Unity Health Toronto Simulation Program

Value DomainBroadened Description DomainData SourcesTypes of Questions to Ask Users / StakeholdersWays of Relating to LiteratureNICU Examples (from report)Direct Value (to participants)Staff development, engagement, and participants)Participant feedback (verbal or survey), debrief notes, attendance improved decision-making confidence.• Did staff feel their input feedback (verbal or survey), debrief notes, attendance improved decision-making confidence.• How confident are teams in the engagement, satisfaction among staff? (estimate %)• Did simulation increase engagement, satisfaction among staff? (estimate %)• Did simulation increase engagement, satisfaction among staff? (estimate %)• How much safer do you think design changes affect family experience?• Nor much safer do you think the space is for patient care? (%) affect family experience?• Validated need for family content of safety improvements from early simulation testing.• Confirmed call-bell placement for family accessibility.Validated need for family simulation testing.• Confirmed call-bell placement, early simulation testing.	ROI Framework Example - NICU		
Direct Value Staff development, (to engagement, and participants) satisfaction from simulation process; logs, post-simproved decision-making confidence. Social Value (benefit to patients, inclusion; mitigates families, and latent safety threats; Direct Value Staff development, (to engagement, and engagement, and patients, inclusion; mitigates families, and latent safety threats; Participant feed their input feed their input feed their input influenced design decisions? • Did staff feel their input feed their input simulation influenced design decisions? • How confident are teams in the new space now vs. before? • Did simulation increase engagement, reduced engagement, reduced engagement, reduced engagement, reduced engagement, and sense of engagement, satisfaction among staff? (estimate %) • Did simulation increase engagement, reduced engagement, reduced engagement, satisfaction among agency in system change. • Validated need for family storage, privacy centered design and inclusion; mitigates affect family experience? • Did simulation increase engagement, reduced engagement, satisfaction among increase engagement, satisfaction among engagement, reduced engagement, satisfaction and increase engagement, satisfaction among engagency in system engagement, satisfaction and increase engagement, satisfaction among engagency in system engagement, satisfaction and increase enga			
to engagement, and participants) satisfaction from participation in the simulation process; improved decision-making confidence. Social Value (benefit to patients, inclusion; mitigates families, and latent safety threats; engagement, and patients, inclusion; mitigates families, and latent safety threats; engagement, and feedback (verbal or sinfluenced design decisions? influenced design decisions? • How confident are teams in the new space now vs. before? • How confident are teams in the new space now vs. before? • Did simulation increase engagement, satisfaction among staff? (estimate %) • How confident are teams in the new space now vs. before? • Did simulation increase engagement, reduced burnout, and sense of engagement, satisfaction among staff? (estimate %) • Point-of-care staff engaged in design valid encross eight sessions. • "Objective: increase staff satisfaction and involvement in planning their new NICU space." • How much safer do you think the space is for patient care? (%) entered design and patient safety inclusion; mitigates affect family experience? • Point-of-care staff engaged in design valid encross eight sessions. • "Objective: increase staff satisfaction and involvement in planning their new NICU space." • How much safer do you think the space is for patient care? (%) entered design and patient safety improvements from allied health, volunteers, parents).			
participants) satisfaction from participation in the participation in th	hysicians,		
participation in the simulation process; logs, post-improved decision-making confidence. Social Value (benefit to patients, inclusion; mitigates families, and latent safety threats; participation in the simulation increase logs, post-simulation increase engagement, satisfaction among staff? (estimate %) • Did simulation increase engagement, reduced burnout, and sense of engagement, satisfaction among staff? (estimate %) • How much safer do you think design modification the space is for patient care? (%) affect family experience? • Did simulation increase engagement, reduced burnout, and sense of agency in system change. • Validated need for family storage, privacy centered design and patient safety improvements from engagement, reduced burnout, and sense of agency in system change. • Validated need for family storage, privacy centered design and patient safety improvements from agency in system involvement in planning their new NICU spatial inv			
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improved decision- making confidence. Social Value (benefit to patients, inclusion; mitigates families, and latent safety threats; improved decision- making confidence. simulation reflections. simulation staff? (estimate %) How much safer do you think design modification the space is for patient care? (%) How will these design changes affect family experience? involvement in planning their new NICU space. Patients, satisfaction among change. Nesearch on family- centered design and patient safety improvements from agency in system change. Output Possible to patient in planning their new NICU space. Output Possible to patient safety involvement in planning their new NICU space. Output Possible to patient safety involvement in planning their new NICU space. Output Possible to patient safety involvement in planning their new NICU space. Output Possible to patient safety involvement in planning their new NICU space. Output Possible to patient safety involvement in planning their new NICU space. Output Possible to patient safety involvement in planning their new NICU space. Output Possible to patient safety involvement in planning their new NICU space. Output Possible to patient safety involvement in planning their new NICU space. Output Possible to patient safety involvement in planning their new NICU space. Output Possible to patient safety involvement in planning their new NICU space. Output Possible to patient safety involvement in planning their new NICU space. Output Possible to patient safety involvement in planning their new NICU space. Output Possible to patient safety involvement in planning their new NICU space. Output Possible to patient safety involvement in planning their new NICU space. Output Possible to patient safety involvement in planning their new NICU space. Output Possible to patient safety involvement in planning their new NICU space. Output Possible to patient safety involvement in planning their new NICU space. Output Possible to patient safety			
making confidence. reflections. staff? (estimate %) change. Social Value Enhance patient/ family Safety threat log, (benefit to patients, inclusion; mitigates families, and latent safety threats; records, family experience affect family experience? staff? (estimate %) change. • How much safer do you think design modification the space is for patient care? (%) centered design and patient safety improvements from accessibility. • Validated need for family storage, privacy centered design and patient safety improvements from accessibility.			
Social Value Enhance patient/ family (benefit to patients, inclusion; mitigates families, and latent safety threats; Social Value Enhance patient/ family Safety threat log, design modification the space is for patient care? (%) experience, safety, and patients, inclusion; mitigates families, and latent safety threats; * How much safer do you think centered design and patient safety improvements from patients affect family experience? * Validated need for family storage, privacy centered design and patient safety improvements from accessibility.	ce."		
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families, and latent safety threats; experience affect family experience? improvements from accessibility.			
	afety/		
promotos collaboration foodback			
teams) promotes conaboration, feedback, but the simulation strengthen fearly simulation testing. I infection control (e.g., sink placement,			
interprofessional collaboration across disciplines? contamination reduction).			
debriefs. • "Validated need for cabinet storage in fan	ily zone."		
Operational Workflow and process Simulation findings • What workflow inefficiencies Studies linking • Adjusted room layouts to reduce congesti	on (e.g.,		
Value improvements; time table, workflow were identified or resolved? simulation-informed moving sinks, repositioning carts).			
savings; ergonomic and maps, pre/post •How much faster/smoother are design to improved • Identified need for double oxygen/air out	ets for		
safety optimizations; time-motion key tasks now? (%) workflow efficiency and surge and daily workflow.			
reduced inefficiencies. observation, design • Did simulation accelerate safety (e.g., translational) • Standardized headwall design across all reduced inefficiencies.	oms to		
drawings. decision-making and reduce simulation for system streamline use.			
iteration time? testing). • "Explore possibility of 2 nd sink to allow two	nurses to		
work simultaneously."			
Strategic Aligns with institutional Leadership • Did simulation accelerate or Organizational learning • Supported St. Michael's redevelopment go	als by		
Value priorities (safety, feedback, improve key redevelopment and high-change culture validating design pre-construction.	·		
quality, readiness, redevelopment decisions? literature; case studies • Reduced risk of post-build modifications.			
innovation); fosters planning notes, •How much did it contribute to on simulation in • Demonstrated simulation as a decision-material entire contribute to on simulation in • Demonstrated simulation as a decision-material entire contribute to on simulation in • Demonstrated simulation as a decision-material entire contribute to on simulation in • Demonstrated simulation as a decision-material entire contribute to on simulation in • Demonstrated simulation as a decision-material entire contribute to on simulation in • Demonstrated simulation as a decision-material entire contribute to on simulation in • Demonstrated simulation as a decision-material entire contribute to on simulation in • Demonstrated simulation as a decision-material entire contribute to on simulation in • Demonstrated simulation as a decision-material entire contribute to on simulation in • Demonstrated simulation as a decision-material entire contribute to on simulation in • Demonstrated simulation and on the contribute contribute to on simulation in • Demonstrated simulation as a decision-material entire contribute contribute to on simulation in • Demonstrated simulation and on the contribute contribute contribute contribute to on the contribute contribut	king tool		
cross-team OpR reports, operational readiness? healthcare redesign. integrated into capital design.	_		
collaboration, culture of strategic planning •What strategic risks or delays • "Next steps for clinical, redevelopment an	d OpR*		
proactive improvement. documents. were avoided? teams to operationalize findings."	•		
Financial Avoidance of rework Redevelopment • What costs were avoided by Cost-benefit analysis • Simulation required no added budget; use	d low-cost		
Value costs; time/resource cost data, identifying design issues early? literature linking design mock-up materials.			
(implied/ savings through early procurement •How much rework time or simulation to avoided • Prevented downstream costs identifying e	rrors pre-		
potential) issue detection; records, post- materials were saved? (%) expenditures. build (e.g., headwall outlet configurations, s	•		
improved equipment occupancy • Did simulation reduce the need placement).			
utilization. modifications for expensive post-build changes? • "Simulation informed improvement oppositions"	tunities		
avoided. before build phase."			

