

Let's Make Healthy
Change Happen.



Quality Improvement Plan Narrative

Sunnybrook Health Sciences Centre



Overview

Sunnybrook Health Sciences Centre (SHSC) is pleased to share its ninth annual Quality Improvement Plan (QIP). This narrative provides a brief introduction to our hospital and describes our key priorities for quality improvement.

SHSC is a large academic health sciences centre that is fully affiliated with the University of Toronto. Sunnybrook has three campuses, nine clinical programs and is Canada's largest trauma centre. The Hospital provides a broad range of tertiary regional programs and services including (but not limited to) specialties in cancer, cardiovascular disease, neurological disorders (including mental health), high-risk obstetrics and gynaecology, orthopaedic and arthritic conditions, trauma and critical care, rehabilitation, and community care. In addition, Sunnybrook is Canada's largest facility caring for the country's war veterans.

The hospital has 12,000 staff and physicians, 200 volunteers who support our vision 'To invent the future of healthcare'. Each year we:

- Care for 1.3 million patients (about 80% are from outside of Toronto)
- Teach 4000 students (from around the world)
- Conduct in excess of \$100 million in research

Sunnybrook has been one of Canada's top 100 employers for 10 years.

Sunnybrook's four strategic directions that guided the selection of the QIP priorities aim at achieving excellent in the following areas:

1. Personalized and precise treatments
2. Integrated and sustainable models of care
3. Quality and creating a better care experience
4. High performing teams

The other key framework that informed our QIP is the hospital's Quality Strategic Plan, with its six dimensions of quality (safe, effective, efficient, compassion, partnerships, quality culture). To learn more, please visit our website www.sunnybrook.ca

In determining our annual QIP priorities we apply a selection criteria model which ensures each initiative aligns with priorities of the hospital, of Health Quality Ontario and/or other external or regulatory requirements such as Accreditation Canada standards and opportunities identified in our Accreditation Report. Quality Improvement Plans are then further evaluated based on their potential impact as well as strength of the data and proposed change ideas. Each plan must engage patients in the development or implementation. In addition we seek to focus on work that is in collaboration with our system partners. Through our 2018/19 QIP:

- A cross LHIN palliative care collaborative was established to advance care for patients with the objective to ensure that patients are provided with the 'right' care in the 'right' place based on their personalized goals and values.
- We continued work with Emergency Medical Services to reduce ambulance offload time allowing paramedics to return to servicing the community faster.
- Hand hygiene introduced a very successful electronic monitoring system (motion-activated sensors) across 5 inpatient units as part of a multi-centre initiative with Michael Garron Hospital, Sinai Health System, Lakeridge Health and St. Michael's Hospital (Unity Health Toronto) and made significant gains in engaging staff to improve practice.

In our 2019/20 QIP we will continue to advance the work noted above and create new strategic partnerships to address:

- Workplace Violence Prevention, developing a flagging system with community partners to identify situations of prior violence
- Suicide prevention, sharing suicide screening resources with community partners
- Patient-Oriented Discharge, implementing simulation based education tools and resources, together with Michael Garron Hospital, to enhance health care professional communication skills enabling seamless transitions
- Patient safety events, developing a common classification system across peer Toronto hospitals for serious safety events, for the purpose of broadening our learning culture and to reduce the risk of preventable events

Each initiative within our 2019/20 QIP has identified a specific target that the improvement team plans to achieve. Targets are chosen based on a number of factors, including best available evidence, how we've performed in the past, or how our peers are performing. We strive to identify targets that will motivate our teams and drive our improvement work forward, while being mindful of the common challenges to making change in a healthcare setting. Details about how and why our targets were chosen are outlined within each individual work plan

Describe your organization's greatest quality improvement achievement

One of the greatest quality improvement achievements of 2018/19 was in enhancing Access and Transitions for patients like Justin.



On December 16, 2018, Christmas arrived early for Justin Squires. It was moving day; and the 27-year-old was leaving Sunnybrook's Bayview campus for the Reactivation Care Centre, Church Site. The Reactivation Care Centre (RCC) is a Central LHIN Hospital Collaborative, designed to help patients who no longer need acute care services to restore their independence. Sunnybrook has 60 beds in the RCC.

Justin had been living in a hospital room with three other patients for over seven months. Justin had experienced a double amputation and had been waiting an extended period of time to receive health care elsewhere, in an environment more suited to his needs.

Sunnybrook cares for some of the sickest and most critically ill patients, like Justin, in Ontario. For the last several years, the hospital has experienced continuous occupancy pressures and high numbers of alternate level of care patients. Established in collaboration with the Ministry of Health and Long-Term Care and with Humber Hospital, the Reactivation Care Centre has significantly helped free up capacity in the hospital, eliminated hallway medicine, and has made a difference for patients like Justin.

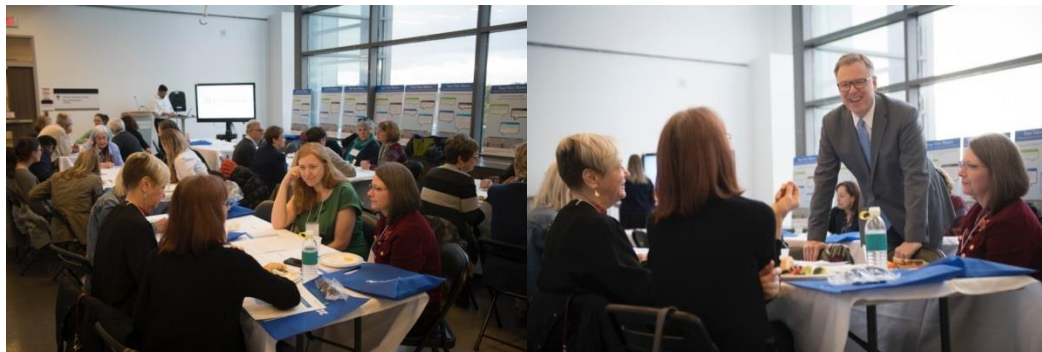
The centre provides patients like Justin with a new and meaningful opportunity to receive care differently and in an environment more suited to needs. "It's a fresh start", shares Justin.

Patient/client/resident partnering and relations

Sunnybrook actively creates a culture of patient, resident and family engagement to support the delivery of safe, quality and person-centred care. Sunnybrook has a dedicated group of approximately 140 Patient Partners, working with teams across clinical disciplines to support Patient & Family Advisory Committees (PFACs), working groups and other operational committees.

Early in the planning for our 2019/20 QIPs, a meeting with the hospitals' Corporate PFAC was held to co-design a model for engagement in the QIPs. Patient / family members recommended multiple methods of engagement (in-person and digital) to provide input into the coming year's plans. Subsequently all Sunnybrook Partners (approx. 140) were invited to take part in an online survey asking them to help prioritize QIP proposals and to provide comment on the focus of goals and change ideas, which helped shape the final plans.

Sunnybrook's first patient and family partner networking forum was held on October 24, 2018. The event brought together 40 of Sunnybrook's Patient and Family Partners and staff involved in engagement to learn, network and inform the future of engagement of patients & families at Sunnybrook. Participants were also invited to complete a table-top priority-setting exercise for QIPs. Project proposals were presented, and partners were invited to provide advice and guidance on prioritization, and project design.



In addition to the above, each of the twelve QIPs chosen as areas of focus for 2019/20 will engage patients and families in the implementation and/or evaluation of the change initiatives. Additionally patient partners have reviewed this narrative document for public appropriate content.

Workplace violence prevention

At Sunnybrook we begin with an approach to workplace violence that is guided by the principle that behaviors often stem from medical conditions and can be a response to what is happening internally to a patient or externally in their environment. As such our strategy focuses on analyzing and addressing the root cause of the behavior, and preparing staff to use approaches to care that prevent violent occurrences and manage high risk behaviours.

Workplace violence prevention at SHSC is guided by:

- **A Harrassment, Discrimination and Violence Policy**, which requires a full root cause analysis, review of processes and follow up to mitigate future incidents
- **A Respect Policy, Diversity Statement and Principles**, which includes respectful methods for communicating with patients, families and staff
- **Harrassment and Discrimination and Code White training**

SHSC's has a comprehensive approach to violence prevention for staff and patients, which consists of:

- Continued focus on Non-violent Crisis Intervention education for staff for areas identified as high risk of violent incidents, including key de-escalation and prevention techniques, and verbal / non-verbal skills for communicating with at-risk patients or families.
- Adherence to a "Framework for Responding to Reported Violent Incidents" which follows the standard process including 1) debriefing, 2) creation of a patient safety care plan with family input regarding triggers following serious incidents, 3) root cause analysis for serious incidents and 4) implementation of recommendations.
- Initiation of an observed Behavioral Assessment to be completed in the patient's health record in the Emergency Department, identifying patients who have a history of, or have demonstrated behaviour that puts others at risk and outlining care strategies that can be used to address the behaviour
- Employee incidents are also tracked by Occupational Health & Safety to identify and mitigate potential risks to patients/families and staff

As noted above, this year we will work together with system partners, such as Michael Garron Hospital, to develop a flagging protocol to identify patients at high risk for violent behaviour to better support continuity of safety for these patients and their care teams. Workplace violence at Sunnybrook reports to SHSC Violence Prevention Oversight Committee and to the Hospital Joint Occupational Health & Safety Committee.



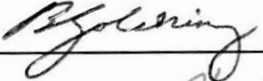
Compensation

For many years, Sunnybrook has had an at-risk component to its executive compensation for the CEO and the Senior Leadership Team. A percentage of the executive's compensation (21-30%) 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, 2019 – March 31, 2020, QIP performance is tied to five per cent at risk payment and performance is equally divided among five indicators, as displayed below.

Plan	Weight
Hand Hygiene: eMonitoring % compliance	20%
Suicide Prevention: % of patients screened for suicide risk	20%
Patient Experience: Number of improvement projects implemented based on patient feedback	20%
Total margin	20%
Staff Training in Equity & Diversity	20%

Sign Off

I have reviewed and approved our organization's Quality Improvement Plan

Board Chair  (signature)

Quality Committee Chair  (signature)

Chief Executive Officer  Smith (signature)

Contact Information

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