Medication Reconciliation at Care Transitions – LongTerm Care Services	Long-Term Care Services	4 / 4	100.0%

Table 1: Summary of the Organization's ROPs

ROP Name	Standard(s)	# TFC Rating Met	% TFC Met
Fall Prevention and Injury Reduction – Long-Term Care Services	Long-Term Care Services	6 / 6	100.0%
Skin and Wound Care	Long-Term Care Services	8 / 8	100.0%

Assessment Results by Standard

The following section includes the outcomes from the attestation (if applicable) and on-site assessments, at the conclusion of the on-site assessment.

Core Standards

Qmentum Global™ for Canadian Accreditation has a set of core assessment standards that are foundational to the program and are required for the organization undergoing accreditation. The core assessment standards are critical given the foundational areas of high quality and safe care they cover.

The core standards are always part of the assessment, except in specific circumstances where they are not applicable.

Emergency and Disaster Management

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the table below.

Assessment Results

Emergency Preparedness

The organization has established a stand-alone department that includes a diverse team of specialists, each accountable for specific emergency codes. An overarching Emergency Preparedness Steering Committee provides responsible oversight, with a clear commitment to ensuring that all sites have access to robust support for this critical program. SHSC has adopted the Hospital Incident Command System for its Incident Management System, which is well-articulated and widely understood throughout the organization. The All-Hazards Emergency Operations Plan is comprehensive and well structured.

Clear lines of emergency response accountability exist across the organization, with the capacity to activate the Command Centre 24/7. Comprehensive training and support have prepared a team of 10 to 12 individuals capable of assuming command roles, supported by the executive on call and the medical director on call. There is a strong commitment to early activation of the Emergency Operations Centre (EOC), with core safety personnel engaged and operational leaders rotating in and out. A hallmark of the organization’s approach is its implementation of innovative strategies to clarify responsibilities.

The 4S framework—Space, Supplies, Staff, Systems—is consistently applied and adaptable by any team in any emergency situation. It serves as a valuable guide and reinforces the organization’s commitment to standardized responses and comprehensive staff education.

Regular exercises are conducted to build staff confidence in responding to emergency codes. A well-established plan review cadence ensures the currency and relevance of emergency protocols. Themed Code Months take place throughout the year, with June designated as Code Silver month. Ongoing education initiatives—including the use of gamification—are positively noted for their effectiveness in engaging staff in virtual training. Ensuring the availability of appropriate personal protective equipment (PPE) for various scenarios remains a top priority, with stockpiles including ventilators ready for deployment as needed. PPE education is ongoing and targeted to specific areas as required.

Cybersecurity is currently a major focus, particularly considering the planned migration to a new system.

The senior leadership team recently participated in a tabletop exercise—part of an annual practice held over the past three years. This is supported by the establishment of an Executive Security Incident Response Team (ESIRT), which is activated during a Code Grey.

The team's relationships with external emergency responders and partner organizations are exemplary. SHSC leads emergency preparedness efforts for the City of Toronto and is actively engaged in relevant provincial and national initiatives. These partnerships, along with numerous collaborative exercises, have firmly positioned SHSC as a national leader in emergency response. This leadership is especially evident in the organization being selected to lead the emergency preparedness table for the upcoming FIFA World Cup.

Having experienced several major external events, the organization clearly understands the importance of ongoing relationship-building and continuous review of emergency plans. A recent memorandum of understanding (MOU) with police services—to support family reunification during emergencies—is a prime example of applying lessons learned to improve processes. Regular debriefings following both mock and real events are standard practice. Staff recently involved in a Code Orange shared positive feedback on these processes. One notable strength of the program is the ability of clinical leads to independently activate a Code Orange.

The organization's contingency planning is also commendable. Recognizing that sites may become inaccessible, or that staff and resources may be impeded or partners incapacitated, SHSC has developed an extensive array of scenario-based contingency plans. Additionally, there is a strong commitment to supporting the wellness of staff who participate in emergency responses.

The Disaster and Emergency Management Team is exceptional. It is diverse and includes professionals with significant expertise, many of whom come from frontline clinical roles. The team is highly responsive and represents a valuable asset to both SHSC and the broader health system. They should be proud of their critical contributions to safety and readiness during times of greatest need.

Table 2: Unmet Criteria for Emergency and Disaster Management

There are no unmet criteria for this section.

Governance

Standard Rating: 97.6% Met Criteria

2.4% of criteria were unmet. For further details please review the table below.

Assessment Results

The Board of Directors (Board) of Sunnybrook Health Sciences Centre (SHSC) sets a high standard in hospital and system governance. The Survey Team had the opportunity to meet with several key Board members to discuss a wide range of topics including, but not limited to, strategic planning, Board operations, quality and resource oversight, community relations, organizational visibility, and credentialing of professional staff.

The Board recently approved the latest iteration of Sunnybrook's Strategic Plan—INVENT 2030. While the plan is an evolution rather than a full rewrite of its predecessor, Board members felt meaningfully engaged throughout the review process and were able to contribute significant input. Notably, several Sisters from the Sisterhood of St. John the Divine participated, and their involvement highlighted the importance of including Spiritual Care within the Social Responsibility enabler. Board members expressed strong appreciation for the engagement process, which ensured comprehensive internal and external input.

Key to the success of the plan will be ongoing oversight. A thoughtful discussion took place regarding the Board's approach to ensuring the four strategic directions are achieved. There is a clear expectation that the Key Performance Indicators (KPIs) developed will balance inspiration with simplicity. As the plan is still new, the process for confirming KPIs is ongoing. However, the Board anticipates full engagement at all appropriate governance tables to support the plan's implementation and sustainability.

The Board plays a critical role in promoting community engagement by setting clear expectations for its priority status. One example is the Common Marketing and Communications Advisory Committee, jointly established by SHSC and the Sunnybrook Foundation, which supports public outreach through a speaker series. Additionally, the Quality and Patient Experience Committee serves as a governance link to the North Toronto Ontario Health Team, the Patient and Family Advisory Councils (PFACs), and the Veterans Council. The emphasis on strong and proactive community partnerships was also reinforced during the community partners engagement session.

A strong focus on patient experience is evident and is foundational to SHSC's strategic direction. Patient Partners and community members were extensively involved in the strategic planning process through focus groups that captured a broad range of voices.

To support this strategic direction, the Board has implemented multiple strategies to gather patient experience feedback. These include KPIs, regular reporting of critical incidents, quality and safety metrics, and program updates. Each Board meeting begins with a presentation of a patient story by management. Board members noted that these stories prompt meaningful discussions with the executive team around both patient successes and areas for improvement.

The Quality and Patient Experience Committee includes two community members as full voting participants. The committee regularly hears presentations from PFACs and Veterans Council across multiple clinical sites. The engagement of PFAC members and community volunteers has led to innovative initiatives, such as:

- The integration of Vibrant Healthcare Alliance's Spirit Program at St. John’s Rehabilitation Centre
- New supports for the Family Health Team
- The creation of a Patient Experience Centre, offering a welcoming space for patients and family members in need of assistance at the hospital entrance—an initiative that provides support during times of stress and vulnerability.

The Communications Committee continues to foster outreach through printed materials, participation in community forums, and a virtual speaker series that helps maintain strong community linkages.

A future consideration for the Board could be to invite patients or family members to present their stories directly. When well-managed, this can offer an authentic and powerful perspective and may also be therapeutic for participants. The Board might also consider formalizing representation from PFAC on the Quality and Patient Experience Committee, further strengthening the governance voice of patients and families.

Internal Board operations are strong. A newly appointed Member noted that the onboarding process was both comprehensive and accessible. Skills identification and recruitment fall under the purview of the Governance and Nominating Committee, which also seeks strong community members for participation on governance committees beyond the full Board—with an eye to potential future Board appointments.

Board education opportunities are accessible and appreciated. There is ongoing discussion about enhancing education around anti-racism and expanding awareness of Indigenous perspectives. This is particularly timely given SHSC's recent support for northern Indigenous community members displaced by flooding. Each Board meeting begins with both a Land Acknowledgement and a recognition of Black History. The Board also prioritizes visibility and recognition of staff—exemplified by initiatives such as distributing chocolates to staff during the holidays.

A detailed discussion was held on the Board’s oversight accountabilities in both quality and resource management. Two key committees—Quality and The Patient Experience and Finance and Common Audit—are tasked with these responsibilities. Each committee uses carefully selected KPIs to monitor operations, with oversight extending to areas such as critical incident reporting, integrated risk management, infrastructure investments, Ontario Health Team partnerships, and credentialing.

Additionally, the Executive Performance and Compensation Committee ensures a robust framework linking executive performance to organizational outcomes, which was noted with approval.

The Board should take pride in its role upholding the organization’s Values and Mission, while actively advancing SHSC’s Vision—to invent the future of health care. Board members are humble in their approach, recognizing that trust is the glue that holds and grows relationships. They also appreciate that while the organization may not do everything, it has a significant role to play in advancing the broader health system in support of the collective health and wellness of the communities it serves—today and into the future.

Thank you for your leadership.

Table 3: Unmet Criteria for Governance

Criteria Number	Criteria Text	Criteria Type
3.1.10	The governing body ensures that the organization has a comprehensive strategy for business continuity to minimize service disruption.	HIGH
4.2.2	The governing body regularly evaluates the performance of its chair to provide them with feedback based on the results.	HIGH

Infection Prevention and Control

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the table below.

Assessment Results

The Infection Prevention and Control (IPAC) team is a robust multidisciplinary team that partners with other departments in the organization, including EVS, Food Services, OHS, MDRD, Plant and Operations as well as the clinical teams. IPAC was assessed at three sites, Bayview Campus, Holland Centre, and St. John's Rehab.

The IPAC team has a very well-developed quality improvement plan for themselves and includes a SWOT analysis to ensure they reflect on their opportunities to focus their time and energy. Staff, patients and other departments were interviewed, and the criticality of the department was evident even from other team members' perspectives. It was evident that team members were aware of the importance of hand hygiene although the corporate hand hygiene rate is below target. The hand hygiene buddy badge program was impressive and is recognized to be most beneficial in specific practice areas, thus not rolled out corporately. Although not where the organization would like to be yet from a hand hygiene compliance perspective, the team collaborates with local leaders in areas that have recently launched the buddy badge program and are developing ways to continue to increase uptake in usage, including a noticeable weekend drop in participation, and considering incentives and feedback for good performance. The IPAC team also uses covert auditing practices, however this does not allow for in-the-moment feedback. The focus of this program overall seems to be for moments 1 and 4.

Infection Control Practitioners (ICP) seek feedback directly from patients and families in their portfolios. Health care associated infections are tracked, analyzed, and reviewed for trends, and recommendations made. This work is completed in collaboration with operational teams. The team and IPAC principles and practices are embedded in redevelopment work and new builds.

The team is particularly proud of the deep relationships it has built with long-term care homes, retirement homes, and congregate settings. Since the pandemic, capacity building in the community and the networks has transformed the impact good IPAC practices have. This, along with the Ethical IPAC framework, shows the vision and impact this team has locally as well as nationally and internationally.

Some challenges continue for the team; notably working with aging infrastructure and the manual nature of data collection. Future new builds and renovations may address some of this, and the new health information system should automate and optimize the data collection and analytics.

The IPAC leadership is adopting practices based on the latest evidence to minimize surgical site infections in several services. Although some of the workflows are easier at the Bayview site, the team continues to refine the workflows to ensure the practice is adopted at the Holland Centre.

The IPAC team is highly engaged at the St. John's site. There is a strong commitment at the leadership level to support training and education related to green initiatives. Some of the notable environmental achievements include switching to biodegradable gloves.

The organization uses a combination of covert hand hygiene auditors and electronic auditing, however, at the St. Johns site only covert auditing is used. SHSC is showing a hand hygiene rate of 52.8 percent across the organization. The rate for this specific site is unclear. Of the staff that were interviewed, none

felt that this site was that low and that it was likely other sites that were responsible for the low rate. The organization may benefit from some overt auditors (in addition to the existing electronic and covert auditors) specifically to give just-in-time feedback and coaching to the missed hand hygiene opportunities in addition to the covert auditors. Staff may not see themselves or recognize their misses in the data without direct feedback.

The environmental stewardship efforts of the IPAC team are to be commended. One example is the switch to biodegradable gloves. Although they also aim to reduce unnecessary glove use, the switch to a more environmentally friendly product will have a significant impact. The team is passionate about this work and is taking advantage of education opportunities in environmental stewardship both at the leadership and frontline level.

A challenge at the St. John's site is how to manage patients that require isolation due to airborne conditions. To mitigate this, negative pressure room capacity is being created at the site with the purchase of four new NQ air purification systems (one on each floor), enhancing ability to safely manage patients requiring airborne precautions throughout the facility.

Table 4: Unmet Criteria for Infection Prevention and Control

There are no unmet criteria for this section.

Leadership

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the table below.

Assessment Results

Communication

The organization has demonstrated its value provincially and nationally, while maintaining a strong focus on meeting the needs of the local community. This has been achieved through multifaceted community engagement and a continued commitment to incorporating the community perspective into its strategic goals.

The communications plan encompasses internal, external, research, digital, and crisis communication elements. It is guided by data to ensure that messaging is specific, relevant, and audience-appropriate. When appropriate, the team also leverages the expertise of external partners.

The Communications team works closely with Information Technology leadership as the organization embarks on its digital health transformation journey.

This transformation is expected to significantly enhance the healthcare team's ability to access information. A single integrated system will replace dozens of independent software platforms, although a few unique systems may remain. The new system will expedite access to critical information, simplify workflows, and reduce risks associated with managing multiple systems—particularly the specialized knowledge currently required for their maintenance.

The Privacy Office has been actively involved in the procurement of the Hospital Information System (HIS) solution and is partnering with IT and clinical teams to ensure compliance with all relevant standards.

Cybersecurity is another essential component of the IT portfolio. The team has developed a strategic roadmap and is progressing steadily toward its goals, which include supporting partners such as Pine Villa in their cybersecurity efforts. The team also conducts proactive tabletop exercises to assess the downstream impacts of cyber threats on patient care and operations. These activities have contributed to the development of ready-to-deploy crisis communication processes and templates.

Human Capital

The survey team had the opportunity to spend time with a highly engaged Human Resources Team, discussing key strategic and operational issues, including: health and safety; education; recruitment, onboarding, and orientation; wellness and recognition; talent management; workplace violence prevention; labour relations; diversity, equity, inclusion, and anti-racism; and organizational culture and inclusivity.

The team functions exceptionally well as a cohesive unit and maintains strong relationships with other organizational partners, such as Professional Practice, all of whom contribute to enhancing the human experience at SHSC. This is particularly important in a large organization with distinct teams responsible for various corporate accountabilities. These strong interdepartmental relationships foster seamless coordination.

Over the past few years, significant effort has been directed towards recruitment and retention. Current vacancy rates are substantially lower than they were post-pandemic, and the team is to be commended for its ongoing commitment to creating a supportive, respectful, responsive, and inclusive work environment for staff and physicians. For example, a staff survey issued 120 days after hire reflects the team's proactive approach to ensuring staff needs are met. The organization also actively leverages provincial recruitment programs and is engaged in outreach efforts to identify and support local students pursuing careers in healthcare. Leadership is recognized for “walking the talk” by participating in regular retreats, engaging in new educational opportunities, and focusing on human resource realities and enablers. Direct access to the Board of Directors through the Education and Human Resources Committee provides strong governance support and alignment, which is valued and effective.

Workplace safety remains a core priority, with particular attention given to violence prevention. The policy framework is robust, and the proactive measures in place—such as Behaviour Alerts and Behaviour Care Plans—are well received and provide early support to staff. The education team has developed strong online resources to manage behavioural concerns, and staff understand that their safety is a top organizational priority. Transparent and ongoing communication fosters team engagement around safety concerns and is conducted regularly.

The organization is deeply committed to fostering a culture of inclusivity, with a strong emphasis on identifying and eliminating barriers. Staff participate in various working groups that support the diverse populations served by, and working within, the organization. Efforts have been made to recognize a wide range of cultural celebrations, and there is a dedicated commitment to enhancing supports for Indigenous staff, patients, and their families. This inclusive approach supports the positive relationships SHSC maintains with its union partners.

Staff development remains a clear focus, with offerings such as the Sunnybrook Leadership Institute aligning with SHSC’s values, mission, vision, and strategies. Notably, the organization has implemented education modules on civility and respect; diversity and inclusion; unconscious bias; San’yas Indigenous cultural safety; anti-Black racism; antisemitism and Islamophobia; and an introduction to 2SLGBTQI+ communities. SHSC demonstrates a strong commitment to making its educational offerings comprehensive, relevant, and accessible to all.

The team is appropriately leveraging automation to enhance organizational support. Project SHIFT is an excellent example, providing staff with more real-time capabilities for self-scheduling and engagement. Human Resource indicators via PowerBI are informative, and as SHSC continues to expand its automation efforts, it is well positioned to further strengthen organizational relationships. Ensuring robust, bidirectional interfaces will be essential as implementation progresses.

SHSC is commended for supporting its non-union team members through a recent compensation review. Valuing all employees equally is essential. The Professional Practice Team’s in-depth workplace reviews—most recently at the St. John’s site—further reinforce this commitment.

The HR Team is leading many exciting initiatives and is to be congratulated for its overall dedication to advancing the organization. By remaining transparent and accessible, the team is helping to strengthen the organization’s culture. SHSC’s growing visibility locally, provincially, and nationally is commendable. While automation will support ongoing growth and development, it is the people—especially the outstanding HR team—who will continue to have the greatest impact moving forward. Continued success!

Medical Devices and Equipment

The Biomedical Engineering team consists of 17 staff members, including Clinical Engineers, Biomedical Technicians, and Technician Assistants. An inventory of all medical equipment at Sunnybrook is maintained by the Biomedical Engineering Department. The TMS (Technical Management System) is used to record and track all equipment repairs and preventative maintenance under the team’s responsibility. Service contracts with external vendors are also in place; however, these are tracked by the clinical teams and not centrally managed within the Biomedical Engineering Department.

A five-year equipment replacement plan is in place, providing visibility into end-of-life timelines. The Biomedical Engineering team serves as subject matter experts and reports to the Capital Treasury Committee. A formal process ensures that all new and loaner equipment undergoes a biomedical review before it is used in the hospital. A robust three-way recall process is implemented whenever alerts are issued for equipment or devices. The use of a Real-Time Location System (RTLS) could further enhance the ability to locate devices during large-scale recalls or routine maintenance—particularly beneficial for items such as infusion pumps.

The Biomedical team actively identifies and pursues improvement opportunities. For example, they have assumed responsibility for testing patient lifts—an unconventional role for the department—which has resulted in approximately $100,000 in cost savings for the organization. The team is now exploring similar opportunities to replicate these efficiencies with other types of equipment.

It will be important to continue involving the Biomedical Engineering team as subject matter experts as work progresses on the Critical Care Tower.

Patient Flow

Leadership are well versed in the challenges of efficient and effective patient flow. Having a medical lead with a willingness to bring people together is essential to successful policy and initiative. This planning is in its early stages while the current system is functional. ICU nursing, EMT services and Palliative Care perspectives are clearly helpful additions.

Flow issues are viewed with functionality in mind. Putting the patient/client first is the overriding principle. “We look for opportunities all the time.”

Ensuring patient support outside the hospital is key to their successes.

Flow leaders from across the city meet weekly on a formal basis and the ability to call each other for help and advice is supported. Communication is strong and effective.

“What’s best for the patient” dominates patient flow transfers to the immediate community as well as communities at a distance. There is a focus on their capacities to manage.

A database utilization is the mainstay of management and knowing what is going on. It is well organized and up-to-date.

The Sunnybrook Repatriation System is a mainstay of their effectiveness. They now have a better weekend strategy than before. Their Urgent List is updated hourly.

I was able to listen in on a discussion about problems/challenges concerning a transfer back to a community hospital ICU service. Respect was shown as was the linking of the two intensivist clinicians involved.

They are well informed and “on top of things” they constantly monitor and communicate effectively.

Fostering co-ownership and co-design of occupancy, changes the focus from an emergency problem to a more system challenge. There are 11 priority programs functioning at sometimes high-occupancy and sometimes lower-occupancy.

Ideas abound. What might be the implications of Discharge Planning being a theme or focus on daily rounds from the moment of admission? What are the QI implications of structuring discharge planning as part of rounds and regularly updated/addressed.

Consult and direct admit can address some of the issues associated with waiting in Emergency. Transfer from an ICU to the PCU in under 2 hours is remarkable.

Physical Environment

Sunnybrook Health Sciences Centre comprises four main campuses: Bayview Campus, Holland Centre, St. John's Rehab, and the Reactivation Care Centre. The infrastructure at these campuses varies in age, with some facilities dating back to 1945. The aging infrastructure presents several challenges, including space and storage constraints, and issues such as water leaks and flooding. The team collaborates closely with IPAC to address these events.

The organization complies with all applicable environmental regulations and actively monitors requirements across key areas, including operating rooms (ORs), Medical Device Reprocessing (MDR), Endoscopy, and Pharmacy. Regular inspections are conducted by Occupational Health and Safety, with work orders completed and actions taken to resolve any safety concerns identified.

The St. John's site is one of the organization's older buildings. Efforts have been made to modernize where possible, such as the recent replacement of two boilers and the renovation of the lower-level clinical unit. Elevator replacements are currently underway, and hoarding was in place during our tracer to accommodate this work.

Environmental stewardship was evident in examples like LED lighting, expanded kitchen recycling programs, and the installation of electric vehicle chargers. However, many of the organization-level environmental initiatives did not apply directly to this site.

The organization conducts regular audits and inspections to ensure compliance with preventative maintenance standards, applicable laws, regulations, and codes. One ongoing challenge is the heavy reliance on printed paper records to demonstrate compliance with audits, inspections, and preventative maintenance for the Ministry and the Fire Marshal. The organization is encouraged to continue exploring digital, paperless approaches. Overall, there was clear evidence that the physical environment is maintained, and the infrastructure is functioning as required.

It was observed that some outdoor seating consisted of Adirondack chairs, which may be difficult for the patient population at this site to use. The organization may wish to consider installing more accessible and patient-friendly outdoor furniture.

Despite the challenges of managing an aging facility, there is strong commitment and evident pride among the facility management and plant operations teams. The building is clean and well-maintained, and numerous upgrades have been implemented to ensure redundancy in the power plant. These enhancements support cost efficiency, environmental sustainability, and a safer environment for patients. The Cogeneration Project, recognized by Accreditation Canada as a leading practice, highlights the organization's innovation and demonstrates a strong return on investment.

Three major capital infrastructure projects were completed in the past year: the Hurvitz Brain Sciences Program, the Sunnybrook Experience Centre, and the Thompson Centre for Anxiety Disorders. The Gary Hurvitz Brain Sciences Program, which opened in January 2025, focuses on clinical care, research, and innovation. It includes mental health services, the Family Navigation Project, the Stroke Program, neuromodulation, and vision and hearing sciences. Patients, families, and community advisors were engaged from the outset as partners in the planning and design of these facilities.

The next major capital infrastructure initiative is the construction of a new Critical Care Centre. This facility will house critical care, trauma, emergency medicine, burn care, and the helipad. It will provide improved space for these vital programs while also creating opportunities for infrastructure renewal within existing spaces.

Sunnybrook is a national leader in planetary health and has been recognized as one of Canada's Greenest Employers for 17 consecutive years. The organization employs energy managers within plant

operations and maintains a green task force with multiple working groups. Current initiatives include an HVAC redundancy project that incorporates energy recovery and a request for proposals (RFP) to develop a comprehensive decarbonization roadmap.

Space challenges persist throughout the organization, with frequent examples of cramped workspaces and corridor-based equipment storage. While these issues are expected to be addressed through future capital expansion, any interim opportunities to declutter and optimize space should be actively pursued.

Planning and Service Design

SHSC is to be commended for its thoughtful and inclusive approach to refreshing its Strategic Plan. Rather than starting from scratch, a comprehensive Discussion Paper was developed to assess whether the key strategies in the 2020–2025 Plan—including SHSC's Values, Mission, and Vision—remained relevant. The paper was presented in a way that ensured the consultation process was thorough, equitable, diverse, and robust. The overwhelming consensus was to evolve the existing plan rather than replace it. Under the guidance of a Strategic Planning Advisory Group, Working Groups were created for each of the four Strategic Directions, engaging over 450 individuals in the consultation process.

A key foundation of the Plan is data collected from Ontario Health, which helped SHSC understand both its immediate catchment demographics and the broader needs of populations served through its specialized clinical programs. This understanding enables more informed decision-making in today's complex health care landscape.

With the Plan now approved, the next step is to develop aligned goals and objectives, ensuring strategic alignment from the front lines to the executive level. SHSC has a strong track record of setting and advancing precise, outcome-driven goals. These are developed through a rigorous process that considers both population health and organizational needs. Programs are encouraged—and empowered—to be bold, exploring how care is delivered, by whom, and what technology is used. SHSC's robust Decision Support Team provides real-time data to decision-makers, ensuring progress is monitored and evaluated. All 11 SHSC programs are required to benchmark performance and develop action plans, with leadership accountability tied directly to organizational priorities.

One of SHSC's defining strengths is its commitment to building meaningful partnerships across the health system. Recognizing the importance of addressing the health and wellness needs of the community it serves, SHSC has prioritized the development of collaborative relationships that drive shared impact.

A recent meeting with community partners underscored this commitment. Participants unanimously acknowledged SHSC's dedication to fostering mutually beneficial relationships. Partners—including Baycrest Health Sciences, LOFT, Meighan Manor, Michael Garron Hospital, Ontario Health at Home, SPRINT/Meals on Wheels, Toronto Metropolitan University's Daphne Cockwell School of Nursing, Toronto Paramedic Services, Toronto Police Services, Toronto Public Health, VHA Home Healthcare, Vibrant Healthcare Alliance, ALS Society of Canada, and the Peel Satellite Neonatal Follow-Up Clinic—shared specific, trust-based examples of collaboration.

The surveyors heard consistently positive feedback, including:

- SHSC places trust in its partners, such as home care providers, and prioritizes resource alignment with patient needs.
- When patient populations are shared across hospitals, communication is patient-first, particularly in areas like ambulance bypass.
- SHSC, one of Canada's largest hospitals, entrusts smaller organizations with leadership on joint projects, sending a powerful message.
- Key resources like IPAC are shared on equal terms.
- Primary care is recognized as a critical partner.
- Collaborations are based on best practices and innovation.

- Creative programs—such as IV administration and antibiotics in the home, ED avoidance committees, and COPD protocols—are developed with long-term care and community partners.
- An IPAC Community of Practice has been created, including development of an Ethical Framework.
- SHSC worked with the ALS Society to secure the first-ever provincial operating funds.
- Following the 2018 van attack, SHSC led the development of a mass casualty information-sharing MOU with first responders, a partnership recognized nationwide.
- The organization remains relentlessly focused on population health and interdisciplinary training models.

This was among the most positive Community Partner engagements witnessed by Accreditation Canada, with concrete examples demonstrating meaningful integration. SHSC is rightly recognized for embedding these partnerships in its organizational ethos.

One of SHSC's stated objectives was to gather input on the upcoming Health Information System (HIS) implementation. With a contract recently signed to transition from the Sunnycares platform to Oracle, SHSC is embarking on one of the most significant discretionary investments in its history. Based on the surveyors' experience, the following pre-launch and go-live considerations are recommended:

Pre-Launch

- Engage frontline clinical staff and physicians early in planning and implementation.
- Carefully assess the integration needs of third-party systems (e.g., PACS, EKG, UKG, lab systems, med cabinets).
- Confirm that Oracle Cloud will interconnect seamlessly with all essential platforms.
- Ensure Oracle participates in the change management process as a true partner.
- Demand that Oracle understands SHSC's clinical workflows rather than applying generic templates.
- Insist on a consistent team of Oracle consultants through planning and go-live.
- Co-develop a clear Communications Plan with Oracle to ensure timely, consistent updates.
- Design a governance structure that eliminates siloed workstreams.
- Define and enforce performance expectations (e.g., login speed, transaction speed).
- Confirm that the selected Oracle version is up to date and stable.
- Clarify Oracle's cloud pricing structure—whether based on transactions, users, modules, or compute/storage/network use.

Go-Live

- Reinforce the Train-the-Trainer model throughout go-live, not just before.
- Use post-launch surveys or huddles to catch early issues.
- Prioritize cybersecurity and privacy—launches are high-risk for breaches.
- Communicate daily with all stakeholders.
- Establish a Central Command Centre with huddles, triage, and decision frameworks.
- Track issues and escalations in real-time.
- Implement an issues log with priority tiers (critical, urgent, minor) and escalation pathways.
- Most importantly: foster kindness. Go-live is stressful, productivity may dip, and emotions can run high. A culture of compassion will positively impact the patient experience.

From revitalizing its Strategic Plan to prioritizing digital transformation, system integration, and social accountability, SHSC demonstrates a deep commitment to both community and system-wide health. As the organization continues to evolve, its leadership and innovations will undoubtedly serve as a model for others across the health system.

Principle-Based Care and Decision Making

Ethics is a deeply integrated component of clinical practice, education, and research across Sunnybrook Health Sciences Centre. The Ethics team plays a central role in supporting the organization's mandate to deliver ethical, innovative, and patient-centred care. Embedded within clinical programs and working closely with multidisciplinary teams and operational leaders, the team is widely recognized for being approachable and responsive. They maintain close, collaborative partnerships with key stakeholders across clinical programs and the Risk Management team. The organization utilizes ethics-informed tools such as the Ethical Framework for Resource Allocation, the IDEA Ethical Decision-Making Framework, and the IPAC Ethical Decision-Making Framework, which has been submitted as a leading practice and shared with peer organizations.

The Ethics team provides 24/7 availability and is consistently viewed by frontline teams as accessible, practical, and supportive. Clinicians shared clear examples of accessing the team for real-time ethical decision-making, using the available frameworks to navigate complex clinical situations and dilemmas. These include decisions related to uninsured patients, complex social contexts, and balancing the needs of local, provincial, and international patients accessing Sunnybrook's highly specialized programs. The team helps staff navigate competing ethical tensions in an increasingly complex environment shaped by considerations of resources, equity, and access. They have been instrumental in supporting teams working with patients facing significant social vulnerabilities, including those who are unhoused, uninsured, or experiencing substance use.

A strong foundation of preventative ethics is evident at Sunnybrook. The Ethics team is not brought in as an afterthought but is embedded in planning and decision-making processes. The team also contributes to provincial and national thought leadership through active participation in pan-Canadian initiatives aimed at shaping emerging standards in health care ethics.

In addition to clinical ethics, Sunnybrook maintains a high-performing Research Ethics Board (REB), recognized for its thoughtful and efficient approach. The REB operates with a guiding mindset of "protecting patients for research" and "bringing research to patients" with appropriate safeguards in place. This approach has led to significantly reduced review-to-approval timelines, outperforming provincial benchmarks while upholding rigorous oversight. The REB achieves a strong balance between regulatory compliance, the organization's mission, and the imperative to advance research and innovation responsibly.

The Ethics team also supports capacity building and knowledge sharing across the organization. They offer regular educational rounds, monitor trending ethical themes, and collaborate with peers through the Health Ethics Alliance. Their commitment to continuous improvement is evident in ongoing efforts to enhance harm reduction strategies, support vulnerable populations, and sustain staff wellness in ethically complex environments.

Opportunities for Further Development

- Continue advancing harm reduction and equity-focused ethics work, particularly to support uninsured, unhoused, and structurally marginalized patients, in alignment with Sunnybrook's equity commitments.
- Explore broader implementation of new ethical decision-making pathways co-designed with patients, families, and community representatives to ensure cultural safety and inclusivity.

Resource Management

SHSC is commended for its commitment to responsible resource stewardship, including effective cash management.

Hospitals currently operate in a highly challenging environment, with provincial revenues failing to keep pace with rising expenses—particularly in salaries and benefits. As a result, there is increasing emphasis on operational efficiencies to generate operating surpluses that can sustain capital investments in

equipment, technology, and facilities. This need is further intensified by the escalating cost of capital investments, such as the replacement of Hospital Information Systems, which are outpacing available financial resources.

The SHSC team is utilizing all available tools to assess operational efficiency, including Big Data analytics, with a strong emphasis on utilization management and benchmarking. Operating departments are actively engaged in identifying efficiency opportunities, as confirmed during tracers. One notable example is the Local Savings Opportunities framework developed by the organization, which reinforces expectations around programmatic savings, organizational savings, and revenue-generating initiatives. Key focus areas include optimizing supply chain operations, aligning staff skill mix with patient acuity, maximizing non-Ministry revenue, and managing vacancies effectively—strategies that are critical in today's fiscal climate.

While operational efficiency is a priority, hospitals continue to face growing service demands. SHSC's recently approved strategic plan will inform updated goals and objectives, supporting resource allocation decisions that maximize value in patient care and service delivery. The organization's ongoing commitment to strengthening partnerships and ensuring care is delivered in the most appropriate setting may help alleviate financial pressures over time, though this is not a short-term solution.

The team is also recognized for its proactive engagement with provincial decision-makers and its success in securing appropriate funding opportunities. Innovative collaborations—such as working with other centres to coordinate access to orthopedic services—are improving care delivery. Additionally, SHSC's efforts with TAHSN hospitals to standardize budget assumptions contribute to a more unified approach to provincial funding discussions and are noted with approval.

Board oversight through the Finance and Common Audit Committee is robust. The organization is praised for its comprehensive reporting processes and the KPIs it tracks. Operating departments are well-integrated in budget planning and monitoring, and the organization's multi-year capital planning approach—especially for technology—is exemplary. As financial constraints tighten, safeguarding the ability to responsibly renew and refresh capital will be key to sustaining not only patient care, but also the essential mandates of education, research, and commercialization.

A special commendation is extended to the Foundation for its outstanding support in funding capital investments. This support reflects the trust the community places in SHSC's leadership and will be instrumental in helping the organization fulfill its mission in the years to come.

Kudos to the entire team for its thoughtful and strategic approach to resource management during this time of uncertainty.

Table 5: Unmet Criteria for Leadership

There are no unmet criteria for this section.

Medication Management

Standard Rating: 99.4% Met Criteria

0.6% of criteria were unmet. For further details please review the table below.

Assessment Results

Sunnybrook Pharmacy Services is governed by a very engaged and inclusive interdisciplinary Pharmaceutical and Therapeutics (P&T) Committee, with multiple sub-committees reporting through the P&T committee. Policies, procedures and SOPs are developed by sub-committees and approved by the Pharmacy Leadership Committee.

(Sub-committees include Medication Safety Committee, Medication Policy Committee, Diversion Prevention Committee, Antimicrobial Committee, NICU P&T Committee, Quality Assurance Committee, Operations Committee, Shortages Committee, Diabetes Inpatient Committee, Order-set Committee, Medical Directives Committee, Senior Pharmacy Practice Council, Pharmacy Practice Council and SPEC).

There is a robust antimicrobial stewardship program, with membership including antimicrobial pharmacists, infectious disease pharmacist, IPAC nursing, and Medical Director of the Antimicrobial Stewardship Program, and the Division Head of Infectious Diseases. Audits are completed on all patients receiving broad spectrum antibiotics at day three, seven and 14, with 20-30 patients reviewed and evaluated daily. Every order set with an antibiotic prescription is reviewed for appropriateness. The team has partnered with lab services to ensure optimal microbial reporting to promote better appropriateness of prescribing practices.

The pharmacy team at the Holland Centre is a small but mighty crew, ensuring that all policies, procedures and processes meet standards. They are heavily involved in ensuring that the elective short stay surgical population as well as the longer stay ALC population are appropriately supported from a medication management perspective. The team cites greater integration with the Bayview site and feels adequately represented and aligned to the organization's policies. The team has developed an innovative research project which encourages patients with unused opioid medications to return them to the organization. Although in place since 2019, this ongoing research continues to influence safe medication practices by allowing teams to converse about possible upstream changes to continue their quality improvement medication journey.

Medication management at the St John's site has some notable differences from the organization's other sites. The site was amalgamated with the organization in 2012 and there remains some legacy systems including Meditech used for medication management. Meditech does not link with SunnyCare unlike the medication system used at other sites. As a result of this difference there is significant reliance on paper and manual entry of information into Meditech. There is a significant risk of transcription error and missed information with this approach. It is anticipated that the new EMR will resolve these issues. Despite this challenge, the pharmacy team was able to demonstrate the medication reconciliation process which is driven by the pharmacist. The onsite pharmacy was clean and organized. There are workstations set up to support the workflow. There are different colored bins to help identify different groups of medications and stickers/labels and to help alert people to various risks. However, at least one narcotic with different concentrations was stored together in one bin. The organization is encouraged to review how they store multiple concentrations to minimize risk. They are also encouraged to review medication disposal for opportunities to reduce risk. The pharmacy team works collaboratively within their team and as part of the interdisciplinary team on the units. They are active and engaged in their local St. John's site safe medication management committee as well as several organization-wide committees.

They were able to demonstrate evidence of consistent audit and tracking and provided several examples of how they used this information to inform quality initiatives. Automated Dispensing Units were recently rolled out at this site and frontline staff spoke of the improved safety and efficiency related to them.

The pharmacy team has demonstrated a move from Quality Assurance to Continuous Quality Improvement. Examples of QI work includes the comprehensive work on antimicrobial stewardship with numerous publications, the upgrades, and creation of improved spaces for hazardous preparation and storage, and leading a provincial QI initiative for improving staff safety in the mixing and administration of pharmaceuticals with potential reproductive risk or carcinogenic potential. All the pharmacists in the geriatrics program are geriatric certified by the American College of Pharmacists. This group works to identify polypharmacy issues, and has developed an antipsychotic stewardship program to improve the safety of medications within this high-risk population.

An opportunity for improvement for this team will come with the introduction of the new clinical information system and the implementation of Computerized Physican Order Entry (CPOE). CPOE currently exists on Oncology through OPIS, and on K Wing through SunnyCare, however the rest of the organization uses carbon paper medication orders that get manually entered to create the MAR.

There is a reliance on pharmacy technicians to complete the Best Possible Medication History (BPMH) for admitted patients, which sometimes creates situations where the medication reconciliation process is delayed due to reduced staffing on weekends and holidays. There is an opportunity to review current practices across the organization and explore a process that allows for more timely and consistent completion of the BPMH, particularly in areas that have pathways to admission outside of the emergency department.

Table 6: Unmet Criteria for Medication Management

Criteria Number	Criteria Text	Criteria Type
5.1.7	Separate storage in client service areas and in the pharmacy is used for look-alike medications, sound-alike medications, different concentrations of the same medication, and high-alert medications.	HIGH

Service Specific Assessment Standards

The Qmentum Global™ for Canadian Accreditation program has a set of service specific assessment standards that are included in the accreditation program based on the services delivered by different organizations. Service standards are critical to the management and delivery of high-quality and safe care in specific service areas.

Ambulatory Care Services

Standard Rating: 98.3% Met Criteria

1.7% of criteria were unmet. For further details please review the table below.

Assessment Results

The Trauma Recovery Clinic (TRC) and Heart Function Clinic were surveyed.

The TRC is a follow up clinic for all Trauma patients admitted to the inpatient trauma unit, C5. This complex patient population has many needs post discharge and is supported in this novel interdisciplinary clinic seeing patients for up to one year. The team supports patients and families in their longer-term recovery and reintegration back to the community; helping patients overcome sometimes complex social situations to ensure their ongoing medical (physical and psychological) follow up is completed. The team does this with a trauma informed and culturally sensitive approach.

This collaborative team is acutely aware of the needs of their patient population and seeks to support them as needs become apparent, by transforming their services. For instance, the need for a family physician to join the team was identified to support unattached patients until new family doctors can be identified. This bridging program allows further support and follow-up for the trauma patient, including medical screening needs and incidental findings. Continued evolution in the clinic is seen by the identified need for mothers of young victims of violence to have a support group – which is in progress. Staff report familiarity with safety mechanisms to use such as Code White buttons, working in pairs at minimum, de-escalation techniques, and Crisis Prevention Institute (CPI) training.

The leadership was sensitive to the burden of caring for complex patients on the team and spoke about wellness supports and debriefs, to ensure ongoing support of the team members.

One challenge the clinic has is a no-show rate of approsimately14-20 percent, and much effort is put into addressing this. Another challenge is the coordination of care with other clinics, such as diagnostic imaging or the fracture clinic, and due to a change in the other clinics' booking system, the TRC has lost line of sight, which has created the need for more time and effort to coordinate appointments to ensure a patient-centred approach. The team goes to great lengths to try to accomplish this. The team receives patient information supporting referrals via Sunnybrook's email system and is encouraged to ensure that the details in policy are being followed. The new Health Information System may address this.

One sub-clinic of the TRC is the Neuro Education Outreach Clinic (NEON) that supports the education of staff of hospitals where patients are repatriated. This ensures that organizations that don't have this specialty are supported in providing high quality care and building capacity.

Some of the patient population was identified as being at risk of falls, yet no falls screening has been completed. A review of the organizational policy would be of benefit tor all outpatient clinics in this regard.

This is an interdisciplinary team with an impressive outreach to the community. The team is uniquely focused on the health of patients beyond the hospital walls and with multiple efforts to engage patients experiencing physical, emotional and psychological impacts of trauma. The care extends to the family and caregivers with sensitivity and compassion and recognizes the vulnerability of patients in the community. The BRAVE (Breaking the Cycle of Violence with Empathy) program is an innovative approach that recognizes the impact of domestic and community violence on the patient and develops strategies to reduce barriers to care and increase achievement of wellness goals.

Patients report that the service is responsive to their needs, and practitioners are linked to specialized resources within SHSC and their home community. The referral process to SHSC was very efficient, and the TRC is a helpful continuation to the initial intervention and ongoing assessment for further medical interventions.

The TRC was not identified as a clinic completing medication reconciliation, thus the Heart Function Clinic was also reviewed with a specific focus on medication reconciliation. The physician completed a thorough reconciliation with multiple sources. The documentation system is currently Accuro and once again – harmonizing into a single system will be beneficial.

Table 7: Unmet Criteria for Ambulatory Care Services

Criteria Number	Criteria Text	Criteria Type
1.3.6	Universal fall precautions, applicable to the setting, are identified and implemented to ensure a safe environment that prevents falls and reduces the risk of injuries from falling.	HIGH

Cancer Care

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the table below.

Assessment Results

Sunnybrook Health Sciences Centre (SHSC) is home to one of Canada's most comprehensive and advanced cancer programs, serving as the host institution for the Toronto Central North Regional Cancer Program. With a mandate that spans across systemic therapy, radiation therapy, surgical oncology, supportive care, and psychosocial oncology, the program reflects an integrated, holistic model of care delivery that is patient-centred, evidence-informed, and system-focused. The cancer program delivers approximately 165,000 visits per year and includes the highest volume of new patient radiation therapy consults in Ontario, placing it among the largest and most complex cancer centres in the province and nationally.

The SHSC Odette Cancer Program is known for its deep clinical expertise, innovative care models, and commitment to advancing cancer science and practice. Specialized offerings such as Gamma Knife, MR-guided brachytherapy, MR Linac, radioligand therapy, hepatic artery infusion pumps, and heated intraperitoneal chemotherapy represent the program's leadership in precision and minimally invasive treatment modalities. The radiation medicine and cancer ablation teams are internationally recognized for pioneering new approaches in radiation oncology and pushing innovation in what is possible for tumour-targeted treatment.

The program's adaptive approach to managing increased patient volumes and complexity has been instrumental in maintaining access and quality within a physical plant that presents spatial and infrastructure limitations. These constraints have been managed through creative and patient-centred solutions such as expansion of virtual care, streamlined infusion clinics, and optimization of clinic flow. New models of care delivery have empowered clinicians to work at top of scope, such as radiation therapists leading MR simulation procedures in oncology. Nurse-led clinics, a virtual care coordinator role, and "page to engage" support functions within the outpatient clinics, reflect the program's responsiveness to patient needs and clinical realities.

Pharmacy services are deeply embedded within the cancer program and contribute to all aspects of care, including clinical order review, drug access navigation, and preparation of complex chemotherapy compounds. The pharmacy team participates in over 150 oncology-related clinical trials, ensuring alignment with cutting-edge treatments and advancing knowledge translation. Across systemic therapy, approximately 70–75 clinical trials are actively underway demonstrating a research-positive clinical culture.

Genetics is increasingly mainstreamed into the cancer program and reaching out into the community, with the genetics team strategically focused on ensuring their expertise is applied to complex diagnostic and risk assessment scenarios while building capacity in the community to provide early access to genetic services. This targeted model ensures sustainability and accelerates access for patients who benefit most.

The program also demonstrates commitment to diversity and equity by addressing the psychosocial and logistical needs of increasingly complex patients. Social workers and psychosocial oncology clinicians are integral members of the care team, providing trauma-informed and equity-sensitive support.

There is strong evidence of a learning culture and continuous improvement across the program. Examples include staff-led quality improvement initiatives such as the “door to vein time” project in systemic therapy, weekly interdisciplinary quality discussions, and active engagement in scholarly activity including national conference presentations and peer-reviewed publications. Staff are supported in ongoing professional development, with structured phased learning, performance reviews, and upskilling aligned to practice standards. The program is well positioned to explore emerging technologies, including the interest and future opportunity to use artificial intelligence to support workload balancing in radiation therapy, optimize treatment planning, and reduce variation in clinical practice.

The Sunnybrook Odette Cancer Program has a strong commitment to patient and family engagement with a Patient and Family Advisory Committee that plays a vital role in co-designing services, participating in quality initiatives, and ensuring the patient voice is reflected in operational and strategic planning.

Outpatient care is structured as a one-stop model wherever possible, with integrated navigation, remote symptom support, and seamless coordination between disciplines. These efforts reflect the program’s mission to provide care that is not only medically excellent, but also compassionate, accessible, and patient and family experience focused.

Opportunities include scaling local quality improvement initiatives to achieve greater consistency and spread across the program. Leveraging program-level metrics and cancer care indicators could enhance transparency and empower clinicians, patients, and families to co-design local priorities and improvement projects tailored to the context of each disease site or care team. This data-driven engagement would support a more responsive and iterative approach to innovation and care delivery. There is also an opportunity to evolve documentation practices from goals of care as an exception, such as when a patient is designated DNR or has medical management restrictions, to a model where all patients have a documented care plan focused on individual goals, quality of life, and treatment preferences.

While the program excels in delivering complex and leading-edge therapies, there is an opportunity to re-centre on foundational aspects of care, such as pain management, personal care, and support with activities of daily living, which some patients and families identified as an improvement to their experience. Returning to these basics, while continuing to lead in innovation, would ensure the cancer program remains grounded in what matters most to the individuals and families it serves.

SHSC’s cancer program stands as a national leader in cancer care, research, and system integration. It reflects the best of academic medicine being scientifically rigorous, socially responsive, and passionately patient-centred. The program is well-positioned to build on its strengths through ongoing collaboration, local and system-level quality improvement, and a continued focus on delivering exceptional, compassionate care across the cancer journey.

Table 8: Unmet Criteria for Cancer Care

There are no unmet criteria for this section.

Critical Care Services

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the table below.

Assessment Results

Sunnybrook Health Sciences Centre (SHSC) provides exemplary general and specialty-focused critical care to its community, the province, the country, and the world. A tailored approach is used to provide critical care to various client populations including neonatal, pediatric, and adult clients with neurovascular, cardiac, and burn issues. There are 106 ICU beds in seven ICUs.

The initial overview meeting with senior leaders was one of the most comprehensive and quality- oriented meetings within which the surveyors participated. Responsive programs with patient/ client input characterize SHSC. They are appropriately proud of their ACS verification and Accreditation Canada status. There are over 5000 admissions, 2000 trauma team actuations, and 1500 neurosurgical interventions annually. Concordant with this is a robust prevention program. Everyone in the room was actively engaged with briefing and updating the surveyors. Expanded scope of practice is characteristic of nursing activity.

The organization is aware of the risks of Quality Improvement losing momentum but is appropriately proud of their progress to date. Their active participation in local, national, and international meetings involving information dissemination and best practices is acknowledged and commended.

The ICU workload benefits from early repatriation. Their accomplishments by actively staying open during COVID, although draining, have also been sustaining and energizing and are viewed with pride. The challenges of transferring accountability are taken seriously.

The use of agency health professionals is less of an issue now. The use of data, measurement and quality improvement are common practices.

Despite the benefits of protocols for early extubation and nurse-initiated interventions, the clear philosophy is “we can do better”. Practice-based research and innovation is evident throughout SHSC’s critical care programs. The focus is on thriving in addition to surviving. Interdisciplinary teamwork is remarkable. Their use of key transfer information is vital to transfer accountability. Critical Care at SHSC is regularly consulted provincially, nationally, and internationally.

“Families are not visitors” typifies the attitude and family/baby-centricity of this service. The willingness of staff to share a significant event/critical incident was most reassuring. Tracers and validation throughout all critical care sites support the perspective that this is a well-organized and well-run patient-centric clinical service.

Table 9: Unmet Criteria for Critical Care Services

There are no unmet criteria for this section.

Diagnostic Imaging Services

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the table below.

Assessment Results

Diagnostic Imaging Services (Bayview/Holland)

Sunnybrook Health Sciences Centre (SHSC) Diagnostic Imaging provides comprehensive and specialized diagnostic, interpretive, and treatment services to the community, the province, and country. It is ably led by a robust interdisciplinary team, one of the most integrated in the country. It respects its community base and is a highly specialized resource of support for the province, the country, and the world. Patients are accorded exemplary services with a goal of restoration.

Equipment is state-of-the-art and the organization and operations have handily addressed common flow issues and time to investigation completion. Attention to the metrics of availability, waiting times, and quality is reliably evident.

The volumes are remarkable. The major distinguishing features of the two sites are size and scope of services. Because they are so integrated, they are in an enviable position of learning from each other. The Holland site demonstrates robust anticipatory supplementary guidance as it relates to the inclusion of special supplements to requested imaging. Knowledge of the standard operating procedures and requirements/preferences for surgeons is accommodated. These supplements would be required prior to a surgical intervention. This initiative obviates the need for a return visit.

“With a biopsy if necessary” aids in this comprehensiveness of requesting mammography.

Clerical support is integral to their success. The onboarding challenges faced with recruitment/orientation are tackled with energy, anticipation, and payback.

A major reality facing the community is information sharing and reducing duplication of imaging interventions. The smorgasbord of public and private interventions creates problems in the coordination and availability of images that are not performed at Bayview or Holland. A provincial repository of all imaging would go a long way to supporting shared information. Private imaging in the Greater Toronto Area creates a quality and safety environment of concern to Diagnostic Imaging at SHSC. When images are not on PACS (Picture Archiving and Communication System), this has been identified as a quality and safety risk.

Quality, safety, and quality improvement activities are vigorous.

Tracers and validation support the perspective that this is a well-organized and well-run clinical service. Patient-centricity is evident throughout all encounters. Timeliness of procedures, comprehensiveness, and timely review of results are most valued.

Table 10: Unmet Criteria for Diagnostic Imaging Services

There are no unmet criteria for this section.

Emergency Department

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the table below.

Assessment Results

Emergency Department and Service Excellence

SHSC is a busy community and referral hospital for trauma, burns. and other special services. They provide over 57,000 visits/assessments per year, and the organization is running at 108 percent occupancy. Services are truly integrated. The orientation with senior leaders and teams was reassuring in their commitment to quality, safety, and quality improvement. Comprehensive programs and services aid and assist in their attention to patient flow. The use of such programs and services often obviates the need for admission, which in other centres would be the norm. The not uncommon challenges of dealing with colleagues/services reluctant to admit, are well dealt with.

The use of QI fellowship training is strong. Active participation in QI and presentation at local and national meetings are well evidenced. QI data is shared within the Toronto Hospitals System.

The relationship between EMS and the ER is positive and supportive. Interviewing two separate EMS teams validated the respect they are regularly shown with transfers of care. The relatively new nurse assessment for possible trauma transfer has made a positive difference. One surveyor was able to witness a possible trauma transfer in which the ER nurse, trauma nurse and EMS team worked together to triage an individual who had been involved in a rollover in which he was extricated from his upside-down vehicle. The full trauma team was not called. The walk-in registration system was used and it provided a prompt and efficient triage system.

One surveyor was able to interview a parent and child in the main waiting room. They were referred to the Sunnybrook ER by their family physiAfter they had been assessed, the parent who had expected tests seemed satisfied with the prescription and explanation provided by the ER physician.

The opportunity to interview a patient who had been in the ER for 72 hours with tachycardia and new onset atrial fibrillation provided an opportunity to validate the positive regard for SHSC and their care. This patient was being transferred upstairs for ongoing assessment and management.

The mix of handwritten and electronic records identified in the previous survey can be addressed through the new Hospital Information System, once implemented.

Maintaining and strengthening the community-hospital focus in addition to the important special and critical care services for the province and the country is admirable. This is an example of engaging their community and has influence on patient flow particularly upon discharge.

Tracers and validation support the perspective that SHSC has a well-organized and well-run clinical service. Patient-centricity is evident throughout all encounters. Timeliness of procedures, comprehensiveness, and timely review of results are most valued.

The sense of pride, patient/person-centredness, and work attitude are appropriate.

Table 11: Unmet Criteria for Emergency Department

There are no unmet criteria for this section.

Inpatient Services

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the table below.

Assessment Results

This inpatient episode of care and service excellence survey focused on several medicine units including C5, C6, C4 and D3. There was a consistent theme from staff members, feeling supported by the organization in their onboarding, orientation, and professional growth and development (internal courses and attending internal or external conferences). This feeling was bookended by the pride staff felt at being Sunnybrookers and the confirmation that they recently had or were about to have their performance review with their leader.

Staff communicated clearly their knowledge of many key patient safety practices and procedures including positive patient identification, falls prevention, venous thromboembolism prophylaxis, least restraints, IV pump, how and when to complete an incident report. Their knowledge and practices were endorsed by patients who were interviewed. Patients were complimentary of staff and physicians.

Some of the units surveyed have had recent changes to their patient population post pandemic, including repurposing rooms to create a Level 1 ICU; to support the organization’s critical care capacity. This involved additional certifications for the staff to achieve, all occurring in the immediate post pandemic timeframe. Leaders across units consistently point to their staff as their proudest achievement, citing resiliency as a key attribute.

Staffing pressure seemed to have resolved in most areas, although supplemented by the nursing resource team; yet unsurprisingly vacancies remain in specialty positions. Creative cross training and a grow your own approach is attempting to address this issue. The wellbeing of staff is paramount, and leaders engage staff in developing meaningful solutions, such as, refurbishing the staff break room.

The interprofessional team is engaged in ensuring patients receive the care they need and concurrently plan for the next step in the patient journey (home, rehab, other). Teams consult appropriately with specialists, such as, palliative care, geriatrics, and pain services. Leaders and frontline staff articulate how Patient and Family Advisors contribute to their teams and specifically to education materials. The teams are encouraged to continue to engage with these key stakeholders early and often.

Leaders can discuss and describe the amount of data that is available to them; however, the use and content of quality conversation boards varied. The teams/organization is encouraged to refresh this important communication tool to ensure leaders are clear on what data to bring to the teams, any quality improvement initiatives stemming from the review/conversation, and the result/evaluation. The transparency of data to frontline staff, its importance and the connection to the program/organizational strategic plan is important to spread.

Staff are excited and look forward to the new Health Information System.

Patients reported great confidence in the quality and expertise of medical practitioners providing care. Patients felt that they were well informed about their care plans and that their preferences for care were respected. Although patients had the option of receiving treatment at other hospitals, they expressed a preference for the care they received at SHSC. Family members felt welcome and were encouraged to be involved in planning care and participating in the discharge plan. Patients indicated that safety procedures such as two identifiers on medication and falls prevention were followed, and extra care was taken to ensure that they were aware of steps to take to ensure their ongoing safety.

One concern expressed by a patient was the physical layout that was cramped in the three-bed units. The Reactivation Care Centre (RCC) operates as a highly integrated and collaborative multidisciplinary

team. Team members are strongly aligned with patient-centred care, and a shared commitment to excellence in transitional and restorative care. Staff are passionate about their clinical specialty and the important role the RCC plays in optimizing patient flow and recovery between acute care and community services.

The RCC has received several awards recognizing clinical innovation and quality improvement and the team has embraced its academic mission, engaging in multiple best practice initiatives and scholarly projects, including upcoming research on trauma-informed approaches to managing responsive behaviours.

The referral and intake processes are streamlined and efficient, with rapid turnaround on admission decisions contributing to improved patiet flow and ensuring timely access to reactivation care for patients transitioning out of acute settings. The RCC successfully collaborates with key partner organizations, including Ontario Health at Home, to support access to resources and services that enhance patient outcomes and unit effectiveness.

Access to specialized services such as psychiatric consultation and palliative care has been expanded, enhancing the team's capacity to manage complex needs. These services have strengthened the skill mix and interdisciplinary collaboration within the unit, allowing patients to receive enhanced care within the RCC environment.

Continuous quality improvement is embedded in the unit's culture. Several initiatives have been completed or are in progress, including the development of a staff code of conduct and ongoing enhancements to the falls prevention program. These initiatives reflect an ongoing focus on safety, engagement, and striving for excellence.

There are continued opportunities to build partnerships, pathways, and resources for complex patient pathways. Developing processes with acute care programs, such as general medicine, for patients who experience acute deterioration, including RCC physician to acute physician consult and a direct admission process, could be considered. This would reduce the risk of further negative clinical complications with Emergency Department (ED) boarding, reliance on ED, and risk of transfers to external hospital EDs.

Establishing site-specific integrated policies between SHSC and the RCC's landlord, Humber River Health, would further enhance alignment and clarity. Site specific policies such as one Infection Prevention and Control policy that addresses physical environment, unit operations and clinical practice, would ensure clarity for staff and promote a cohesive approach to patient safety and site operations.

There is an opportunity to establish a Patient and Family Advisory Council specific to the RCC, engaging current patients and families and program alumni. This would create formal structures for co-design and meaningful engagement in service planning, quality improvement, and strategic initiatives. Involving patient and caregiver advisors on committees and working groups would embed these important voices into operational and clinical decision making. While there are currently informal avenues for feedback and a strong focus on individualized care planning and goal setting, the creation of a dedicated advisory council would represent a significant advancement in the RCC's approach.

Table 12: Unmet Criteria for Inpatient Services

There are no unmet criteria for this section.

Long-Term Care Services

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the table below.

Assessment Results

SHSC's Veterans Centre is the largest veterans care facility in Canada, and is recognized as a centre of excellence in specialized long-term care. With 194 residential beds in operation, the Veterans Centre supports residents across the spectrum of aging, including complex medical needs, cognitive decline, and care through to end of life.

Care is deeply person-centred, with individualized care plans and goals-of-care discussions integrated into routine practice for all residents and families. Interprofessional teams work collaboratively to manage residents' evolving health conditions, prioritizing quality of life, comfort, and safety. Embedded palliative care support ensures that residents can receive comprehensive symptom management and end-of-life care in their familiar surroundings, aligning with resident and family wishes.

In response to the natural decline in the veteran population, the Veterans Centre has adapted thoughtfully by incorporating community patients and proactively building capacity to address more diverse and medically complex needs. This shift has been supported by targeted staff education, upskilling, and the nurturing of strong clinical gerontology expertise to meet higher acuity levels and challenging responsive behaviours. Programs such as the Dorothy Macham Home offer specialized, leading-edge approaches to caring for residents with severe delirium and complex behaviours. This includes innovative dining practices, purposeful environmental design, and specialized staffing models that have been shared widely as best practices within the sector.

The program maintains robust partnerships with Veterans Affairs Canada, Royal Canadian Legions, and community agencies to ensure coordinated services, timely access to resources, and meaningful supports for residents and their families. An innovative outreach initiative extends care to unhoused or at-risk veterans with clinics, mental health supports, and subsidized housing providing proactive services before long-term care placement is needed.

Patient and family engagement is a foundational strength at the Veterans Centre. Well-established Veteran and Family Councils actively shape service delivery and quality initiatives. Examples include input into significant renovations in the lobby and library, as well as everyday enhancements like menu options tailored to resident preferences. This culture of co-design empowers residents and families to meaningfully influence their care environment and experience.

A robust quality framework supports continuous improvement and safe, high-quality care. Quality indicators are co-developed with veterans and regularly reviewed at the unit level with frontline managers, staff, and educators. There is strong commitment to learning and quality capacity building through the Education Council and unit-based quality champions, with clear plans to spread and sustain successful initiatives. Practical examples include the use of mortality and morbidity rounds to review emergency department visits, then refine pathways to reduce avoidable transfers. Pathways developed in partnership with dialysis and oncology services have helped to minimize hospital use and ensure residents can receive needed care in place whenever possible.

There is a clear culture of proactive staff development and confidence-building. For example, after an adverse event, a thorough needs assessment, customized education plan, and hands-on simulation were provided to increase staff skills and confidence in managing complex care scenarios. This reflects theVeterans Centre's dedication to nurturing professional growth and maintaining high standards in gerontology care.

Looking ahead, the Veterans Centre is well-positioned to build on this solid foundation. An opportunity exists to further leverage program-level metrics and outcome data to inform local priorities, co-designed quality improvement projects, and resident- and family-centred innovations. Sustaining a dedicated focus on transitions with acute care partners and exploring models to balance long-term care with transitional or restorative care capacity will ensure the Centre continues to meet emerging community needs while honouring its legacy of exceptional veterans care.

Table 13: Unmet Criteria for Long-Term Care Services

There are no unmet criteria for this section.

Mental Health Services

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the table below.

Assessment Results

Mental Health: Summary

The Mental Health Program has made some remarkable progress since the last survey. A move into their brand-new space supports the program to continue to grow and innovate. The new space is exceptional and has been designed with input from patients and families, complete with comfortable and inviting lounge spaces, gyms, and even a fireplace. In addition to inpatient beds, and a PICU there are some unique clinics including repetitive Transcranial Magnetic Stimulation for youth. The space is also exceptional from a safety perspective and includes enviable features such as ligature free fixtures, real time locating services, video surveillance, and dedicated security guard stations. The set up helps facilitate continued excellent team collaboration and engagement. With clear lines of sight via the windowed nursing stations and common areas, staff have clear lines of sight to support one another and the patients. There is an extensive partnership with community services and discharge support available. There is a large Psychiatry Team that is well integrated into the programs and clinics with a strong focus on research and innovation.

Documentation is a challenge for the entire organization while awaiting an electronic documentation system renewal. There is variability between units and programs regarding what is captured on paper versus electronic; however, within each unit, this appears relatively consistent. The current system is an organizational risk. There is significant duplication and rework by staff that are required to enter patient information on both paper and electronic documents. One example of this is BPMH. There are at times delays in completing BPMH after hours. It is anticipated that the new EMR will help resolve this issue. The organization is encouraged to consider how they can mitigate this risk in the short term until the launch of the new EMR.

The team leadership shared a clear safety strategy and demonstrated some Power BI dashboards. The dashboards are somewhat focused on operational metrics and accessible to leaders only. Frontline staff had limited awareness of safety metrics applicable to them. A fulsome EMR will allow greater ease of tracking patient safety metrics, such as number of patients with a falls risk assessment completed, and staff performance metrics in real time . In addition, greater use of quality improvement metrics on conversation boards, and shared with teams, will help foster continued engagement and support from the frontline.

Mental Health: Episode of Care

The mental health program is very focused on innovation and research. Staff cited this as one of the main reasons they chose to work for SHSC. The center for Neuromodulation is an excellent example of this. The organization is the sole provider in Ontario of several innovative treatments such as rTMS for youth.

The space is brand new since the last accreditation and well laid out to make patients and families comfortable. There is a lot of natural light and common areas that support a welcoming environment and social interaction. The Mental Health PFAC group was very engaged in the design of the space and advocated strongly for some of the design elements. The environment is remarkable for ligature proof fixtures as well. The staffing areas and common areas all have big windows that allow for a line of site for staff and patient safety.

The inpatient programs consist of adult, PICU, and adolescent beds. Access to services is 24 hours a day via the Emergency Department.

Several standard assessment tools are completed on paper as part of each admission. Examples include the Braden Scale, suicide risk assessment, and falls risk assessment. There is a tool to identify and flag patients with a behavior risk. This is assessed using a paper form and added to the EMR by the nurse.

The team is well versed in the use of restraints and there is a policy to guide restraint use.

The program is remarkable from a waitlist perspective, they report a four to six week wait for services, well under their comparators.

New admissions to the program receive an information package about what to expect. Great efforts are made to build rapport and put patients at ease. For example, medications are dispensed from their packaging in front of the patient to reassure those with paranoia, and programing is tailored to each individual's interests. In speaking with patients, it was identified that a strength of this program is that the program supports both physical and mental health. Further evidence of this can be seen in the gyms located on two of the units and the physical activity programming that occurs.

For care transitions, a standardized paper SBAR tool is used. This was inconsistently observed on some, but not all, charts. For discharges there are four points of follow-up to help ensure success and identify risks of unsuccessful discharges early.

Table 14: Unmet Criteria for Mental Health Services

There are no unmet criteria for this section.

Obstetrics Services

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the table below.

Assessment Results

Obstetrics: Summary

Patients drive past closer hospitals because they want the excellent care and patient experience that SHSC's obstetrics program is offering. People spoken to as part of the tracers want to have their babies at this hospital and the staff want to work here. The level of expertise and the inviting environment has helped to create this sentiment. There are many purpose-designed spaces created with input from patients and families to ensure that the patient experience is positive. The dedicated obstetrical clinic spaces, three obstetrics operating rooms, the neonatal resuscitation room; the family lounge and family education spaces; and the enviable NICU designed to optimize infection prevention and accommodate both the neonate and their parents all help facilitate the program strategies. The innovative design of the NICU and skill mix of the team are likely contributors to the impressive morbidity and mortality rate of this NICU, which is a leader both nationally and internationally.

The wide array of clinics and perinatal support is another point of pride for the team. There is almost no waiting time to access the wide array of specialized perinatal clinics that are offered. The intake process is smooth and efficient from the patient's perspective. Perhaps the most remarkable is the Neonatal follow up clinic which follows neonates up until the age of nine.

Within these innovative and welcoming spaces, the team is well supported to deliver optimal care. They start with an intensive orientation along with an assigned mentor. There is eLearning and in person hands-on training with an annual refresh of key learnings. Most impactful according to staff is the PROMPT program. PROMPT is in situ simulation that is used to help prepare teams for various potentially urgent and emergent situations and includes tools and resources to help guide them. Hot debriefs have also been embedded in the PROMT work to build that culture within the team. The team was able to respond to a recent hemorrhage quickly but calmly and effectively because of their PROMPT training. It appears that PROMPT has been a good investment for the team. During the tracer, the nurse was beaming as she shared how confident and successful she felt in managing this difficult case due to this training.

A huge success for the program has been the RSV vaccine uptake. The team has an 80 percent vaccine uptake rate which far exceeds their comparators. The team takes a very proactive approach by introducing the information early after birth to give families time to think about it and ask questions. They use a team approach to consent so that consent is less likely to be the barrier or cause a delay. There is extensive information sharing and staff buy in so that everyone collaborates to get the vaccine done before discharge when possible.

There is room for improvement in medication reconciliation. Although a BPMH was generated for the cases reviewed, in several instances, it was significantly delayed from what one might expect as a best practice standard. This was attributed to the pharmacist's role in BPMH. The pharmacist is not available in the evenings or weekends for this task. As a result, medication reconciliation is sometimes delayed until the pharmacist returns on Monday and completes the BPMH. The organization is encouraged to explore how medication reconciliation can be better supported after hours.

Education is well supported by the organization. Each staff member is allotted paid education days. Additionally, team members can apply for funding to support continuing education such as a

higher-level degree or certificate. Education activities are tracked. Some tracking is built into the eLearning system; some are paper based; and some courses require staff to enter their completion certificate into the eLearning system. The challenge is that there are many courses that are outside the eLearning system that this specialized team is required or encouraged to take. This requires staff to input into the system for tracking purposes which occurs inconsistently and makes it difficult to track who has completed which courses. The organization is encouraged to consider a more unified approach with proactive alerts for optimal ease of completion and optimal compliance.

Obstetrics: Episode of Care

The organization has an impressive obstetrics program. Their services are available 24 hours a day. Patients report a seamless experience moving through the system from clinic appointments to triage, admission to the high risk or birth unit and the Neonatal intensive care unit for baby if needed.

Referrals are received using a standardized intake form. There is a multistep triage process in which referrals are first checked for the required information. They are then reviewed by a nurse and a determination regarding the appointment type and required tests is made. There is not a waiting list; all referrals received that meet admission criteria are accommodated with appointments and tests as required. In the rare instance that a patient's need cannot be met by SHSC, referrals are arranged for an organization better suited to deliver the required specialized service (such as advanced cardiac comorbidity).

The facility includes clinic space, a birthing unit, a high-risk unit, a mother baby unit, three operating suites, and a neonatal resuscitation room with up to four resuscitation spots, as well as a NICU.

Planned C-sections are scheduled and prioritized. There are procedures to manage unscheduled and emergency cases. If changes are required, patients are kept informed about the anticipated date of their scheduled procedure.

Clients are at the center of what each of the obstetrics teams does. This is evident in the spaces created for them and communication with them at each step of their journey. Clients are highly engaged in their care and have input into their care experience at SHSC. There are translation services available over the phone or an iPad. Education may be communicated orally when providing care; however, there is a dedicated patient education space with comprehensive resources for patients and families to access. There is a family lounge space with a kitchen on the birthing unit. Additionally, the patient's voice is amplified by having a paid patient and family advisor in the NICU that liaises with new families, helps plan activities for them and provides support.

As part of their care, patients are offered participation in clinical trials as appropriate. In these instances, and REB process is followed, and a research coordinator often takes care of recruitment and consent. There are several committees and professional groups that can initiate this process.

The team is very caring and supportive of their patients. A heart-warming story was shared in which the team rallied around a couple that needed baby items by donating supplies to help get them started on their parenting journey. Recently the family returned with cake to celebrate the baby's first birthday and to thank the team for all the support received.

The team members are strong advocates for moms and babies. A unique feature of their program is that due to the proximity of the birthing area and the mother baby unit, transfers from one unit to the other are done by the nurse instead of a porter, often with baby still on Mom's chest. This is a nice continuity of care for Moms and supports a prolonged skin-to-skin time for baby.

A portion of the medical record for these services is on paper, and a portion is electronic. Orders and consents are paper based. Vitals and narrative notes are electronic. There are two electronic systems that communicate with each other, OBTV and SunnyCare.

When challenging situations arise, the team has ethics resources they can access. The team's social worker is also a big support to the team in navigating challenges and connecting resources.

There is a thorough assessment process with a mix of standard tools, vitals, and narrative findings including a standard falls assessment. For the most part this is documented on the electronic documentation system. One component of the assessment is depression and anxiety screening. If identified, supports are offered to the patient. Fetal and uterine monitoring are integrated into the electronic documentation system directly from the monitor.

There is room for improvement in medication reconciliation. Although a BPMH was generated for the cases reviewed, in several instances, it was significantly delayed from what one might expect as a best practice standard. This was attributed to the pharmacist's role in BPMH. The pharmacist is not available in the evenings or weekends for this task. As a result, medication reconciliation is sometimes delayed until the pharmacist returns on Monday and completes the BPMH. However, this is a task that the physician, NP or RN can perform. In one example, a patient shared that upon discharge (on a Sunday evening), there was an inability to reconcile her medications for a six-hour period. It was recognized that her blood pressure medication dose while in hospital was different than her home medication dose that she came in with. Upon her discharge there was a lack of clarity as to which she should take. Several phone calls to escalate to a resident and attending were needed to resolve it. SHSC is encouraged to explore how medication reconciliation can be better supported after hours.

The obstetrics program has what they referred to as an early warning system for sepsis. At this point the algorithm is manual, requiring a nurse to check it to see if the patient is impacted. This will likely be much more effective once the organization launches their new electronic medical record if this alert can be pushed within the system and eliminate manual checking of the algorithm.

The program has a wide mix of professions and skill sets that support its activities including MD (obstetricians, specialists, family physicians, pediatricians, neonatologists, residents), RN, RPN, educators, midwives, RT, social work, and lactation consultants.

Laboratory and diagnostic services are available including bedside ultrasound. Abnormal results are called to the RN or MD and communicated to the patient by the RN or MD. In complex cases a conference may be organized.

A standardized SBAR format with prompts for key information is used at care transitions. Patients and families reported that transitions were smooth and receiving units had the medical history and were able to provide seamless care.

A safe surgery checklist is used to initiate, guide, and formalize communication among the team members conducting a surgical procedure and to integrate these steps into the surgical workflow. Sponge and needle counts are also completed at multiple points, including before and after surgery, as well as each step of closure.

Table 15: Unmet Criteria for Obstetrics Services

There are no unmet criteria for this section.

Organ and Tissue Donation for Deceased Donors

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the table below.

Assessment Results

The Sunnybrook Health Sciences Centre [SHSC] Organ and Tissue donation program benefits from active, knowledgeable and dynamic physician-intensivist and nurse leadership. A committee is in place and meets in person quarterly. A robust strategic planning process was undertaken coming out of the COVID-19 pandemic. Many short-term and longer-term strategies were explored, and focus areas include knowledge, learning, and further developing a culture of diversity, equity, and inclusion. There is also consideration of Medical Assistance in Dying [MAiD]. SHSC is commended for its openness to a wider and larger community seeking this expanding service. Exploring opportunities for increased engagement with the Emergency Department has proven successful, and the organization is encouraged to sustain the liaison process. Processes for referrals exist. Criteria for donations have been established.

The program is applauded for the development and review of a dashboard and indicators. Comparisons to other organizations in Ontario occur regularly. Notification rates require attention, and strategies for the review of deaths are in place. The program has been recognized for its high eligible for approach rate. Safeguards for are in place for appropriate donations that are in-line with the Trillium Gift of Life Network and Health Canada regulations.

Numerous quality improvement initiatives are undertaken by the program, including an initiative regarding confirmation of death. The program is further commended on the development of new referral forms and a variety of other strategies to maximize donations. The program is encouraged to pursue the development of a bedside binder to support nurses in identifying and facilitating appropriate identification, referrals, and donations. The program has active patient/family involvement and there were examples of a family member involved in promotion of donations and co-design of materials used at SHSC. The program deserves to be proud of its efforts.

Organ and Tissue Donation at SHSC is well positioned to meet provincial and national standards. Based on data, experience, and critical review, they are able to challenge current rules in order to facilitate the lessening of missed opportunities for organ and tissue donation. By their good work they can and do lead the country.

Table 16: Unmet Criteria for Organ and Tissue Donation for Deceased Donors

There are no unmet criteria for this section.

Palliative Care Services

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the table below.

Assessment Results

Sunnybrook Health Sciences Centre delivers a comprehensive and integrated approach to palliative care, spanning ambulatory clinics, inpatient consultation services, and a dedicated Palliative Care Unit (PCU).

The team provides interdisciplinary, holistic care to patients and families at all stages of serious illness supporting symptom management, psychological and spiritual well-being, care coordination, and end-of-life planning. Their approach is grounded in compassion, expertise, and a strong commitment to patient and family-centred care, with the goal of living well until death embedded throughout the program.

The team is deeply passionate about caring for patients in the right place and actively designs pathways to improve both system efficiency and patient experience. Innovations such as direct admission from the emergency department to the PCU have reduced unnecessary hospitalizations and ensured timely access to appropriate care. The clinical capabilities within the PCU have expanded to accommodate more complex patient needs, offering urgent palliative interventions and broader accessibility. These efforts have resulted in measurable impacts, including a 50 percent reduction in acute hospital deaths and a 49 percent decrease in emergency department visits among patients receiving palliative care services.

Sunnybrook's palliative care model is strongly system-oriented, with a clear focus on creating capacity across settings and supporting patient choice. The team provides after-hours support to divert avoidable ED visits and offers coverage in the community to help patients remain at home or in long-term care (LTC) when that aligns with their values. Collaborations with Ontario Health at Home and local hospices have enhanced system integration and the ability to honour preferences for place of death. The expansion of LTC+ to include palliative care physicians supports residents who wish to die in their home facility, helping ensure dignity and comfort at the end of life.

The program also demonstrates leadership in culturally responsive care. Ongoing work has supported increased comfort among staff in delivering care that honours diverse spiritual, cultural, and faith-based needs. This has strengthened the team's ability to provide truly individualized care. Legacy projects such as heartbeat songs, artwork, letter writing, and memory-making rituals have been powerful examples of meaningful, patient-centred approaches to care. These efforts are supported by a therapeutic environment that blends clinical excellence with emotional and sensory healing, including art and music therapy.

The Palliative Care Unit has grown significantly in both size and scope, including an expanded research portfolio focused on advancing evidence-informed practices in complex palliative care. The unit supports caregiver needs through education, psychosocial support, and dedicated bereavement programming.

Visitation is open 24 hours a day, with quiet hours respected between 2200 and 0800 hours to balance family presence and patient rest. The team is highly collaborative and interdisciplinary, with strong team cohesion and a culture of mutual support. Staff wellness and caring for each other is a visible priority, reflecting the emotional intensity of the work and the importance of sustaining the team's resilience.

An opportunity exists to enhance formal patient and family engagement through the development of a Palliative Care-specific Patient and Family Advisory Council. This would enable current families and

family members of previous patients to participate meaningfully in co-design, service planning, and quality improvement. Involving advisors on working groups and committees would ensure the voice of lived experience is central to decision-making. While informal feedback, ad hoc engagement on projects, and individualized care planning are well established, the creation of a dedicated advisory council would further elevate the program's person-centred approach.

Looking ahead, there are additional opportunities to advance this already high-performing program. Increased and earlier upstream engagement by acute services with the palliative care team would expand early access, support, and proactive planning. Strengthening data analytics and outcomes reporting would help illustrate system impact and guide quality improvement. Continuing to advocate and propose provincial and national palliative care metrics and benchmarking data for systematic engagement, shared priorities, and co-designing improvement initiatives. At the local level embedding access to data and key indicators with all clinicians, patients, and family would enhance transparency, foster ownership, and ensure the care delivered is aligned with the evolving needs of the population served. Continued focus on cultural diversity, and staff wellness initiatives will further solidify SHSC's role as a national leader in palliative care delivery, education, and innovation.

SHSC's palliative care program exemplifies what is possible when compassion, clinical excellence, system thinking, and innovation intersect. It remains deeply committed to improving quality of life, honouring patient and family values, and advancing a vision of care where every person receives the support they need to live well until death.

Table 17: Unmet Criteria for Palliative Care Services

There are no unmet criteria for this section.

Perioperative Services and Invasive Procedures

Standard Rating: 98.9% Met Criteria

1.1% of criteria were unmet. For further details please review the table below.

Assessment Results

The Perioperative and Invasive Procedures teams have a strong commitment to patient safety and continuous quality improvement. The Bayview site has 20 operating room theatres, including a hybrid OR and robotics room, three endoscopy suites, and a cardiac catheterization lab. The Holland Centre has five operating rooms and houses the Bone and Joint Program.

The Surgical Safety Checklist (SSCL) was observed in real time. The SHSC perioperative teams demonstrated a comprehensive, three-phase checklist, with all team members attentive, engaged, and sharing accountability for a quality SSCL. The Bayview OR has transitioned to RFID (Radio Frequency Identification) sponges, a strategy to reduce the risk of retained objects. These are used in all open cases, and staff feel this has provided additional safety for their patients.

There has been significant investment in innovative technology through the opening of SHSC's first hybrid OR, and the acquisition of a DaVinci Surgical Robot and Rosa Robot. The organization's development of MOLLI technology used in breast cancer surgery, was named one of Time Magazine's best inventions in 2022. Patients in the Bone and Joint program are also using digital care through the MyHipKneeApp to help them navigate through their post operative recovery.

Data is used to plan surgical services and develop strategies to improve wait times and better serve patients. The team monitors several KPIs and uses this data to improve processes and efficiency. There has been an improvement in OR/PACU/inpatient flow through weekly perioperative flow meetings. First case on-time starts have improved and there has been a reduction in OR and PACU holds, creating efficiencies and reducing case overrun times.

The TRAC initiative (Toronto Regional Arthroplasty Collaborative) is an example of a QI initiative that has improved access to care and reduced wait time for arthroplasty patients. This collaborative between SHSC, Michael Garron Hospital, Sinai Health System, and Unity Health resulted in the opening of four additional operating rooms on the weekend at the Holland Centre, completing an additional 1700 arthroplasty surgeries since implemented in March 2024. This initiative received the Improved Value and Sustainability Award from the Ontario Health System Quality and Innovations awards.

SHSC has achieved Meritorious Status through the American College of Surgeons National Surgical Quality Improvement Program, the highest level of achievement through the NSQIP program. This award recognizes hospitals that use surgical outcome data to improve care but also have the data to show they have achieved optimal patient outcomes as a result of this.

The perioperative and invasive procedures teams are actively involved in green initiatives, working to reduce the high carbon footprint produced by these services. Desflurane has been removed as an anesthetic gas, the Bayview team has transitioned to reusable surgical gowns, and patients going to the OR and Endoscopy are asked to bring their own bag for their personal items, reducing the use of plastic bags. The teams are also diligent in the separation of recycling materials in the OR and have seen a significant reduction in medical waste.

The Holland site ORs do not have a central sterile core, and sterile and dirty equipment travels the same route and uses the same elevators from the OR to MDR. The case carts carrying soiled instruments are transported in closed case carts to help mitigate this design and infrastructure challenge. The Holland Bone and Joint program maintains excellent patient outcomes and a very low post operative infection rate of 0.6 percent, despite this challenge. Continued attention is encouraged to masking in the corridor outside the ORs as well as any unnecessary door turns, particularly during implant cases.

Table 18: Unmet Criteria for Perioperative Services and Invasive Procedures

Criteria Number	Criteria Text	Criteria Type
1.1.1	The physical layout of the operating and/or procedure room(s) and equipment are designed to consider client flow, traffic patterns, the types of procedures performed, ergonomics, and equipment movement logistics.	NORMAL
1.2.9	Contaminated items are transported separately from clean or sterilized items, and away from client service and high-traffic areas.	HIGH

Point-of-Care Testing

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the table below.

Assessment Results

Refer to Transfusion Services

Table 19: Unmet Criteria for Point-of-Care Testing

There are no unmet criteria for this section.

Rehabilitation Services

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the table below.

Assessment Results

St. John’s Rehab at Sunnybrook Health Sciences Centre is a leader in complex, high-intensity rehabilitation care. With 178 inpatient beds and an additional 24 rehabilitation-focused transitional beds, St. John’s Rehab delivers comprehensive inpatient and ambulatory services for patients recovering from life-altering illnesses and injuries, including cardiovascular events, amputations, major trauma, burns, stroke, neurological conditions, musculoskeletal injuries, and geriatric rehabilitation needs.

The ambulatory program serves over 2,500 registered patients annually with more than 62,000 visits, reflecting the program’s extensive reach and vital role in supporting patient recovery and reintegration into the community. The rehabilitation team is deeply committed to providing individualized, patient-centred care that optimizes function, promotes independence, and enhances quality of life.

St. John’s Rehab has a focus on partnerships and seamless transitions of care. There is close and proactive collaboration with SHSC’s acute care programs and other regional acute care hospitals to ensure timely access to rehabilitation services. Centralized intake processes have been streamlined to reduce wait times, with a referral-to-admission turnaround of less than one day supporting prompt patient flow and minimizing avoidable delays in the continuum of recovery.

The program’s clinical scope is enhanced through strategic partnerships and in-reach from specialty services including geriatrics, psychiatry, mental health, palliative care, and complex wound management. These collaborations ensure that patients with increasingly complex medical and psychosocial needs receive comprehensive, multidisciplinary care while achieving their individualized rehabilitation goals. The team has embraced additional training and upskilling to confidently manage higher acuity and complexity, ensuring care remains safe, effective, and responsive.

In response to changing patient needs and healthcare system demands, St. John’s Rehab has been a provincial leader in advancing virtual care for outpatient rehabilitation. This innovation has significantly expanded patient access to services, reduced barriers, and enabled continuity of care, particularly for patients facing mobility, transportation, or geographic challenges.

Education and research are core to the program’s identity. St. John’s Rehab is a recognized training ground for learners from multiple health disciplines, consistently receiving high learner satisfaction ratings. Its academic mission is strongly supported by an expanding research platform that now includes PhD scientists and research assistants engaged in scholarly work, best practice guideline development, peer-reviewed publications, and clinical innovation to advance rehabilitation science and practice.

Person- and family-centred care is deeply embedded in practice at St. John’s Rehab. Patients and families are actively involved in goal setting and care planning throughout the continuum of rehabilitation. The program demonstrates a thoughtful commitment to diversity, cultural safety, and spiritual care, with particular attention to the needs of Indigenous patients and other equity-deserving communities.

Access and patient flow are further strengthened through seven-day-a-week admission capacity, ensuring that rehabilitation is available when needed to best support recovery trajectories. The team has developed innovative pathways and resources to support successful transitions home, with focused strategies for marginalized and socially fragile patients who may face unique barriers to safe discharge.

Opportunities for continued growth include leveraging program-level metrics, indicators, and outcome data to engage frontline clinicians, patients, and families in identifying local priorities for quality improvement. Co-designing projects based on these insights will help ensure that improvement efforts are highly relevant and sustainable, further strengthening patient outcomes and experience. There is also potential to build on the program's existing cultural safety and equity work by expanding culturally specific supports and partnering more deeply with community organizations.

St. John's Rehab exemplifies the best of complex rehabilitation in an academic setting: evidence-based, innovative, responsive, and deeply committed to helping patients recover, rebuild, and return to meaningful lives. Its integrated, collaborative team approach and strong system partnerships position it as a leader in Ontario and a vital component of SHSC's continuum of care.

Table 20: Unmet Criteria for Rehabilitation Services

There are no unmet criteria for this section.

Reprocessing of Reusable Medical Devices

Standard Rating: 96.9% Met Criteria

3.1% of criteria were unmet. For further details please review the table below.

Assessment Results

The Medical Device Reprocessing Department is supported by a group of enthusiastic and highly knowledgeable leaders. The team demonstrates a high commitment to education and training, and understands the important role they play in healthcare and their value to the organization.

The organization has invested in this team's professional development by providing an opportunity for all staff to become level 2 MDRT (Medical Device Reprocessing Technician) certified. There is a strong affiliation with MDRT learning organizations, and the department supports multiples learners through work placement, often leading to recruitment of new staff. There is a robust orientation program which is supported by an educator, as well as ongoing opportunities for continuous learning.

There is an instrument tracking system that provides line of sight for all medical devices and allows for the instruments to be tracked to the appropriate patient in the event of a recall. Safety events and errors are tracked electronically and monitored daily.

The team is involved in the acquisition of new medical equipment and is consulted on the reprocessing impacts on space, infrastructure, and workload. The current sinks cannot accommodate the new DaVinci robotic instrumentation, therefore they have engaged SteriPro, an external vendor, to support this reprocessing until the sinks in MDRD can be upgraded.

The MDRD team has demonstrated a commitment to continuous quality improvement, engaging with senior leadership to support new innovative QI initiatives. There is a quality board that is used to display many of the team's KPIs and is also part of their weekly quality conversations. The leaning of surgical trays is an example of a QI initiative that has been led by the MDRD team. To date, 80 different surgical trays have been leaned, with a process to work through all surgical specialties. In the orthopedic service, one surgical procedure was leaned from 11 trays to five. This has resulted in efficiency in workload for both the OR and MDRD teams, which has allowed them to recover space for the storage of new equipment.

There is a strong focus on staff safety within the MDRD. There has been investment in new height adjustable tables, sterilizers, and upgraded sinks that are ready to be installed. There is an MDRD Occupational Health and Safety team that meets regularly, with a standardized workplace safety checklist. The team reports through OH&W (Occupational Health and Wellbein)g and makes recommendations for improvements in workplace safety.

The current reprocessing and sterile supply space has porous ceiling tiles that do not meet the standard for an MDRD. This has been recognized as a need by the facility with a small portion of the tiles replaced. The organization is encouraged to complete this work to meet this safety standard.

The Bayview Site endoscopy department is challenged with respect to appropriate space required to meet the reprocessing standards. There is one small room that supports the dirty/contaminated scope cleaning, and the scope reprocessing equipment. There is a very narrow space between the dirty/contaminated workflow and the clean workflow. It will be imperative that scope reprocessing space that meets all reprocessing standards be planned as part of the new endoscopy space.

Table 21: Unmet Criteria for Reprocessing of Reusable Medical Devices

Criteria Number	Criteria Text	Criteria Type
1.2.4	A designated individual is accountable for quality oversight and for coordinating all reprocessing services across the organization, including those performed outside the Medical Device Reprocessing (MDR) department.	HIGH
1.3.6	The Medical Device Reprocessing (MDR) department has floors, walls, ceilings, fixtures, pipes, and work surfaces that are easy to clean, non-absorbent, and will not shed particles or fibres.	HIGH
2.1.11	Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.	HIGH
4.3.3	All flexible endoscopic reprocessing areas are equipped with separate clean and contaminated/dirty work areas as well as storage, dedicated plumbing and drains, and proper air ventilation.	NORMAL

Service Excellence for Ambulatory Care Services

Standard Rating: 98.6% Met Criteria

1.4% of criteria were unmet. For further details please review the table below.

Assessment Results

Refer to Ambulatory Care

Table 22: Unmet Criteria for Service Excellence for Ambulatory Care Services

Criteria Number	Criteria Text	Criteria Type
3.2.2	The team follows organizational policies on the use of electronic communications and technologies.	NORMAL

Service Excellence for Cancer Care

Standard Rating: 97.5% Met Criteria

2.5% of criteria were unmet. For further details please review the table below.

Assessment Results

Table 23: Unmet Criteria for Service Excellence for Cancer Care

Criteria Number	Criteria Text	Criteria Type
3.1.5	The team ensures that clients are able to actively participate in documenting information in their record.	NORMAL
4.3.9	The team leadership works with staff to implement throughout their services the quality improvement activities that were shown to be effective in the testing phase.	HIGH

Service Excellence for Critical Care Services

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the table below.

Assessment Results

Team members, including patients and families, work collaboratively with each other and the community to design the services. Gaps in services are identified and generate QI initiatives often leading to programs.

Goals and objectives are service-specific and are aligned with the organization's strategic directions. The organization identifies and removes barriers that may limit access to its services.

Technology and information system requirements and gaps are recognized, resulting in plans for a new Health Information System. Staff are provided with education and training on working respectfully and effectively with patients and families of diverse cultural backgrounds, religious beliefs, and personal care needs. Continuing professional development is the norm.

Evaluation and documentation are evident throughout all processes. Records are comprehensive and complete. Evidence-informed decision making is seen throughout the service. Safety incidents/significant events are captured, analysed and drive initiatives to prevent such occurrences from happening again. This often includes system reform.

Quality improvement activities, their measure and impact are a hallmark of this organization.

Table 24: Unmet Criteria for Service Excellence for Critical Care Services

There are no unmet criteria for this section.

Service Excellence for Diagnostic Imaging Services

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the table below.

Assessment Results

Team members, including patients and families, work collaboratively with each other and the community to design the services. Gaps in services are identified and generate QI initiatives often leading to programs.

Goals and objectives are service-specific and are aligned with the organization's strategic directions. The organization identifies and removes barriers that may limit access to its services.

Technology and information system requirements and gaps are recognized, resulting in plans for a new Health Information System. Staff are provided with education and training in working respectfully and effectively with patients and families of diverse cultural backgrounds, religious beliefs, and personal care needs. Continuing professional development is the norm.

Evaluation and documentation are evident throughout all processes. Records are comprehensive and complete. Evidence-informed decision making is seen throughout the service. Safety incidents/significant events are captured, analysed, and drive initiatives to prevent such occurrences from happening again. This often includes system reform.

Quality improvement activities, their measure and impact are a hallmark of this organization.

Table 25: Unmet Criteria for Service Excellence for Diagnostic Imaging Services

There are no unmet criteria for this section.

Service Excellence for Emergency Department

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the table below.

Assessment Results

Team members, including clients and families, work collaboratively with each other, and the community to design the services. Gaps in services are identified and generate QI initives oftn leading to programs. Goals and objectives are service-specific and are aligned with the organization's strategic directions. The organization identifies and removes barriers that may limit accessing its services.

Technology and information systems requirements and gaps have resulted in the purchase or Oracle and its launch in September. Staff are provided with education and training on working respectfully and effectively with clients and families of diverse cultural backgrounds, religious beliefs, and personal care needs. Continuing professional development is the norm.

Evaluation and documentation is evident throughout all processes.

Records are comprehensive and complete. Evidence-informed decision making is seen throughout the service.

Safety incidents/significant events are captured, analysed and drive initiatives to prevent such occurrences from happening again. This often includes system reform.

Quality improvement activities, their measure and impact are a hallmark of this organization.

Table 26: Unmet Criteria for Service Excellence for Emergency Department

There are no unmet criteria for this section.

Service Excellence for Inpatient Services

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the table below.

Assessment Results

Refer to Inpatient Services

Table 27: Unmet Criteria for Service Excellence for Inpatient Services

There are no unmet criteria for this section.

Service Excellence for Long-Term Care Services

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the table below.

Assessment Results

Refer to Long Term Care Services

Table 28: Unmet Criteria for Service Excellence for Long-Term Care Services

There are no unmet criteria for this section.

Service Excellence for Mental Health Services

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the table below.

Assessment Results

Mental Health Service Excellence

There is significant support for the growth and development of staff within the program. There is eLearning, in person training and simulation. Simulation was used to help prepare for safety events in the new space.

Documentation is a challenge for the entire organization as they await an electronic documentation system renewal. There is variability between units and programs regarding what is captured on paper versus electronic; however, within each unit, this appears relatively consistent. The current system is an organizational risk. There is significant duplication and rework by staff that are required to enter patient information on both paper and electronic documents. One example of this is BPMH. The medication history is first created on paper, then entered in the EMR, then printed off to be reviewed, and then lastly reconciled on the EMR and printed off again. It is anticipated that the new EMR will help resolve this issue. The organization is encouraged to consider how they can mitigate this risk in the short term until the launch of the new EMR.

The team leadership shared a clear safety strategy and demonstrated some of their Power BI dashboards. The dashboards are somewhat focused on operational metrics. A fulsome EMR will allow greater ease of tracking patient safety metrics, such as, number of patients with a falls risk assessment completed, and staff performance metrics in real time.

Patients and staff both spoke favorably about the culture. It is likely that this in combination with the strong research program is attracting and retaining staff. Many of the staff indicated that they were student learners in the program first before joining the team and many individuals shared that they have been able to progress their career at SHSC.

Overall, the bright new space and innovative programs are well designed to support an excellent patient experience at SHSC.

Table 29: Unmet Criteria for Service Excellence for Mental Health Services

There are no unmet criteria for this section.

Service Excellence for Obstetrics

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the table below.

Assessment Results

Obstetrics Service Excellence

The organization is a national leader with an international reputation for excellence in caring for women with high-risk pregnancies and micro-premature babies.

There is special consideration given to families that have palliative needs by accommodating them in a private space and providing supportive resources and staff such as social work, spiritual care, or supportive nursing.

Each staff member is allotted four paid education days. Additionally, team members can apply for funding to support continuing education, such as a higher-level degree or certificate. Internal staff training is through in-person teaching, an online learning platform, and simulation using PROMPT. PROMPT has positively impacted both staff and patients. One staff person shared that a few months after they had a PROMPT simulation on post-partum hemorrhaging, they had a patient that hemorrhaged. The staff knew exactly what to do and responded quickly, referring to the laminated instruction card (part of the PROMPT program) in the patient's room and was able to stabilize the patient while waiting for help. They described the powerful impact this had, by being able to confidently respond in that emergent situation and shared that there was a positive outcome for the patient as well validating the impact of this valuable program. Education activities are tracked. Some tracking is built into the eLearning system; some is paper based; and some courses require staff to enter their completion certificate into the eLearning system. A more unified approach with proactive alerts could be considered for optimal effect.

Documentation is a challenge for the entire organization as they await an electronic documentation system renewal. There is variability between units and programs regarding what is captured on paper versus electronic; however, within each unit, this appears relatively consistent. The current system is an organizational risk. There is significant duplication and rework by staff that are required to enter patient information on both paper and electronic documents. One example of this is BPMH. The medication history is first created on paper, then entered in the EMR, then printed off to be reviewed, and then lastly reconciled on the EMR and printed off again. It is anticipated that the new EMR will help resolve this issue.

Overall, this is a highly supportive and collaborative team. There appeared to be a mixture of new and experienced staff. Both patients and staff all spoke favorably about the organization.

Table 30: Unmet Criteria for Service Excellence for Obstetrics

There are no unmet criteria for this section.

Service Excellence for Palliative Care Services

Standard Rating: 97.5% Met Criteria

2.5% of criteria were unmet. For further details please review the table below.

Assessment Results

Refer to Palliative Care Services

Table 31: Unmet Criteria for Service Excellence for Palliative Care Services

Criteria Number	Criteria Text	Criteria Type
3.1.5	The team ensures that clients are able to actively participate in documenting information in their record.	NORMAL
4.3.8	The team leadership works with staff to regularly analyze indicator data to evaluate the effectiveness of its quality improvement activities.	HIGH

Service Excellence for Perioperative Services and Invasive Procedures

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the table below.

Assessment Results

Refer to Perioperative Services and Invasive Procedures

Table 32: Unmet Criteria for Service Excellence for Perioperative Services and Invasive Procedures

There are no unmet criteria for this section.

Service Excellence for Rehabilitation Services

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the table below.

Assessment Results

Refer to Rehabilitation Services

Table 33: Unmet Criteria for Service Excellence for Rehabilitation Services

There are no unmet criteria for this section.

Transfusion Services

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the table below.

Assessment Results

Transfusion Medicine and Point of Care Testing

The transfusion medicine program has had significant evolution and growth over the past few years. Starting from 3 separate departments in 2018 they merged and grew into a full precision diagnostics and therapeutics program with 5 divisions and multiple connections across the organization. Despite significant growth and changes, the team has kept its team cohesiveness and collaboration. This is evident in the processes observed and the interactions between team members.

The Program is to be commended for their good standing with several other accreditation bodies as well as choosing wisely designations for using labs wisely and using blood wisely.

The program is also to be commended for the use of a daily huddle in the transfusion medicine lab to discuss both patient issues and quality improvement work.

There are opportunities related to staffing in the transfusion medicine clinic. The clinic was short-staffed Nurses on the day we did our tracer. Staff reported that this is a common issue in the department. They cite good collaboration and support for one another but acknowledge that the work can be “sad’ and “heavy” at times. The organization is encouraged to explore opportunities to optimize staffing as well as to promote employee health and wellness initiatives directly to this team.

Additionally, there were opportunities across the entire precision diagnostics and therapeutics program to reduce the reliance on paper. Each area visited had multiple large binders of SOPs. With the significant volume of SOPs and frequent updates required, there is a risk that a paper copy may be missed and may not be the most recent version. Although staff were able to articulate that the electronic copy is the source of truth, any reliance on the paper instead of that electronic version is a risk. The organization is encouraged to consider how they could move away from paper and perhaps consider an electronic backup if redundancy is a requirement.

Table 34: Unmet Criteria for Transfusion Services

There are no unmet criteria for this section.