



**ACCREDITATION  
AGRÉMENT**  
CANADA  
**Qmentum**

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# Accreditation Report

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## Sunnybrook Health Sciences Centre

Toronto, ON

On-site survey dates: November 14, 2021 - November 19, 2021

Report issued: January 7, 2022

## About the Accreditation Report

Sunnybrook Health Sciences Centre (referred to in this report as “the organization”) is participating in Accreditation Canada's Qmentum accreditation program. As part of this ongoing process of quality improvement, an on-site survey was conducted in November 2021. Information from the on-site survey as well as other data obtained from the organization were used to produce this Accreditation Report.

Accreditation results are based on information provided by the organization. Accreditation Canada relies on the accuracy of this information to plan and conduct the on-site survey and produce the Accreditation Report.

## Confidentiality

This report is confidential and will be treated in confidence by Accreditation Canada in accordance with the terms and conditions as agreed between your organization and Accreditation Canada for the Assessment Program.

In the interests of transparency and accountability, Accreditation Canada encourages the organization to disseminate its Accreditation Report to staff, board members, clients, the community, and other stakeholders.

Any alteration of this Accreditation Report compromises the integrity of the accreditation process and is strictly prohibited.

## A Message from Accreditation Canada

On behalf of Accreditation Canada's board and staff, I extend my sincerest congratulations to your board, your leadership team, and everyone at your organization on your participation in the Qmentum accreditation program. Qmentum is designed to integrate with your quality improvement program. By using Qmentum to support and enable your quality improvement activities, its full value is realized.

This Accreditation Report includes your accreditation decision, the final results from your recent on-site survey, and the instrument data that your organization has submitted. Please use the information in this report and in your online Quality Performance Roadmap to guide your quality improvement activities.

Your Program Manager or Client Services Coordinator is available if you have questions or need guidance.

Thank you for your leadership and for demonstrating your ongoing commitment to quality by integrating accreditation into your improvement program. We welcome your feedback about how we can continue to strengthen the program to ensure it remains relevant to you and your services.

We look forward to our continued partnership.

Sincerely,

A handwritten signature in black ink that reads "Leslee Thompson". The signature is fluid and cursive, with the first name "Leslee" and last name "Thompson" clearly distinguishable.

Leslee Thompson  
Chief Executive Officer

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## Executive Summary

Sunnybrook Health Sciences Centre (referred to in this report as “the organization”) is participating in Accreditation Canada's Qmentum accreditation program. Accreditation Canada is an independent, not-for-profit organization that sets standards for quality and safety in health care and accredits health organizations in Canada and around the world.

As part of the Qmentum accreditation program, the organization has undergone a rigorous evaluation process. Following a comprehensive self-assessment, external peer surveyors conducted an on-site survey during which they assessed this organization's leadership, governance, clinical programs and services against Accreditation Canada requirements for quality and safety. These requirements include national standards of excellence; required safety practices to reduce potential harm; and questionnaires to assess the work environment, patient safety culture, governance functioning and client experience. Results from all of these components are included in this report and were considered in the accreditation decision.

This report shows the results to date and is provided to guide the organization as it continues to incorporate the principles of accreditation and quality improvement into its programs, policies, and practices.

The organization is commended on its commitment to using accreditation to improve the quality and safety of the services it offers to its clients and its community.

## Accreditation Decision

Sunnybrook Health Sciences Centre's accreditation decision is:

### **Accredited with Exemplary Standing**

The organization has attained the highest level of performance, achieving excellence in meeting the requirements of the accreditation program.

## About the On-site Survey

- **On-site survey dates: November 14, 2021 to November 19, 2021**

- **Locations**

The following locations were assessed during the on-site survey. All sites and services offered by the organization are deemed accredited.

1. Sunnybrook Health Sciences Centre - Bayview Site
2. Sunnybrook Health Sciences Centre - CNIB
3. Sunnybrook Health Sciences Centre - Holland Site
4. Sunnybrook Health Sciences Centre - Reactivation Care Centre
5. Sunnybrook Health Sciences Centre - St. John's Rehab Site

- **Standards**

The following sets of standards were used to assess the organization's programs and services during the on-site survey.

***System-Wide Standards***

1. Governance
2. Infection Prevention and Control Standards
3. Leadership

***Service Excellence Standards***

4. Ambulatory Care Services - Service Excellence Standards
5. Biomedical Laboratory Services - Service Excellence Standards
6. Cancer Care - Service Excellence Standards
7. Critical Care Services - Service Excellence Standards
8. Diagnostic Imaging Services - Service Excellence Standards
9. Emergency Department - Service Excellence Standards
10. Hospice, Palliative, End-of-Life Services - Service Excellence Standards
11. Inpatient Services - Service Excellence Standards
12. Long-Term Care Services - Service Excellence Standards
13. Medication Management (For Surveys in 2021) - Service Excellence Standards
14. Mental Health Services - Service Excellence Standards
15. Obstetrics Services - Service Excellence Standards

16. Organ and Tissue Donation Standards for Deceased Donors - Service Excellence Standards
17. Perioperative Services and Invasive Procedures - Service Excellence Standards
18. Point-of-Care Testing - Service Excellence Standards
19. Rehabilitation Services - Service Excellence Standards
20. Reprocessing of Reusable Medical Devices - Service Excellence Standards
21. Telehealth - Service Excellence Standards
22. Transfusion Services - Service Excellence Standards

- **Instruments**









The organization administered:

1. Governance Functioning Tool (2016)
2. Client Experience Tool



## Overview by Quality Dimensions

Accreditation Canada defines quality in health care using eight dimensions that represent key service elements. Each criterion in the standards is associated with a quality dimension. This table shows the number of criteria related to each dimension that were rated as met, unmet, or not applicable.

Quality Dimension	Met	Unmet	N/A	Total
 Population Focus (Work with my community to anticipate and meet our needs)	61	0	0	61
 Accessibility (Give me timely and equitable services)	130	0	1	131
 Safety (Keep me safe)	836	5	9	850
 Worklife (Take care of those who take care of me)	175	4	1	180
 Client-centred Services (Partner with me and my family in our care)	574	2	1	577
 Continuity (Coordinate my care across the continuum)	111	1	2	114
 Appropriateness (Do the right thing to achieve the best results)	1298	12	8	1318
 Efficiency (Make the best use of resources)	82	0	0	82
<b>Total</b>	<b>3267</b>	<b>24</b>	<b>22</b>	<b>3313</b>

## Overview by Standards

The Qmentum standards identify policies and practices that contribute to high quality, safe, and effectively managed care. Each standard has associated criteria that are used to measure the organization's compliance with the standard.

System-wide standards address quality and safety at the organizational level in areas such as governance and leadership. Population-specific and service excellence standards address specific populations, sectors, and services. The standards used to assess an organization's programs are based on the type of services it provides.

This table shows the sets of standards used to evaluate the organization's programs and services, and the number and percentage of criteria that were rated met, unmet, or not applicable during the on-site survey.

Accreditation decisions are based on compliance with standards. Percent compliance is calculated to the decimal and not rounded.

Standards Set	High Priority Criteria *			Other Criteria			Total Criteria (High Priority + Other)		
	Met	Unmet	N/A	Met	Unmet	N/A	Met	Unmet	N/A
	# (%)	# (%)	#	# (%)	# (%)	#	# (%)	# (%)	#
Governance	50 (100.0%)	0 (0.0%)	0	35 (97.2%)	1 (2.8%)	0	85 (98.8%)	1 (1.2%)	0
Leadership	50 (100.0%)	0 (0.0%)	0	95 (99.0%)	1 (1.0%)	0	145 (99.3%)	1 (0.7%)	0
Infection Prevention and Control Standards	39 (97.5%)	1 (2.5%)	0	31 (100.0%)	0 (0.0%)	0	70 (98.6%)	1 (1.4%)	0
Medication Management (For Surveys in 2021)	98 (100.0%)	0 (0.0%)	2	50 (100.0%)	0 (0.0%)	0	148 (100.0%)	0 (0.0%)	2
Ambulatory Care Services	44 (95.7%)	2 (4.3%)	1	78 (100.0%)	0 (0.0%)	0	122 (98.4%)	2 (1.6%)	1
Biomedical Laboratory Services **	72 (100.0%)	0 (0.0%)	0	105 (100.0%)	0 (0.0%)	0	177 (100.0%)	0 (0.0%)	0
Cancer Care	101 (100.0%)	0 (0.0%)	0	127 (99.2%)	1 (0.8%)	0	228 (99.6%)	1 (0.4%)	0
Critical Care Services	59 (98.3%)	1 (1.7%)	0	105 (100.0%)	0 (0.0%)	0	164 (99.4%)	1 (0.6%)	0

Standards Set	High Priority Criteria *			Other Criteria			Total Criteria (High Priority + Other)		
	Met	Unmet	N/A	Met	Unmet	N/A	Met	Unmet	N/A
	# (%)	# (%)	#	# (%)	# (%)	#	# (%)	# (%)	#
Diagnostic Imaging Services	67 (98.5%)	1 (1.5%)	0	69 (100.0%)	0 (0.0%)	0	136 (99.3%)	1 (0.7%)	0
Emergency Department	72 (100.0%)	0 (0.0%)	0	107 (100.0%)	0 (0.0%)	0	179 (100.0%)	0 (0.0%)	0
Hospice, Palliative, End-of-Life Services	45 (100.0%)	0 (0.0%)	0	108 (100.0%)	0 (0.0%)	0	153 (100.0%)	0 (0.0%)	0
Inpatient Services	57 (96.6%)	2 (3.4%)	1	82 (100.0%)	0 (0.0%)	3	139 (98.6%)	2 (1.4%)	4
Long-Term Care Services	55 (100.0%)	0 (0.0%)	1	96 (100.0%)	0 (0.0%)	3	151 (100.0%)	0 (0.0%)	4
Mental Health Services	50 (100.0%)	0 (0.0%)	0	91 (98.9%)	1 (1.1%)	0	141 (99.3%)	1 (0.7%)	0
Obstetrics Services	73 (100.0%)	0 (0.0%)	0	88 (100.0%)	0 (0.0%)	0	161 (100.0%)	0 (0.0%)	0
Organ and Tissue Donation Standards for Deceased Donors	54 (100.0%)	0 (0.0%)	0	96 (100.0%)	0 (0.0%)	0	150 (100.0%)	0 (0.0%)	0
Perioperative Services and Invasive Procedures	113 (100.0%)	0 (0.0%)	2	108 (99.1%)	1 (0.9%)	0	221 (99.5%)	1 (0.5%)	2
Point-of-Care Testing **	38 (100.0%)	0 (0.0%)	0	46 (100.0%)	0 (0.0%)	2	84 (100.0%)	0 (0.0%)	2
Rehabilitation Services	45 (100.0%)	0 (0.0%)	0	80 (100.0%)	0 (0.0%)	0	125 (100.0%)	0 (0.0%)	0
Reprocessing of Reusable Medical Devices	83 (95.4%)	4 (4.6%)	1	32 (80.0%)	8 (20.0%)	0	115 (90.6%)	12 (9.4%)	1
Telehealth	52 (100.0%)	0 (0.0%)	0	89 (100.0%)	0 (0.0%)	0	141 (100.0%)	0 (0.0%)	0
Transfusion Services **	71 (100.0%)	0 (0.0%)	5	68 (100.0%)	0 (0.0%)	1	139 (100.0%)	0 (0.0%)	6
<b>Total</b>	<b>1388 (99.2%)</b>	<b>11 (0.8%)</b>	<b>13</b>	<b>1786 (99.3%)</b>	<b>13 (0.7%)</b>	<b>9</b>	<b>3174 (99.2%)</b>	<b>24 (0.8%)</b>	<b>22</b>

\* Does not include ROP (Required Organizational Practices)

\*\* Some criteria within the standard sets were pre-rated based on your organization's accreditation through the Quality Management Program – Laboratory Services (QMP-LS) program managed by Accreditation Canada Diagnostics

## Overview by Required Organizational Practices

A Required Organizational Practice (ROP) is an essential practice that an organization must have in place to enhance client safety and minimize risk. Each ROP has associated tests for compliance, categorized as major and minor. All tests for compliance must be met for the ROP as a whole to be rated as met.

This table shows the ratings of the applicable ROPs.

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Safety Culture			
Accountability for Quality (Governance)	Met	4 of 4	2 of 2
Patient safety incident disclosure (Leadership)	Met	4 of 4	2 of 2
Patient safety incident management (Leadership)	Met	6 of 6	1 of 1
Patient safety quarterly reports (Leadership)	Met	1 of 1	2 of 2
Patient Safety Goal Area: Communication			
Client Identification (Ambulatory Care Services)	Met	1 of 1	0 of 0
Client Identification (Biomedical Laboratory Services)	Met	1 of 1	0 of 0
Client Identification (Cancer Care)	Met	1 of 1	0 of 0
Client Identification (Critical Care Services)	Met	1 of 1	0 of 0
Client Identification (Diagnostic Imaging Services)	Met	1 of 1	0 of 0

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
Client Identification (Emergency Department)	Met	1 of 1	0 of 0
Client Identification (Hospice, Palliative, End-of-Life Services)	Met	1 of 1	0 of 0
Client Identification (Inpatient Services)	Met	1 of 1	0 of 0
Client Identification (Long-Term Care Services)	Met	1 of 1	0 of 0
Client Identification (Mental Health Services)	Met	1 of 1	0 of 0
Client Identification (Obstetrics Services)	Met	1 of 1	0 of 0
Client Identification (Perioperative Services and Invasive Procedures)	Met	1 of 1	0 of 0
Client Identification (Point-of-Care Testing)	Met	1 of 1	0 of 0
Client Identification (Rehabilitation Services)	Met	1 of 1	0 of 0
Client Identification (Transfusion Services)	Met	1 of 1	0 of 0
Information transfer at care transitions (Ambulatory Care Services)	Met	4 of 4	1 of 1
Information transfer at care transitions (Cancer Care)	Met	4 of 4	1 of 1
Information transfer at care transitions (Critical Care Services)	Met	4 of 4	1 of 1

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
Information transfer at care transitions (Emergency Department)	Met	4 of 4	1 of 1
Information transfer at care transitions (Hospice, Palliative, End-of-Life Services)	Met	4 of 4	1 of 1
Information transfer at care transitions (Inpatient Services)	Met	4 of 4	1 of 1
Information transfer at care transitions (Long-Term Care Services)	Met	4 of 4	1 of 1
Information transfer at care transitions (Mental Health Services)	Met	4 of 4	1 of 1
Information transfer at care transitions (Obstetrics Services)	Met	4 of 4	1 of 1
Information transfer at care transitions (Perioperative Services and Invasive Procedures)	Met	4 of 4	1 of 1
Information transfer at care transitions (Rehabilitation Services)	Met	4 of 4	1 of 1
Medication reconciliation as a strategic priority (Leadership)	Met	3 of 3	2 of 2
Medication reconciliation at care transitions (Ambulatory Care Services)	Met	5 of 5	0 of 0
Medication reconciliation at care transitions (Cancer Care)	Met	9 of 9	0 of 0

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
Medication reconciliation at care transitions (Critical Care Services)	Met	4 of 4	0 of 0
Medication reconciliation at care transitions (Emergency Department)	Met	1 of 1	0 of 0
Medication reconciliation at care transitions (Hospice, Palliative, End-of-Life Services)	Met	4 of 4	0 of 0
Medication reconciliation at care transitions (Inpatient Services)	Met	4 of 4	0 of 0
Medication reconciliation at care transitions (Long-Term Care Services)	Met	4 of 4	0 of 0
Medication reconciliation at care transitions (Mental Health Services)	Met	4 of 4	0 of 0
Medication reconciliation at care transitions (Obstetrics Services)	Met	4 of 4	0 of 0
Medication reconciliation at care transitions (Perioperative Services and Invasive Procedures)	Met	4 of 4	0 of 0
Medication reconciliation at care transitions (Rehabilitation Services)	Met	4 of 4	0 of 0
Safe Surgery Checklist (Obstetrics Services)	Met	3 of 3	2 of 2

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
Safe Surgery Checklist (Perioperative Services and Invasive Procedures)	Met	3 of 3	2 of 2
The “Do Not Use” list of abbreviations (Medication Management (For Surveys in 2021))	Met	4 of 4	3 of 3
Patient Safety Goal Area: Medication Use			
Antimicrobial Stewardship (Medication Management (For Surveys in 2021))	Met	4 of 4	1 of 1
Concentrated Electrolytes (Medication Management (For Surveys in 2021))	Met	3 of 3	0 of 0
Heparin Safety (Medication Management (For Surveys in 2021))	Met	4 of 4	0 of 0
High-Alert Medications (Medication Management (For Surveys in 2021))	Met	5 of 5	3 of 3
Infusion Pumps Training (Ambulatory Care Services)	Met	4 of 4	2 of 2
Infusion Pumps Training (Cancer Care)	Met	4 of 4	2 of 2
Infusion Pumps Training (Critical Care Services)	Met	4 of 4	2 of 2
Infusion Pumps Training (Emergency Department)	Met	4 of 4	2 of 2



Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Medication Use			
Infusion Pumps Training (Hospice, Palliative, End-of-Life Services)	Met	4 of 4	2 of 2
Infusion Pumps Training (Inpatient Services)	Met	4 of 4	2 of 2
Infusion Pumps Training (Long-Term Care Services)	Met	4 of 4	2 of 2
Infusion Pumps Training (Mental Health Services)	Met	4 of 4	2 of 2
Infusion Pumps Training (Obstetrics Services)	Met	4 of 4	2 of 2
Infusion Pumps Training (Perioperative Services and Invasive Procedures)	Met	4 of 4	2 of 2
Infusion Pumps Training (Rehabilitation Services)	Met	4 of 4	2 of 2
Narcotics Safety (Medication Management (For Surveys in 2021))	Met	3 of 3	0 of 0
Patient Safety Goal Area: Worklife/Workforce			
Client Flow (Leadership)	Met	7 of 7	1 of 1
Patient safety plan (Leadership)	Met	2 of 2	2 of 2
Patient safety: education and training (Leadership)	Met	1 of 1	0 of 0
Preventive Maintenance Program (Leadership)	Met	3 of 3	1 of 1

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Worklife/Workforce			
Workplace Violence Prevention (Leadership)	Met	5 of 5	3 of 3
Patient Safety Goal Area: Infection Control			
Hand-Hygiene Compliance (Infection Prevention and Control Standards)	Met	1 of 1	2 of 2
Hand-Hygiene Education and Training (Infection Prevention and Control Standards)	Met	1 of 1	0 of 0
Infection Rates (Infection Prevention and Control Standards)	Met	1 of 1	2 of 2
Patient Safety Goal Area: Risk Assessment			
Falls Prevention Strategy (Cancer Care)	Met	2 of 2	1 of 1
Falls Prevention Strategy (Critical Care Services)	Met	2 of 2	1 of 1
Falls Prevention Strategy (Hospice, Palliative, End-of-Life Services)	Met	2 of 2	1 of 1
Falls Prevention Strategy (Inpatient Services)	Met	2 of 2	1 of 1
Falls Prevention Strategy (Long-Term Care Services)	Met	5 of 5	1 of 1
Falls Prevention Strategy (Mental Health Services)	Met	2 of 2	1 of 1
Falls Prevention Strategy (Obstetrics Services)	Met	2 of 2	1 of 1

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Risk Assessment			
Falls Prevention Strategy (Perioperative Services and Invasive Procedures)	Met	2 of 2	1 of 1
Falls Prevention Strategy (Rehabilitation Services)	Met	2 of 2	1 of 1
Pressure Ulcer Prevention (Cancer Care)	Met	3 of 3	2 of 2
Pressure Ulcer Prevention (Critical Care Services)	Met	3 of 3	2 of 2
Pressure Ulcer Prevention (Hospice, Palliative, End-of-Life Services)	Met	3 of 3	2 of 2
Pressure Ulcer Prevention (Inpatient Services)	Met	3 of 3	2 of 2
Pressure Ulcer Prevention (Long-Term Care Services)	Met	3 of 3	2 of 2
Pressure Ulcer Prevention (Perioperative Services and Invasive Procedures)	Met	3 of 3	2 of 2
Pressure Ulcer Prevention (Rehabilitation Services)	Met	3 of 3	2 of 2
Suicide Prevention (Emergency Department)	Met	5 of 5	0 of 0
Suicide Prevention (Long-Term Care Services)	Met	5 of 5	0 of 0
Suicide Prevention (Mental Health Services)	Met	5 of 5	0 of 0

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Risk Assessment			
Venous Thromboembolism Prophylaxis (Cancer Care)	Met	3 of 3	2 of 2
Venous Thromboembolism Prophylaxis (Critical Care Services)	Met	3 of 3	2 of 2
Venous Thromboembolism Prophylaxis (Inpatient Services)	Met	3 of 3	2 of 2
Venous Thromboembolism Prophylaxis (Perioperative Services and Invasive Procedures)	Met	3 of 3	2 of 2

## Summary of Surveyor Team Observations

**The surveyor team made the following observations about the organization's overall strengths, opportunities for improvement, and challenges.**

The Accreditation Canada Surveyor Team commends Sunnybrook Health Science Centre for demonstrating their strong commitment to quality and safety by undergoing their on-site survey on the heels of the COVID-19 Pandemic. Healthcare organizations across Canada have experienced the strain of the response to COVID-19 in their operations and health human resources. Sunnybrook Health Sciences Centre has not been the exception. The organization mounted a formidable emergency response to address the surge of clients with respiratory symptoms and has also demonstrated the resiliency of its structure and people in the long months following the declaration of a pandemic in March 2020. In going ahead with its on-site survey, Sunnybrook is showcasing its commitment to a quality culture as a strategic enabler for achieving its mission. Sunnybrook Health Science Centre is one of the largest specialized hospitals in Canada serving approximately 1.3 million patient visits per year across ten different campuses including Bayview, St. John's Rehab, Holland Centre, and Reactivation Care Centre. The organization has an affiliation with the University of Toronto which extends its capacity for research and forming the health professionals of the future. Sunnybrook has a dual mandate of providing specialized hospital care for the entire Province, while also serving the local community of North Toronto. The team of over 16,000 staff, physicians, volunteers, and learners are a critical player in Ontario's healthcare system.

### Board of Directors

The Board of Directors for Sunnybrook Health Sciences Centre is committed to the delivery of high-quality patient services, research, education, sustainability, and accountability. The Board brings together a diverse group of individuals with a wide range of personal and professional skills and expertise. The diversity reflected in the Board's membership is a true asset that allows the organization to fully assess the environment and available opportunities. The energy and fresh perspectives of new board members is well complemented from the institutional memory and long-term view from long-standing members. Recruitment for the Board uses a matrix that identifies the required and desired skill set and experience. The Board members that reported good and effective relationships are in place, and that the decision-making process takes into consideration the diverse perspectives of individual members. The Board has a defined and formal process for decision-making that incorporates Sunnybrook Health Science Centre's mission/vision/values, strategic & operational plans, ethics framework and client input. The Board is actively involved in Strategic Planning, and they play a critical role in identifying change and challenges in their operating environment. They are also engaged in a process of reflection to better articulate the unique contributions of Sunnybrook Health Science Centre to the system for the community of Toronto North as well as specialized services for the Province of Ontario. Quality, Safety and Risk Management is overseen by a sub-committee that meets on a quarterly basis and receives regular reports. The activities and decisions of the Board of Directors are recorded and shared within the organization. Clients and their families are invited to participate in the open Board meetings and the feedback collected through satisfaction surveys and advisory bodies informs the procedures of the Board.

### Community and Community Partnerships

Sunnybrook Health Sciences Centre is well respected by its many partners and agencies, and as a large institutional partner is uniquely positioned for leading its vision of inventing the future of healthcare. Community partners large and small reflect on Sunnybrook and its teams as collaborative, approachable, helpful, innovative, and transparent. It is commendable to see hospital leaders well integrated into community affairs. Sunnybrook is a leading partner at the local level, as well as at a federal and provincial level. Partners refer to Sunnybrook leaders as people they want to work with.

The organization is open to taking on new projects and many see the staff as having a can-do attitude and the ability to think outside the box. They are recognized for their clear role in community partnerships and networks and are willing to share their expertise and knowledge. Sunnybrook is well linked to other organizations in the community- both in health and social services, the organization to better serve both clients requiring specialized services as well as the community of Toronto North. Formal partnerships agreements are in place to support the partners' shared responsibility for client flow and resource allocation. During the COVID-19 Pandemic, Sunnybrook provided infection prevention and control expertise and support to local long term care agencies and other congregate settings. The organization also played a larger role at the city level by co-chairing COVID-19 response efforts beyond its immediate catchment boundaries. Partners recognize Sunnybrook's commitment to diversity, equity and inclusion and celebrate the innovations made during the pandemic to better serve individuals who are more marginalized. Sunnybrook has a special partnership with the University of Toronto to offer medical, nursing and healthcare education. This is a critical collaboration as the organization aims to address the national crisis of health human resources. Finally, partners across the spectrum look at Sunnybrook as the large and well-connected institutional leader that can drive true innovation in healthcare. This will require embracing the complexity that partnerships bring and rethinking how care services are provided much beyond the bricks and mortar of an acute care institution.

### Leadership

The leadership team at Sunnybrook Health Sciences Centre is strongly committed to delivering high-quality care in a safe environment. They are viewed by staff as approachable, supportive, hard working and willing to coach, help and direct whenever needed. They have created a collaborative, positive, and cooperative work environment that in turn translates into high-quality care and services. They constantly advocate for their staff and clients, always open to new, creative ways of providing care. The leadership team has been able to harness the diversity of their staff and volunteers to better serve the unique needs of both clients requiring specialized services as well as the local community of Toronto North. Leaders at Sunnybrook demonstrate a commitment not only to the clients, but also to trying innovative approaches and influencing the larger system in which they operate. Their strategic thinking, ability to deliver on results and commitment to quality improvement is widely acknowledged by funders and partners.

Since the last Accreditation Canada survey, Sunnybrook developed Strategic Plan 2021-2025, which includes Personalized and Precise Treatments, Integrated and Sustainable Models of Care, Quality and Creating Better Care Experience and High Performing Teams. In developing the Strategic Plan, Sunnybrook engaged in a careful consideration of the challenges and risks it faced including increases in volume and aging and the ongoing response to COVID-19. The Surveyor Team commends the organization for its efforts in demography, financial uncertainty, aging infrastructure, social justice, health human resources shortages

and the ongoing response to COVID-19. The Surveyor Team commends the organization for its efforts in modernizing its Enterprise Risk Management that engages leaders from frontline managers to the organizational Board. The planning process has been an example not only of stakeholder engagement, but also of the value of engaging other local partners in care including primary care, community care and home care. Through the implementation of its Strategic Directions, Sunnybrook aims to invent the future of healthcare by providing care to patients and their families when it matters most.

Sunnybrook has continuously demonstrated its commitment to delivering safe and quality healthcare. Its Quality Strategic Plan 202-2025 reflects on the critical importance of patient and provider physical and psychological safety as highlighted by the COVID-19 Pandemic. The plan identifies both the strategic quality goals for the organization (Safe Care, Seamless Care, Sustainable Care) as well as the enablers that are critical for their implementation (Quality Culture, Digital Care and Advanced Analytics). The Quality Strategic Plan helps stakeholders understand the importance of each focus area, its specific outcomes and the key actions needed to achieve it. Complementing the Quality Plan, a detailed Work Plan for 2021/22 outlines the specific targets, indicators and change ideas to be implemented by teams across the organization.

### **Staffing and Work Life**

The COVID-19 Pandemic has strained health human resources nation-wide. The emergency response followed by many months of pandemic response activity has had an impact on staff at Sunnybrook Health Sciences Centre. Shortages in staffing have resulted in increased pressure on the existing staff, and there are real risks of staff burnout and disengagement. The Leadership and Human Resources team at the organization are aware of these issues and are taking several remedial actions including more flexible work schedules, peer support program, refurbished gym, and creative programs. Despite these challenges, there is a positive work atmosphere at Sunnybrook Health Sciences Centre. Staff who were interviewed expressed a very high level of satisfaction with the organization. They thoroughly enjoy their work and are deeply passionate about the care and services they provide. The organization is also commended in the deep sense of belonging that staff and clients have to the organization. Sunnybrook Health Sciences Centre tries to ensure a great work-life and that staff health, safety and satisfaction is prioritized. This is achieved through numerous supports and mechanisms ranging from an enhanced employee assistance program, opportunities for training and development, and a commitment to staff safety. Staff and volunteers are acknowledged and rewarded when appropriate through numerous staff recognition and social events. Sunnybrook Health Sciences Centre has an impressive team of volunteers that enhance the outreach capacity of the organization and bring complementary skills and languages to meet individual client needs more uniquely. The organization is commended for its efforts to become a more equitable, diverse, and inclusive organization.

### **Delivery of Care and Services**

Clinical leadership within programs is excellent and attention is given to interdisciplinary team functioning and effectiveness. Quality is well integrated in clinical programs and is reflected in day-to-day team processes. All programs understand the risk matrices for their areas and align their program plans and quality improvement initiatives with the strategic directions and their own risk analyses. There is good use of standardized clinical risk assessments, care paths, algorithms and standard order sets appropriate to the best model of care to employ in their programs and some have made significant adjustments already. patient populations served by each clinical program. All programs are asking themselves the question about

the best model of care to employ in their programs and some have made significant adjustments already. Programs and services are keenly aware of the benefits of virtual care, and many are considering how to incorporate a hybrid virtual and in person model based on patient feedback.

All programs were encouraged to reflect on pandemic impacts and to celebrate their contributions in maintaining resilient services for patients and families. Patients and families interviewed during clinical tracers validated the value of being provided risk benefit information on treatment alternatives to make informed decisions for their care. In addition, patients and families expressed a high degree of trust in their care teams and validated that they were never left without an aftercare plan.

The Leadership and the Board should be proud of the reliability in clinical care practices organization-wide in terms of safe seamless and patient-centered care. In addition, clinical programs expressed appreciation for the transparent and timely leadership communication they experienced throughout the waves of the pandemic and hope that this style of communication continues as the program teams felt very much respected and engaged.

### **People-centred Care and Client Satisfaction**

The services provided at Sunnybrook Health Sciences Centre are truly client centred. Staff and leadership respond to the unique needs of their clients by constantly adapting programs and services for adequacy and accessibility. Client satisfaction is routinely monitored. Client satisfaction surveys are enhanced by more in-depth engagement activities that seek to incorporate clients' preferences into the program and service design. Client consent is sought prior to the initiation of services, and clients are made aware of their rights and responsibilities. Client goals are an essential component of the care plan, and this is reflected in MyChart, a tool that enables clients to actively engage with their caregivers and their own health record. Progress towards achieving these goals is regularly monitored. Feedback gained from clients and families provided numerous examples of the value of the program for seniors and caregivers, and the willingness of the staff to find solutions for unique needs. Patient and family engagement is a priority of the board and leaders across Sunnybrook Health Science Centre. The organization employs a diverse set of strategies to ensure the voice of the patient and their families is included in the design and monitoring of programs and services. The patient and family advisory councils as well as the patient partner program enable clients and families to meaningfully contribute to a range of operational and care areas in the organization. The COVID-19 pandemic suspended many of the in-person activities, so the organization responded by creating virtual engagement that allowed them to engage clients in the pandemic response. In addition to regular activities to garner feedback from patients via satisfaction surveys and focus groups, Sunnybrook has created opportunities for more in-depth and ongoing engagement. These include the Patient and Family Partner program which supports participation in advisory councils, committees, working groups, or with a special project. Patients and family members can find more about these engagement opportunities through the patient portal in the organization's website. In 2020, the President's Anti-Racism Taskforce was established in 2020 to develop and implement an action plan to address racism in the healthcare system. The organization is encouraged to continue to find ways for engaging clients and their families in planning and operational discussions early in the process and continue to invest resources in supporting clients for a more meaningful participation.



## Detailed On-site Survey Results

This section provides the detailed results of the on-site survey. When reviewing these results, it is important to review the service excellence and the system-wide results together, as they are complementary. Results are presented in two ways: first by priority process and then by standards sets.

Accreditation Canada defines priority processes as critical areas and systems that have a significant impact on the quality and safety of care and services. Priority processes provide a different perspective from that offered by the standards, organizing the results into themes that cut across departments, services, and teams.

For instance, the patient flow priority process includes criteria from a number of sets of standards that address various aspects of patient flow, from preventing infections to providing timely diagnostic or surgical services. This provides a comprehensive picture of how patients move through the organization and how services are delivered to them, regardless of the department they are in or the specific services they receive.

During the on-site survey, surveyors rate compliance with the criteria, provide a rationale for their rating, and comment on each priority process.

Priority process comments are shown in this report. The rationale for unmet criteria can be found in the organization's online Quality Performance Roadmap.

See Appendix B for a list of priority processes.

**INTERPRETING THE TABLES IN THIS SECTION:** The tables show all unmet criteria from each set of standards, identify high priority criteria (which include ROPs), and list surveyor comments related to each priority process.

High priority criteria and ROP tests for compliance are identified by the following symbols:



High priority criterion

Required Organizational Practice

**MAJOR**

Major ROP Test for Compliance

**MINOR**

Minor ROP Test for Compliance

## Priority Process Results for System-wide Standards

The results in this section are presented first by priority process and then by standards set.

Some priority processes in this section also apply to the service excellence standards. Results of unmet criteria that also relate to services should be shared with the relevant team.

### Priority Process: Governance

Meeting the demands for excellence in governance practice.

The organization has met all criteria for this priority process.

#### Surveyor comments on the priority process(es)

Sunnybrook Health Sciences Centre has an engaged, highly skilled, and well-connected Board of Directors. There is a clear distinction in the responsibilities between the members of the governing body and the organization's leadership team. The diversity reflected in the Board's membership is a true asset that allows the organization to fully assess the environment and opportunities for Sunnybrook. The Board is engaged in governance aspects pertaining to quality, safety, and a strong emphasis in people-centred care. The energy and fresh perspectives of new board members is well complemented from the institutional memory and long-term view from long-standing members. The Board has clarity in the division of responsibilities between governance and management, and intentionally reinforces this relationship through clarity of agenda items and reporting relationships with Sunnybrook's Chief Executive Officer. Board members are recruited utilizing a matrix that identified the required and desired skill set and experience, and the organization utilizes an external recruitment agency to assist in finding the talent required for the Board of Directors. The Board's by-laws and policies are consistent with its mandate, roles, responsibilities, accountabilities, and the organization's ethics framework. A Code of Conduct is in place to guide the function of the Board in accordance with the interest of the organization and the community it represents. During the survey, Board members reported that good and effective relationships are in place. There is a strong understanding of the strengths and opportunities that Sunnybrook faces post-COVID-19 Pandemic. An ethics framework and evidence-informed criteria informs the decision-making process. New members are oriented to the roles with the participation of Board, Leadership, and staff. A Board development plan has been created and informed by the results from Accreditation Canada's Governance Functions Tool. There is ongoing education and training opportunities offered for members of the Board. The Board of Directors is actively involved in strategic planning, and they play a critical role in identifying change and challenges in their operating environment. The Board plays a critical role in sustaining the partnerships with University of Toronto as well as regional and provincial health authorities. They are also engaged in a process of reflection to better articulate the unique contributions of Sunnybrook to system of care of residents in the Toronto North area. There is clear evidence of a thoughtful process to ensure access to care, particularly for clients and families who face the most barriers.

The Board of Directors recruits, oversees the performance, and supports the ongoing development of the Chief Executive Officer for Sunnybrook Health Sciences Centre. There are established mechanisms for the Board to receive updates from the CEO, and a senior leadership succession plan is in place. There are strong systems in place to support and monitor the implementation of Board Directions and the Strategic Plan. Quality, Safety and Risk Management is overseen by a sub-committee that meets on a quarterly basis and receives regular reports. In addition, the Board oversees the organization's financial performance in the context of the strategic plan and key performance areas such as utilization, risk, and safety. Prior to every meeting, Sunnybrook leaders provide the Board of Directors with a document outlining progress against key performance indicators of relevance to the Strategic Plan. The Board acts upon recommendations from the CEO and other organizational leaders including in areas responsible to patient safety and finance. Patient Safety Incident reports are reviewed regularly, and the information is used to understand trends, client and team safety issues in the organization, and opportunities for improvement. Quality and safety are explicit priorities for the Board of Directors at Sunnybrook Health Sciences Centre. This is reflected in standing agenda item, tracking of system-level indicators, and ensuring accountability of operational leaders. Board meetings start with a story of a Sunnybrook patient, which helps set the context for the items discussed at the meeting. The Board participates in the risk management and quality improvement processes of the organization by providing input, reviewing contingency plans, and recognizing leaders responsible for quality initiatives. The activities and decisions of the Board of Directors are recorded and shared within the organization. Sunnybrook demonstrates its commitment to transparency and accountability.

## Priority Process: Planning and Service Design

Developing and implementing infrastructure, programs, and services to meet the needs of the populations and communities served.

The organization has met all criteria for this priority process.

### Surveyor comments on the priority process(es)

Sunnybrook Health Sciences Centre has recently refreshed its strategic plan with input from stakeholder including staff, physicians, patients, community, and partners. Sunnybrook's Strategic Plan 2021-2025 operationalizes the organization vision, mission and values which are embedded throughout. The plan articulates four Strategic Directions that guides the organization's efforts on critical areas of focus. The strategic planning process was exemplary in terms of allowing time for the important conversations on organizational values and validation with service users. The Board of Directors had an opportunity to engage early in the conceptualization of the issues that the plan aimed to address. Engagement of patients and families has been supported by several advisory councils. There is evidence of the use of the strategic plan to inform service planning and overall operations. Risks and opportunities for the organization are regularly assessed and used to inform the planning process. The organization has a good understanding of the community it serves and continually monitors the environment, identifying and addressing gaps in service as appropriate. Sunnybrook is an active member of the Ontario Health Team for Toronto North, which brings together partners across the continuum of care to better support the needs of clients, families, and communities. Through this network of care, Sunnybrook is connected not only to a rich set of population health data, but also to primary care, community care, residential care, and social support service providers. One of the strengths of Sunnybrook's strategic and operational planning and implementation is the effective use of data to inform action. The Strategic plan relies of a curated set of indicators to assist leaders in tracking progress. Planning is done in alignment with regional and provincial government priorities, and in coordination with hospitals and other partners in the region, which allows Sunnybrook to identify changes and new challenges body. Information about the community's health status, capacities, and health care needs is shared with the leadership and governing body and used to inform planning processes. The organization's leaders and clinicians leverage the rich internal data set from the electronic medical record, program evaluations and community consultations to inform their understanding of the priority populations that they serve. Efforts have been made to select meaningful indicators and share them in a timely and accessible way to inform clinical and operational decisions. During the survey, an array of examples was provided that show the organization's ability to respond to emerging issues, most importantly the COVID-19 Pandemic. Program monitoring is done on a regular basis and the organization invests in formal evaluations that are used for service improvement and program re-design. Sunnybrook Health Sciences has received numerous recognitions as one of Canada's top employers including recent awards by Forbes Magazine (2021), LinkedIn Top Companies (2021), Greenest Employers (2021) and Career Directory for best employers for recent graduates (2021).

## Priority Process: Resource Management

Monitoring, administering, and integrating activities related to the allocation and use of resources.

The organization has met all criteria for this priority process.

### Surveyor comments on the priority process(es)

Sunnybrook Health Sciences Centre allocates resources in alignment with mission/vision/values, strategic plan, capital priorities, and government legislation. Allocation of resources is well integrated to the regular planning cycle for the organization, and it aims to increase the quality and safety of its programs and services. Annual operating and capital budgets are prepared according to Sunnybrook's financial policies and procedures, and it aims to achieve balance between ongoing funding for services and short-term funding needs and opportunities. The organization identifies capital investments and opportunities for funding. The organization has a fund development strategy that includes a donor program. Ethical considerations inform the resource allocation process through an integration of the organization's strategic directions as well as client and community information. Financial information is provided to managers and supervisors, who also have access to education and support on how to manage and monitor their budgets. The input of external and internal stakeholders including funders is taken into consideration during the resource allocation process, and the organization uses set criteria to guide its investment decisions. The Finance Committee with Board and Senior Staff review reports and recommendations to the Board on a quarterly basis with additional presentations if needed. In addition to reporting on the organization finances, performance targets are used to provide a more complete picture of the operations of Sunnybrook Health Sciences Centre. Staff, supervisors, decision support team and leadership are involved in the tracking indicators of performance. Trends are monitored throughout the year and corrective actions are taken to ensure that performance targets are met. Staff and supervisors take into consideration equity implications of performance measures and actions are taken to support participation by clients and their families. The organization has a process in place to assist in reallocating resources to areas where they are needed most and across operational and service or program areas. Financial Reporting is informed by goals of transparency and accountability to governance body, senior management, and external funders. The organization reports on its financial performance including an analysis of the utilization of resources and opportunities to improve the effective and efficient use of resources. Funding obligations are carefully followed in accordance with service agreements with the funding bodies. Sunnybrook's leaders verify that the organization meets legal requirements for managing financial resources and financial reporting.

## Priority Process: Human Capital

Developing the human resource capacity to deliver safe, high quality services.

The organization has met all criteria for this priority process.

### Surveyor comments on the priority process(es)

Sunnybrook has made extraordinary efforts to protect its workers not only from an infection prevention and control perspective, but also from an emotional and psychological resilience. Some of the strategies developed to help team members to manage their health include more flexible work schedules, peer support program, refurbished gym, and creative programs. The organization has an established policy for reporting, investigating, and resolving behavior that contravenes its code of conduct. There is an emphasis on behaviours that contravene the organization's aim for a more diverse, inclusive, and equitable workplace. The health and safety policies at Sunnybrook Health Sciences Centre comply with relevant legislation in the Province of Ontario. The organization has an immunization policy outlining the specific immunizations required and recommended for team members. Vaccination coverage for COVID-19 vaccine is over 95% and the organization is supporting hesitant staff with education initiatives.

The organization recognizes its employees right to be safe and secure in the workplace. The organization has workplace violence prevention policy, which is developed in consultation with team members and volunteers. There is clear accountability for the implementation of the organization's violence prevention policy, as well as procedures for the confidential reporting of incidents. Risk assessments are regularly conducted and there are procedures for the investigation and response to incidents of violence. Sunnybrook Health Sciences Centre' leaders review quarterly reports of incidents of workplace violence and use this information to improve safety, reduce incidents of violence, and improve the workplace violence prevention policy. The organization also provides staff with opportunity to voice comments and concerns regarding working conditions in a variety of ways including Accreditation Canada's Employee Engagement survey. Information from this survey and other sources is used to identify improvement opportunities and set up corrective action plans. Aspirational targets are set to drive the momentum of the organization to achieve them. Trends are also analyzed and reviewed on a periodic basis with recommendations provided to the leadership team and the Board of Directors. Follow up responsibilities are clearly assigned to leaders and supervisors. During the survey staff readily volunteered several examples that captured the responsive culture of Sunnybrook towards its employees.

Canada is experiencing a country-wide shortage of health human resources, and Sunnybrook Health Sciences Centre is taking a leading role in the recruitment, retention, and support of its human capital. The recruitment and selection of team members is conducted in an equitable manner according to individual qualifications and their capability to contribute to the organization's values, goals, and objectives. During the survey several successful talent acquisition strategies were shared with the surveyor team. Efforts are being made to ensure the long-term retention of their staff. This is aided by surveys and focus groups aiming to uncover what staff cares more about. There are clear reporting relationships, as well as processes for monitoring and addressing the performance of team members.

While some of the formal performance appraisal activities have been reduced or paused during the pandemic, efforts have been maintained to ensure just in time celebration or feedback are continuously given to staff. The organization is encouraged to resume its formal performance monitoring processes as capacity permits. Human resource records are maintained and safely stored as per applicable regulations. Of special mention is Sunnybrook Health Sciences Centre's strong team of volunteers as well as its volunteer management program. The program engages volunteers from the community who expand the reach of the organization and bring a new set of skills including lived experience that reflect the make-up of the client population. Volunteers participate in several areas including advisory councils, program activities, assisting with special events and serving in the organization's Board of Directors. Volunteers also offer Sunnybrook Health Sciences Centre an opportunity to outreach to future employees who have already demonstrated a good match with the organizational culture.

The Human Resources team aims to reflect the vision/mission/values of the organization through recruitment, retention and staff support strategies. There is a focus on building the capacity of the team to advance goals and promote collaborations across departments. Onboarding new staff at a rapid pace has been supported by joint efforts from human resources, professional practice, and clinical education. Human Resources priorities respond to external changes as well as advancing the organizational priorities identified in the strategic plan. The Human Resources strategy capitalizes on the diversity of the staff and volunteer base to respond to the unique needs of clients being served by Sunnybrook Health Sciences Centre. The organization is commended for its efforts to promote quality of work life and healthy and safe work environment as demonstrated by leaders across the organization from the executive team to frontline supervisors.

## Priority Process: Integrated Quality Management

Using a proactive, systematic, and ongoing process to manage and integrate quality and achieve organizational goals and objectives.

The organization has met all criteria for this priority process.

### Surveyor comments on the priority process(es)

Sunnybrook Health Sciences Centre has a strong and genuine focus on quality improvement and making this a strategic priority for the organization. The quality and safety activities are supported by an enthusiastic team of staff and members of the Board. The organization has a strong Quality Strategic Plan that supports the organization-wide Strategic Plan 2020-2025. There is a commitment to make care at Sunnybrook safe, seamless, and sustainable. Leaders throughout the organization to participate and lead in collaborative quality improvement initiatives. The organization uses community data, patient satisfaction results, staff input and information from the client feedback to prioritize on quality projects. Results from quality improvement results are used to inform future learning, and team members, staff and volunteers who participate are recognized for their work. The use of data for action is evident from the senior leaders and department heads to frontline managers and supervisors. The Decision Support and Data Analytics team is committed to the curation of meaningful indicators that can better drive improvements. Leaders strive to make decisions that are informed by research and evidence, client experience, and ongoing quality improvement. The organization has decision-support tools and processes in place to reduce unnecessary variation in and between services. Sunnybrook Health Sciences Centre uses an Enterprise Risk Management Program to identify and manage risks across the organization, including those associated with services provided by external contractors. Contingency plans are disseminated throughout the organization and the overall effectiveness of the organization's risk management approach is regularly evaluated.

The organization is commended for its quality improvement and client safety plan that brings together efforts in this area across the organization in a coherent and easy to understand fashion. There is careful attention paid at the strategic quality priorities as well as the routine operational indicators. Patient safety issues are routinely assessed with clear evidence of planning and resourcing to address them. The use of interactive dashboard and data visualization is superb. The implementation and monitoring of the patient safety plan and improvement activities has a clear accountability structure. The Board of Directors is provided with quarterly reports on patient safety that include recommended actions arising out of patient safety incident analysis, as well as improvements initiatives. Sunnybrook Health Sciences Centre has implemented a patient safety incident management system with input from clients, families, and team members. This allows the organization to report, analyze, recommend actions, and monitor improvements that enhance the safety of the clients that it serves. Team members receive training on how to respond to patient safety incidents and the protocols are routinely evaluated with any improvements shared with team members, clients, and their families. The organization also has a documented and coordinated process for the disclosure of patient safety incidents with clear inclusion/exclusion criteria and the specific procedures for reporting. Training is provided for those



responsible for the disclosure process, and the protocols are regularly evaluated with input from clients and their families. Sunnybrook Health Sciences Centre prioritizes medication reconciliation as a key patient safety area, and it has implemented policies and processes to collect and use accurate and complete information about clients' medication at care transition. There are well defined roles and responsibilities for completing medication reconciliation which is led by an interdisciplinary team. Overall compliance with the medication reconciliation process is monitored in the organization. One of the most important opportunity is the information technology systems. The organization is encouraged to focus some dedicated energy into the full implementation of the electronic medical record and integrate the multiple systems as much as possible.

## Priority Process: Principle-based Care and Decision Making

Identifying and making decisions about ethical dilemmas and problems.

The organization has met all criteria for this priority process.

### Surveyor comments on the priority process(es)

The Ethics Centre was originally established in 1989 and has been committed to improving patient-centered care by promoting ethics knowledge and skill in decision-making throughout the organization. In addition, impressive leadership is provided by ethicists through education and support to clinical service programs as well as to 'the leadership team and the Board.

The Research Ethics Board is robust and inclusive of patient and community members attracted through external advertising. All standards related to Research Ethics were validated as fully met. In March 2020 an electronic platform was introduced called "Sunrise" to track all research projects which total several thousand at any point in time. This has been value added. An effective Health Research Alliance is well established and overseen by the Tri-Council.

Throughout pandemic the team supported approximately 100 covid-related research projects which is noted as a significant contribution to pandemic management efforts locally, provincially, and nationally. Having said that the challenge remains to have better access to integrated data for such undertakings as much of the data compilation and synthesis remains manual. An electronic interface may be a solution to consider in strengthening the program and improving efficiencies moving forward.

Of significant note is the attention given to focused ethical research in the use of novel technology such as ultrasound to change practice and improve patient experience and outcomes. This is very much aligned with the strategic directions of the organization and is commended. The team validated this has changed the complexity of application of the Ethics Framework and has challenged new learning.

There is robust clinical ethics support in terms of provision of input to policy and procedure development as well as education and coaching. Given the size of the organization and the number of sites for service delivery, as well as the intentional strategic focus to broaden community care partnerships, it will be vital to assess the future ethics support needs for education and application of the ethics framework in day-to-day decision making.

The Ethics Centre at Sunnybrook coordinates and provides ethics consultation services as well as ethics education throughout the hospital. The Ethics Centre promotes ethics related activities designed to enhance ethics knowledge and skills in decision-making from bedside to boardroom.

Common ethical challenges were validated to be associated with the provision of compassionate end of life care, substitute decision-making, conflict resolution, as well as addressing cultural or religious values in patient care decisions. It was a delight to meet with this team and to learn from them.

## Priority Process: Communication

Communicating effectively at all levels of the organization and with external stakeholders.

The organization has met all criteria for this priority process.

### Surveyor comments on the priority process(es)

Leaders at Sunnybrook Health Sciences Centre are actively engaged in the promotion of the organization and the value of its services to clients, families, partner organization and funders. The team has clear goals including the promotion of the organization and its activities, sharing the values of the organization, attracting talented employees and facilitate donations and volunteerism. The organization uses a variety of strategies for delivering their message including printed communication, website, and social media. Sunnybrook's communication plan articulates how information ought to be disseminated to and received from internal and external stakeholders. This is done with a careful consideration of their audience whether it is clients, families, prospective employees and volunteers, partners, and the public. The Strategic Plan and the Annual Reports exemplify the clear and focused communication strategy that the organization is implementing. The organization is seen as a trusted source of healthcare information, and this was a critical role during the COVID-19 Pandemic. Communication products developed by Sunnybrook are widely disseminated through several channels including media and social media. Internal communications processes are established to support staff access to client information as well as resources to support their clinical practices. Access to client information is password protected and control on a need to access basis. Information sharing agreements have been established with several partner and governmental organizations, which allows for limited client information to be shared. The organization has a designated Privacy Officer that builds capacity and monitors the collection, use and sharing of client information. Sunnybrook Health Sciences Centre's Privacy Policy follows the Personal Health Information Act, and there are efforts across the organization to build a culture of privacy.

Employees sign a confidentiality agreement that reminds them of their role in protecting privacy and confidentiality. Privacy and confidentiality training is conducted twice a year. Information and resources are also available in the intranet. Client consent protocols for the use and disclosure of information are well established and used with clients. Sunnybrook has been a pioneer in the development of an electronic medical record (SunnyCare), a patient portal (MyChart) and information management systems.

Sunnybrook Health Sciences Centre has access to health information databases, and audits are regularly conducted to ensure the safeguarding of these databases. Sunnybrook is aware of the importance of cybersecurity and efforts are in place to protect clinical and organizational information. The organization monitors the quality and usefulness of its data and information systems and the results of these assessments are used for quality improvement. Sunnybrook will need to continue its journey in achieving better interoperability between hospital data and community data of partners (including primary care) in the Ontario Health Team to better support its goal of seamless care across the continuum.

## Priority Process: Physical Environment

Providing appropriate and safe structures and facilities to achieve the organization's mission, vision, and goals.

The organization has met all criteria for this priority process.

### Surveyor comments on the priority process(es)

Sunnybrook Health Sciences Centre includes four campuses - Bayview, Holland, Reactivation Care Centre, and St. John's. It spans more than 3 million square feet and supports more than 1000 beds. Understandably with varying ages of buildings, there is a range in design, decor, and status of infrastructure.

Oversight of the existing physical environment and infrastructure primarily rests with Plant Operations & Maintenance (POM) which links to the Board of Directors through its Finance & Audit Committee. Oversight for renovations and new builds rests with Capital Development which links to the Board of Directors through its Capital Committee. There is close collaboration between POM and Capital Development on issues of shared interest, and both collaborate very closely with other operational leaders (i.e., Clinical Program and Infection Prevention and Control) as appropriate. Infrastructure and redevelopment initiatives are clearly captured as part of Sunnybrook's Enterprise Risk Assessment.

The Capital Development project list currently totals 40 with 27 pre-construction and 13 active construction projects. There are obvious points of pride with recent physical plant improvements and excitement about those that will materialize in years to come. As examples, the new Cogeneration Plant, activated in late 2020, improves power (electricity and heat) supply and reliability, reduces annual energy costs, and improves patient safety. The new helipad came into use in late 2020 as well and enables faster and safer access to Sunnybrook. The building of a new facility to replace the current Mental Health unit is long awaited and celebrated by all. The planning for new Critical Care space is underway. Capital Development is supported throughout coordinated efforts and broad engagement on the part of the Sunnybrook Foundation.

The POM team convey a strong resolve to proactively sustain the physical environment and aging infrastructure. There is close attention given to meeting standards and applicable codes. Steps taken include conducting regular inspections and facility assessments of risks and prioritizing of risks to inform decision making about the allocation of Ministry Hospital Infrastructure Renewal Funding (HIRF) as well as internal capital resources. There is also great rigour to the preventative maintenance programs. Leaders in clinical and support areas describe confidence in how quickly concerns about equipment (chillers; generators) and infrastructure (roofing, sprinklers, etc.) are addressed.

Sunnybrook is a recognized leader with environmental sustainability and greening healthcare initiatives, including but not limited to initiatives such as lighting upgrades, green landscaping, electric vehicle charging stations, water conservation projects, etc.

Acknowledging that surveyors saw only a generous sampling of countless more work areas, it was noted

Acknowledging that surveyors saw only a generous sampling of countless more work areas, it was noted that some areas are particularly challenged by shortage of storage space, crowded workstations, corridors, and patient rooms, etc. Recognizing that many space challenges cannot be addressed through Capital development in the short term, the organization is encouraged to explore options that will minimize crowding and clutter, and facilitate access to patients/space, environmental cleaning and adherence to Infection Prevention and Control practices and policies.

## Priority Process: Emergency Preparedness

Planning for and managing emergencies, disasters, or other aspects of public safety.

The organization has met all criteria for this priority process.

### Surveyor comments on the priority process(es)

The Emergency Preparedness Team is an enthusiastic and expert team who are commended for their leadership support to the organization, the province and nationally in pandemic preparedness and response. All standards related to Emergency Preparedness were validated as fully met.

Of significant note is the contribution of this team in the implementation and refinement of the Hospital Incident Command System (HICS). Comprised of approximately 200 leaders from various organizations and services. Business continuity is addressed within each program area with a Continuity of Operations Plan as well as emergency communication process with the Toronto Central LHIN.

Pandemic impact assessments have been standardized and applied in all departments and programs. Support is also effectively provided to teams, clients, and the community for hot and cold debriefing after disaster and emergency events or practice sessions. Sunnybrook serves as the lead hospital for emergency preparedness for the city of Toronto.

A significant leadership contribution has been provided for the Toronto Region Personal Protective Equipment (PPS) and Critical Supplies Team established in April 2020. Procurement and management of inventory, supporting escalations for tiers two and three for both urgent needs and protected management of some things such as N95 respirators.

In addition, the team led and staffed the planning and logistics processes, established the Mobile Health Unit (MHU) on the campus for the city, developed job aids and protocols, to support escalation of care. This was a significant accomplishment and although used only by 80 plus patients, served to demonstrate the competence of the team in meeting new challenges in competent ways. The team impressively described their use of the Ethics Framework in each decision made.

Policies and procedures are up to date and several new policies have been introduced since the last survey. A few examples include Corporate Code Brown -Hazardous Materials Spills (consolidated from campus -based protocols); Corporate Code Grey-Loss or Failure Essential Services/External Air Exclusion (consolidated from campus-based protocols; and the Corporate Command Structure specified in the Corporate Emergency Operations Plan, as a few examples.

Validation in sites across Sunnybrook verified the support received from the team. For instance, at St John's campus the team rallied and within 48 hours vaccinated approximately 80 percent of the campus staff in their workplace. This was important as the patient population in that site were assessed as higher risk for exposure and infection.

What the team is most proud of is seeing senior leaders and physician leaders speaking with authoritative knowledge and confidence in emergency preparedness at the organizational level and proactively seeking knowledge from their team as the Emergency Preparedness knowledge and partnership experts. Very well done!

## Priority Process: People-Centred Care

Working with clients and their families to plan and provide care that is respectful, compassionate, culturally safe, and competent, and to see that this care is continuously improved upon.

Unmet Criteria	High Priority Criteria
<b>Standards Set: Governance</b>	

2.3 The governing body includes clients as members, where possible.

### Surveyor comments on the priority process(es)

There is immense good will toward Sunnybrook in the community and certainly within the patients and families receiving care across their sites and programs. Patients spoke passionately about the uniform kindness and attentiveness of their care teams. All felt heard. All felt acknowledged as complete and complex individuals.

Holistic approaches to care are evident in all programs surveyed. A focus on collaborating around goals of care early and often through patient journeys serves patients well and leads to demonstrated high levels of client satisfaction. All patients interviewed stated they knew their goals not just for the day but for their length of stay leading up to clearly defined dates of discharge.

Engagement with patients beyond their own direct care is extensive. Sunnybrook uses a decentralized approach that empowers program leaders and care teams to develop their own strategies for embedding patient voices. Most programs clearly identify on their patient education materials if it was developed in partnership with actual patients. Quality conversation boards and the discussions they generate frequently yield patient-identified opportunities for improvement. Patients on inpatient units have “conversational equity” in these discussion and staff actively encourage their participation. Staff are equipped to engage with patients and families, and to build their understanding of person-centred care, through an online Patient Engagement Resource Hub and Patient Partner Request Centre.

Many new and innovative programs and clinics speak to a commitment for more person-centred delivery of care where and when it is best suited to patient preferences. COVIDEO and the Rapid Referral Clinic demonstrate creative models that keep patient needs at the core of care delivery.

Many programs have realized great benefit from creating Patient and Family Advisory Councils (PFACs). Patients and family caregivers are recruited, interviewed, and oriented to these unique roles where their lived experience is of immense value in program improvement. Mental Health, nephrology, cancer, cardiac and rehab are examples of such groups. Beyond program specific PFACs, patients engage in research ethics, strategic planning, board committees and even regional tables with their Ontario Health Team partners.

Given the size of Sunnybrook and the breadth of the services it offers to many diverse communities both locally and provincially achieving authentic and equal representation of patient voices can present

challenges. The Sunnybrook Indigenous Community Advisory Committee and the Anti-Racism Task Force key planning tables are commendable efforts to establish trust and better deal with inequities of access. All are welcome at key planning tables.

Understanding as well that the patient advisor engagement process is decentralized there are opportunities to spread best practices developed by champion programs. Many programs voiced an interest in learning more about ways to involve patients in quality improvement, for example. Collaborating around innovative recruitment strategies or sharing patient experts across programs might lead to a further spread of excellence.

Sunnybrook has a committed group of seasoned patient and family advisors who appreciate their inclusion in redesigning health care and improving the patient experience. Several indicated they were invited into the work late however, and sometimes they were not equipped to contribute meaningfully. Regular check-ins with these committed volunteers might yield greater satisfaction on their part.



## Priority Process: Patient Flow

Assessing the smooth and timely movement of clients and families through service settings.

Unmet Criteria	High Priority Criteria
<b>Standards Set: Leadership</b>	
13.5 The effectiveness and impact of the client flow strategy is evaluated.	
<b>Surveyor comments on the priority process(es)</b>	

The process of organizing bed flow though policy is supported by a centralized office and bed management team. The electronic systems that support decision do not communicate and include EDIS (Emergency Department Management System), Allscripts Bed Management system, and the Sunnybrook Patient Flow Tracking System. Each of there systems require manual data entry at each touch point of patient care in the system.

An opportunity may be the integration of these systems into a single system. Entry of patient data at multiple levels is an Enterprise-wide Safety Risk.

Process is in place to manage flow and to maintain a bed ahead strategy for acute care needs. This process is available 24/7 and supported through communication of status via email to hospital services. The system is very much dependent on human resources to acquire, enter, and communicate data regarding patient care map status. An evaluation of the current system for opportunities may be helpful.

Strengths include good relationships with EMS and regional centres including Michael Garron, north York, and Humber River. The organization sets clear goals to maintain and priorities its primary programs.

The organization has data suggesting that weekend discharges are significantly reduced compared to weekday discharges. This operational issue results in larger volumes of patients in the early week that may overwhelm the capability of the system. Opportunity to smooth out these aberrancies with allocation of systemic resources should be explored.

## Priority Process: Medical Devices and Equipment

Obtaining and maintaining machinery and technologies used to diagnose and treat health problems.

Unmet Criteria	High Priority Criteria
<b>Standards Set: Diagnostic Imaging Services</b>	
8.7 All diagnostic imaging reprocessing areas are equipped with separate clean and decontamination work areas as well as separate clean storage, dedicated plumbing and drains, and proper air ventilation and humidity levels.	!
<b>Standards Set: Reprocessing of Reusable Medical Devices</b>	
8.6 Eating and drinking, storing food, applying cosmetics, and handling contact lenses are all prohibited in the reprocessing area.	!
11.3 All flexible endoscopic reprocessing areas are equipped with separate clean and contaminated/dirty work areas as well as storage, dedicated plumbing and drains, and proper air ventilation.	
15.1 There is a quality improvement program for reprocessing services that integrates the principles of quality control, risk management, and ongoing improvements.	
15.2 Information and feedback is collected about the quality of services to guide quality improvement initiatives with input from stakeholders and team members.	
15.3 The information and feedback gathered is used to identify opportunities for quality improvement initiatives and set priorities with input from stakeholders.	
15.4 Measurable objectives with specific timeframes for completion are identified for quality improvement initiatives with input from stakeholders.	!
15.5 Indicator(s) that monitor progress for each quality improvement objective are identified, with input from stakeholders.	
15.6 Quality improvement activities are designed and tested to meet objectives.	!
15.7 New or existing indicator data are used to establish a baseline for each indicator.	

15.8 There is a process to regularly collect indicator data and track progress.

15.9 Indicator data is regularly analyzed to determine the effectiveness of the quality improvement activities.



15.12 Quality improvement initiatives are regularly evaluated for feasibility, relevance, and usefulness, with input from stakeholders.

#### Surveyor comments on the priority process(es)

The Biomedical Engineering area is active and effective. There are easy to use and complete computerized systems for all units to request services, monitor progress, and be advised when services are complete. These are displayed in real time, along with data about the timeliness of repairs. There are computerized systems to ensure compliance with preventive maintenance activities. The MDR facilities are well laid out and organized, with excellent separation of dirty and clean equipment from the OR, down the dedicated elevator to the dirty side of MDR, then cleaned and sterilized, stored and send back to the OR in dedicated clean elevators into the central OR corridor and then into the ORs. The one area of concern is the reprocessing of endoscopes and probes, which do not consistently have a continuous dirty to clean flow through. In several areas, clean instruments leave the reprocessing area through the same door that the dirty instruments entered.

## Service Excellence Standards Results

The results in this section are grouped first by standards set and then by priority process.

Priority processes specific to service excellence standards are:

### Point-of-care Testing Services

- Using non-laboratory tests delivered at the point of care to determine the presence of health problems

### Clinical Leadership

- Providing leadership and direction to teams providing services.

### Competency

- Developing a skilled, knowledgeable, interdisciplinary team that can manage and deliver effective programs and services.

### Episode of Care

- Partnering with clients and families to provide client-centred services throughout the health care encounter.

### Decision Support

- Maintaining efficient, secure information systems to support effective service delivery.

### Impact on Outcomes

- Using evidence and quality improvement measures to evaluate and improve safety and quality of services.

### Medication Management

- Using interdisciplinary teams to manage the provision of medication to clients

### Organ and Tissue Donation

- Providing organ and/or tissue donation services, from identifying and managing potential donors to recovery.

### Infection Prevention and Control

- Implementing measures to prevent and reduce the acquisition and transmission of infection among staff, service providers, clients, and families

### Diagnostic Services: Imaging

- Ensuring the availability of diagnostic imaging services to assist medical professionals in diagnosing and monitoring health conditions

**Diagnostic Services: Laboratory**

- Ensuring the availability of laboratory services to assist medical professionals in diagnosing and monitoring health conditions

**Transfusion Services**

- Transfusion Services

## Standards Set: Ambulatory Care Services - Direct Service Provision

Unmet Criteria	High Priority Criteria
<b>Priority Process: Clinical Leadership</b>	

The organization has met all criteria for this priority process.

<b>Priority Process: Competency</b>	
3.10 Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.	!
3.12 Team members are supported by team leaders to follow up on issues and opportunities for growth identified through performance evaluations.	!

<b>Priority Process: Episode of Care</b>	
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The organization has met all criteria for this priority process.

<b>Priority Process: Decision Support</b>	
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The organization has met all criteria for this priority process.

<b>Priority Process: Impact on Outcomes</b>	
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The organization has met all criteria for this priority process.

<b>Surveyor comments on the priority process(es)</b>	
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<b>Priority Process: Clinical Leadership</b>	
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Locations included during the Ambulatory Care Services tracer (interview and/or site visit) included Renal Dialysis Clinic, Rapid Referral Clinic (also covers Post Discharge Clinic); Remote Monitoring Clinic (implantable devices); Outpatient Joint Replacement.

The approach that Sunnybrook has taken with its programmatic organizational structure for clinical services means that all ambulatory clinics/services are embedded in one of the ten Sunnybrook Programs. This has ensured that resources (staff, space, equipment, etc.) and investments (innovation/infrastructure/capital) are in fact built around defined patient populations and along the patient population's continuum of care.

As a result, each clinic is aligned to a clinical program which has medical and operational leaders who work with their counterparts as necessary to make decisions at an organizational level regarding clinical programming, clinical priorities, resource allocation, quality initiatives. Programs each report to one of the Executive Vice Presidents (EVP), and it is through those EVP's that deliberations about competing

demands for resources or other issues would be addressed to be tabled with the Senior Leadership Team. This model ensures that all programs influence the design and consistency of the ambulatory components of all clinical programs. The Sunnybrook Master Planning process is an illustration of how all program needs influence decision making. There is also very close collaboration and effective communication with both internal (other clinics/clinical programs/specialists) and external partners (local, regional & tertiary hospitals, regional programs such as Ontario Renal Network, community-based resources).

Each clinic has a designated team which includes leaders, resource staff, and depending on the nature of the clinic, a range of health care professionals. Representatives are drawn from the full range of medical specialties/subspecialties, nursing, pharmacy, social work, clinical nutrition, etc.

Leaders in the clinic settings describe tremendous longstanding support from Senior Leadership with innovative ways and evidenced based business cases to improve access, optimize utilization and most importantly improve the experience and outcomes for patients. Teams voice understanding of the Strategic Plan and how it translates to their work. While quality goals and metrics are less visible in the ambulatory settings relative to quality board in the inpatient areas, there are steps taken with regular staff huddles to cover priorities and performance.

Staff working in the ambulatory settings are described as being very nimble and responsive to Covid with almost immediate pivoting to use of phone/zoom virtual encounters depending on the capability/need of the patients and families.

#### Priority Process: Competency

Leaders and staff describe steps taken to support everyone working competently and to full scope of practice. Approaches include orientation, ongoing education including corporate level, mandatory as well as program/clinic specific knowledge and skills, interprofessional rounds, etc.

The respect and collegiality amongst team members in the clinic settings is evident. The connection to counterparts working in different settings along the patient's continuum of care was described as "like family" (i.e., Emergency, and Inpatient settings).

The teams are forthright about how they have learned from others, adapted leading practices, and spread knowledge and practices that might improve care/service delivery and patient outcomes for other populations. The Rapid Referral Clinic, which is supported by General Internal Medicine was modelled after a similar clinic in another setting and successfully results in averting ED visits and hospital admissions. It has now spread to other local regional hospitals and has also been replicated at Sunnybrook with other programs (Neurology; Cardiology). Similarly, teams are rightfully proud of innovations and successes (Covideo) where Sunnybrook is clearly a leader. Steps are now being taken with an approach to expediting direct admissions from Long Term Care.

During Covid, leaders have taken extra steps to support the well being of staff (Workplace Violence supports given increased incidents of aggression; "Steady" which provides access to resources for overall physical/emotional/mental health; celebratory gestures "tree of thanks", etc.

### Priority Process: Episode of Care

The processes for patients getting registered, being assessed/treated, and discharged from clinic settings was described and/or observed in several settings. There is attention to mitigating risks with use of standardized steps at points of registration and initial assessment (double identifiers, falls risk assessment, access to essential information if it involves a new transition from inpatient to outpatient).

The clinic teams' partner with patients in developing a care plan. In instances such as the Remote Monitoring Clinic, patients are asked whether they wish reports after they have submitted their strips or choose only to be contacted if there are concerns. A Conservative Renal Care Clinic supports choice of not accepting dialysis as an intervention. There Joint Program is an exemplar for supporting patient management with Advanced Practice Nurses who work with the patient to coordinate a care plan before any surgical intervention is proposed

Recognizing that clinics are in a variety of different and differently aged buildings, space is made to work, and attention is given to safeguarding the privacy and dignity of the patient.

Patient education is addressed in advance of the visit to manage expectations and create understanding of what to expect, and during the clinic visit with education materials. Patient and families have had voice or a hand in the development of many brochures.

### Priority Process: Decision Support

Data capture and reporting to inform planning and decision making is supported in a variety of ways. Depending on the nature of the clinic, there is contribution and access to regional, provincial, and national data bases (i.e., ORN; Cardiac Care Network, ICES, Ministry). Internally the Sunnybrook Support BI, enables programs to identify relevant metrics which can be monitored over time and used regularly to drive performance management and quality improvement.

Policies and procedures are available on the Sunnybrook intranet.

There has been increased reliance and value derived from use of technology throughout the pandemic (OTN, Zoom visits, etc.).

Documentation is a paper/electronic hybrid model at this point. Electronic documentation used in some clinic settings does not link to the Sunnybrook system (i.e., Acuro in the Dialysis Clinic). Continued evolution to a fully integrated electronic medical record will enable the predictable efficiencies with timely access to information and support for quality safety processes (assessments/medication reconciliation).



**Priority Process: Impact on Outcomes**

Although adoption of a specific performance improvement methodology was not explicitly discussed, the organization works with a performance improvement mindset where ideas are supported, explored, tested, fine tuned, monitored, spread, etc. This mindset within the programs and notably in the clinic settings has enabled individuals to identify opportunities, get support for trial and then proceed. Such support was evident in the clinics engaged in this tracer and resulted in improvements such as avoiding unnecessary ED visits or admissions; bypassing ED to have direct admission to units; safely sustaining patients in a home setting; earlier diagnosis of and intervention for significant pathology; higher patient satisfaction. While Quality Boards are not yet consistently used in the clinic setting, quality discussions/huddles do occur.

There is strong evidence of team collaboration and notably physician leadership & engagement in the operational aspects of the clinics within the programs. Staff were observed to be very professional, respectful, culturally sensitive and caring in interactions with each other and clients.

Given the programmatic structure, some clinics are aligned to Program/Service based Patient and Family Advisory Councils, with the Renal PFAC as example. Where these are not in place, leaders speak of being in the early stages of recruiting advisors who might become part of program councils or quality teams.

## Standards Set: Biomedical Laboratory Services - Direct Service Provision

Unmet Criteria	High Priority Criteria
<b>Priority Process: Episode of Care</b>	
The organization has met all criteria for this priority process.	
<b>Priority Process: Diagnostic Services: Laboratory</b>	
The organization has met all criteria for this priority process.	
<b>Surveyor comments on the priority process(es)</b>	
<b>Priority Process: Episode of Care</b>	
Fall precautions are taken.	
<b>Priority Process: Diagnostic Services: Laboratory</b>	
Lab services are well organized and designed and located to maximize patient services. The robotic testing equipment processes 3000 samples daily.	

## Standards Set: Cancer Care - Direct Service Provision

Unmet Criteria	High Priority Criteria
<b>Priority Process: Clinical Leadership</b>	

The organization has met all criteria for this priority process.

<b>Priority Process: Competency</b>
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The organization has met all criteria for this priority process.

<b>Priority Process: Episode of Care</b>
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24.4 Technologies, systems, and software are interoperable.

<b>Priority Process: Decision Support</b>
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The organization has met all criteria for this priority process.

<b>Priority Process: Impact on Outcomes</b>
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The organization has met all criteria for this priority process.

<b>Priority Process: Medication Management</b>
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The organization has met all criteria for this priority process.

<b>Surveyor comments on the priority process(es)</b>
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<b>Priority Process: Clinical Leadership</b>
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The Clinical Leadership of the Cancer Program has looked for many ways to support staff throughout this COVID pandemic. There are many examples of appreciation boards which demonstrate not only patient feedback but provide praise for the dedicated staff who work there.

There is a great sense of pride and dedication to ensure patients receive the care they require and that patients are truly partners in their care. The organization is commended for having such a dedicated program.

<b>Priority Process: Competency</b>
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The cancer program provides both systemic and radiation therapy for patients regardless of where they live. Both inpatient and outpatient areas provide excellent care by skilled and dedicated multidisciplinary staff and physicians.

**Priority Process: Episode of Care**

The Cancer Program at Sunnybrook Hospital promotes patient and family engagement to enhance patient flow, streamline access to care and ensure a great patient experience.

The COVID pandemic has enabled virtual care to be widely utilized across many teams. The outpatient areas are commended for reviewing the impact of virtual care in combination with the patient experience and as part of the broader organizational virtual care strategy.

Celebrating the end of a patient's treatment journey is done in various ways throughout the cancer program. The program would benefit from obtaining feedback from patient advisors to ensure patients have options to celebrate this accomplishment in way that is most meaningful to them.

**Priority Process: Decision Support**

Throughout the Cancer Program there is a great deal of accessible patient information and performance data. However, there are multiple systems which are not connected resulting in extra time required by staff. The organization and the patients would benefit from an integrated system with a single point of entry to improve efficiency and duplication.

**Priority Process: Impact on Outcomes**

The Cancer Program has many Quality Boards with data displaying data such as falls rate and hand hygiene rates. The program and the organization would benefit from a standardized approach to displaying this data. This would enable both staff and patients to clearly understand performance metrics and strategies for improvement.

**Priority Process: Medication Management**

Diligent medication management continues to be a priority for the teams within the cancer program to ensure patients receive safe and appropriate care.

## Standards Set: Critical Care Services - Direct Service Provision

Unmet Criteria	High Priority Criteria
<b>Priority Process: Clinical Leadership</b>	

The organization has met all criteria for this priority process.

<b>Priority Process: Competency</b>	
3.9 There are strategies in place to help prevent errors when using multiple intravenous infusions that include education and training.	!

<b>Priority Process: Episode of Care</b>	
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The organization has met all criteria for this priority process.

<b>Priority Process: Decision Support</b>	
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The organization has met all criteria for this priority process.

<b>Priority Process: Impact on Outcomes</b>	
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The organization has met all criteria for this priority process.

<b>Priority Process: Organ and Tissue Donation</b>	
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The organization has met all criteria for this priority process.

<b>Surveyor comments on the priority process(es)</b>	
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<b>Priority Process: Clinical Leadership</b>	
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The Critical Care Department at Sunnybrook supports multiple programs including Trauma, Burns, Medicine, Cardiovascular, and Neurosciences. All are Intensivist lead models except for Burns. The burn program has specifically trained Burn Physicians actively engaged in the burn unit and are actively supported by the Department of Critical Care.

The Department has exceptional clinical leadership with Dr. Rob Fowler. Quality is managed in each local unit with further engagement of these local committees at a Departmental level. The Quality committee would benefit from the presence of a patient advisor as part of its membership.

There are multiple highlights including the development and implementation of Downtime Workstations that are critical for information management during code grey, collaboration with other Departments for the development of a wellness centre, and the "Keep the red off the bed initiative" to prevent pressure injuries.

Quality boards and huddles are readily used to communicate quality of care initiatives to staff.

The units are particularly engaged with the flow of the trauma patients with clearly defined pathways and TOIA for trauma patients.

Multiple initiatives have been implemented to address the human resource health care crisis and this has resulted in the dramatic reduction in nursing shortages in ICU. Other initiatives have been implemented to better allocate human resources and the safe "doubling" of patient assignments allowing the Department to keep valuable ICU physical resources available. A late career mentoring program has been introduced as a new role for nurse nearing the final phase of their career and has been seen early success. A code lavender process is a unique innovation implemented to facilitate the activation of Spiritual Care resources for debriefings after events associated with moral distress have occurred.

The current physical plant in support of ICU needs redevelopment. The understanding is that a new Critical Care tower is in the planning phase. Clearly the current needs of the major programs including trauma and burns require state of the art facilities to maintain quality care for the patients and a supportive environment for the care provider.

#### **Priority Process: Competency**

New pumps have been introduced and issues were raised regarding the font size on the pumps and the ability to see the information from a distance. A work around was observed as some pumps had large font labels attached to them.

There is significant and exceptional support for the Critical Care staff.

#### **Priority Process: Episode of Care**

Medication reconciliation is well supported with 7 day per week pharmacy support. Most reconciliation is initiated in the emergency department and guidelines are followed to prioritize the process during patient surges. Access through Sunnycare is readily available.

#### **Priority Process: Decision Support**

Sunnycare is the current EMR. Unfortunately, it does not yet support on-line order entry. However, the system supports readily available access to important care plan information for groups of patients such as DVT prophylaxis management.

#### **Priority Process: Impact on Outcomes**

The Department has exceptional clinical leadership with Dr. Rob Fowler. Quality is managed in each local unit with further engagement of these local committees at a Departmental level. The Quality committee would benefit from the presence of a patient advisor as part of its membership.

There are multiple highlights including the development and implementation of Downtime Workstations that are critical for information management during code grey, collaboration with other Departments for the development of a wellness centre, and the "Keep the red of the bed initiative" to prevent pressure injuries.

Quality boards and huddles are readily used to communicate quality off care initiatives to staff.

The units are particularly engaged with the flow of the trauma patients with clearly defined pathways and TOIA for trauma patients.

#### **Priority Process: Organ and Tissue Donation**

This topic will be commented on fully in other parts of their review.

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## Standards Set: Diagnostic Imaging Services - Direct Service Provision

Unmet Criteria	High Priority Criteria
<b>Priority Process: Diagnostic Services: Imaging</b>	

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)
<b>Priority Process: Diagnostic Services: Imaging</b>

The Medical Imaging Program has met all standards and has been a fully digitalized service since 1999. The team is enthusiastic, and examples of wonderful inter-professional team relationships were validated. The team consistently spoke from a patient centered perspective when describing improvement targets and measures in terms of outcomes.

Real time electronic dashboards are used to track such measures as turn turnaround times in hours, so that bottlenecks and red flags are addressed. On a recent dashboard 1259 patient appointments had been scheduled over a seven-day period. A Quality Improvement initiative in progress over the past month, and planned with good inputs over the past year or so, is introduction of a new platform for patient navigation to CT. A risk scale has been developed to establish urgency, with plans for integration in My Chart for appointment notifications one year from now. The team is very encouraged to pursue and refine the platform to achieve their targeted goal.

To support the Emergency Department a new CT scanner was introduced with direct access from the Emergency Department as well as access from the other side for inpatients. The space is appropriately sized and equipped and there is great nursing observation capability as well as a separate image viewing and report preparation room with stations and sound proofing. This deserves an excellence award. Well done!

Attention has been placed on consolidation and integration of other modalities wherever possible and this is very much encouraged. One example is the establishment of neonatal echo capacity within the NICU itself through a marriage of radiology and fetal health. Another example is the impressive integrated breast imaging pathway with defined criteria for securing the next fast track appointment for select patients based on initial imaging findings by the radiologists. Both examples speak to the deliberate efforts of the team and the organization to address seamless care in creative ways. This kind of "just in time" opportunity approach is encouraged with use of lean methodology / improvement science and system data. Well done!

Quality has been strengthened by the establishment and use of the Quality Conversation Huddle weekly with the PACS team engaged as well. This is very much recommended to continue and develop further.

Holland and St John DI services are limited in scope but overseen by the program leads and validated to be functioning well.



A patient voiced his experience with a DI interventional procedure he was having repeated today. He felt he had the information he needed to adequately prepare and expressed confidence in the care of the nurses and hoped to have the same post intervention care and education that he received the last time.

Research fellows and learners are well integrated in the program which also serves as a recruitment pool.

This was a delightful tracer to conduct. Thank you.

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## Standards Set: Emergency Department - Direct Service Provision

Unmet Criteria	High Priority Criteria
<b>Priority Process: Clinical Leadership</b>	
The organization has met all criteria for this priority process.	
<b>Priority Process: Competency</b>	
The organization has met all criteria for this priority process.	
<b>Priority Process: Episode of Care</b>	
The organization has met all criteria for this priority process.	
<b>Priority Process: Decision Support</b>	
The organization has met all criteria for this priority process.	
<b>Priority Process: Impact on Outcomes</b>	
The organization has met all criteria for this priority process.	
<b>Priority Process: Organ and Tissue Donation</b>	
The organization has met all criteria for this priority process.	
<b>Surveyor comments on the priority process(es)</b>	
<b>Priority Process: Clinical Leadership</b>	

The Department of Emergency Medicine has provided exceptional care through innovation and strong clinical leadership under Dr. Akita Verma.

Innovations included creation of a patient Kiosk for ambulatory patients to assure patients of equal access to care that aligns very appropriately with the organizational approach to EID.

The Virtual emergency department was implemented during the pandemic in response to the need for patients to access urgent care resources at a time when patient visits to ER were reduced early in the pandemic.

In addition, the ED one team was developed to facilitate care plans to avoid hospital admission through a multidisciplinary team model.

The leadership team is clearly acknowledged for this innovative work and represents the types of innovation that are patient focused and add value to the patient and family experience.

**Priority Process: Competency**

The Department collaborates and supports complex patients in a very complex environment. The Emergency team deserves special recognition during the Pandemic for demonstrating courage, exceptional skill, and professionalism during very uncertain times. The ER team is truly front line and has shown considerable resilience.

**Priority Process: Episode of Care**

The Emergency integrates care through excellent guideline and criteria-based decision support. There is exceptional coordination of care with the trauma program.

A unique innovation in learning has been implemented with the use of video review of previous cases. One significant outcome of these reviews has been the patient focussed personalized care approach with the team asking the question what we can do to make this patient more comfortable. This has enabled a more compassionate approach to the care plan versus the tendency to focus on the technical aspect of care of these complex patients.

There is significant support for education and well being of all team members. There has been an active approach to resiliency training and training of staff to understand unconscious biases.

**Priority Process: Decision Support**

In a very complex environment, the Emergency Team has clear process to assure patient care is seamless and treat families and patients understand their care plans. Exceptional work by extraordinary individuals.

**Priority Process: Impact on Outcomes**

The emergency department has initiated an innovative virtual ER platform facilitating the care of patients and helping prevent unnecessary ER visits and at the same time creating appropriate access to care. This system is truly innovative and should be considered for broader regional and provincial application.

**Priority Process: Organ and Tissue Donation**

The department appropriately supports Trillium Gift of Life

## Standards Set: Hospice, Palliative, End-of-Life Services - Direct Service Provision

Unmet Criteria	High Priority Criteria
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### Priority Process: Clinical Leadership

The organization has met all criteria for this priority process.

### Priority Process: Competency

The organization has met all criteria for this priority process.

### Priority Process: Episode of Care

The organization has met all criteria for this priority process.

### Priority Process: Decision Support

The organization has met all criteria for this priority process.

### Priority Process: Impact on Outcomes

The organization has met all criteria for this priority process.

### Surveyor comments on the priority process(es)

#### Priority Process: Clinical Leadership

The Hospice Palliative Care Unit provides care which is focused on living and not dying. The leadership team takes great pride in ensuring patients experience enhanced quality of life through individualized care plans. These plans are created based on patient preferences and getting to know who they are as an individual.

#### Priority Process: Competency

The Palliative Care Team is commended for the high quality, coordinated, and individualized care they provide to patients and families.

Throughout COVID the team has continued to demonstrate a high level of dedication and competency by writing articles and submitting poster presentations, which were accepted at two different conferences.

This team continues to focus on supporting each other and ensure resiliency through "Bread for the Journey", a forum where staff can engage in activities to decompress and destress. This supportive strategy has provided much needed stress release for the team.

**Priority Process: Episode of Care**

The Palliative Care Unit is both a local and regional resource for individuals requiring this level of care. Referrals to the unit are completed through the Resource Matching and Referral process and admission is open to anyone in the broader region. Ensuring that transitions in care are seamless are accomplished through established processes. These processes include the Home and Community Care Case Manager who supports patients transitioning into the community and strategies to move patients internal to Sunnybrook Hospital.

The palliative care team is commended for maintaining the philosophy and focus of doing what they can to treat symptoms and maintain or improve of life.

The physical challenges of the current construction have resulted in three patients in many rooms and a feeling of being crowded. The is commended for obtaining patient and family feedback in the planning of this construction.

The palliative care team is commended for implementing quality improvement projects such as Quality Conversations which occur every Monday for 15 minutes. The purpose is to identify small quality improvement projects that can be improved upon where the staff can plan and implement. Other projects which have improved the patient and family experience include the butterfly picture which is displayed to denote a patient has passed away and enhanced respiratory support. The team has implemented a strategy to enable palliative patients to receive AIRVO in the palliative care unit, which has only available in the ICU.

The palliative care team is also commended for implementing a garden project during COVID to enable patients to have an outdoor space where they could safely meet with visitors and establish a functioning garden. This garden has been sustained for two years with a strong plan to continue.

**Priority Process: Decision Support**

The Palliative Care team continues to ensure that a complete health record is maintained and regularly updated for all patients with input from patients and families.

**Priority Process: Impact on Outcomes**

The leaders in the Palliative Care Unit are very dedicated and want to ensure that care is provided based on best practice guidelines. Since Sunnybrook is a Best Practice Spotlight Organization the leaders in the Palliative Care Unit collaborated with RNAO to enhance the Best Practice Guidelines for Palliative Care. These leaders have been instrumental in developing and being part of the review team for the Best Practice Guideline for Palliative Care. The Palliative Care Unit leadership is commended for their dedication and devotion for ensuring patient care continues to be focused on living and not dying.

The use of standardized checklists is very evident by all staff in the palliative care unit. This ensures standardized and safe care.

## Standards Set: Infection Prevention and Control Standards - Direct Service Provision

Unmet Criteria	High Priority Criteria
<b>Priority Process: Infection Prevention and Control</b>	
14.1 There is a quality improvement plan for the IPC program.	!
<b>Surveyor comments on the priority process(es)</b>	
<b>Priority Process: Infection Prevention and Control</b>	

Sunnybrook has a robust, extensive, and comprehensive IPC program. The group is multidisciplinary and cohesive with extensive connections to the broader community. The team has been praised by the hospital leadership and Board for their outstanding, innovative work in response to the Covid pandemic. The hospital has introduced an electronic hand hygiene monitoring system, in addition to their audit process. The electronic system, when first introduced has shown relatively poor HH compliance rates in some units, but over time these areas have improved. The IPC program does not produce its own quality improvement plan but participates in the corporate process and contributes specific indicators, currently this is hand hygiene.

On some of the inpatient units, it was noted that there was clutter that could have IC implications. For example, there were many pieces of crumpled, stained paper fastened to walls with tape. There is a high potential for contamination of these surfaces, which cannot be cleaned and just be eliminated.

## Standards Set: Inpatient Services - Direct Service Provision

Unmet Criteria	High Priority Criteria
<b>Priority Process: Clinical Leadership</b>	

The organization has met all criteria for this priority process.

<b>Priority Process: Competency</b>	
3.11 Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.	!
3.13 Team members are supported by team leaders to follow up on issues and opportunities for growth identified through performance evaluations.	!

<b>Priority Process: Episode of Care</b>	
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The organization has met all criteria for this priority process.

<b>Priority Process: Decision Support</b>	
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The organization has met all criteria for this priority process.

<b>Priority Process: Impact on Outcomes</b>	
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The organization has met all criteria for this priority process.

<b>Surveyor comments on the priority process(es)</b>	
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<b>Priority Process: Clinical Leadership</b>	
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In support of its evolving programmatic organizational structure, Sunnybrook has been innovative in its creation of an Integrated Community Program (circa 2018). This was driven by a commitment to ensuring transitions into, through and from the hospital are seamless and enable everyone involved to be informed and engaged. This program is now one of Sunnybrook's 10 programs and enables program oversight of clinical areas and teams that provide "wrap around" care to patients - specifically community and family medicine, the Emergency Department, and the General Internal Medicine (GIM). This specific Episode of Care focused on the inpatient units aligned to GIM within the Integrated Community Program. The units involved - C4 (GIM) C6(GIM and GIM Short Stay & also gynecology/oncology and plastics beds); D2 (GIM & Nephrology); K3 (GIM) - currently account for 132 inpatient beds at Sunnybrook. Of note, the Stroke beds previously aligned to this program are now part of the Hurvitz Brain Sciences Program.

The oversight for these beds (and the other elements of the Integrated Community Program) rests with a designated dyad of a physician and an operational leader who are clearly invested in supporting program planning, all dimensions of quality/safety, operational efficiencies, and innovation. The physician lead provides a guaranteed link to the Department of Medicine, and thus enables broad physician engagement

and collaboration between and amongst departmental specialties & subspecialties. There are also committee/council structures, such as the General Medicine Council and the Integrated Community Program Council, that ensure issues related specifically to GIM or more broadly to the Integrated Community Program can be vetted.

This program has been nimble and responsive to incredible demands throughout the pandemic, in terms of creating new spaces with additional staffing to accommodate Covid patients not requiring critical care. Acknowledging the understandable fatigue levels and the fact that hard decisions had to be made to put some things “on pause”, the leaders and staff alike describe and are rightfully proud of the resilience, “can do” approach and unwavering kindness of all staff throughout the pandemic.

The leaders can clearly describe their ways of understanding and monitoring trends emerging from within the program or likely to have an impact on the program. They also described how business cases and innovative approaches to care are typically built from within the program(s) to be presented to and gain support from Senior Leadership, versus a top-down directive approach. This speaks well to a culture of trust, creativity, accountability.

Space challenges, most notably for storage, create challenges in some of the clinical areas, and should be closely monitored for risks with patient access, patient ambulation, general tidiness, and surface cleaning.

#### **Priority Process: Competency**

The Safer Nursing Care Tool is an electronic decision support tool which provides moment in time and trending profiles of patient acuity/complexity; staffing needs relative to the patient mix; and gap analysis between staffing plans. This information supports shift to shift resource allocation to meet the skill requirement for patient care, as well as building of business cases as needed to address emerging trends with patient complexities.

There have been understandable recruitment challenges over the pandemic, which are compounded for specific GIM units because they designated as Covid units. Creative approaches such as hiring Clinical Externs (nursing students who are hired as unregulated care providers) have been taken to sustain patient care. There was excellent planning and attention to detail as this role was introduced to ensure clarity with all team members about the job description and scope of practice/responsibilities.

Staff are supported with acquiring and sustaining knowledge and skill in a variety of ways. As examples, the GIM orientation program ensure competencies for the clinical areas; staff have access to resources for specialized circumstances or procedures (tracheostomies, wound care); web-based modules allow for independent learning (ethics framework); mandatory learning components are available on an electronic learning system and trigger alerts when re-certification is pending; interprofessional rounds. Plans are in place to resume a predictable schedule of performance reviews and individual learning plans.

Standing orders sets influence consistency and predictability for patient care/pathways for specific patient populations. The team describes that development and review of such orders or protocol are done on an



interprofessional basis, and includes review of research, best evidence, leading practices from professional and patient associations.

Regular staff huddles (frequency might be revisited) ensure staff have opportunity to be aware of organizational, program and unit level priorities and quality metrics that are relevant to the clinical area. Information is also made available to staff using the Sunnybrook intranet.

The organization and program leaders have gone great lengths to support the wellbeing of employees. The Steady program included several tactics to support staff voicing needs and concerns and connect them to supports. Team members consistently described the value of support from leader and colleagues. Attention to increased incidents of workplace violence is also appropriate and appreciated.

The collegiality of the team and the depth of appreciation for what leaders and staff combined have accomplished in the past 20 months is palpable.

#### Priority Process: Episode of Care

A comprehensive interprofessional team supports care and service delivery. Given the profile of the patient population (frailer elderly, chronic conditions with co-morbidities, etc.), there is immediate access to a wide range of disciplines (medicine including hospitalists, nursing, social work, nutrition, physio/occupational therapies, speech language pathology, etc.) and means of consulting and engaging other key resources on an as needed basis (i.e. palliative care, ethics, Spiritual Care, medical specialties such as Infectious Disease, Psychiatry, Pain Management, etc.) As well, the team is responsive to support practice changes as needed. As example, recently with introduction of high flow nasal oxygen on the units to support patient transfers from critical care to GIM beds, Respiratory Therapy has been added as a predictable part of the interprofessional team. Very impressively, those interviewed readily identified how Environmental Services staff, clerical staff, volunteers, learners, and off service staff aligned to the clinical areas are equally valued members of the team.

The teams describe the steps that are taken to ensure patients/families are engaged in developing and understanding care plans from point of admission to discharge. Education is enabled with learning tools (some developed with input of patients/families), videos (if available) and the Patient Oriented Discharge Summary.

At points of transition within the organization (i.e., from ED to unit; or shift to shift handover), there are tools and guidelines that support clarity of expectation and consistency in practice. The staff on the units are commended for adoption of bedside shift to shift handover which is inclusive of the patient/family. This leading communication practice also serves as an additional quality/safety touch point. Teams are encouraged to consider ways of bringing interdisciplinary rounds to a point where patients can be directly involved in deliberations affecting them.

The teams described that during Covid, there have been extraordinary steps taken to improve access and care. Covideo (a video tracking system that was used to monitor approx. 5000 individuals still in the

community with Covid) was a creative use of technology that resulted in expedited admissions of individuals as needed directly to the inpatient unit, & bypassing Emergency. Similarly, the team rose to effectively address other significant care challenges, such as an extended VRE outbreak.

#### **Priority Process: Decision Support**

Sunnybrook Power BI (Business Intelligence tool) is a rich source of data which can be formulated into different layers of reports with program/unit specific metrics. Leaders described how the tool is used and how information currently gets shared with councils, committees, teams (quality boards).

The organization is very early in stages of implementation of electronic documentation. Computer Provider Order Entry is anticipated by the team to be implemented in the GIM areas likely Summer 2022. Recent electronic access to point in time and trending of vital signs received positive comment. All efforts to get to an EMR, with electronic capture of things such as assessment, transfer of accountability, medication reconciliation etc. which are now primarily paper based, are recognized and envisioned by the team as having potential to increase efficiencies and mitigate risk.

#### **Priority Process: Impact on Outcomes**

Goals from the program reflect input and engagement from the teams and patients/families (surveys).

Quality Board are in place in public corridors and profile metrics of relevance to the area (medication errors, falls with harm, ED wait times, Hand Hygiene rates; notes of appreciation, etc.). Use of these boards is expected to evolve as the current work with dashboards unfolds. The program benefits from the assignment of is fortunate to have a Decision Support consultant to enable the availability and presentation of this information.

It is evident from discussions with staff and patients that currently patients/families are actively and directly involved in their individual care planning. It is also evident that staff take and seek feedback from patients to inform quality improvement initiatives (noise reduction; suicide screen; education materials). These illustrate the support for People Centred Care; that said, steps have yet to be taken to have patients as members of GIM committees or working groups where they could influence the planning, implementation, evaluation of change from start to finish. To continue the programs evolution with People Centred Care, consideration might be given to exploring ways to do this such as creating a GIM Patient and Family Advisory Council (PFAC) like the Renal and Emergency PFAC's already embedded in the Integrated Community Program; creating an Integrated Community PFAC; adding patients as members to the GIM Program Council or GIM QI teams, etc.

## Standards Set: Long-Term Care Services - Direct Service Provision

Unmet Criteria	High Priority Criteria
<b>Priority Process: Clinical Leadership</b>	
The organization has met all criteria for this priority process.	
<b>Priority Process: Competency</b>	
The organization has met all criteria for this priority process.	
<b>Priority Process: Episode of Care</b>	
The organization has met all criteria for this priority process.	
<b>Priority Process: Decision Support</b>	
The organization has met all criteria for this priority process.	
<b>Priority Process: Impact on Outcomes</b>	
The organization has met all criteria for this priority process.	
<b>Surveyor comments on the priority process(es)</b>	
<b>Priority Process: Clinical Leadership</b>	
The inter professional team in the Veterans Program are an incredibly dedicated group. This group is focused on establishing goals of care with the resident and continuously updating these as the goals of care change.	
<b>Priority Process: Competency</b>	
The Veterans Program prides itself on their team collaboration and interdisciplinary approach to the delivery of care. The organization is commended for enabling and supporting this high functioning team.	
This team noted how pleased they were with the variety of supports they were provided with throughout the COVID pandemic.	
<b>Priority Process: Episode of Care</b>	
The Veterans Program provides very comprehensive and complete care for the residents who reside there. The inter professional collaborative team work to ensure residents are well engaged in their care and they work together to establish the goals of care.	

The teams are focused on implementing quality improvement initiatives including a modification to the hip fracture pathway because of an M&M team review. This improvement has decreased the number of transition points for the residents and improved safety and care as a result.

The quality conversations have also enabled the teams to identify improvement initiatives including the establishment of a pathway for complex catheterizations, wound care, continence care and nutrition. The quality boards contain focused information with established goals and trends to monitor progress. The teams across the program also monitor each other's progress, collaborate regularly, and learn from each other. This is all to ensure each resident benefits from improvement strategies regardless of where they are identified or implemented. These teams are commended for this amazing teamwork and dedication and for bringing residents and families into the quality conversations when they can.

Positive change initiatives that were also implemented because of the COVID pandemic include virtual entertainment programs for the residents and virtual connections with families. The staff created their own programs and strategies to support each other including a dance program to help dance their stress away.

There is also a formal research study reviewing the impact of the 14-day quarantine on residents. The program is commended for studying this and considering how these learnings can be used in preparation for the flu season.

### Priority Process: Decision Support

Resident health records are maintained with the use of Point Click Care which provide a robust record for each resident.

Point Click Care is well utilized by the teams to ensure information is up to date and to monitor results of any quality improvement initiatives. The teams are commended for this use and for comparing outcome results with other units in the Veterans Program.

### Priority Process: Impact on Outcomes

The Veterans Program regularly reviews patient safety incidents to identify trends and opportunities for improvement. Data is used to understand baseline performance and establish desired goals. One example is tagging dentures so that if they are lost and then found it is easy to identify who they belong to.

The team is commended for their continued focus on strategies which have a positive outcome for their residents including authentic end of life conversations with residents and their families.

## Standards Set: Medication Management (For Surveys in 2021) - Direct Service Provision

Unmet Criteria	High Priority Criteria
<b>Priority Process: Medication Management</b>	

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)
<b>Priority Process: Medication Management</b>

The organization has gone to extraordinary lengths to ensure medication management and safety across the campuses of the Sunnybrook Health Sciences Centre.

Central to the work of Medication Management is the Pharmacy Department, with its approximately 100 pharmacists and 200 pharmacy technicians who have assignments aligned to specific sites, all clinical programs and to defined functions such as Antibiotic Stewardship, Investigational Drugs, Special Projects, Medication Information Quality and Safety, etc.

The pharmacy team take tremendous pride in working collaboratively, within and between sites, and as part of interprofessional clinical teams. They support research initiatives requiring investigational drugs, partner with the community to support predictable transitions in care; and respond to community, provincial and national needs (i.e., preparing and administering Covid vaccines; responding to drug shortages).

The committee infrastructure that oversees medication policies and practices is robust. There again is pride in the distribution of responsibilities, and the steps taken to ensure optimal communication and efficient use of time/resources. The Pharmacy and Therapeutics (P&T) Committee is the interprofessional Medical Advisory Subcommittee that has the overarching accountability for promoting, safe, efficient, and evidence-based management of medications supporting optimal patient care. Its work is enabled by the Antimicrobial Subcommittee; the Medication Policy Subcommittee; the Medication Safety Subcommittee and the P&T Executive Committee. These committees, as appropriate, bridge to other operational committees such as the Interprofessional Quality Committee, thus reinforcing that the role that everyone at Sunnybrook has a role to play with medication management and safety.

The overarching focus on quality of service, proactive risk management and medication safety was well described. There is great rigour to the Required Organizational Practices aligned to Medication Management, with evidence of current policies, audit of practice and use of findings for improvement. The teams work to build capacity within the organization to advance adoption of best practices. The spread of Antimicrobial Stewardship to the Neonatal Intensive Care Unit is an example. The Pharmacy undertakes regular additional audits, such as those of the medication storage/administration spaces in the

clinical areas, to promote best practices and standards. There are examples of Quality Improvement initiatives, such as exploring ways to reduce nuisance alerts with pumps, which allow Sunnybrook to showcase its leadership and innovation with professional networks and at clinical conferences.

In terms of technological advances, while the organization has yet to launch its in-hospital build of a Computerized Provider Order Entry (CPOE) program, that is on schedule to begin in early 2022 and has a roll-out plan thereafter. Currently orders come as handwritten or preprinted standardized order sets. CPOE, with exception of the use of the Cancer Care Ontario Oncology Patient Information System (OPIS), is long awaited. This technology will ultimately facilitate many of the medication management and safety initiatives with different workflows and data availability. While there is also a process of rolling out Automated Drug Units (ADU), the hospital appears to have accepted having a hybrid medication system with ADU (for all medications in sites such as Holland) and a hybrid model with ADU and unit dose cart fill model for other acute care units (Bayview). Given this hybrid approach, great attention has appropriately been given to clear standardized operating procedures with safety checks and audits.

Given Sunnybrook's affiliation with the University of Toronto and support for placement of learners from other academic settings, there is value placed on promoting a culture of lifelong learning. Staff are supported with orientation to the organization as well as intense, specialized certification programs/training to areas of work. This investment is quite significant in that it can for some areas take upwards of 12 months to gain competency. Ongoing professional development is also supported in hospital and with financial support. Staff, more recently Pharmacy Technicians, are enabled to function to their full Scope of Practice. Sunnybrook also runs a pharmacy residency program. These are all excellent recruitment and retention strategies.

The pharmacy team engages directly and meaningfully with patients/families at the direct service level. Engagement occurs with medication assessment, medication reconciliation, education about medications, participation in rounds, etc. The teams/committees overseeing medication safety are quite cognizant that they could be including patients/families/advisors more in planning, implementation and evaluation of quality and safety, and readily identified quality improvement projects and the Medication Safety Committee as examples of where they might start. This engagement is encouraged.

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## Standards Set: Mental Health Services - Direct Service Provision

Unmet Criteria	High Priority Criteria
<b>Priority Process: Clinical Leadership</b>	

The organization has met all criteria for this priority process.

<b>Priority Process: Competency</b>
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The organization has met all criteria for this priority process.

<b>Priority Process: Episode of Care</b>
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2.7 The physical environment is safe, comfortable, and promotes client recovery.

<b>Priority Process: Decision Support</b>
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The organization has met all criteria for this priority process.

<b>Priority Process: Impact on Outcomes</b>
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The organization has met all criteria for this priority process.

<b>Surveyor comments on the priority process(es)</b>
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<b>Priority Process: Clinical Leadership</b>
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The Mental Health Program is clearly applying a person-centered strengths-based approach in care delivery. Service specific goals are clearly defined with good referral and intake assessment processes established. Partnerships with shelters, community services and peer self help is well integrated and there is easy access to other specialties such as neurology validated by patient tracer interview. The liaison with the University of Toronto and the Department of Psychiatry and other health faculty adjunct appointments is a strength of the program.

<b>Priority Process: Competency</b>
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The mental health program team is interdisciplinary and includes a spiritual resource. Participation in several team rounds validated the complementary competencies of the health disciplines including residents and fellows. Staff could readily speak to competency development and maintenance for such things as Cognitive Behavioral Therapy. The ROP related to infusion pump training was validated to be fully met. Attention has been given to training for recognition of escalation of violence with non-violent crisis intervention.

Credentials, qualifications, and licensure are appropriately validated annually. It was validated that all new

staff have been provided performance review with accompanying development plan and resources for their three-month probationary period. Getting back to regular performance review and personal development planning in accordance with the established 3-year cycle for nursing staff, was cited by the manager as an imperative. Staff are cross trained to between adult and adolescent inpatient units as well as the 6 bed Psychiatric Intensive Care Unit. This is considered a good practice particularly at this challenging time with high position vacancy rates and turnover.

#### Priority Process: Episode of Care

All of the ROPs were validated as fully met. The physical environment remains a significant issue in terms of delivery of safety and provision of a milieu for effective treatment and recovery. However, the program teams are eagerly awaiting the commissioning and opening of the new building for which construction has begun. Indicators are monitored and it was validated that there is a low readmission rate post discharge. Clients range in age from adolescence to adulthood.

The majority of admissions are from the Emergency Department(ED) and their are mental health staff available in the ED days and evenings. Discharge planning begins at the point of intake with clearly defined goals for hospitalization and targets for discharge. Patients are actively engaged in goal setting and mastery of skills for coping upon discharge. Patients affirmed that their strengths are considered in goal setting and establishing self management plans. Impressively the average length of stay is 15-16 days.

Significant attention is given to post discharge support which psychiatrists provide for approximately 6 weeks in situations where aftercare appointments cannot be established immediately. Efforts continue to establish collaborative care path relationships too improve timely access to services in local home communities outside of the local catchment area, in the absence of a provincial strategy to do so.

The program encompasses a Youth Day Program with school, a 36 bed adult inpatient unit, and a small psychiatric intensive care area. Standardized triage and risk assessment tools are used to stream patients to appropriate services. The surveyor attended rounds on approximately 10 patients and validated effective interdisciplinary teamwork and a process focused on changes in past 24 hours and progress on discharge support progress and impediments.

The program employs the use of ECT with appropriate anesthesia and recovery practices. Repetitive Transcranial Magnetic Stimulation rTMS has also been introduced in the program for treatment resistant depression and anxiety disorders.

The team engaged well in dialogue about their program and expressed pride in their ability to manage care throughout the pandemic through closure of adolescent day program, delivery of virtual services, partnering with their IPAC team to reduce double occupancy rooms to single, stepped up cleaning and PPE protocols. Impressively the 5-6 bed Psychiatric Intensive Care Unit did not experience an outbreak in spite of environmental limitations and access to a single bathroom for the patients. Kudos to the nursing and environmental services team!



The program is now seeing the impacts of the pandemic when many community based services and supports for their patient population were closed. As a result today's admissions are sicker and more complex to treat in short inpatient stay. The outpatient services use the the Greenspace Assessment to identify and flag risk of aggression. This has reduced patient to patient assault and patient to staff assault, and has helped to flow patients to the PICU for closer assessment.

Since the last survey there was one patient safety sentinel event resulting in patient death by suicide. A comprehensive root cause analysis was conducted and the Center for Addictions and Mental Health was then brought in to conduct a physical environmental safety review as "a new set of eyes". Although patient safety adjustments had been made to key spaces to mitigate risk of harm and injury, additional suggested actions were immediately taken.

The Mental Health Program team is encouraged to begin their program and HHR planning now in preparation for their move to the new building only a few short years away. There will be an increase to 47 beds. New additions will include: a sleep lab, capacity for daily ECT, rTMS, neuromodulation, proximity to psychogeriatric and neurology resources, and provision of single rooms for patient treatment and recovery. Although attention has already been given to process mapping and patient flow in building design with input from patients and families, the new service delivery model should be clearly defined before occupancy as adjustments in the new work environment are likely to be required.

#### **Priority Process: Decision Support**

There is a combination of paper and electronic charting in the mental health program areas. Given the aging infrastructure in which services are delivered, there are challenges with storage and retrieval, but the safety of confidential health record information is well attended to. The implementation of CPOE will be value added. As there are so many electronic systems that do not currently interface, there was expressed concern that a fully integrated health record will be difficult to achieve.

There is intentional and appropriate flow of vital patient information across care transitions. Patients and families expressed appreciation that they are a part of decision-making for consent to sharing of their information with circle of care partners.

#### **Priority Process: Impact on Outcomes**

The Mental Health Program is well integrated with the university Department of Psychiatry, Nursing, and other allied health professional programs. There is significant attention afforded to research and use of best practice guidelines and standardized pre and post clinical scales that lend themselves to measurement of patient population outcomes on the scorecard. There was good discussion of asking the question in program planning and quality improvement design: "how do we know how well we are performing in terms of patient outcomes in our program"?

It was a pleasure to interact with this competent and enthusiastic team and their clients who have demonstrated so much resilience in challenging pandemic times. Thank you.

## Standards Set: Obstetrics Services - Direct Service Provision

Unmet Criteria	High Priority Criteria
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### Priority Process: Clinical Leadership

The organization has met all criteria for this priority process.

### Priority Process: Competency

The organization has met all criteria for this priority process.

### Priority Process: Episode of Care

The organization has met all criteria for this priority process.

### Priority Process: Decision Support

The organization has met all criteria for this priority process.

### Priority Process: Impact on Outcomes

The organization has met all criteria for this priority process.

### Surveyor comments on the priority process(es)

#### Priority Process: Clinical Leadership

The Obstetrics Program is a large program that encompasses prenatal, postnatal, high risk obstetrical care and labor and delivery, as well as a NICU. The NICU was assessed with the critical care standards. The surveyor validated the program to be fully meet standards and ROPs. The enthusiastic engagement of the teams in each area in the survey visit was evident and invigorating. The program is very well integrated along the continuum of care. Patients and families expressed appreciation for that. Team leadership and associated linkages with universities strengthen the clinical leadership, as well as the complementary mix of specialty trained nursing and allied health team members. As a result, effective interdisciplinary teamwork was validated to be well established as the cornerstone for patient safety. Well done!

#### Priority Process: Competency

There is an impressive skills and competency mix within the program and within each team. Focused attention is given to competency development and maintenance further strengthened by adoption and the team deserves to feel proud as your patients certainly expressed confidence and feeling safe of PROMPT from the UK as a replacement for MOREOB. Situation specific team interdisciplinary training to manage obstetrical emergencies with simulated skills enhancement has been validated by the team as value added. All standards related to competency were validated as fully met. Performance input is sought from any two interdisciplinary team members to complement self assessment and managerial assessment to inform ongoing role-based goals and personal development plan.

**Priority Process: Episode of Care**

Referral processes and access to services is defined and applied in consistent ways. Efforts are made to coordinate outpatient appointments and diagnostic tests in a single visit. Team rounds are very interdisciplinary in nature and there is clear designation of most responsible physician upon admission. There are excellent patient care paths, use of best practice algorithms, use of standard order sets, quality boards and numerous examples of patient education materials in various media and languages available. Patients and families provided input to the design of patient handouts and that is acknowledged on the handouts.

Impressive efforts are made to include the spouse/partner in care. During the pandemic efforts were made to facilitate the inclusion of partners in a safe birth experience drawing on the values of Sunnybrook. Discharge planning from the birth unit is extremely comprehensive and includes patient education with the spouse, supplemented by a handout with important discharge information. One side of the handout is for Mom's and the other side for babies. Significant attention is given to breast feeding support with a breast-feeding nurse, clinic and a 24-hour hotline service. Patients and families can access by using the paper form to activate a call or scanning a QR code to their phone. In addition, parents are provided with a list of contact information for access to a comprehensive and broad range of community resources for effective parenting. New parents validated the value of this practice.

All patients and families validated that the most important thing to them was being heard and the Women's and Babies Program does this well. Clients also expressed how the team allays perinatal fears, and instills confidence, while at the same time providing understandable information on risks and benefits to care options, making their personal decision-making easy. They feel respected as a team member.

Patients voiced opportunities for improvement related to access to a celiac diet; post partum larger meal portion sizes; and being clear on the relationship between the most responsible admitting physician and fully appreciating and understanding the interface with the high-risk obstetrics team should there be a need for such things as an emergency delivery. There was one patient concern expressed during a tracer which was readily addressed and resolved in real time. As a result, patient anxiety and fears were allayed immediately. Kudos to the team!

The PROMPT Practical Obstetric Multi Professional Training program is applauded as an innovative best practice introduced as a replacement for MOREOB, based on the joint 10-year analysis by HIROC and CMPA of obstetrical cases and obstetrical emergencies which can result in harm to mothers and neonates. The program has access to a simulation unit through a booking system but may benefit from a program - specific simulation unit in the future. As a result of adoption of PROMPT, unit-specific interdisciplinary team training has resulted in finding simple and practical solutions to address complex emergency issues. Of significant note are the development and use risk assays and clinical algorithms for suspected sepsis, management of shoulder dystocia and severe hypertension as examples. Congratulations and all the best in continuing to strengthen the program through use of PROMPT. Keep the momentum going and make the time to reflect on program achievement of results so as to focus future program goals and targets.

**Priority Process: Decision Support**

All clinical documentation with the exception of CPOE is electronic for nursing and allied health disciplines and the platform was validated as easy to navigate. The process for implementation of CPOE was delayed by the pandemic and now needs to be implemented. An integrated electronic health record would provide greater efficiencies in outcome measurement for the program. Significant attention has been given to policy and procedure review and update and we discussed the importance of ensuring the latest version is uploaded to the intranet with next review date.

**Priority Process: Impact on Outcomes**

Many standardized clinical instruments and scales are used within the program that make outcome measurement easier, including the PROMPT clinical tools. The team is very much encouraged to continue to focus on capturing and using their collective program delivery outcome measures to shape ongoing quality improvements. Quality and risk mitigation are clearly embedded in the way you work each shift which demonstrates you are a learning program in which every one teaches and everyone learns.

## Standards Set: Organ and Tissue Donation Standards for Deceased Donors - Direct Service Provision

Unmet Criteria	High Priority Criteria
<b>Priority Process: Clinical Leadership</b>	
The organization has met all criteria for this priority process.	
<b>Priority Process: Competency</b>	
The organization has met all criteria for this priority process.	
<b>Priority Process: Episode of Care</b>	
The organization has met all criteria for this priority process.	
<b>Priority Process: Decision Support</b>	
The organization has met all criteria for this priority process.	
<b>Priority Process: Impact on Outcomes</b>	
The organization has met all criteria for this priority process.	
<b>Priority Process: Organ and Tissue Donation</b>	
The organization has met all criteria for this priority process.	
<b>Surveyor comments on the priority process(es)</b>	
<b>Priority Process: Clinical Leadership</b>	
Strong leadership is clearly present. Recent provincial rewards for notification performance. Opportunity exists to have ongoing review and team feedback of all cases for team learning to improve conversion rate performance. Overall, a very compassionate very high performing team. Sunnybrook has multiple programs that are engaged and compassionate with organ donation. Sunnybrook has all the infrastructure and most importantly the HR EQ to innovate and lead the province in organ donation.	
<b>Priority Process: Competency</b>	
Standards are met or exceeded.	
<b>Priority Process: Episode of Care</b>	
Standards are met or exceeded.	

**Priority Process: Decision Support**

Standards are met or exceeded.

**Priority Process: Impact on Outcomes**

Standards are met or exceeded.

**Priority Process: Organ and Tissue Donation**

All standards are met or exceeded.

## Standards Set: Perioperative Services and Invasive Procedures - Direct Service Provision

Unmet Criteria	High Priority Criteria
<b>Priority Process: Clinical Leadership</b>	

The organization has met all criteria for this priority process.

<b>Priority Process: Competency</b>
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The organization has met all criteria for this priority process.

<b>Priority Process: Episode of Care</b>
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20.16 There is a process to follow up with discharged day surgery clients.

<b>Priority Process: Decision Support</b>
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The organization has met all criteria for this priority process.

<b>Priority Process: Impact on Outcomes</b>
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The organization has met all criteria for this priority process.

<b>Priority Process: Medication Management</b>
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The organization has met all criteria for this priority process.

<b>Surveyor comments on the priority process(es)</b>
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<b>Priority Process: Clinical Leadership</b>
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The team collects and incorporates survey data from patients into the decision making and planning processes. The survey is sent twice per year to patients following surgical procedures. There is close coordination with other community services. In the inpatient units, there are old paper notices stack to the walls with tape. These are potential sources of contamination since they cannot be cleaned, and should be eliminated.

<b>Priority Process: Competency</b>
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All staff are hired with appropriate qualifications and credentials for their positions. the hospital has an extensive on-boarding and orientation program. The surgical unit has specific training for the relevant areas, and provides ongoing training on a scheduled, formal basis. All staff have performance evaluations every three months for the first year, and then every three years. However, some of these are out of date due to issues related to Covid. All complaints are entered into the electronic system and collated and acted upon as required. There is a detailed risk management process in place.

**Priority Process: Episode of Care**

Standard and appropriate processes are used for admitting and processing patients for procedures. Translation services are available by phone 24/7 in many languages. Medication reconciliation is done by a pharmacist electronically, and a BPMH generated with discharge medications prescriptions. There is a standardized process for ambulatory surgery booking paperwork management and patient flow. Each surgery day starts with a huddle at the nursing station in which all staff review the plans for the day and discuss important changes.

A significant problem at both Bayview and Holland sites is that space is extremely limited and often crowded. One inpatient unit, D5, has a crowded nursing station with many desks and staff. The noise level in this area is unacceptably high, especially for the recovering neurosurgical patients in the unit. The Holland Bone and Joint Program is exemplary. This is particularly true for the Centralized Referral Intake and the Rapid Access Clinic. These ensure that patients are seen rapidly, and only appropriate cases are referred for surgical assessment.

**Priority Process: Decision Support**

Patient records are kept up to date electronically, but provider orders are handwritten since there is no CPOE. There are many preprinted order sets, which could be at risk of having old versions of order sets in the file. One idea would be to print off the latest version of the order sets only as needed. Many services have standardized order sets that are extensively used. Patients have electronic access to their own medical records. There is an excellent tracking system for surgical patients, allowing families to know where their loved one is being treated.

**Priority Process: Impact on Outcomes**

There are quality improvement initiatives underway in all areas. Input is sought from patients and families about improving systems of care and improving safety practices.

**Priority Process: Medication Management**

All medications are managed in Pyxis systems. The standardized anesthesia carts are replenished by a specified pharmacist.



Standards Set: Point-of-Care Testing - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Point-of-care Testing Services	
The organization has met all criteria for this priority process.	
Surveyor comments on the priority process(es)	
Priority Process: Point-of-care Testing Services	
Outpatient POCT is provided adjacent to the ED and is limited to mostly hemoglobin and blood sugar testing. There is a POCT multidisciplinary committee that also oversees the testing done in the ORs and CCUs.	

## Standards Set: Rehabilitation Services - Direct Service Provision

Unmet Criteria	High Priority Criteria
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### Priority Process: Clinical Leadership

The organization has met all criteria for this priority process.

### Priority Process: Competency

The organization has met all criteria for this priority process.

### Priority Process: Episode of Care

The organization has met all criteria for this priority process.

### Priority Process: Decision Support

The organization has met all criteria for this priority process.

### Priority Process: Impact on Outcomes

The organization has met all criteria for this priority process.

### Surveyor comments on the priority process(es)

#### Priority Process: Clinical Leadership

At the Rehabilitation program at St. Johns individualized patient goals and plans of care are developed in conjunction with the patient.

#### Priority Process: Competency

The multidisciplinary team who provides care for rehabilitation patients is very well aligned to ensure a very patient centered approach. The organization is commended for such a highly skilled and dedicated team.

#### Priority Process: Episode of Care

The Rehabilitation Team continues to be focused on ensuring smooth transitions in care. The team is commended for improving the time to being outpatient services once a patient is discharged from the inpatient unit.

Since there are patients who require hemodialysis treatment the Rehabilitation leadership team is exploring the opportunity to provide this service on site. This will decrease the need for patients to travel 3 times per week to the Bayview site and improve their rehab efforts. The team is commended for this forward planning to ensure they meet all the care needs of their patients.

Quality Conversations are evident however, the site would benefit from utilizing data and data analytics to explain the quality improvement metrics. This would also enable the teams to track progress and improvement over time for any given quality improvement initiative. The organization would also benefit from utilizing the quality conversation to include a discussion of strategic goals and program alignment.

The rehabilitation program is commended for the implementation of Patient Oriented Discharge Strategies (PODS) and is encouraged to spread this initiative across all sites.

While the care is highly rated the aging infrastructure poses challenges with adequate space for patient care and storage.

#### **Priority Process: Decision Support**

The flow of patient information is seamless and utilizes a standardized set of criteria.

#### **Priority Process: Impact on Outcomes**

St. Johns Rehabilitation Centre is commended for the continued focus on research specific to virtual care and the impact for patients. Further, ongoing research initiatives include the continuum of care, outpatient care and housing.

The program is undertaking a review of the virtual care model to determine the appropriateness of use. Included in this review is the evaluation of a hybrid virtual and in person model of care. Feedback is being obtained from patients and from the PFAC. This feedback will enable the team to structure the delivery of care which best suits patient needs.

## Standards Set: Telehealth - Direct Service Provision

Unmet Criteria	High Priority Criteria
<b>Priority Process: Clinical Leadership</b>	
The organization has met all criteria for this priority process.	
<b>Priority Process: Competency</b>	
The organization has met all criteria for this priority process.	
<b>Priority Process: Episode of Care</b>	
The organization has met all criteria for this priority process.	
<b>Priority Process: Decision Support</b>	
The organization has met all criteria for this priority process.	
<b>Priority Process: Impact on Outcomes</b>	
The organization has met all criteria for this priority process.	
<b>Surveyor comments on the priority process(es)</b>	
<b>Priority Process: Clinical Leadership</b>	

The COVID-19 Pandemic accelerated the implementation of virtual care services across Canada. Sunnybrook Health Sciences Centre has been a lead in this area, and the organization is committed to the development and expansion of virtual care services to better meet the needs of clients and their families and provide care in more accessible ways. Information is collected from clients and families, partners, and the community to inform the design and implementation of virtual care services. In addition, the organization is establishing processes to assess the appropriateness of virtual care services. This includes monitoring the skill set of team members, operability of the equipment, compliance with safety laws and regulations, and client/provider satisfaction. Team members involved in the delivery of virtual care services have the appropriate credentials and are provided with ongoing training and education. The organization has identified the technology and system requirements and existing gaps for the operations of virtual care services. Client privacy and confidentiality are adequately protected during virtual care visits, and the organization has established policies in the use of electronic and communication technologies. Team members at Sunnybrook assess the client's appropriateness for and level of comfort with telehealth services is assessed by considering the timing and availability of traditional service, the client's condition, and the client's location. Clients who are not appropriate for a virtual care visit are provided with information on alternative options. The organization is assessing its virtual care services for appropriateness and to measure client and provider satisfaction. There is strong leadership in the virtual health team and an aspirational vision for the type of services that can be delivered in this way. The

organization is encouraged to support clinicians with implementation of virtual health services and facilitate the sharing of best practices of the units which have successfully implemented this model of care.

**Priority Process: Competency**

Comments under clinical leadership.

**Priority Process: Episode of Care**

Comments under clinical leadership.

**Priority Process: Decision Support**

Comments under clinical leadership.

**Priority Process: Impact on Outcomes**

Comments under clinical leadership.

Standards Set: Transfusion Services - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Episode of Care	
The organization has met all criteria for this priority process.	
Priority Process: Transfusion Services	
The organization has met all criteria for this priority process.	
Surveyor comments on the priority process(es)	
Priority Process: Episode of Care	
Universal fall precautions are taken.	
Priority Process: Transfusion Services	
The Transfusion services team provides comprehensive transfusion services for all inpatient needs as well as outpatient transfusions, which are provided adjacent to the ED.	

## Instrument Results

As part of Qmentum, organizations administer instruments. Qmentum includes three instruments (or questionnaires) that measure governance functioning, patient safety culture, and quality of worklife. They are completed by a representative sample of clients, staff, senior leaders, board members, and other stakeholders.

### Governance Functioning Tool (2016)

The Governance Functioning Tool enables members of the governing body to assess board structures and processes, provide their perceptions and opinions, and identify priorities for action. It does this by asking questions about:

- Board composition and membership
- Scope of authority (roles and responsibilities)
- Meeting processes
- Evaluation of performance

Accreditation Canada provided the organization with detailed results from its Governance Functioning Tool prior to the on-site survey through the client organization portal. The organization then had the opportunity to address challenging areas.

- **Data collection period: September 9, 2021 to October 1, 2021**
- **Number of responses: 2**

#### Governance Functioning Tool Results

	% Strongly Disagree / Disagree	% Neutral	% Agree / Strongly Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
1. We regularly review and ensure compliance with applicable laws, legislation, and regulations.	0	0	100	93
2. Governance policies and procedures that define our role and responsibilities are well documented and consistently followed.	0	0	100	94
3. Subcommittees need better defined roles and responsibilities.	100	0	0	69
4. As a governing body, we do not become directly involved in management issues.	0	0	100	86
5. Disagreements are viewed as a search for solutions rather than a “win/lose”.	0	0	100	92

	% Strongly Disagree / Disagree	% Neutral	% Agree / Strongly Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
6. Our meetings are held frequently enough to make sure we are able to make timely decisions.	0	0	100	92
7. Individual members understand and carry out their legal duties, roles, and responsibilities, including subcommittee work (as applicable).	0	0	100	94
8. Members come to meetings prepared to engage in meaningful discussion and thoughtful decision making.	0	0	100	93
9. Our governance processes need to better ensure that everyone participates in decision making.	50	0	50	63
10. The composition of our governing body contributes to strong governance and leadership performance.	0	0	100	92
11. Individual members ask for and listen to one another's ideas and input.	0	50	50	94
12. Our ongoing education and professional development is encouraged.	0	50	50	81
13. Working relationships among individual members are positive.	0	0	100	96
14. We have a process to set bylaws and corporate policies.	0	0	100	94
15. Our bylaws and corporate policies cover confidentiality and conflict of interest.	0	0	100	98
16. We benchmark our performance against other similar organizations and/or national standards.	0	50	50	77
17. Contributions of individual members are reviewed regularly.	0	0	100	66
18. As a team, we regularly review how we function together and how our governance processes could be improved.	0	0	100	80
19. There is a process for improving individual effectiveness when non-performance is an issue.	0	0	100	61
20. As a governing body, we regularly identify areas for improvement and engage in our own quality improvement activities.	0	0	100	84



	% Strongly Disagree / Disagree	% Neutral	% Agree / Strongly Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
21. As individual members, we need better feedback about our contribution to the governing body.	100	0	0	43
22. We receive ongoing education on how to interpret information on quality and patient safety performance.	0	50	50	78
23. As a governing body, we oversee the development of the organization's strategic plan.	0	0	100	95
24. As a governing body, we hear stories about clients who experienced harm during care.	50	0	50	75
25. The performance measures we track as a governing body give us a good understanding of organizational performance.	0	0	100	88
26. We actively recruit, recommend, and/or select new members based on needs for particular skills, background, and experience.	0	50	50	90
27. We lack explicit criteria to recruit and select new members.	100	0	0	77
28. Our renewal cycle is appropriately managed to ensure the continuity of the governing body.	0	0	100	84
29. The composition of our governing body allows us to meet stakeholder and community needs.	0	50	50	90
30. Clear, written policies define term lengths and limits for individual members, as well as compensation.	0	0	100	90
31. We review our own structure, including size and subcommittee structure.	0	0	100	85
32. We have a process to elect or appoint our chair.	0	0	100	87

\*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from July to December, 2021 and agreed with the instrument items.

Overall, what is your assessment of the governing body's impact over the past 12 months, in terms of driving improvements to:	% Poor / Fair	% Good	% Very Good / Excellent	%Agree * Canadian Average
	Organization	Organization	Organization	
33. Patient safety	0	0	100	84
34. Quality of care	0	0	100	86

\*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from July to December, 2021 and agreed with the instrument items.

## Canadian Patient Safety Culture Survey Tool

Organizational culture is widely recognized as a significant driver in changing behavior and expectations in order to increase safety within organizations. A key step in this process is the ability to measure the presence and degree of safety culture. This is why Accreditation Canada provides organizations with the Patient Safety Culture Tool, an evidence-informed questionnaire that provides insight into staff perceptions of patient safety. This tool gives organizations an overall patient safety grade and measures a number of dimensions of patient safety culture.

The organization used an approved substitute tool for measuring patient safety culture.

## Worklife Pulse

Accreditation Canada helps organizations create high quality workplaces that support workforce wellbeing and performance. This is why Accreditation Canada provides organizations with the Worklife Pulse Tool, an evidence-informed questionnaire that takes a snapshot of the quality of worklife.

Organizations can use results from the Worklife Pulse Tool to identify strengths and gaps in the quality of worklife, engage stakeholders in discussions of opportunities for improvement, plan interventions to improve the quality of worklife and develop a clearer understanding of how quality of worklife influences the organization's capacity to meet its strategic goals. By taking action to improve the determinants of worklife measured in the Worklife Pulse tool, organizations can improve outcomes.

The organization used an approved substitute tool for measuring the quality of worklife.

## Client Experience Tool

Measuring client experience in a consistent, formal way provides organizations with information they can use to enhance client-centred services, increase client engagement, and inform quality improvement initiatives.

Prior to the on-site survey, the organization conducted a client experience survey that addressed the following dimensions:

**Respecting client values, expressed needs and preferences**, including respecting client rights, cultural values, and preferences; ensuring informed consent and shared decision-making; and encouraging active participation in care planning and service delivery.

**Sharing information, communication, and education**, including providing the information that people want, ensuring open and transparent communication, and educating clients and their families about the health issues.

**Coordinating and integrating services across boundaries**, including accessing services, providing continuous service across the continuum, and preparing clients for discharge or transition.

**Enhancing quality of life in the care environment and in activities of daily living**, including providing physical comfort, pain management, and emotional and spiritual support and counselling.

The organization then had the chance to address opportunities for improvement and discuss related initiatives with surveyors during the on-site survey.

Client Experience Program Requirement	
Conducted a client experience survey using a survey tool and approach that meets accreditation program requirements	Met
Provided a client experience survey report(s) to Accreditation Canada	Met

## Appendix A - Qmentum

Health care accreditation contributes to quality improvement and patient safety by enabling a health organization to regularly and consistently assess and improve its services. Accreditation Canada's Qmentum accreditation program offers a customized process aligned with each client organization's needs and priorities.

As part of the Qmentum accreditation process, client organizations complete self-assessment questionnaires, submit performance measure data, and undergo an on-site survey during which trained peer surveyors assess their services against national standards. The surveyor team provides preliminary results to the organization at the end of the on-site survey. Accreditation Canada reviews these results and issues the Accreditation Report within 15 business days.

An important adjunct to the Accreditation Report is the online Quality Performance Roadmap, available to client organizations through their portal. The organization uses the information in the Roadmap in conjunction with the Accreditation Report to ensure that it develops comprehensive action plans.

Throughout the four-year cycle, Accreditation Canada provides ongoing liaison and support to help the organization address issues, develop action plans, and monitor progress.

### Action Planning

Following the on-site survey, the organization uses the information in its Accreditation Report and Quality Performance Roadmap to develop action plans to address areas identified as needing improvement.

## Appendix B - Priority Processes

### Priority processes associated with system-wide standards

Priority Process	Description
Communication	Communicating effectively at all levels of the organization and with external stakeholders.
Emergency Preparedness	Planning for and managing emergencies, disasters, or other aspects of public safety.
Governance	Meeting the demands for excellence in governance practice.
Human Capital	Developing the human resource capacity to deliver safe, high quality services.
Integrated Quality Management	Using a proactive, systematic, and ongoing process to manage and integrate quality and achieve organizational goals and objectives.
Medical Devices and Equipment	Obtaining and maintaining machinery and technologies used to diagnose and treat health problems.
Patient Flow	Assessing the smooth and timely movement of clients and families through service settings.
Physical Environment	Providing appropriate and safe structures and facilities to achieve the organization's mission, vision, and goals.
Planning and Service Design	Developing and implementing infrastructure, programs, and services to meet the needs of the populations and communities served.
Principle-based Care and Decision Making	Identifying and making decisions about ethical dilemmas and problems.
Resource Management	Monitoring, administering, and integrating activities related to the allocation and use of resources.

### Priority processes associated with population-specific standards

Priority Process	Description
Chronic Disease Management	Integrating and coordinating services across the continuum of care for populations with chronic conditions
Population Health and Wellness	Promoting and protecting the health of the populations and communities served through leadership, partnership, and innovation.

## Priority processes associated with service excellence standards

Priority Process	Description
Blood Services	Handling blood and blood components safely, including donor selection, blood collection, and transfusions
Clinical Leadership	Providing leadership and direction to teams providing services.
Competency	Developing a skilled, knowledgeable, interdisciplinary team that can manage and deliver effective programs and services.
Decision Support	Maintaining efficient, secure information systems to support effective service delivery.
Diagnostic Services: Imaging	Ensuring the availability of diagnostic imaging services to assist medical professionals in diagnosing and monitoring health conditions
Diagnostic Services: Laboratory	Ensuring the availability of laboratory services to assist medical professionals in diagnosing and monitoring health conditions
Episode of Care	Partnering with clients and families to provide client-centred services throughout the health care encounter.
Impact on Outcomes	Using evidence and quality improvement measures to evaluate and improve safety and quality of services.
Infection Prevention and Control	Implementing measures to prevent and reduce the acquisition and transmission of infection among staff, service providers, clients, and families
Living Organ Donation	Living organ donation services provided by supporting potential living donors in making informed decisions, to donor suitability testing, and carrying out living organ donation procedures.
Medication Management	Using interdisciplinary teams to manage the provision of medication to clients
Organ and Tissue Donation	Providing organ and/or tissue donation services, from identifying and managing potential donors to recovery.
Organ and Tissue Transplant	Providing organ and/or tissue transplant service from initial assessment to follow-up.

Priority Process	Description
Point-of-care Testing Services	Using non-laboratory tests delivered at the point of care to determine the presence of health problems
Primary Care Clinical Encounter	Providing primary care in the clinical setting, including making primary care services accessible, completing the encounter, and coordinating services
Public Health	Maintaining and improving the health of the population by supporting and implementing policies and practices to prevent disease, and to assess, protect, and promote health.
Surgical Procedures	Delivering safe surgical care, including preoperative preparation, operating room procedures, postoperative recovery, and discharge