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Change Happen.



## Quality Improvement Plan (QIP) Narrative

# Sunnybrook Health Sciences Centre



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## Overview

Sunnybrook Health Sciences Centre (SHSC) is pleased to share its eleventh 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 four 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. Sunnybrook is further advancing specialized care in geriatrics and brain sciences through new developments such as the Peter Cipriano Centre for Seniors Health and the Garry Hurvitz Brain Sciences Centre.

The hospital has 10,000 staff and physicians as well as, hundreds of volunteers who support our vision 'To invent the future of healthcare'. Each year we:

- Care for 1.3 million patients (about 70% are from outside of Toronto)
- Teach 5000 students (from 95 countries around the world)
- Conduct in excess of \$100 million in research

Sunnybrook also 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 to guide decision-making, resource allocation and quality improvement activities from a patient centred lens.

The selection of our QIP priorities is guided by our Strategic Directions, as well as our Quality Strategic Plan.

Sunnybrook's four Strategic Directions aim to achieve excellence in the following areas:

1. **Personalized and precise treatments** - Sunnybrook understands that every patient is unique. This Strategic Direction is about tailoring treatments to meet the specific needs of patients
2. **Integrated and sustainable models of care** - Sunnybrook understands that a visit or stay in the hospital may only be a small part of the patient's journey through the health care system. Regardless of where a patient's pathway through the system may lead, this Strategic Direction aims to ensure people find their way and have consistent care throughout their experience.
3. **Quality and creating a better care experience** - Achieving the best possible outcome for patients while exceeding their expectations for care and service is Sunnybrook's primary concern. Through this Strategic Direction, Sunnybrook is building on its comprehensive strategy to continually improve the quality of care, and engaging patients and families to improve their experience
4. **High performing teams**- Sunnybrook is committed to building and strengthening high performing teams that invent the future of health care. To deliver high quality care requires teamwork – not only from within the walls of Sunnybrook, but also in collaboration with partners in the system. In this Strategic Direction, the emphasis is on building high performing teams that centre the needs of the patient both at the hospital and in the community.

The Quality Strategic Plan (2020 - 2025) advances the quality aspects of the hospital's strategic directions (2018 – 2021) and elevates three specific goals that are core to achieving quality excellence. The three goals are: Safe Care, Seamless Care, and Sustainable Care. Three important enablers (quality culture, digital health and advanced analytics) have also been identified as vital to achieving these goals and supporting all quality improvement work at Sunnybrook. These goals and enablers provided an important framework for the selection of our annual quality priorities.

To learn more, please visit our website [Sunnybrook.ca](https://www.sunnybrook.ca)

In determining our annual QIP priorities we apply a selection criteria model that ensures each initiative aligns with these strategic priorities of our organization, those of Ontario Health Quality and/or other external or regulatory requirements such as our service accountability agreements and opportunities identified in our Accreditation Report. QIPs are then further evaluated based on their potential impact as well as strength of the data and proposed change ideas. Each plan also benefits from patient engagement and feedback through the plan's development. In addition, we seek to focus on work that is in collaboration with our system partners.

### **Describe your organization's greatest QI achievement from the past year**

In the spring of 2020, the health care community turned its attention to the global COVID-19 pandemic. Many of our regular services were put on hold to ensure adequate staff, space and resources were available when it mattered most. During these unprecedented times we are very proud of the progress we have made on our 2020/21 QIP. Organizationally, phenomenal work by our interprofessional teams has allowed us to continue to care for patients safely and efficiently. Quality Improvement achievements this year that we would like to highlight include Sunnybrook Connects, the LTC+ program, and Virtual Emergency Department (ED).

Sunnybrook Connects is an innovative model that was designed in collaboration with patients, families and system partners to improve the coordination, continuity and integration of care both within the hospital and community setting. Despite the impact of COVID-19 on the total number of patients seen, we have done a great deal to help coordinate care for patients with our system community partners that has enabled integrated care along the continuum.

The LTC+ program is a QI project lead by the Centre for Quality Improvement and Patient Safety (C-QIPs) and the Women's College Hospital Institute for Health System Solutions and Virtual Care (WIHV), to support providers and residents in long-term care (LTC) and prevent unnecessary transfers of long-term care residents to hospitals. We have leveraged our existing partnerships with LTC to increase the uptake of General Internal Medicine (GIM) consults for the 4 LTC homes supported by Sunnybrook, along with the launch of a new care pathway that assisted in avoiding ED transfers for imaging and transfers to the fracture clinic for some of those residents.

Critical to Sunnybrook's success is our ability to pivot quickly to new approaches in care. Sunnybrook's Emergency Department saw a decrease in patient visits during Wave 1 of the pandemic, likely due to patient fears of COVID-19. This suggested that health seeking behaviours were reduced and there were people in the community who were in need of care. Virtual ED was a pilot project this year that offered same day virtual appointments with emergency department physicians, aimed to reach patients in their home. These appointments are for urgent health concerns that are not life-threatening. Since its launch, the Virtual ED has seen more than 400 patients with almost three-quarters of patients not requiring an in-person ED assessment or admission.

The past year has been a unique and challenging time in health care. It has highlighted the importance of being able to deliver safe, seamless, and sustainable care under even the most extreme of circumstances'. We will learn from this experience to further propel forward our vision of quality excellence at Sunnybrook and beyond.

## Collaboration and integration

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

Through our 2020/21 QIP:

- Although the pandemic has slowed the volume of patients, the MGH partnership is still in place to support the management of Sunnybrook's cancer surgery wait lists.
- The North Toronto (NT) Palliative Care Journey Committee, full chaired by Sunnybrook is comprised of provincial, LHIN, community and hospital provider stakeholders. Committee members participated in quality improvement planning exercises that identified timely access to needs-based palliative care as a priority area of focus, and four key change ideas to drive improvement of this priority.
- Sunnybrook collaborates with the Local Health Integration Network (LHIN) and SPRINT Senior Care to advance the roles of complex care navigators and transition workers to enhance coordination of patient care from hospital to the community.

Sunnybrook is a partner organization with the North Toronto Ontario Health Team (OHT). OHT partner organizations include:

- Baycrest Hospital
- Client, patient, family, caregiver and community representation
- Home and Community Care
- LOFT Community Services (LOFT)
- Primary care partners
- SE Health (member of the SE family of companies)
- SPRINT Senior Care (SPRINT)
- Sunnybrook Health Sciences Centre (Sunnybrook)
- Unison Health and Community Services (Unison)
- VHA Home HealthCare (VHA)
- Vibrant Healthcare Alliance (Vibrant Health)

Specifically, our vision is to become one connected system of health care for people living and seeking care in our North Toronto OHT. This means working together to provide an integrated continuum of care that meets the needs of our population. In the eyes of our community, care will be simple to access, it will be coordinated, and providers will communicate and collaborate as one team to provide comprehensive, integrated care.

The North Toronto OHT continues to focus on designing an integrated care delivery model that ensures seamless navigation and coordinated care for frail seniors (65 years and older). This priority population represents a large

proportion of our attributed population (19.6% or 34,878 individuals), and is projected to grow in the coming years.

We will demonstrate meaningful impact as measured by the Quadruple Aim through the following key performance indicators:

- Number of seniors newly connected to inter-professional primary care
- Number of patients served by NT OHT priority projects
- Number of new seniors with access to their digital health record in MyChart

The aforementioned indicators offer a high degree alignment with our Full Application, and will track achievement of our goal to serve 10,000 clients through our identified priority projects (Indicator: Number of patients served by NT OHT priority projects). Furthermore, the indicators will provide our OHT with valuable insight on how we are influencing different aspects of care for patients that intersect with our priority projects, including but not limited to: access, integration with primary care, connections to interdisciplinary teams, and enhanced care coordination (Indicator: Number of seniors newly connected to inter-professional primary care).

Furthermore, as a starting point to advance collaborative Quality Improvement Planning with the North Toronto OHT, Sunnybrook, SPRINT Senior Care, the LHIN and Baycrest have developed a collaborative QIP for 2021/22 focused on improving connection of complex patients to inter-professional primary care teams.

## 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. We partner with our Patient and Family Advisors to offer them a forum for sharing their unique thoughts and perspectives and to help ensure that the voice of patients, families, and caregivers are heard, considered, and included in programs and plans. Our aim is to ensure a Patient and Family's voice is consistently included at the table in the majority of decision making around new and ongoing initiatives.

The initial Quality Priority Setting Retreat that brought together a broad group of leaders, staff, OHT partners and patient partners, successfully highlighted relevant themes and identified and narrowed potential priorities for 2021/22 that will advance our quality strategic goals of Safe, Seamless & Sustainable Care. Patient partners were again consulted in the early development stages of the QIPs where they provided feedback to the draft workplans.

Each of the QIPs chosen as areas of focus for 2021/22 will engage patients and families in the implementation and/or evaluation of the change initiatives. As a component of each quality improvement plan, teams have outlined how they will engage patients and families in their quality improvement work in 2021/22. Examples include:

- *Qualitative evaluation of patient experience for Virtual ED:* The Virtual ED team will partner with Women's College Hospital Institute for Health Systems Solutions and Virtual Care (WIHV) to systematically assess the implementation and expansion of the Virtual ED from the patient, family, and provider perspectives through in-depth interviews, focus groups, and detailed feedback surveys.
- *Screening Tool for early identification of changing palliative needs:* Patient/client/family provided valuable input in co-designing the Screening Tool developed in 2020/21. Plans underway for the Palliative Care Journey committee this fiscal year to spread the implementation of the tool to more organizations in North Toronto, to support access to needs-based palliative care in the community.

Additionally, patient partners have reviewed this narrative document to ensure appropriate language and a person-centred lens.

## Workplace Violence Prevention

Violence in the workplace presents a risk to the well-being of Sunnybrook staff, physicians, volunteers, students, patients and visitors. We recognize that the majority of violent acts are preventable within the workplace and we strive to create a culture that supports this philosophy; to create a positive environment with mutual respect and open communication.

At Sunnybrook we begin with an approach to workplace violence that is guided by the principle that patients exhibiting behaviors can be a response to what is happening internally (e.g. medical condition) or externally in their environment. As such our strategy focuses on understanding and addressing the root cause of the behavior and preparing staff to use approaches to care that prevent harmful occurrences and manage high risk behaviours.

Workplace violence prevention at SHSC is guided by:

- A Harassment, 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
- Harassment, Discrimination & Violence training which includes Code White training.

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

- Continued focus on Verbal 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 Harmful 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.
- Employee incidents, events or occurrences that could or does result in employee injury or illness are also tracked by Occupational Health & Safety to identify and mitigate potential risks to patients/families and staff.

Understanding why these events occur is key to preventing future events. Encouraging reporting and situational awareness are two factors that are critical in the development of effective preventative measures. In partnership, the Quality and Patient Safety department, the Workplace Violence Committee and Emergency Preparedness Committee have undertaken a systematic review of patient incident reports related to verbal or physical attempts to communicate that could produce harm in order to identify actionable themes. These findings are helping to inform ongoing quality improvement and Verbal Intervention education training.

## Virtual care

For decades, Ontario’s health-care sector has been exploring various digital advances in care delivery. With the abrupt arrival of COVID-19, it has become clear that the rapid expansion and adoption of virtual care has the

potential to become one of the biggest transformations in health care delivery of our time. Furthermore, as we move into a more integrated Team Ontario approach to health care, digital health will play a crucial role in helping residents of North Toronto, Ontario and beyond, to access care closer to (if not directly from) home

Virtual care is a term that broadly encompasses all the ways healthcare providers remotely interact with their patients. Sunnybrook and other teams across the province have been offering care virtually through the Ontario Telemedicine Network (OTN) for many years. At this time, virtual care options may also include eVisits, online scheduling, telephone and other videoconferencing technology such as Zoom.

Here at Sunnybrook we are excited to have launched the Digital and Virtual Care Taskforce. Their efforts will be to engage in a collaborative and inclusive Team Sunnybrook approach to virtual care and digital health and to develop a virtual care strategy that reflects the consistent and first-rate care that is synonymous with Sunnybrook. Sunnybrook's Digital and Virtual Care Taskforce is building upon the outstanding work already underway as well as developing a vision for the delivery of high quality, equitable and efficient digitally integrated healthcare beyond the pandemic.

Over the past year, our teams have established innovative programs such as [COVIDEO](#) and the [Virtual ED](#).

Launched in March of 2020, COVIDEO is helping Sunnybrook patients with COVID-19 who have mild to moderate symptoms manage their recoveries at home, providing support and a care plan by phone or video.

“Some patients can be quite sick at the time they are diagnosed, but they don't necessarily need to be admitted to the hospital. Often, they are self-isolating and recovering at home by the time they receive a positive COVID-19 test result,” says Dr. Adrienne Chan who is co-leading the project with Drs. Nick Daneman, Philip Lam, and Nisha Andany, all of whom are infectious diseases physicians at Sunnybrook.

Since conducting the first COVIDEO appointment at the end of February 2020, Sunnybrook's infectious diseases team has now assessed more than 4600 patients. Nearly all of them have been cared for in the community without requiring admission to hospital. The COVIDEO team has also expanded to include nurse practitioners, family physicians, internists and a multi-disciplinary team in collaboration with Baycrest Health Sciences.

Sunnybrook's Virtual ED was launched in December of 2020 as part of a six-month pilot also involving Unity Health Toronto and University Health Network. Sunnybrook's Emergency Department saw a decrease in patient visits during Wave 1 of the pandemic, likely due to patient fears of COVID-19. By offering same-day virtual appointments with emergency department physicians, this initiative aims to reach patients in their homes so that they do not have to come to the hospital. It also aims to reduce wait times and improve the patient and family experience. “We are providing high-quality, timely care in people's homes while simultaneously reducing their fears and exposure to COVID-19,” says Dr. Justin Hall who is leading the project.

In a note of gratitude, one of our former Virtual ED patients wrote, “My first visit to a Virtual ED was such a positive experience, exceeding all of my expectations! I am so deeply grateful for the compassionate care I received through the Zoom platform. I plan to become a strong advocate of Sunnybrook's Virtual ED and hope that the hospital continues to offer this ‘virtual’ option even after the global pandemic passes.”

Virtual care for the ED has become an essential patient care offering for urgent access for acute, non-life-threatening health concerns, leading to its inclusion in our QIP for 2021-22.

Although these are projects of focus right now, other groups throughout the hospital have also been using virtual care as part of their delivery model, including the Odette Cancer Care Centre, Holland Centre and St. John's Rehab Program. It is through the strategic direction of Integrated & Sustainable Care that Sunnybrook will continue to build and leverage digital health solutions to create virtual connections to provide care that best meet our patient's needs.

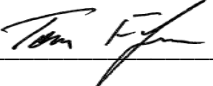
## Executive Compensation


For many years, Sunnybrook has had a performance-based 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 individual'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.


Specific indicators selected for executive compensation for 2021/22 will be identified and approved by the Board of Governors.

## Sign-off

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

Board Chair \_\_\_\_\_  \_\_\_\_\_ (signature)

Board Quality Committee Chair \_\_\_\_\_  \_\_\_\_\_ (signature)

Chief Executive Officer \_\_\_\_\_  \_\_\_\_\_ (signature)

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