

SUNNYBROOK STRATEGIC UPDATE

Sunnybrook Health Sciences Centre
Strategic Plan / October 2020





Background

The events of 2020 demand a pause to reflect upon what has happened and what is happening in our world today. Our board and senior management team agreed to draft a strategic update document that is meant to address what we as an organization ought to be doing in the short and longer-term in light of these events.

During the summer of 2020 (July - September), the strategy and integration team conducted interviews, group meetings and surveys to inform this work. We asked 130 leaders to provide their input into how the first nine months of 2020 impacted their departments and teams.

This document reflects on their input and insights, and distills them into concrete themes and actions in a meaningful way to help inform Sunnybrook's final year of its strategic plan (FY18-21). This document will also serve as a backdrop as we embark on our strategic planning process for FY21-25.

Engagement	Stakeholders
Sunnybrook managers	49
Sunnybrook clinical leadership and hospital directors	58
Sunnybrook senior leadership team	12
Individuals "external" to Sunnybrook and within Ontario	11



In reading this document, please bear in mind three questions, which follow the arc of the document:

- 1 What could Sunnybrook have done better in 2020?
- 2 What should Sunnybrook's core focus be in the next six months?
- 3 How will we set ourselves apart from the crowd as we look to "Sunnybrook 2025"?







Sunnybrook in 2020: Where to from here?

What is our goal?

Healthcare is critically important to Ontarians. Our goal is for Sunnybrook to further advance important, indispensable and superb healthcare for our patients and our communities. We seek to thrive as an organization — a team — and as individual Ontarians dedicated to healthcare. Furthermore, we expect to lead in the uncertain times ahead of us in healthcare and the broader world.

Our world and our healthcare system are changing in abrupt and significant ways. Despite this, the purpose and core mission of our Sunnybrook team remains clear: **to take care of people when they are sick and suffering, to help support their families and broader society and to help prevent illness and promote wellness.** We must strive to achieve this goal in ever better ways. Our objective is to provide better quality care, positive patient experiences and to do so in increasingly efficient and fiscally sustainable ways.

The strategic trade-offs we make on what to focus on will impact the longer-term positioning of our brand and our unique place in Ontario's healthcare system. Achieving this is dependent on many factors, but empowered, inspired people — Sunnybrookers — and effective Sunnybrook teams are essential to our success.



2020: What happened? How did we react and what is changing?

The first half of 2020 has been cataclysmic for humanity. Amidst the myriad of impacts of the COVID-19 pandemic and the critical, overdue and, at times, uncomfortable societal discussions about racism and inequity, we are, quite likely, witnessing the biggest societal perturbation for our Canadian world since World War II. Since January, over 900,000 (Sept. 10, 2020) lives have been lost worldwide due to COVID-19, making it much more deadly than the SARS, H1N1, MERS, and Ebola epidemics combined. Importantly, COVID-19 is also killing more people than other, very familiar, causes of death, such as lung cancer and car crashes (Economist, June 2020). Beyond the medical toll, our personal and societal reactions to COVID-19 and the resultant economic and cultural impact continue to be transformative. Furthermore, we do not yet know where we are in the timeline of the perturbation we are experiencing.

Context is important. This upheaval has exacerbated the critical fiscal challenges Ontarians already faced including a record deficit projected at nearly \$40B as a result of pandemic rescue packages, and reduced personal and corporate taxes. There are also well-known demographic changes expected, including the doubling of our senior population over the next 20 years from 2.4M to 4.6M (Ministry of Finance), which will impact our healthcare system profoundly. The serious mental health and addictions challenges we currently face will very likely surge with COVID-related grief, stress and anxiety mounting. Our system was already plagued by chronic use of hallway medicine and high ALC rates, and we are now even further stretched with reduced LTC bed capacity: ~4,500 beds (5%) as a result of reducing triple and quad rooms to meet required IPAC standards (Ontario Long Term Care Association, CEO). All of this is occurring in the midst of the largest healthcare reform in Ontario with the creation of Ontario Health (a merger of 20+ health agencies), the termination of LHINs and the creation of Ontario Health Teams.

As we currently observe upticks in COVID-19 activity across the world consistent with “second waves”, and as we watch people coming together in increasingly large groups in Ontario, it’s easy to envisage that the greatest degree of upheaval may yet be in the months and years ahead. Healthcare workers (HCW) and teams are plagued by stress from grappling with COVID-19 and this has directly sharpened our focus on wellness, burnout and resiliency. Added to the COVID-related disruption of 2020 are the high-profile discussions on social justice, racism and inequity amplified by the killing of George Floyd on May 25 by police in Minneapolis. What will it take to succeed?

At a time like this, Charles Darwin’s famous insight comes to mind: **“It is not the strongest of the species that survives, nor the most intelligent; it is the one most adaptable to change.”**

This discussion paper presents an assessment of our current situation and recommendations on key areas of focus and prioritization for our organization in the short and longer-term. This document has been developed in collaboration with Sunnybrook leaders, system partners and Sunnybrook governance. Notably, the issues presented are at the forefront of Sunnybrook’s Senior Leadership Team (SLT) agenda and they are embedded in our team and individual goals. This document is intended to spark discussion and debate as we head to the May 2021 Sunnybrook Board Strategy Session where we will set the course for Sunnybrook 2025, a plan to take our organization through the years 2021-2025.

What is our current situation at Sunnybrook and in our Ontario environment?

October 2020 marks the tenth month since the first Canadian COVID-19 positive case was diagnosed, cared for safely, and discharged home from Sunnybrook (Toronto Star, July 25, 2020). In subsequent months, COVID-19 unfolded rapidly, marked by dramatic increases in cases and deaths and escalating disruption of our complex, interconnected world. Overall, our organization, our city, Ontario and Canada have fared well, so far. The health system was strained, but at this point, it has not been overwhelmed and our society has not been derailed.

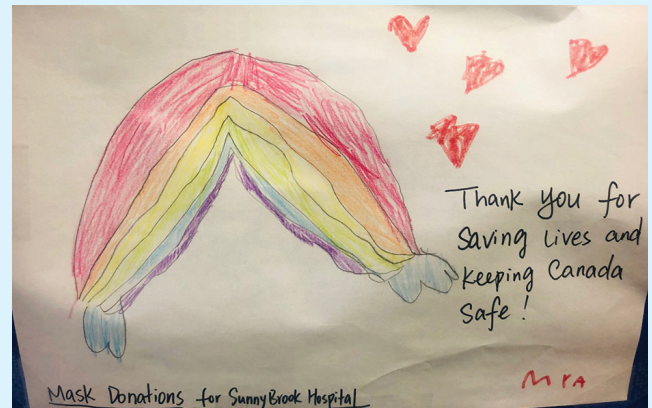
Hospitals in Ontario, including Sunnybrook, should be considered fortunate to have been relatively unscathed at the peak of the crisis. This favourable outcome was influenced by the capable planning and foresight that we have collectively employed in Ontario. Unfortunately, our hospital peers in other countries and long-term care (LTC) facilities in Ontario have had to manage through uncontrolled, and at times, devastating situations.

Our Ontario experience with COVID-19 has uncovered key risks and vulnerabilities in our healthcare system and society, including our workforce, LTC and other congregate living arrangements, and the business model of healthcare. The status of our HCW workforce is volatile. As one example, among many, we see concerning signs of a potential exodus of senior doctors in our region, especially in primary care, who cannot cope with the additional cost burden of new supply chains and requisite adjustments to virtual care and other changes caused by COVID-19. A pronounced public distrust in LTC in Ontario risks creating potential backlogs in hospitals as patients decline beds in LTC facilities, thereby exacerbating the system-wide alternative level of care (ALC) surge problem that existed before the advent of COVID-19. Additionally, financial uncertainty in the broader economy is substantial and likely to grow, and this reality impacts public-sector healthcare organizations and providers who will need to make difficult choices in the face of scarcity and an uncertain financial future.

We have worked effectively to mitigate some of these issues through unprecedented collaboration across health-system providers and government agencies. Important areas of focus have included: bed capacity creation; extended health-system access to infection and prevention (IPAC) expertise; proactive outreach initiatives for testing and tracing with mobile teams across our local community; new and expanded virtual care processes for patient care; bolstered regional distribution systems for personal protective equipment; enhanced approaches to securing our supply chain; and activation of work from home (WFH) strategies for some of our workforce. Additionally, we are vigorously pursuing investment in our physical hospital infrastructure because our facilities are significantly aged and lagging in total bed capacity. Notably, Ontario has one of the lowest levels of hospital beds per capita in the developed world and the pandemic has exposed the vulnerability associated with this reality to an unprecedented degree. We simply do not have additional capacity in Ontario — and especially in Toronto — to handle an uncontrolled outbreak as we are seeing in the United States (e.g. Florida, Texas).

The COVID-19 pandemic has accelerated changes in the healthcare system in a short period of time. Ongoing change is inevitable. Uncertainty lies ahead as we tentatively continue to “ramp up” delivery of non-COVID-19 healthcare and cautiously open up the broader world (e.g. business and schools). But we must move ahead, and we are doing so, all the while bracing ourselves and preparing for a second wave of COVID-19, and an anticipated echo pandemic of mental-health issues.

Finally, from a business perspective, Sunnybrook has, after much effort, balanced our 2020-21 budget. However, COVID-19 has disrupted planning assumptions around revenues (e.g. activity based funding volumes, parking revenues) and expenditures (e.g. pandemic-related expenditures such as Personal Protective Equipment (PPE), testing supplies and increased staffing). We know there will be municipal and provincial elections by 2022 and a federal election shortly thereafter (or anytime!), and we will need to humbly advocate our positions such that these opportunities are aligned with the political landscapes before us.



What are our immediate priorities?

① Staff and physician mental and physical well-being

Our immediate priority is to assess wellness and potential burnout in our staff and physicians. We will work collaboratively with our teams to develop and implement a robust wellness strategy that supports Sunnybrookers in these unprecedented times.

Our healthcare staff represents our most cherished and critical resource. We need to celebrate — indeed cheer for! — Team Sunnybrook and build increasingly engaging opportunities for our staff for professional development. We'll achieve this through mentorship, training and education such that there is a sense of belonging, fanfare, and voice in ways that allow individuals to identify with the Sunnybrook brand and what we collectively stand for.

Every day, HCW at Sunnybrook entrust us to protect their mental and physical wellbeing. In addition to safety in a pandemic, issues of wellness, resiliency and burnout are prominent amidst sometimes-gruelling circumstances. Presently, we continue to walk a fine line between increasing hospital activity in a manner that does not endanger staff, overwhelm teams, overload the system or negate the gains our communities have garnered through anti-COVID-19 measures such as physical distancing and lockdowns. It is important that the safety and wellness of our people remain our top priority and is seen — with confidence — to be our top priority as well.

② Simultaneous restoration of care and preparation for a “second wave” of COVID-19

Our immediate priority is to lead in the restoration of care volumes and to set objectives that ensure Sunnybrook performs at a level that puts us “in the top half of the class”. Simply put, Sunnybrook will be a leader in Toronto Region, Ontario Health in restoring volumes following wave one.

Addressing the “backlog” of non-COVID-19 care, including surgery and procedures, is a major health issue. Delays due to COVID-19 pose a threat to the health and wellness of a large group of patients. We have developed processes and objectives to re-establish care volumes throughout the second half of 2020 as we seek to maximize care for non-COVID-19 patients.

There are many barriers to success and certainly a second wave of activity that overwhelms our health system, emergency departments and critical care are among the foremost concerns. As we prepare for potential future waves, we have learned from the early months of 2020 that we should not shut down services as rapidly and completely as we did in “wave one”. We must ensure that the hospital is a safe place to address acute care needs. Similarly, as a member of the North Toronto Ontario Health Team, we will continue to build on our experiences and successes in wave one and advance collaborative initiatives with our partners to develop sustainable models to prepare for the second wave of COVID-19 and upcoming influenza season (e.g. COVID-19 testing, flu vaccinations, LTC+).



③ Restoration and continuance of research and education mandate

Excellence in education and research are essential elements of a leading academic health sciences centre. Our immediate priority is to work collaboratively with our Toronto Academic Health Science Network (TAHSN) peers and ensure that these functions are restored, objectives clearly set, progress carefully measured and achieved. This will ensure our research enterprise functions at a high level so that we meet our obligations to the approximately 4,000 learners from over 30 institutions that we serve.

Sunnybrook is a leading Canadian academic health sciences centre. Research and education are central to our role and function. Both have been curtailed since March 2020, but even as these critical functions were shut down, our teams have worked with our Toronto (TAHSN) and national organizations to mitigate disruption.

Importantly, Sunnybrook Research Institute has a new leader with a bold vision to extend the impact of our research enterprise, including increasing the footprint of our commercialization of science, including a lead role in the \$124M Industry Consortium for Image Guided Therapy (ICIGT). This work is slated to start immediately and must proceed. Sunnybrook is a healthcare education leader, responsible for 4,000 learners in diverse professional programs from over 30 post-secondary institutions. We are in the midst of a significant capital upgrade of our education facilities and a new education strategic plan will be brought to the Sunnybrook Board in the fall of 2020, featuring a focus on simulation and patient-led education. The show must go on!

④ Business continuity and financial stability

Our immediate priority is to ensure we are fairly recompensed for COVID-19 related expenses and that we develop and execute a focused set of funding proposals for the Ministry of Health (MoH), in alignment with government priorities, for capacity creation and to support our care areas. These priorities impact locoregional populations such as North Toronto, (e.g. Integrated Community Program) and our regional/provincial accountabilities (e.g. Tory Trauma Program).

Our organization must be able to address the need for a financially stable future to avoid being distracted by issues of fiscal instability. Currently, there are deeply concerning issues and unknown details around our revenues and expenditures as we head through fiscal year 2020-21. Expenses for COVID-19-related care activities must be accounted and relentlessly pursued with the MoH. Several programs have been created during COVID-19, such as the Assessment Centre, IPAC support to LTC and the community and increased bed capacity. These have been both necessary and represent opportunities for the future. Simultaneously, adequate resourcing for our non-COVID-19 businesses is an issue of the highest strategic importance and must be sought as we experience budget pressures in these growing areas.



What are our longer-term priorities?

Despite abundant challenges, there are reasons for optimism about what lies ahead.



Simply put, the COVID-19 pandemic will continue to change our world, and as a result, there will be opportunities to grasp and risks to be avoided or mitigated. Our task is to lead in both identifying and embracing opportunities and avoiding risks. To successfully adapt, we need to act with clear focus on our strategy, a spirit of agility and acceptance of “mitigated risk-taking”.

Sunnybrook is currently guided by a strategic plan that has served us well. We are in the final year of **Strategic Plan 2018-21** (SP18-21), a plan that has been an effective guide and one that has resonated widely across the organization. The utility of SP18-21 is evidenced in many ways including: the degree to which the language of the strategic plan has entered the lexicon of Sunnybrook’s leaders and staff as well as programs and our philanthropic community; the plan is increasingly reflected in our program-level strategic plans; success against meaningful metrics has been recognized for each of the four strategic directions (SDs); and alignment with provincial priorities such as integrated healthcare delivery. SP18-21 has helped to catalyze our ability to live into our mission to be there when it matters most for patients and our vision to be an academic health sciences centre determined to invent the future of healthcare. SP18-21 has further strengthened our role as an Ontario health system leader and increased our international relevance in many areas.

Sunnybrook’s care delivery is experienced through nine different patient facing programs. Our programs with the indispensable support from key departments (see **Figure 1**) allow us to deliver on our dual mandate.

First, we are regional and often provincial leaders in the delivery of complex, specialized care areas and provide care that often cannot be provided anywhere else. We treat 81% of all major burns in Ontario in our **Tory Trauma Program** and we are the largest **Veterans Program** in Canada. We are also a regional leader with our **DAN Women and Babies Program** — caring for the sickest and smallest babies and the highest risk and most complex pregnancies. At the same time, we are the hospital resource for the North Toronto Community, an integrated care delivery role we have developed — with partners — superbly in the era of Ontario Health Teams with our **Integrated Community Program** including our emergency medicine and general internal medicine teams.

We will stay true to the main thrust of Sunnybrook strategy, SP18-21, as the strategic directions remain relevant and impactful in 2020, despite the tumult. The relevance of the strategic directions (SD) will grow and extend over the next several years. Importantly, emphasis will be deliberately increased in some key areas, given our new context. The intersection of our current SDs with the themes that are emerging in our changing world position us well for pragmatic, successful decisions and action.

In the following pages, we examine our longer-term priorities through the prism of our four strategic directions, SD1-4.

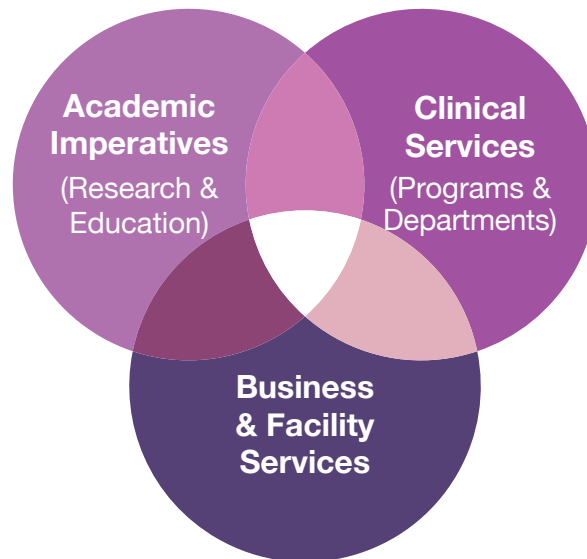


Figure 1:

Academic Imperatives

- Research
- Education



Clinical Services

1 Programs

- DAN Women & Babies Program
- Holland Bone & Joint Program
- Hurvitz Brain Sciences Program
- Integrated Community Program
- Odette Cancer Program
- Schulich Heart Program
- St. John's Rehabilitation Program
- Tory Trauma Program
- Veterans Program

2 Departments

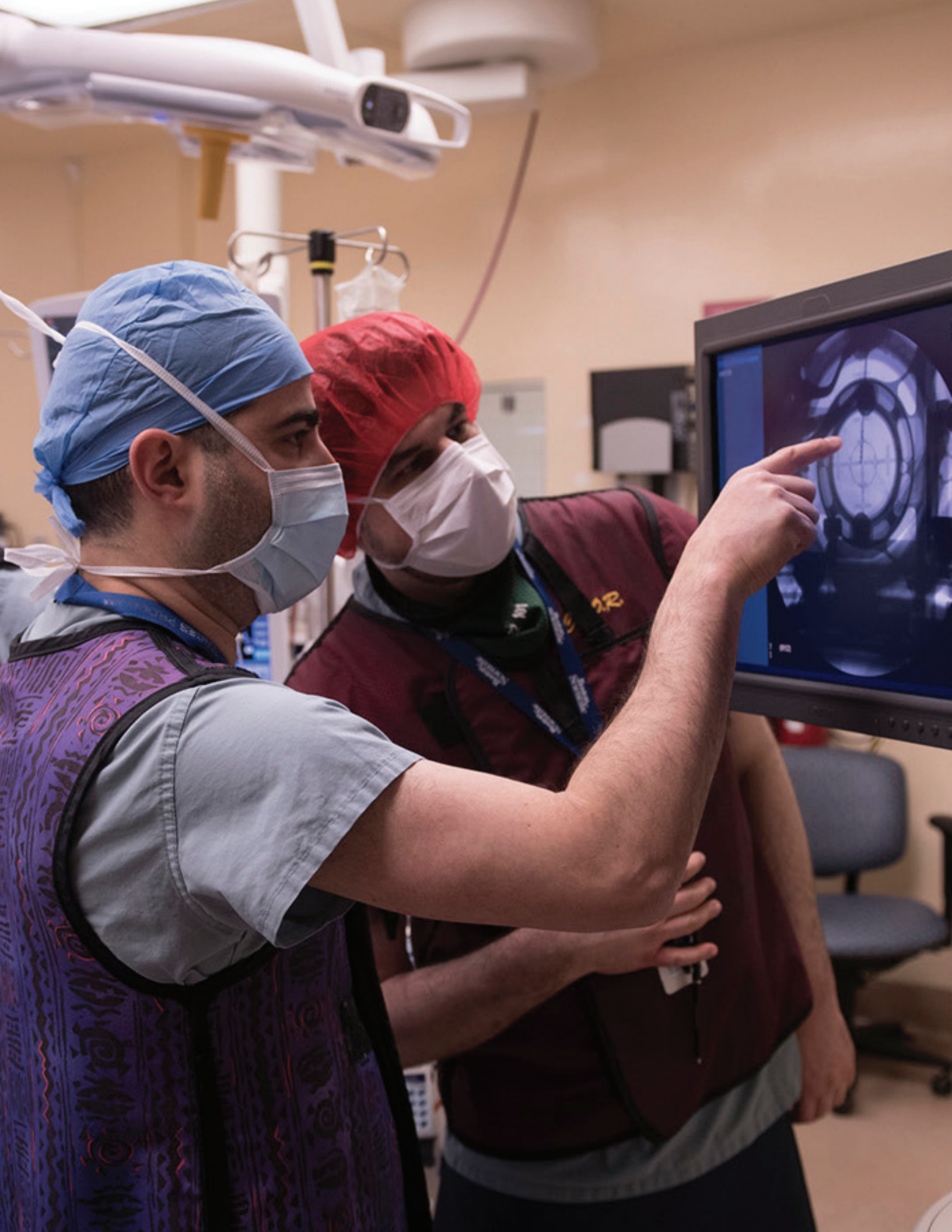
- Infection Prevention & Control
- Laboratory Medicine & Molecular Diagnostics
- Medical Imaging
- Operating Room & Related Services
- Pharmacy Services



Business & Facility Services

- Capital Planning and Development
- Communications & Stakeholder Relations
- Quality & Patient Safety, Decision Support and Performance Improvement
- Environmental Services
- Ethics Centre
- Finance and Payroll
- Food Services
- Human Resources, Occupational Health & Safety and Organizational Development
- Interprofessional Practice
- Information Services
- Legal, Privacy/FOI, Enterprise Risk Management and Radiation Safety
- Medical Affairs
- Pre-Hospital, Emergency Preparedness & Patient Flow
- Plant Operations & Maintenance
- Strategy and Integration
- Telecommunications





Strategic Direction 1



Personal and precise therapies (PPT) are more important than ever in modern medicine, adding “value” – improved quality, patient experience and cost effectiveness – for patients, Sunnybrook and the system.

We will continue to focus and invest in our portfolios that drive PPT, including the development of image-guided, minimally invasive or non-invasive therapies and world-class precision diagnostic approaches in laboratory medicine and diagnostic imaging that allow for precise treatment of disease and minimization of side effects for patients.

Less is more — for patients and the health system! What do we mean by “less”? When you are confronted with the news that you have, for example, a cancer, or a cardiac valve failure, or a mass in your brain, you want it gone with as little impact on your body and your life — and your family life — as possible. Sunnybrook, with consistent and superb support from **Sunnybrook Foundation**, continues to develop and champion sophisticated image-guided therapies (IGT) in key clinical areas resulting in care of diseases without major incisions, side effects and negative impacts on the patient’s body.

The PPT focus is beneficial to patients but also results in less need for acute-care hospital beds: less days spent in acute-care beds is less expensive and thus provides sustainability for the health system. From a business perspective, these specialized services are increasingly funded in an activity-based funding process and we must ensure that we work with the Ministry of Health — often leading at key tables — to shape the funding for these approaches so they are sustainable. Examples include focused ultrasound for obsessive compulsive disorder and depression in the **Hurvitz Brain Sciences Program**, catheter-based structural heart valve replacement in the **Schulich Heart Program**, and precise radio-surgery approaches in Cancer Ablation Therapy (“CAT”) of the **Odette Cancer Program**. We must not only develop new therapies, but also complete definitive large-scale trials demonstrating the superiority of the new approaches and then work with government to ensure the new approaches are implemented widely.

What about Sunnybrook’s PPT expertise specific to the science of COVID-19 care?

Our scientists have readily pivoted to embrace a leadership role in pursuit of solutions for COVID-19. Early into the pandemic, a Sunnybrook team isolated and sequenced the virus; Sunnybrook teams lead in COVID-19 randomized, controlled treatment trials with international partners, including examining the feasibility of using antibody infusion in the sickest COVID-19 patients. Additionally, COVID-19 has deleterious impact on the brain (CNS), and our brain scientists are focusing expertise on better understanding, diagnosing and ultimately developing treatments for the central nervous system effects of COVID-19.

Strategic Direction 2



The perfection of integrated and sustainable healthcare processes and systems, with partners, will be a driving force for Sunnybrook's teams.

Healthcare is a team sport! We will continue to align with the Ontario government's focus on integrated care delivery models in Ontario. To support our dual mandate, we have to embrace two types of integration — horizontal and vertical. First, with “horizontal” hospital partners, we will further our leadership role in complex specialized care regional networks such as trauma, cancer, cardiac and specialized neonatal care. Simultaneously, we will deeply engage with “vertical” partners (community health centres, homecare and primary care) to further shape Government of Ontario / Ontario Health efforts to optimize our North Toronto Ontario Health Team (NT OHT).

Deep and trusting relationships and an unrelenting focus on the needs of patients are the most important ingredients to successfully building integrated care delivery models. The game-changing catalyst in 2020 is digital connectivity: we will invest deeply and widely in teams and initiatives dedicated to maximizing the benefit of digitally enabled care to our patients, practitioners and partners in the years ahead.

The way we connect to deliver care with partners, patients, families and caregivers must become less fragmented and more seamless. The result will be better and safer care, a better care experience and fiscally sustainable healthcare. Over the past year, the goals of the SLT were acutely focused on aspects of integrated and sustainable models of care. A siloed health system begets a choppy experience and at times poor quality outcomes that could be avoided. The devastation that we have observed due to COVID-19 in the LTC sector speaks to a need to have diverse organizations and their teams better integrated. Importantly, our support of and leadership within the emerging North Toronto Ontario Health Team — an integrated team — was a positive factor in guiding support of residents in LTC and retirement homes (RH) in our local community. Before COVID-19, there was no meaningful connection between LTC, RH and hospitals, and the evolving NT OHTs they comprise. As we look to future COVID-19 waves and beyond, it is clear that we need closer connections between our Hospital/ NT OHT, local LTC, RH, community, homecare and primary care partners. Specifically, we need to ensure that system partners are more closely linked to critical resources, including (1) IPAC, (2) medical and nursing consultation, and (3) avoiding unnecessary patient transfers. Similarly, we need to optimize our connection with and support of these critical partners, including SCOPE virtual interprofessional health team. The functions of the NT OHT, properly executed, have the potential to enable seamless, effective connection.

The evolution of digital connectivity is rapidly transforming our world and will require special attention, immediately and in the years ahead. An important aspect of SD2 is that less patient care happens in-person at Sunnybrook. Digitally enabled and virtual care was highlighted, albeit briefly, in SP18-21 as an enabler of this objective. Now, catalyzed by COVID-19, the rapid expansion and adoption of virtual care is arguably the biggest transformation we have experienced during the pandemic period. Virtual consults have increased from 5% of patient interactions to 90 to 100% of cases for some Sunnybrook teams (e.g. psychiatry, longitudinal cancer care). Such rapid change has been enabled through government policy changes, which included

new physician billing codes in many provinces, including Ontario, which would have normally taken years to accomplish. We will encourage evolution in this arena in a wide range of settings including: emergency departments, primary care, rehabilitation (e.g. **St. John's Rehab Program**) and specialist care, and we have witnessed significant grassroots development of innovative ideas and solutions around virtual care in almost all of our programs already (e.g. **Holland Bone and Joint Program**: pre-op appointments, clinic visits, telerehab).

We need to clarify our strategy and prioritize goals related to the improvement of virtual care as we collaborate with patients, practitioners, learners and partner organizations, including the NT OHT and across Ontario. Rapid progress is coming from early adopters on the front line, and we must support these triumphs with effective governance, corporate investment (e.g. technology platform, and integration with existing assets) and alignment with government and partners to support optimal results. Virtual care must provide increased value — better quality care and patient experience at an overall cost that is less than in-person care. While pursuing virtual solutions, we must be mindful of risk as the digital revolution unfolds. Experts suggest that increased dependence on virtual options will open us up to additional cyber security exposures. We must protect against letting our collective guard down on cyber-security in the healthcare system (Canadian Healthcare Technology, May 2020).

Ambulatory care advances in the near future will be tightly linked to the digital connectivity theme. We anticipate that the future will hold a blended approach to ambulatory care interactions with less in-person care visits and more virtual care than ever before. In addition to the increased “value” this approach will present, we will be cognizant that not all patient interactions are suitable for virtual care for reasons including some patient’s inexperience with technology, or disability, and we must learn to accommodate and adapt. Ultimately, there is an abundance of innovative use cases that are emerging around blended models of ambulatory and virtual care, and honing in on the right ones to pursue and invest in will be crucial.



Strategic Direction 3



Leverage our new Quality Strategic Plan 2020-25 (QSP) to sustain and elevate excellent patient care and experience.

We will deliver on the objectives described in our quality strategic plan and ensure we critically assess our progress to determine our opportunities for improvement. We are mindful that despite the pandemic, the people of Ontario entrust us to care for them at the highest level possible.

Our objectives regarding quality care and patient experience remain steadfast: we seek to deliver high quality care and excellent experiences for patients and their families. We are committed to world-class quality of care and to participating in international comparative collaboratives to ensure we are succeeding. We seek to deliver a continuously improved quality of care and we commit to continuous improvement in how we assess patient experience, with input from patient and family advisory councils at Sunnybrook and the NT OHT.

In June 2020, our team released Sunnybrook's **Quality Strategic Plan**. The new plan builds on a very successful initial quality strategic plan and it has multi-pronged efforts to deliver on "safe, seamless and sustainable care". These focal points are aligned with other aspects of our hospital strategy and will be conjoint themes pointing the way to success as part of our next accreditation process.



How will a protracted pandemic present difficulty?

Patient experience has been impacted as a result COVID-19, including the challenge of defining the right presence of "visitors", or more aptly "critical patient supporters", in the hospital while mitigating risk of COVID-19 spread and outbreaks. Virtual visits have helped to partially counteract the problem of limiting the crucial supports visitors play in recovery. We have witnessed caregivers taking an even more important role in advocating and caring for patients, which we also need to acknowledge, support and enable.

A protracted pandemic has also put the spotlight on the pre-existing health inequity issues for marginalized and minority populations. We see this in a pronounced way through many social determinants of health in two of our highest need neighborhoods: Mount Pleasant West and Englewood-Clawson; both also have the highest numbers of COVID cases per 100,000 population in our North Toronto region. This asymmetry needs to be examined further and addressed in a collaborative manner with our community partners. COVID-19 may present new barriers to delivering quality care, but it does not alter the objective — our patients are counting on us!

Strategic Direction 4



People and teams at Sunnybrook have long been recognized as the most important strategic advantage we have. In 2020, critical issues have come to the fore, driven by COVID-19 and accelerating societal changes.

Wellness, resiliency and burnout are part of an omnipresent narrative across the world's healthcare systems and present a major concern for us at Sunnybrook. Additionally, societal racism and issues of inequity have been laid bare in recent months. We must address these issues in the context of Sunnybrook, our team and our patients. Embracing these challenging issues, we will prioritize deliberate efforts to sustain our people and enrich our teams.

Over the last three years, our strategic plan has reinforced our organizational values and culture and provided a crisp focus on our people and teams through SD4.

Wellness and resiliency: The COVID-19 era will be a marathon — or perhaps an ultra-marathon! Our team anticipates that we will be working in a strained environment and system, amidst rapid changes; reacting to uncertainty and implementing new directives, often lack in clarity; and confronting moral distress and compliance fatigue. Therefore, our attention to wellness needs to be more than fleeting. Sustained and multi-faceted efforts to support and nurture our teams are required.

Diversity is a key lens through which we must consider wellness as well as the strength of our teams and the robustness of our organization. Difficult societal issues are hugely relevant for our team and must be confronted and grappled with, together. Multi-faceted diversity will be a characteristic of winning organizations in the future, more than ever. “It is time for the difficult and necessary work of looking inward and making fundamental changes to our workplaces. This work can and must begin right now if we are to capitalize on a time when, finally, real change seems possible.” (Globe and Mail, July 26). We will focus on improving our equity, diversity and inclusivity by investing time and resources into this issue so that it is embedded in the fabric of our organization. Our path in this journey will commence immediately with the President’s Anti-Racism Taskforce (PART).

Ultimately, we want a diverse workforce where each and every member of our teams feels safe and supported, in an environment where there is fairness and equity. We want our diverse teams to nurture and advance the individuals within them. What does our workforce look like now, and more importantly, what does it need look like in the years ahead? We want to be able to harness the power of diversity and inclusion and become an innovator in this space, minimizing attrition and maximizing morale. Recruitment and continuing to build our high performing team capacity is critically important in these challenging times, and we will increasingly aim to reflect the diversity of those we serve in North Toronto and Ontario.

The digital expansion has massive implications for our team. Over the course of the pandemic, how we work with patients and as a healthcare team at Sunnybrook has changed drastically and will continue to evolve and diversify. “Work from home” (WFH) has become a mainstay in the COVID-19 world, especially for many key roles that are not patient-facing. WFH is an opportunity, providing work/life flexibility and helping with scarcity of office space, but it also comes with potential risks. We must ensure that our teams are engaged and performing at peak levels in the pursuit of our mission and vision. In order to further Sunnybrook’s SD of high performing teams, new strategies will be needed to support teams with blended work models, and leaders will require augmented leadership competencies to be successful.

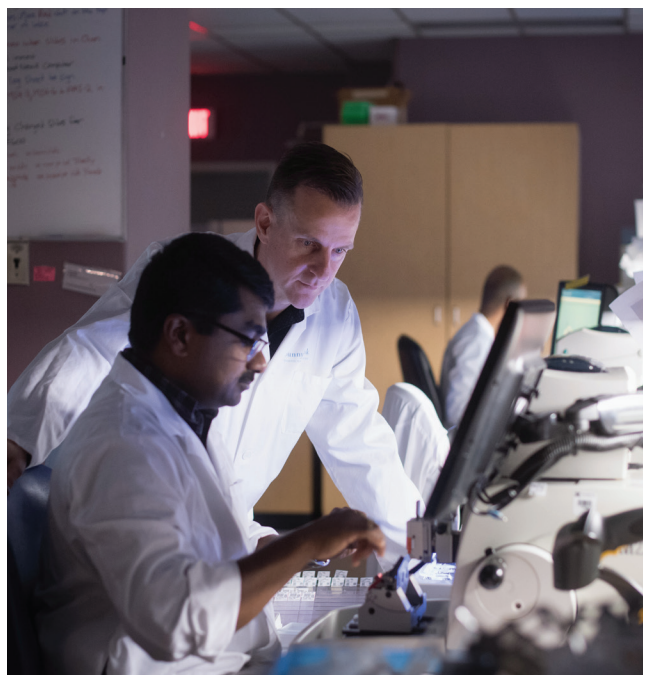
Who is on “our team”?

Intra-organizational teams and public and private partnerships will continue to be a major platform in our position as a regional and provincial leader.

Horizontal integration between Sunnybrook and surrounding hospitals (e.g. Regional Trauma Network, Shared Hospital Labs) helps Sunnybrook maintain its differentiation and strategic importance while developing a healthcare system in Ontario. Vertical connection with primary care, pharmacies, community services, and homecare is the essence of the NT OHT. We will continue our collaborative efforts to share and optimize patient care initiatives, lead humbly and support and learn from others as we continue to invent the future of healthcare. We must embrace the evolution of “Team Ontario”.

Another prism to view our team is through our support of our Toronto Academic Health Sciences Network (TAHSN). Team Toronto continues to involve a larger number of community-based hospitals and together we can become a major enterprise that benefits our metropolitan area of six million people. Sunnybrook is primed and well-positioned to be an important ambassador for this growth given our geographic positioning.

Our teams also include our learners. The new **Education Strategic Plan** addresses our longer-term needs head-on with five core directions aligned to the corporate strategic plan. The task over the next three years is to deepen the education footprint at Sunnybrook, expand the profile of education research and address the need for additional physical infrastructure.



Examining strategic enablers in 2020

Infrastructure – a burning platform

In many instances, our infrastructure is significantly aged and lacking, even as our Toronto and Ontario population grows. The pandemic has further exposed Canada's shortfall on infrastructure and its precarious ability to deal with major healthcare catastrophes like COVID-19.

Sunnybrook has clarified the physical infrastructure we require in a recent master plan. We currently have 50 capital projects underway across our campuses and we are poised to begin construction of the Garry Hurvitz Brain Sciences Centre. The Hurvitz Centre will accelerate our leadership in care and research of diseases of the mind and brain. It will also address the risks associated with our current, deplorable physical plant for mental health care. In addition to physical infrastructure, thoughtful asset allocation to build out our IT infrastructure in an increasingly digital world will be critical.

COVID-19 will cause us to consider further adaptation. Flexibility for space use is key — “flexi-space”. We need to be nimble and have transformable beds in the context of waves of sick patients requiring hospitalization. In particular, there will be a need for further updating our infrastructure specifically for critical care. On this point, our ability to translate and advocate for resources in direct response to the pandemic around critical care will be necessary, and we are well-positioned and aligned with this as our recently drafted Sunnybrook master plan, which prioritizes the building of a new critical care tower.

Funding such major undertakings requires focused, ambitious and realistic consideration of sources of money. We need to be focused with philanthropic and government support. Raising debt for Sunnybrook is an immediate consideration and this must be thoughtfully executed to manage affordability, preserve future flexibility, and tackle the growing number of other strategic projects requiring capital over the next several years.

Measurement and goalposts

Sunnybrook has devoted resources and attention to measuring our progress and using data to make evidence-based decisions. The science of measuring what matters and translating that into useful, simple and beautiful products that can be used by our leaders and teams is more important than ever to enable continuous improvement. We have done this over the first three years of our strategic plan and we will continue to push the envelope further with a performance management framework that helps highlight our work to the world.

Can we win?

In short, yes! There is so much to consider and so much to do. We need to analyze the myriad and changing opportunities and risks in front of us and take action on a number of important fronts. Fortunately, we have the teams, culture and track record to allow us to do what has to be done. What will Sunnybrook look like in 2025? As we look ahead, Sunnybrook's future is bright. We will continue to be leaders from bench to bedside for novel minimally invasive and image-guided therapies. We will be more digitally connected and integrated with our community, with our teams and with our partners; at the same time we will never lose sight of the essential human and relationship-based aspects of our enterprise.

We will be relentless in our pursuit of high quality, patient-centred care. Most importantly we will embrace our people as our strategic advantage.

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