



Unity Health Toronto's Quality Improvement Plan 2022-2023

Improving Care at Unity Health

Unity Health Toronto, comprised of Providence Healthcare, St. Joseph's Health Centre and St. Michael's Hospital, works to advance the health of everyone in our urban communities and beyond. Our health network serves patients and residents across the full spectrum of care, spanning primary care, secondary community care, tertiary and quaternary care services to post-acute through rehabilitation, palliative care and long-term care. Our academic mission is demonstrated in our world-class research and education programs.

What's unique at Unity Health is our vision — *The best care experiences. Created together.* — which crosses all of our clinical and residential settings. We are committed to realizing this vision by creating a health system that is safe, effective, timely, efficient, patient-partnered, equitable and integrated. We recognize that improving care for our patients and residents is only possible with engaged and healthy staff, which is why we will also ensure that our staff experience joy in work and **meaning** in their jobs.

8 Dimensions of Quality





Global COVID-19 Pandemic

For over two years we have been working together to support each other and provide the best and safest care possible for our patients and residents. We have maintained a focus on quality despite the challenges imposed by the pandemic, including capacity pressures, increasing patient acuity and critical staff shortages. Through it all, our people have risen to new challenges, all while demonstrating our [mission and values](#) and adjusting in the spirit of continuous improvement to provide the best care experiences.



[Ontario Health](#) – Quality division (formerly [Health Quality Ontario](#)) has indicated that submission of the annual Quality Improvement Plan (QIP) for 2022-23 to Ontario Health is voluntary in recognition of the unprecedented health human resource challenges and instability and strain related to the pandemic. We too, have also considered the impact of the pandemic on our teams and therefore developed a Quality Improvement Plan that leverages work underway and incorporates a high degree of support for the local clinical teams.

2022-2023 Quality Priorities

Each year at Unity Health, we set out a number of key corporate quality priorities that form the basis of our Quality Improvement Plan. Our planning has been done in concert with the work on the overall [Unity Health strategic goals](#); with a multi-year focus and specific goals and targets for 2022-2023. Of our eight dimensions of quality, this quality plan will focus on **Patient & Family Partnered Care, Improving Timely Access to Care and Safety** as these are foundational to the best care experience.



To support these improvements, we will focus on organizational capacity and capability to drive continuous improvement and implement structures and processes required at the program and local level.

Due to the postponement of our [Accreditation survey](#), 2022-2023 will also continue efforts on preparing for **Accreditation** and Unity Health's survey scheduled for October 2022.

Dimension of Quality		2022-23 Unity Health Quality Scorecard Indicators	
	Patient and Family Partnered Care/ Care Experience	Top box response to "Did we involve you as much as you wanted in decisions about your care?"*	
		Number of unique activities Patient and Family Partners are involved in	
	Safe	Number of never events	
		Overall staff and physician rating on patient/resident safety (AHRQ Patient Safety Culture Survey)	
	Timely Access	Emergency Department (ED)	ED Length of Stay (LOS) for admitted patients*
		Primary Care	The percent of respondents who report waiting less than three minutes before they are able to talk to someone when they call the office during business hours.
		Alternate Level of Care (ALC)	ALC rate

*Indicators associated with Corporate Strategic Goal of "by 2024, Unity Health Toronto will achieve top-tier care experience metrics for all those we serve."




2022-2023 Quality Priorities Continued

Dimension of Quality		2022-23 Unity Health Quality Scorecard Indicators
	Effective	No corporate effectiveness indicator. Programs include one or more effectiveness indicators appropriate for its services and patient population on their program scorecards.
	Equitable	All indicators above will be analyzed across equity stratifications where data allow. Currently, we have only limited data that allow for these analyses.



2022-2023 Long-Term Care Quality Priorities

In addition to the above quality priorities, the Long-Term Care program at Unity Health, which applies to the Cardinal Ambrozic Houses of Providence, will be focusing on these specific areas of improvement.

Dimension of Quality		2022-2023 Long-Term Care Quality Scorecard Indicators
	Resident and Family Partnered Care/ Care Experience	Percentage of residents who received palliative care in long term care for greater than one month before passing
	Safe	Number of newly acquired Stage II, III, IV, Unstageable and deep tissue pressure injuries in the Cardinal Ambrozic Houses of Providence
	Effective	Number of residents taking an antipsychotic medication (average)



Note: This photo was taken before the COVID-19 pandemic.



Patient and Family Partnered Care/Care Experience

	Baseline	Target 2022-23
Top box response to <i>"Did we involve you as much as you wanted in decisions about your care?"</i>	80.8%	82.4% (2% ↑)
Number of unique activities Patient and Family Partners are involved in	72	90 (25% ↑)
Percentage of residents who received palliative care in long-term care for greater than one month before passing	48%	55% (7% ↑)

Activities to measure and improve the care experience

1. Develop a multi-year plan to continually improve the care experience
2. Disseminate Patient Experience Survey results to each program on a quarterly basis
3. Each program is to identify opportunities to improve patient and family involvement in care
4. Develop toolkit to support programs with improvements to patient and family involvement in care
5. Complete on-demand Interpreter Services pilot and plan for spread
6. Continue development of care experience measurement framework
7. Enhance and enrich our Patient and Family Partner (PFP) Program by evaluating the experiences of our PFPs
8. Launch and grow the Care Experience Institute
9. **Long-term care:** Provide staff and physician education; develop palliative education materials, implement Supportive & Palliative Care Indicators Tool (SPICT), implement serious conversation team and notify families/residents of palliative care program within first month of admission



Timely Access to Care – Emergency Department Length of Stay (EDLOS)

St. Michael's Hospital	Baseline 2021-22	Target 2022-23
EDLOS for admitted patients (mean hours)	17.6 hours	16.6 hours (↓ 1 hour)

Activities to Improve EDLOS at St. Michael's

1. Continue implementation of the Operations Centre including:

- Development of new tiles (transport time; unit level detail) and reduce emergency department time to bed assignment time
- Reduce ready bed transfer time to 50 per cent within one hour and 100 per cent within two hours
- Assess and improve timeliness of process for transfer of accountability
- Improve accuracy and transparency of discharge planning (estimated date of discharge entry and match)

2. Ambulance offload time improvement:

- This will be locally led within the emergency department team and involve a multi-pronged strategy, including daily feedback and review (target based on the proportion of patients who are offloaded in 60 minutes or less)
- Track and report ambulance offload delays



Timely Access to Care – Emergency Department Length of Stay (EDLOS) Continued

St. Joseph's Health Centre	Baseline 2021-22	Target 2022-23
EDLOS for admitted patients (mean hours)	28.9 hours	27.9 hours (↓1 hour)

Activities to improve EDLOS at St. Joseph's

1. Continue implementation of the Operations Centre with a focus on:

- Evaluating the service co-location model
- Developing and implementing standard work for all non-clinical processes that support bed readiness
- Improving efficiency and effectiveness of transfer of accountability process

3. Ambulance offload time

- This will be locally led within the emergency department team and involve a multi-pronged strategy, including daily feedback and review
- Track and report ambulance offload delays

2. Discharge planning

- Create and execute a utilization strategy that focuses on LOS vs. EDLOS awareness for physicians and clinical teams to facilitate proactive transition planning early in hospitalization, beginning in emergency department
- Continue to evolve and implement transition planning strategy



Timely Access to Care – Alternative Level of Care (ALC)

	Site	2021-22	Provincial Average
ALC Rate	St. Michael's	7.7	15.4
	St. Joseph's	16.8	
	Providence	10.7	

Activities to improve ALC rate at Unity Health

1. Understand and improve ALC

- Establish pathways for patient transitions within Unity Health
- Create ALC report that includes ALC volumes and ALC LOS by service
- Track and report total ALC discharges by ALC disposition
- Track and report ALC wait times by disposition

2. Improve transition planning

- Create transition planning in-service for frontline care teams focusing on patient care managers, physicians and team leads
- Include transition planning module in new employee orientation
- Continue to support the advanced transition planning skills of the core Transition Planning team through multidisciplinary education rounds
- Establish a Transition Planning Quality Council



Timely Access to Care – Primary Care

	Site	Baseline 2021-22	Target 2022-23
Percent of respondents who report waiting less than three minutes before they are able to talk to someone when they call the office during business hours	St. Joseph's	51.3%	55%
	St. Michael's	22.7%	40%

Activities to improve timely access to primary care

1. Perform routine audit and feedback of weekly call volumes, staff resources, call wait times and number of dropped calls; generate improvement ideas
2. Change model from centralized hub to Central and East phone hubs
3. Attend Lunch and Learns where primary care and Family Health Team groups share their experience dealing with similar issues and collective solutions
4. Continue to seek automation of system for more accurate data on wait times and dropped calls
5. Explore feasibility of other electronic methods of communication with patients (i.e. live chat)



Safe

			Baseline 2021-22	Target 2022-23
Number of never events	Excluding pressure injuries		6	0
	Stage III or Stage IV pressure injury acquired after admission to hospital		22	TBD
Number of newly acquired Stage II, III, IV, Unstageable and deep tissue pressure injuries in the Cardinal Ambrozic Houses of Providence			28 (TBC)	25 (10%↓)
Overall staff and physician rating on patient safety (AHRQ Patient Safety Culture Survey)	Hospital	Percentage of excellent ratings	14	N/A
		Percentage of very good ratings	34	
		Percentage of good ratings	31	
	Long-term care	Percentage of excellent ratings	32	N/A
		Percentage of very good ratings	43	
		Percentage of good ratings	21	

Activities to advance our Patient Safety Plan

1. Support programs in actively improving one area of opportunity from the Patient Safety Culture Survey results
2. Implement improvement activities focused on information transfer at transition points
3. Share and provide education on tools to support local leaders in responding to reported patient safety incidents
4. Implement a Patient Safety Scorecard
5. Complete implementation of an Escalation of Care policy at St. Joseph's and at Providence
6. **Long-term care:** Decrease the number of newly acquired stage II, III, IV, Unstageable and deep tissue pressure injuries in the Cardinal Ambrozic Houses of Providence by:
 - Educating front line staff in best practices in skin health for the prevention of pressure injuries
 - Implement transfer rails
 - Increasing the accuracy of assessment and reporting of pressure injuries
 - Proactively stock floors with appropriate wound care supplies



Note: This photo was taken before the COVID-19 pandemic.



Effective – Long-term Care (Cardinal Ambrozic Houses of Providence)

	Baseline 2021-22	Target 2022-23
Number of residents taking an antipsychotic medication (average)	55.9	50.3 (10% ↓)

Activities to improve antipsychotic medication use at the Cardinal Ambrozic Houses of Providence

1. Share audit results of all residents prescribed antipsychotics with Operation Leads and Registered Nurses
2. Provide education for staff on process for management of responsive behaviours, response training, dementia training and non-pharmacological strategies
3. Deep dive data analysis into appropriate inclusions/exclusions for indicator
4. Implement and sustain trigger for monthly interprofessional review of dosing
5. Ongoing use and implementation of non-pharmacological strategies



Note: This photo was taken before the COVID-19 pandemic.

Activities to Advance our Quality Management

1. Implement structural elements, including:

- Unity Health Quality Scorecard
- Program Quality Scorecards
- Program Quality and Performance Councils
- Program Quality and Performance Boards
- Improvement huddles

3. Other supports and resources:

- Quality teams to support programs to implement the Quality Management System (QMS)
- QMS Implementation Toolkit

2. Build organizational capability and capacity with:

- A virtual improvement hub
- Structured education and coaching for leaders, staff and Patient and Family Partners
- A community of practice

Activities to Achieve Accreditation

Health care accreditation, through Accreditation Canada's [Qmentum program](#) ("Quality and Momentum") is an ongoing process of assessing health care services against national standards. The goal is to celebrate what is being done well and identify what needs to be improved. The Qmentum program is designed to focus on quality and safety



ACCREDITATION
CANADA

throughout all aspects of an organization's services, from governance and leadership to direct care and infrastructure for the benefit of patients, residents, staff, physicians and volunteers.

Unity Health teams will continue to support activities across the organization to prepare for our upcoming Accreditation survey from Oct. 3 to 7, 2022.