



EXECUTIVE SUMMARY

Vision: Achieving global impact

Mission: Exemplary patient care, research and education

Purpose Statement: We are a caring, creative, and accountable academic hospital, transforming healthcare for our patients, our community and the world.

	2006/07	2007/08	2008/09	2009/10
CMG+ Weighted Cases (Inpatient, Grouper 2009)	63,916 (2.12)	65,603 (2.15)	65,984 (2.16)	67,994 (2.19)
Ambulatory Visits (Includes Radiation Fractions)	1,027,464	1,044,645	1,111,195	1,138,662
# of Students / Residents	3,538	3,488	3,195	TBD
External Research Grants Awarded	\$163.6 M	\$178.1 M	\$181.5M	\$183.1M

UHN QUALITY INDICATORS & OUTCOMES

DIMENSION	STATUS FY06/07	STATUS FY07/08	STATUS FY08/09	STATUS FY09/10	SITUATION
Patient-Centred Care & Program Integration (Caring)	Yellow	Yellow	Yellow	Yellow	For the Hospital Standardized Mortality Ratio (HSMR), we should be proud that not only is our current result under 80 (77), but that our results remained at or below 80 throughout the entire 2008/2009 fiscal year. We are pleased to see MRSA rates are below target as well as an improvement in our VRE rate from Q1 to Q2. The C. Difficile rate has remained 'green' and well below target. We are hopeful that our rates will continue to decrease. We are pleased to see that the compliance of our staff on hand-washing initiatives is improving. Hand washing prior to contact is at the core of our patient safety initiatives and although the rate decreased slightly, it remains 'yellow' and we are hopeful that rates will improve as more staff get onboard with this initiative. UHN's average ALC days continue to be above target, with the average number of days having increased from Q1 to Q2. A key focus of the organization is on reducing ALC days. The need for balancing unscheduled and scheduled care will be an ongoing challenge for us as we strive to continue to treat all patients who require our services. We continue to progress in the right direction for all wait times in the Emergency Department and are pleased to see that all our CTAS measures have been continually improving over the course of the 2009/2010 fiscal year. Innovative initiatives such as the introduction of rapid assessment zones and the streamlining of our processes have enabled us to discharge patients quicker and improve patient flow in the Emergency Department.
People (We)	Green	Green	Green	Green	Organizational commitment is a reflection of the level to which staff feel emotionally connected to UHN, find personal meaning in their work and are motivated to help the organization succeed. In the last Employee Opinion Survey (EOS), the percentage of UHN staff who felt this way increased from 63% to 66%. In fact, for most programs, EOS results have improved from the 2006 and 2009 EOS surveys. Nevertheless, programs are striving to ensure that these results improve further; as such, they are addressing key areas of concern and working towards solutions. Examples of EOS improvement efforts include: providing staff recognition, learning/training opportunities, staff development initiatives, and enhancing resources. UHN is operating in a very challenging fiscal environment. Because of this, managers/leaders may not have as much time to focus on personal professional development initiatives. In spite of this reality, we are happy



DIMENSION	STATUS FY06/07	STATUS FY07/08	STATUS FY08/09	STATUS FY09/10	SITUATION
	Green	Green	Green	Green	to see that we are making progress towards our target of at least 1% of leadership time being spent on leadership training. Our sick-time hours results, which have been continuously 'red' and higher than our target, indicate the need for a continued focus on reducing sick-time hours. Since it is probable that the H1N1 virus played a role in our current result, we anticipate seeing a decline in sick-time hours in the near future. UHN is consistently showing strong results for overtime hours and we are performing better than our target.
Resources & System Integration (Accountable)	Green	Yellow	Yellow	Yellow	In a time of budget cuts and fiscal restraint, we have set the goal of being creative in maximizing our non-ministry revenues. We are pleased to see that our budget is balanced to date. However, we will continue to be fiscally responsible by taking a conservative approach, as we still do not know our funding for the next fiscal year. There has been a steady increase in the percentage of discharge summary notes completed within 14 days post discharge and in the percentage of operative notes completed within 14 days post procedure. To ensure timeliness of information, we need to continue to focus on ensuring that discharge summaries and operative notes are completed within 14 days.
Research & Innovation (Creative)	Green	Green	Green	Green	UHN is proud to show strong results in the number of citations. The organization is performing well overall in the proportion of cited and highly cited papers; the trended proportion of highly cited papers is comparable to major US peer hospitals. These findings are a testament to UHN being Canada's major research hospital and we are proud of the innovation that comes from our staff. Our research impact is clearly being recognized externally.
Teaching (Academic)	Green	Green	Green	Green	UHN programs continue to become involved in various academic initiatives. The organization attracts many international fellows as part of its international outreach efforts but it also continues to train many local students and residents. In fact, several UHN staff have obtained teaching excellence awards in the past year for their achievements in training and educating. UHN is also committed to fostering and enhancing inter-professional education within the organization, and we have surpassed our target for the number of staff obtaining IPE certification.

PATIENT-CENTRED CARE AND PROGRAM INTEGRATION (CARING) [\(Back to Top\)](#)

UHN	Yellow	Yellow	Yellow	Yellow			
PROGRAM	STATUS FY06/07	STATUS FY07/08	STATUS FY08/09	STATUS FY09/10	SUCCESSES	CHALLENGES	RECOMMENDATIONS
MCC - Community and Multicultural Health	Yellow	Yellow	Green	Green	<ul style="list-style-type: none"> The psychiatric inpatient readmission rate (within one month) reflects the department's connections to the outpatient follow-up services, as it has been below the benchmark since FY0809 Q2. The urgent care clinic wait 	<ul style="list-style-type: none"> Overall hand hygiene compliance has deteriorated over the past three quarters but a focused effort has been made to make improvements. Prevnar immunization rate for children aged 3 to 6 is low, largely due to the fact that it's a 	<ul style="list-style-type: none"> Consider options for long-term outcome measures for patients treated for eating disorders. Work towards the development of appropriate outcome measures for Psychiatry and expand on the indicators for the FHT. Continue your efforts through the



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					<p>times are less than the internal target of 7 days, which is due to the increase in Psychiatry staff.</p> <ul style="list-style-type: none"> Inpatient satisfaction in Psychiatry is high overall but there are ongoing efforts to improve satisfaction; ambulatory satisfaction scores in Psychiatry are outstanding and continue to be maintained at a very high rate. Psychiatry department's community linkage has resulted in the Psychiatric Emergency Department Alliance; their efforts have led to the completion of a common assessment tool. Eating Disorder volumes and wait times have greatly improved in every aspect, all of which are performing better than their respective internal targets. The FHT has implemented a new model of Physiotherapy currently in trial, known as the Artists' Health Centre; it has received very positive feedback, reflected in its patient satisfaction scores, which are extremely high and well above the FCH target. 	<p>new vaccine and convincing parents to have their children vaccinated has been difficult.</p>	<p>FHTs to understand and meet the needs of marginalized populations.</p> <ul style="list-style-type: none"> If the incident metrics given in the QC presentation shows critical or serious incidents occurred, a brief verbal explanation of the incident(s) should be included. The Committee recognizes the program's concern about physical space and encourages the program to work with Senior Management to determine appropriate solutions.
MCC - Complex Medical Care	Yellow	Yellow	Yellow	Yellow	<ul style="list-style-type: none"> The delay between getting from the ambulance to the hospital has decreased significantly for both sites, although still not meeting target. 	<ul style="list-style-type: none"> They key challenge for ED-GIM has been the increase in patient volumes over the past three fiscal years. There has been an increase 	<ul style="list-style-type: none"> Conduct an integrated analysis and present findings at the next report (i.e., LOS, ALC, Pressure Ulcer and Readmission Rates). Review CCAC performance and



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					<ul style="list-style-type: none"> • UHN's redistribution effort has had a positive impact on decreasing the number of patients admitted to GIM. • ED Pay for Results Program results have improved in every category; in year 1, the percentage of CTAS IV and V patients treated within their benchmarks has been equal or better than the baseline. • FY0809 has seen a dip in GIM patient volumes, likely a result of redistribution efforts. • Over the past two years, there has been a small improvement in the rate of fall incidents in the GIM. • GIM medication incident rate is lower than the UHN average. 	<ul style="list-style-type: none"> in Emergency Medical Services (EMS) drop-offs at both TGH and TWH and this trend is expected to continue. • In year 2, the ED Pay for Results Program has been struggling to meet established targets, which may be a factor of increased ED volumes and admissions. • Program is having difficulty trying to maintain the number of GIM beds at a budgeted level because the actual number of beds in operation is significantly higher than the budgeted amount, largely due to ALC patients, which puts pressure on scheduled activities of the programs. • There has been an increase in the number of GIM patients waiting for ALC placement, and these wait times are getting longer; the number of ALC days per patient is also increasing. • Fall incident rates have gotten worse in the ED, and perhaps related to increased ED volumes. • Patient Satisfaction scores for ED and GIM are not as good as UHN average scores and the program hopes to improve these results by addressing 	<p>ALC metrics.</p> <ul style="list-style-type: none"> • To reduce ALC days, keep your focus on indicators such as pressure ulcers, number of patients being discharged between 7 am and 2 pm, readmission rates and ED TAT with respect to labs, DI, and consults. • Report against provincial standards, where applicable. • Reflect on the merits of collecting additional information on the source of patients and whether they have a family doctor or not. • Present the results of Model of Care benchmarking and compare these to industry standards.



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						patient flow.	
MCC - Chronic Disease Management	Yellow	Not Reported	Green	Green	<ul style="list-style-type: none"> The morbidity rates have significantly improved to below target in 2008, largely due to the chiropody initiative. Mortality rates for nephrology are performing well and have remained below benchmark, despite its population being comprised of many cancer patients. Hemodialysis (HD) adequacy is performing well (above target), similar to previous years. An increased number of patients are now receiving home dialysis. Bacteremia rates for patients with HD central catheters are very low and below target. The ambulatory medication incidents by severity are very low. The program has observed very good results in ambulatory falls; they have been below the UHN average for the past year. Excellent patient satisfaction results for all three areas of quality of care, cultural respect, and treatment with courtesy and dignity. 	<ul style="list-style-type: none"> Peritoneal dialysis (PD) peritonitis rate has not met its target in FY0809. PD catheter insertion wait times have increased significantly and are longer than desired. Increased number of patients waiting longer than six days for catheter insertions. A challenge in Nephrology is the early management of chronic kidney disease in the Renal Management Clinic in order to prevent complications. Attempting to integrate the three components of diabetes care into one group that is UHN-wide. 	<ul style="list-style-type: none"> Program to address wait times for catheter insertions.
Peter Munk Cardiac Program	Green	Green	Green	Green	<ul style="list-style-type: none"> Unit-Based Care patient satisfaction scores are the highest among all programs at 	<ul style="list-style-type: none"> Priority levels two and three patients waiting for vascular surgery appear to be waiting 	<ul style="list-style-type: none"> Consider a leadership role with respect to gender issues (i.e., in educating stakeholders on the



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					<p>UHN and all areas are performing better than the UHN baseline score.</p> <ul style="list-style-type: none"> An extensive literature review was carried out regarding gender and provision of cardiac services and has contributed immensely to the understanding of the factors contributing to the gender gap in provision of cardiac services. Inpatient medication incident rates have been declining and are currently better than the UHN average, a fantastic achievement considering this program has the highest medication order rate of any other program at UHN. Development of several patient education initiatives, such as patient brochures, the patient education passport, etc. 	longer than they should.	<p>appropriate diagnosis and referral of women with cardiac symptoms, to develop new techniques that would work for women and to encourage suppliers to develop supplies uniquely designed for women).</p> <ul style="list-style-type: none"> Bring forth information on the impact gender has on outcomes as it arises.
Krembil Neuroscience Program	Yellow	Yellow	Green	Green	<ul style="list-style-type: none"> There has been a sharp decline in inpatient medication incidents in the past few fiscal years. Inpatient satisfaction levels on unit 5AF have increased and inpatient complaint levels decreased, as a result of a Patient Centred Care initiative on this unit. Program participates in ALC efforts such as ALC initiatives, development of partnerships and 	<ul style="list-style-type: none"> Inpatient fall incidents remain a concern and several interventions have been instituted in order to identify patients prone to falls and to decrease their risk of having a fall. Inpatient satisfaction scores are an ongoing area of challenge. Cataract wait times by priority level are very poor; the program will investigate the 	<ul style="list-style-type: none"> Program to report on success rates for obtaining organ donations. Program to monitor ALC and readmission rates to ensure discharges are appropriate (i.e., ensure pressure on ALC doesn't result in readmits). Program to improve data quality of cataract wait time information, and if required, adjust prioritization process to be more consistent. The program is encouraged to maintain its focus on developing



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					<p>implementation of new strategies.</p> <ul style="list-style-type: none"> • Program is involved in research, such as the Medical Outcomes of Dysphagia (MOD) study. 	<p>program and devise solutions.</p>	<p>quality of life measures.</p> <ul style="list-style-type: none"> • Senior Management to discuss with MOHLTC the need for rehab beds for patients requiring both cognitive and physical needs in order to facilitate reduction in ALC days. • Senior Management to consult with the MOHLTC regarding the provincial strategy for neuro in order to assist in setting future directions of the KNP program
Musculoskeletal Health and Arthritis	Green	Green	Green	Green	<ul style="list-style-type: none"> • The program is performing well in terms of appropriate antibiotic administration; 100% of patients received antibiotics on time • The program is proud of its Nosocomial MRSA rates. Unit 9A is performing significantly better than TWH or UHN overall • There has been a decrease in the number of inpatient falls seen in FY0809 and the rate is now better than the UHN overall rate • Time-out confirmation for correct site and side surgery has increased to 100% for both Orthopaedics and Hand and Plastics • Performing well in terms of inpatient patient satisfaction results and the scores are comparable to the scores of UHN overall. 	<ul style="list-style-type: none"> • A continual challenge for the program is dealing with increasing patient volumes and access to specialized services. The program will focus on and develop strategies surrounding access to care in terms of balancing scheduled and unscheduled cases. • Hip and knee replacement volumes did not achieve target during the course of the year but are showing an increasing trend. • Hand and Plastics has struggled in meeting its target for Emergency "A" cases done within 2 hours and that its rate has remained roughly the same compared to the UHN average; however, Orthopaedics has seen an increase to 100%. 	<ul style="list-style-type: none"> • Evaluate the satisfaction with care and pain management for patients with acute fractures who are being managed prior to their surgery in the fracture clinic (i.e., patients seen in the fracture clinic with an acute fracture but sent home prior to their procedure date). • Include data on the quality of life of patients post-surgery. • Work to implement a process to reduce wait times for surgery for all fracture patients admitted from the emergency department.



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					<ul style="list-style-type: none"> • Elective utilization rate has been consistent in the last two years with both the Orthopedic and Hand and Plastics programs being above the UHN internal target 	<ul style="list-style-type: none"> • The hip fracture wait times for registration in ED to surgery have shown a seasonal effect over FY0708 and FY0809 with a higher proportion of patients reaching the target in the last two quarters of the fiscal year. Overall, UHN is not meeting its target of 90% but it was noted that teaching hospitals typically perform around 80%. • Priority IV wait time targets are being met for hip and knee cases, but are failing to be met in the non-hip and knee cases • The unplanned 90-day readmission rate is performing slightly better than benchmark for knee replacements but is worse than benchmark for hip replacements. 	
PMH – Cancer Program	Green	Yellow	Yellow	Green	<ul style="list-style-type: none"> • Age-standardized five-year survival rates for colon and rectum cancer by LHIN have increased between the periods of 1991-1995 to 2001-2005. • The Edmonton Symptom Assessment Screening System (ESAS) has been developed as a tool to test patients' symptoms. The development of a new distress-screening kiosk is currently underway. 	<ul style="list-style-type: none"> • Continued difficulty with containing <i>C. difficile</i> rates. The program will be following the recommendations of IPAC in order to decrease these rates (replace cracked mattresses, etc.) • The cancer program's medication order entry system is not interfaced with UHN's system, which poses a potential patient safety risk. A new system or an interface from the chemotherapy system to the pharmacy system is desirable in 	<ul style="list-style-type: none"> • Keep the Committee apprised of new methods for measuring survival and quality of life in cancer patients as they emerge. • Discussions should be activated with CCO surrounding the critical need for a solution to the OPIS/UHN MOE incompatibility. • A measurement referable to oncology wait times should be included on the BSC • Continue to monitor funded volumes against target. • Expand the palliative care initiative to include more cancer



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						<p>order to enhance patient safety.</p> <ul style="list-style-type: none"> • Ambulatory oncology patient satisfaction levels have not seen any dramatic improvement. • The Ontario surgical oncology wait times are below the provincial target, however, the Program acknowledged that access to surgery is a problem and something which is directly related to funding. Specifically, surgical oncology wait times for prostate surgery are an area of major concern. 	<p>program areas and patient populations through the UHN palliative care initiative.</p> <ul style="list-style-type: none"> • The advance care planning initiative currently underway should be implemented throughout the entire organization.
SCC - Transplant	Green	Green	Green	Green	<ul style="list-style-type: none"> • Survival indicators show that the percentage survival time for kidney graft patients is higher than the United Network for Organ Sharing (UNOS) rates. Similarly, the one- and three-year survival rate for heart patients and lung patients is higher than the International Society for Heart and Lung Transplantation (ISHLT). • Average length of stay for liver transplant patients is at a historical low and below benchmark • The program's inpatient medication incidents are very low and below the UHN average 	<ul style="list-style-type: none"> • The program observes an occasional problem with VRE rates because patients often come in already infected with VRE and end up transmitting the infection to others • The rate of inpatient falls experienced a sharp increase in Q3 of FY0910 and the program is currently putting processes in place to overcome patient falls. • The median transplant wait times for heart, lung and liver continue to increase at a steady rate, however this data does not actually reflect the true picture of wait times and, as a result, the program will focus more on tracking wait times based on severity. 	<ul style="list-style-type: none"> • Maintain focus on finding ways to increase the number of donor organs available for transplant. • Send the executive summary of the Organ and Tissue Transplantation Wait Times report to the Quality Committee Chair. • Provide a progress report on the impact of the U of T Transplantation Institute at the next report from the program to the QC. • Work with Senior Management to find solutions for timely access to ERCP, particularly on evenings and weekends. • Work with Senior Management to find ways to manage the capacity issues that arise from the unpredictability of timing for transplants and the resultant impact to other scheduled surgeries.



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							<ul style="list-style-type: none"> • Consider opportunities to partner with and educate other institutions so that post transplant patients can receive treatment for less acute health issues without returning to UHN. • Senior Management encouraged to report back on the transition of patients from Sick Kids to UHN.
SCC - Critical Care	Green	Green	Yellow	Yellow	<ul style="list-style-type: none"> • Significant drop in infection rates over the past fiscal year due to many initiatives put in place for the prevention of infection spread (e.g. more single patient rooms, more aggressive isolation procedures, regular hand-washing reminders to staff, etc.). • Several patient care initiatives (e.g., infection prevention, wound care, new bereavement brochure, etc.) were discussed. 	<ul style="list-style-type: none"> • Occupancy rates for all of the critical care units are very high; the ICUs are operating at an average of >90% overcapacity. • Organ donation rates are currently low. In FY0809, TGH accepted one organ donation and TWH accepted nine, five of which were donations after cardiac death. • ICU mortality rates were compared against APACHE II scores but APACHE II does not recognize the severity of neurosurgical cases, posing a problem for comparison and reporting purposes. • The number of avoidable delay days regarding moving patients from MSICU to inpatient units is a continual challenge. The greatest delays are seen in patients moving to the neuroscience and transplant units. 	<ul style="list-style-type: none"> • Coordinate with Senior Management a plan to resolve the issue of ICU overcapacity. • Report on the conversion rate (i.e., eligible vs. donate) for organ donations at next report. • Consider devising a mini checklist to encourage infection prevention efforts. • Identify indicators where you are concerned about the underlying data quality and fix these issues for the next report.



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SCC - Surgical Services	Not Reported	Yellow	Yellow	Yellow	<ul style="list-style-type: none"> • Time-out confirmation rates are performing well as they are close to target. • Medication and fall incident rates remain below the UHN average • The past three fiscal years have seen a slight increase in most of the patient satisfaction score dimensions. 	<ul style="list-style-type: none"> • The elective utilization rate has been climbing above 88% for UHN overall, which may pose hardships in terms of the ability of UHN to handle emergent cases • All sites report levels below the 95% target for first case start time accuracy. • The program continues to face major challenges in unscheduled late finishes, maintaining levels consistently above the target of 10%. • Completing priority 1A cases within two hours remains a huge challenge for the program. • Oncology wait times by priority level have been a problem area; the targets set by the MOHLTC are not being met for any of the four priority level areas. 	<ul style="list-style-type: none"> • Report back to the Committee in six months on data for volumes of wait time cases and access times by priority level and a plan to improve coding of wait time data by priority level.
SERVICE	STATUS FY06/07	STATUS FY07/08	STATUS FY08/09	STATUS FY09/10	SUCCESSES	CHALLENGES	RECOMMENDATIONS
Environment of Care	Green	Yellow	Not Reported	Not Reported	<ul style="list-style-type: none"> •Several projects are currently underway, including investigation into how deep lake water can be used as a cooling system for the organization. •Several successful efforts in moving UHN towards a “greener” organization: eliminated the use of bottled water, improved 	<ul style="list-style-type: none"> •Challenges experienced within projects included: trying to identify the cost of new equipment needs, ensuring current and future cooling capacity at UHN, H1N1 preparation, and the construction of the Krembil Discovery Centre tower. •The EoC is currently working 	<ul style="list-style-type: none"> •Develop a set of ongoing measures related to quality and safety issues that you can present to the Committee on an ongoing basis. •Provide information on non-clinical incidents related to the EoC for the next report.



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					<p>recycling facilities, improved energy efficiency. Total of 7% in energy reduction.</p> <ul style="list-style-type: none"> •Energy and Environment has won several awards for its initiatives. •Successful projects include: H1N1 preparations and planning, construction safety program implementation, enhanced security, hand-hygiene initiative, and replacement of old equipment. 	<p>on the challenging tasks of redefining its role and membership through a constellation model and is also evaluating its Balanced Scorecard indicators.</p>	
Medical Imaging	Green	Green	Green	Yellow	<ul style="list-style-type: none"> • Complication rates are low and better than benchmark. • CT contrast incidents have performed well, staying below the target of 3.0% over the year. 	<ul style="list-style-type: none"> • Breast wait times for ultrasound and MRI are posing a challenge as a result of a staff shortage of radiologists, insufficient equipment/space, and a higher demand for breast screening. • Biopsy wait times are problematic because of expansion and pressures from clinical programs. 	<ul style="list-style-type: none"> • Program to develop a strategy for reducing MRI wait times. • Develop a report on evidence supporting MRI as standard of care for breast cancer diagnosis, and whether this is replacing other technologies.
Nutrition	Not Reported	Green	Not Reported	Yellow	<ul style="list-style-type: none"> • Service scores continue to remain consistently higher than food quality scores, an indication that the department's re-evaluation of its food products has been beneficial. • The results from a food taste audit showed that overall satisfaction with UHN patient food was higher than in two other teaching hospitals. 	<ul style="list-style-type: none"> • Results from the 2007/08 Catering Client Satisfaction Survey indicate that satisfaction in most areas has decreased since 2006/07 and are below the 95% UHN average. • Challenge with managing patient/client food expectations. 	<ul style="list-style-type: none"> • Ensure food supplier contracts meet all relevant standards. • Provide an overview of your nutrition disaster plans (i.e., what would we do if a major recall happened). • As UHN does not currently have its own internal mechanisms of food inspection in place, the Committee recommends that Senior Management learn more



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					<ul style="list-style-type: none"> Compliance with food safety standards. 		about the food selection process for patients at North York General Hospital.
Toronto Medical Laboratories	Yellow	Yellow	Yellow	Not Reported			
Pharmacy	Not Reported	Not Reported	Green	Not Reported			



PEOPLE (WE) [\(Back to Top\)](#)

UHN	Green	Green	Green	Green			
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MCC - Community and Multicultural Health	No New Data	Yellow	No New Data	Green	<ul style="list-style-type: none"> Psychiatry's EOS scores have improved in every category since the last survey and they are typically higher than the UHN average 	<ul style="list-style-type: none"> Since the last EOS survey scores for Family and Community Health all improved, except in one domain: physical environment/safety. It is believed that this is a factor of the increase in rostered patients without an increase in physical space to accommodate these patients. 	
MCC - Complex Medical Care	No New Data	Yellow	No New Data	Green	<ul style="list-style-type: none"> The GIM and ED EOS results are good overall, with year 2009 having far better scores than the previous years for GIM. 'GIM AMAZING' conferences are believed to be contributing to improved staff satisfaction scores. 		
MCC - Chronic Disease Management	No New Data	Not Reported	No New Data	Green	<ul style="list-style-type: none"> Spectacular improvements have been seen in EOS results. The Nephrology and Endocrinology group has done very well, exceeding the UHN average results in every category, which is a dramatic reversal from the last survey year. 		



UHN	Green	Green	Green	Green			
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Peter Munk Cardiac Program	No New Data	Yellow	No New Data	Green	<ul style="list-style-type: none"> EOS results have improved in all areas since the 2006 survey. The program is either exceeding or approaching the UHN average in all areas. 	<ul style="list-style-type: none"> Succession planning, as it is necessary to ensure continued medical leadership. 	
Krembil Neuroscience Program	Yellow	Yellow	No New Data	Green	<ul style="list-style-type: none"> The program is very proud of its EOS results, as it has made gains since 2006 across all dimensions. 		
Musculoskeletal Health and Arthritis	No New Data	Green	No New Data	Green	<ul style="list-style-type: none"> The EOS results were very good and the program scored better than UHN overall in five of the seven areas. 		
PMH – Cancer Program	No New Data	Green	No New Data	Green	<ul style="list-style-type: none"> The EOS results were extremely positive. Continuous improvement has been seen over the past three years. The program is either meeting or exceeding the benchmark in all domains. 		
SCC - Transplant	No New Data	Yellow	No New Data	Green	<ul style="list-style-type: none"> The EOS scores are higher than the UHN average for 2009 in all but one domain. 	<ul style="list-style-type: none"> Inpatient services typically have poorer EOS results than ambulatory services. 	
SCC - Critical Care	No New Data	Red	Red	Yellow		<ul style="list-style-type: none"> Improvement of EOS results remains an area of challenge and focus for the program. 	<ul style="list-style-type: none"> For the next report, describe why the EOS results are problematic and what initiatives have been put in place to improve these results.



UHN	Green	Green	Green	Green			
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SCC - Surgical Services	Not Reported	Yellow	No New Data	Green	<ul style="list-style-type: none"> EOS results are consistent with UHN overall. Employee satisfaction improved significantly at the TGH since the last survey. 		
SERVICE	STATUS FY06/07	STATUS FY07/08	STATUS FY08/09	STATUS FY09/10	SUCCESSSES	CHALLENGES	RECOMMENDATIONS
Environment of Care	Not Reported	Yellow	Not Reported	Not Reported			
Medical Imaging	Yellow	Yellow	Yellow	Yellow	<ul style="list-style-type: none"> A major success is a new culture shift with a joint vision that JDMI is a single team across sites with an integrated governance structure. EOS results show improvement from previous reporting year, largely due to the culture shift that has increased the engagement of staff in the program. 	<ul style="list-style-type: none"> Staff turnover is below target, but is at an expected level given the economic situation. Overtime levels are above target but these include all call work. 	<ul style="list-style-type: none"> Provide specific details on current staffing challenges, along with mitigation strategies.
Nutrition	Not Reported	Yellow	Not Reported	Yellow	<ul style="list-style-type: none"> Major improvements in overall EOS results since the 2006 survey. 	<ul style="list-style-type: none"> Top two challenge areas within the EOS are recognition/compensation and physical environment/safety, largely due to the nature of the jobs in the department. Increasing staff satisfaction to the overall UHN level is difficult. 	
Toronto Medical Laboratories	No New Data	Yellow	Yellow	Not Reported			



UHN	Green	Green	Green	Green			
PROGRAM	STATUS FY06/07	STATUS FY07/08	STATUS FY08/09	STATUS FY09/10	SUCCESSSES	CHALLENGES	RECOMMENDATIONS
Pharmacy	Not Reported	Not Reported	Yellow	Not Reported			



RESOURCES & SYSTEM INTEGRATION (ACCOUNTABLE)[\(Back to Top\)](#)

UHN	Green	Green	Green	Yellow			
PROGRAM	STATUS FY06/07	STATUS FY07/08	STATUS FY08/09	STATUS FY09/10	SUCCESSSES	CHALLENGES	RECOMMENDATIONS
MCC – Community and Multicultural Health	Yellow	Green	Yellow	Yellow		<ul style="list-style-type: none"> •Overall, the program had a 1% variance over the total budget. •Psychiatry below UHN benchmark on chart completion; however, the department is hoping to improve its results so that the overall rate improves •Three main issues identified as impacting quality outcomes include: escalating demand for service; a diverse patient population; and increased complexity and acuity of patients. 	<ul style="list-style-type: none"> •
MCC – Complex Medical Care	Yellow	Yellow	Yellow	Yellow		<ul style="list-style-type: none"> •The budget variances of \$3,874,539 (GIM) and \$2,939,376 (ED) are directly linked to increased patient volumes. 	<ul style="list-style-type: none"> •Review chart completion data next presentation.
MCC - Chronic Disease Management	Green	Not Reported	Green	Green		<ul style="list-style-type: none"> •The year ended with a negative variance •The program has struggled with ways to provide services to the increasing number of diabetes patients. 	
Peter Munk Cardiac Program	Green	Green	Green	Green		<ul style="list-style-type: none"> •Program is performing with a negative variance of \$1.514 million as a result of the cost of taking on the care of patients from other units during redistribution. •One of the main contributors 	<ul style="list-style-type: none"> •Reflect upon the ability to sustain high occupancy levels and potential impacts (e.g., staff, fire marshall, etc.)



UHN	Green	Green	Green	Yellow			
PROGRAM	STATUS FY06/07	STATUS FY07/08	STATUS FY08/09	STATUS FY09/10	SUCCESSSES	CHALLENGES	RECOMMENDATIONS
	Green	Green	Green	Yellow		<p>to the negative variance has been the cost of bed spacing (\$1.018 million).</p> <ul style="list-style-type: none"> •Occupancy targets exceeded in units 4A, 4B and 5B, which blocks the availability of bed space for waiting patients. •Limited space availability. •Program's dependence on volume-funded activities. 	
Krembil Neuroscience Program	Yellow	Yellow	Yellow	Yellow		<ul style="list-style-type: none"> •The program is running a negative variance in FY0910 (YTD January 2010), as balancing the budget has proved to be a major challenge. •Chart completion rates are very low, particularly discharge summary completion. 	<ul style="list-style-type: none"> • Program to report on progress for improving chart completion rates in next report.
Musculoskeletal Health and Arthritis	Green	Green	Yellow	Yellow	<ul style="list-style-type: none"> •The chart completion of operative notes is remaining consistently above benchmark. •Overall volume of discharge summary completion has been close to benchmark, despite some notable dips in the rate throughout the year. 	<ul style="list-style-type: none"> •Full target of joint replacement cases was not reached, leading the program to end the fiscal year with a deficit. 	<ul style="list-style-type: none"> •Continue to improve chart completion rates for discharge summaries.
PMH – Cancer Program	Green	Green	Green	Yellow		<ul style="list-style-type: none"> •The program performed over budget in the last fiscal year, but by year-end it was able to find recoveries from research accounts and other areas within the hospital. Balancing the budget is a challenge each year. 	<ul style="list-style-type: none"> •Report on progress made on improving chart completion rates.



UHN	Green	Green	Green	Yellow			
PROGRAM	STATUS FY06/07	STATUS FY07/08	STATUS FY08/09	STATUS FY09/10	SUCCESSSES	CHALLENGES	RECOMMENDATIONS
	Green	Green	Green	Yellow		<ul style="list-style-type: none"> Discharge summary completion rates were historically close to target but have taken a substantial dip in Q1 of FY0910. 	
SCC - Transplant	Green	Yellow	Yellow	Yellow		<ul style="list-style-type: none"> The program ended FY0809 with a negative budget variance of \$1,591,000. 	
SCC - Critical Care	Yellow	Red	Yellow	Yellow	<ul style="list-style-type: none"> The program has been fiscally responsible given the constraints and demands put on its resources over the past year. 		
SCC - Surgical Services	Not Reported	Yellow	Yellow	Yellow	<ul style="list-style-type: none"> Operative note completion rates and discharge summary completion rates remain high. Advancement of the UHN safety and quality agenda, strategic plan. accomplishments, surgical innovation, surgical research, and advancements in OR supply chain practices. 	<ul style="list-style-type: none"> Volume funding has been a major challenge. The percentage variance of cases from the budget has been negative for all activities except cardiac-pacemakers. Achieving budgeted targets is expected to be a continued challenge in the upcoming year due to budget constraints. The program is worse than target for both completion of operative notes and discharge summaries. 	<ul style="list-style-type: none"> Follow up with the Committee on the concept of lateral revenues. Provide an overview of financial challenges related to surgical innovation
SERVICE	STATUS FY06/07	STATUS FY07/08	STATUS FY08/09	STATUS FY09/10	SUCCESSSES	CHALLENGES	RECOMMENDATIONS
Environment of Care	Yellow	Yellow	Not Reported	Not Reported			
Medical Imaging	Green	Green	Green	Green		<ul style="list-style-type: none"> Challenge with trying to balance funding with patient volume demands Wait time funding is a problem because it is based on incremental variable 	<ul style="list-style-type: none"> Look into a method of lateralizing resources in order to increase revenues.



UHN	Green	Green	Green	Yellow			
PROGRAM	STATUS FY06/07	STATUS FY07/08	STATUS FY08/09	STATUS FY09/10	SUCCESSSES	CHALLENGES	RECOMMENDATIONS
						funding that is not guaranteed and/or fixed from year to year. •Space utilization continues to be a challenge across UHN and a more efficient layout is necessary to accommodate non-clinical space and space for new equipment.	
Nutrition	Not Reported	Yellow	Not Reported	Green	•The department is proud to have maintained costs, despite the large increase in food inflation.		
Toronto Medical Laboratories	Green	Yellow	Green	Not Reported			
Pharmacy	Not Reported	Not Reported	Green	Not Reported			



RESEARCH & INNOVATION (CREATIVE) [\(Back to Top\)](#)

UHN	Green	Green	Green	Green			
PROGRAM	STATUS FY06/07	STATUS FY07/08	STATUS FY08/09	STATUS FY09/10	SUCCESSES	CHALLENGES	RECOMMENDATIONS
MCC - Community and Multicultural Health	Yellow	Yellow	Yellow	Yellow	<ul style="list-style-type: none"> •The program has demonstrated reasonable performance against international standards with regards to proportion of cited and highly cited papers •Spiritual Care, Family and Community Health, Bioethics and Psychiatry have all found innovative ways to help improve patient care 		<ul style="list-style-type: none"> •Provide an update on electronic health record implementation.
MCC - Complex Medical Care	Green	Green	Green	Green	<ul style="list-style-type: none"> •Program has seen success in its research. Research and education involvement includes the Blackberry Project, an initiative that has led to a dramatic improvement in efficiency and patient flow within the department. •Reasonable proportions of cited and highly cited papers when compared to peers. 		
MCC - Chronic Disease Management	Green	Not reported	Yellow	Yellow	<ul style="list-style-type: none"> •The program has been a highly accomplished leader in the research field and has been involved in a lot of research activity between 2005 and 2008. •A major success in the ICU was the development of the Continuous Renal Replacement Therapy (CRRT). •Replacement of the 24-hour continuous dialysis procedure (CVVHT) with the slow eight- 	<ul style="list-style-type: none"> •The proportions of cited and highly cited papers are comparable to Massachusetts General Hospital, but not quite as high. •The program has seen stability in the trend of highly cited papers in recent years. Top paper citations are lower than in 2007 year but comparable to the levels seen in 2005 and 2006. 	



UHN	Green	Green	Green	Green			
PROGRAM	STATUS FY06/07	STATUS FY07/08	STATUS FY08/09	STATUS FY09/10	SUCCESSES	CHALLENGES	RECOMMENDATIONS
					hour procedure, SLED, which is more cost-effective.		
Peter Munk Cardiac Program	Green	Green	Green	Green	<ul style="list-style-type: none"> •Program has produced more papers per investigator than its peer comparators. •World leader in the introduction and adoption of new technologies. •Developed new technologies and facilities: multi-purpose operating room, 320 Slice CT Scanner, transcatheter valve, impella, and Endovascular Aneurysm Repair (EVAR) multi-branched graft. 	<ul style="list-style-type: none"> • Below their peer comparators for proportion of highly cited papers. •Program has observed less cites per paper than its peer comparators. •Maintaining itself as a leader in innovation. •Continuing to introduce and develop new technologies. 	
Krembil Neuroscience Program	Green	Green	Green	Green	<ul style="list-style-type: none"> •Research and innovation successes: offering deep brain stimulation for depression and Alzheimer's Disease; regenerative technologies for spinal cord repair; contain the largest brain tumour bank in the world; advances in treatment for retinal diseases, glaucoma and corneal transplants; provide molecular based treatment for brain cancer; provide laser assisted intracranial bypass. • Comparable proportion of highly cited papers among American peers. 		
Musculoskeletal Health and Arthritis	Green	Green	Yellow	Yellow	<ul style="list-style-type: none"> •Successful development of a standardized clinical diagnostic scale, CTS-7, and osteoporosis research 	<ul style="list-style-type: none"> • 	



UHN	Green	Green	Green	Green			
PROGRAM	STATUS FY06/07	STATUS FY07/08	STATUS FY08/09	STATUS FY09/10	SUCCESSSES	CHALLENGES	RECOMMENDATIONS
	Green	Green	Green	Green	<p>success, leading to the HR-pQCT technique for assessing bone micro-architecture.</p> <ul style="list-style-type: none"> •Program won an award in its Tranexamic Acid study. •Rheumatology department was recognized as the academic star of the program for its continued success in research and innovation. There have been several studies and collaborations in Rheumatology nationally and internationally. •Program's involvement in patient care on the LHIN-level •The proportion of cited and highly cited papers is performing at a comparable level to peer hospitals in the United States. •The program has been improving in its proportion of highly cited papers. 		
PMH – Cancer Program	Green	Yellow	Green	Green	<ul style="list-style-type: none"> •The number of active Cancer Program protocols has been increasing. Approximately 305 new studies are being initiated per year. •The current clinical trial accrual rate for the program is double that of any institution in Ontario and UHN hopes to increase the rate. 	<ul style="list-style-type: none"> •Below their peer comparators for proportion of cited and highly cited papers. •PMH's mean citation rate is statistically lower than its US comparators, but similar to UBC. 	
SCC - Transplant	Green	Green	Green	Green	<ul style="list-style-type: none"> •Higher proportion of cited and highly cited papers than other Canadian hospitals. •The program has recently 	<ul style="list-style-type: none"> •The proportion of cited and highly cited papers is not as good as in American peer hospitals. 	



UHN	Green	Green	Green	Green			
PROGRAM	STATUS FY06/07	STATUS FY07/08	STATUS FY08/09	STATUS FY09/10	SUCCESSSES	CHALLENGES	RECOMMENDATIONS
					received a new grant from the National Institutes of Health (NIH) worth \$1.3 million.		
SCC - Critical Care	Green	Green	Green	Green	<ul style="list-style-type: none"> •Program is doing well in terms of research funding and with regards to the number of comparative publications it produces, particularly considering the program's small size. •Notable increase seen in 2008 in the proportion of publications in top journals •Investigators over the past fiscal year have had slightly higher proportions of cited and highly cited papers when compared to similar institutions. 		
SCC - Surgical Services	Not Reported	Green	Green	Green	<ul style="list-style-type: none"> •Program has exhibited creativity and many other innovative successes: launch of the computerized whiteboard at TWH; SPIRES project; integration of the SS scorecard with SETP and wait times indicators; the opening of the Bariatric Surgery program at TWH; development of the Anaesthesia Care Team and Anaesthesia Note; and the development of the Clinical Specialty Supply Chain. 		
SERVICE	STATUS FY06/07	STATUS FY07/08	STATUS FY08/09	STATUS FY09/10			
Environment of Care	Yellow	Not Reported	Not Reported	Not Reported			
Medical Imaging	Green	Yellow	Yellow	Yellow	•Percentage of cited and		



UHN	Green	Green	Green	Green			
PROGRAM	STATUS FY06/07	STATUS FY07/08	STATUS FY08/09	STATUS FY09/10	SUCCESSES	CHALLENGES	RECOMMENDATIONS
					highly cited papers is comparable with peer hospitals.		
Nutrition	Not Reported	Green	Not Reported	Green	•Implementation of several "green" initiatives aimed at waste reduction and recycling.		
Toronto Medical Laboratories	Green	Green	Green	Not Reported			
Pharmacy	Not Reported	Not Reported	Green	Not Reported			



TEACHING (ACADEMIC) ([Back to Top](#))

UHN	Not Reported	Not Reported	Green	Green			
PROGRAM	STATUS FY06/07	STATUS FY07/08	STATUS FY08/09	STATUS FY09/10	SUCCESSES	CHALLENGES	RECOMMENDATIONS
MCC - Community and Multicultural Health	Green	Green	Green	Green	<ul style="list-style-type: none"> Family Health Team residents have ranked Toronto Western Hospital as the top choice as a place to train. 		
MCC - Complex Medical Care	Green	Yellow	Green	Green	<ul style="list-style-type: none"> ED post-graduate education includes many notable successes such as: clinical training in Emergency Medicine for large number of PGY1 residents from many medical and surgical disciplines; clinical teaching shifts for all PGY1 residents; and bioethics course development, to name a few. 		
MCC - Chronic Disease Management	Green	Not Reported	Green	Green	<ul style="list-style-type: none"> Several educational and academic achievements of the program's non-MD students. 		
Peter Munk Cardiac Program	Green	Green	Green	Green	<ul style="list-style-type: none"> Program continues to attract fellows from across the globe. 		
Krembil Neuroscience Program	Green	Green	Green	Green	<ul style="list-style-type: none"> KNP boasts a strong fellowship program in all major medical and surgical subspecialties. Staff take part in outreach efforts in China, Africa and India. 		
Musculoskeletal Health and Arthritis	Not Reported	Green	Not Reported	Green	<ul style="list-style-type: none"> Several academic initiatives in place. Several staff members have received recognition for their achievements over the past year. 		
PMH – Cancer Program	Not Reported	Green	Green	Green	<ul style="list-style-type: none"> In FY0809, the program provided additional training to 80 international and 32 Canadian 		



UHN	Not Reported	Not Reported	Green	Green			
PROGRAM	STATUS FY06/07	STATUS FY07/08	STATUS FY08/09	STATUS FY09/10	SUCCESSSES	CHALLENGES	RECOMMENDATIONS
					fellows •Partnership established with de Souza Institute for Oncology Nursing.		
SCC - Transplant	Green	Green	Green	Green	•Key academic accomplishments include: renewal of the CIHR Strategic Training Grant in Health Research; elevation of the transplant program to institute status at the U of T; and the commencement of two new nursing fellowships in December 2009.		
SCC -Critical Care	Green	Green	Green	Green	•The international fellowship program is very successful and attracts many residents and fellows who come from many different countries around the world.		
SCC - Surgical Services	Not Reported	Not Reported	Not Reported	Green			
	STATUS FY06/07	STATUS FY07/08	STATUS FY08/09	STATUS FY09/10			
Environment of Care	Not Reported	Not Reported	Not Reported	Not Reported			
Medical Imaging	Green	Green	Green	Green	•Diverse education program, which consists of fellows, residents, students and observers of various specialties from within Canada and abroad.		
Nutrition	Not Reported	Not Reported	Not Reported	Green	•Developed a Nutrition Services Staff Education day, which provides certification opportunities and various workshops for staff.		



UHN	Not Reported	Not Reported	Green	Green			
PROGRAM	STATUS FY06/07	STATUS FY07/08	STATUS FY08/09	STATUS FY09/10	SUCCESSSES	CHALLENGES	RECOMMENDATIONS
					•Developed a skills training program for staff, covering a variety of management-related topics.		
Toronto Medical Laboratories	Not Reported	Green	Green	Not Reported			
Pharmacy	Not Reported	Not Reported	Green	Not Reported			



TASKS ([Back to Top](#))

UHN	Not Reported	Not Reported	Green	Green			
PROGRAM	STATUS FY06/07	STATUS FY07/08	STATUS FY08/09	STATUS FY09/10	SUCCESSSES	CHALLENGES	RECOMMENDATIONS
MCC - Community and Multicultural Health	Not Reported	N/A	Green	Green		<ul style="list-style-type: none"> The program is focusing on improving how it tracks patients who come in for the various services. 	
MCC - Complex Medical Care	Not Reported	N/A	Green	Green		<ul style="list-style-type: none"> A desirable but challenging venture (due to high expense) in the ED has been the task of reconciling medications with the client at referral/transfer, and communicating the client's medications to the next service provider at referral or transfer to another setting, service, service provider, or level of care within or outside the organization 	
MCC - Chronic Disease Management	Not Reported	Not Reported	Green	Green	<ul style="list-style-type: none"> Several patient and safety initiatives: medical directives for nurses and registered dieticians; medication reconciliation; vaccination programs for nephrology patients and staff; and the Safe Start Nephrology program. 		
Peter Munk Cardiac Program	Not Reported	N/A	Green	Green	<ul style="list-style-type: none"> Fantastic results in Surgical Site Infection (SSI) rates with regards to CABG procedures. Infection rates have been consistently below the National Nosocomial Infection Surveillance benchmark throughout the past five fiscal years, a testament to the program's commitment to keep 		<ul style="list-style-type: none"> Continue to focus on indicators such as VAP, CLI, Pressure Ulcers and Wait times and provide an update in the next report.



UHN	Not Reported	Not Reported	Green	Green			
PROGRAM	STATUS FY06/07	STATUS FY07/08	STATUS FY08/09	STATUS FY09/10	SUCCESSSES	CHALLENGES	RECOMMENDATIONS
					infection rates as low as possible. •Hand hygiene compliance is well above the provincial average of 39% and is close to the UHN benchmark of 80%.		
Krembil Neuroscience Program	Not Reported	N/A	Green	Green	•No 'red' flags in terms of Accreditation Canada Required Organizational Practices.		
Musculoskeletal Health and Arthritis	Not Reported	Not Reported	Green	Green			•Extend the measurement of wait times from emergency to procedure date for all fracture groups.
PMH – Cancer Program	Not Reported	N/A	Green	Green	•No 'red' flags in terms of Accreditation Canada Required Organizational Practices. •Many steps taken to educate and effectively train staff on the use of infusion pumps.	•Improvement of medication reconciliation upon admission is an area of focus. •Continuing to raise awareness about the importance of hand hygiene in inpatient and outpatient groups.	
SCC - Transplant	Not Reported	N/A	Green	Green	•All indicators in the Accreditation Canada Required Organizational Practices are 'green'.		
SCC - Critical Care	Not Reported	N/A	Green	Green		•Ventilator-Associated Pneumonia (VAP) bundle compliance rates are low and below the Safer Healthcare Now target. The program performs generally well on each element except for element 1:head of bed over 30 degrees, which contributes to the low rate.	•Present quarterly VAP and CLI data at the next report
SCC - Surgical Services	Not	N/A	Green	Green	•Compliance with all Accreditation Canada Required		



UHN	Not Reported	Not Reported	Green	Green			
PROGRAM	STATUS FY06/07	STATUS FY07/08	STATUS FY08/09	STATUS FY09/10	SUCCESSSES	CHALLENGES	RECOMMENDATIONS
	Reported				Organizational Practices		
SERVICE	STATUS FY06/07	STATUS FY07/08	STATUS FY08/09	STATUS FY09/10			
Environment of Care	Not Reported	N/A	Not Reported	Not Reported			
Medical Imaging	Not Reported	N/A	Yellow	Green			
Nutrition	Not Reported	Not Reported	Not Reported	Green			
Toronto Medical Laboratories	Not Reported	Not Reported	Green	Not Reported			
Pharmacy	Not Reported	Not Reported	Not Reported	Not Reported			



SPECIAL PRESENTATIONS ([Back to Top](#))

UHN			
PROGRAM	SUCCESES	CHALLENGES	RECOMMENDATIONS
Balanced Scorecard (FY0910 Q2)	<ul style="list-style-type: none"> For the first time, the ED wait times have remained consistently 'yellow' from Q1 to Q2. 	<ul style="list-style-type: none"> In the <i>We</i> domain over Q2, leadership skills learning has been an area of challenge for the organization. Monthly average sick-time hours per employee is still 'red' and this is believed to be due to the consequences of the H1N1 flu season In the <i>Creative</i> domain, the generation of revenue dollars from commercialization continues to be a concern to the point where it is a question of whether or not the right people and processes are in place to tackle this matter, particularly because the organization has made a huge commitment towards this issue. In the <i>Accountable</i> domain, concern was expressed regarding chart completion (discharge summaries). The organization is hoping to achieve at least a 'yellow' in this indicator but acknowledged that this will require jumping over a very stringent benchmark, which will be a challenge. In the <i>Caring</i> domain, the number of average alternative level of care (ALC) days continues to be a problem for the organization. Patients who do not need to be in an acute care setting are occupying approximately 10% of beds. The organization is also struggling to meet the time targets set by the LHIN for emergency length of stay. 	<ul style="list-style-type: none"> The Committee recommends that a measurement referable to oncology wait times be included on the BSC. Moving forward to FY10/11, the BSC will evolve with respect to leadership skills learning and new targets will be brought forth to the Quality Committee meeting in April/May.
Infection Control	<ul style="list-style-type: none"> Successful H1N1 preparation and prevention. Hand hygiene compliance 'before contact' has improved; TGH and PMH boast the highest overall results for FY0910 (YTD December), exceeding the 50% target. Establishment of the Committee for the Elimination of Hospital Acquired Infections (CEHAI), which does incident reporting. Working with the Mortality review committee to provide critical event data. 	<ul style="list-style-type: none"> Passive surveillance of Surgical Site Infections (SSI) was stopped in September 2009. IPAC is moving towards active surveillance and is seeking an advanced method of data collection that is more efficient and requires less manual labour. Culture change as a means to decrease nosocomial infections and improve hand hygiene compliance. Clinical programs struggling with seeing a death with a nosocomial infection as a critical event. The Positive Deviance program requires support from the middle layer of management in order to be 	<ul style="list-style-type: none"> Signage to be put up near hand pumps to outline proper hand hygiene protocols. IPAC to collaborate with the Medical Advisory Committee to raise the profile and improve the performance of hand hygiene practices. IPAC to report back on how deaths related to hospital acquired infections are reviewed and work towards the statistical reporting of infection related deaths in future reports. Senior Management to assist clinical programs in understanding the financial impact of hospital



UHN			
PROGRAM	SUCCESES	CHALLENGES	RECOMMENDATIONS
		successful.	<p>acquired infections within each program (i.e., in terms of length of stay, readmission and associated costs).</p> <ul style="list-style-type: none"> •Senior Management to evaluate means to enable physician order entry of infection data post discharge as a first step towards reporting surgical site infection outcome data in future reports. •Senior Management to expand efforts undertaken by the Committee for the Elimination of Hospital Acquired Infections (CEHAI).
Pain Management	<ul style="list-style-type: none"> •Major success has been the inclusion of complementary therapy and availability of free therapeutic music on bedside patient television sets. 	<ul style="list-style-type: none"> •The gap in linkages to timely consultations for out-patient persistent pain •Lack of validated tools for assessing pain in patients who cannot communicate. •Staff appear to be taking longer to be responsive to pain assistance, perhaps a factor of increased workload pressures. 	<ul style="list-style-type: none"> •Provide more descriptive data on the amount of time patients are waiting for pain medication administration and to stratify this data by nursing unit. •Report on what happens with patients who have post-discharge pain issues.
Patient Relations	<ul style="list-style-type: none"> •Patients never express dissatisfaction towards the Patient Relations (PR) process. •Satisfaction of complainants to the process was at 96% and satisfaction of complaints with outcome was at 80% when last surveyed. These scores have been consistent throughout all survey years. •Department prides itself in having made UHN the “go-to” organization for Canadian PR offices. •Development/establishment of the Virtual Patient Focus Group, PR Roadshow and PR DVD, and the Ontario Patient Representatives Association. •Other successes: establishment of a brand; founding of various programs; provision of educational sessions (roadshow and DVD). •High level of face validity and credibility with UHN staff. 	<ul style="list-style-type: none"> •Top three types of concerns received about physicians: communication, care, and attitude. •Top three types of concerns received about nurses: attitude, care, and coordination of care. •Most complaint “hot spots” are associated with wait times. •Stressful and isolated work environment •Constant need to promote its brand and to keep things fresh. 	<ul style="list-style-type: none"> •Provide Top 10 data for areas with the least number of patient complaints as a means to acknowledge “star” teams. •Make the PR DVD available through the e-learning website so that staff may have access to the information at their convenience. •Provide data measuring litigation outcomes as proof that UHN’s PR department is doing better than others. Department should also consider publishing this data. •Report on how long it takes for patient complaint files to get closed/completed (i.e. <7 days, 7 to <14 days, 14 to <30 days, >1 month, etc.). •Senior Management to do a “Straight Talk” on Patient Relations.



UHN			
PROGRAM	SUCCESES	CHALLENGES	RECOMMENDATIONS
Quality of Care Committee	<ul style="list-style-type: none"> The majority of incidents at UHN by severity over Q2 of FY 2009/10 were minor, followed by moderate. The trending for incidents by severity is on par with previous fiscal years. 		<ul style="list-style-type: none"> Add an additional box to the incident reports to indicate the source of initial identification of the adverse event.
Finance Committee		<ul style="list-style-type: none"> All programs are over budget in the current year; the UHN's reserve fund allows the organization to keep its budget in balance. Continue to seek funded growth, protect capital and manage resources. Avoid running an operating deficit. Increase capital contributions to build future capacity for sustainability and growth. 	<ul style="list-style-type: none"> Senior Management to continue to look for further revenue opportunities.
Surgical Services Update	<ul style="list-style-type: none"> Improvement in data collection and education. Groups were re-educated on how to accurately assign priority 3 versus priority 2 cases; priority assignments now undergo closer examination and are sent to surgeons for input. 	<ul style="list-style-type: none"> Greater demand for surgeries than the supply allows, making physicians unable to complete their cases within the desired target times. Cataract wait times continue to be a problem. Although the program recognizes the importance of continuing education, it is difficult to make everyone clearly understand the priority assignment process, as every case is different. 	<ul style="list-style-type: none"> Program to explore the moral issue of backlogs, especially in surgical oncology wait times.
Health Human Resources (Recruitment & Retention)	<ul style="list-style-type: none"> Main feature that attracts staff to UHN is the ability to work and learn from the best minds. Other attractive features about the organization: the academic and research environment UHN offers; the lifelong ability to learn and develop one's career without having to leave the organization to learn elsewhere; state-of-the-art technology; multiculturalism; values-driven, supportive, inclusive, innovative and patient-safety focused culture. Organization is responsive to emerging trends and attractive to youth who value work/life balance, leadership development and growth opportunities. 	<p><u>Physician:</u></p> <ul style="list-style-type: none"> Opportunity to develop an integrated Medical HR Recruitment and Retention model <p><u>Nursing:</u></p> <ul style="list-style-type: none"> A total of 20.5% of UHN nurses have less than three years of experience in nursing, which poses a challenge for the organization because of the large infrastructure of support and leadership that is required to assist this group in development and training. A continual staffing challenge is the volume of maternity leaves experienced annually. The nursing shortfall has been climbing since Q2 of FY0809. Costs associated with turnover vacancies. Reduced system flexibility. Factors impacting quality of work environment for: 	<ul style="list-style-type: none"> Evaluate consistent policies and procedures with respect to the competence of elderly staff that ought to retire but choose not to. Senior Management to explore what educational supports are required to develop the skills of various medical personnel involved in the recruitment process to ensure they are properly trained for this role. It is recommended that Senior Management ensures that HR planning is part of the strategic planning process.



UHN			
PROGRAM	SUCCESES	CHALLENGES	RECOMMENDATIONS
		<p>increased sick time, increased risks of retirement, and erosion of academic productivity.</p> <ul style="list-style-type: none"> •Increased reliance on and reduced capacity of the Nursing Resource Team (NRT). <p><u>Allied Health:</u></p> <ul style="list-style-type: none"> •Remaining the employer of choice for AH professionals. •Increasing turnover and retirement risk. •Meeting employee expectations for academic practice. •Manageability of increasing workload. •Increased sick time. •Maintaining replacement capacity despite decrease in casual employees 	
External Reporting of Quality and Safety Measures (Q4 FY0809)	<ul style="list-style-type: none"> •The hospital standardized mortality ratio (including palliative care) has been better than the UHN established target of 90 for the past four fiscal years overall. •UHN colonoscopy volumes have been performing well, exceeding the target of 352 monthly cases for most of FY0809. •In-hospital deaths within 2 days of surgery for fiscal year 2007/08 have better than target since fiscal 2006/07. 	<ul style="list-style-type: none"> •The percentage of patients' medications reconciled at discharge is not meeting its target of 100% and this will be an area of continued focus as it will now be part of Accreditation Canada requirements. •The percentage of patients with ED length of stay greater than 24 hours is worse than the 2% target, as levels remain high at both sites. •CTAS levels 1, 2 and 3 are showing poorer results than CTAS levels 4 and 5, which are performing better than target. 	<ul style="list-style-type: none"> •Senior management team to monitor the impact of financial reconciliation for unmet targets.
Mortality Review	<ul style="list-style-type: none"> •First report of a multidisciplinary review process by an independent group of individuals that identify cases whose deaths were questionable and potentially preventable. •This presentation will be made on an annual basis moving forward. •There are two outcomes of the mortality review: the collection of longitudinal data on preventable deaths and the opportunity for health professionals to review health care practice and improve quality of care 	<ul style="list-style-type: none"> •The proposed review process was highlighted but is still evolving as suggestions for improvement are made. 	<ul style="list-style-type: none"> •The team is asked to share its mortality information and findings with other organizations. •The team is asked to incorporate a feedback loop for reviewing palliative care patients.



SUCCESSES/CHALLENGES ([Back to Top](#))

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PROGRAM	SUCCESSES	CHALLENGES	RECOMMENDATIONS
MCC - Community and Multicultural Health	<ul style="list-style-type: none"> As safety is one of the key areas of focus for the program, a mock code white (aggressive patient with a weapon) has recently been developed with Toronto Police Services, Emergency Preparedness, Security and Psychiatry. Initiatives to address needs of a multicultural community: Tai Chi group launched by CMH; FHT has made the patient education library multi-lingual. Successful streamlining of the intake process, resulting in patients now being seen within two weeks of discharge. FHT and GIM have established a partnership to address the needs of unattached patients at discharge. 	<ul style="list-style-type: none"> Demand for service. Addressing the needs of the multicultural community. Developing new models of service delivery. Managing increasingly complex clinical situations. Continuation to support integration within UHN and the community. 	<ul style="list-style-type: none"> Program to consider options for long-term outcome measures for patients treated for eating disorders. Program to work towards the development of appropriate outcome measures for Psychiatry and expand on the indicators for the FHT. Program to continue its efforts through the FHTs to understand and meet the needs of marginalized populations. Program to provide an update on electronic health record implementation at the next scheduled presentation of the program to the QC If the incident metrics given in the QC presentation shows critical or serious incidents occurred, a brief verbal explanation of the incident(s) should be included. The Committee recognizes the program's concern about physical space and encourages the program to work with Senior Management to determine appropriate solutions.
MCC - Complex Medical Care	<ul style="list-style-type: none"> Accreditation results E-transfer EOS results ED department's Electronic Triage Safety Initiative Rapid Assessment Zone initiative - aims to make assessment and treatment of mid-acuity patients faster, decrease their length of stay (LOS) and improve their patient satisfaction Long Term Care Home Mobile Nursing team Flow Collaborative 	<p><u>ED:</u></p> <ul style="list-style-type: none"> Visit volumes EMS volumes Meeting Pay for Results targets (10% increase) Consult turnaround time Diagnostic imaging turnaround time <p><u>GIM:</u></p> <ul style="list-style-type: none"> Patient volumes Patients waiting for placement Unbudgeted beds 	<ul style="list-style-type: none"> Program to review chart completion data next presentation. Program to report against provincial standards where applicable. Program to reflect on the merits of collecting additional information on the source of patients and whether they have a family doctor or not. Program to conduct an integrated analysis and present findings at the next report (i.e., LOS, ALC, Pressure Ulcer and Readmission Rates). Program to present the results of Model of Care benchmarking and compare these to industry standards.



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PROGRAM	SUCCESES	CHALLENGES	RECOMMENDATIONS
			<ul style="list-style-type: none"> •Program to review CCAC performance and ALC metrics. •Program is encouraged to keep their focus on indicators such as pressure ulcers, number of patients being discharged between 7 am and 2 pm, readmission rates and ED TAT with respect to labs, DI, and consults.
MCC - Chronic Disease Management	<u>Endocrine:</u> <ul style="list-style-type: none"> •Interprofessional insulin pump program for Type 1 diabetes •Interprofessional education programs for diabetes management. •Innovative model of care •Inpatient diabetes education: “Train the Trainer” program. •Family Health Team: Model for Patient Education. <u>Nephrology:</u> <ul style="list-style-type: none"> •SLED replacing CVVHD in ICUs. •National influence •Increase in the number of patients receiving home dialysis. •Humanitarian global impact of staff nephrologists. 	<u>Endocrine:</u> <ul style="list-style-type: none"> •Attempt to integrate the three components of diabetes care into one diabetes group that is UHN-wide. <u>Nephrology:</u> <ul style="list-style-type: none"> •Renal Management Clinic: early management of chronic kidney disease in the Renal Management Clinic in order to prevent complications. 	<ul style="list-style-type: none"> •Program to address wait times for catheter insertions.
Peter Munk Cardiac Program	<ul style="list-style-type: none"> •Leaders in innovation: establishment of the multi-purpose OR (MPOR). •Peter Munk symposium. •Commencement of I3 construction •Internal integrations, e.g. percutaneous valve program •External integrations, e.g. STEMI program. •Absorption of 10 beds from ED-GIM redistribution •Unyielding support from the Foundation 	<ul style="list-style-type: none"> •Limited space availability remains a challenge from year to year. •Succession planning, as it is necessary to ensure continued medical leadership. •High dependence on volume-funded activities. •Balancing specialization and standard case types. 	<ul style="list-style-type: none"> •Program to consider a leadership role with respect to gender issues (i.e., in educating stakeholders on the appropriate diagnosis and referral of women with cardiac symptoms, to develop new techniques that would work for women and to encourage suppliers to develop supplies uniquely designed for women). •Program to bring forth information on the impact gender has on outcomes as it arises. •Program to continue focus on indicators such as VAP, CLI, Pressure Ulcers and Wait times and provide update in next report. •Program to reflect upon the ability to sustain high occupancy levels and potential impacts



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			(e.g., staff, fire marshall, etc.).
Krembil Neuroscience Program	<ul style="list-style-type: none"> •A leader in regenerative neuroscience. •Play a key role in the research hospital. •Implementation of innovative technologies. •Philanthropy and fundraising efforts. •Strong fiscal stewardship and financial stability. •Strong partnerships with various institutions. 	<ul style="list-style-type: none"> •Meeting volume pressures. •Chart completion. •Ensuring access to specialized neuroscience services across the province. •Balancing elective and urgent care practices as well as CritiCall. •Recruitment and Retention of expert clinician scientists. •Ensuring a continued focus on integration of clinical and research activity. •ALC •Supporting technological, infrastructure and resource needs, as there is a critical need to upgrade OR capacity at Toronto Western. 	<ul style="list-style-type: none"> • Report on success rates for obtaining organ donations. • Monitor ALC and readmission rates to ensure discharges are appropriate (i.e., ensure pressure on ALC doesn't result in readmits). • Improve data quality of cataract wait time information, and if required, adjust prioritization process to be more consistent. • Maintain focus on developing quality of life measures. • Senior Management to discuss with MOHLTC the need for rehab beds for patients requiring both cognitive and physical needs in order to facilitate reduction in ALC days. • Senior Management to consult with the MOHLTC regarding the provincial strategy for neuro in order to assist in setting future directions of the KNP program. • Report on progress for improving chart completion rates in next report.
Musculoskeletal Health and Arthritis	<ul style="list-style-type: none"> •Strategic Planning. •Enhanced model of care for ambulatory services. •Community partnerships (Rehab, CCAC, Complex Convalescent Care, Long Term Care) •Interprofessional practice/education. •Patient Safety Initiatives have translated to improvements in performance indicators. •Program obtained award for its Tranexamic Acid Study. 	<ul style="list-style-type: none"> •Dealing with increasing patient volumes and access to specialized services. •Balancing scheduled and unscheduled cases. •Continuing to develop strategies to improve access to care. 	<ul style="list-style-type: none"> •Evaluate the satisfaction with care and pain management for patients with acute fractures who are being managed prior to their surgery in the fracture clinic (i.e., patients seen in the fracture clinic with an acute fracture but sent home prior to their procedure date). •Continue to improve chart completion rates with respect to discharge summaries. •For the next report, include data on the quality of life of patients post-surgery. •Extend the measurement of wait times from emergency to procedure date for all fracture



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			groups. <ul style="list-style-type: none"> •Work to implement a process to reduce wait times for surgery for all fracture patients admitted from the emergency department.
PMH Cancer Program	<ul style="list-style-type: none"> •Establishment of the multidisciplinary Cancer Program Quality Committee. •\$18 million Systemic Therapy redesign and construction tendered •Successful and evolving local, provincial and international partnerships. •Ambulatory care redesign underway. •Establishment of the de Souza Institute for Oncology Nursing. •Expansion of rapid diagnostics for breast cancer. •Piloting of REACH, a new urgent care clinic at PMH. •Edmonton Symptom Assessment Screening System (ESAS) kiosks in clinics for distress screening. •Designed a new community engagement forum at PMH. 	<ul style="list-style-type: none"> •Access to care for surgical oncology, leukemia and bone marrow transplant patients has been an issue and has made a great impact on the program's resources during times of peak activity. •Medication Order Entry and Medication Administration Record (MOE/MAR) aspect of chemotherapy due to the lack of integration between the UHN electronic system and the Cancer Care Ontario (CCO) system. •Patient education and survivorship programs are fully funded by the PMH Foundation, which poses a sustainability risk for the program, particularly in difficult economic times. •Space constraints. •Infection control: containing C. Difficile rates and ensuring optimal hand washing practices. 	<ul style="list-style-type: none"> •The Program is asked to bring forth methods of measuring survival and quality of life as they emerge. •The Program is asked to expand its palliative care initiative to more patient populations and program areas. •The Program is asked to continue to monitor funded volumes against target. •The Program is asked to report on progress made on improving chart completion rates. •It is recommended that oncology wait times be included on the BSC and be the responsibility of the SMT. •It is recommended that the advance care planning initiative currently underway be implemented throughout the organization. •It is recommended that Bob Bell and SMT discuss with CCO the critical need for a solution to the OPIS/UHN MOE incompatibility problem.
SCC - Transplant	<ul style="list-style-type: none"> • Successful Accreditation results, which led to no recommendations for improvement. • Successes at the clinical level, such as: clinical growth, live donor program growth, improved organ exchange and repair, as well as the Telemedicine program. •Implementation of Ex-Vivo Lung Perfusion (EVLP); clinical trials are well underway for this procedure. 	<ul style="list-style-type: none"> •The program faces the challenge of providing long-term follow-up to patients •Access to inpatient beds is another area of difficulty as the number of ALC and readmitted patients increases, resulting in an occupancy rate of over 100%. This leads to a decreased ability to respond to fluctuations in transplant activity. 	<ul style="list-style-type: none"> •Program to maintain focus on finding ways to increase the number of donor organs available for transplant. •Program to send the executive summary of the Organ and Tissue Transplantation Wait Times report to the Quality Committee Chair. •Program to provide a progress report on the impact of the U of T Transplantation Institute at the next report from the program to the QC. •Program to work with Senior Management to find solutions for timely access to ERCP, particularly on evenings and weekends. •Program to work with Senior Management to find ways to manage the capacity issues that arise from the unpredictability of timing for



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			<p>transplants and the resultant impact to other scheduled surgeries.</p> <ul style="list-style-type: none"> •Program to consider opportunities to partner with and educate other institutions so that post transplant patients can receive treatment for less acute health issues without returning to UHN. •Senior Management encouraged to report back on the transition of patients from Sick Kids to UHN. •Performance Measurement to incorporate into the Quality Committee schedule a presentation from Bioethics every two years. •The Committee would like to have a brief overview of the CPR Care report, its recommendations and the implementation plans.
SCC - Critical Care	<ul style="list-style-type: none"> •CCRT expansion. •Move to new critical care centre (TWH) allowing for improved patient care. •5 successful Donation After Cardiac Death (DCD) organ donors. •Infection rates (C. Difficile, MRSA) decreased despite challenging environments. •Fiscally responsible management •System thinking regarding critical care. •Team Charter developed. •Patient Safety Initiatives (Point of Care Testing guidelines). •Balanced Scorecard implemented. •Nursing Resource Team orientation. •Combined professional development day for Nursing Staff (ICU, OR, NCCU, PACU/POCU). •Elimination of agency use since December 2008. •Participation in Organ and Tissue Donation Accreditation Pilot. 	<ul style="list-style-type: none"> •Patient flow and access to critical care. •Number of ALC patients. •Medical emergency bed access. •Fiscal resources. •Repatriation. •Staff satisfaction. •Capital equipment. •Security. 	<ul style="list-style-type: none"> •The Program is asked to coordinate with Senior Management a plan to resolve the issue of ICU overcapacity. •The Program is asked to report on the conversion rate (i.e., eligible vs. donate) for organ donations at next report. •The Program is asked to present quarterly VAP and CLI data at the next report. •The Program is asked to identify indicators where they are concerned about the underlying data quality and fix these issues for the next report. •The Program is asked to consider the suggestion of devising a mini checklist to encourage infection prevention efforts. •For the next report, the Program is asked to describe why the EOS results are problematic and what initiatives have been put in place to improve these results.
SCC - Surgical Services	<ul style="list-style-type: none"> •Development of the Surgical Services Scorecard, staff manual for surgeons, and a 	<ul style="list-style-type: none"> •Access to inpatient beds with resulting delays and cancellation. 	<ul style="list-style-type: none"> •Program to follow up with the Committee on the concept of lateral revenues.



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	<p>patient education booklet called “My Surgery”.</p> <ul style="list-style-type: none"> •Improvements in the Employee Opinion Survey (EOS) results. •Strategic plan accomplishments. •Completion of the OR Transformation Project. •Development of the Surgical Safety Checklist to reduce morbidity and mortality in a global population. 	<ul style="list-style-type: none"> •Daily pressure for managers to maintain flow and accommodate scheduled and unscheduled cases. •Development of elective clinical strategies in face of emergency care. •Funding for technological advancement (new procedures, Minimally Invasive Surgery) a challenge due to cost constraints. •Comprehensive Surgical Site Infection Strategy – rate of post discharge surgical infections remains a challenge due to lack of resources to support an improvement initiative. 	<ul style="list-style-type: none"> •In the next report, the Program should provide an overview of financial challenges related to surgical innovation. •Program to report back to the Committee in six months on data for volumes of wait time cases and access times by priority level and a plan to improve coding of wait time data by priority level. •It is recognized that Senior management is accountable for wait times, especially in sensitive areas such as Cancer, and responsible for working to balance scheduled and unscheduled care.
SERVICE			
Environment of Care	<p><u>Energy & Environment:</u></p> <ul style="list-style-type: none"> •Leadership awards •Energy saving initiatives •Leadership role in LHIN and Canadian Coalition for Green Healthcare initiatives. <p><u>Infrastructure projects:</u></p> <ul style="list-style-type: none"> •Asbestos audit completed •Facility Condition Assessment Program implemented •Master space planning process begun <p><u>Occupational Health & Safety:</u></p> <ul style="list-style-type: none"> •H1N1 preparations •Construction Safety program. <p><u>Enhanced Security:</u></p> <ul style="list-style-type: none"> •64% decrease in thefts of hospital equipment since 2004. <p><u>Infection Control:</u></p> <ul style="list-style-type: none"> •Hospital wide hand-hygiene compliance monitoring •Met requirements for mandatory reporting of 	<ul style="list-style-type: none"> •H1N1 preparation •Construction of the Krembil Discovery Centre tower at TWH. •Ensuring current and future cooling capacity at TGH. •Bringing isolation rooms in Clinical Services Building up to CSA standards. •Inclusion of security technologies into new construction projects. •Incorporating energy impact analysis in new equipment purchases and construction projects. •Update of Green Procurement policy and procedures under new Supply Chain guidelines. •Gathering detailed reports for burden of isolation on the floors. •Review of the Environment of Care process: redefining role and membership of EoC; re-evaluating indicators and balanced scorecard; and developing role and processes for EoC review on non-clinical incidents. 	<ul style="list-style-type: none"> •The team is requested to develop a set of ongoing measures related to quality and safety issues that they can present to the Committee on an ongoing basis. •The team is asked to provide information on non-clinical incidents related to the EoC for the next report.



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	<p>infection rates to MOH.</p> <ul style="list-style-type: none"> • Hospital acquired infections and hand hygiene compliance have been incorporated into UHN balanced scorecard. <p><u>Support Services:</u></p> <ul style="list-style-type: none"> • New chillers at PMH • Activity permit and shutdown processes implemented to control project activities at TGH • Replacement of NU electrical panels at TGH • Replacement of medical vacuum system at TGH. 		
Medical Imaging	<ul style="list-style-type: none"> • Leadership: • One team culture: visual identity, communication tools, integrated governance. • Improved staff satisfaction • Technology: implementation of Radio Information System; continual update of equipment. • Development of Strategic Plan and balanced scorecard. • New and renewed partnerships • Provincial leadership: MRI process improvement; MRI and CT appropriateness. 	<ul style="list-style-type: none"> • Lack of standardized communication processes between and within departments. • Wait time funding – not guaranteed or fixed from year to year. • Breast wait times – due to staff shortage of radiologists, insufficient equipment and a higher demand for breast screening • Biopsy wait times – due to expansion and pressures from clinical programs. • Space utilization - more efficient layout is necessary to accommodate non-clinical space and space for new equipment. 	<ul style="list-style-type: none"> • Program to look into a method of lateralizing resources in order to increase revenues. • Program to provide specific details on current staffing challenges, along with mitigation strategies. • Program to develop a strategy for reducing MRI wait times. • Program to develop a report on evidence supporting MRI as standard of care for breast cancer diagnosis, and whether this is replacing other technologies. • Program to expand criteria used to report MI incidents to include issues such as pain management and changes in radiology report readings. Program should also include the most up to date data in their report next year. • Program to examine the issue of care of the frail elderly patient population and identify and implement strategies for assisting with the safety and flow of these patients through MI. • Report on the progress made developing the Team Charter.



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Nutrition	<ul style="list-style-type: none"> • Cost containment • Food quality • Compliance with Food Safety Standards • Staff education • TGH Catering kitchen renovation • Improved environmental foot print 	<ul style="list-style-type: none"> • Reliance on food suppliers compliance with food safety standards • Investigating other patient food service models 	<ul style="list-style-type: none"> • Department to ensure food supplier contracts meet all relevant standards. • Department to provide an overview of its nutrition disaster plans (i.e., what would we do if a major recall happened). • Senior Management to learn more about the food selection process for patients at North York General Hospital.
Infection Control	<ul style="list-style-type: none"> • Successful H1N1 preparation and prevention. • Improved hand hygiene compliance 'before contact'. • Establishment of the Committee for the Elimination of Hospital Acquired Infections (CEHAI). • Working with the Mortality review committee to provide critical event data. 	<ul style="list-style-type: none"> • Passive surveillance of Surgical Site Infections (SSI) was stopped in September 2009. IPAC is moving towards active surveillance and is seeking an advanced method of data collection that is more efficient and requires less manual labour. • Culture change as a means to decrease nosocomial infections and improve hand hygiene compliance. • Clinical programs struggling with seeing a death with a nosocomial infection as a critical event. • The Positive Deviance program requires support from the middle layer of management in order to be successful. 	<ul style="list-style-type: none"> • Signage to be put up near hand pumps to outline proper hand hygiene protocols. • IPAC to collaborate with the Medical Advisory Committee to raise the profile and improve the performance of hand hygiene practices. • IPAC to report back on how deaths related to hospital acquired infections are reviewed and work towards the statistical reporting of infection related deaths in future reports. • Senior Management to assist clinical programs in understanding the financial impact of hospital acquired infections within each program (i.e., in terms of length of stay, readmission and associated costs). • Senior Management to evaluate means to enable physician order entry of infection data post discharge as a first step towards reporting surgical site infection outcome data in future reports. • Senior Management to expand efforts undertaken by the Committee for the Elimination of Hospital Acquired Infections (CEHAI).



UHN			
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Health Human Resources (Recruitment & Retention)	<p><u>Allied Health:</u></p> <ul style="list-style-type: none"> •High academic productivity and profile •Leadership and development of UHN IPE/IPC programs •Work life balance – integration of Wellness Centre, i.e. dietician consults •Mentorship program piloted in Physiotherapy <p><u>UHN:</u></p> <ul style="list-style-type: none"> •The organization is able to attract the best employees as a result of state-of-the-art technology, superior leadership, and multiculturalism •The organization is able to retain staff because it is values-driven and embodies a culture that is supportive, inclusive, innovative, and patient-safety focused. 	<p><u>Nursing:</u></p> <ul style="list-style-type: none"> •Increased reliance on and reduced capacity of NRT •Turnover cost of vacancies •Reduced system flexibility, with impact on quality initiatives, escalation policy, replacement capacity, and staffing flex beds). •Quality of work environment – due to increasing sick time; erosion of academic productivity; and loss of gains in nurse staff satisfaction. <p><u>Allied Health:</u></p> <ul style="list-style-type: none"> •Recruitment and retention – due to increased turnover and staff nearing retirement age. •Academic teaching and research productivity – meeting employee expectations for academic practice •Reduced system flexibility and sustainability – increased sick time, increased workload. 	<ul style="list-style-type: none"> •Senior Management to explore what educational supports are required to develop the skills of various medical personnel involved in the recruitment process to ensure they are properly trained for this role. •Program to evaluate consistent policies and procedures with respect to the competence of elderly staff that ought to retire but choose not to. •Senior Management to ensure that HR planning is part of the strategic planning process.
Pain Management	<ul style="list-style-type: none"> •Inclusion of complementary therapy (formal partnership with the Sutherland Chan Massage Therapy Clinic) •Availability of free therapeutic music on bedside patient television sets. 	<ul style="list-style-type: none"> •Gap in linkages to timely consultations for outpatient persistent pain. •Lack of validated tools for assessing pain in patients who cannot communicate. 	<ul style="list-style-type: none"> •Performance Measurement to include a report on Palliative Care Pain Management in the presentation cycle for the Board Quality Committee. •Program to provide more descriptive data on the amount of time patients are waiting for pain medication administration and to stratify this data by nursing unit. •Program to report on what happens with patients who have post discharge pain issues.