From Ideas to Impact

TAHSN IMPACT REPORT 2025

TAHSN

Member Organizations

1. Baycrest
2. Centre for Addiction and Mental Health
3. Holland Bloorview Kids Rehabilitation Hospital
4. The Hospital for Sick Children
5. Humber River Health
6. Michael Garron Hospital
7. North York General Hospital
8. Scarborough Health Network
9. Sinai Health
10. Sunnybrook Health Sciences Centre
11. Trillium Health Partners
12. Unity Health Toronto
13. University Health Network
14. University of Toronto
15. Women's College Hospital

Table of Contents

Letter from Heather McPherson,

President and CEO, Women's College Hospital
Chair, TAHSN

TAHSN was founded on the idea that by uniting the strengths, expertise and diversity of Toronto's academic health science centres and the University of Toronto, we could shape a better future for healthcare. Since then, we have taken what was a bold idea and turned it into transformative impact.

Today, TAHSN reaches far beyond the borders of Toronto. Recognized internationally as a leader driving health system innovation, research excellence, professional practice and education, TAHSN is contributing to a healthier, more prosperous province and country. This success is powered by the dedication of our member organizations, committee members and partners who are committed to meaningful, lasting change.

The following report provides a snapshot of our progress moving ideas to impact over the past two years. Through our four committees, we have tackled some of the challenges facing healthcare. The Research Committee has begun to break down long-standing barriers to collaboration by advancing common frameworks for data sharing, ethics approvals and research integration. The Education Committee has created system-level supports for educators and continues to improve the learning experience for tomorrow's health professionals. Professional Practice has collaborated on addressing the health human resource shortage by building adaptive practice to support retention. Medicine helped to integrate physician wellness into the structure of hospital systems as a core function.

Our communities of practice have equally tackled some of the challenges facing our healthcare system. The Anti-Black and Anti-Indigenous Racism Steering Committee has created tools and practices that are embedding equity into our organizational structures as a basic human right. Likewise with the Climate and Sustainability Committee, they have worked to ensure sustainability is not a nice-to-have, but a necessary commitment supported by structures to ensure that we are actively reducing the environmental footprint of care delivery while building resilience for climate risks.

It has been my privilege to serve as Chair of TAHSN for the past two years. I have long admired the work of our 15 member organizations—and I remain inspired by the collective impact we achieve when we act together with purpose and shared vision.

Taken together, these efforts reflect TAHSN's unique role as a catalyst for system-wide transformation. By fostering collaboration across institutional boundaries and advancing shared strategies, TAHSN is not only solving problems—we are shaping what's next for healthcare in Ontario and beyond.

Letter from Dr. Lisa Robinson,

Dean, Temerty Faculty of Medicine
Vice-Provost Relations with Health Care Institutions, University of Toronto

TAHSN is a community united by purpose, working together to lead the future of healthcare. At the heart of this network lies the University of Toronto. Through enduring partnerships with Canada's most renowned teaching hospitals, UofT has helped create a shared platform for excellence in care, research, education, and professional practice.

As this report highlights, TAHSN's strength lies in its ability to bring together institutions, disciplines and perspectives to tackle complex problems at scale. Nowhere is this more evident than in research. TAHSN institutions are collectively advancing discoveries that shape practice, policy and population health not just locally, but globally. Our researchers are breaking down silos, sharing data and infrastructure, and building research models rooted in collaboration and impact. This work not only improves lives, it also strengthens Canada's innovation economy and helps drive job creation, attract global investment, and support the next generation of scientific leaders.

Just as research drives discovery, education fuels the future. Across TAHSN, we are committed to training the next generation of health professionals in environments that are inclusive, supportive and responsive to the evolving needs of care and the emergence of new technologies. Through the work of the Education and Practice Committees, together we are reshaping education to respond to future needs and ensure our students are knowledgable and adaptable in increasingly complex settings.

Toronto is one of the most dynamic and diverse regions in the world. While our proximity to each other makes us natural partners, it's the people at the heart of our organizations who ignite collaboration and create the impact. I am moved by the ideas and passion that so many bring to solve the challenges faced by the healthcare system in the name of ensuring exceptional patient care. And I am excited by what more we can do to realize our research and education potential to enable the nearly 100,000 people across TAHSN make lasting change.

The University of Toronto is proud to be a founding partner of TAHSN and remains deeply committed to supporting its vision. As we look to the future, the opportunity before us is profound: to shape the next era of healthcare, not just for Toronto, but for Canada and the world beyond.

Strategy Framework

Context

TAHSN organizations serve one of the most dynamic regions in the world. The Toronto region's rich diversity is matched by a network of academic health science organizations that process a wide array of strengths, assets and services.

Collectively, TAHSN organizations, communities, and the universal healthcare system through which we provide and receive care, form an ecosystem that has excellence in collaboration, innovation, and impact. Our academic healthcare achievements contribute to a healthier and more prosperous community, province and country.

Purpose statement

Lead the future of healthcare through the collective strength and diversity of our organizations, people, and communities.

Strategic Priorities

1 Excellence in Care Together

Work together to improve access to and delivery of state-of-the-art healthcare

Combine our capabilities to find solutions to healthcare's toughest challenges

2 Canada's Leading Health Research Hub

Create the Conditions, structures, and processes for seamless collaboration in research, discovery and innovation

Foster and showcase our collective excellence in health research

1 Data Sharing and Digital Collaboration

Leverage collective data across our network to improve care and empower research

Measure key performance and change indicators as a network

3 Future Health Professionals and Leaders

Ensure the wellbeing of people across all facets of our organizations and enterprise

Nurture a coordinated ecosystem for health professional education across the GTA

Champion opportunities to develop and support healthcare leaders from our diverse membership

2 Shared Communication and Engagement

Foster collaboration and community-building across our organizations

Showcase our achievements within our network and externally to engage key stakeholders and partners

4 An Equitable and Sustainable Future

Dismantle systems of racism in our health system, with a focus on anti-Black and anti-Indigenous racism

Ensure a lens of equality is applied to all our efforts

Reduce healthcare's contribution to climate change and implement measures to mitigate problems caused by climate change

It Starts With a Seat at the Table

Incremental change is key to improving physician wellbeing

Physicians working in today's hospital environment are facing new challenges for which the health system does not have easy answers. Patients are living longer and often presenting with more complex conditions. The chronic shortage of primary care providers means hospitals are seeing more advanced illness with fewer supports in the community. At the same time, patients are more actively involved in their care, and the system is not always equipped to help physicians navigate those deeper relationships.

Technology adds a new layer of tension. While electronic health records and digital tools have the potential to improve care and create efficiencies, they can also increase cognitive and administrative workload. This can limit the time physicians spend with patients and further contribute to burnout.

> A lot of the ways our system works—including the ways we interact with medical records—pull us away from the things that are most meaningful, which is interactions with patients and with colleagues.
>
> **DR. JULIE MAGGI,**
> Director of Faculty Wellness in the Temerty Faculty of Medicine at the University of Toronto

In response, TAHSN's physician-led wellness working group has spent the past two years focused on a critical goal: integrating physician wellness into the structure of hospital systems as a core function, not an optional initiative. That work is now gaining momentum.

The TAHSN Physician Wellness Toolkit developed by the group provides practical strategies to support wellbeing in clinical environments. More physician wellness leads are being appointed across the network and included in key planning tables, using the toolkit to implement concrete change across their organization.

> Much like a lot of the other big changes we try to make in medicine, we have to be okay with slow and incremental improvements. But the encouraging and meaningful part of this work is the system-level approach.
>
> **DR. SIMRON SINGH,**
> Medical Oncologist at Sunnybrook Health Sciences Centre

To help hospitals measure progress, the working group has also developed an adaptable scorecard that hospitals can customize to reflect the needs and priorities for their organization. This scorecard will help track progress on the various toolkit components, in addition to wellness in the context of specific system aspects such as digital health.

This work has been extremely well-received locally and at international conferences, helping to support incremental but critical system-wide change.

Next up for this group is TAHSN-wide measurement of physician burnout and promoting digital minimalism.

Connected Conversations

Strengthening how we respond when care escalates

In high-stakes moments, hospital teams rely on clinical skill and quick decision-making. But what happens when the path forward is unclear, communication breaks down, or escalation protocols are inconsistent? When there are unclear or absent escalation protocols, or breakdowns in communication between caregivers, the outcomes can include patient harm, staff injury, serious safety events and care team burnout.

Before the COVID-19 pandemic, TAHSN had begun work on a network-wide Escalation of Care (EoC) model to address these very challenges. The goal was to bring greater clarity to how teams communicate, escalate and respond when patient care needs intensify, while considering the broader factors that influence these situations, including organizational culture, civility, professionalism and safety.

Although the work paused during the early pandemic response, some TAHSN hospitals began to implement early components of the model. Today, the work has been reactivated and a new task force is building on what had been achieved up to 2020 and digging deeper into the learnings

from those hospitals that had started to implement escalation of care protocols. As the work progresses, the updated model will help hospitals assess their strengths and opportunities to improve their EoC processes, with flexibility to allow sites to adopt the elements that support their care delivery models.

The Escalation of Care work exemplifies the strength of TAHSN's collaborative model. The EoC working group is drawing from the broadest communities of practice, and having connected conversations that will bring a consistent approach to all the teaching hospitals.

> Having the TAHSN structure and the ability to have the individual practice and learner-based conversations is helping to pull together an escalation of care approach that can be consistent to all the teaching hospital sites as care providers and learners go from one site to the next.
>
> **DR. DAN CASS,**
> TAHSN Medical Affairs Committee Co-Chair and Executive Vice President and Chief Medical Executive, Sunnybrook Health Sciences Centre

Adaptive by Design: Rethinking Retention

A system level response to one of healthcare's most urgent workforce challenges

Nursing shortages are expected to intensify well into the next decade due to both workforce demographic changes and rising patient volumes, acuity and complexity. TAHSN recognized early that the issue was not just about recruitment. It was about retention and creating healthy work environments. Supporting nurses to stay—and succeed—requires a deeper look at the realities of today's complex care environments, especially for new graduates entering the profession.

This focus shaped the TAHSN Nursing Retention Summit held in December 2024, where more than 160 leaders from across all 14 TAHSN hospitals and the University of Toronto came together to identify sustainable, system focused responses. Guided by evidence including national data showing that nearly 60 percent of early career nurses are considering leaving the profession, the network aligned on two urgent priorities:

1 **Implementing the DAER Program (Developing Adaptive Expertise for Resilience)**

Many nurses enter the workforce academically prepared but unready for the uncertainty, complexity, and constant change of real-world care. DAER will train nurses to become adaptive experts who can think critically, adjust quickly, and lead with confidence in unpredictable situations. The work ahead will focus on co-creating, implementing and evaluating an innovative online education platform that builds adaptive expertise and resilience among nurses across TAHSN. The goal of this program will be to equip nurses to navigate complexity and thrive in evolving healthcare environments.

2 **Reducing administrative burden to free up time for care**

A new working group is bringing together clinical informatics, human resources, and professional practice leaders to identify shared strategies and technologies that reduce documentation workload, one of the most frequently cited contributors to burnout and attrition.

This work builds on the national Nursing Retention Toolkit, which TAHSN has leveraged to align efforts across the network and provide an evidence informed foundation for action. The toolkit continues to guide conversations about safe staffing, flexible scheduling, strategies to reduce administrative burden and smoother transitions from education to practice.

TAHSN's collective efforts are now being shared nationally through a forthcoming special issue of the Canadian Journal of Nursing Leadership, which will showcase the summit outcomes and the system level strategies developed across the network.

By asking deeper questions and acting together, TAHSN is not only working to retain nurses, but helping redefine what it means to prepare and support the nursing workforce of the future.

A Scalable Model for Surge Response

What began as a local solution, is now a system-ready model for resilience

TAHSN has proven that adaptive models of care can work—and work well—during times of extreme system pressure.

Initially designed to support overwhelmed intensive care units during the COVID-19 pandemic, adaptive models of care enabled hospitals to deliver safe, team-based care when staffing was limited and roles needed to shift in the ICU. The approach focused on flexibility, collaboration, and rethinking how care teams function when demand exceeds supply.

Recognizing the potential for broader application, TAHSN launched a research initiative in 2022 to explore the sustainability of adaptive care models in intensive care settings during periods of surge. The findings were published in *BMJ Open Quality* (Hall et al., 2023) and presented at the Canadian Association for Health Services and Policy Research in May 2024.

> Adaptive care isn't about reacting. It's about planning for the unpredictable and protecting the integrity of care under strain.
>
> **JANE MERKLEY,**
> Executive Vice President, Chief Nurse Executive, and Chief Operating Officer, Sinai Health
> Co Chair, TAHSNp Committee

With a validated framework now available, TAHSN's adaptive model of care is being looked to as a practical guide for hospitals across Ontario and beyond. Whether responding to future crises or localized capacity issues, this model provides a system-ready solution rooted in frontline experience and backed by evidence.

Redefining quality: What if equity, safety, and innovation weren't separate goals?

TAHSN's approach to quality is grounded in the belief that improvement must reflect the real needs of patients, providers, and the broader system. This has led to a more inclusive and action-oriented view of what quality truly means.

At the heart of this work is the Quality Improvement and Patient Safety Community of Practice (QIPS CoP), connecting more than 550 members across TAHSN hospitals to share learnings and scale what works. Together, they are addressing some of the system's most pressing challenges:

- Equity in improvement: A framework developed by members of the TAHSN QIPS CoP, published in BMJ Quality and Safety, is helping teams to ensure that quality improvement efforts both improve care and reduce inequities. Examples include increased use of professional interpretation for patients with non-English language preference and improving timely treatment of pain in patients with sickle cell crisis.

- Data sharing: A new agreement signed by TAHSN hospitals allows quality projects to safely use deidentified data without legal delays, accelerating collaboration.

- Safety event learning: A plan for network-wide, harmonized model for serious safety event reporting will strengthen system-wide learning and culture change. By taking the same approach to defining and analyzing serious safety events, we have the potential to learn from events to influence exceptional care across the system.

- A multi-site initiative involving multiple TAHSN hospitals led by GEMINI seeks to implement an AI tool to measure and predict hospital delirium—enabling earlier intervention and better outcomes and demonstrating the power of collective action to lead improvement at scale.

Hall LM, Reali V, Canzian S, et al. (2023). *Examining adaptive models of care implemented in hospital ICUs during the COVID-19 pandemic: a qualitative study. BMJ Open Quality,* 12(4):e002353. **doi.org/10.1136/bmjoq-2023-002353**

Impact Beyond Care

How TAHSN's research ecosystem is driving care, innovation and the Canadian economy

Research across TAHSN members is, first and foremost, about improving health care and the lives of patients. But the collective impact of this research ecosystem reaches far beyond hospital and academic walls in Toronto. Today, TAHSN plays a central role in a research and innovation network whose influence is felt across Ontario and Canada, as well as the world.

This impact is no accident. The journey to becoming Canada's leading health research hub reflects years of sustained investment, coordinated infrastructure, and a shared commitment to creating the conditions, structures and processes for seamless collaboration in research, discovery and innovation. This deliberate and strategic approach creates jobs, attracts capital, supports commercialization, and drives the development of new therapies that improve health outcomes in Canada and beyond.

> This ecosystem is bigger than the auto or banking sectors in terms of economic impact. It drives innovation, creates jobs and improves care—but its secondary impact on national health and commercialization is even greater.
>
> **DR. LEAH COWEN,**
> Vice-President, Research and Innovation, and Strategic Initiatives, University of Toronto

TAHSN is not only Canada's foremost life sciences research hub — it is a globally recognized powerhouse of discovery. The network boasts exceptional strengths in clinical trial activity and research outputs, ranking second in North America in numbers of clinical trials. In both 2023 and 2024, the University of Toronto was ranked amongst the top three institutions globally by the Nature Index Research Leaders for health sciences research output.

With over 2.3 million square feet of dedicated research space in TAHSN hospitals, research towers and other affiliated research space, infrastructure is a critical enabler of success. Recent public and private sector funding to upgrade the Toronto High Containment Facility at the University of Toronto will further strengthen Ontario's position as a global destination for top talent and companies to discover and commercialize cutting-edge technologies. Supported by five TAHSN hospitals, the facility will also improve preparedness for future health challenges.

Philanthropic investment is also accelerating innovation. The Ted Rogers Centre for Heart Research, a collaboration between the University of Toronto, UHN and SickKids, is launching a new era of precision medicine underpinned by technology. Researchers are working to predict and prevent heart failure by applying artificial intelligence and machine learning analyses to complex patient data, uncovering the underlying mechanisms of heart failure, and identifying new therapeutic targets for treatment. These discoveries will benefit Canadians and ripple across the global health landscape.

Just as important as the infrastructure is the way this ecosystem works. TAHSN hospitals and the University of Toronto are focusing on building shared systems that reduce duplication, streamline ethics and data processes, and allow research teams to work more efficiently across institutions.

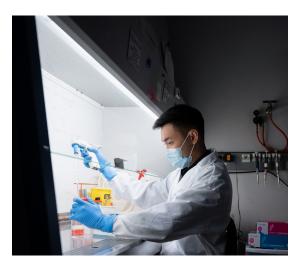This collaborative approach accelerates innovation and brings discoveries to the bedside more quickly.

With a talent pool of nearly 100,000 health and life sciences minds across the network, TAHSN has a critical mass of some of the best and brightest powering transformative change and leading where health care is going next. This critical mass of expertise fuels not only innovation and commercialization, but also the training and mentorship of the next generation of clinicians, researchers and system leaders.

The TAHSN Research Committee remains focused on impact, with the highest citation impact of any health research network in Canada, and ranking second only to Harvard/CIMIT globally for the top 10% of most-cited publications in clinical, pre-clinical and life sciences. With Canada's life sciences sector contributing over $89 billion annually to the national GDP, TAHSN is making a significant contribution to this economic engine.

TAHSN's research enterprise continues to show that investing in health science is not only a smart policy decision. It is a foundation for national prosperity, global leadership and better health for all.

We are not a silo. This is a globally connected system of partners, scientists and clinicians working together to lead where health care is going next.

DR. BRAD WOUTERS,
Executive Vice-President, Science and Research, UHN

Strengthening Collaboration to Accelerate Discovery

Making research collaboration across TAHSN simpler, faster, and more impactful

Research collaboration across Toronto's independent hospital structure has long been a challenge. With different oversight structures, protocols and legal compliance requirements, launching multi-site studies has often involved complex and duplicative processes. These barriers don't just create administrative burdens, they risk slowing the pace of discovery.

Through the leadership of the TAHSN Research Committee (TAHSNr), meaningful progress is being made to address these long-standing issues.

In 2022, TAHSNr identified significant variation in how member institutions approached research partnership security—differences that can complicate collaboration. To support greater alignment, a working group released the *General Guidelines for the Process of Mitigating Security Risk in Research Across TAHSN.* Designed to reduce burden for both researchers and institutional review teams, the guidelines harmonize tools and considerations across TAHSN while allowing institutions flexibility to tailor implementation based on local capacity and risk tolerance. They are also responsive to evolving Canadian regulatory and funder requirements.

Another promising development is a new Master Collaboration Agreement

(MCA) between UHN and CAMH, that is one element of a broader partnership between the two organizations that aims to improve care, research, and education across mental and physical health. This legal framework aims to reduce duplicative processes across both institutions during research collaboration. The implementation of the MCA will enable faster review and approvals of joint clinical trials, sharing of facilities, personnel, and resources, and exchange of data, samples, and materials. The first set of joint studies are now moving through the approvals process within the MCA framework, and start-up timelines have dramatically shortened. The near-term goal is to expand the MCA across all UHN-CAMH collaborations in the months ahead. The

MCA offers a scalable framework that other TAHSN members can adopt, which could be game-changing for collaborative research.

This builds on earlier work led by TAHSNr, including harmonizing research ethics board policies, developing general material and data transfer agreements, and creating shared intellectual property policy guidelines. Together, these efforts are making it easier, faster and more efficient to launch meaningful research across institutions.

With the goal of reducing research activation timelines to 45 days, TAHSN is positioning Toronto to compete even more fiercely with the world's leading research jurisdictions. Today, TAHSN is the second-leading community in North America for the number of clinical trials overall, and for trials conducted with industry partners. As research systems continue to align, both the scale and impact of TAHSN's research can only grow.

The UHN-CAMH partnership is already delivering measurable results, and the MCA framework can be applied in collaborative research across TAHSN. The MCA is built for scalability and designed to bring our city together.

DR. ARISTOTLE VOINESKOS,
Senior Vice President of Research and Science, CAMH;
Vice President, UHN-CAMH Partnership

Today's Learners, Tomorrow's Game Changers

Supporting learners within and beyond GTA hospitals

Healthcare is changing, and so must our approach to educating the next generation of health professionals. Representing the intersection of academia and hospitals, TAHSN plays a pivotal role in strengthening healthcare delivery by ensuring today's learners are supported, equipped and inspired to succeed.

At a time of urgent system pressures — from health human resource shortages to rising complexity of care and declining interest in primary care — TAHSN is helping to develop supportive models of education that promote collaborative care and create a positive teaching and learning environment for tomorrow's health professionals. TAHSN education (TAHSNe) working groups have been moving the needle at local and provincial levels.

This past year, new guidelines were also introduced to better support learners facing challenges, particularly those experiencing mistreatment from peers, staff, faculty, and patients and their families. Because learners rotate across multiple sites, having consistent protections in place across TAHSN helps standardize and improve the teaching and learning experience.

> The focus for TAHSNe is to ensure our hospitals continue to be the places where learners choose to come learn and our staff and physicians want to teach. We are always working towards creating amazing education opportunities at our sites.
>
> **BEV BULMER,**
> Vice-President, Education, Unity Health Toronto

> Our biggest problem in the learning environment right now is keeping our preceptors supported, engaged, empowered, valued and heard. Even within healthcare, preceptors are leaving tough places like critical care to easier duties.
>
> **DR. PATRICIA HOUSTON,**
> Vice Dean Medical Education, Temerty Faculty of Medicine, University of Toronto

In partnership with the Ontario Hospital Association (OHA), TAHSN education leaders are advocating for stronger and more reliable education funding across the province. This collaboration has already identified opportunities to reduce the duplication of efforts while driving system improvements.

Work is also underway to expand and streamline orientation and onboarding. By moving to an integrated model that supports all health professions, TAHSNe is drawing on best practices from member organizations to create a more seamless and consistent onboarding process that breaks down silos within our health system while also reducing costs.

Across all initiatives, data is a central driver. TAHSNe is continually gathering and analyzing data from new and existing resources, such as the Health Sciences Placement Network. These improvement efforts are being evaluated for their impact to ensure changes made for learners translate into meaningful and sustained system-wide improvements.

Supporting our Hospital Educators

Supporting preceptors today to prepare for tomorrow's health system challenges

Preceptors play a vital role in shaping the next generation of health professionals, offering not just clinical supervision but mentorship, guidance, and perspective rooted in years of experience. Yet many of these experienced practitioners are stepping back from teaching due to retirement or shifting roles. With a growing number of learners entering the system and new technologies redefining how care is delivered, preceptors are critical partners in guiding the future of healthcare.

Now more than ever, there is a pressing need to attract new preceptors, and ensure that current ones are well supported. Recognizing this, TAHSNe is tackling these challenges by developing system-level strategies to better support preceptors and strengthen clinical education. Their focus is on upstream solutions that are proactive and scalable to build capacity, reduce burnout, and enhance the overall teaching experience. By focusing on what preceptors need to thrive, TAHSNe is ensuring learners are not just taught but well-taught—and that clinical education remains a career path worth pursuing.

The group is leveraging network strength to gather data, test ideas and foster collaboration between organizations and communities of practice. An ongoing preceptor survey, with over 800 responses to date, is helping identify which supports will have the greatest impact on the preceptor experience. Some ideas being discussed include: expanding peer-to-peer mentoring opportunities beyond existing networks to create safer, more open spaces for sharing; adapting the concept of clinical rounds into education-focused problem-solving rounds; and reviving interprofessional structures and communities that were disrupted during the pandemic.

> We have really important questions to ask and we're asking these questions as we're watching healthcare change before our eyes. How exciting and scary is that at the same time? And how do we help people transition from learners to early workers to preceptors in this changing environment?
>
> **DR. CALVIN LAW,**
> Vice-President, Education, Sunnybrook Health Sciences Centre

This work coincides with a wave of new opportunities in healthcare learning as new simulation and health professional education programs are growing across the GTA. It is also unfolding as educators and learners navigate the implications of machine learning and artificial intelligence (AI) in academic and clinical environments.

Given its broad and accomplished network of teaching hospitals and massive cohort of learners, TAHSN is positioned to provide national leadership in this space. That leadership begins with identifying the right questions to guide an AI education strategy, including how data is gathered and used in academic and clinical settings, and how learning frameworks must evolve to keep pace with technology.

An Equitable and Sustainable Future

Change begins with mindset, and action

Across TAHSN, equity, sustainability and Indigenous health are being embedded not just as values, but as shared imperatives.

Advancing equity and Indigenous health across the system

Equity work is challenging, especially when systems of racism are deeply embedded, context-specific, and chronically under-resourced. Yet, across TAHSN, meaningful change is underway.

The TAHSN anti-Indigenous and anti-Black racism steering committee continues to drive alignment and organizational readiness across the TAHSN hospitals and beyond through learning, tools and leadership.

> The TAHSN community is almost a symbol of trust – we brought our best people together to do this work which requires trust, but it is succeeding because people trust TAHSN.
>
> **LATOYA DENNIE,**
> TAHSN Advisor, Anti-Racism Projects

Anti-Black racism e-learning modules that were just being introduced two years ago have become mandatory for leadership and are standard requirements in onboarding and reappointment. With the support of partners in Ontario Health, Toronto Region, the eModule has been shared and implemented in health organizations across the GTA and beyond. The TAHSN CEO group, individual Communities of Practice and Human Resources leaders have pledged their absolute support for prioritizing this work, recognizing and

committing the time and energy it takes to embed this learning in the workforce.

There are three areas of focus for the anti-Black and anti-Indigenous racism toolkits: reporting, education and data collection. The reporting toolkit has been finalized and due to be launched in the coming year, while the education and data collection toolkits are in final development.

With the establishment of the Indigenous Health Action Network (IHAN) and development of its strategic framework, Indigenous health and anti-racism priorities have been shared across TAHSN committees, enabling coordinated action. Anti-Indigenous racism education resources that are informed from a rights-based perspective are in various stages of development and being positioned for system-wide use, helping change the mindset from equity as an 'act of kindness' to a basic human right. This work has been informed by a broader regional collaboration and is scalable by design to support broader Indigenous-led health system transformation throughout Ontario.

> My picture of success is that there is an intention about cultural diversity at the most senior levels. Not from a tokenistic standpoint, but very intentional about who is at the table, the experience they bring, and who they represent.
>
> **CHRISTOPHER TOWNSEND,**
> Director of Social Accountability and Organizational Development & Leadership (OD&L) at Sunnybrook Health Sciences Centre

The cost of inequity

The Emergency Room Usage among First Nations, Inuit & Métis Adults by Hospitals in Toronto: Results from OHC Toronto-ICES data linkage report from 2023 identified the systemic barriers faced by First Nations, Inuit and Métis (FNIM), which directly contribute to their disproportionate use of emergency rooms and hospital services. This and other data informed the development of IHAN Strategic Framework, which is intentionally designed to address the root causes of these patterns through initiatives including:

– **Indigenous Navigator Program:** aims to improve access to culturally safe, coordinated care that prevents escalation to emergency services.

– **Anti-Indigenous Racism Training and Curriculum:** focused on shifting provider behavior and institutional practices that often drive avoidance or delay in care; and

– **Indigenous Data Governance:** enabling hospitals to better track and respond to inequities over time.

These initiatives lay the groundwork for more responsive, equitable systems of care, with the goal of reducing reliance on emergency departments by improving upstream access, trust and quality of care for FNIM people.

CONRAD PRINCE,
Lead, TAHSN Indigenous Health Strategy

Sustainable Health Care in Action

Giving sustainability a home

Embedding sustainability in planning and practice is creating sea change

By creating a table with senior leadership representatives from each organization, TAHSN's Sustainable Health Systems Community of Practice (CoP) has seen remarkable progress over the past five years. This has culminated in the creation of a Sustainability Balanced Scorecard through which TAHSN organizations have identified critical climate and sustainability opportunities and how best to measure and report on progress.

The scorecard's aim is to encourage ambition and meaningful progress while also ensuring that what is included and monitored is achievable within the network. Early gains have included an expanding number of senior leaders across TAHSN with sustainability in their portfolios, strategic plans that include climate and sustainability action as a priority, as well as more performance reporting on sustainability at the Board level.

> Creating a scorecard was an important milestone, representing engagement and collaboration to agree on what is important, and how best to track progress.
>
> **BRITTANY MAGUIRE,**
> Managing Director, Collaborative Centre for Climate, Health & Sustainable Care, University of Toronto

The needle is also moving at a more granular level, for example with a Sustainable Operating Room Working Group, which meets regularly to discuss ways to reduce the environmental impact of ORs, including through expanding the use of reusables and reducing the greenhouse gas emissions associated with anesthetic gases. The vast majority of TAHSN sites have been able to institute substantive changes in these areas. For 2025-2026, one of the main targets for the group will be reducing use and leaks of nitrous oxide.

> I'm proud of our Sustainable Health Systems Community of Practice for demonstrating how we can prioritize patient care while reducing our environmental footprint, which pays off in health benefits long into the future.
>
> **MELANIE K. KOHN,**
> President and CEO, Michael Garron Hospital

Spurred on by these successes, the Sustainable Health Systems CoP is also having conversations about adaptation and resilience in the face of climate risks such as extreme heat and air quality.

Tracking Progress on Sustainability

Released in March 2025, the TAHSN 2024 Climate & Sustainability Report celebrated many wins and identified some key opportunities going forward.

Leadership

Most TAHSN hospitals now have formal structures in place to lead sustainability and climate efforts across their organizations, along with a strengthening strategic organizational focus on prioritizing sustainability efforts. Many have defined Key Performance Indicators and engaged their Boards in strategically guiding sustainability and climate action, but further integration of these critical priorities into governance and strategy is needed.

Sustainable care

TAHSN hospitals are actively reducing the environmental footprint of care delivery. One key focus is on ensuring appropriate care by minimizing low-value care and expanding high-quality care, including through reduction of unnecessary blood use, lab tests and imaging, and advancing antimicrobial stewardship programs. Many organizations are also developing menus and food services to offer more plant-based and person-centred options that align with both health and sustainability goals. Organizations have also been making progress on minimizing the impact of clinical products and supplies by reducing unnecessary use and replacing single-use with reusables, where appropriate. There are opportunities to further progress by expanding medication stewardship beyond antimicrobials, reducing medication waste, and increasing the use of reusables.

Building

Most TAHSN sites are measuring and reporting Greenhouse Gas (GHG) emissions annually and are developing targets for emissions reductions and roadmaps towards achieving those targets. Progress is also underway in waste monitoring, with many organizations setting targets and creating action plans to reduce waste. Opportunities remain to strengthen internal reporting processes and allocate necessary resources to support sustained GHG and waste reduction.

Procurement

Most sites have implemented sustainable procurement initiatives but could further this by integrating sustainable procurement into senior leadership portfolios and leveraging procurement processes and contract management.

Climate resilience

While over half of TAHSN sites have started to assess and prepare for climate-related risks to their organizations and service delivery, there is opportunity to further build resilience by identifying climate change as an organizational risk, as well as leveraging and expanding existing risk assessment processes and emergency preparedness and management plans and procedures to address climate-risks.

> It's been a privilege to work with leaders from across TAHSN to develop and deploy a new Sustainability Balanced Scorecard for climate and sustainability across the network and we are very excited to see the impact that a collaborative performance monitoring framework can play in knowledge exchange and strengthening capacity.
>
> **PROF. FIONA MILLER,**
> Professor and Director, Collaborative Centre for Climate, Health & Sustainable Care, University of Toronto

TAHSN Governance Structure

(Spring 2025)

TAHSN Chair
Heather McPherson
President and CEO, Women's College Hospital

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, Director

Malaika Thompson, Senior Data and Business Intelligence Analyst

La Toya Dennie, Advisor, Anti-Racism Projects

Selma Al-Samarri, Advisor

Hillary Chan, Advisor

Taskina Huq, Administrative Assistant

Standing Committees

Practice Committee (TAHSNp)

CEO Lead: **Barb Collins,** President and CEO, Humber River Health

Committee co-chairs: **Jane Merkely,** EVP, Chief Nursing Executive & Chief Operating Officer, Sinai Health and **Robyn Stremler,** Dean, Lawrence S. Bloomberg Faculty of Nursing, University of Toronto

Education Committee (TAHSNe)

CEO Lead: **Julia Hanigsberg,** President and CEO, Holland Bloorview Kids Rehabilitation Hospital

Committee co-chairs: **Bev Bulmer,** VP Education, Unity Health Toronto and **Patricia Houston,** Vice Dean Medical Education, Temerty Faculty of Medicine, University of Toronto

Medical Affairs Committee (TAHSNm)

CEO Lead: **Kevin Smith,** President and CEO, University Health Network

Committee co-chairs: **Dan Cass,** Executive Vice President and Chief Medical Executive, Sunnybrook Health Sciences Centre and **Lynn Wilson,** Vice Dean Clinical and Faculty Affairs, 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 and **Leah Cowen,** Vice President, Research and Innovation, and Strategic Initiatives, University of Toronto

Anti-Black and Anti-Indigenous Racism Steering Committee

Committee Co-Chairs: **Sarah Downey,** President & CEO, CAMH and **Lisa Richardson,** Vice Dean Strategy and Governance, Temerty Faculty of Medicine, University of Toronto

Self-Organized Communities of Practice

Anti-Racism
Communications
Human Resources
Legal
Quality Improvement and Patient Safety
Sustainable Health System

By the Numbers

PATIENT CARE

98,000+
Staff at TAHSN Hospitals

10,000+
Physicians at TAHSN Hospital

9 Million+
Patient Visits

EDUCATION

45,000+
Learner Placements

2024 CIHR PROJECT GRANT PROGRAM FUNDING

200+
Approved Applications for CHIR Funding

$173M+
in CIHR Funding received in 2024

RESEARCH

2,800+
Scientists in hospital-based research institutes

127 | Fellow of the Canadian Academic of Health Sciences

36 | Researchers recognized with the Order of Ontario

82 | Researchers recognized with the Order of Canada

79 | Fellows and Members of the Royal Society of Canada

2.6M+ sq ft
of dedicated research space associated with TAHSN hospitals, research towers, and/or other affiliated research space.

Sources: TAHSN member organization reports

From Ideas to Impact

TAHSN IMPACT REPORT 2025

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TAHSN