

Sunnybrook's 2016/17 Quality Improvement Plan

Overview

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

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

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

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

- Patient engagement remains a key area of emphasis for Sunnybrook. One example of how we engage patients is through one-on-one focused conversations between staff and patients. These conversations allow us to assess our progress in adopting patient-focused behaviours when providing care. This intervention also helps us to understand other issues important to patients and respond to them in real-time, where possible. The results will be shared in different venues and progress on ideas for improvement will be tracked throughout the year.
- Sunnybrook has added medication reconciliation to the 2016/17 plan as we are making investments both in staffing and information technology to increase our medication reconciliation rate. This is a key safety measure for our patients and this will continue to be monitored beyond 2016-17 as our ultimate goal is to have this in place for all patients at admission, transfer and discharge.
- Sunnybrook experienced an increase in operating room cancellations in 2015 and so the hospital has committed to reduce these. We want to ensure that patients get the surgery they need in a timely fashion and avoid inconveniencing patients. A number of targeted change initiatives are being put in place to improve this outcome over 2016/17.

As we look ahead over the next several years, Sunnybrook will be informed by its first hospital-wide quality and patient safety strategic plan. Based on extensive consultations with patients, families, staff, physicians and volunteers, a key area of focus that emerged for this plan will be 'compassion' in how we care for and relate to patients, their families and each other. While there are multiple activities already underway to better engage patients at the point of care and beyond, including as part of this year's QIP, our community can expect to see further emphasis in this area in the coming years, both via the quality and patient safety strategic plan, as well as future QIPs. Please look for the quality and patient safety strategic plan on our website, Sunnybrook.ca, in spring 2016 where you can learn about the goals and objectives we have set for ourselves.

Quality Improvement Achievements from the Past Year

Sunnybrook is proud of the many activities that we have undertaken to improve the quality of our services. These are tracked, monitored and shared in numerous ways such as at our Interprofessional Quality Committee, at our Board Quality Committee and on our internal and external websites. Here are a few highlights from 2015-16 to date.

- Sunnybrook has enhanced processes for transitioning patients from acute care to palliative care so that more patients receive the right care in the right place.
- The number of stroke patients ready for rehabilitation by the fifth day of their hospital stay has increased so that patients can receive rehabilitation sooner.
- Sunnybrook has decreased readmission rates for patients with Chronic Obstructive Pulmonary Disease (COPD) by ensuring that these patients receive the community supports they need.
- Sunnybrook has reduced patient safety incidents related to failures in the escalation of care for deteriorating inpatients through a number of initiatives including enhancing communication within and between teams.
- In the most recent quarter, Sunnybrook has had no surgical site infections for patients having neurosurgery craniotomies.

Integration and Continuity of Care

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

- Sunnybrook is one of a group of health care organizations that make up the North East Toronto Health Links, which is designed to better coordinate health care services for high-need patients, such as those who do not currently have access to a family doctor and have complex care needs. We continue to focus on increasing referrals to this team-based program for patients that will benefit from its individualized approach.
- Sunnybrook is leading a project with our partners at North York General Hospital, Mackenzie Health, Providence Health Care and the Central and Toronto Central Community Care Access Centre/Local Health Integration Networks (CCAC/LHINs) to enhance care for stroke patients. As a result of using evidence-based care pathways and improved integration across providers and settings, patients will have better quality and health outcomes as well as a seamless care experience.

Engagement of Leadership, Clinicians and Staff

Sunnybrook utilizes a number of methods to engage our clinicians, leaders and staff in establishing shared quality improvement goals. In the development of priorities for the annual QIP, clinical leaders and local working groups are engaged in developing the evidence-based action plans for each indicator. Furthermore, staff at all levels are involved in setting local quality improvement priorities based on quality and safety data such as adverse event data, accreditation standards, patient satisfaction scores and National Surgical Quality Improvement Program data.

Staff have access to a QIP intranet page where they can see their progress in achieving targets and engage in discussions about how their efforts can help impact this work. The results are posted quarterly with a story which is shared via our hospital-wide e-newsletter.

Finally, senior leaders and Board member review and discuss progress associated with the QIP on a regular basis.

Patient/ Resident/ Client Engagement

Sunnybrook is actively creating a culture of patient and family engagement to support the delivery of safe, quality and person-centred care by broadly engaging patients, families and our community. For example, patients and families are actively engaged in planning the delivery and improvement of care processes through their roles in program-based Patient and Family Advisory Committees. Some of these Committees will be engaged in the

implementation plans of our QIP. Across the organization, we are implementing a person centred care approach where patients and families are active and equal partners their care journey. Sunnybrook is also co-developing a Patient Engagement Policy with many of our patient/family advisors, to help further drive the culture of patient and family engagement at all levels, from the bedside to our local and corporate quality improvement initiatives and to the boardroom.

As a component of each quality improvement plan, teams have outlined how they will engage patients and families in their quality improvement work in 2016/17. Examples include:

- Consulting Sunnybrook patient advisors to co-create patient-friendly features in our electronic charting system (Sunnycare). For example, discharge medication lists are now printed in patient friendly formats
- Revising the referral process for palliative care home support services with patients and families to ensure it better meets their needs
- Co-developing a starter kit with patients and families to further incorporate the patient’s perspective into how we talk and teach about person centred care
- Consult with patients and families to co-design new education materials to be provided to patients with a hip fracture upon admission

Accountability Management

For many years, Sunnybrook has had an at-risk component to its executive compensation for the CEO and Senior Leadership Team. A percentage of the executive’s compensation (20-30%) is based on the achievement of annual goals and objectives that are aligned to the organization’s strategic goals and to the person’s portfolio. Sunnybrook’s Executive Performance Management Program is well established, comprehensive and governed by the Performance and Compensation Committee of the Board of Directors. The Program includes both a 360° performance evaluation (built on the foundation of leadership competencies) and specific performance goals that are used to drive quality and organizational improvement. For April 1, 2016 – March 31, 2017, five QIP objectives will be linked to executive performance and compensation. (Please see table below.)

Accountability Sign-off

I have reviewed and approved Sunnybrook Health Sciences Centre’s 2016/17 Quality Improvement Plan and attests that our organization fulfills the requirements of the *Excellent Care for All Act*.

Blake Goldring, Board Chair, *Board of Directors*

Elizabeth Martin, *Chair, Board Quality Committee*

Dr. Barry McLellan MD FRCPC, President and CEO

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AIM		MEASURE			Percentage of available incentive				
Quality dimension	Objective	Measure/ Indicator	Current Performance	Target 16/17	100%	75%	50%	25%	0%
Effectiveness	Improve organizational financial health	Total Margin	-	≥0%	Target Achieved, or would have been achieved, after adjusting for circumstances beyond management control or otherwise achieving the Board approved in-year budget strategy.	NA	NA	NA	Total margin is below 0%
Patient Centredness	Improve patient centredness	Number of 'Conversations with Patients/Families about their experience at Sunnybrook'.	361	415	Target Achieved: ≥415 conversations	Performance is ≥ 397 and < 415.	Performance is ≥ 379 and < 397.	Performance is > 361 and < 379.	Performance is ≤ 361 (i.e. no improvement).
Efficient	Increase the number of palliative patients discharged home with community supports to better support patients who can and wish to receive care in their homes.	Referrals to the Toronto Central Local Health Integration Network (TC LHIN) Palliative Program	130	156	Target Achieved: ≥ 156 referrals	Performance is ≥ 147 and < 156.	Performance is ≥ 139 and < to 147.	Performance is > 130 and < 139.	Performance is ≤ 130 (i.e. no improvement).

AIM		MEASURE			Percentage of available incentive				
Quality dimension	Objective	Measure/ Indicator	Current Performance	Target 16/17	100%	75%	50%	25%	0%
Safety	Increase the proportion of patients for whom admission medication reconciliation (Med Rec) is completed.	The number of patients with medications reconciled at admission as a proportion of the number of patients admitted to the hospital*	76%	≥83% average over a three month consecutive period prior to March 31, 2017	Target Achieved ≥83% (average rate for Q4 of 2016/17)	Performance is greater than or equal to 81% and less than 83%.	Performance is greater or equal to 78% and less than 81%.	Performance is greater than 76% and less than 78%.	Performance is less than or equal to 76% (i.e. no improvement).
				*Assuming monthly admissions do not increase at a rate greater than the average of the last two years (1.9%, 2013-2015) or above 1,773 per month. If admissions reach above this level, the admissions value (denominator) will be held at this value (1,773 per month) to calculate the medication reconciliation rate for compensation allocation purposes.					
Timely	Reduce Operating Room (OR) Cancellations	Percentage of cases cancelled**	6.7% or baseline of 647 cancellations	≤6.0% or 577 cancellations, (down 70 from the baseline), on a total surgery volume of 9,609	Adjusted Target* achieved (584 or fewer cancellation)	Performance is greater than 584 and less than or equal to 607.	Performance is greater than 607 and less than or equal to 632.	Performance is greater than 632 and less than 647	Performance is greater than or equal to 647 (i.e. no improvement).
				** All pay-for-performance targets reflect a performance corridor of 10% to recognize circumstances beyond management control (e.g. Occupancy greater than 105%, sudden changes in patient health despite all preplanning that has occurred, patient's eating/drinking despite instructions provided).					