

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 27, 2025



OVERVIEW

Unity Health Toronto, comprised of St. Joseph's Health Centre, St. Michael's Hospital and Providence Healthcare, is one of Canada's largest Catholic healthcare networks serving patients, residents and clients 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, while investing in world-class research and education.

Our vision — The best care experiences. Created together — crosses all of our clinical and residential settings. We are committed to realizing this vision by providing health care that 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 joy in work is a strategic initiative at Unity Health.

Over the past year, we have maintained a focus on providing an excellent care experience despite continued challenges, including capacity pressures, increasing patient acuity and significant staff shortages. With a commitment to excellence, Unity Health Toronto recently implemented our new Electronic Patient Record, which went live in November of 2024, to further improve the care we deliver.

Our Quality Improvement Plan (QIP) for 2025-26 reflects key priorities aligned with Unity Health Toronto's overall strategic goals and was shaped by the experiences and wisdom of patients, residents, families, staff and our community. Additionally, our priorities have been informed by data such as our serious safety

event reviews, patient relations and patient experience data, as well as key performance data including emergency department wait times and alternative level of care (ALC) rates. Further, we continue to closely monitor and participate in other platforms, programs and communities of practice such as the National Safety Quality Improvement Program (NSQIP), GEMINI and the Canadian Institute for Health Information (CIHI) to guide the development of our priorities and accelerate improvements in care quality, system performance and population health.

In this narrative, which is meant to be read alongside our work plan, we are highlighting some of the foundational elements of our multisector quality improvement plan for 2025-26, which includes indicators for our hospitals and the Houses of Providence, our long-term care home. The indicators and targets we will focus on as an organization this year are also included in the associated work plan. These indicators are aligned to the collaborative QIPs for the Ontario Health Teams to which we belong, as well as our two Family Health Teams' QIPs, which will be submitted separately.

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. This will be achieved through the advancement and continued implementation of our Quality Management System (QMS) that will allow us 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 to improve?
- How are we sustaining improvements?

Our ongoing implementation of the QMS supports improvements in all dimensions of quality and facilitates a systematic, data-informed and evidence-based approach to improvement. It allows for continuous testing, evaluation and the engagement of staff, provider, learner and patient and family partnership in improvements.

ACCESS AND FLOW

At Unity Health Toronto (Unity Health) optimizing system capacity, timely access to care and patient flow continues to be a priority for the organization to improve outcomes and the patient care experience. Our Access, Flow and Transitions (AFT) Task Force continues to develop, implement, continually revise and monitor plans to improve access to care for our patients. For FY 2025-26, three specific planned improvement initiatives that will be brought to the Taskforce for monitoring and discussion are: a revision of the Unity Health Over Capacity Protocol (OCP), review of flow reports indicating average number of admitted patients waiting in the ED at 8:00 am and the IPAC review process for patients admitted in ED who have isolation orders. Other initiatives will be brought forward as well.

In FY 2024-25 key priority areas were identified to improve timely

access to care and inform functionality in the build of our new electronic patient record (EPR). These included: Transfer of Accountability (TOA), Bed Assignment processes, and ED LOS performance monitoring and target setting. The TOA working group in collaboration with our ED and inpatient teams, and EPIC partners were able to embed a standardized nursing handover tool in EPIC, define TOA timestamps so teams may regularly review data/reports to monitor performance and sustain improvement, and optimize the TOA process and guidelines where TOA is initiated while bed cleaning is in progress. In preparation for the implementation of our new EPR, bed assignment improvement work focused on the adoption of a new Centralized Model where the Access and Flow teams manage bed assignments for all admitted patients across the hospital in collaboration with inpatient units. This work included building the process map and subsequent work queues within EPIC, and developing standardized bed assignment criteria (i.e. prioritization matrix and bed spacing guidelines) and bed assignment process guidelines. Additional focus on timely access included the development of a standardized report, “Timely Access: ED to Inpatient Bed” for ED LOS performance monitoring. This report encompasses six key performance indicators impacting timely access to care for our patients from the ED: volume of admissions from ED, ED LOS for admitted patients, Admission to Bed Assignment time, Assignment to Ready Bed, Ready Bed Transfer time and Time to Inpatient Bed.

In Q2 of FY 2024-25 Unity Health identified increasing volumes in our monthly average of patients designated Alternate Level of Care (ALC). ALC refers to those cases where a physician (or designated other) has indicated that a patient occupying an acute care hospital bed has finished the acute care phase of their treatment. With

increasingly high occupancy in hospitals, and a growing volume of ‘no-bed-admissions,’ reduction of ALC continues to be a critical area of focus to ensure existing capacity is being optimized. Reduction of open ALC cases, based on monthly average, will positively contribute to improved flow of patients from ED to inpatient units. To support this area of focus, a Corporate ALC Strategy Committee was formed in September 2024. The Committee reports into the AFT Taskforce and contributes to and monitors the corporate ALC action plan. The action plan includes a data review, stakeholder engagements and use of EPIC as an enabler to inform decision making and identify barriers with respect to ALC.

Our FY 2025-26 ALC planned improvement initiatives will focus on a review of discharge delay reasons, Estimated Date of Discharge (EDD) percentage of initial EDD entry completion and data accuracy of initial/updated entry, and ALC barriers to discharge. Initial improvement work will include the development and implementation of standardized escalation practices to support an overall reduction in ALC cases and timely discharge of open ALC cases. Additionally, we will look to reestablish acute to rehab access through our “Purple Pathway” and identify additional patient populations to support transitions to Unity Health post-acute sites.

EQUITY AND INDIGENOUS HEALTH

The collection and use of high quality sociodemographic data is a key component to identifying, addressing and monitoring differences and improvements in health equity across quality domains. This past year, Unity Health Toronto focused on our largest network-wide project; the implementation of a new electronic patient record (EPR). Through our new EPR, we were able to introduce new fields to improve the equitable care and

experience of individuals from the 2SLGBTQ+ community, and those with disabilities. These standardized fields allow for information like chosen names, gender, pronouns, and accommodation needs to be collected and used to support care experience and clinical decision-making. In addition to this, we are leveraging the new system to obtain patient emails and consent, which we will use to expand the collection of health equity data through a survey delivered through our secure platform; Qualtrics. Patient access to their health information has also been enhanced through an improved online portal, with components available in four languages.

It is important that sociodemographic or health equity data be collected, stored, protected and used purposefully. We have looked to equitable data governance frameworks like EGAP (Engagement, Access, Governance, Protections) and OCAP (Ownership, Control, Access, Protections) to develop a Unity Health data governance framework for sociodemographic data that outlines the principles and technical standards for governance and use at our sites. In FY 2025-26, we will initiate a working group to oversee the implementation of a Unity Health data governance framework that upholds equity and data sovereignty for race, Indigenous identity, and other sociodemographic data. We also hope to act as a system leader and support other hospitals and health systems looking to adopt a tangible equitable data governance framework to support their work.

In FY 2024-25 we partnered with the Better Outcomes Registry & Network (BORN), Ontario's prescribed perinatal, newborn and child registry with the role of facilitating quality care for families across the province. BORN collects, interprets, shares and protects high-quality data essential to facilitating and improving the care for

pregnant individuals, children and youth through data linkage. Together we have identified three areas to explore disparities and opportunities for care improvement for Black birthing people: hypertensive disorders low risk C-section rates, and breast feeding rates and are in the process of data quality review and interpretation. In FY 2025-26 we will focus on engagement and co-design to develop improvements plans for areas where disparities are found. While good data was not available for First Nations, Inuit, and Metis Individuals at our site for these indicators, we will be working in partnership to address opportunities for improvement within the design of our improvement plans.

The Office of Indigenous Wellness, Reconciliation and Partnerships has received a significant donation to expand access to ceremonial spaces and needed human resources to expand our wellness team at both the St. Michael's and Providence sites. In addition, we are hiring two positions within the Family Health Team to assist with connecting Indigenous patients to primary care providers. We are engaged with Ontario Health's Provincial Equity and Indigenous Health program and are participating in the Indigenous Hospital Leaders meetings to discuss strategic initiatives and share concerns across Ontario. We are also engaged in the Toronto region through the Toronto Academic Health Sciences Network (TASHN) hospitals via Indigenous Health Action Network (IHAN) to leverage work on common interests and concerns across hospitals on issues such as Indigenous Data Governance, the Indigenous identity verification working group and other priorities identified by the IHAN members. We continue to address Indigenous cultural safety through training, education and internal consultations with the Indigenous wellness team. Our executive team has been engaged in Indigenous Cultural Safety training as has three other key areas within our hospital

network. Our engagement sessions in February 2024, culminated in an “Indigenous Voices” report that made 75 recommendations concerning our hospital system. A Steering Committee of VPs are currently prioritizing the recommendations for response and implementation over the next three fiscal years. An Indigenous Health plan for Unity Health Toronto is being drafted for release in the new fiscal year.

Equity is an important dimension of quality, but across health systems, it has not been well integrated and addressed within initiatives that are focused on other dimensions, such as safety. Given this, we have started to assess our critical incident reviews for opportunities to implement new tools and processes that will explicitly include equity considerations in an integrated way. In FY 2024-25 we provided focused education on quality and patient safety to staff whose primary focus is anti-racism, equity and social accountability. Over the next year, we will be providing focused education on equity, antiracism, and social determinants of health in care for staff leading safety event reviews. The goal of this training is to help teams understand each other’s perspectives and work toward an integrated approach that incorporates equity considerations in safety event reviews. In addition to this, we will continue to work with a masters students and researchers at the University of Toronto to develop potential approaches and tools for hospitals to integrate in their review processes and conduct simulations with event review committees to trial and evaluate their use.

We continue to provide and grow our opportunities for education in health equity through our organization’s Learning Management System (LMS), simulation, as well as in-person and zoom trainings.

Examples of this include: Pilot Let’s Talk about Race (a simulated education on anti-racism that can be done in virtual reality with oculus headsets), Why Health Equity Matters orientation module, release of Intro to Anti-Black Racism LMS education, Black Health Education Collaborative series and “Braver Conversations” (a Unity Health training session focused on practical teachings for leadership level conversations about race in the workplace and care environment). In 2025, we have expanded our offerings to include a self-guided learning package on the collection and use of sensitive information to support our EPR activities and the 2SGLBTQ+ and disability communities. We also have added support to complete the Black Health Education Collaborative’s Black Health Primer. This in-depth online education tool supports participants to gain knowledge in and promote dialogue on anti-Black racism and Black health by learning to identify anti-Black racism in health care and its effects on health and learning to implement racially just practices to improve the health of Black people and communities across Canada.

Lastly, we will support the creation, sustainability, and expansion of equity-oriented quality improvement initiatives through prepared guidance for departments to consider as they reflect on the health equity opportunities for quality improvement to continue to support a focus of health equity throughout the organization. This work will leverage our Quality Management System through program quality committees and quality boards and huddles.

PATIENT/CLIENT/RESIDENT EXPERIENCE

At Unity Health Toronto, measuring and improving the overall care experience continues to be a top quality priority for the organization and anchors to our vision – The best care experiences.

Created together. Over the past year, we have continued to mature our care experience measurement program including the i) implementation of a new electronic dashboard where leaders access unit or program based care experience data in real-time ii) integration of a sentiment analysis tool to theme and better understand qualitative survey data and iii) further spread of a real-time feedback program where we ask patients about their experience while in our care.

Collecting, analyzing and reporting our care experience data is essential to making improvements to the overall care experience. In addition to the care experience surveys administered through phone calls and email, we also obtain feedback from patients while in our care through the Real-Time Feedback program. The real-time program provides the opportunity to proactively improve the care experience prior to a patient leaving the hospital, which is not possible through retrospective surveying. Through this program, many local small-scale improvements are introduced. Examples of this include improving the type and timing of education provided to patients giving birth and providing on-demand video interpretation in the Houses of Providence (our long-term care home) in response to resident concerns with accessing language interpreters. Broader issues affecting multiple areas (e.g. broken infrastructure or housekeeping concerns) are also identified through data reviews and ensures appropriate escalation of issues to the right teams.

In planning for our FY 2025-26 Quality Improvement Plan (QIP), we completed a comprehensive review of care experience data, themes from patient relations data, and input from our Patient and Family Partners (PFPs) and staff. Through this, we identified an opportunity to improve how we prepare patients for discharge and

in particular, ensuring patients and/or their caregivers have the necessary information to manage their health after they leave the hospital. Our aim is to increase the percentage of inpatients across all three sites who select the top box score of “completely” when asked if they had enough information to manage their health after they left the hospital. This care experience data will be integrated into our Quality Management System at Unity Health to help drive improvement over time within each of our areas.

With the recent implementation of our new EPR, we have a standard After Visit Summary (AVS) tool. The intent of this tool is to provide patients with comprehensive information to manage their health post discharge. Since implementation, we have recognized the need to optimize this tool so that we are better equipped to provide patients with comprehensive and easy to understand information at discharge. In response to this, we are launching a multi-year strategy to optimize the new AVS tool. This includes a working group with representation from Patient Family Partners, staff and physicians who will identify and support the implementation of iterative changes to the AVS. All inpatient clinical areas will receive and review their performance with the discharge experience question to inform further local improvement strategies.

Beyond our focus on improving information at discharge we plan to further grow our care experience measurement and improvement program. Over the next year, we are committed to implementing new care experience survey tools in our intensive care units, pediatrics, renal and mental health. We will also continue to expand the real-time feedback program to additional clinical areas including palliative, maternal, respiratory, pediatrics and the

geriatric zone of the St. Joseph's emergency department. As we continue to collect more care experience data we also need to grow our capacity for advanced analytics. Throughout the next year we are committed to exploring new tools to support this which will provide more in-depth analysis of our data leading to new care experience improvement strategies.

PROVIDER EXPERIENCE

Unity Health Toronto aligns our programs and services intended to support the engagement and wellbeing of our people through our People Strategy. This People Strategy, with the pillars of "Empowering Excellence", "Protect Each Other", and Lead By Example", advances in a coordinated way those elements of a quality workplace that are most important to the growth and retention of our talent. The efforts of the People Strategy have contributed to Unity Health's success in being one of the GTA's Top Employers for four consecutive years in a row and one of Canada's Best Diversity Employers in 2025.

Unity Health Toronto closely monitors human resources performance through its human capital scorecard, which is frequently shared at both the executive and the board level. In the past year, the hospital sector as a whole and Unity Health independently have seen steady improvements in health human resources pressures including vacancy rates, turnover and sick time. A combination of human capital strategies and labour market changes have contributed to this improvement. Vacancy volumes have reduced by more than half and this contributes significantly to the quality of work life of our staff and our ability to deliver exceptional care to our patients.

Preserving the well-being of staff at Unity Health remains a top priority and a centrepiece of our overall retention efforts. Unity Health approaches worker wellbeing in a multidimensional and holistic way, encompassing lifestyle, mental and spiritual well-being. It is an active process of becoming aware of and making choices towards a healthy and fulfilling life. Unity Health's Wellness Program is rooted in the understanding that Our People are the key enabler in achieving our vision of "The best care experiences. Created together" since happy and engaged staff is strongly linked to patient experience. A strong and robust wellness program will help to achieve this vision by promoting health and well-being, providing a positive and supportive work environment, and focusing on factors that keep our people healthy and engaged at work.

Of course, the foundation of any healthy workforce is ensuring the safety of workers. We continue to see Workplace violence (WPV) as an increasingly urgent issue. It poses a significant threat to staff well-being and the quality of patient care; contributing to burnout and emotional distress among healthcare professionals. In 2023, Unity Health formed a Prevention of Workplace Violence and Harassment Steering Committee to coordinate existing programs and services and identify current gaps. Six priority streams were developed with key deliverables within each stream. These work streams include education and training, practice/policy, safety/support, design, patient experience and an anti-racism policy. The purpose of the committee is to create a centralized leadership structure that is accountable and responsible for the identification, development, implementation and evaluation of programs and services that drive prevention of workplace violence and harassment at Unity Health. The founding principle of this committee is the internal responsibility system (IRS) in which

everyone has direct responsibility for health and safety as an essential part of their job within the organization. A relentless commitment to workplace violence prevention and mental health supports for our staff is a key feature of our People Strategy and will be a focus of our improvement efforts over the next year.

All of Unity Health's efforts to support our employees and to build a quality work environment are driven by our employee listening strategy, which enables us to hear from and respond to the feedback of our staff. We rely on a combination of human resources metrics, surveys (such as employee engagement surveys, exit interviews and ad hoc surveys), and employee governance such as nursing and health disciplines advisory councils as the foundational elements of this approach. In addition to these strategies, Unity Health initiated senior leader rounding this year with the objective of supporting the implementation of our new electronic patient record and for staff to have input into how Unity Health can best support their engagement and wellness.

In May 2025, Unity Health Toronto will be conducting its staff, physician, and volunteer engagement surveys to better understand the current experiences of our people and how we can continue to prioritize actions in direct response to their feedback and insights. With a target response rate of 70% for staff and 50% for physicians, we are setting ambitious goals to get the most comprehensive feedback possible to allow the organization and teams develop both corporate and local level action plans in response. Rigorous action planning to respond to the survey results will start in the summer and continue well into the next fiscal year.

A major pillar of our People Strategy is to empower excellence. We

encourage this with our robust recognition and rewards programming, to drive our mission, values, and bring to life the purpose-filled work that is central to the rich employee experiences at Unity Health. Another approach to help drive our joy in work strategic initiative at Unity Health is through the investment into building quality leadership. This year we commenced our LAUNCH Institute (Leadership Advancement at Unity Health for Careers in Healthcare Institute), which consists of multiple leadership development programs designed to provide growth opportunities for people at all stages of their leadership journey from aspiring leaders to senior executives. As the LAUNCH Institute matures, it will continually diversify its programming, expand its reach to more individuals, and stay current with the leadership development needs within the organization.

Volunteering remains a core service that enhances the overall patient experience but also plays a massive role in the positive teamwork environment. One of the strategies that Volunteer Services is exploring for FY 2025-26 is to better support patients when they are in hospital through creative and compassionate means that truly advance the Mission and Values of Unity Health. We are also working hard to further the impact on our reach to potential young students interested in a career in healthcare by doubling the number of students part of our second annual LIFT (Leading Inclusive Futures Together) program and through a larger involvement with the co-op and summer student programming.

A focus on worker wellbeing, also must take into consideration the experience of learners across Unity Health Toronto. With the launch of the new Education Strategy for FY 2025-26, there will be a continued focus on opportunities to leverage learner pathways and

teaching resources to ensure a positive learner experience that also sets students up for success in their transition to practice as Unity employees. The Education and Nursing Practice teams plan to explore future academic partnerships to support integrated, yearlong placements that are aligned with the organization's workforce development goals. Additionally, with the Ministry announcement regarding the formalization of the Clinical Extern Program, there will be continued focused on opportunities to align and maximize all Ministry-funded nursing workforce initiatives, including the Nursing Graduate Guarantee (NGG) program, Clinical Extern Program and the Supervised Practice Experience Program (SPEP) for internationally educated nurses. This will include increasing clinical touchpoints with new graduate & newly hired nurses, enhancing the suite of workshops and educational opportunities available, and conducting a robust evaluation of the Clinical Extern role and program to inform future areas of focus.

SAFETY

At Unity Health we continue to focus on furthering our culture of safety in the face of health human resource constraints, limited capacity and ongoing organizational change. As an organization, we acknowledge that errors happen, usually because of system inadequacies and we should generally respond to errors in a way that does not assign blame but rather supports those involved and seeks to learn, improve, and prevent the likelihood of recurrence through system change. Encouraging and supporting staff in reporting all types of patient safety incidents through a safe and accessible incident reporting system and having a robust process to learn from incidents and make meaningful change to reduce the probability of future harm have remained priorities for our organization over the past year.

In November 2024, Unity Health implemented our new electronic patient record (EPR) powered by EPIC. While a new EPR offers many opportunities to optimize patient safety, it naturally introduces potential risks to patient safety, especially during the "go-live" phase. To mitigate these risks, we adopted EPIC's Patient Safety Surveillance Program (PSSP) to support a Unity Health-specific program that promotes safe adoption of the system, patient safety best practices, and identifies and mitigates concerning or unexpected threats to patient safety prior to go-live, at go-live and beyond. There are specific workflow safety metrics recommended by EPIC that flag potential patient safety issues. Several key actions were implemented to monitor these metrics and support the identification and resolution of potential patient safety issues including:

- i. Development of an electronic dashboard within EPIC to monitor the workflow safety metrics
- ii. Addition of EPIC as a contributing factor in the patient safety incident reporting system
- iii. Daily review of all reported patient safety incidents where EPIC was identified as a contributing factor
- iv. Daily huddle with patient safety team, nursing, professional practice, pharmacy and laboratory services to review metrics and identify trends
- v. Process to support timely response and escalation of significant patient safety concerns

When a common patient safety issue was identified, the approach to understanding and taking steps to improve were grounded in our culture of safety principles. This was important as we wanted staff to continue to feel supported in reporting potential safety issues

related to the new EPR. Additionally, we wanted to ensure that staff saw the impact their reporting had. We accomplished this by sharing changes made to the system in response to patient safety incident reports through the daily organizational EPIC huddle, daily newsletter and the weekly professional practice newsletter. Overall, the PSSP provided the necessary structure to support our staff in the safe adoption of the system, keep our patients safe and sustain a culture of safety despite significant organizational change.

In FY 2025-26 we will continue to leverage the new EPR to support our focus on the reduction of patient falls resulting in moderate harm, serious harm and death, as well as hospital acquired stage 4 pressure injuries. The new EPR offers standardized tools to support staff with integrating best practices into their care and fostering a collaborative and interprofessional approach to reducing falls and hospital acquired pressure injuries. In addition to this, the system offers more meaningful and accessible data to regularly track relevant process measures that leaders and staff can use to support and action local improvements.

PALLIATIVE CARE

The palliative care program at Unity Health Toronto has been focused on the growth and development of our clinical teams in FY 2024-25. Across our three sites, staff have received a comprehensive orientation to the palliative approach to care, including Pallium Canada's LEAP-Core training. This interdisciplinary course equips participants with the specialized skills required to deliver palliative care. Building upon this foundation, the program will introduce Point of Care Ultrasonography (POCUS) training for our physicians and Nurse Practitioners (NPs) at St. Joseph's Health Centre (SJCH) over the next year. This training will enable clinicians

to perform rapid ultrasound assessments at the bedside. Additionally, staff physicians and NPs will focus on the introduction of new procedures designed to alleviate symptom burden and improve quality of life for our patients, including thoracentesis and paracentesis. The Houses of Providence (HOP) has developed a palliative care education program for registered staff, in collaboration with the Palliative Clinical Nurse Specialist, and across all hospital sites and the HOP, the program has launched simulation and case-based training to help our teams build competence and confidence in navigating difficult conversations with patients and families around advance care planning and goals of care.

To support early identification of a palliative approach to care, the HOP initiated interdisciplinary palliative care rounds in October 2024. The interdisciplinary team gathers together on a weekly basis to conduct a holistic review of residents who are palliative, end-of-life, or who may benefit from a palliative approach to care.

Outcomes may include arranging a palliative consult, arranging Social Work or Spiritual Care support for the resident or family or arranging a team meeting to address pain or symptom concerns. Feedback received from staff highlight that the team rounds have increased their knowledge of the residents' needs and as well as their role in supporting the provision of a palliative approach to care.

The palliative program is rolling out a series of quality improvement initiatives in FY 2025-26 to enhance patient and family engagement. These initiatives include: standardized interdisciplinary palliative care rounds on the hospital side inclusive of patients and their families, regular distribution and collection of palliative care experience surveys, the dissemination of site-specific educational resources covering topics such as grief and bereavement support, the utilization of a "My Story" booklet to empower patient and

their families to share insights on how we can best meet their individual care needs, and the HOP will be offering education sessions for resident assistants and families. In 2025, we will also be developing an inclusive policy guiding on-unit bereavement practices, ensuring the team is prepared to support ceremonies and cultural observances following death. This policy development will involve community stakeholder engagement from various cultural, ethnic, and religious groups, with a special emphasis on integrating Indigenous guidance into our service improvements. Lastly, in 2025 the program will be recommencing the Unity Health Toronto Palliative Care Steering Committee, co-chaired by the Senior Director and Medical Director of palliative care. Membership will include one patient and/or family representative from each site.

Over the next year, we will continue to enhance access to care and service delivery. In 2024, the SJHC Palliative Care and Symptom Improvement Clinic (PaCSI) opened, offering outpatient services to our western GTA catchment. This ambulatory service will continue to expand and be integrated with other Unity Health Toronto palliative care clinics in FY 2025-26 to: improve access to specialized interprofessional supports; encourage early identification for the palliative approach to care; symptom management to enhance quality of life; and ensure access to 24/7 crisis care to prevent unnecessary Emergency Department visits. We will also be exploring opportunities for expanding specialized palliative services through partnerships with other Unity specialties, including piloting a neuro palliative clinic at SMH and integrating with the hemodialysis program at SJHC.

In the summer of 2024, the program welcomed its inaugural Palliative Care Medical Director. This medical leadership role will

partner with operational leadership, to build a vision and strategic plan for the integration of palliative care services across sites, extended into the communities we serve. Our partnerships with East Toronto Health Partners (ETHP) will be strengthened in FY 2025-26 with a strategic planning session in the spring to plan for enhancements to care transitions and support for palliative care outreach in the Long Term Care (LTC) facilities in our shared catchments. The Providence site has recently on-boarded a second palliative care physician to support the inpatient program, which will also enable our efforts to support palliative care at the Houses of Providence. Over the next year, both St. Michael's and Providence sites will be introducing a palliative care patient navigator role to their teams, through a generous foundation grant. This role will serve to support equity deserving and structurally vulnerable patient populations experiencing life limiting illness, in navigating the complex healthcare system. The navigators will also help to coordinate the delivery of care where the patient wishes to receive it, enabling patient directed end of life experiences. Lastly, the program has partnered with Inner City Health Associates to implement the role of Clinical Coach. A role funded by the ministry, the Clinical Coach provides palliative care coaching and mentoring to staff and clinicians in participating community organizations, to build primary-level palliative care competencies. Additionally the coach collaborates with leaders of community organizations on local service integration, and change management initiatives, using quality improvement methodologies to achieve results. In FY 2025-26 we will be adding a second coach to this program.

The palliative care program has implemented, in partnership with our quality improvement portfolio, standard Quality Boards and biweekly quality huddles across all sites. These boards monitor unit

and program based quality and safety metric performance. The biweekly quality huddles facilitate meaningful dialogue with staff to share metric results, generate ideas for ongoing quality improvement activities, and adapt to the evolving demands of our healthcare environment. The HOP have added a palliative outcome indicator to all of the units' quality boards, with staff regularly updating the unit's performance in "the percentage of residents who received palliative care for more than 30 days prior to death". This indicator will continue to be monitored in FY 2025-26.

POPULATION HEALTH MANAGEMENT

Unity Health Toronto supports a population health management approach. Unity Health is part of four Ontario Health Teams (OHTs); West Toronto OHT, Downtown East OHT, East Toronto Health Partners, and Scarborough OHT. These OHTs are focusing on multiple population segments such as people experiencing homelessness, those with mental health and addiction challenges, and seniors with complex conditions, with initiatives working to improve population health.

Supporting and addressing social determinants of health is a key component of population health management. Along with partners, Unity Health works hard to advocate for and support patients to address social determinants of health. A few examples include: ED Outreach Workers, supporting those experiencing homelessness to access supports and services in the community; MAP Centre for Urban Health researching to identify gaps, needs, and effective ways to support people experiencing homelessness; and standardizing our harm reduction approach across Unity Health.

The St. Michael's and St. Joseph's Family Health Team clinics are

located in key neighborhoods with access prioritized for members of communities that have experienced historic and ongoing marginalization and both are prioritizing access to marginalized populations.

Lastly, we support wellness and prevention for our patients across many of our clinical programs, along with patient education efforts. Unity Health has two patient and family learning centres that share information about health conditions and community services, and host Wellspring services on site to support wellness.

EMERGENCY DEPARTMENT RETURN VISIT QUALITY PROGRAM (EDRVQP)

Unity Health Toronto participates in Ontario Health's Emergency Department Return Visit Quality Program (EDRVQP). As part of this program, our St. Michael's and St. Joseph's Emergency Departments audit return visit data to investigate causes that could signal quality issues and identify opportunities for improvement. As part of this work, we reflect on our previous year's ED quality improvement priorities and activities, highlight the quality issues identified in this year's audit, and share our action plans to address.

St. Michael's Emergency Department (ED)

Over the last year, we have focused on two initiatives that stemmed from opportunities identified in our 2023 St. Michael's EDRVQP audit: the MI-CARE (Measurement and Improvement of Cardiac Arrest Resuscitation Care in the Emergency Department) Program, and the THRIVE (Toronto Hospitals Reducing Injury from Violence) Program.

In Canada, an estimated 35,000 cardiac arrests occur annually, with variable reported survival rates ranging from 3 – 35%. High-quality CPR is a critical component of survival, yet despite established guidelines from the American Heart Association (AHA), the quality of CPR and adherence to these metrics in emergency departments remains largely unknown. Modern defibrillators can now measure depth and rate of compressions to provide real time feedback and record the quality data for asynchronous review. MI-CARE is a program run by a team of ED physicians and nurses. It is, to our knowledge, the first program in Canada to formally track CPR metrics in the ED. Since August 2023, the MI-CARE team has successfully captured CPR data in 90% of non-traumatic cardiac arrest cases. The program aims to:

1. Improve CPR in target for rate and depth from a baseline of 2% to 40% by January 1st, 2026. Currently, we are at 20%.
2. Maintain compression CPR above 80% by January 1st, 2026. Currently we are at 90%.
3. Improve CPR pause times less than 10 seconds from 39.5% to 60% by January 1st, 2026. Currently we are at 49%.

To achieve these goals, interventions such as the implementation of a CPR coach, debriefing, and ongoing simulation and education have been implemented.

Young individuals affected by violence frequently find themselves in the ED and often face a high risk of recurring injuries, with 20% at risk of further harm, and 42% experiencing persistent post-traumatic stress disorders. Conceived by one of our ED physician leaders, Dr. Carolyn Snider, and our ED Outreach Worker, Deshawn Hibbert, in collaboration with community and hospital partners, the THRIVE program is a ground-breaking initiative launched in 2024

which aims to provide comprehensive support to survivors of violent crimes. The team seeks to demonstrate that extending mental health support and trauma counseling for six to 12 months post-discharge can significantly break the cycle of violence, offering traumatized youth a pathway to safety. This program is supported by funding from the City of Toronto and contributions from community partners.

In addition to these efforts, the recent implementation of our new EPR has further enabled opportunities to review and disseminate our performance for quality improvement. We are in the final stages of the development of a physician metrics dashboard, which will provide 72-hour audit visit data to physicians involved in patient care. Enhancements to case filters are also underway to improve data analysis and management.

247 repeat visit cases were reviewed as part of the 2024 EDRVQP audit. This comprehensive review involved six emergency physicians and an additional emergency physician acting as the director of quality improvement, who analyzed the audits to extract key themes. A total of 47 cases was analyzed for potential adverse events; revealing several areas for improvement.

One notable example from the audit highlighted challenges in discharge planning and follow-up. A middle-aged patient with diabetes mellitus (DMI) and substance misuse was discharged after initially presenting with a non-specific complaint. However, the patient returned two days later in diabetic ketoacidosis with polyuria and polydipsia. The underlying cause of this adverse outcome was identified as a lack of appropriate discharge planning or appropriate follow-up arrangements. To address this quality

issue, we will seek to improve support for socially marginalized patients with complex medical needs. This could involve more comprehensive discharge planning and follow-up procedures tailored to the specific needs of these patients.

The audit also underscored the importance of considering social determinants of health in patient care. Patients with social risk factors, such as no fixed address or substance use, were found to be more vulnerable to adverse health outcomes post-discharge. The complexity of patient care needs in vulnerable populations was highlighted as a significant challenge. To mitigate these risks, we will look to standardize discharge procedures to better account for social determinants of health.

Another key finding in our audit was with respect to the effectiveness of our callback system, which proved to be impactful in reaching out to patients with significant lab abnormalities that were reported after leaving the emergency department. An example case involved a patient who was called back through the ED callback system after presenting with fever and diarrhea following travel. The callback identified concerns that necessitated admission; demonstrating the system's role in patient safety and indicating its importance in managing cases post-discharge. The audit emphasized the importance of enhancing ED callback procedures and improving registration data to improve patient follow-up. By strengthening these systems, healthcare providers can better monitor patients after discharge and intervene early if complications arise.

Overall, the 2024 audit provided valuable insights into areas for improvement in patient care, particularly in discharge planning,

consideration of social determinants of health, and the effectiveness of callback systems. By addressing these challenges, healthcare providers can work towards enhancing patient safety and reducing adverse outcomes.

St. Joseph's Emergency Department (ED)

Over the last year, we have focused on two initiatives that stemmed from opportunities identified in our 2023 St. Joseph's EDRVQP audit: next day diagnostic imaging (DI) follow up and post-discharge call backs.

From last year's EDRVQP audit, inconsistent patient follow-up in the ED after next day DI studies was identified as an opportunity for quality improvement. Lack of clear communication, lack of redundancy and lack of take-home instructions were deemed contributors to the issue. To address these challenges, a new process was implemented that included multiple sources of instruction for our patients. These sources included the DI coordinator, documentation provided at discharge, and instructions from DI technicians after performing the study. With the implementation of our new EPR, EPIC, this process has become even more robust. EPIC provides After Visit Summaries (AVS) to each patient upon discharge, which has significantly enhanced communication and follow-up. As a result, we have not recorded a single case of missed follow-up after next day DI studies this year. This improvement demonstrates the effectiveness of our new process in ensuring consistent and reliable patient follow-up.

Another priority from the previous year's audit was delayed or lack of callbacks to patients for significant results flagged after

discharge. The main issues identified were lack of accountability and lack of closed-loop communication. To address these challenges, we revised our callback process by incorporating forcing functions that require closed-loop communication. This change has resulted in patients consistently receiving callbacks. Additionally, with the introduction of our new EPR, our callback process now includes both paper-based and electronic systems, providing greater redundancy. This dual system ensures that patients receive timely and reliable communication regarding their results; enhancing patient safety and experience. The consistent callbacks have improved patient engagement and follow-up; contributing to better overall care.

110 repeat visit cases were reviewed as part of the 2024 EDRVQP audit. Key themes were extracted to identify several areas for improvement.

This year's audit highlighted a recurrent quality issue: multiple return visits by elderly patients who were discharged without a functional assessment. To address this, our ED established a geriatric area, known as the Geriatric Zone, which is the first of its kind in Canada. This area provides a calm and geriatric-focused environment for relatively stable elderly patients. The presence of GEM nurses and visual cues encourages physicians to consider functional assessments before discharge, aiming to reduce unnecessary return visits. Over the next year, we aim to monitor our improvement goals and performance and will seek out additional opportunities to optimize our processes and workflows to improve care delivery.

Another key challenge identified in our audit was the lack of

diagnostic imaging availability in the late evening, which delays diagnostic workups, affects decision-making by ED physicians, and does not reflect patient-centred care. To address this, we have leveraged our partnership with St. Michael's Hospital, part of Unity Health, to provide 24-hour access to CT scans and report completion for our patients. Although operational challenges persist, such as the availability of DI technicians, there has been a significant improvement in our ability to provide timely care. We continue to refine this process to better meet the needs of our patients.

These initiatives demonstrate our commitment to improving patient care and outcomes through targeted quality improvement efforts.

EXECUTIVE COMPENSATION

In accordance with the requirements of the Excellent Care for All Act 2010, executive accountability for the overall performance of Unity Health Toronto is embedded in our management philosophy and practice. Our executives' compensation for FY 2025-26 is linked to performance in a graduated manner based on selected performance indicators (including QIP indicators).

CONTACT INFORMATION/DESIGNATED LEAD

For QIP inquiries, please contact:

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SIGN-OFF

It is recommended that the following individuals review and sign-off on your organization's Quality Improvement Plan (where applicable):


I have reviewed and approved our organization's Quality Improvement Plan on



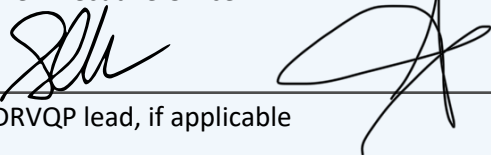
Board Chair



Board Quality Committee Chair



Chief Executive Officer



EDRVQP lead, if applicable