SHARPENING OUR FOCUS
Department of Medicine Strategic Plan 2010 - 2015
MESSAGE FROM THE PHYSICIAN-IN-CHIEF

This is a great time for Sunnybrook and for the Department of Medicine. The past few years have seen amazing changes to our physical plant and infrastructure and unprecedented growth in our faculty. This time of change has served as a stimulus for us to reflect on our accomplishments and to plan for our future.

This strategic plan, entitled “Sharpening Our Focus” is a group effort which builds on the work started two years ago on our previous plan. We had extensive input from department members, all of our divisional leaders and committee chairs, Sunnybrook senior leadership, as well as leadership of the University of Toronto Department of Medicine and our peer-hospitals in the Toronto Academic Health Science Network. I want to extend my gratitude to all of those who provided input. I particularly want to thank Joann Trypuc, our strategic planning consultant and Denise Campbell and Claudette Chambers in our departmental office for their coordination and administrative support.

Now the real work begins. We have struck an implementation committee to oversee our progress in meeting our short-term goals and setting new ones as we move forward. I look forward to updating you on our progress

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Vice-Chair Education, Department of Medicine, University of Toronto
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**EXECUTIVE SUMMARY**

The Department of Medicine (DOM) at Sunnybrook Health Sciences Centre is made up of a dynamic group of physicians who are focused on promoting and delivering the highest quality care, providing an innovative learning and practice environment, engaging in research, and supporting knowledge exchange between clinicians, researchers and educators. Over the past two years, the activities of these 100 full-time and 194 part-time staff working in 15 Divisions have been guided by a strategic medical plan that was developed in 2008. Since *Investing in Our Future* was released, a great deal has happened at the University of Toronto, at Sunnybrook and in the DOM. Furthermore, an assessment of progress indicates that most of the goals in the 2008 plan have been or are well on their way to being achieved.

For these reasons, on March 1, 2010, Sunnybrook’s Physician-in-Chief, Dr. Kevin Imrie, initiated a process to take stock of the DOM’s progress over the past two years and renew the DOM’s strategic plan. This process built on the extensive work that was conducted for the previous plan. In addition, targeted activities were initiated which included interviews with 42 individuals, input from the DOM Executive Committee and Committee Chairs, and feedback on a summary of the draft plan by medical staff and those interviewed. Background documents were reviewed, and an assessment made of the DOM’s strengths and weaknesses and the opportunities and potential threats it faces.

**Three principles guided the development – and will guide the implementation – of the plan:**

| 1. The DOM will strategically focus its efforts. | 2. The DOM’s strategic priorities will align with the priorities of its key partners most notably Sunnybrook Health Sciences Centre, Sunnybrook Research Institute, and the University of Toronto’s Department of Medicine. | 3. The DOM will maximise its capacity and impact by establishing and strengthening partnerships with other programs and departments at Sunnybrook, with other hospitals in the Toronto Academic Health Science Network, and with community hospitals. |

The DOM confirms its vision and values, which were developed in 2008, and modifies its mission to reflect comprehensive knowledge exchange:

**Vision:** Optimal care for every patient through leadership in clinical practice education and research.

**Mission:** Sunnybrook’s DOM promotes and delivers the highest quality care provides an innovative learning and practice environment engages in research and supports knowledge exchange between clinicians, researchers and educators to achieve the best possible health outcomes for local and global populations.

The **Values** of the DOM are: clinical excellence academic excellence supportive and energizing environment and accountability.

Sunnybrook’s Strategic Medical Plan includes four strategic priority areas, each with priorities and short-term goals to be achieved over the next two years. Goals for Year 3 and
beyond will build on the achievements of Years 1 and 2, and will address changing needs and priorities that arise in the future.

<table>
<thead>
<tr>
<th>Strategic Priority Areas</th>
<th>Priorities</th>
<th>Short-term Goals (Years 1+2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality Clinical Care</td>
<td>• Implement innovative inpatient and ambulatory models of acute care to improve access and quality</td>
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<tr>
<td></td>
<td>• Improve alignment with Sunnybrook’s strategic priority areas and programs</td>
<td>• Deploy a General Internal Medicine rapid referral clinic</td>
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<td></td>
<td>• Implement innovative city-wide collaborations in areas such as obstetrical medicine, geriatrics and rheumatology</td>
<td>• Ensure all divisions have processes for expedited outpatient access for patients referred from the Emergency Department, rapid referral clinic and on inpatient wards</td>
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<tr>
<td></td>
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<td>• Deploy obstetrical medicine clinics in partnership with the Women and Babies Program</td>
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<tr>
<td>Research</td>
<td>• Improve support for clinical researchers within the DOM</td>
<td>• Implement a mechanism to support mid-career researchers</td>
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<td></td>
<td>• Pursue strategic recruitment of clinician scientists and investigators focused on:</td>
<td>• Increase the Practice Plan research budget</td>
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<tr>
<td></td>
<td>- Health services research - Quality and patient safety - Educational research and scholarship - Specific academic foci within clinical programs</td>
<td>• Increase support for scientists to be comparable with that offered by other sites in the Toronto Academic Health Science Network</td>
</tr>
<tr>
<td></td>
<td>• Strengthen the relationship of the DOM to SRI in support of our mutual priorities</td>
<td>• Implement a strategy to communicate accomplishments of our researchers throughout the hospital</td>
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<tr>
<td>Education</td>
<td>• Improve the experience of our learners</td>
<td>• Improve the teaching space used for Morning Report</td>
</tr>
<tr>
<td></td>
<td>• Advance educational leadership, research and scholarship</td>
<td>• Decrease the General Internal Medicine patient census by 10% (major implications for GIM teaching)</td>
</tr>
<tr>
<td></td>
<td>• Lead in the teaching of quality and patient safety</td>
<td>• Recruit a research assistant to support education scholarship</td>
</tr>
<tr>
<td>Sustainability and Accountability</td>
<td>• Implement a sustainable new financial management model</td>
<td>Sustainability</td>
</tr>
<tr>
<td></td>
<td>• Develop a sustainable recruitment plan that includes resource requirements</td>
<td>• Implement a new partnership model</td>
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<td></td>
<td>• Improve faculty workplace satisfaction</td>
<td>• Revise the terms of reference of financial committees</td>
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<td></td>
<td>• Develop performance metrics for clinical care, research and education</td>
<td>• Establish process to take advantage of SRED credits</td>
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<td></td>
<td></td>
<td>• Implement a faculty well-being committee</td>
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<tr>
<td></td>
<td></td>
<td><strong>Accountability</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Improve physician hand hygiene compliance from 60% to 100%</td>
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<td>• Reduce admission rate from the Emergency Department from 25% to 21%</td>
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<td></td>
<td>• Conduct external reviews of two divisions each year</td>
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<td></td>
<td></td>
<td>• Create a vibrant DOM web presence</td>
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<td></td>
<td></td>
<td>• Improve communication of DOM research and education accomplishments</td>
</tr>
</tbody>
</table>
A. SETTING THE STAGE

INTRODUCTION

The Department of Medicine (DOM) at Sunnybrook Health Sciences Centre is made up of a dynamic group of physicians who are focused on promoting and delivering the highest quality care, providing an innovative learning and practice environment, engaging in research, and supporting knowledge exchange between clinicians, researchers and educators. Over the past two years, these activities have been guided by a strategic medical plan that was developed in 2008.1 Investing in Our Future identified a vision, mission and values for Sunnybrook’s DOM, along with five strategic directions, goals and actions to be achieved between 2008 and 2013.

A great deal has happened since Investing in Our Future was released. Dr. Kevin Imrie became the Sunnybrook DOM’s new Physician-in-Chief in 2009. Earlier that year, Sunnybrook released Strategic Focus which identified a new vision, mission, values, strategic priorities and programs for the health sciences centre.2 Currently, Sunnybrook is in the process of developing an education strategic plan and the Sunnybrook Research Institute is updating its research plan. At the University of Toronto, the Faculty of Medicine released a white paper in December 2007 that included 10 strategic directions.3 This was followed in 2008 with a process to identify preliminary goals and projects to support the directions. In late 2009, the University’s Department of Medicine began a process to develop a new five year strategic plan which was released in August 2010.4 In addition to these activities, an assessment of the progress made towards achieving the goals of Investing in Our Future found that most goals have been or were well on their way to being achieved.

All of these circumstances have come together to create an ideal time to renew Sunnybrook’s DOM strategic medical plan. On March 1, 2010, Dr. Imrie initiated a process to:

- Take stock of the DOM’s progress over the past two years;
- Reaffirm and update the DOM’s strategic directions, goals and actions;
- Identify additional strategies, goals and actions for the DOM to achieve over the next few years;
- Align the DOM’s goals with those of Sunnybrook’s strategic plan; and
- Assess opportunities to work collaboratively and strategically with other organisations to achieve the DOM’s goals.

The process to develop Sunnybrook’s medical plan built on the extensive work that was conducted for the previous plan. In addition, targeted activities were initiated which included consultations with selected stakeholders, input from the DOM Executive

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2 Sunnybrook Health Sciences Centre. 2009. Strategic Focus.
3 University of Toronto Faculty of Medicine. 2007 (December). Renewal and Focus of the Faculty of Medicine’s Strategic Plan: A White Paper.
4 University of Toronto Department of Medicine. 2010 (August). Leading Change: Harnessing Academic Medicine to Transform Healthcare. Department of Medicine 2010-15 Strategic Plan.
Committee and Committee Chairs, and feedback from members of the medical staff on the draft plan.

Sunnybrook’s DOM Strategic Medical Plan strengthens the quality of patient care, education and research activities of Sunnybrook’s DOM medical staff. Furthermore, the plan leverages the opportunities presented by the hospital’s priorities, the university’s directions, and the activities of other hospitals and organisations in the city.

SUNNYBROOK’S DEPARTMENT OF MEDICINE, ITS PEOPLE AND ACTIVITIES

Sunnybrook’s DOM is made up of 100 full-time staff and 194 part-time staff (294 total faculty). As the table below indicates, over half of the full-time faculty are at the assistant professor level within the University of Toronto’s DOM, whereas 39% of faculty are either at the professor or associate professor rank. Table 1 also presents the job descriptions of the full-time faculty at Sunnybrook. The largest group are clinician teachers (39%) followed by clinician investigators (27%) and clinician scientists (23%).

Rank and Job Descriptions of Sunnybrook’s Department of Medicine’s Full-time Faculty, July 2010

<table>
<thead>
<tr>
<th>Rank</th>
<th>Number (%)</th>
<th>Job Description</th>
<th>Number (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professor</td>
<td>20 (20%)</td>
<td>Clinician Administrator</td>
<td>2 (2%)</td>
</tr>
<tr>
<td>Associate Professor</td>
<td>19 (19%)</td>
<td>Clinician Educator</td>
<td>9 (9%)</td>
</tr>
<tr>
<td>Assistant Professor</td>
<td>56 (56%)</td>
<td>Clinician Investigator</td>
<td>27 (27%)</td>
</tr>
<tr>
<td>Lecturer</td>
<td>5 (5%)</td>
<td>Clinician Scientist</td>
<td>23 (23%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Clinician Teacher</td>
<td>39 (39%)</td>
</tr>
<tr>
<td>Total</td>
<td>100 (100%)</td>
<td>Total*</td>
<td>100 (100%)</td>
</tr>
</tbody>
</table>

Sunnybrook’s DOM is organised into 15 Divisions, each of which is led by a Division Head:

1. Cardiology
2. Clinical Pharmacology and Toxicology
3. Dermatology
4. Endocrinology and Metabolism
5. Gastroenterology
6. General Internal Medicine
7. Geriatric Medicine
8. Infectious Diseases
9. Medical Oncology/Haematology
10. Nephrology
11. Neurology
12. Obstetrical Medicine
13. Rehabilitation Medicine
14. Respirology and Clinical Immunology
15. Rheumatology

In addition to providing clinical care, all medical staff are engaged in education and research to varying degrees. In terms of education, in 2008/2009 the DOM accounted for:

- 1,307.25 teaching hours for Undergraduate Medical Education (UME) Pre-clerkship (Years 1 and 2);
• 46993 trainee days which reflected 31% of all Sunnybrook trainee days; and
• 755 resident months which was 38% more than in May 2006.

In terms of research, grant funding exceeded $51 million in 2008/2009 and the medical faculty had 103 publications in 2009 (pubmed citations 2009) which was 75% higher than in 2005. The DOM has very strong linkages with the Sunnybrook Research Institute (SRI) and with the Institute for Clinical and Evaluative Studies (ICES). Fifty-four of the DOM’s members are cross appointed to SRI as scientists or associate scientists. Fifteen DOM members are cross appointed to ICES.

**Organizations That Influence the DOM’s Priorities**

Sunnybrook’s DOM is influenced by the priorities of a number of organizations in so far as they present opportunities for collaboration, development and support.

**Sunnybrook Health Sciences Centre**

The DOM is an integral part of Sunnybrook which prides itself on providing innovative care and learning opportunities and conducting breakthrough research. All of these activities are fundamentally important to the DOM. Sunnybrook’s 2009 strategic plan identified the following vision, mission and values for the organisation.

- **Vision**: Sunnybrook invents the future of health care.
- **Mission**: We care for our patients and their families when it matters most. In partnership with the University of Toronto, Sunnybrook leads by discovery, innovation, teaching and learning.
- **Values**: Excellence, Collaboration, Accountability, Respect, Engagement.

Sunnybrook has eight strategic goals that are categorized into three main dimensions which represent the core activities of the organisation (see table below).

Sunnybrook has four strategic priority areas where it is world renowned for its clinical expertise and transformational research, and seven programs with focused activity based on excellence in patient care, research and teaching.

The four strategic priority areas are: Cancer; Heart and Stroke; High Risk Maternal and Newborn Health; and Trauma. The seven programs are: Holland Musculoskeletal; Odette Cancer Centre; Brain Sciences; Women and Babies; Schulich Heart Centre; Trauma, Emergency and Critical Care; and Veterans and Community.
Sunnybrook Department of Medicine Strategic Plan 2010-2015

Sunnybrook Health Sciences Centre’s Core Activities and Strategic Goals

<table>
<thead>
<tr>
<th>Core Activities of the Organisation</th>
<th>Quality of Patient Care</th>
<th>Research and Education</th>
<th>Sustainability and Accountability</th>
</tr>
</thead>
</table>
| **Strategic Goals**                | 1. Lead in innovative care experiences that improve outcomes for our patient populations.  
2. Lead in safety best practices.  
3. Lead provincially and nationally in managing the care of critically ill patients. | 4. Lead in the creation, translation, and application of knowledge into clinical best practice.  
5. Focus our strategic programs to ensure the development of Strategic Priorities that are recognized globally.  
6. Lead nationally in the education of health care professionals. | 7. Lead in performance measurement and management, including financial management and wait times.  
8. Become the health care workplace of choice. |

Three overarching strategic initiatives are relevant to improving patient care in all of Sunnybrook’s programs and services: Patient Safety; Elder Care; and Ambulatory Care.

In terms of planning implications for the DOM, all medical staff are engaged in the three core activities of Sunnybrook especially in quality of patient care, research and education. As well, a number of the DOM’s divisions fall into the four strategic priority areas with all other divisions falling into one or more of the seven programs.

**Sunnybrook Research Institute**

Sunnybrook Research Institute (SRI) is the research arm of Sunnybrook Health Sciences Centre. SRI has 209 scientists, 326 postdoctoral fellows and students, and 264 research staff. SRI’s major research objectives are to:

- Create state-of-the-art facilities to enable innovative research and training;
- Strive toward curing, managing and preventing disease; improving quality of life; and providing more efficient and effective health care;
- Attract and retain world-class researchers, postdoctoral fellows, graduate students and highly-skilled personnel; and
- Achieve the integration of basic science, applied science and clinical research, with the goal of creating the next generation of diagnostic tools and targeted therapies for the benefit of patients in Canada and beyond.

SRI’s research priorities align with the hospital’s clinical programs. SRI’s major research priorities in the program areas are:

- **Brain Sciences**: stroke, dementia, and mood and anxiety research;
- **Holland Musculoskeletal**: new technology and intellectual property development, new models of healthcare delivery, and evidence-based practice;
- **Odette Cancer**: breast cancer, prostate cancer, and colorectal cancer;
- **Schulich Heart**: image-guided cardiovascular interventions, and outcomes research;

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• **Trauma, Emergency and Critical Care**: resuscitation strategies, health services research, and coagulation and inflammation in hemorrhagic shock;  
• **Veterans and Community**: quality of life in long-term care; and  
• **Women and Babies**: clinical epidemiology and multi-centre clinical trials in obstetric management of complications during pregnancy.

In terms of planning implications for the DOM, SRI is an important enabler of the DOM’s research productivity. SRI helps support research conducted by current staff and helps attract clinician scientists to Sunnybrook’s DOM. Currently, almost half of the DOM’s full-time faculty (49 out of 100) and five part-time faculty are appointed to SRI.

**University of Toronto Department of Medicine**

In August 2010, the University of Toronto Department of Medicine completed its strategic plan for 2010 to 2015.7 *Leading Change: Harnessing Academic Medicine to Transform Healthcare* identifies four strategic directions with associated goals and implementation strategies:

• Deepen the focus on quality and advance new models of patient-centered care;  
• Evolve education to meet changing needs and align with innovations in practice;  
• Reinforce commitment and contributions to cutting-edge biomedical research; and  
• Support, sustain and value faculty.

In terms of planning implications for the DOM, the four strategic directions will guide the activities of the University’s Department of Medicine and its Divisions. The goals and implementation strategies present potential opportunities for Sunnybrook’s DOM to be involved in innovative projects especially in the areas of quality and new models of care and teaching.

**Institute for Clinical Evaluative Sciences**

The Institute for Clinical Evaluative Sciences (ICES) is an independent, non-profit organisation with a mission to conduct research that contributes to the effectiveness, quality, equity and efficiency of health care and health services in Ontario. Those appointed to ICES have access to extensive databases, opportunities to collaborate with other health service researchers, and access to knowledge transfer expertise and resources. ICES projects have included Ontario hospital report cards, adverse drug reactions, impact of the provincial wait time strategy, and motor vehicle trauma. ICES helps support joint recruitments, data security and privacy control, and international collaborations.

In terms of planning implications for the DOM, ICES welcomes researchers with an interest and/or experience in using administrative data to conduct health services research. DOM faculty and potential new hires can become adjunct scientists at ICES and contribute to the overall research productivity of Sunnybrook’s DOM. Currently, 15 DOM faculty have appointments with ICES.

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Departments of Medicine in Other Acute Academic Health Science Centres in Toronto

Currently, only Mount Sinai Hospital has a strategic medical plan which identifies five strategic directions along with objectives, actions and explicit deliverables from June 2009/10 to June 2013/14. One strategic direction is Partnerships: Enrich the impact of Mount Sinai’s Department of Medicine through innovative partnerships and collaborative initiatives. The plan notes that there are unrealised opportunities to develop city-wide programs with other hospitals. Suggested partnerships with Sunnybrook include the Obstetrics Medicine Program, a Comprehensive and Integrated Geriatrics Program and Rheumatology. It is also noted that the Antibiotic Stewardship Program could be expanded to include the Toronto Academic Health Science Network hospitals.

University Health Network and St. Michael’s Hospital are in the process of developing their medical plans which should be completed in this fiscal year. There are indications that these DOMs are also interested in pursuing collaborative opportunities with others in the city. This is a unique time for the Departments of Medicine at Mount Sinai, St. Michael’s, UHN and Sunnybrook since each of these hospitals has appointed a new Physician-in-Chief within the past year.

B. ASSESSING THE DEPARTMENT OF MEDICINE’S ACHIEVEMENTS FROM 2008-2010

THE DOM’S STRATEGIC PLAN 2008-2013: INVESTING IN OUR FUTURE AND AN ASSESSMENT OF PROGRESS

In July 2007, Dr. Wendy Levinson, Sunnybrook’s newly-appointed Physician-in-Chief initiated the development of a DOM strategic plan. Dr. Levinson was appointed with a clear mandate to strengthen the academic focus of the DOM after a period of organisational and departmental instability (e.g., frequent turnover in hospital and departmental leadership, the amalgamation and subsequent dissolution of Sunnybrook and Women’s College Hospital). The strategic plan, Investing in Our Future, identified five strategic directions, goals and actions to be achieved between 2008 to 2013.

An assessment of the DOM’s success in meeting these goals from 2008 to 2010 is presented below.

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### Strategic Direction 1: Build, support and champion our faculty

<table>
<thead>
<tr>
<th>Goals</th>
<th>Achievements from 2008-2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-1 Intensify recruitment to achieve sustainable clinical and academic divisions and to advance Sunnybrook's and the Department of Medicine's strategic priorities.</td>
<td>• Major accomplishment over the past two years has been recruitment.</td>
</tr>
<tr>
<td></td>
<td>• Recruitment fund implemented in partnership with the hospital and Research Institute.</td>
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<td></td>
<td>• 24 new faculty recruited.</td>
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<td></td>
<td>• Recruitment budget extended to July 2011.</td>
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<tr>
<td>1-2 Support, recognize and reward the contributions and achievements of all faculty.</td>
<td>• Excellent start on recognition of faculty: annual awards dinner and other awards.</td>
</tr>
<tr>
<td>1-3 Strengthen mentorship and career path development for junior and mid-career faculty.</td>
<td>• All new faculty since 2008 have identified mentors.</td>
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<td>• All mentors are contacted and provided with mentorship tools and faculty development material.</td>
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<tr>
<td>1-4 Foster an environment of sharing, collegiality and mutual support.</td>
<td>• Format of the annual awards dinner and social events has been improved.</td>
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<td>• Orientation for new faculty has been improved.</td>
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<td>• Recruitment/retention committee has been created.</td>
</tr>
<tr>
<td>1-5 Develop a communications strategy to heighten the DOM's profile, its faculty and achievements.</td>
<td>• Communications have been improved: monthly newsletter publicizing accomplishments of faculty members distributed.</td>
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<td>• Mechanisms to communicate accomplishments beyond the DOM are being developed.</td>
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### Strategic Direction 2: Strengthen research productivity and impact

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<tr>
<th>Goals</th>
<th>Achievements from 2008-2010</th>
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</thead>
<tbody>
<tr>
<td>2-1 Promote collaborative research within the Department of Medicine, with other departments and with research teams externally.</td>
<td>• Collaborative and achievable research and education goals have been established.</td>
</tr>
<tr>
<td>2-2 Advance targeted research priorities, building on current strengths and aligning with hospital programmatic and research priorities.</td>
<td>• 12 new investigators and scientists aligned with programmatic priorities have been recruited.</td>
</tr>
<tr>
<td>2-3 Strengthen resources and supports for research and researchers.</td>
<td>• Research budget has increased 25%.</td>
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### Strategic Direction 3: Innovate in clinical care approaches for high quality patient care and enhanced patient safety

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<thead>
<tr>
<th>Goals</th>
<th>Achievements from 2008-2010</th>
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<tbody>
<tr>
<td>3-1 Improve quality and patient safety and develop the metrics to measure progress in targeted areas.</td>
<td>• Quality benchmarks are still being developed (focused almost exclusively on inpatient medicine).</td>
</tr>
<tr>
<td>3-2 Assess ambulatory care needs in the short and long term.</td>
<td>• Data are being collected.</td>
</tr>
<tr>
<td>3-3 In collaboration with Perinatal &amp; Gynaecology (P&amp;G), identify and prepare for requirements from the Department of Medicine.</td>
<td>• The Division of Obstetrical Medicine has been created.</td>
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<tr>
<td></td>
<td>• A Division Head has been recruited.</td>
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<td></td>
<td>• There is a commitment of administrative support in partnership with the Department of Obstetrics and the Women and Babies Program.</td>
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</table>
### Strategic Direction 4: Promote innovative teaching models and learning opportunities

<table>
<thead>
<tr>
<th>Goals</th>
<th>Achievements from 2008-2010</th>
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</thead>
<tbody>
<tr>
<td>4-1 Review ambulatory teaching practices in each of the subspecialties to assess options for improvements.</td>
<td>• Collaborative and achievable research and education goals have been established.</td>
</tr>
<tr>
<td>4-2 Foster unique educational and training focus in quality and patient safety.</td>
<td>• A faculty member has been recruited with expertise in education and quality improvement to direct this effort.</td>
</tr>
</tbody>
</table>
| 4-3 Develop a coordinated teaching and learning experience with the new Perinatal & Gynaecology Program. | • Six obstetrical medicine topics have been included in medical grand rounds.  
• Faculty development sessions have been delivered or are planned for four divisions. |
| 4-4 Expand role in education scholarship, building on teaching excellence. | • Three new clinician educators have been recruited.                                          |
| 4-5 Explore and articulate a plan for the Department in inter-professional education. | • Partnering with the University DOM to develop a University-wide plan.                      |

### Strategic Direction 5: Reinforce the infrastructure and resource base

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<tr>
<th>Goals</th>
<th>Achievements from 2008-2010</th>
</tr>
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</table>
| 5-1 Evolve the Department’s Practice Plan to better meet the Department’s mission and goals in supporting academic pursuits. | • Work on strengthening the Practice Plan was initiated but has been overtaken by the need to change the financial management structure.  
• Revision of terms of reference for funding committees is on hold pending the implementation of the new partnership. |
| 5-2 Work with the hospital to address space requirements.             | • Improved space for Morning Report has been secured.                                        
• Departmental boardroom for meeting/teaching space has been created. |
| 5-3 Ensure excellent technological infrastructure to support clinical and education mandates. | • WebCV has been implemented.  
• DOM is leading the development of reporting within WebCV.  
• e-discharge summaries have been implemented in General Internal Medicine. |
C. SHARPENING OUR FOCUS: SUNNYBROOK’S STRATEGIC MEDICAL PLAN

This section presents:
- Methods Used to Develop the Plan
- The Strategic Medical Plan

METHODS USED TO DEVELOP THE PLAN

Two methods were used to develop Sunnybrook’s Strategic Medical Plan: conducting consultations and reviewing background documents.

Consultations

Stakeholder input was critical for identifying issues and potential strategic directions and goals, and for finalising the plan.

Interviews were conducted with 42 individuals from March to July 2010 (Appendix 1). These individuals included all Sunnybrook DOM division heads and committee chairs, Sunnybrook hospital leaders (President and CEO, and selected Vice Presidents), Sunnybrook Program Heads, most Sunnybrook Department Heads, all University of Toronto DOM Leadership, the Physicians-in-Chief of peer TAHSN hospitals, the former CEO of the Toronto Central Local Health Integration Network, and the CEOs of the Institute for Clinical Evaluative Sciences and the Sunnybrook Foundation. These interviews resulted in over 700 qualitative comments which were analysed and categorized into major themes, issues and potential opportunities.

Consultations also occurred over the course of developing the plan. On March 1, 2010, the DOM Executive Committee provided its input on the proposed process to develop the plan. On April 26, the Executive Committee received a strategic planning update, and on May 31, the Executive discussed potential issues and directions. The Chairs of the DOM committees and selected leaders reviewed and discussed proposed goals.

The consultations provided insights into the strengths and weaknesses of the DOM, as well as the opportunities and potential threats facing the Department. An overview of this input is presented in Appendix 2.

Widespread input was sought on the plan’s proposed strategic priorities and goals. On August 5, 2010, Dr. Imrie sent an email requesting all members of the Department of Medicine and individuals who were interviewed for the strategic plan to review a summary of the draft plan and provide input through a short online survey. Forty-nine individuals completed the survey. The breakdown of respondents by their roles and an overview of the input received is found in Appendix 3.
Review of Background Documents

Background documents were reviewed to help identify potential directions and actions for the plan (Appendix 4).

THE STRATEGIC MEDICAL PLAN

The Strategic Medical Plan includes:
- Principles to Guide the Plan
- Vision, Mission and Values of the DOM
- Strategic Priority Areas, Priorities and Goals for the DOM

Principles to Guide the Plan

Three principles guided the development of the Strategic Plan and will continue to guide the plan’s implementation. These principles are:

1. The DOM will strategically focus its efforts.

2. The DOM’s strategic priorities will align with the priorities of its key partners most notably Sunnybrook Health Sciences Centre, Sunnybrook Research Institute, and the University of Toronto’s Department of Medicine.

3. The DOM will maximise its capacity and impact by establishing and strengthening partnerships with other programs and departments at Sunnybrook, with other hospitals in the Toronto Academic Health Science Network, and with community hospitals.

Vision, Mission and Values of the DOM

The DOM confirms its vision and values, which were developed in 2008, and modifies its mission to reflect comprehensive knowledge exchange:

- **Vision**: Optimal care for every patient through leadership in clinical practice, education and research.

- **Mission**: Sunnybrook’s Department of Medicine promotes and delivers the highest quality care, provides an innovative learning and practice environment, engages in research, and supports knowledge exchange between clinicians, researchers and educators to achieve the best possible health outcomes for local and global populations.

- The **Values** of the Department of Medicine are:
  - Clinical excellence: leadership in quality and safety of the patient experience
  - Academic excellence: innovation, critical inquiry and effective knowledge exchange.
  - Supportive and energizing environment: collegiality and inter-professional collaboration; an environment where every faculty member is supported and valued
  - Accountability
Strategic Priority Areas, Priorities and Goals for the DOM

Sunnybrook’s DOM will have four strategic priority areas.

These four areas align with Sunnybrook’s core activities, and integrate the strategic directions of Investing in Our Future.

The strategic medical plan identifies priorities and short-term goals to be achieved over the next two years. Goals for Year 3 and beyond will build on the achievements of Years 1 and 2, and address changing needs and priorities that arise in the future.

The first strategic priority area is **Quality Clinical Care**. The priorities emphasize innovative clinical care opportunities within Sunnybrook and across the city. This priority area also emphasizes improved alignment with Sunnybrook’s clinical programs. This area aligns well with Sunnybrook’s core activity in quality patient care which emphasizes innovation.

<table>
<thead>
<tr>
<th>Strategic Priority Area</th>
<th>Priorities</th>
<th>Short-term Goals (Years 1+2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality Clinical Care</td>
<td>• Implement innovative inpatient and ambulatory models of acute care to improve access and quality</td>
<td>• Deploy a General Internal Medicine rapid referral clinic</td>
</tr>
<tr>
<td></td>
<td>• Improve alignment with Sunnybrook’s strategic priority areas and programs</td>
<td>• Ensure all divisions have processes for expedited outpatient access for patients referred from the Emergency Department, rapid referral clinic and on inpatient wards</td>
</tr>
<tr>
<td></td>
<td>• Implement innovative city-wide collaborations in areas such as obstetrical medicine, geriatrics and rheumatology</td>
<td>• Deploy obstetrical medicine clinics in partnership with the Women and Babies Program</td>
</tr>
</tbody>
</table>
The second strategic priority area is **Research**. The priorities emphasize strengthened research alignment with Sunnybrook Research Institute, strategic recruitments and greater support for clinical researchers. This priority area aligns well with Sunnybrook’s core research activity which focuses on leadership in creating and translating research.

<table>
<thead>
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<th>Strategic Priority Area</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Research</td>
<td>• Improve support for clinical researchers within the DOM</td>
<td>• Implement a mechanism to support mid-career researchers</td>
</tr>
<tr>
<td></td>
<td>• Pursue strategic recruitment of clinician scientists and investigators</td>
<td>• Increase the Practice Plan research budget</td>
</tr>
<tr>
<td></td>
<td>focused on:</td>
<td>• Increase support for scientists to be comparable with that offered by other sites in the</td>
</tr>
<tr>
<td></td>
<td>- Health services research</td>
<td>Toronto Academic Health Science Network</td>
</tr>
<tr>
<td></td>
<td>- Quality and patient safety</td>
<td>• Implement a strategy to communicate accomplishments of our researchers throughout the</td>
</tr>
<tr>
<td></td>
<td>- Educational research and scholarship</td>
<td>hospital</td>
</tr>
<tr>
<td></td>
<td>- Specific academic foci within clinical programs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Strengthen the relationship of the DOM to SRI in support of our mutual</td>
<td></td>
</tr>
<tr>
<td></td>
<td>priorities</td>
<td></td>
</tr>
</tbody>
</table>

The third strategic priority area is **Education**. The priorities emphasize improvement of the education experience, education leadership, research and scholarship, and leadership in teaching quality and patient safety. This priority area aligns well with Sunnybrook’s core education activity which focuses on leadership in education.

<table>
<thead>
<tr>
<th>Strategic Priority Area</th>
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<th>Short-term Goals (Years 1+2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>• Improve the experience of our learners</td>
<td>• Improve the teaching space used for Morning Report</td>
</tr>
<tr>
<td></td>
<td>• Advance educational leadership, research and scholarship</td>
<td>• Decrease the General Internal Medicine patient census by 10% (major implications for GIM</td>
</tr>
<tr>
<td></td>
<td>• Lead in the teaching of quality and patient safety</td>
<td>teaching)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Recruit a research assistant to support education scholarship</td>
</tr>
</tbody>
</table>
The fourth strategic priority area is **Sustainability and Accountability**. The priorities focus on a sustainable financial management model to support medical staff, a sustainable recruitment plan to ensure ongoing strength and viability of the DOM, improved satisfaction, and performance metrics to promote improvement in clinical care, education and research. This priority area aligns well with Sunnybrook’s core sustainability and accountability activity which focuses on leadership in performance measurement and becoming a workplace of choice.

<table>
<thead>
<tr>
<th>Strategic Priority Area</th>
<th>Priorities</th>
<th>Short-term Goals (Years 1+2)</th>
</tr>
</thead>
</table>
| **Sustainability and Accountability** | • Implement a sustainable new financial management model  
• Develop a sustainable recruitment plan that includes resource requirements  
• Improve faculty workplace satisfaction  
• Develop performance metrics for clinical care, research and education | **Sustainability**  
• Implement a new partnership model  
• Revise the terms of reference of financial committees  
• Establish process to take advantage of SRED credits  
• Implement a faculty well-being committee  
**Accountability**  
• Improve physician hand hygiene compliance from 60% to 100%  
• Reduce admission rate from the Emergency Department from 25% to 21%  
• Conduct external reviews of two divisions each year  
• Create a vibrant DOM web presence  
• Improve communication of DOM research and education accomplishments |
### Summary Overview of Priorities and Short-Term Goals

<table>
<thead>
<tr>
<th>Strategic Priority Areas</th>
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<th>Short-term Goals (Years 1+2)</th>
</tr>
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| **Quality Clinical Care** | • Implement innovative inpatient and ambulatory models of acute care to improve access and quality  
• Improve alignment with Sunnybrook’s strategic priority areas and programs  
• Implement innovative city-wide collaborations in areas such as obstetrical medicine, geriatrics and rheumatology | • Deploy a General Internal Medicine rapid referral clinic  
• Ensure all divisions have processes for expedited outpatient access for patients referred from the Emergency Department, rapid referral clinic and on inpatient wards  
• Deploy obstetrical medicine clinics in partnership with the Women and Babies Program |
| **Research** | • Improve support for clinical researchers within the DOM  
• Pursue strategic recruitment of clinician scientists and investigators focused on:  
  - Health services research  
  - Quality and patient safety  
  - Educational research and scholarship  
  - Specific academic foci within clinical programs  
• Strengthen the relationship of the DOM to SRI in support of our mutual priorities | • Implement a mechanism to support mid-career researchers  
• Increase the Practice Plan research budget  
• Increase support for scientists to be comparable with that offered by other sites in the Toronto Academic Health Science Network  
• Implement a strategy to communicate accomplishments of our researchers throughout the hospital |
| **Education** | • Improve the experience of our learners  
• Advance educational leadership, research and scholarship  
• Lead in the teaching of quality and patient safety | • Improve the teaching space used for Morning Report  
• Decrease the General Internal Medicine patient census by 10% (major implications for GIM teaching)  
• Recruit a research assistant to support education scholarship |
| **Sustainability and Accountability** | • Implement a sustainable new financial management model  
• Develop a sustainable recruitment plan that includes resource requirements  
• Improve faculty workplace satisfaction  
• Develop performance metrics for clinical care, research and education | **Sustainability**  
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• Revise the terms of reference of financial committees  
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• Improve communication of DOM research and education accomplishments |
APPENDICES

APPENDIX 1: CONSULTATIONS

Division Heads

1. Johane Allard, Division Head, Gastroenterology (April 15, 2010)
2. David Berbrayer, Division Head, Rehabilitation Medicine (April 15, 2010)
3. Isaac Dwosh, Division Head, Rheumatology (April 6, 2010)
4. Ivy Fettes, Division Head, Endocrinology and Metabolism (April 9, 2010)
5. Michelle Hladunewich, Division Head, Obstetrical Medicine (April 20, 2010)
6. David Juurlink, Division Head, Clinical Pharmacology and Toxicology (March 30, 2010)
7. Rajin Mehta, Division Head, Geriatric Medicine (April 15, 2010)
8. James Perry, Division Head, Neurology (March 11, 2010)
9. Steve Shadowitz, Division Head, General Internal Medicine (March 30, 2010)
10. Neil Shear, Division Head, Dermatology (March 12, 2010)
11. Khalil Sivjee, Division Head, Respiratory and Clinical Immunology (April 15, 2010)
12. Maureen Trudeau, Division Head, Medical Oncology/Haematology (March 30, 2010)

DOM Committee Chairs

13. Robert Fowler, Chair, DOM Research Committee (April 27, 2010)
14. Chris Morgan, Chair, DOM Economics Committee (April 27, 2010)
15. Eugenia Piliotis, Chair, DOM Education Committee (April 6, 2010)

Chiefs Sunnybrook

16. Jenny Blake, Chief, Obstetrics & Gynaecology (April 15, 2010)
17. Robin Richards, Chief, Surgery (March 15, 2010)

Program Heads

20. Brian Gilbert, Program Head, Schulich Heart (April 12, 2010)
22. Linda Rabeneck, Program Head, Odette Cancer (April 20, 2010)
23. Andrew Shennan, Program Head, Women and Babies (April 14, 2010)
24. Ken Shulman, Program Head, Brain Sciences (April 12, 2010)

Senior Executives Sunnybrook

25. Michael Julius, Vice President Research, Sunnybrook (March 18, 2010)
26. Barry McLellan, President and CEO Sunnybrook (March 30, 2010)
27. Peeter Poldre, Vice President Medical Education and Professional Practice, Sunnybrook (April 9, 2010)
28. Keith Rose, Executive Vice President Medical and Academic Sunnybrook (April 27, 2010)
29. Sue VanDeVelde-Coke, Executive Vice President Programs Sunnybrook (April 27, 2010)

University of Toronto DOM Leadership

30. Glen Bandiera, DOM Post Graduate Director (UofT) (April 8, 2010)
31. Charles Chan, DOM Vice-chair Finance (UofT) (April 26, 2010)
32. Wendy Levinson, Chair, DOM, University of Toronto (April 8, 2010)
33. Conrad Liles, DOM Vice Chair Research (UofT) (April 8, 2010)
34. Laurie Morrison, DOM Lead, Faculty Development (UofT) (April 20, 2010)
35. Kaveh Shojania, DOM Director, Centre for Patient Safety (UofT) (March 12, 2010)

Hospital Physicians in Chief, Toronto

37. Gillian Hawker, Physician in Chief, Women's College Hospital (April 14, 2010)
38. Tom Parker, Physician in Chief, St. Michael's Hospital (April 8, 2010)
39. Tom Stewart, Physician in Chief, Mount Sinai Hospital (April 6, 2010)

Other

40. Matt Anderson, Former CEO, Toronto Central Local Health Integration Network (May 4, 2010)
41. David Henry, CEO, Institute for Clinical Evaluative Sciences (April 9, 2010)
42. Jeff O'Hagan, CEO, Sunnybrook Foundation (April 26, 2010)
APPENDIX 2: AN OVERVIEW OF THE STRENGTHS AND WEAKNESSES OF THE DOM, AND OPPORTUNITIES AND POTENTIAL THREATS

The consultations provided insights into the strengths and weaknesses of the DOM, as well as the opportunities and potential threats facing the Department. An overview of this information is presented below.

Strengths of Sunnybrook’s DOM
- Committed clinical faculty.
- Strong track-record in education.
- Strong sense of cohesion within the DOM.
- Excellence in health services research.
- Excellent mix of sub-specialised practice with generalist care.

Weaknesses of Sunnybrook’s DOM
- Inadequate and/or inappropriate space for clinical care and teaching.
- Inadequate endoscopy and outpatient infusion facilities.
- Lack of basic science research on campus.
- Weak integration and alignment between the DOM and Sunnybrook Research Institute and basic science research.
- Sunnybrook Research Institute support for clinical research perceived to be a low priority (also a potential threat).
- Practice Plan does not provide sufficient support for research.
- Inadequate support for divisional leaders.
- Poor communication of the DOM’s accomplishments.
- Concerns about supports for smaller divisions (also a potential threat).

Opportunities for Sunnybrook’s DOM
- Leadership in quality and patient safety.
- Strengthen research links with the Institute for Clinical Evaluative Sciences.
- Development of obstetrical medicine.
- Harnessing new partnership and SRED credits (Scientific Research and Experimental Development) to increase support for research.
- Increased city-wide collaboration.
- Strengthen relationships with community partners.
- Better alignment of DOM initiatives with the hospital’s strategic priorities and programs.
- Harnessing web and new media to communicate better with the DOM and the public.
- Lead in educational research and scholarship.
- Use of off-site clinic resources.

Potential Threats Facing Sunnybrook’s DOM
- Programmatic focus limits those divisions that are not aligned with priority programs.
- Focus on Local Health Integration Network boundaries could adversely impact innovative programs and partnerships.
- Insufficient hospital and Sunnybrook Research Institute support for clinical research (especially health services research).
• Lack of support for mid-career investigators.
• Strengthened programs could bring additional patients into the hospital without sufficient resources to meet the increased demand for care.
• Lack of process for succession planning.
• Excessive clinical volumes through the emergency department.
APPENDIX 3: FEEDBACK ON A SUMMARY OF THE DRAFT DOM PLAN

On August 5, 2010, Dr. Imrie sent an email requesting all members of the Department of Medicine and individuals who were interviewed for the strategic plan to review a summary of the draft plan and provide input through a short online survey.

Forty-nine individuals completed the survey. The breakdown of respondents by their roles is below.

<table>
<thead>
<tr>
<th>Role of Respondent</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member of Sunnybrook’s Department of Medicine</td>
<td>33</td>
</tr>
<tr>
<td>Member of another Medical Department at Sunnybrook</td>
<td>3</td>
</tr>
<tr>
<td>Member of Sunnybrook’s Senior Administration</td>
<td>4</td>
</tr>
<tr>
<td>Member of a Department of Medicine at another Hospital</td>
<td>3</td>
</tr>
<tr>
<td>Other</td>
<td>1*</td>
</tr>
<tr>
<td>No response</td>
<td>5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>49</strong></td>
</tr>
</tbody>
</table>

*Member of another Department at another hospital.

The vast majority of respondents who identified their role were members of Sunnybrook’s DOM (75%). Another 16% were members of another medical department at Sunnybrook or a member of the senior administration. The remaining 9% (4 respondents) were external to Sunnybrook.

Generally, there was broad support for the proposed plan. Issues that were raised included:

- Concerns about the extent to which goals should be focused.
- Concerns about whether some goals were achievable given resource limitations and the DOM’s lack of complete control over processes and outcomes.
- Concerns that achieving some goals might have unintended negative consequences.
- Some tension between the alignment of the DOM’s research activities and those of the Sunnybrook Research Institute, given the perception that SRI is shifting its emphasis away from clinical research.
- Challenges faced by the DOM and its divisions working within the hospital’s programmatic structure, given that the DOM straddles multiple programs.

The Executive Committee discussed the feedback and the draft plan was modified. Changes included rewording the mission statement to recognise the importance of education and clinical care in knowledge exchange, and amending the DOM’s goals for hand hygiene compliance and admission rate to reflect more closely the hospital’s targets. Wording was also changed to deemphasize the need for the DOM’s research priorities to align completely with those of SRI.
APPENDIX 4: BACKGROUND DOCUMENTS REVIEWED


Sunnybrook Health Sciences Centre. 2009. Strategic Focus.


University of Toronto Department of Medicine. 2010 (August). Leading Change: Harnessing Academic Medicine to Transform Healthcare. Department of Medicine 2010-15 Strategic Plan.

University of Toronto Faculty of Medicine. 2007 (December). Renewal and Focus of the Faculty of Medicine’s Strategic Plan: A White Paper. Toronto: University of Toronto Faculty of Medicine.

University of Toronto Faculty of Medicine. 2009. Centre for Patient Safety: Inaugural Annual Report 2009. Toronto: University of Toronto Faculty of Medicine.

University of Toronto Faculty of Medicine. 2009. Dean’s Report: Health Starts Here. Toronto: University of Toronto Faculty of Medicine.