UNITY HEALTH TORONTO

2026-27

Unity Health Toronto's Quality Improvement Plan Narrative

Overview

Unity Health Toronto is Canada's largest Catholic health care provider with a wingspan across Toronto's core. The breadth of services we provide, strengthened by community partnerships and academic affiliations, positions us as a national model for collaborative, integrated, high quality care as we work to build a stronger, resilient and equitable health system for all.

Unity Health Toronto's strength lies in the combined expertise of our sites: St. Joseph's Health Centre is a community academic and acute care hospital supporting Toronto's west end; St. Michael's Hospital is a research-intensive academic health sciences centre offering world-class specialty programs for the most complex cases; and Providence Healthcare is a campus of care for seniors, rehabilitation and long-term care. We have a constellation of satellite clinics offering team-based primary care and community-based services.

Our vision – the best care experiences, created together – guides work across our clinical settings. We are committed to realizing this vision by providing 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. As such, joy in work remains to be a core strategic priority at Unity Health. We will be launching a new corporate strategy in 2026. While our 2026-27 QIP remains grounded in our current strategic priorities, we have incorporated emerging themes and priorities from the new strategic planning process to ensure strong

Over the past year, we have maintained a focus on providing an excellent care experience despite ongoing challenges, including capacity pressures, staffing shortages and rising patient acuity, as well as increasing operating costs and fiscal constraints. At just over one year after implementing our new Epic electronic patient record (EPR), we continue to learn and leverage the system's capability to enhance patient care delivery. This reflects our commitment to excellence and digital transformation all while advancing our culture of continuous quality improvement.

Our 2026-27 Quality Improvement Plan (QIP) was shaped by the insights and lived experiences of our patients, families, residents, staff and our broader community. To ensure our improvement efforts focus on what matters most, we took a data-driven approach, drawing on a wide range of information, including our serious safety event reviews, patient relations data, patient experience and employee engagement surveys, as well as key performance data including emergency department wait times and alternative level of care (ALC) rates. Leveraging the enhanced analytical capabilities of our new Epic EPR to inform our priorities, we were able to extract, review and analyze operational data in ways that were not previously possible. 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 the foundational elements of our multisector QIP for 2026-27. This plan includes indicators for our hospitals and the Houses of Providence (Houses), our long-term care home. These indicators are aligned with the collaborative QIPs for the Ontario Health Teams to which we belong, as well as the QIPs of our two Family Health Teams, which will be submitted separately.

To support improvements in each priority area, we will continue to focus on building 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 improvements across all levels of the organization.

The QMS is comprised 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 strengthens the delivery of our QIP work plans by supporting improvements in all dimensions of quality, and facilitating a systematic, data-informed and evidence-based approach to improvement. It enables continuous testing and evaluation, and deepens engagement with staff, provider, learners and patient family partners in the pursuit of excellence.

Access and Flow

At 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. Increasing demand for hospital services, an aging population and growing system complexity, combined with system pressures such as Alternate Level of Care (ALC) patients awaiting community support, requires a coordinated approach to patient flow and discharge planning. At Unity Health, our Access, Flow and Transitions (AFT) Committee continues to develop, implement, continually revise and monitor plans to improve access to care for our patients.

For 2026-27, Unity Health will focus on three specific access and flow improvement priorities that will be brought to the AFT Committee for monitoring and discussion. First, we will develop a LEAN approach to access and flow, enabling teams to map patient journeys, identify delays and implement standardized processes that improve movement through the hospital. Second, we will optimize the Epic electronic health record to enhance visibility of discharge readiness, support interdisciplinary communication and provide real-time data to monitor patient flow and ALC risk. Third, we will establish an organizational flow philosophy and guiding principles that reinforce shared accountability for patient flow across all clinical and operational teams. Together, these initiatives will help reduce delays, improve patient experience and ensure more timely access to acute care services.

These priorities will be supported by strengthened partnerships with home and community care providers, improved internal governance structures for patient flow, and ongoing monitoring of key performance indicators (KPI's) such as length of stay, ALC rates, emergency department wait times and time to discharge. A revised AFT scorecard, with identified KPI's, will be completed for implementation in Q1 2026-27and will be reviewed and monitored monthly at the AFT Committee and quarterly at Unity Health's Quality Committee of the Board. Through these efforts, the organization aims to improve access to care for patients who require acute services while ensuring that individuals receive the right care in the most appropriate setting.

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 across quality domains. It is important that sociodemographic equity data be collected, stored, protected and used purposefully and with support from data owners (patients, clients, staff) who provide their data. To formalize our approach in collecting sociodemographic data, we developed an organization-wide Social Demographic Data Framework that outlines the principles and technical standards for data governance and use across our sites, with the goals to protect people, promote data equity and the value of data collection for both individuals and the communities we work with. Support from data owners, fostered through ongoing engagement, is critical to upholding equitable data governance and data sovereignty. In 2025-26 we held three in-person community engagement sessions to understand how members of racialized, Indigenous, 2SLBTQ+ and disability communities would like to see their sociodemographic data collected, governed and used. In 2026-27, the focus will be on further implementing the framework, incorporating insights from patient and staff engagement, with an emphasis on:

1. Finalizing the scope and development of a new platform for collecting sociodemographic variables linkable to the EPR; and
2. Developing standardized processes and training to support the roll out of the Social Demographic Data Framework.

To further our work in eliminating health disparities for our patients and families, our equity workplan on the 2025-26 QIP focused on development and initiation of equity-oriented improvement initiatives across all clinical areas that go beyond education, with an emphasis on improving the patient experience or patient outcomes.

Through this work, we have created an inventory of equity-oriented initiatives that better informs our understanding of equity-based priorities across our diverse clinical services and enables cross-learnings between programs and sites. As of March 2026, approximately 90% of our clinical areas have at least one patient-focused equity-oriented improvement initiative in place (up from 26% in April 2025). In 2026-27, our Anti-racism, Equity and Social Accountability (ARESA) office will continue to support the creation, sustainability and expansion of equity-oriented quality improvement initiatives, focusing on evaluating the effectiveness and impact of these initiatives. This work will include implementation of recommendations from our Indigenous Voices Report, led by the Indigenous Wellness, Reconciliation and Partnerships office.

Policy and process changes are necessary to lay a foundation for accountability in equity and anti-racism work. In 2025-26 we drafted an Anti-Racism Policy and Provider Preference Policy that, when approved, will formalize how we review and respond to requests for care by providers, based on social location. In 2026-27 we will focus on approving and implementing this policy.

Lastly, we are in the process of creating a comprehensive multi-year operational plan for education to address anti-racism, oppression and to improve interactions between clinicians and their patients. These efforts will emphasize on expanding our providers' competencies and skillset in building relationships with targeted patient populations and improving their point of care experience.

Patient, Client and Resident Experience

Measuring to understand the care experience of our patients continues to be a priority for Unity Health. Our focus within the domain of patient and family partnered care in 2025-26 has been on ensuring admitted patients have access to the information they need at discharge to support them in safely caring for themselves post discharge. The current indicator reflects data from our care experience surveys and while it provides an important reflection of the experience of our patients there are limitations in using survey data for quality improvement given the variability in performance and response rates at a program and local level.

Over the past year we have focused on optimizing the Epic EPR's After Visit Summary (AVS) tool for inpatients to improve the information patients receive at discharge. We have made significant strides in understanding from our patients, families and staff how to make the tool more user friendly and we are acting on this feedback to make changes that support the delivery of information that is comprehensive and easy to understand by patients and caregivers at discharge.

In planning for our 2026-27 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. We have noted a significant improvement in our performance with patients indicating they feel they had enough information to know how to care for themselves on discharge. The continued work on optimizing the AVS tool for inpatients as well as outpatients and emergency department patients will be a key factor in sustaining these improvements.

In 2026-27 we are shifting our focus within the patient and family partnered care domain to support all patients (inpatient and outpatient) in having timely access to all of their health information. With the introduction of the Epic EPR in November 2024 and the new MyChart portal, we are well positioned to achieve this for a good proportion of our patients balanced with finding appropriate mechanisms to support patients in accessing their health information if they do not have a MyChart account. Through MyChart, patients can access test results, medical imaging results, clinical notes and the AVS as soon as they are released in the portal.

In addition, patients in select areas can also use MyChart to communicate with their healthcare team, request and cancel appointments, receive notifications of upcoming appointments and complete pre-visit information and questionnaires, empowering them to better manage their own care.

Since the implementation of the MyChart portal, over 170,000 patients have activated a MyChart account. For the 2026-27 QIP we will focus on increasing the percentage of patients with a MyChart account. This focus supports continued work on discharge information through the AVS improvement strategy and aligns with the continued introduction and spread of other MyChart features to support patients in navigating their healthcare journey.

At the Houses, we partner with residents and families to ensure that their wishes and preferences are reflected in the care they receive. Residents and families can share input and feedback through several committees, including Palliative Care, Quality Improvement, Activation Planning and Dietary Services. These mechanisms ensure that the voice and the perspective of the resident and their care partners are integrated into planning and decision making. The Houses leadership also works closely with the Resident Council and Family Council through regular meetings to gather feedback, address concerns and enhance communication and collaboration in improving care experiences.

Residents are surveyed quarterly to obtain feedback in key areas of their experience, including communication, medical care, food, respect, privacy, environment and activities. Results are shared with leadership and front-line staff and reviewed regularly at committees, offering timely opportunity to incorporate resident feedback into quality improvement initiatives. Families are also invited to provide feedback annually through a comprehensive survey focused on six themes: overall satisfaction, respect and privacy, care provision, recreational programming, home environment and communication. Feedback received is reviewed by department leadership and integrated into annual quality improvement planning.

It is important to highlight that feedback from the 2025 survey guided the Houses leadership to select a resident experience indicator for the 2026-27 QIP, prioritizing improvements to strengthen communication, care planning and noise reduction. In addition, in 2026, the Houses will partner with the Registered Nurses Association of Ontario to implement the “People Centred Care” Best Practice Guideline, ensuring an evidence-based approach in partnering with residents and families across all areas of the care experience.

Provider Experience

Unity Health aligns our programs and services intended to support the engagement and well-being of our people through our People Strategy. This People Strategy – with the pillars of Empower 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 five consecutive years in a row and one of Canada's Best Diversity Employers in 2025 and 2026.

Unity Health closely monitors human resources performance through its Human Resources Scorecard, which is shared at both the executive and the board level multiple times a year. Unity Health has consistently outperformed the sector according to its primary health human resource metrics of vacancy rates, turnover and sick time. A combination of human capital strategies to attract, retain and support our talent along with labour market changes have contributed to this improvement. Vacancy volumes have been reduced to levels lower than pre-pandemic, 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 well-being in a multidimensional and holistic way, encompassing physical, emotional, occupational, intellectual, spiritual and social 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 to ensure 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 Workplace 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 anti-racism. 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 WPV and harassment at Unity Health. The founding principle of this committee is the internal responsibility system in which everyone has direct responsibility for health and safety as an essential part of their job within the organization. A relentless commitment to WPV prevention and mental health support 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 (e.g. employee engagement surveys, exit interviews and ad hoc surveys) and employee governance (e.g. 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 EPR and for staff to have input into how Unity Health can best support their engagement and wellness.

In May 2025, Unity Health conducted 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 our highest response rate ever of 67.3% and over 7000 completed surveys, the survey results sent a strong signal that we needed to act on the feedback we received and do so in a collaborative and meaningful way. Through a number of targeted strategies, including focus groups, structured interviews and organizational wide survey, Unity Health received over 2200 individual comments that helped to develop a network wide Quality Workplace Improvement Plan containing four key pillars:

1. Support Wellbeing
2. Building Trust
3. Achieving Quality Together
4. Fostering an Equitable and Inclusive Workspace

The resulting impact was over 20 organizational actions designed to improve the overall employee well-being, including enhancing executive visibility, improving mental health benefits, increasing performance appraisal completion and the re-invigoration of Schwartz Rounds (compassion-based rounding). From a local level engagement perspective, rigorous action planning continued in response to team survey results and over 1200 local action plans created from this year's survey, many prioritizing safety, education, and recognition initiatives.

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 investment into building quality leadership. This year we commenced our LAUNCH (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. One key offering through this academy is the Equity-Focused Leadership Mentorship Program, where goal-oriented and aspiring individuals from varying social locations and lived experiences are paired with a Unity Health mentor – either with shared or different experiences – creating space to explore future career pathways and growth. Some of last year's mentees are now serving as mentors for this year's program or have moved into leadership roles themselves.

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 explored in 2025-26 was 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 participating in our second annual LIFT (Leading Inclusive Futures Together) program and through a larger involvement with the co-op and summer student programming. This LIFT program also had a positive impact on our physician mentors who support the program and have inspired a number of past LIFT students to continue the healthcare journey as co-op students or brand ambassadors for our offerings for youth at Unity Health.

A focus on worker well-being also must take into consideration the experience of learners across Unity Health. With the launch of the new Education Strategy for 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 Health employees. The Education and Nursing Practice teams plan to explore future academic partnerships to support integrated, year-long placements that are aligned with the organization's workforce development goals. Additionally, with the Ministry of Health 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 and 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

Unity Health maintains a comprehensive and proactive approach to the prevention of never events, recognizing that these serious patient safety incidents are largely preventable when evidence-based safeguards are reliably applied. Our strategy is anchored in a standardized never event reporting and review framework that ensures immediate reporting into our incident reporting system, structured investigation and system-level learning. All never events are reviewed through an interdisciplinary process and formally reported to our Medical Advisory Committee and the Quality Committee of the Board, ensuring transparent oversight and accountability at the highest levels of governance.

Prevention is embedded into daily practice through standardized policies, clinical checklists and competency-based education. In high-risk areas such as surgery, pressure injury prevention and medication safety, we utilize evidence-informed protocols and ongoing auditing to monitor compliance. Staff are supported by accessible resources on our Patient Safety intranet page, which houses clinical guidelines for hospital acquired conditions, safety alerts and practical tools designed to mitigate common risks.
For example, in pressure injury prevention, we have implemented a standardized risk assessment process completed on admission and at defined intervals thereafter. Patients identified as high-risk for a hospital acquired pressure injury, trigger automatic care planning interventions, including repositioning schedules, support surfaces, corporate wound care team consultation and enhanced skin monitoring. We are also optimizing our new EPR to track the completion of these assessment tools and care plans. Clinical performance dashboards provide clinical leaders with immediate performance data, enabling proactive identification of improvement opportunities, safer practices, stronger interprofessional collaboration and better use of system data to drive quality improvement.

Another example of our commitment to prevent harmful safety events is our multi-pronged approach in reducing hospital-acquired infections (HAIs). HAIs remain a major patient safety concern in Canada, affecting about 1 in 10 hospitalized patients and contributing to an estimated 220,000 infections and over 8,000 deaths annually. Hand hygiene is the most effective measure to prevent HAIs and limit the spread of antibiotic-resistant organisms, with more than 50% of infections considered preventable through proper practice. To strengthen our infection prevention efforts, we have added Hand Hygiene compliance rate to our 2026-27 QIP.

Importantly, organizational learning is always prioritized. Lessons learned from all never events and near misses are disseminated across our network through our Patient Safety Learnings newsletter, reinforcing a culture of transparency, shared accountability and continuous improvement. We also share our never events for larger system learning annually via the Ontario Health Never Events Hospital Reporting Initiative and participate in their Quality and Patient Safety community of practice.

Palliative Care

In 2025-26, Unity Health's Palliative Care Program focused on:

1. Program standardization across sites
2. Strengthening clinical teams
3. Earlier identification and integration of a palliative approach to care
4. Enhanced patient and family engagement
5. Strengthening system partnerships

These priorities will continue to guide improvements in 2026-27 as the organization advances high-quality, equitable and person-centered palliative care.

Program Standardization

Integration of specialized palliative services has made significant progress in 2025-26, through initiatives such as the establishment of a Neuro-Palliative Clinic at St. Michael's and Providence, partnerships with the Congestive Heart Failure Clinic at St. Michael's and the hemodialysis program at St. Joseph's. In 2026-27, integration is planned with the Structural Heart Disease Program at St. Michael's.

Ahead of Accreditation in 2026, we have established a Palliative Care Accreditation Steering Committee to standardize our processes across all sites to ensure alignment with required organizational practices and national best practices. This includes developing an inclusive on-unit bereavement policy that incorporated input from diverse cultural, faith and Indigenous perspectives.

Standardized quality and performance boards and quality huddles have been implemented to strengthen performance monitoring and frontline engagement in quality improvement. At the Houses, a palliative outcome indicator – "percentage of residents who received palliative care for more than 30 days prior to death"– will continue to be tracked on quality and performance boards in 2026-27.

Strengthening Clinical Teams

In 2025-26, staff across all three sites completed comprehensive palliative care education, including Pallium Canada's LEAP Core training program. The Houses launched a structured palliative care education program, focusing on advance care planning, goals-of-care discussions and family communications. In 2026-27, the acute sites will introduce Point-of-Care Ultrasonography (POCUS) training for physicians and nurse practitioners to strengthen clinical capabilities, while the Houses will focus training on communication, bereavement support, goals-of-care discussions and compassion fatigue.

Early Identification and Access to Care

The SMH and SJHC sites implemented ChartWatch, an AI tool that supports early identification of patients who may benefit from a palliative approach to care. Patients identified as high risk are offered comprehensive palliative consultations to support illness understanding, symptom management and alignment of care with patient preferences. The Palliative Care and Symptom Improvement (PACSI) Clinic at St. Joseph's expanded its services in 2025-26 and will focus on earlier referrals to palliative care, improving access to interdisciplinary support, optimizing symptom management and ensuring 24/7 crisis support in 2026-27.

New care pathways have been implemented to support transitions from critical care to palliative care units. At St. Michael's, patients may now be

extubated directly on the palliative care unit, allowing this transition to occur in a more supportive environment. Across Unity Health, patients receiving comfort-focused inotropic therapy can also be managed on palliative care units. These approaches represent leading practices in Ontario and support patient-centered end-of-life care.

The Houses continued implementation of the Registered Nurses' Association of Ontario Best Practice Guideline, A Palliative Approach to Care in the Last 12 Months of Life. A gap analysis was completed and an implementation plan is now in place, focusing on strengthening interdisciplinary assessment and collaborative care planning with residents and families. Performance on the indicator "percentage of residents designated as palliative more than 30 days prior to death" improved in 2025-26, reaching 61% and exceeding the target of 55%.

Patient and Family Engagement

Key initiatives in 2026-27 include standardizing interdisciplinary palliative rounds with participation from patients and families, and the development of new educational resources addressing grief and bereavement. We will continue to utilize the "My Story" booklet, enabling patients and families to share personal values, preferences and care priorities to support individualized care planning. In response to feedback from the Family Council, the Houses will introduce an Honour Guard process to accompany the existing dignity blanket practice following a resident's death to support families, staff and fellow residents during times of loss.

Partnerships

In 2025-26, both St. Michael's and Providence introduced Palliative Care Health Equity Navigator roles to support structurally vulnerable and equity-deserving populations by assisting patients in navigating complex healthcare systems with a person-centered approach to coordinating end-of-life care. We have also partnered with Inner City Health Associates to implement a Clinical Coach role that provides mentorship and supports palliative care capacity-building in community organizations. In 2026-27, Unity Health will continue collaboration with East Toronto Health Partners to improve care transitions and support palliative outreach to long-term care homes through Nurse-Led Outreach Teams.

Population Health Management

Unity Health supports a comprehensive population health management approach. As a member of four Ontario Health Teams (OHTs) – West Toronto OHT, Downtown East OHT, East Toronto Health Partners and Scarborough OHT – Unity Health contributes to initiatives focused on multiple population segments, including people experiencing homelessness, individuals with mental health and addiction challenges and seniors with complex conditions.

Understanding our priority populations and their social determinants of health has been central to our approach in population health management. The St. Michael's and St. Joseph's Family Health Team clinics are located in key neighborhoods and prioritize access for members of communities that have experienced historic and ongoing marginalization. A major highlight is the collaboration between the St. Michael's Family Health Team, the Downtown East Toronto Ontario Health Team and community partners to establish the Interprofessional Primary Care Team. This initiative aims to enhance access and attachment to interprofessional, team-based primary care for individuals in Downtown East Toronto who experience significant financial and social barriers to accessing care. The St. Joseph's Urban Family Health Team, along with Village Family Health Team and Parkdale-Queen West Community Health Centre, in partnership with the West Toronto Ontario Health Team has also established an Integrated Primary Care Team. This work demonstrates our commitment to advancing population health management by moving beyond program-based interventions toward intentional cross-sector accountability for priority populations to better understand patterns of utilization, attachment gaps and inequities in outcomes.

Another key focus this year has been to deepen our understanding of individuals who frequently cycle between the Emergency Departments and episodic care settings without consistent primary care attachment. Emphasis has been placed on those facing housing instability, mental health and substance use challenges and income insecurity. With community partners, we are co-designing diversion and navigation pathways to connect patients to low barrier primary care and outreach supports.

Along with our community partners, Unity Health also continues to advocate for and support target patient populations in addressing their health and social needs. These include:

1. ED Outreach Workers – supporting those experiencing homelessness to access supports and services in the community
2. MAP Centre for Urban Health – conducting research to identify gaps, needs, and effective ways to support people experiencing homelessness
3. Standardizing our harm reduction approach across Unity Health

Lastly, we promote 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 provide resources on health conditions and community services, and host Wellspring services on site to further strengthen our wellness programs offerings.

Emergency Department Return Visit Quality Program

Unity Health 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

Over the past year, we focused on two priorities identified in the 2024 EDRVQP audit:

1. Improving emergency department (ED) efficiency and patient flow through refinement of a Rapid Assessment Zone (RAZ)
2. Strengthening care and discharge planning for patients experiencing homelessness.

To reduce time from triage to physician initial assessment (PIA), our department developed and refined a Rapid Assessment Zone (RAZ) model during a period of major construction that reduced assessment space and required rapid redesign of clinical workflows. Beginning in April 2025, a multidisciplinary stakeholder group (physicians, nurses, clerical staff, and operations leadership) completed process mapping to identify and implement strategies to improve triage-to-PIA performance. Our operational target was alignment with the Ministry of Health 90th-percentile benchmark of 210 minutes. Interventions included both low-complexity changes (e.g., ensuring patients were appropriately gowned at the time of placement in an assessment space) and larger structural changes. In August 2025, we initiated redevelopment of the Acute RAZ, which required adjustments to physician and nursing staffing models and changes to triage location within the Acute zone. Implementation occurred amid notable constraints, including transitions in nursing management, loss of operations support and reduced physician hour coverage. Despite these challenges, triage-to-PIA performance improved: the 90th-percentile time decreased from 312.1 minutes pre-RAZ to 259.8 minutes as of January 2026. While the RAZ space will close with the opening of the new ED in Spring 2026, key process improvements developed through this work will be carried forward to the new environment to sustain and further reduce triage-to-PIA times.

Consistent with prior years, our 2024 audit continued to identify persistent barriers to safe, supportive discharge planning for patients experiencing homelessness. In partnership with St. Michael's Homes and Haven Toronto, we created a pilot pathway enabling access to temporary respite shelter on discharge, currently providing six overnight beds per night. We also

redesigned the ED Care Plan Committee as an interdisciplinary forum to develop broader, patient-centered care plans for individuals facing specific barriers to care, most often related to social determinants of health. This work includes outreach to community partners and care providers, and direct engagement with patients, to support more coordinated and appropriate care planning for future ED visits. In addition, given hypothermia risk within this population, we refined emergency management by developing an interdisciplinary hypothermia pathway.

For the 2025 EDRVQP audit, we reviewed 344 repeat-visit cases. Fifty-nine of these cases underwent detailed analysis for contributing quality factors and adverse events by five emergency physicians and an additional physician serving as the director of quality improvement.

Two major themes emerged. First, 42% of cases analyzed involved factors associated with leaving against medical advice (AMA) during the initial visit; this proportion is likely underestimated due to exclusions related to specialty service referrals not captured in the ED-focused review. Long waits – either to be seen by a physician or to obtain diagnostic imaging – were commonly cited, and substance use contributed to several cases. As a result, our improvement focus includes continued efforts to reduce waits, expand peer worker and social support capacity and strengthen substance use care supports.

Second, at least 31% of analyzed visits reflected barriers to accessing diagnostic imaging. This included patients who left AMA due to prolonged imaging waits and were booked for next-day imaging as a harm-mitigation strategy (with some subsequently found to have pathology requiring admission), as well as patients returning the next day for ultrasound due to no availability at the initial visit. We are working with radiology partners to improve access, recognizing this remains an ongoing operational challenge.

Overall, the audit reinforced the need to address drivers of AMA departures, social determinants of health and diagnostic imaging timeliness to improve patient safety and reduce adverse outcomes.

St. Joseph's Emergency Department

The SJHC ED identified two main quality improvement priorities from our 2024 EDRVQP audit:

1. Optimization of the emergency care of our geriatric patients
2. Expansion of emergency CT imaging availability in the late evening

In last year's audit, we identified the over-age-65 patient population as a demographic that was over-represented in our ED return visits. This identification afforded us an excellent opportunity to address the quality of care that our ED provides for this segment of our ED population. To this end, we established a geriatric zone within our ED, the first-of-its-kind in Canada.

This zone minimizes excess visual and auditory stimulation, with the intent to decrease the cognitive and emotional stress of the ED visit. The enclosed design of the zone (with closed-door) helps to minimize opportunities for patient wandering and getting lost. The zone is easily accessible to stairs and assistive devices, with the intent to facilitate functional assessment by Occupational Therapists (OTs) prior to discharge. Patients are within easy visual access of the nursing station, with the intent to facilitate monitoring for changes in clinical condition, and is stocked with food supplies and warm blankets, maximizing comfort during the ED visit. For medical providers, this area also provides a visual cue that reminds them to consider geriatric emergency assessments and follow-ups, prior to and after discharge.

Quality improvement metrics we are currently following to assess the effectiveness of this area include number of Code Yellows, time-to-analgesia, falls and patient satisfaction. Full year data is pending, but current trends have us

anticipating improvements in the indicators noted above.

The 2024 EDRVQP audit also identified diagnostic imaging availability, particularly CT studies in the late evening, as a priority area for quality improvement in our ED. Our radiology team at St. Michael's has assisted us in providing overnight interpretations of CT scans, and our own diagnostic imaging department has provided DI technician availability in order to complete the studies during previously off hours. This has been a rewarding partnership between our two hospitals, allowing us to provide more timely care to our ED patients.

Ninety-two ED return visit cases were reviewed as part of St. Joseph's 2025 EDRVQP audit. Our review of these cases has allowed us to identify two major quality issues that we will be targeting in the year ahead.

One major quality issue that we've noted is time-to-EKG for our chest pain patients. Our median times for STEMI patients are currently beyond the guideline-recommended <10min from presentation. To address this issue, we have conducted process analyses, including door-to-EKG time vs. triage-to-EKG time, education regarding optimal technique and equipment interrogation. These issues are all currently being addressed and we will be monitoring for improvements in this metric in the year ahead.

A second major quality improvement opportunity that we have noted in our audit is the lack of ultrasound availability in the late evening and overnight, which delays diagnostic workups, impacts medical decision-making, leads to increased return visits and negatively impacts patient experience. Similar with our partnership with the CT team, we aim to work with the ultrasound team to facilitate 24-hour access to these studies and reporting in order to provide timely care for our patients.

The EDRVQP has helped us to identify and address several quality issues in our ED over the years. We look forward to building on this work and continuing our commitment to ongoing quality improvement.

Executive Compensation

In accordance with the requirements of the Excellent Care for All Act 2010, executive accountability for the overall performance of Unity Health is embedded in our management philosophy and practice. Our executives' compensation for 2026-27 is linked to performance in a graduated manner based on selected performance indicators (including QIP indicators).

2026-27 Quality Improvement Plan Narrative

For more information and to see our QIP Work Plan, visit:
unityhealth.to/about-unity-health/quality/