



# Unity Health Toronto's Quality Improvement Plan 2025-26

## 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, secondary community care, tertiary and quaternary care services to post-acute through rehabilitation, 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 and family-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 a key reason we also strive to ensure that our people experience joy in work. Additionally, we understand that employing environmentally sustainable health care practices is important to achieving excellent health over the long-term. At Unity Health, we are sharing knowledge and education, and continually identifying and supporting efforts to integrate a sustainability lens into our work to mitigate our environmental impact and adapt to the changing climate.



## 8 Dimensions of Quality



Each year at Unity Health, we set out quality priorities that form the basis of our organizational Quality Improvement Plan (QIP). 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 capacity pressures, increasing patient acuity, and significant staff shortages. With a commitment to excellence, Unity Health Toronto recently implemented our first organization-wide Electronic Patient Record



(EPR) system, Epic, in November 2024 to further improve the care we deliver. This new system will be a key enabler to drive quality improvements across all eight quality dimensions as we move towards best practice workflows, increased interdisciplinary collaboration across all our sites, and enhanced access to data and analytics to help us plan and drive improvements. This system will also provide a better patient experience by offering more channels for patients to access their personal health information and engage with our health care teams.

## 2025-26 Quality Priorities





Our Quality Improvement Plan (QIP) for this year continues to reflect 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 information from our safety event reviews, patient relations and patient experience surveys, as well as key performance data including emergency department wait times and alternative level of care (ALC) rates. Furthermore, we continue to closely monitor and participate in other platforms, programs and communities of practice such as the National Surgical Quality Improvement Program (NSQIP), GEMINI, and the Canadian Institute for Healthcare Information (CIHI) to guide the development of our priorities and accelerate improvements in care quality, system performance and population health.

Our multisector QIP for 2025-26 includes priorities and indicators for our hospitals and the Houses of Providence, our long-term care home. These indicators align with the collaborative QIPs for the Ontario Health Teams to which we belong, as well as our two Family Health Teams' QIPs.

To support improvements in each priority area, we will continue to advance Unity Health's Quality Management System (QMS); focusing on organizational capacity and capability to drive continuous improvement and implementing structures and processes at the program and local level. These include Program Quality & Performance Councils, Program Scorecards, Quality & Performance Boards and Improvement Huddles. While this QIP lists organization-wide priorities and indicators, a mature QMS will include priority setting and monitoring of indicators across all of our clinics, wards and other sites where care is provided.





Dimension of Quality		2025-26 Unity Health Quality Improvement Plan Indicators	
	<b>Patient and Family Partnered Care/ Care Experience</b>	Top box response to "Did you feel you had enough information to manage your health after you left the hospital?"	
	<b>Safe</b>	Pressure Injuries	Number of hospital acquired stage IV pressure injuries
			Percentage of inpatients with a completed Braden risk scale assessment and integumentary assessment within 24 hours of admission
		Falls	Number of falls resulting in moderate harm, serious harm or death
			Percentage of inpatients with universal falls precautions within 2 hours of admission
		Rate of Vancomycin Resistant Enterococcus (VRE) – Nosocomial Colonization or Infection	

## 2025-26 Quality Priorities Continued

Dimension of Quality		2025-26 Unity Health Quality Improvement Plan Indicators
	<b>Timely Access</b>	90th percentile ED LOS for admitted patients performance ranking compared to peer group
		Monthly average open Alternate Level of Care (ALC) cases
	<b>Equitable</b>	Percentage of clinical areas that have at least one patient-focused equity-oriented improvement initiative
	<b>Provider Wellness</b>	Percentage of reported workplace violence incidents that resulted in health care and lost time
	<b>Effective</b>	No organization-wide indicator. Programs include one or more effectiveness indicators on their program scorecards

## 2025-2026 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		2025-26 Long-Term Care Quality Scorecard Indicators
	<b>Safe</b>	Number of newly acquired Stage II, III, IV, unstageable and deep tissue pressure injuries in the Cardinal Ambrozic Houses of Providence
 	<b>Access/ Efficient</b>	Number of potentially avoidable Emergency Department Visits for long-term care residents
	<b>Equitable</b>	Percentage of staff and leadership in the Cardinal Ambrozic Houses of Providence who have completed relevant equity, diversity, inclusion and antiracism education.



## Patient and Family Partnered Care/Care Experience

	Baseline Q1 – Q3 2024/25	Target
<b>Inpatient:</b> Top box response to <i>"Did you feel you had enough information to manage your health after you left the hospital?"</i>	65%	66.3%

At Unity Health Toronto, our commitment to patient and family partnered care is anchored in our vision – The best care experiences. Created together. This vision recognizes the holistic concept of "care experience". Based on a review of care experience data, themes from patient relations data, and input from our Patient and Family Partners (PFPs) and staff, we are focused on information provided at discharge as our FY 2025-26 indicator. Ensuring patients receive appropriate information at discharge is crucial to ensure they remain informed and safe post discharge; supporting a positive patient or caregiver experience. This indicator is measured as the percentage of inpatients at St. Michael's and St. Joseph's who select the top box score of "completely" when asked if they had enough information to manage their health after they left the hospital. It is worth noting that this

question was not included in our original Providence Healthcare survey but was recently added in February 2025. Baseline data will be collected over Q1 of 2025-26 and shared with clinical units and we will work to improve on this indicator across all our sites.

With the implementation of Epic, our new Electronic Patient Record, there is a standard discharge summary tool called the After Visit Summary (AVS). The intent of this tool is to provide patients with comprehensive discharge information to safely manage their care post discharge. A multi-year strategy is required to optimize the new AVS tool in Epic, which will directly support this goal. As such, a 2% increase represents a reasonable improvement over the next year while we learn how to optimize the AVS. We will look to set higher targets in subsequent years.

### Activities to measure and improve the care experience

- 1) Provide unit based data to clinical areas. Leverage our QMS to review performance and problem solve as interdisciplinary teams
- 2) Create an organizational working group to facilitate the multi-year AVS optimization strategy including Patient Family Partners
- 3) Develop a multi-year strategy to optimize AVS for inpatients with clear actions for completion in year 1 (FY 2025-26)
- 4) Identify one to two clinical services to begin AVS optimization strategy in year 1 of our multi-year strategy
- 5) Collect baseline data at Providence and complete analysis to inform further strategies as part of the multi-year AVS optimization strategy



## Safe

At Unity Health, one of our goals 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 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 through system change. Reducing preventable harm remains a key priority for Unity Health. All staff, physicians and

learners at Unity Health are encouraged and supported in reporting all patient safety incidents through our safe and accessible electronic incident reporting system. Another key element is having robust processes in place to learn from incidents and make meaningful change to reduce the probability of future harm. Leaders of clinical areas and the organization’s Patient Safety team review all reported patient safety incidents.

## Pressure Injuries

	Baseline 2024	Target 2025-26
<b>1. Outcome:</b> Number of hospital acquired stage IV pressure injuries	8	0
<b>2. Process:</b> Percentage of inpatients with a completed Braden risk scale assessment and integumentary assessment within 24 hours of admission	N/A	TBD

Hospital acquired pressure injuries typically occur when there is sustained pressure to the skin and deeper tissues below the surface resulting in reduced blood flow to the area and breakdown of the skin. Pressure injuries can lead to pain, infection, increase hospital length of stay and associated costs, reduce quality of life and potentially impair function. Most hospital acquired pressure injuries are preventable with the right measures in place including continuous skin assessments, mobilization, nutrition and pressure reduction surfaces. Pressure injuries are

categorized into four stages based on the degree of tissue loss. Stage IV pressure injuries carry the highest level of tissue loss and are critical incidents. They are formally reviewed through our patient safety incident review process where contributing factors and action items to reduce future similar events are identified. Our focus for FY 2025-26 is on reducing hospital acquired stage IV pressure injuries and have set a target of zero.



With the implementation of Epic, we should be able to accurately measure and track meaningful indicators for processes that contribute to the prevention of pressure injuries. The completion of a Braden scale risk assessment and head to toe integumentary assessment within 24

hours of admission are two critical steps to preventing hospital acquired pressure injuries. Work is underway to pull and validate this data from Epic. As such, we do not yet have a target for this process measure in 2025-26.

## Activities to monitor and reduce hospital acquired pressure injuries

The Unity Health Pressure Injury Prevention Steering Committee will continue to lead our corporate strategies focused on the use of individualized care plans and access to critical pressure injury prevention resources including education and therapeutic surfaces.

Over the next year, we will:

1) Promote and track the use of the Safety First incident reporting system as a standard tool to report all hospital acquired pressure injuries (HAPIs)

2) Provide clinical programs and units access to data for all HAPIs. Leverage our QMS to review program performance, problem solve as interdisciplinary teams, and implement targeted quality improvement initiatives where required

3) Improve access to therapeutic surfaces for patients that have been identified as at risk for pressure injuries

4) Introduce a Unity Health-wide pressure injury prevention care plan and unique visual identifier for individuals at risk of developing pressure injuries in Epic

## Falls

	Baseline 2024	Target 2025-26
<b>1. Outcome:</b> Number of falls resulting in moderate harm, serious harm or death	60	57
<b>2. Process:</b> Percentage of inpatients with universal fall precautions documented within 2 hours of admission	N/A	TBD

Patient falls remain one of the most commonly reported patient safety incidents at Unity Health and in healthcare generally. It is important to note that not all falls are preventable. Mobilizing patients with the right safety precautions in place is key to the recovery path for most patients. Even with the right measures in place a fall may occur. However, having the right measures in place to mitigate the degree of harm is critical. Without the right measures, a fall can lead to serious injuries, affect overall function, reduce quality of life, and increase healthcare costs. Our focus for FY 2025-26 is to reduce the number of falls resulting in moderate harm, serious harm or death with a 5% improvement target.

With the implementation of Epic, all three sites have moved to a standard fall risk assessment tool and universal fall precautions. We are also able to track meaningful indicators including the percentage of inpatients with universal fall precautions documented within 2 hours of admission. The implementation of universal falls precautions for all patients regardless of their degree of risk for a fall is a critical step to preventing falls. Work is underway to pull and validate this data from Epic. As such, we do not have a target yet for this process measure in 2025-26.

## Activities to monitor and reduce falls

The Unity Health Fall Prevention Steering Committee will continue to lead corporate strategies to further support fall prevention across all care settings.

Over the next year, we will:

- 1) Promote and track use of the Safety First incident reporting system as a standard tool to report Falls
- 2) Provide clinical programs and units access to data for all inpatient Falls. Leverage our QMS to review program performance, problem solve as interdisciplinary teams, and implement targeted quality improvement initiatives where required
- 3) Conduct an analysis of contributing factors in Safety First Fall Incident Reports to be completed to thematically map factors to selected Universal Falls Precautions. Summary data will be provided to Programs for identification of gaps in situ, to inform future safety improvement opportunities
- 4) Support the update of the Falls Prevention Care Plan, its appropriate use and its integration into clinical care as a foundation for discussion in team based QMS opportunities



## Nosocomial VRE colonization or infection

	Baseline Q1 24 25 – Feb 2025	Target 2025-26
Vancomycin Resistant Enterococcus (VRE) – Nosocomial Colonization or Infection	SMH: 0.46 SJHC: 1.11 PHC: 0.01	SMH: 0.40 SJHC: 0.80 PHC: 0.01

Unity Health’s Infection Prevention and Control (IPAC) department monitors many quality metrics and has noted a sharp increase in VRE incidence and outbreaks across the organization post pandemic. VRE is an important healthcare-associated antibiotic-resistant organism. It is considered nosocomial or hospital-acquired if we detect the presence of this organism after admission and it is not likely due to exposure before admission. VRE positive patients are at increased risk of difficult to treat VRE infection, and longer length of stay. Furthermore, VRE outbreaks have major impacts on patient flow and lab expenses and high VRE incidence is often a

marker of problems with equipment disinfection, waste management and environmental cleaning. Prevention strategies for VRE are well understood and have benefits beyond VRE such as reducing transmission of c.difficile and other antibiotic resistant organisms. For FY 2025-26, we are focused on reducing hospital-acquired nosocomial VRE infection across our sites. Preventing and controlling the spread of vancomycin resistance requires coordinated and concerted efforts from various hospital teams: IPAC, pharmacy, microbiology, clinical programs, nursing, engineering and housekeeping services.

### Activities to prevent and control the spread of VRE

- 1) Develop standard work for Environmental Services (EVS) and Clinical Teams with respect to equipment and supplies cleaning and storage
- 2) Conduct a macerator assessment and establish a process for managing down time in collaboration with clinical units, engineering and EVS
- 3) Establish an outbreak prevention plan for high-risk units. Determine measures that high-risk units may need to implement to prevent VRE above routine IPAC practices (e.g., chlorhexidine bathing, environmental cleaning based on bioburden, etc.)
- 4) Consider targeted antimicrobial stewardship interventions in critical areas
- 5) Conduct an equipment integrity assessment and develop a process for regular inspection, maintenance, and replacement of damaged equipment
- 6) Deliver targeted education and training on cleaning and disinfection of shared equipment and body fluid management (including macerator use)



## Timely Access to Care

At Unity Health, optimizing system capacity, timely access to care and patient flow continues to be a critical priority for the organization to improve outcomes and the patient 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.

## Emergency Department (ED) Length of Stay (LOS)

	Baseline Dec 2023 – Nov 2024	Target Dec 2024 – Nov 2025
90th percentile ED LOS for admitted patients performance ranking compared to peer group	SMH: 2 out of 9 SJHC: 7 out of 11	SMH Rank 1-3 (top one-third) SJHC Rank 1-4 (top one-third)

ED LOS tends to increase and decrease across the system, as such, we seek to maintain and improve our relative performance compared to our peer groups. In reviewing our performance data, we have set improvement targets for each of our acute sites to be in

the top one-third of its peer group on ED LOS admitted. St. Michael's is in the teaching category and sits 2nd out of 9 teaching hospitals in the GTHA. St. Joseph's is in the very-high volume category and sits 8th out of 11 of these hospitals in the GTHA.

## Activities to improve EDLOS at Unity Health

1) Review and revision of Over Capacity Protocol (OCP) to determine organizational surge capacity and implementation of levers to support flow during periods of capacity escalation

2) Development of monthly and quarterly reports indicating daily average number of admitted patients who, at 8:00am, had been waiting at least 2 hours since their disposition decision was made and who left the ED after 8:00am. Report to be reviewed quarterly at the AFT Task Force

3) Develop and implement an Infection Prevention and Control (IPAC) review process for patients admitted in the ED who have isolation orders to facilitate timely discontinuation where appropriate.



## Alternate Level of Care (ALC)

Indicator Name	Baseline Q1-Q4 2024 25	Target 2025-26
Reduce monthly average open Alternate Level of Care (ALC) cases	SMH: 54 SJHC: 87 PHC: 36	SMH: 48 SJHC: 78 PHC: 32

ALC refers to 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 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 across our sites. Reduction of open ALC cases, based on monthly average, will positively contribute to improved flow of patients from ED to inpatient units. In alignment with Toronto Region

ALC open case reduction targets, we have set a 10% improvement target for FY 2025-26. To support this area of focus, a Corporate ALC Strategy Committee was formed in September 2024. This committee reports into the AFT Task Force, and contributes to and monitors the corporate ALC action plan. This includes a data review, stakeholder engagements and the use of Epic as an enabler to inform decision-making and identify barriers with respect to ALC.

### Activities to reduce ALC cases

1) Review of discharge delay reasons, Estimated Date of Discharge (EDD) and ALC barriers to discharge  
 2) Develop and implement standardized escalation practices to support reduction and timely discharge of ALC cases

3) Reestablish acute to rehab "Purple Pathway" and identify additional patient populations to support transitions to Unity Health post-acute sites



## Equitable

	Baseline	Target 2025-26
Percentage of clinical areas that have at least one patient-focused equity-oriented improvement initiative	N/A	100% of clinical areas have equity-oriented improvement efforts initiated or active

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.

In FY 2024-25, we introduced new fields in our new electronic patient record, Epic, to improve the equitable care and experience of individuals from the 2SLGBTQ+ community, and those with disabilities. The collection and use of high quality sociodemographic data is key to identifying, addressing and monitoring differences and improvements in health equity across quality dimensions. Ultimately, the goal is to provide equitable care to all of

our patients. To be confident that we are doing this, we would like to be able to use sociodemographic data to identify differences in care between different groups. That said, it is important that sociodemographic or health equity data be collected, stored, protected and used in a way that garners support and builds trust. In FY 2025-26, a working group will oversee the implementation of a newly developed data governance framework developed in house 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.

As we work on our data capture and governance strategy, we will pursue other ways to move forward and continue to lead and support health equity improvement across Unity Health. In FY 2024-25 we completed an inventory of equity-oriented improvement efforts and collated themes to identify opportunities to strengthen learning of equity principles. For FY 2025-26, we are looking to expand this work with the expectation that

at least one equity-focused improvement initiative be implemented in each clinical area that goes beyond staff education. This goal will allow us to continue to move beyond education into action and impact. To support this goal, our Antiracism, Equity and Social Accountability (ARESA) team will offer coaching and guidance for programs to consider as they reflect on health equity opportunities for quality improvement.

## Activities to improve Health Equity

- 1) Cascading of organizational equity quality priority onto unit Quality & Performance Boards to highlight priority and to document and action equity-oriented improvement projects and initiatives
- 2) Update inventory collection tools and methodology to improve clarity and offer more guidance on what is an equity-oriented initiative

- 3) The Office of Indigenous Wellness, Reconciliation and Partnership (IWRP) in partnership across the organization will begin to roll out improvements prioritized from our community engagement report
- 4) ARESA to provide ongoing and direct support to three units or departments per annum







## Provider Wellness

	Baseline 2024	Target 2025-26
Proportion of reported workplace violence incidents that resulted in health care and lost time	7.8%	7.0%

At Unity Health, preserving the health and wellbeing of our people remains a top priority. Of course, the foundation of any healthy workforce is ensuring the safety of workers. That said, we continue to see workplace violence (WPV) as an urgent issue and note it as the number one type of workplace incident at Unity Health. These types of incidents occur in all programs and services across the organization and have a significant

impact on the physical and psychological wellbeing of our people. Specifically, WPV incidents with health care or lost time claims indicate that harm occurred and medical attention was required. For FY 2025-26, we are focusing on reducing the proportion of reported workplace violence incidents that resulted in health care and lost time and have targeted a 10% improvement.

### Actions to improve staff safety:

- 1) Perform a detailed review into workplace violence health care and lost time claim data to understand contributing factors and root causes to inform the development and implementation of quality improvement initiatives
- 2) Develop and implement improvement strategies to address non-compliance with non-violent crisis intervention education and training in high risk areas

- 3) Leverage Epic to understand ABC policy compliance and implement strategies to increase compliance with the Violence Assessment Tool (VAT) and Safety Plan

## 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. In addition to this, 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 Family Council to further ensure the voice and input from residents and families is regularly gathered and used to inform various strategies including identifying annual quality priorities.

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

	Baseline Q1-Q3 24 25	Target 2025-26
Number of newly acquired stage II,III,IV unstageable and deep tissue pressure injuries	30	25

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. In FY 2024-25, we were unsuccessful in reaching our target of reducing

pressure injuries (PI) by more than 10% due to competing priorities and feasibility. As such, the Houses will continue working on improvements to reduce the number of newly acquired stage II, III, IV, unstageable and deep tissue pressure injuries for FY 2025-26.

### Activities to advance resident safety:

- 1) Raise registered staff awareness of wound staging through education
- 2) Conduct focus groups with registered staff to improve the process for confirmation of wound staging
- 3) Explore technology and tools to facilitate skin and wound healing
- 4) Conduct an inventory of pressure/ relief/ air mattress

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

	Baseline Q1-Q3 24 25	Target 2025-26
Percentage of staff and leadership in the Houses of Providence who have completed relevant equity, diversity, inclusion and antiracism education.	100% Leadership team 88% Staff/Physicians	100% Leadership team 95% Staff/Physicians

A priority of the Houses is to reduce instances of racism and discrimination while embedding principles of equity, diversity, and inclusion into every aspect of our operations. Through a knowledge-to-action approach, this year's emphasis will be on education to assist leaders, staff, residents and family members to recognize, speak

about and address racism in the moment. Additionally, the Houses are concentrating on centering the voices of our staff in addressing racism and incorporating equity into policies and practices to improve the experiences of our staff and physicians as well as the quality of care we provide.

### Activities to improve health equity:

- 1) Leadership Team to complete Braver Conversations and Let's Talk about Race education sessions
- 2) Staff and Physician completion of relevant EDI education modules in Surge Learning and Elevate Learning Management System (LMS)

- 3) Establish a process to support staff who encounter racism during the resident-provider interaction
- 4) Increase the leadership team's awareness of Unity Health's Provider Preference policy

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

	Baseline Jan – Dec 2024	Target 2025
Number of potentially avoidable Emergency Department Visits for long-term care residents	173	153

Avoidable emergency department (ED) visits pose significant clinical risks, stress, and anxiety for older, vulnerable residents in long-term care homes. Such visits can often be disruptive, leading to adverse health outcomes, including hospital-acquired infections, delirium, and a decline in functional abilities.

While our current rate of ED transfers from the Houses is below the provincial average, we have noted an increasing trend in the number of residents transferred to the ED since 2021. As a result, the Houses has added this as a new indicator on our QIP for FY 2025-26 and are aiming for a 10% reduction in the number of potentially avoidable ED visits for long-term care residents. This quality priority is also in alignment with Ontario Health recommendations for long-term care homes.

### Activities to improve potentially avoidable ED Visits:

- 1) Increase utilization of external resources
- 2) Increase awareness of palliative philosophy with families and Resident Assistants
- 3) Identify residents who would benefit from a palliative approach to care earlier in the care trajectory

## Activities to Advance our Quality Priorities

### Unity Health's Quality Management System (QMS): An Enabler to a Culture of Improvement

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:

- 1) *What do we want to achieve as an organization?*
- 2) *How are we doing?*
- 3) *What are we doing about it?*
- 4) *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, providers, learners and patient and family partnership in improvements.

Structural elements of the QMS include:

- Program Quality and Performance Councils
- Program Quality Scorecards
- Quality and Performance Boards
- Improvement Huddles

## New Electronic Patient Record (EPR): An Enabler to Improve Care at Unity Health

At Unity Health, we believe in creating a health care journey for our patients and care teams by enabling our physicians, staff, and learners to share information, and work closely together to ensure each patient receives the best care experiences. In November 2024, we implemented a new electronic patient record (EPR) system which brought our people together as a connected organization so we can deliver the best care experiences, together.

The implementation was a step forward in our path towards integration. It connected our multi-network sites across multiple care environments, delivering and supporting care from home to hospital to community. From the planning and as we move towards optimization, quality is top of mind so that our electronic record system continues to enhance our capability to create benefits and improvements across all quality dimensions. These benefits include:

- Improved **care effectiveness** and **safety** through increased adherence and adoption of evidence-based practices and clinical standards.
- **Real-time access** to patient data by multiple care providers.
- More **efficient** care delivery and reduction in errors by enabling information verification mechanisms and alerts in the system.

- Using a single system to **integrate** patient information from different care settings across our sites, allowing for more efficient communication between care teams.
- Improved patient access to their personal health information to support more informed decisions about their care, and enabled patient initiated self-service processes leading to enhanced **care experiences**.
- Improved ability to provide **equitable** and culturally competent care by providing system functionalities to capture thorough patient demographic information.
- Updated interface and access through various device types; providing easy navigation to the right information at the right time. Reduced provider workload and stress; thereby enhancing user experience and **provider wellness**.

We have worked on laying the groundwork for data collection and mechanisms for monitoring the realization of these benefits. With our new EPR solution that allows for collection and storage of data electronically, our next focus will be to leverage this rich data and the system's analytical capability to support continuous quality improvements activities across Unity Health.