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St. Michael’s Hospital is an academic health sciences centre founded by the Sisters of St. Joseph in 1892 to care for the sick and poor of Toronto’s inner city. As downtown Toronto’s adult trauma centre, our hospital is a hub for neurosurgery, complex cardiac and cardiovascular care, diabetes and osteoporosis care, minimally invasive surgery and care of disadvantaged populations. We are also one of the province’s major resources of care for critically ill patients.

Our relentless commitment to provide exceptional patient care, with compassion and dignity for all, is woven into the very fabric of St. Michael’s and can be seen in the spirit and dedication of our people – staff, leaders, physicians, researchers, educators, learners and volunteers. Together, we are privileged to be known as Toronto’s Urban Angel.

St. Michael’s has a strong history of embracing our strategic plan as the guidepost for our organization to reach new milestones and exciting achievements. However, as we embarked on the planning process for the 2015-18 Strategic Plan, the expectations and desired outcomes were different.

The platform for change is upon us – driving the need to think strategically about our future

- **Patient expectations are growing.**
  Like never before, patients are expecting more from their health-care providers. They want to be engaged, informed and active in their care. Patients and their families want tools to help navigate health services that are accessible, leading-edge and appropriate. Patients are being empowered as co-producers of health – an important partner in the design and delivery of care. They don’t just want their voices heard – they want to be at the decision table.

- **St. Michael’s is ready for transformation.**
  The next several years will bring significant physical changes to our organization. As our footprint grows, with the St. Michael’s 3.0 redevelopment initiative, we must use the opportunity to transform the way we work and provide the platform for new, innovative models of care that will enhance the patient experience. This journey is also an opportunity for renewal in organizational focus, decision-making and staff development.

- **The Ministry of Health and Long-Term Care has clearly signalled the next level of sustainability and innovation in its 2014 Framework for Strategic Action.**
  In this framework, hospitals have an important role in driving and facilitating change that will modernize home and community care, improve system integration and accessibility, promote high-quality care and increase the health and wellness of Ontarians. The signal is clear that all of this must be done with no new money – hospitals must be sustainable through cost reduction.

- **Partnerships and integration opportunities are right outside our doors.**
  Community partners are growing and evolving to provide appropriate care where patients want it most – in their communities and in their homes. Hospitals are transforming into health systems. Integration and genuine partnerships are critical to driving new levels of efficiency, access and sustainability.
This is our platform for change. The time is now to mobilize our legacy, our uniqueness and our capabilities to advance our leadership through a renewed commitment to working with system partners and our community. Our plan sets the stage for St. Michael’s to take bold, focused and deliberate action to shape the future of health care with our patients – locally, provincially, nationally and around the globe.

We are excited to share our roadmap for the next three years with you and look forward to having you join us as we embark on this transformative journey.

Sincerely,

Tom O’Neill
Chair, Board of Directors

Robert Howard
President and CEO

Tom C. O’Neill

Bob Howard
January 2015 - Putting the patient at the centre of everything we do at St. Michael’s Hospital

Ji* was the first patient of the day, arriving at the ambulance bay at the Emergency Department of St. Michael’s just a few minutes after midnight. The 21-year-old Ryerson University student had suffered broken bones and chest injuries following a two-car collision on the Gardiner Expressway. Monday is the busiest day of the week for downtown Toronto’s Level 1 trauma centre and this day was starting early.

At 4 a.m. after only a few hours of labour, Marta gave birth to her second child on the 15th floor of the hospital, one of nearly 3,000 babies born at St. Michael’s every year. Marta and her husband, who live in the Corktown neighbourhood, are among 350,000 Toronto residents for whom St. Michael’s is their local hospital. They were among the first people to register as patients for the new Sumac Creek Health Centre, the sixth site of the St. Michael’s Hospital Family Health Team.

At 10 a.m., Heather was punctual for her six-month check-up at the Cystic Fibrosis Clinic, the largest adult CF clinic in North America, with more than 400 patients from across Ontario. It’s her 50th birthday – a milestone not just for her but for an increasing number of CF patients who now live to a median 50.9 years, 20 years longer than they did two decades ago, thanks in part to specialized centres like ours.

Just over a mile away and two hours later, Mary, a 66-year-old woman with Type 2 diabetes, was checking in at 80 Bond St., another Family Health Team location. As a diabetic and an older woman, she is at increased risk of fractures, like the broken arm she suffered when she slipped on ice while running for the 501 streetcar last winter, so her doctor is going to refer her to the hospital’s Osteoporosis Clinic. Worried that she’s having trouble buying food and making ends meet on her small fixed income, he also wants her to see the clinic’s “health promoter” to help her navigate health-care and social assistance programs in the community.

At 2 p.m., a neurosurgeon was operating on Terry, a corporate lawyer on Bay Street, who has a brain tumour.

Sanjeev, a 37-year-old tow truck driver, was working the evening shift when he had a type of heart attack known as a STEMI, or ST segment elevation myocardial infarction. This severe type of heart attack happens when an artery supplying blood to the heart becomes blocked by a blood clot. Even though St. Michael’s was not the nearest hospital, he was rushed here for specialized care under a partnership between hospitals in the Toronto Central Local Health Integration Network, Toronto Paramedic Services and the Ontario Ministry of Health and Long-Term Care.

The day ended just before midnight, much as it began, in the ED. The 205th patient of the day was someone well known to the ED staff, John, a homeless man who sometimes sleeps on a grate on Victoria Street, warmed by clouds of steam from below. He was experiencing hallucinations, and while his thick patient file showed a long history of substance abuse, he also has schizophrenia. He arrived not in an ambulance, but in a police car staffed by a Mobile Crisis Intervention Team, a partnership between participating hospitals and the Toronto Police Service in which a mental health nurse and a specially trained police officer respond to 911 calls involving individuals experiencing a mental health crisis.

These are our patients, members of our community, our downtown Toronto urban community and the broader community we serve as a provincial resource for the sickest of the sick.

This plan is for them.
We have 500,000 inpatient and ambulatory care visits a year. It’s becoming increasingly challenging to provide them with the best possible care, especially as we aspire, with our new patient care tower, to become the premier critical care hospital in Canada.

There is no new government money for hospitals and the current funding model is moving away from annual lump-sum funding to a funding model tied to volume, performance and efficiencies. Hospitals that don’t meet the benchmarks don’t get full funding. Such funding formulas are particularly challenging for hospitals such as ours with complex patient populations. This strategic plan is aligned with those new realities.

It’s clear that we need to find a new, sustainable way of doing business if we want to continue to provide and improve quality patient care. We must be efficient, not just to balance our books, but to have resources to invest in innovation and new models of care. And we have to be accountable to our patients, not just for their health care, but for their tax dollars.

This strategic plan for 2015-18 is a roadmap for how we will build on our history, our existing strengths and our values as we move forward. This is a different kind of strategic plan, for a different St. Michael’s.
Our new strategic plan was brought to life through an extensive planning process that engaged our staff, physicians, leaders, patients and families, volunteers, partners and the community in shaping the roadmap for the future (refer to Appendix A for an overview of the strategic planning process). The culmination of the many planning discussions is a new, bold plan for the future that requires the collective energy of all to achieve the desired outcomes for our patients, our hospital and the broader system.

The St. Michael’s 2015-18 Strategic Plan is illustrated below. This diagram tells the story of a strategy with purpose and an organization that is seeking to reach new heights.

The strategic plan picks up where St. Michael’s began more than 120 years ago – an enduring commitment to our mission, vision and culture. Our three patient-focused strategic priorities are at the heart of the plan:

- Advance systems of care for disadvantaged patients
- Comprehensive care for our urban community
- Excel in the care of critically ill patients

As an academic health organization, our strategic priorities will integrate our core businesses of patient care, research and education. Our corporate principles of quality, integration and innovation will be the critical lens that drives how we will work. At the foundation of this plan, and integral to its success, are our key enablers – our people, infrastructure, information management and fundraising.

Together, we will achieve our vision of world leadership in urban health.
Our Vision: World leadership in urban health

St. Michael’s is a Catholic teaching and research hospital founded by the Sisters of St. Joseph in 1892 to care for the sick and poor in the south end of Toronto, many of them immigrants. The hospital has grown over the past 120 years from a 26-bed hospital to become a large academic health sciences centre with all the requisite services and programs of an acute care adult hospital serving a diverse, vibrant and growing city.

As we grew, we built world-class research centres, the Keenan Research Centre for Biomedical Science and the Li Ka Shing Knowledge Institute. Through the Li Ka Shing International Healthcare Education Centre, we became a leader in training the next generation of health-care workers in more than 23 academic disciplines and were one of the first to put students, staff and patients together in a dedicated and vibrant education portfolio. We have formal affiliation agreements with the University of Toronto and more recently, our close neighbour Ryerson University, and 15 other valued academic partners (refer to Appendix B for a list of our formal affiliation agreements).

We became downtown Toronto’s adult trauma centre and a leading centre for critical and complex care, developing the expertise to treat the sickest of the sick. In addition, we are recognized as a provincial and national resource for the provision of tertiary and quaternary medical and surgical care to complex patient populations. This encompasses care of patients with multiple sclerosis and adults with cystic fibrosis, as well as neurosurgical services, specialty orthopedic surgery, innovative cardiology and cardiac and vascular surgical procedures, and advanced therapeutic endoscopy.

Our commitment to those services remains unwavering, as we look forward.

To make sure our city remains healthy, St. Michael’s needs to address the needs of patients impacted by urbanization and collaborate both within the health-care sector and across other sectors that influence and impact overall health and well-being.

This is the challenge and opportunity at the heart of this strategic plan.

Toronto is growing, evolving and diversifying at a dizzyingly rapid pace, unlike anything we have seen before. We need to do more than just keep up with the change and adapt to it. We need to work with our patients and partners to lead the health-care response. And we need to consider this evolution in the context of decreased provincial resources in the acute care sector. Every innovation in health care needs to have a plan for sustainability.

The majority of the world’s population (54 per cent) now lives in urban areas, a milestone reached only recently, in 2007. By 2050, this figure is projected to be 70 per cent. In Canada, just over 80 per cent of the population lives in urban settings and that is projected to increase to 87 per cent by 2050.
The World Health Organization has identified major health issues that are pervasive in urban areas around the globe, and our city is no different:

- Critical illness, non-communicable diseases and conditions such as heart disease, cancer and diabetes have been linked to urban lifestyles in cities, as have infectious diseases
- Critical injuries due to higher incidence of accidents and violence
- Mental health disorders and substance abuse
- Growing disparities in socio-economic factors resulting in risk of increased morbidity and mortality.

With a population of 2.8 million people, Toronto is Canada’s largest urban area and the fourth most populous city in North America. According to the 2006 census, half the people in Toronto are now foreign-born, leading the United Nations Educational, Scientific and Cultural Organization to call it the most ethnically diverse city in the world. Toronto also boasts a large immigrant and refugee population. Its residents speak more than 170 languages. Its neighbourhoods vary widely in socio-economic status and the demographic of its downtown core is changing as the city continues to grow.

Our new strategy leverages our current strengths and history, yet sets a bold direction that will allow us to provide comprehensive care for our entire urban community, advance systems of care for the disadvantaged and excel in the care of critically ill patients. Providing excellent quality patient care and sharing our expertise through education, and testing and publishing our practices through research with our peers locally, provincially, nationally and globally, we will strive to achieve our new vision of world leadership in urban health.
St. Michael’s remains committed to its mission:

St. Michael’s is a Catholic academic health-care provider, fully affiliated with the University of Toronto and committed to innovative patient care, teaching and research. Established in 1892 by the Sisters of St. Joseph to care for the sick and poor, St. Michael’s remains dedicated to treating all with respect, compassion and dignity.

At St. Michael’s we recognize the value of every person and are guided by our commitment to excellence and leadership. We demonstrate this by:

- Providing exemplary physical, emotional and spiritual care for all of our patients and their families
- Balancing the continued commitment to the care of the poor and those most in need with the provision of highly specialized services to a broader community
- Building a work environment where each person is valued, respected and has an opportunity for personal and professional growth
- Advancing excellence in health services education
- Fostering a culture of discovery in all of our activities and supporting exemplary health sciences research
- Strengthening our relationships with universities, colleges, other hospitals, agencies and our community
- Demonstrating social responsibility through the just use of our resources.

The commitment of our staff, physicians, volunteers, students, community partners and friends to our mission permits us to maintain a quality of presence and tradition of caring – the hallmarks of St. Michael’s.
Our VALUES

St. Michael’s is guided by its long-standing values:

**Human Dignity**
We value each person as a unique individual with a right to be respected and accepted.

**Social Responsibility**
We value integrity and the promotion of the just use of resources entrusted to us for the enhancement of human life.

**Excellence**
We value quality in care, work life, education and research.

**Community of Service**
We value a work climate of mutual trust and harmony to enable healing, collaboration and the fulfilment of human potential.

**Compassion**
We value a quality of presence and caring that accepts people as they are and fosters healing and wholeness.

**Pride of Achievement**
We value our colleagues, our work and our accomplishments and take pride in bringing our rich tradition of hope and healing to every person in our care.
Our CULTURE

St. Michael’s will work to preserve its unique culture:

Known as Toronto’s Urban Angel, St. Michael’s is often perceived as “feeling” different from other hospitals from the moment you walk through its doors. There is a sense of warmth, hope and friendship that stems from a long tradition of providing compassion to all – our patients, their families, our students and all those who work here. This culture emanates from the notion that every single person has inherent dignity and must be treated with respect, particularly disadvantaged populations.

Our mission and values have stood the test of time. St. Michael’s staff, physicians, volunteers, students, community partners and friends live them every day. Everything we do comes from a shared understanding of our values, what we stand for, how we treat each other and those we serve.
Our Strategic Priorities

Comprehensive care for our entire urban community

St. Michael’s has a long history of working with partners in the community.

Our community advisory panels have created dialogue with stakeholders representing key segments of our catchment area. The Centre for Research on Inner City Health (CRICH) has formed valuable relationships in the community to input into and facilitate its research projects. We also work with other hospitals and healthcare providers, such as long-term care or rehabilitation facilities, shelters such as Seaton House, the Toronto Central Local Health Integration Network and Community Care Access Centre, HealthLinks, churches, schools, businesses and our academic partners – the University of Toronto, Ryerson University and others.

Along with a long history of working with partners in the community, we are also uniquely positioned to create a model of integrated comprehensive care with our 45,000 primary care patients in our five, soon to be six, Family Health Team sites. This provides an opportunity to do more to break down silos and walls and embrace the care of our entire urban community like never before. And, we need to test that we are succeeding.

St. Michael’s catchment area includes some of the most socially and economically diverse communities in Canada, from Rosedale and Riverdale to St. James Town and Regent Park. We have the largest concentration of homeless people in Toronto and a high population of socially isolated seniors. Adding to the diversity of our community is the gentrification of Toronto’s downtown core and the rise of many condominiums that bring new, often younger, residents to the city. But they all require care providers that will meet their changing and diverse needs.

First, we must improve co-ordination and integration of our own services, ensuring our Family Health Team patients have the seamless access they need to diagnostic and specialty care services in the hospital. Working with our partners, we are committed to designing a comprehensive, integrated health-care system that is high quality, accountable and accessible to local residents and covers the entire continuum of care from wellness counselling to primary care, specialty, hospital-based care, rehabilitation, home care and long-term care. This priority will take us on an exciting and challenging journey from a community-based organization to a community-engaged organization.

St. Michael’s is responding to a changing urban landscape
Our focus: directions, initiatives and key outcomes

1. **Provide leadership in the design, implementation and evaluation of a comprehensive care model that is accessible to everyone in our local community.**
   - Understand and assess the needs and resources of our local community for primary, specialty, community and hospital care.
   - Collaborate with health-care and community partners to create a high-performing, integrated care system for our local patient community.
   - Develop research, knowledge translation and education programs with global impact on the health of urban communities.

2. **Optimize the transitions of care for patients.**
   - Improve access to St. Michael’s services through improved integration of the St. Michael’s Family Health Team and St. Michael’s hospital-based specialty care (e.g. General Internal Medicine, Diabetes, Cardiology, Surgery, Mental Health, Women’s Health and Pediatrics).
   - Enhance collaboration mechanisms between hospital-based, specialty care and primary care (e.g. improved referral and communication tools, shared care models, etc.).

3. **Create and study innovative ambulatory models of care that integrate St. Michael’s hospital-based, specialty care with primary care.**
   - Complete an evaluation of the current ambulatory care model, including understanding the patient journey in and out of St. Michael’s hospital-based, specialty care and St. Michael’s primary care.
   - Develop and study innovative ambulatory care models for specific patient populations that exemplify a patient-centred, interprofessional approach to care system design (e.g. chronic disease management).
   - Explore options that improve access to St. Michael’s specialty care teams in the community setting.

What will success look like in three years?

- **We are a system leader in providing and/or facilitating quality care for all members of our local, urban community.** Patients from our community have appropriate access to health care that meets all of their needs.
- **Enhanced patient and family experience along a fully integrated health-care journey** that is built upon strong, collaborative relationships with primary care, specialty care and community and hospital partners.
- **We are actively engaged with our dynamic, urban community** in the co-design of innovative and evidence-based health-care delivery that serves as a provincial, national and international model.
- **Improved access to ambulatory specialty services** in the community setting.
St. Michael’s is recognized as a leader in not just caring for the disadvantaged, but in researching how to do that better. Our Inner City Health Program is the only program of its kind in Canada, with a clear definition, a research component and a structure for community input through our community advisory panels. Through our integrated approach to community health, we combine medical, psychological and other types of care, and co-ordinate with local partners. We serve a population as diverse as the multicultural communities who live and work every day in the heart of our ever-evolving city.

We care for people with severe and persistent mental illnesses and substance abuse issues, refugees, immigrants, vulnerable seniors, people with disabilities, and those challenged by other social determinants of health. We provide the homeless with a warm, safe place to recover after treatment in the Emergency Department.

Recognizing that social and economic factors such as income play a large role in people’s health, we have added staff to our clinic at 80 Bond St., who can help patients navigate the health and social assistance systems or provide legal advice. We have a mobile palliative care team that goes out into the community, including to homeless shelters. A community support worker who experienced homelessness works full-time in the Emergency Department offering homeless patients support.

We are also committed to excellence in education and research. Medical students from the University of Toronto learn first-hand about the challenges of health in the inner city. CRICH, founded in 1998, is Canada’s only hospital-based research entity focused on the health consequences of social inequity. Through CRICH we track, analyze and produce a better understanding of how to prevent and solve inner city health issues. We also have a Chair in Homelessness, Housing and Health to support research and innovation in the provision of care to marginalized populations, both locally and nationally. It’s believed to be the first hospital-based chair in homelessness in the world.

**Advocating for the disadvantaged**

As care providers and advocates for change, St. Michael’s knows that there is more work to be done. We must leverage our position and knowledge to create and advance systems of care for the disadvantaged. These systems will require innovative care models that focus on the social determinants of health and are driven by strong networks between the health and social sectors. In doing so, we will become a true centre of excellence with care models that impact quality of life, research that influences social policy change and education that reaches around the globe to improve outcomes for the disadvantaged.
Our focus: directions, initiatives and key outcomes

1. **Develop, implement and evaluate new care models to transform health and social sector integration and improve outcomes for disadvantaged populations.**
   - Define high priority disadvantaged populations that require innovative models of care and system partnerships.
   - Identify and work with partners within the community and health system to design, pilot and evaluate innovative models of care for disadvantaged populations.
   - Provide research expertise in the design, evaluation, implementation and dissemination of innovative models of care for disadvantaged populations.
   - Develop collaborative learning programs for staff and physicians in the care of disadvantaged patients and create innovative educational opportunities for patients and families.

2. **Develop and strengthen networks and community capacity to impact social determinants of health and support the overall health of disadvantaged populations.**
   - Leverage existing relationships to effectively advocate and support the uptake of evidence-based interventions across relevant sectors to improve the health of disadvantaged populations.
   - Establish St. Michael’s as a system resource by disseminating new knowledge through a consultation, training and technical assistance service with peers and our community and by partnering with government to support evidence-based policy.

What will success look like in three years?

- **We will have advanced social policy and care for disadvantaged populations globally** through our innovative models of care, research and knowledge translation.

- **We are the hub of an integrated, inter-sectoral (i.e. collaboration beyond the health sector) approach to health** using a determinants of health lens that provides equitable access to care for our disadvantaged populations.

- **Every learner (inclusive of staff, physicians and students) will develop knowledge and skills** in approaches to care for disadvantaged populations.
St. Michael’s is committed to saving lives when critical illnesses strike and the best care is needed – and needed urgently.

We provide this care across a wide spectrum of life-threatening conditions that include multi-system trauma, cardiac arrest and complex heart disease, septic shock, neurological emergencies and more. This care requires a highly skilled and experienced interprofessional team of health-care providers as well as advanced technical equipment to save lives, control symptoms or provide compassionate palliative care. It requires active coordination, flexibility and, most of all, the knowledge and judgment of how to respond to the wide range of urgent health challenges in a busy urban environment.

**St. Michael’s Hospital will become the premier critical care hospital in Canada**

We are well positioned to do this, given our location in the heart of the biggest city in Canada, accepting the sickest patients from throughout Canada’s biggest province.

We will achieve this goal by breaking ground in early 2015 for the Peter Gilgan Patient Care Tower, which has been specifically designed for critically ill patients. With this new tower, we will have the right space and the right equipment to provide the best care in Canada for critically ill patients. We will also have dedicated space for families so that they can participate in patient care, which is known to improve outcomes.

We will achieve this goal by working both internally and with community partners to provide seamless transitions of care from the Emergency Department to the operating room or intensive care units to rehabilitation, home care or long-term care.

Through our critical care research and nationally and internationally respected clinicians, we are already a leader in identifying, discovering and providing the most effective way to care for critically ill patients, particularly in areas such as resuscitation, trauma, traumatic brain injury, sepsis and mechanical ventilation.

We will generate and disseminate new knowledge in the evolving range of critical illnesses in our urban world that takes into account the increasing focus on meaningful and relevant outcomes for our patients. This includes connecting translational research to patient-centred outcomes, a focus on patient-care pathways and care transitions, as well as linking a deep commitment to patient and family values to the way we deliver care.
Our focus: directions, initiatives and key outcomes

1. Advance care across the spectrum of critical illness.
   - Understand, measure and improve the process, outcomes and transitions of care for patients with critical illness – before, during and after the acute care phase.
   - Develop and evaluate systems and models of care for specific critically ill patient populations.
   - Advance excellence in patient care through the development and implementation of clinical pathways.
   - Accelerate the adoption of translational research into everyday care.

2. Generate and disseminate new knowledge for the care of people with life-threatening organ injury.
   - Integrate clinical research into everyday care.
   - Advance translational research aimed at patient-centred outcomes following critical illness.
   - Evaluate the effectiveness of a range of research modes and tools (such as big data) in the quest to achieve better patient-centred outcomes.
   - Develop a critical care education plan consistent with the principles of the corporate education plan.
   - Participate, enhance and lead international collaborative research.

What will success look like in three years?

- We will be recognized for excellence in clinical care and as a world leader for the care of several specific critically ill patient populations.
- We will be a recognized international leader in the care for the critically ill because of our innovative care, teaching and research.
- We will be a magnet of excellence to care providers, students and the public.
- Patients choose to come to St. Michael's for care, and they and their caregivers are confident in the care provided.
Our Research Priorities

Publishing research is a mark of a truly world-leading health-care organization

St. Michael’s research philosophy is focused on bringing new discoveries and new science to life – moving research from the bench to bedside to community as quickly as possible. The research enterprise at St. Michael’s is based at the Keenan Research Centre for Biomedical Science and the Li Ka Shing Knowledge Institute which together house more than 150 principal investigators and more than 500 research staff, with a major focus in critical care, urban health, global health and knowledge translation.

Research has seen extraordinary growth in recent years, thanks to strong institutional investments, which are producing significant returns: a doubling in the number of annual peer-reviewed publications since 2007 and more than a tripling in the number of publications in elite journals in that same time. This, in turn, has resulted in a marked jump in our international ratings, from the top 18 per cent of health-care research institutions in 2009 to the top eight per cent worldwide in 2014.

Research is placing more emphasis on integration with the hospital. We have created three translational research centres that bring together researchers and clinicians working in the same area – neuroscience, critical illness and injury, and cardiovascular disease and diabetes. The goal of these cross-cutting programs is to share bench and bedside experiences to bring appropriate new preventative, diagnostic and therapeutic care to our patients as soon as possible. Through our world-class Knowledge Translation Program, we also aim to share that knowledge globally.
Our research will be focused on five priority areas:

**Urban health**
We will continue to be a global hub for innovation that seeks to improve quality of life and influence social policy for the disadvantaged in our cities.

**Translational research initiatives**
We will build on the newly established Critical Illness and Injury Research Centre, positioning us to be the premier research hospital addressing care of critically ill patients. In neuroscience, we will build on our national and international leadership in traumatic brain injury, subarachnoid hemorrhage, neurotrauma and neurodegenerative diseases, such as multiple sclerosis. Our third – and newest – translational theme will evaluate the most compelling interdisciplinary questions in cardiovascular medicine and diabetes through well-designed clinical trials focused primarily on curing disease, reducing morbidity and extending life.

**Big data**
Through active clinical, administrative and research collaboration, we will become a world leader in using hospital big data to improve quality of patient care and optimize hospital operating efficiency. We will become national role models in this area and a resource for hospitals across Canada.

**Biomedical engineering, science and technology**
Together with Ryerson University, we will develop the Institute of Biomedical Engineering, Science and Technology (iBEST) and the Biomedical Zone. Our goal is to position ourselves as a leader in biomedical innovation, promoting the spirit of entrepreneurship that will lead to the development of new technologies that can improve patient outcomes and can be commercialized.

**Improving quality and health outcomes**
We will continue to build on our strengths in clinical research methodology, knowledge translation, public engagement and health policy to improve quality and health outcomes, both locally and globally.

What will success look like in three years?

- **Tighter integration** between research and clinical programs at St. Michael’s.
- Leaders in the use of hospital data for quality improvement, research and business decision making.
- **Canada's premier critical care research hospital.**
- A centre for **innovation and commercialization.**
Our Education Priorities

At St. Michael’s, we believe that by learning you will teach and by teaching you will learn

The education portfolio works to improve the student experience, our teaching effectiveness and institutional learning opportunities, with an overall goal of improving patient care and outcomes. We were among the first to bring students, staff, patients and their families together under the same education umbrella and our achievements in supporting all their learning needs have helped to position St. Michael’s as a leader in education among Canadian academic teaching hospitals.

The education portfolio has developed a new plan to further improve the educational programs and opportunities at St. Michael’s consistent with our vision to be leaders in health professional education and to support our organizational vision of world leadership in urban health.
This plan outlines five priority areas:

Learning collaboratively
Everyone will understand his or her individual and collective impact on the patient’s journey and will learn and teach as a team. All learners will experience increased accessibility to collaborative learning opportunities. They will be respected as members of a team where staff and physician engagement in collaborative learning will be a corporate priority. We will work with our academic partners to offer more structured interprofessional placements and we will strengthen our internal partnerships to increase knowledge and awareness of collaborative learning across the organization.

Engaging the patient
The importance of active patient and family engagement and lived experience will be reflected in all elements of teaching and learning at the hospital.

Advancing academic practice
We will support knowledge creation and mobilization through the establishment of communities of practice, innovative educational design and ongoing program evaluation.

Developing our people
We will support lifelong learning through the continuing professional development of our staff, physicians and students.

Driving quality through education:
Education will enable the success of all programs in advancing the hospital’s quality agenda. This work will be advanced through seeking opportunities for strategic growth and development aligned with the corporate strategic plan; fostering relationships through outreach to our hospital’s community and beyond to create new possibilities; and measuring the results and outcomes of our programs and their impact upon the patient experience.

What will success look like in three years?

- The evolution of our commitment and approach to quality will be supported by education to grow our capacity for continuous improvement and innovation.
- Our students, staff and physicians will have protected time for collaborative learning and knowledge exchange, and will be supported by a robust learning management system.
- Through education, all learners – staff, physicians, students – will be empowered to be respected members of a collaborative team and to be engaged in organizational priorities.
- Patient and family education will be personalized and supported with technology-enabled resources.
- We will extend the use of telemedicine and personal computer video conferencing to improve the linkages and communication between our primary and specialty health-care providers, our in-patient and ambulatory units and our patients and their health-care team.
Our Corporate Principles

Our new strategic plan is much more than the focus on our priorities. It is about driving change together through a fundamental shift in the way we work and think. We have the imperatives to change – patient expectations are increasing, there is no new money, hospitals are becoming systems, and our footprint is growing, as are the constant improvements to patient care through new science and new technology. And to recruit and retain the best staff, we have to respond to these drivers.

How do we make this change happen at St. Michael’s? Through a relentless commitment to all three of our corporate principles.

The corporate principles are our change agents – quality, integration and innovation

A focus on quality improvement will challenge us to re-think what we are doing and how we do it. A focus on integration will challenge us to advance our systems thinking beyond the walls of St. Michael’s. A focus on innovation will challenge us to develop and implement new thinking that will transform care.

This is our collective challenge – and our exciting opportunity ahead – to create a new St. Michael’s that is driven by organizational excellence by being not only sustainable, but driving increased value for money so we can reinvest in patient care. We are all invested in the future success of St. Michael’s and, as such, we all must play our part in investing in our corporate principles. We need to create transformative change together for our hospital, our patients and our communities.
Quality

Accountable to the public to deliver high quality and sustainable health care

Quality improvement is constant incremental improvements to ensure patients receive the right care to deliver the best possible patient experience. By its nature, high quality improvement also advances an organization’s sustainability – central to this strategic plan.

St. Michael’s quality priorities are defined by SOAPEE, which stands for Safety, Outcomes, Access, Patient-centred, Equity and Efficiency. The ultimate goal is to have quality as the cornerstone of how St. Michael’s operates on a daily basis – a true quality management approach.

Safety and access have been early priorities in the St. Michael’s quality agenda – those will continue with strong governance, tools for care providers and measures to ensure we are improving.

An enhanced focus on patient-centredness is known as a key determinant of a quality outcome. Engaging our patients, empowering them in their own care and providing tools and resources to help navigate along their care continuum are key enablers to the patient-centred priority in SOAPEE. The next step in the St. Michael’s quality journey is to harness the voices of patients to guide and evaluate our improvement efforts. This means engaging patients as advisers to co-develop and co-design new care pathways – providing patients with the tools to take a more active role collaborating with their care team.

The imperative to improve patient care must be undertaken with no new money

The cost savings accountability must extend to everyone in the organization, from ordering appropriate diagnostic tests to standardizing clinical practice, to finding efficiencies in energy use and how we purchase supplies. For St. Michael’s to be sustainable, everyone has a responsibility to improve efficiency and to look for savings opportunities.

Like the best practices and standardized resources available to improve safety in health-care delivery, we know we need tools to support staff and physicians on the efficiency journey. Over the next three years, operational reviews will be conducted throughout every part of the hospital, to identify and recommend improvement opportunities, including systemic and transformational change opportunities.
Integration

Creating systems of care across the continuum

For the last several years, this corporate principle was about partnership – strengthening internal collaboration and community, provincial, national and global partnerships. Considering our new priorities, patient expectations and the fiscal trajectory of our health-care system, it is imperative that St. Michael’s advance its thinking to partnership with a purpose – integration. This newly framed corporate principle is our call to action to create systems of care across the continuum for our patients.

Delivering the appropriate care by the appropriate provider – integration can improve the patient experience and find efficiencies in the system

This is about seizing integration opportunities that will improve both the patient and family experience and patient outcomes – by working to break down the silos and create a seamless patient journey. Advancing integration is, in part, about looking inward at the opportunities to strengthen internal program and departmental collaborations at St. Michael’s. It is also about seizing the opportunities beyond our walls, thinking about how we could – and should – deliver clinical care and corporate services differently, with our partners, in an integrated model.

To be a leading organization that drives integration, St. Michael’s needs to cultivate meaningful relationships with current and emerging partners. We need to think of ourselves as part of a larger system, reaching beyond traditional health-care providers, such as housing, social services, justice, etc., to create new value for patients and communities in transforming care and making the most efficient use of scarce resources. At St. Michael’s, we have had much success in working with partners to advance integration. Going forward, we bring a renewed energy and commitment to build on our momentum to create integrated systems for our patients.

Over the next three years, St. Michael’s will prioritize the integration agenda. This journey is not simply an opportunistic one; it is a strategic journey to seek out and create the right integration opportunities for our patients, our hospital and our system. Proactively, St. Michael’s will foster, strengthen and invest in relationships with other institutions to create opportunities for collaboration and generate breakthrough integration initiatives. With a focus on the community, St. Michael’s will lead the way in integrating primary, community and specialty care.
Innovation

Developing, implementing and evaluating new approaches

We are embarking on a renewed focus on innovation. Critical to this journey is getting a clear understanding of how St. Michael’s, corporately, should define, prioritize and advance innovation to improve patient care and overall delivery of value. Innovation is not incremental change. Innovation strives to solve a complex issue by discovering and combining ideas, insights and models in new ways. Innovation improves performance by replacing old practices and embracing new ones that often bring efficiency, and ultimately better outcomes for the patient.

Implementing a new model of doing things can be risky, but big risks can result in big benefits

With overarching goals to develop, implement and evaluate new approaches, St. Michael’s can be a leader in achieving transformation through innovation. The innovations we adopt do not have to be invented here; there are many innovations and best practices to be identified elsewhere in Canada or around the world and borrowed from other institutions, inside and outside of health care.

To commence this journey, we must first develop an innovation strategy to serve as the guiding framework for all innovation initiatives at St. Michael’s. Similar to our quality journey, early investments will need to be made in designing the right approach, investing in the appropriate infrastructure and setting the key innovation principles. An important aspect of our innovation strategy will be the activation of our people and understanding the important role of implementation science. We will explore strategies that empower and support risk-taking, encourage diverse teams and motivate leaders of innovation at St. Michael’s.
Our Enablers

Our strategic plan is ambitious. To achieve this ambition, we have identified four key enablers – our people, infrastructure, information management and fundraising. Together, these areas represent critical success factors to our transformational journey over the next three years.

Our People

Our people are the very heartbeat of St. Michael’s. Our people live our mission and values every day. Our people are here to make the lives of our patients better. As we look forward in this strategic plan, we need to remember it’s our people who will deliver its goals and promises. We need to acknowledge their day-to-day work as well as their contributions over and above their regular jobs, and make sure they know they are valued. We will continue to focus on nurturing a deep culture in which employees feel respected and a part of the St. Michael’s community. Through our engagement surveys, rounding, town halls, face time with executives, performance management and recognition efforts, we will continue to innovate with the help of our people.

Our people are both teachers and learners

We will drive development in many different ways, from the classroom, to the exchange of ideas, to teaching those around us. We will embrace equity and diversity through our internationally educated professionals program, our accessible learning opportunities, policy development and implementation and, most importantly, our daily practice. To make sure we are achieving results, we will introduce workforce metrics and planning to provide benchmarking and analysis.

Our human resources practices have grown, but there is more to do. We will develop a new people strategy that will emphasize:

- How to adapt to a changing urban world while holding strongly to our values
- Recruitment of top talent, including from outside of Canada, and retention of an engaged, innovative workforce
- An emphasis on leadership to have the right leaders in the right roles
- Performance management to align corporate goals and desired competencies for all staff and leaders
- Succession planning
- A continued focus on human resources service excellence.

All of our leaders need to have the capability and the will to lead within the new strategy. All leaders will need to embrace and drive the change. How we prepare our leaders, how we set expectations and measure success will determine our success and sustainability of our new direction.

Dynamic leaders and engaged employees are critical to a healthy organization and will position us to be the most desirable place to lead and work in health care in Canada.
Infrastructure

St. Michael’s is strongly committed to investing in state-of-the-art facilities for our people, patients and community. The Keenan Research Centre for Biomedical Science and Li Ka Shing Knowledge Institute reflect this commitment, providing a stimulating work environment for world-class scientists and educators to produce and translate their findings across disciplines and, where possible, expedite those to a clinical application. To support our strategic direction to be a premier critical care centre and leading teaching hospital committed to providing and advancing excellent care in urban health, the hospital will undergo a significant physical transformation in the St. Michael’s 3.0 redevelopment project.

The 3.0 construction will span the lifetime of this strategic plan and will be highly disruptive, causing not just noise, dust and detours for staff, physicians, patients, students, volunteers and visitors, but also forced moves to new offices, some of them offsite and less spacious, and potentially lost sleep, more headaches and uncomfortable recovery conditions for patients. We need to acknowledge that short-term pain is real and do whatever we can to mitigate it. But we also need to remind staff and educate patients and others that this is the biggest physical transformation in the hospital’s 120-year history and the end result will be a leading edge facility that will transform patient care and enable everyone who works, studies or volunteers here to do a better job in a more attractive and efficient environment.

By the end of this plan, St. Michael’s will have a new 250,000 square feet, 17-storey critical care tower at the corner of Queen and Victoria streets and the facility’s aging infrastructure will be redeveloped through approximately 120 renovation projects of 150,000 square feet. Also underway will be the demolition of the oldest Shuter Wing; in its place will be the construction of a three-storey podium that will house an expanded Emergency Department with zones for rapid assessment and treatment of patients. All of these spaces have been developed using evidence-based design for better health outcomes.

The redeveloped campus and tower will give life to a cutting-edge facility that will strengthen the hospital’s ability to implement new and emerging technologies and models of integrated and specialized care. It will be a superior clinical environment that will attract, retain and support world-class clinicians in their provision of premier critical care.

Care extends into the community

As part of our strategic plan, St. Michael’s is equally invested in supporting infrastructure in our community for our urban patient population. Projects such as the new Family Health Team site in Regent Park, Sherbourne Health Withdrawal Management Centre, and a new satellite dialysis centre are designed to facilitate the continuum of care for our urban patients by placing accessible resources that are relevant for promoting their health within their neighbourhoods.

St. Michael’s is focused on strengthening our models of care to promote safe transitions for our urban patients. This approach will challenge the traditional infrastructure confines of a “hospital” and work with partners to find solutions that provide better, more efficient access for our patients.
Information Management

Data, information and knowledge are critical enablers for an academic health sciences centre. The Information Management strategic plan, iCARE, has four strategic directives: cultivating predictive analytics, leading in collaboration, advancing the electronic patient record and enhancing the patient experience.

The more we learn, the more we know, and the better we are, the better we perform

Access to the right data in a timely manner is crucial to expanding our quality improvement, performance and research agendas. In the predictive analytics component of the plan, we will mine the data we have developed through such things as electronic patient records and business systems and do sophisticated analyses to create information that can enhance quality, particularly efficiency and the patient experience. For example, we will be able to use this information to better track which patients are using which hospital services and when, or which prescriptions or treatment plans are resulting in fewer readmissions. This knowledge will guide the development of new best practices in urban health.

We will be opportunistic in using the tools we have established to support seamless care transitions and provide timely, relevant data to guide patients and families across the care continuum. We need to do this within our organization and identify community partners with whom we can collaborate.

Advancing the electronic patient record continues to be a key goal. The next phase will focus on key areas of the hospital that still operate in paper-based, manual processes (with limited electronic supports). This includes critical care, perioperative services, emergency, ambulatory care and oncology. By the end of this strategic plan we aspire to have reached Stage 7, the highest level set by the Healthcare Information and Management Systems Society. We will also bring knowledge to the bedside by using advanced mobile technologies and knowledge-based rules and alerts.

Recognizing the changing expectations of patients, we will develop and deploy reliable, viable and accurate tools to support their interactions with St. Michael’s, their care teams and their own unique education requirements. Patients will be able to communicate electronically with care providers and, where appropriate, have access to their own records and other information about their care journey.

In parallel with the information management strategy, we will also drive excellence in the patient experience through the deployment of state-of-the-art technology in our new patient care tower and renovated care spaces. The technology plan will transform St. Michael’s into a digital hospital with systems and tools for the future.
Philanthropy is critical to the quality of care we are able to offer at St. Michael’s. Governments pay for a substantial portion of the bricks and mortar needed to construct new buildings. But it is up to hospitals, through their foundations, to raise money for the remaining share as well as for state-of-the-art technology and other equipment needed to run modern health-care institutions. The hospital has also asked the foundation to help fund priorities in research and education, including chairs that help attract the top talent in the world.

The continued success of the St. Michael’s Hospital Foundation in fundraising for St. Michael’s new patient care tower and renovated Emergency Department and the new strategic plan will be based on an ongoing dialogue with the hospital. Donors – particularly those at the transformational level – tell us they are more likely to support projects that are bold and innovative and that provide them with an opportunity for significant input and ongoing engagement.

Donors are engaged and inspired by St. Michael’s goal to become Canada’s premier critical care hospital. As we move from the quiet phase of the Inspire 2018 fundraising campaign to the final, more public phase, this is where we need the engagement and support of our physicians, staff, board members and friends. Every gift we receive is important and welcome regardless of its size. We are proud of the extraordinary culture of giving at St. Michael’s and the fact that 100 per cent of physicians have donated to each of our last three capital campaigns.

At the end of 2014, the foundation had raised an amazing $170 million toward the $210 million goal of its Inspire 2018 fundraising campaign. We are excited to raise the remaining $40 million by the end of 2015, early in this strategic plan. And, once we pause to acknowledge and celebrate that remarkable achievement, the foundation, as an enabler of the strategic plan, will work with the hospital to identify tangible new ideas and projects for fundraising. These priorities will achieve two integrated goals: engage our donors and support their reasons for giving, and advance the strategic directions and vision for St. Michael’s.
January 2018 - Putting the patient at the centre of everything we do at St. Michael’s Hospital

When this strategic plan has been implemented, what does health care look like for the patients we met at the beginning of this document? How has their patient experience improved?

Ji and John, the first and last patients of the day, were also among the first patients to be treated in the newly renovated Slaight Family Emergency Department. Ji, the car collision victim, arrived in the new enclosed ambulance drop-off area and was transported directly to the trauma suite, bypassing the triage and other public areas. He had all his X-rays taken in the ED’s new 24-7 imaging suite. The team that resuscitated Ji had practiced its trauma and crisis resource management skills using a point-of-care mobile simulation unit the week before. Before Ji’s discharge, he was provided with digital access to personalized discharge instructions as well as online educational materials that he can access on his mobile electronic device. Hospital staff also followed up with him in the days and weeks following his discharge to see how he was doing. They connected him with the appropriate school and mental health counsellors in the community when he said he was still suffering from pain and depression and was worried that he might have to drop out of school.

John, who was having hallucinations, was taken directly to the new mental health area, a quiet, soothing and secure area, physically separated from the rest of the ED that is staffed 24-7 by dedicated, specially trained crisis workers and health-care providers. John now has a care co-ordinator whose job is to know all the health-care and community service players important to our patients with multiple needs and to make sure they are seeing the right person at the right time.

Marta, the new mother, and her family are regular visitors to the new Sumac Creek Health Centre, what with regular well-baby check-ups and the usual bumps and viruses of a young family. They like the fact they can get their X-rays and blood tests done at the clinic, rather than having to go to the hospital. They also like the community engagement specialist who works with the Regent Park and Moss Park communities to make sure the clinic meets their needs, such as offering appointments evenings and weekends, when it’s convenient for working families. Marta’s husband is the patient voice on the Sumac Creek Health Centre governance committee. His expertise in IT was used to help develop an app that allowed all the new mothers in the clinic to track their children’s developmental milestones.

Heather used her experience as a member of the Cystic Fibrosis Patient/Advisory Board to help set up similar groups in other parts of the hospital. She likes the fact she can communicate with her doctors and members of her health-care team using her mobile device.

Mary still sees a lot of different health-care workers in different parts of the hospital – 80 Bond St., the Osteoporosis Clinic (where she’s also enrolled in a research project), the Diabetes Clinic at 61 Queen St., and the Elder Clinic. It’s a good thing all our records are now electronic and she doesn’t have to keep track of a thick, paper chart or worry that different clinics are going to schedule appointments on different days or when it’s not convenient. The biggest change for Mary and for clinic staff is that she truly has an interprofessional care team and each time she has an appointment, she sees the person best able to help her, whether it be a pharmacist explaining the side effects of her new medication, a dietitian, a social worker or yes, sometimes the physician.

Doctors couldn’t remove all of Terry’s brain tumour so he’ll need ongoing care – but nothing that requires him to remain in an acute care hospital. Terry’s case is discussed at “virtual transitions of care meetings” – interprofessional team meetings held in the conference room. Partners from Toronto CCAC, the complex continuing care centres and long-term care homes are linked twice weekly to discuss cases like Terry’s and to make decisions about timely and
seamless transfer to the most appropriate care setting. Although Sanjeev feels overwhelmed by all the lifestyle changes he will need to make, he is reassured that the health-care team involves family members in any discussions about his care plan and next steps for rehabilitation. His family members have access to the type of information they need to support him, including his wife who doesn’t speak English well and his son who is able to communicate with doctors by videoconference from abroad. Several months later, he is invited to provide peer support to other patients who are recovering from heart attacks.

The most exciting changes are the ones we can’t even imagine at the end of 2014, because they’re still just an idea in the minds of our patients, staff, researchers, clinicians or educators. But because of our new emphasis on innovation, they can be one conversation, invention or grant proposal closer to transforming patient care.

**St. Michael’s is proud to be Toronto’s Urban Angel**

We are leaders in compassionate care for some of the city’s most disadvantaged people, the broader urban community and those who are critically ill. Through this strategic plan, St. Michael’s will provide innovative solutions while also focusing on quality and the integration of care. We will partner with our patients to ensure they are receiving the best possible care while excelling in our education and research priorities. It is a plan that will help us achieve our vision of **world leadership in urban health**.
Appendix A: Our planning process

The St. Michael’s Hospital strategic planning process was guided by the following principles:

- Commitment to an innovative process
- Commitment to getting to a better place
- Commitment to communication throughout the process
- Commitment to engaging stakeholders
- Commitment by the organization to own the plan.

To achieve these principles, a three-phase process was designed that infused broad engagement, meaningful dialogue and challenging discussions every step along the way. Although engagement is part of the long tradition of strategic planning at St. Michael’s, this process sought to reach new perspectives, bring people together in different ways and create conversations that evolve thinking, explore possibilities and galvanize on the future. Over our nine-month journey, close to 1,000 voices contributed to help define our strategic plan.

Outlined below are a few of the key highlights from the planning process:

- **Survey** - The initial foundation was set with a survey that was available to all St. Michael’s staff and volunteers to provide input into the strategic plan. This survey was designed to gather the current pulse of the organization. A total of 618 responses were received and analyzed.

- **Lunch-and-listen sessions** - A lunch-and-listen series provided the opportunity for staff groups to speak in a smaller setting with a member of the Executive Steering Group about the future of St. Michael’s. At each of these discussions, emerging themes were shared and new insights and perspectives were brought forward.
• **Public consultation sessions** - Five public consultation sessions were undertaken in the spirit of listening to important stakeholders – our patients, the public and our community advisory panel members who work at agencies focused on addressing the needs of the marginalized and disadvantaged, such as the homeless and vulnerably housed, people living with mental illness and addiction, Aboriginals and at-risk women and children. These dialogues also included physicians, social workers and other professionals with an expertise in working with disadvantaged populations.

• **External partners at the table** - External stakeholders were engaged as partners throughout the process. The conversation did not stop with their early insights as key informants. External partners were around the table at our Strategic Directions Summit as the priorities really began to take shape – jointly working with us to consider desired outcomes, benefits and risks.

• **Leadership sessions** - Every month since July, a leadership session was held to continue the engagement of administrative and clinical leadership in the development of the strategic plan. From inspiring an exciting new vision for St. Michael’s to shaping the focus and ambition of the strategic priorities, leaders rose to the occasion and joined the conversation like never before. These sessions successfully brought together groups of 50 to 80 leaders from across the organization and generated the energy, commitment and momentum that are required to bring this strategy to action.

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**Appendix B: Formal affiliation agreements**

Centennial College  
Canadian Memorial Chiropractic College  
George Brown College  
Hong Kong Polytechnic University  
Humber College  
King Saud University  
Laurentian University of Sudbury  
McMaster University  
Michener Institute for Applied Health Sciences  
Mohawk College  
Oxford College  
Ryerson University  
Seneca College of Applied Arts and Technology  
University of Ottawa  
University of Toronto  
University of Western Ontario  
York University