

# Sunnybrook's 2017/18 Quality Improvement Plan

## Overview

Sunnybrook Health Sciences Centre is pleased to share its seventh 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. Two examples of how we are partnering with patients in their care are through the use of MyChart and by supporting Advanced Care Planning conversations. MyChart is an online website where patients can access and manage their own Personal Health Information to better partner in their care. Sunnybrook will also increase the number of Advanced Care Planning conversations with patients and their loved ones to ensure that the care we provide is care that is completely aligned with their goals and values.
- Sunnybrook is increasingly focused on ensuring access for our sickest patients. We help to achieve this by enhancing our processes for repatriation, which is the process of returning patients that no longer require the specialized care that Sunnybrook provides to a hospital that is closer to their home.
- Continuing from the gains made in 2016/17, we will further reduce the risk of post-surgery Urinary Tract Infections for our patients.

Sunnybrook is now also informed by its first hospital-wide 2016-2018 Quality Strategic Plan. Based on over 1,000 consultations with patients, families, staff, physicians and volunteers, two areas of focus that emerged for this plan are compassion in how we care for and relate to patients, their families and each other, as well as partnering with patients/families and other providers to deliver integrated and coordinated care to our community. There are multiple activities already underway to better engage patients at the point of care and beyond, both as part of this year's QIP and this new quality and patient safety strategic plan.

To learn more about the goals and objectives we have set for ourselves in the Quality Strategic Plan 2016 – 2018 please visit our website [www.sunnybrook.ca](http://www.sunnybrook.ca).

## 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 2016-17 to date.

- The Pancreatic Surgical Site Taskforce has implemented a bundle of initiatives to reduce infections. The bundle includes improved antibiotic use, tighter control of blood sugar (glucose) levels, managing patient body temperature and reducing staff traffic in the Operating Rooms. Patients are engaged in using the recommended body wash the night before and the morning of surgery. As a result, Pancreatic Surgical Site infection rates have consistently improved from a baseline of 26% to 16.7%.
- “Conversations with Patients” is an important initiative that ensures that direct care staff and leaders take the opportunity to ask patients and families about their health care experience while they are still in hospital. Over 650 conversations were held in 2016/17. Results were shared and reviewed to create more positive patient experiences and outcomes. One nurse has said that she now begins the day sharing with patients “This day is not about me, it’s about you. For me to provide the best care possible for you, I want to know what things are most important to *you* today.”
- Sunnybrook set a goal to ensure eligible palliative patients are connected to community care providers who can support them to receive care in their homes instead of in the hospital. We have partnered with the Toronto Community Care Accesses Centre to host several educational events with our inpatient staff, and have also engaged several staff on visits to palliative patients in their homes. Combined with our own internal improvements to the referral process, in the first six months of 2016/17, we facilitated connections for 61 patients to the community services they needed (compared to 44 in the same period last year).

## 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. 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 experience data 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.

Senior leaders and Board members review and discuss progress associated with the QIP at least on a quarterly basis.

Finally, as part of the roll-out of the Quality Strategic Plan 2016-2018, we will be piloting the concept of Quality Conversations on the units, whereby staff can huddle on a frequent basis to engage in discussions around performance data, brainstorm improvement strategies or to address patient safety concerns.

## **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. Across the organization, we are implementing a person centred care approach where patients and families are active and equal partners in their care journey. In partnership with the Office of the Patient Experience, patients and families are also engaged in ongoing activities related to research, education and operational decision-making at Sunnybrook, to ensure all aspects of our business, not just our clinical care, are shaped by those we serve.

As a component of each quality improvement plan, teams have outlined how they will engage patients and families in their quality improvement work in 2017/18. Examples include:

- The Emergency Department brought their Quality Improvement Plan to the Community Partnership Initiative (a patient advisory group) in February 2017 for review and input. Key edits were made to their plan based on patient feedback.
- The team leading the “Discharge by 11” QIP will develop and test Patient Oriented Discharge Summaries (PODS) on four units. Patients and families will be engaged via one-on-one telephone calls to help evaluate the effectiveness of the PODS.
- The Advanced Care Planning (ACP) team will partner with Patient and Family Advisors to co-design and implement staff education regarding the importance of ACP conversations, the role of Substitute Decision Makers and where to access resources. This will include patient and family storytelling about the impact of ACPs.
- The Medication Reconciliation team will partner with patients to enhance the design of the discharge medication lists to ensure they are patient friendly and comprehensive.
- Person-Centred Care (PCC) education modules are being conducted across the organization, jointly led by a team of patient advisors, local unit leaders and PCC Committee members. The module focuses on embedding vital behaviours associated with PCC and optimizing our connections with patients and families; with a goal of training 80% of staff by November 2017.

## **Performance Based Compensation**

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 (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, 2017 – March 31, 2018, 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 2017/18 Quality Improvement Plan and attests that our organization fulfills the requirements of the *Excellent Care for All Act*.

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Blake Goldring, Board Chair, *Board of Directors*

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Elizabeth Martin, *Chair, Board Quality Committee*

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Dr. Barry McLellan MD FRCPC, President and CEO

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## Performance Based Compensation

Quality Dimension	Objective	Indicator					
Safe	Reduce post-surgical urinary tract infection (UTI)	Proportion of surgical patients with UTI based on Centers for Disease Control and Prevention/ National Healthcare Safety Network (CDC/NHSN) definition, calculated from independent chart abstractor from American College of Surgeons National Surgical Quality Improvement Program (NSQIP), including two newly added subspecialties (spine and gynecological oncology).					
	<b>MEASURE</b>		<b>Percentage of available incentive</b>				
	<b>Current Performance</b>	<b>Target 17/18</b>	100%	75%	50%	25%	0%
	1.9% Apr-2015-Mar 2016	≤ 1.4% In any consecutive three month period in 2017/18	Target Achieved (Performance is ≤ 1.4% for any consecutive three month period in 2017/18)	Performance is > 1.4% and ≤ 1.6% in a consecutive three month period	Performance is > 1.6% and ≤ 1.8% in a consecutive three month period	Performance is ≥ 1.8% and ≤ 1.9% in a consecutive three month period	Performance is > 1.9% in best consecutive three month period

Quality Dimension	Objective	Indicator					
Effective	Increase completion of Discharge Summaries within 48 hours of discharge from hospital	Number of discharge summaries completed within 48 hours divided by the total number of discharges completed. Reports provided by Health Data Records					
	<b>MEASURE</b>		<b>Percentage of available incentive</b>				
	<b>Current Performance</b>	<b>Target 17/18</b>	100%	75%	50%	25%	0%
	45% Average June 1, 2015 – November 30, 2016	≥75% Averaged over two consecutive months before March 31st, 2018	Target Achieved: ≥75% eDischarge summaries completed within 48 hours	Performance is ≥ 65% and < 75%.	Performance is ≥ 55% and < 65%.	Performance is ≥ 45% and < 55%.	Performance is < 45% (i.e. worsening performance).

Quality Dimension	Objective	Indicator					
Timely	Build capacity to ensure access for patients with Life or Limb threatening conditions, Trauma and Burns.	Total number of successfully repatriated patients (including but not limited to 'Life or Limb', Stroke and Trauma patients and other relevant clinical services).					
	MEASURE		Percentage of available incentive				
	Current Performance	Target 17/18	100%	75%	50%	25%	0%
	Life or Limb, Repatriation and Code Stroke patients (585) + Field Trauma Transfers (15) = Total of 600* *2016/2017 actuals	650 patients repatriated by March 31, 2018 (29.7% of eligible patients repatriated.)	Target Achieved: ≥650 patients are repatriated.	Performance is < 650 and ≥ 633 repatriated patients.	Performance is < 663 and ≥ 616 patients.	Performance is < 616 and ≥ 0 patients.	Performance has worsened from baseline.
* Note: If the total number of cases eligible for repatriation (Life or Limb, other repatriation, Code Stroke and Field Trauma Transfers) is lower in 2017/18 than 2016/17, then the target will be adjusted such that achievement is realized if 29.7% of eligible patients have been repatriated and percentage thresholds will be adjusted accordingly from a baseline of 27.4%.							

Quality Dimension	Objective	Indicator					
Person centred	Support the MyChart (Personal Health Records) program to help patients better manage their own health	The number of new users of MyChart					
	MEASURE		Percentage of available incentive				
	Current Performance	Target 17/18	100%	75%	50%	25%	0%
	161,000 January 26, 2017	193,200 by March 31, 2018	Target Achieved: ≥193,200 new users of MyChart by March 31, 2018	Performance is ≥ 183,100 and < 193,200.	Performance is ≥ 173,000 and < 183,100.	Performance is ≥ 161,000 and < 173,000.	Performance is < 161,000 (i.e. no improvement).

Quality Dimension	Objective		Indicator				
Efficient	Improve organizational financial health		Total Margin (consolidated): Percent, by which total corporate (consolidated) revenues exceed or fall short of total corporate (consolidated) expenses, excluding the impact of facility amortization, in a given year.				
	<b>MEASURE</b>		<b>Percentage of available incentive</b>				
	<b>Current Performance</b>	<b>Target 17/18</b>	100%	75%	50%	25%	0%
	1.9% Apr-2015-Mar 2016	≤ 1.4% In any consecutive three month period in 2017/18	Target Achieved (Performance is ≤ 1.4% for any consecutive three month period in 2017/18)	Performance is > 1.4% and ≤ 1.6% in a consecutive three month period	Performance is > 1.6% and ≤ 1.8% in a consecutive three month period	Performance is ≥ 1.8% and ≤ 1.9% in a consecutive three month period	Performance is > 1.9% in best consecutive three month period