



# Unity Health Toronto's Quality Improvement Plan 2023-2024



## Improving Care at Unity Health

Unity Health Toronto is comprised of St. Joseph's Health Centre, St. Michael's Hospital and Providence Healthcare. We are one of Canada's largest Catholic healthcare networks serving patients, residents and clients across the full spectrum of care, spanning primary care, community care, specialty care, rehabilitation care, palliative care and long-term care, all while investing in world-class research and education. Our vision — *The best care experiences. Created together* — crosses all of our clinical and residential settings.

At Unity Health, high-quality care has many dimensions; it is safe, effective, timely, efficient, patient-partnered, equitable and integrated. We recognize that improving care for our patients is only possible with engaged and healthy staff, physicians, learners and volunteers, which is why we also strive to ensure that our people experience joy in work.



## 8 Dimensions of Quality







Each year at Unity Health, we set out quality priorities that form the basis of our quality improvement plan. These priorities are part of Unity Health Toronto's broader vision to continue improving the experience of our patients. Over the past year, we have maintained a focus on providing an excellent care experience despite continued challenges, including the pandemic,

capacity pressures, increasing patient acuity and critical staff shortages. Unity Health completed its first ever accreditation survey as a network in October 2022 and was Accredited with Exemplary Standing. Achieving Exemplary Standing is a testament to the outstanding care, collaboration and commitment to excellence we provide across the network.



# 2023-2024 Quality Priorities

For this year, we continue to align our priorities – which were shaped by the experiences and wisdom of patients, residents, families, staff and our community – with our overall strategic goals. Additionally, our priorities were informed by our safety event reviews, patient relations reports and patient experience surveys, as well as key performance data including emergency department wait times and alternative level of care (ALC) rates.

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



Dimension of Quality		2023-24 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?” in our care experience surveys	
	Safe	Number of 'never events': <ul style="list-style-type: none"><li>Never events (excluding pressure injuries)</li><li>Stage 4 pressure ulcer acquired after admission to hospital</li></ul>	
		The percent of high priority action items from critical incident reviews implemented by target date	
	Timely Access	Emergency Department (ED)	ED Length of Stay (LOS) for admitted patients
		Primary Care	The percent of respondents who report waiting less than five minutes before they are able to talk to someone when they call during business hours
	Equitable	All priority indicators will be analyzed across equity stratifications where data allow. New processes and tools for health equity data collection, monitoring and use will be implemented and tracked to support data quality improvement.	

## 2023-2024 Quality Priorities Continued

Dimension of Quality		2023-24 Unity Health Quality Scorecard Indicators
	<b>Provider Wellness</b>	No Unity Health Quality Scorecard indicator. Priority indicators related to Provider Wellness (e.g. sick time, overtime, lost time, workplace violence incidents and employee engagement scores) are already tracked through the Human Resources Scorecard to support quality improvement initiatives.
	<b>Effective</b>	No Unity Health Quality Scorecard indicator. Programs include indicators based on these priorities on their program scorecards, as appropriate

## 2023-2024 Long-Term Care Quality Priorities

The proposed priorities and associated indicators for the Cardinal Ambrozic Houses of Providence are as follows:

Dimension of Quality		2023-2024 Long-Term Care Quality Scorecard Indicators
	<b>Resident and Family Partnered Care/ Care Experience</b>	The percentage of residents who received palliative care in long term care for at least one month before passing
	<b>Safe</b>	Number of newly acquired Stage 2, 3, 4, unstageable and deep tissue pressure injuries in the Cardinal Ambrozic Houses of Providence





## Patient and Family Partnered Care/Care Experience

	Indicator	Baseline	Target 2023-24
Inpatient	Top box response to “Did we involve you as much as you wanted in decisions about your care?” in our care experience surveys	85.8%	86.7%
Outpatient	Top box response to “Did we involve you as much as you wanted in decisions about your care?” in our care experience surveys	80.5%	81.5%

At Unity Health Toronto, our commitment to patient and family partnered care is anchored in our vision – *The best care experiences. Created together.* We continue to expand our care experience measurement framework including new inpatient and outpatient care experience survey tools, building our capacity to measure care

experience, and identifying and procuring a new digital analytics platform to support in-depth analysis and visualization of care experience data. We also continue to focus on shared decision-making because it is important in every care setting and because it was identified in several areas as an opportunity for improvement.

### Activities to measure and improve the care experience

1. Implement pilot of real-time care experience interviews with inpatients to further understand what contributes to patients feeling involved in care decisions and inform local improvement strategies
2. Complete data analysis of shared decision-making questions to understand opportunities for improvement in inpatient settings
3. Develop and share tools for staff to support patients and caregivers in care decisions
4. Launch additional care experience survey campaigns to capture the voices of patients and caregivers in palliative care, parents/guardians of pediatric patients and the residents in the Houses of Providence



Safe

		Baseline	Target 2023-24
Number of 'never events'	Excluding pressure injuries	3	0
	Stage 4 pressure injury acquired after admission to hospital	2	0
The percent of high priority action items from critical incident reviews implemented by target date		76%	85%

At Unity Health our goal is to create and sustain a fair and just culture. Within this culture we acknowledge that errors happen – usually because of system inadequacies – and that we should generally respond to errors in such a way that does not assign blame but rather supports those involved and seeks to learn, improve and prevent the likelihood of recurrence. Reducing preventable harm remains a key priority for Unity Health. All staff, physicians and learners at Unity Health are encouraged and supported in reporting patient safety incidents through our electronic incident reporting system. Leaders of clinical areas and the organization’s Patient Safety team review all reported patient safety incidents.

Pressure injuries are the breakdown of skin integrity due to pressure. This can occur when a bony prominence on the body has persistent contact with an external surface, such as a bed or wheelchair.

All ‘never events,’ (patient safety incidents that result in serious patient harm or death, and are generally felt to be preventable with system-level interventions to improve safety) including Stage 4 hospital acquired pressure injuries, are treated as potential critical incidents. They are formally reviewed through our patient safety incident review process. Actions that are required to address urgent and ongoing threats to the safety of patients are implemented immediately.

Beyond this, additional action items felt to have the highest impact on prevention and mitigation of future harm are referred to as high priority action items. Each high priority action item is assigned a target date for completion. The timely implementation of high priority action items is key to preventing future patient harm. While we strive to implement all action items within the identified timeframe there are times where reasonable delays occur. Therefore, we have identified the target of implementing 85 per cent of all high priority action items within the identified timeframe.

## Activities to monitor and reduce preventable harm

1. For 'never events' excluding Stage 4 hospital acquired pressure injuries
  - Continue to complete a formal review of all identified 'never events' to identify opportunities to prevent future similar events
  - Where applicable, increase the number of medium-to-high leverage action items developed during reviews of 'never events'
2. For Stage 4 hospital acquired pressure injuries
  - Continue to complete formal patient safety incident reviews of all Stage 4 pressure injuries
  - Standardize measurement and reporting of hospital acquired pressure injuries across all three sites
  - Implement existing pressure injury prevention practices across all three sites
3. Formally implement new high priority action item tracking tool within our electronic incident reporting system







# Timely Access to Care – Emergency Department Length of Stay (ED LOS)

	Site	Baseline	Target 2023-24
Emergency Department Length of Stay for admitted patients (mean hours)	St. Joseph's	33.8 hours	30.4 hours
	St. Michael's	18.1 hours	16.3 hours

Timely access continues to be a critical focus for our organization. In large part due to increases in ED LOS across the province and at our own acute care sites, we established an Access, Flow and Transitions Task Force to develop, implement, continually revise and monitor a plan to improve access to care for our patients. The task force has targeted three primary pillars to focus efforts on improving flow of patients throughout our facilities:

safe patient placement, safe staffing and safe transition planning. Through a data analysis review and the engagement of the task force and other key stakeholders, we have set a ten per cent improvement target for 2023-24, recognizing that system-level factors may allow us to revisit these targets during the year.

## Activities to Improve ED LOS at Unity Health

1. Continue to monitor and drive improvements through the Access, Flow and Transitions Task Force focused on our three pillars: safe patient placement, staffing and transition planning
2. Conduct a value stream analysis on time to inpatient bed at both acute care sites
  - In spring 2023-24 we will initiate the analysis of both acute area sites to create a targeted improvement plan for time to inpatient bed
- Execute on change ideas to improve time to inpatient bed following the value stream analysis improvement work
3. Standardize alternative level of care processes
4. Develop a 'Unity First' policy focused on pathways from acute care sites to Providence
5. Develop and deploy AI-enabled discharge prediction tools



## Timely Access to Care – Primary Care

	Site	Baseline	Target 2023-24
Percent of respondents who report waiting less than five minutes before they are able to talk to someone when they call the office during business hours	St. Joseph's	74%	85%
	St. Michael's	44%	60%

Access to timely primary care appointments remains a very important issue for patients cared for by our Family Health Teams (FHTs). Patients have shared consistently their main access point to the FHT is via telephone and have shared their concerns that long wait times on the phone limit access to their healthcare team and timely

follow-up. To reduce pressure on individuals answering the phone, and increase the number of respondents who report waiting less than five minutes before they are able to talk to someone when they call the office during business hours, the FHTs are introducing online booking systems.

### Activities to improve timely access to primary care

1. Onboard all providers (physicians, nurse practitioners, residents, registered nurses) and some health disciplines staff at St. Michael's to the online appointment booking platform

- Note: Online booking for Urgent Care Clinics, Pap Clinic, COVID + flu immunization, NP Clinics currently exist at St. Joseph's
2. Increase uptake of online appointment booking by patients via diverse patient education avenues

3. Optimize patient website to share access touchpoints to connect with clinic more effectively and efficiently
4. Collaborative improvement efforts between FHTs





## Equitable

At Unity Health, all three of our sites share the Sisters of St. Joseph's legacy of caring for people and communities who have been marginalized or disadvantaged. More than a century after each site was founded, this shared commitment to serving the underserved is one of the network's strengths and continues to be the focus of our mission and values, and now our strategy.

Opportunities exist as a system and within our network to address social determinants of health and more deeply embed equity within our quality management system. We are also working towards being able to use sociodemographic data to understand the experience of patients who are members of marginalized groups, and to identify opportunities for improvement. Our goal is to provide equitable health care for all of our patients and, ultimately, to help lead the way toward equitable health outcomes.

We know that a representative workforce that reflects the communities we serve is not only fair and just, but also leads to improved care experiences. We continue to collect and use staff and physician sociodemographic data to monitor and inform strategies to improve representation. We are also continuing to work towards implementing equitable data governance principles that support self-determination and equitable access and use.

While it is important we continue to understand the quality of care and experience that differ by social categories, we also recognize that we don't need data to start making health care more equitable. Efforts are already underway to improve equity in every setting including a focus on equitable hiring practices for staff and physicians and through programs for patients who are members of marginalized communities that have unique needs.

## Actions to improve health equity:

1. Build out a team of staff focused on Indigenous health, wellbeing and reconciliation
2. Assess and revise our critical incident review process to explicitly include equity considerations
3. Shift to a new data collection method to improve the breadth of sociodemographic data collection, response rates and the quality of the data
4. Continue to collect sociodemographic data from staff and physicians to inform the implementation and monitoring of more equitable hiring practices, pipeline cultivation and other strategies





## Provider Wellness

Hospitals across Ontario are experiencing significant health human resource pressures, which is demonstrated by historically high vacancy rates and high levels of turnover. We will continue to monitor these indicators to ensure that we have a comprehensive suite of strategies to support the attraction, retention and sustainment of talent, which includes the health and wellbeing of our staff.

Specifically related to health and wellbeing, we continue to gather information from our employees through engagement surveys, exit interviews and rounding to support our program planning to focus on the most leveraged areas of provider wellness that will advance the health and wellbeing needs of our people. We are committed to supporting an array of programs, which include recognition events and employee mental health programming and benefits.

### Actions to improve provider wellness:

1. Continue to develop and monitor provider focused programs to promote employee engagement (i.e. Joy Fund, rewards and recognition programming, Schwartz Rounds and executive rounding)
2. Continual broadening of workplace violence prevention programs with implementation of Violence Assessment Tools and Behavioural Emergency Response Teams and enhanced non-violent crisis intervention training for high risk areas
3. Investing heavily in supporting provider mental health through enhanced mental health benefits, launch of the Calm© App and expansions of the Mental Health First Aid and Mental Health Leadership Certificate courses
4. Expand recruitment by launching new brand and social media campaigns, routinely participating in specialized hiring events, launching incentives for referrals and expansion of our pipelines for talent focused on students, developing internal staff, new graduates and internationally trained healthcare workers



# The Cardinal Ambrozic Houses of Providence Long-term Care Home

Our long-term care home, the Cardinal Ambrozic Houses of Providence (Houses), is truly a home for each of our 288 residents. With a focus on quality of life and the implementation of best practices, the Houses provide the highest standards of comfort, care and safety for our residents.

The profile of our residents continues to change; our residents continue to be vulnerable, older and frailer on admission, and we are experiencing an increase in complexity of resident care needs. The Houses is experiencing the impact of "aging at home" with increased acuity of resident care and thereby

greater demands on staff, services and resident/family expectations.

The Houses is committed to partnering with residents and families as this is fundamental to the overall care residents receive and their experience at the Houses. We have processes in place to ensure residents and families are involved, heard and partnered with in care decisions. There is also a Resident and a Family Council to further ensure the voices and input of residents and families are regularly gathered and used to inform various strategies including identifying annual quality priorities.

## Resident and Family Partnered Care/Care Experience – The Cardinal Ambrozic Houses of Providence Long-Term Care Home

	Baseline	Target 2023-24
Percentage of residents who received palliative care in long term care at least one month before passing	38%	46%

The Houses will continue to focus on the palliative care program in 2023-24, with a specific priority of striving to ensure that people who are near the end of

their life receive palliative care not just within the last few days of their life but for at least one month before passing.

### Activities to improve the resident care experience:

1. Provide staff and physician education in palliative care

2. Implement process to ensure the Supportive and Palliative Indicators Tool (SPICT) triggers goals of care conversation
3. Create educational materials and templates to support the Houses palliative care program

4. Restart Palliative Care Committee with resident and/or family member representation



## Safe – The Cardinal Ambrozic Houses of Providence Long-Term Care Home

	Baseline	Target 2023-24
Number of newly acquired Stage 2, 3, 4, unstageable and deep tissue pressure injuries in the Cardinal Ambrozic Houses of Providence	31	28

In 2023-24, the Houses' team will continue working on improvements to the pressure injury program. The Houses team will use internal data – which is more accurate and available in real time – allowing clinical staff to be more responsive to pressure injuries. There

will also be an increased focus on education with the identification of a Pressure Injury Management Lead, professional practice workshops and referral training for wound consultations.

### Activities to advance resident safety:

1. Identify a Pressure Injury Management Lead to oversee the pressure injury program together with a staff champion
2. Educate frontline staff in best practice for skin health to prevent pressure injuries
3. Nurses to attend the Practice Enrichment

- Workshop on Wound Prevention and Management Education provided by Clinical Nursing Specialist (CNS) team
4. Train staff on referral process for CNS consultation for pressure injuries Stage 3 and higher

## Actions to achieve Unity Health's quality priorities

To support improvements in each priority area, we will continue to focus on organizational capacity and capability to drive continuous improvement and implement structures and processes required at the program and local level. A key enabler will be the continued implementation of our Quality Management System (QMS) to streamline, integrate and sustain improvement across all levels of the organization.

The QMS is an assembly of structures, responsibilities, processes and resources explicitly designed to monitor, assess and improve the care experience. Built on a foundation of purposeful patient and family partner engagement, the QMS consists of four domains addressing:

- What do we want to achieve as an organization?
- How are we doing?
- What are we doing about it?
- How are we sustaining improvements?

Implementing the QMS will support improvements in all dimensions of quality and will facilitate a systematic, data informed and evidence-based approach to improvement. It will allow for continuous testing, evaluation and the engagement of staff, provider, learner and patient and family partnership in improvements.

Structural elements of the QMS include:

- Program quality and performance councils
- Program scorecards
- Quality and performance boards
- Improvement huddles

