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What if?

How?

TOGETHER WE ARE ASKING THE BIG QUESTIONS

Why?

Is there a better way?

Why not?

**TAHSN
IMPACT
REPORT**

2023



WHAT WE DO

Together, we lead the future of health care through the collective strength and diversity of our organizations, people and communities.

WHO WE ARE

Toronto Academic Health Science Network (TAHSN) includes the University of Toronto and its full and associate affiliated academic hospitals.

- Baycrest
- Centre for Addiction and Mental Health
- Holland Bloorview Kids Rehabilitation Hospital
- The Hospital for Sick Children
- Humber River Health
- Michael Garron Hospital
- North York General Hospital
- Scarborough Health Network
- Sinai Health
- Sunnybrook Health Sciences Centre
- Trillium Health Partners
- Unity Health Toronto
- University Health Network
- University of Toronto
- Women's College Hospital

BY THE NUMBERS

39,000+
Learner placements each year across TAHSN

92,000+
Staff working in TAHSN hospitals

10,000+
Physicians serving across TAHSN

2,900+
Scientists in hospital-based research institutes

8 MILLION+
Patient visits to TAHSN hospitals each year

- 6 MILLION+ outpatient visits
- 1 MILLION+ emergency department visits
- 1 MILLION+ inpatient visits
- 1,500+ long-term care residents

\$3 BILLION+
Combined hospital research spend annually across TAHSN

TOP 3 GLOBALLY
Ranked 3rd in the world for health science research output by *Nature*, with TAHSN collaboration cited as an enabler of this high ranking.

All figures are based on publicly available information.

When the COVID-19 pandemic hit, our hospital and health-care leaders *faced a multitude of complex, urgent questions — the answers couldn't come fast enough.* As we collaborated through TAHSN committees and communities of practice to navigate a multitude of rapidly evolving crises, we realized we were much stronger together. ↓

Now, *as we transition from emergency mode to the ongoing complexity of academic health care, we keep asking.* We've moved from: *How can we maintain care, education and research in our hospitals during a global pandemic?* to *What can we do together to better prepare for the next pandemic and increase our global impact? How can we leverage shared data to improve patient care? and How can we integrate equity and sustainability across our operations and practices?* And together, we are developing innovative solutions. ↙

There is no question that TAHSN is a centre of excellence and among the world's largest and most productive academic health science hubs. Individually, our 15 member institutions are global leaders across various fields — which adds up to a huge level of collective impact. →

But it is because **TOGETHER WE ARE ASKING THE BIG QUESTIONS** that we are truly leading the future of health care.

TOGETHER WE ARE ASKING THE BIG QUESTIONS

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STRATEGIC PRIORITY 4:
An equitable and sustainable future
How can we build equitable, sustainable practices throughout our organizations?



Together, we can be transformational

AS OUTSTANDING AS our individual organizations are — and they are each incredibly impressive — we can only realize our true ambition and potential on the world stage together, as TAHSN.

I am thrilled to share a glimpse of our progress and growing impact in this report. Together, we are not only asking the big questions, but also developing innovative and actionable answers — whether it's harnessing the power of shared data to enhance patient care; advancing equity and sustainability across our operations and practices; embarking on collaborative, large-scale research initiatives; continuously investing in the next generation of health-care leaders and so much more.

TAHSN sets the stage for leaders to form collaborative efforts and get big things done at scale across the region. We challenge ourselves by asking, **Why?** and **How can we improve?** We dare to explore the possibilities with questions such as **What if?** and **Is there a better way?**

By tapping into our collective curiosity and commitment to excellence, we are truly pushing the boundaries to advance health care and health sciences on a global scale.

Together, we are transforming the future of health care.

Andy Smith
President and CEO,
Sunnybrook Health Sciences Centre
TAHSN Chair



What would we have done without TAHSN?

AS WE FACED THE EXHAUSTING and constantly changing demands of the COVID-19 crisis, this question came up repeatedly. If it weren't for close and sometimes constant collaboration across this network, how would we have solved the sheer quantity of complex challenges we faced on a daily — or hourly — basis?

Through TAHSN, with the University of Toronto as its hub, we identified vital answers. We not only navigated urgent issues — including getting learners back into the hospitals and maintaining health research during the pandemic — we started re-examining deeper, more foundational questions.

These questions included: *How can we continue working as health system partners to avoid duplication of efforts? How can we address longstanding inequities exacerbated by the pandemic? and What if we came together to drive even more large-scale, integrated research?*

As we deepen our collaborative efforts, we are now asking, **How much more can we achieve together?**

Trevor Young
Vice-Provost,
Relations with Health Care Institutions,
University of Toronto

TOGETHER

OVERVIEW

Making an impact across our strategic priorities

As we serve one of the most dynamic and diverse regions in the world, TAHSN partners are coming together to tackle the most pressing questions in health care. We work collaboratively to drive transformative change across our strategic priorities.



STRATEGIC PRIORITY 1:

MOBILIZE EXCELLENCE IN CARE TOGETHER

- Hospitals devised innovative approaches to bringing health-care teams together during the COVID-19 crisis. *Now we're asking: What worked and what didn't?*
- Clinical externs are stepping in to fill gaps in the health-care workforce. *But what are the rules?*
- Health-care worker wellness took a hit during the COVID-19 pandemic. *We're asking: How can we help?*

Find out how we're answering these questions on page 8 →

STRATEGIC PRIORITY 2:

CANADA'S LEADING HEALTH RESEARCH HUB

- Individually, TAHSN partners are advancing crucial areas of research. *What if we deepened our collaboration to take on the world's most pressing and complex challenges, together?*
- New research requirements, complex approval processes and cumbersome data transfer requests can become major hurdles. *What if we could help remove barriers to facilitate collaborative research?*
- *How can we ensure Canada is equipped to remain a world leader in health science research?*

Learn about our ambitious answers on page 10 →

WE

ARE



STRATEGIC PRIORITY 3:

FUTURE HEALTH PROFESSIONALS AND LEADERS

- We came together to tackle urgent questions surrounding learner placements during the COVID-19 crisis. *Now we're asking: How can we make the system more learner centred?*
- With nursing staff shortages during the COVID-19 crisis, hospitals struggled to provide enough nursing student placements. *As we discovered longstanding inefficiencies we asked: Is there a better way?*
- Learners are essential members of our health-care teams. *How can we ensure a psychologically and physically safe learning environment, with pathways to discuss, disclose and report mistreatment?*

Explore how we are building a better way on page 12 →

STRATEGIC PRIORITY 4:

AN EQUITABLE AND SUSTAINABLE FUTURE

- Through the first TAHSN-wide Self-identification and Anti-Racism Education Survey, we are asking a tough question: *Are senior leadership teams and hospital boards reflective of Black, First Nations, Inuit, Métis and urban Indigenous communities in Toronto?*
- Instead of attempting to change systems and structures in silos, we are coming together to implement solutions across TAHSN. *Can we move from exploration to action, dismantling systems of racism across our network, with a focus on anti-Black and anti-Indigenous racism?*
- If health-care leaders don't commit to addressing climate change and enhancing sustainability across our facilities and practices to help create a healthier planet — *who will?*

Read about our progress on page 14 →

ASKING

THE



ENABLER 1

DATA SHARING AND DIGITAL COLLABORATION

THROUGH ongoing data infrastructure innovations, we are expanding the potential of data sharing across TAHSN, and applying AI and machine learning technologies to extract valuable insights.

A prime example is a TAHSN quality improvement and patient safety collaboration, which leveraged existing shared data via the GEMINI platform to improve our ability to identify and predict cases of hospital acquired delirium — a serious and dehumanizing medical condition that can double mortality rates and significantly extend hospital stays. Estimated to affect up to one in four hospitalized patients, delirium requires significant resources to manage, which is why it's important to understand where and when it is most likely to occur. Through a

GEMINI study, we integrated patient data across TAHSN hospitals and worked with U of T's Faculty of Applied Science & Engineering and the Vector Institute to develop an AI-based approach — ultimately enabling us to capture 90 per cent of all delirium cases in the system. (Previously, only an estimated 25 per cent of cases were identified.)

Equipped with this knowledge, we plan to deploy targeted resources to help prevent delirium in high-risk patients across TAHSN. The delirium study also advances equity, as the patients who are the most susceptible to delirium are often from marginalized groups or have other characteristics that put them at high risk.

NOW, we are asking: *How can we harness the incredible power of our shared data* to enhance clinical care in an ongoing way, expand the potential of research and education and improve equity and sustainability?

BIG



ENABLER 2

SHARED COMMUNICATION AND ENGAGEMENT

THE questions we face across each of our strategic priorities are complex and hard to solve alone. As we break away from a siloed structure to a more collaborative approach, we tap into networks of expertise.

TAHSN committees, working groups, roundtables and informal communities of practice have become active hubs of learning and support.

During the COVID-19 crisis, human resource leaders connected to develop coordinated solutions to pressing issues, such as redefining occupational health and safety teams, while reimagining a collaborative approach to help staff navigate rapidly changing protocols.

Today, over 400 TAHSN health-care professionals interested in quality improvement and patient safety converge bimonthly to identify priority areas for action and focused research.

Leaders in equity, diversity, inclusion, accessibility and anti-racism have built a community of practice in which emotional support and mentoring opportunities emerge alongside knowledge sharing and collaborative initiatives.

TAHSN reached out beyond its member organizations, bringing together all major academic institutions with learners in Toronto hospitals to coordinate on key issues related to hospital-based training placements.

TOGETHER, we are channelling the power of communication and engagement to *confront key questions* across our strategic priorities.

See list of committees and communities of practice on page 16 →

QUESTIONS

STRATEGIC PRIORITY 1:

Mobilize excellence in care together

How can we equip health-care teams to provide the best patient care?

Adaptive models of care during the COVID-19 crisis were rapid responses to an emergency situation.

Now we're asking: What worked and what didn't?

AS intensive care units (ICUs) faced staffing shortages and a surge in critical care patients, hospitals devised innovative approaches to bringing teams together. These adaptive models of care included redeploying staff into new roles and adjusting staff-patient ratios. It was a rapid solution to an emergency situation.

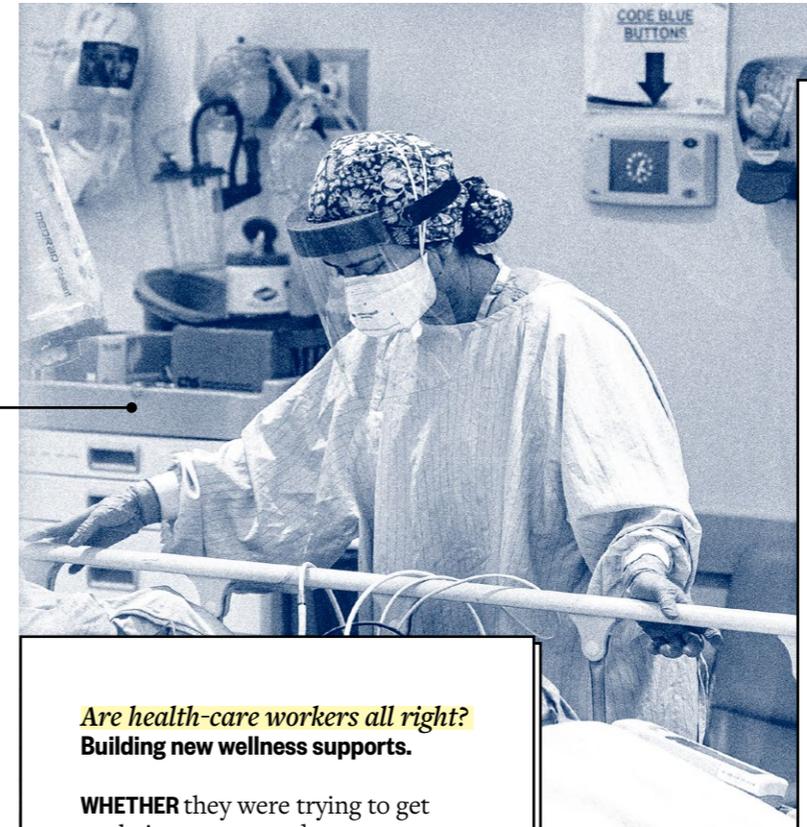
Now, with the benefit of hindsight, TAHSN's bird's-eye view and academic rigour, we are asking: What can we do better next time to support our health-care teams? Which innovations would be appropriate moving forward, and where are there opportunities for improvement?

Among the findings from 77 interviews with direct care nursing staff and management team members at 12 ICUs across eight TAHSN sites are the importance of communication around role clarity and accountability in an environment of rapid change and adaptation.

Clinical externs are stepping in to fill gaps in the health-care workforce. But what are the rules?

DURING the pandemic, another emergency response to staffing shortages in acute care settings was to bring in increasing numbers of clinical externs — health science students hired to support health-care providers outside of their educational programming in nursing, respiratory therapy, physiotherapy, medicine, occupational therapy and paramedics. These roles were vital in the COVID-19 crisis and continue to meet the needs of a strained workforce, but the scope and boundaries are unclear. We asked: If these roles are here to stay, what are the limits and expectations? How can we ensure they are supporting ideal patient care and that student training journeys are enhanced?

We are pulling our answers into a tool kit with guidelines and best practices to help TAHSN partners successfully implement these roles.



Are health-care workers all right? Building new wellness supports.

WHETHER they were trying to get to their emergency department shift when their children's daycare was closed, covering a colleague's night shift, developing COVID-19 vaccine clinics or navigating a new electronic medical record system, health-care workers took on a lot during the pandemic. TAHSN collaboration during the crisis was key to navigating supports and included fast-tracking credentialing to enable a health-care worker from one hospital to quickly fill a gap in another.

As TAHSN human resource leaders implement and share new strategies to support wellness for all staff, a new physician wellness working group is connecting TAHSN medical and wellness leads — developing tools to help physicians navigate new digital responsibilities, find supports in cases of mistreatment, harassment or discrimination and feel supported from a wellness perspective.

How can we harness collaborative TAHSN-wide research to continually improve care?

RESEARCH insights have implications on best practices in clinical care, while clinical outcomes can hold answers to complex questions. Through strategic and collaborative efforts — such as the Toronto Dementia Research Alliance, which brings together researchers and clinicians from several TAHSN organizations to better understand and treat dementia, and the GEMINI initiative, which is unifying clinical data across TAHSN to unlock crucial insights — we are harnessing the power of research to improve care.

Learn how we are harnessing shared data to identify delirium on page 6

How can we ...

Get on the same page to ensure patient safety?

How can we learn from serious safety events if we don't use the same definition of what they are? Leaders in quality improvement and patient safety across TAHSN are tackling this issue, bringing all of our hospitals onto the same page by adopting a common approach and set of tools to identify and learn from serious safety events.

Advance equity and anti-racism to improve quality care?

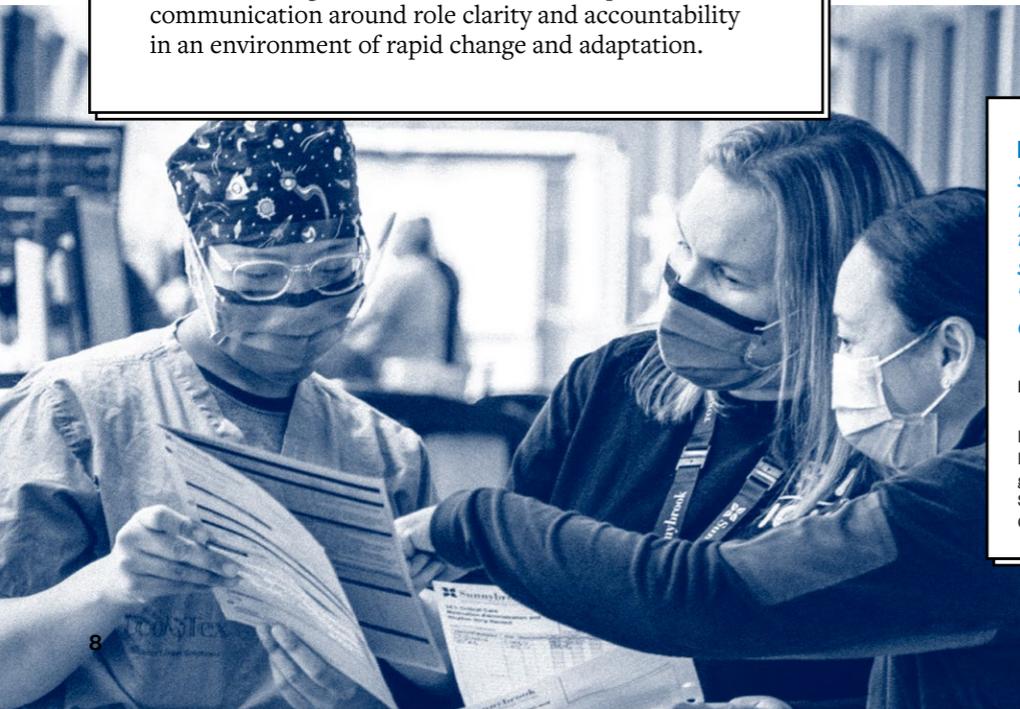
Equity and anti-racism are top of mind for TAHSN, with leaders, staff and learners across the network gaining an understanding of anti-Black and anti-Indigenous racism through learning modules, quality improvement leaders working to increase patient access to translation services, and TAHSN developing new anti-racism tool kits focused on education, data collection and incident reporting.

For more examples of equity in care, see page 14

We draw on the unique strengths of people working in different quality improvement and patient safety organizations across TAHSN, and leverage the opportunity to collaborate.

BRIAN WONG

Director, U of T Centre for Quality Improvement and Patient Safety, general internist, Sunnybrook Health Sciences Centre, co-chair, TAHSN QIPS community of practice



STRATEGIC PRIORITY 2:

Canada's leading health research hub

What if we could massively advance our research impact on a global scale?



Individually, TAHSN partners are advancing crucial areas of research.

What if we deepened our collaboration to drive transformational impact?

TOGETHER, we are partnering to speed up drug discovery and more through an unprecedented \$200 million Canada First Research Excellence Fund investment in the U of T-based Acceleration Consortium's vision to create self-driving labs. TAHSN is launching the new Toronto High Containment Facility with a \$35 million award from the Canada Foundation for Innovation's Biosciences Research Infrastructure Fund, which will advance crucial work through the Emerging and Pandemic Infections Consortium. We are investing in a domestic pipeline of life-saving pandemic-related vaccines and therapeutics, made by Canadian scientists and produced by biomanufacturers in Canada, with an initial \$2 million in funding from the Canada Biomedical Research Fund to launch the U of T-led Canadian Hub for Health Intelligence and Innovation in Infectious Diseases. And we are bringing together cross-disciplinary teams across our network to unlock the potential of powerful new technologies in neuroimaging, neuromodulation, microscopy and much more.

Through TAHSN, we are expanding the scope and scale of our research initiatives — collectively taking on the world's most pressing and complex challenges.

What if we could remove barriers to research and collectively navigate common challenges?

NEW research requirements, complex approval processes and cumbersome data transfer requests can become major hurdles for researchers collaborating across institutions. Together, we are working to dismantle common and longstanding barriers by creating a harmonized data and material transfer and use agreement template, streamlining research ethics approval processes, collectively building best practices to meet new requirements and more. We have also implemented a common approach across TAHSN to ensure the full cost of research is accounted for in funding agreements — to support crucial behind-the-scenes research operations. Now, we are setting out to further simplify clinical research activation across sites, while enhancing shared access to unique infrastructure.



How can we ...

Ensure Canada is equipped to remain a world leader in health science research? As the country's largest cluster of health science research — and one of the largest globally — TAHSN plays an important role in advocating for research funding.

Turn research insights into commercial impact? TAHSN members are coming together via Toronto Innovation Acceleration Partners to take health science research from discovery to market. By investing in the commercialization of scientific findings, we are a crucial driver of Toronto's growing innovation ecosystem.

Take a coordinated approach to new research facilities and infrastructure? Instead of duplicating efforts in silos, we are increasingly coming together to coordinate and share access to world-class infrastructure and equipment, including top-of-the-line technologies in neuroimaging and neuromodulation, the new Toronto High Containment Facility, which enables researchers to examine high-risk pathogens and pandemic diseases and much more.

Harness the immensely valuable data from across TAHSN to uncover crucial answers? Through strategic, system-wide collaboration, including ongoing data infrastructure innovations, we are advancing the incredible potential of data sharing across TAHSN — applying AI and machine learning technologies to extract powerful, actionable insights.

Future health professionals and leaders

Can we build a better system to support and invest in our learners?

Is there a better way to coordinate nursing student placements?

DUE to nursing staff shortages and workforce strain during the COVID-19 crisis, hospitals were struggling to provide the nursing student placements requested by academic institutions. To tackle this and other urgent and complex questions surrounding learners, TAHSN extended its existing education table by bringing together all major academic institutions in the region with hospital education leads, forming the Toronto Hospital Education Table.

This forum proved instrumental in ensuring the new generation of nursing staff could access their requisite learning placements. As we examined the needs with a system-wide lens, we were not only able to meet the immediate nursing training needs — we also recognized significant longstanding inefficiencies, which were causing undue stress and confusion. The crisis that brought us together made us ask: Is there a better way?

We are now developing and implementing recommendations through a collaborative, system-wide and multi-pronged approach to improve the nursing placement process.



Can we streamline learner onboarding requirements across TAHSN hospitals?

AFTER working together to bring learners back into their placements during the COVID-19 pandemic, we turned our focus to long-standing structural issues including asking: How can we make our educational placements more efficient and learner centred?

Streamlining the hospital onboarding process for learners is a top priority. Throughout their educational journey, learners have clinical placements across multiple TAHSN hospitals. Instead of repeating similar onboarding requirements such as mandatory training for each new placement, they would ideally have access to a set of common e-learning modules — with new placements requiring only important, site-specific training.

Together, we are working to restructure onboarding requirements and eliminate duplication.



■ *Since joining TAHSN in 2021, Humber River Health has established an on-site family medical teaching unit — tapping into the power of this network to enhance the level of training and clinical experience we offer the next generation of health-care leaders. ■*

BARB COLLINS

President and CEO, Humber River Health

How can we ...

■ *The model of having expert groups that reflect the communities served making recommendations and implementing changes in their own organizations is a TAHSN superpower. Instead of competing, we're truly committed to moving the dial — and it's upping everybody's game. ■*

HEATHER McPHERSON

President and CEO, Women's College Hospital, CEO Lead, TAHSNe, co-lead, TAHSN Anti-Black and Anti-Indigenous Racism Steering Committee

Better support learners experiencing mistreatment? We are building on learner mistreatment supports and reporting response pathways developed at U of T's Temerty Faculty of Medicine to ensure learners in all disciplines across TAHSN feel safe when reporting cases of mistreatment. As we develop resources, best practices and a consistent infrastructure to prevent, prepare for and manage incidents of mistreatment, we continue to gain awareness of the issue through the annual TAHSN Learner Experience Survey, which is sent to all TAHSN learners.

Leverage the expertise within TAHSN to elevate our work through continuing education? Not only does TAHSN's human resources community of practice work collaboratively to develop key policies and a coordinated approach to staffing challenges — it also helps roll out new policies and training modules to all staff across the network. Recent examples include the implementation of a new policy on religious clothing in sterilized environments and the launch of an anti-Black racism e-learning module created at Women's College Hospital and adapted for TAHSN.

An equitable and sustainable future

How can we build equitable, sustainable practices throughout our organizations?

Can we move from exploration to implementation to dismantle systems of racism across our network, with a focus on anti-Black and anti-Indigenous racism?

INSTEAD of attempting to change systems and structures in silos, we are coming together to implement actionable and measurable solutions across TAHSN. As we continue to drive crucial change, we are increasingly aligned and supported in our work.

Together, we adapted an introduction to anti-Black racism e-learning module developed at Women’s College Hospital, rolling it out to all TAHSN staff; we partnered with the Black Health Education Collaborative to deliver anti-racism training to all TAHSN senior leaders; and we are developing anti-racism tool kits focused on education, data collection and safer anti-racism reporting.

Through an active community of support, leaders in diversity, equity, inclusion and anti-racism are able to share best practices and replicate successful initiatives from across TAHSN in their institutions — increasing cost-effectiveness within a new and evolving field. The community also provides much-needed emotional support for what can be exhausting work.

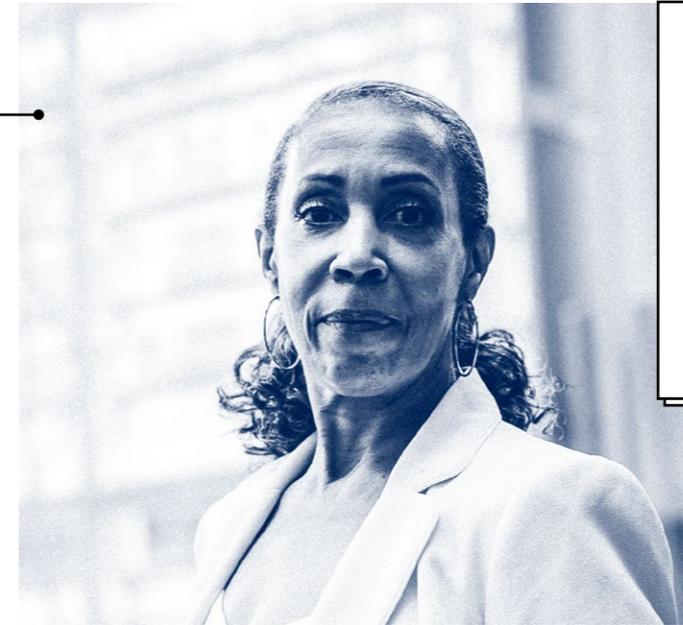
■ *It can be really difficult to do this work because there is often resistance — especially when you’re being asked to change systems and structures that have been this way forever. Having that community of practice and people come together who understand what it’s like and offer practical and emotional support is so meaningful. ■*

LISA ROBINSON

Vice-Dean, Strategy & Operations, Temerty Faculty of Medicine, University of Toronto, staff physician, Division of Nephrology, The Hospital for Sick Children, co-lead, TAHSN Anti-Black and Anti-Indigenous Racism Steering Committee

How can TAHSN ensure diversified leadership representing the communities we serve?

TOGETHER, we are asking a tough question: are senior leadership teams and hospital boards reflective of Black, First Nations, Inuit, Métis and urban Indigenous communities in Toronto? Through the first TAHSN-wide Self-identification and Anti-Racism Education Survey, we are examining the diversity gap between our highest levels of leadership and the communities and populations we serve. By understanding the number of Black, First Nations, Inuit and Métis leaders, the types of roles they occupy, and the uptake of anti-Black racism and Indigenous cultural safety education among leadership, we aim to create a baseline for action and change.



■ *Anti-racism work is a constantly evolving effort to rectify the impact of colonial systems. TAHSN collaboration inspires creativity, promotes cost effectiveness and provides space to test bold ideas with each other as we learn together. ■*

JACQUELINE SILVERA

Director of Inclusion, Diversity, Equity, Accessibility and Anti-Racism, University Health Network, lead, TAHSN anti-racism working group



If not us, then who?

CONSIDERING that our ultimate mandate is to support the health of our communities, if we don’t commit to addressing climate change and enhancing sustainability across our facilities and practices to help create a healthier planet — who will?

Through TAHSN’s Sustainable Health System community of practice, in partnership with U of T’s Council of Health Sciences, TAHSN is leading significant advances in climate resilient and sustainable health care, while equipping practitioners across our network and beyond to mobilize change.

Resources developed by multiple TAHSN working groups are now used across the country, distributed through CASCADES, a national capacity-building initiative led by U of T’s Centre for Sustainable Health Systems. Working groups in primary and perioperative care have developed prototype materials for pan-Canadian spread, including a climate conscious inhaler playbook recommending high-quality and low-carbon approaches to inhaler prescribing in primary care, and a sustainable perioperative care playbook, which includes guidance and implementation tools to support changes such as reducing the use of carbon-emitting desflurane anesthetic gas.

How can we ...

Embed sustainability across our organizations?

Through scorecards — a balanced corporate scorecard for sustainability and a sustainable perioperative care scorecard — we are tapping into the power of competition to incentivize sustainable practices. TAHSN leaders can keep track of their institutions’ successes related to key sustainability measures, while monitoring the progress of their TAHSN partners. Whether you call it accountability or peer pressure, it is an effective approach to driving crucial environmental change.

Move the dial on sustainable procurement?

Health-care supply chains are estimated to account for over 60 to 80 per cent of greenhouse gas emissions — in addition to contributing to significant social and equity issues. Restructuring the market is complex, however, and often beyond the powers of individual hospitals. But together, we are exploring ways to reshape health-care procurement as a collective, to help build more sustainable health systems.

TAHSN Governance Structure

(Spring 2023)

TAHSN Chair

Andy Smith President and CEO, Sunnybrook Health Sciences Centre

TAHSN Committee

The work and mandate of TAHSN is directed and governed by a committee comprised of the Chief Executive Officers from each member hospital and key leaders from the University of Toronto.

TAHSN Secretariat

Central administration and coordination across all partner organizations is supported by the TAHSN Secretariat.

Jason Manayathu TAHSN Director

Selma Al-Samarrai TAHSN Advisor

Hillary Chan TAHSN Advisor

La Toya Dennie TAHSN Advisor
Anti-Racism Projects

Taskina Huq Administrative Assistant

Standing Committees

The vision and direction established by the TAHSN consortium is supported by the following standing committees:

Education Committee (TAHSNe)

CEO LEAD:

Heather McPherson President and CEO, Women's College Hospital

COMMITTEE CO-CHAIRS:

Ari Zaretsky Vice-President Education, Sunnybrook Health Sciences Centre

Patricia Houston Vice-Dean Medical Education, Temerty Faculty of Medicine, University of Toronto

Research Committee (TAHSNr)

CEO LEAD:

Gary Newton President and CEO, Sinai Health

COMMITTEE CO-CHAIRS:

Brad Wouters Executive Vice-President Science & Research, University Health Network

Leah Cowen Vice-President, Research and Innovation, and Strategic Initiatives, University of Toronto

Anti-Black and Anti-Indigenous Racism Steering Committee

COMMITTEE CO-CHAIRS:

Heather McPherson President and CEO, Women's College Hospital

Lisa Robinson Vice-Dean Strategy and Operations, Temerty Faculty of Medicine, University of Toronto

Practice Committee (TAHSNp)

CEO LEAD:

Karyn Popovich President and CEO, North York General Hospital

COMMITTEE CO-CHAIRS:

Sonya Canzian Executive Vice-President Clinical Programs, People and Chief Nursing & Health Professions Officer, Unity Health Toronto

Linda Johnston Dean, Lawrence S. Bloomberg Faculty of Nursing, University of Toronto

Medical Affairs Committee (TAHSNm)

CEO LEAD

Kevin Smith President and CEO, University Health Network

COMMITTEE CO-CHAIRS:

Golda Milo-Manson Vice-President Medicine and Academic Affairs, Holland Bloorview Kids Rehabilitation Hospital

Lynn Wilson Vice-Dean Clinical and Faculty Affairs, Temerty Faculty of Medicine, University of Toronto

Communities of Practice

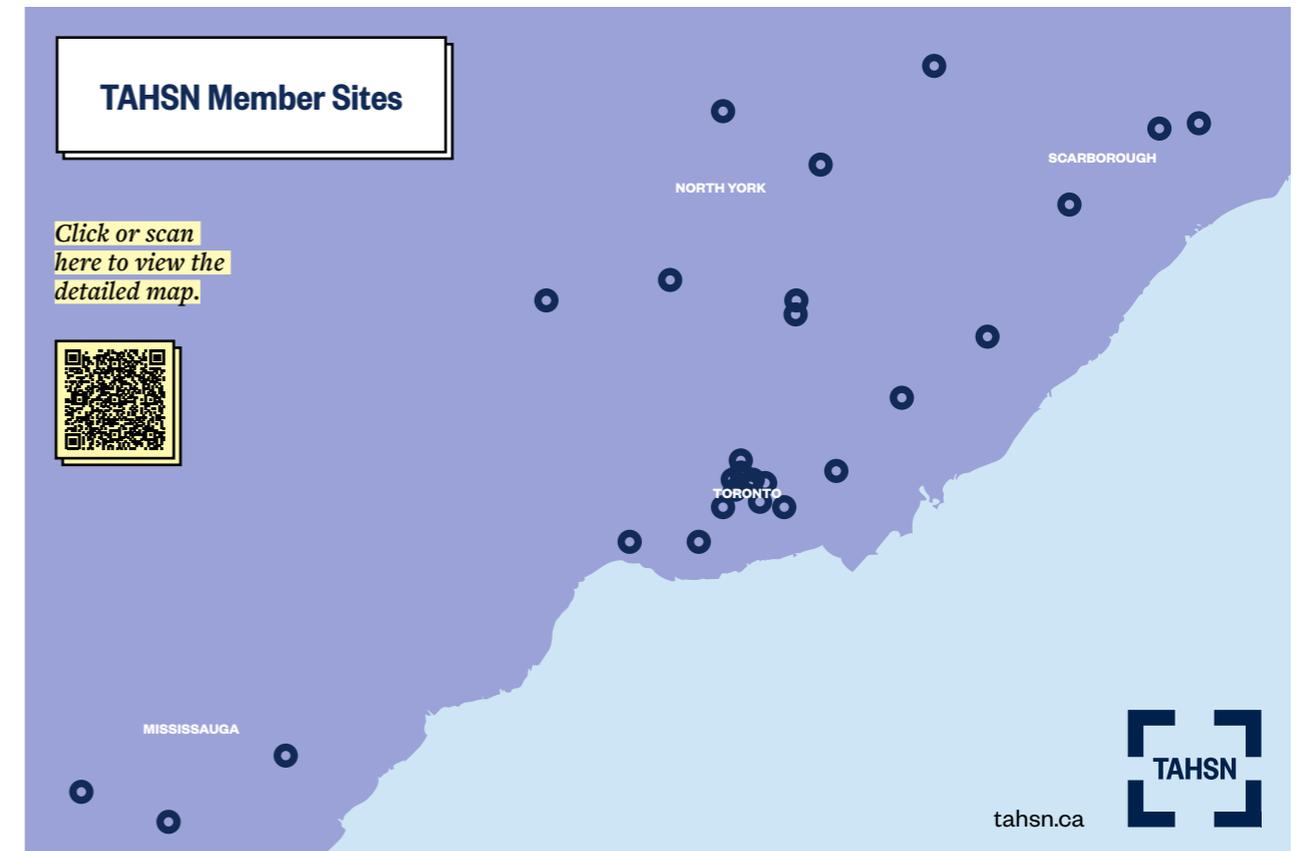
Self-organized communities of practice are enhancing collaboration, advancing strategy and providing support to standing committees:

- ANTI-RACISM
- COMMUNICATIONS
- HUMAN RESOURCES
- LEGAL
- QUALITY IMPROVEMENT AND PATIENT SAFETY
- SUSTAINABLE HEALTH SYSTEM

These groups are another level of collaboration in TAHSN's committee structure that have grown from the ground up. As with all TAHSN groups, they provide opportunity for sharing, alignment, collaborative initiatives, peer support, and relationship building.

TAHSN Member Sites

Click or scan here to view the detailed map.



tahsn.ca



TAHSN Leadership

TOP ROW (LEFT TO RIGHT): TREVOR YOUNG, Dean, Temerty Faculty of Medicine and Vice-Provost Relations with Health Care Institutions, University of Toronto; ADALSTEINN BROWN, Dean, Dalla Lana School of Public Health, University of Toronto; KEVIN SMITH, President and CEO, University Health Network; JASON MANAYATHU, Director, Toronto Academic Health Science Network; SCOTT OVENDEN, President and CEO, Baycrest; ANDY SMITH, President and CEO, Sunnybrook Health Sciences Centre and TAHSN Chair; DAVID GRAHAM, President and CEO, Scarborough Health Network; SONYA CANZIAN, Executive Vice-President of Clinical Programs, People and Chief Nursing and Health Professions Officer, Unity Health Toronto; HEATHER McPHERSON, President and CEO, Women's College Hospital; GARY NEWTON, President and CEO, Sinai Health

MIDDLE ROW (LEFT TO RIGHT): CHARMAINE WILLIAMS, Dean, Factor-Inwentash Faculty of Social Work, University of Toronto; LINDA JOHNSTON, Dean, Lawrence S. Bloomberg Faculty of Nursing, University of Toronto; JULIA HANIGSBERG, President and CEO, Holland Bloorview Kids Rehabilitation Hospital; KARLI FARROW, President and CEO, Trillium Health Partners; MELANIE KOHN, President and CEO, Michael Garron Hospital; BARB COLLINS, President and CEO, Humber River Health; SARAH DOWNEY, President and CEO, Centre for Addiction and Mental Health

BOTTOM ROW (LEFT TO RIGHT): LISA DOLOVICH, Dean, Leslie Dan Faculty of Pharmacy, University of Toronto; MERIG GERTLER, President, University of Toronto; LEAH COWEN, Vice-President Research and Innovation and Strategic Initiatives, University of Toronto

NOT PICTURED: RONALD COHN, President and CEO, The Hospital for Sick Children; GRETCHEN KERR, Dean, Faculty of Kinesiology & Physical Education, University of Toronto; WOLF KLASSEN, Interim President and CEO, Michael Garron Hospital; KARYN POPOVICH, President and CEO, North York General Hospital; TIM RUTLEDGE, President and CEO, Unity Health Toronto; LAURA TAM, Interim Dean, Faculty of Dentistry, University of Toronto

TAHSN IMPACT REPORT

2023



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tahsn.ca

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