

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 26, 2024



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 is currently preparing for a new Electronic Patient Record set to go live in November of 2024 to further improve the care we deliver.

Our Quality Improvement Plan (QIP) for 2024-25 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.

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 2024-25, 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. We will continue to closely monitor and participate in other platforms to improve quality and continue to plan for future QIP submissions such as reviewing NSQIP and GEMINI indicators. A key enabler internally will be the continued implementation of our Quality Management System (QMS) to streamline, integrate and sustain improvement across all levels of the organization.

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

- What do we want to achieve as an organization?
- How are we doing?

- What are we doing 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 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 support the development, implementation and revision of various approaches to improve access to care for our patients, focusing on three pillars: safe patient placement, safe staffing and safe transitions. For 2023-24, some of the key strategies to reduce capacity pressures in the emergency department included the development and implementation of our Over Capacity Protocol (OCP) and the successful completion of two Value Stream Mapping (VSM) Events, one at St. Michael's and St. Joseph's, focusing on Emergency Department Length of Stay (ED LOS) for admitted patients. We balance this focus by also paying attention to cancelled surgeries and bed availability for patients being transferred from critical care to a regular ward bed.

The VSM Event and analysis resulted in a targeted improvement plan with key measures of success and subsequent priority change ideas for improvement. Key priority areas identified included: Transfer of Accountability (TOA) and Bed Assignment processes, and ED LOS performance monitoring and target setting. Other improvements related to transition planning remain a focus such as creating patient pathways across our sites and standardizing ALC rounds and documentation. We are also looking to leverage our new Electronic Patient Record for each of the pillars the AFT Task Force is monitoring, specifically standardizing patient placement processes and supporting safe transitions through the development of electronic documentation tools.

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. In 2023-24, we rolled out a new approach to collecting sociodemographic data at the St. Joseph's and St. Michael's sites, and a new Toronto Region survey tool aligned with Ontario Health guidance. Sociodemographic data collection at Providence Health Centre and the Family Health teams (FHTs) at St. Michael's and St. Joseph's will continue with current data collection methods, but with updated tools identical or similar to those developed by Toronto Region.

As we roll out, our focus continues to be monitoring and improving our response rates and the quality of the collected data. In 2024-25 we will continue our initial work to disaggregate qualitative and quantitative care experience data by race. We will also expand our data collection methods to include e-mailing sociodemographic surveys in an effort to reach a larger sample size. As we roll this out we will look to offer surveys in our most commonly requested languages and use telephone surveys for individuals who prefer telephone over e-mail.

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. As this work is novel, it will be iterative and we look forward to learning

more through our implementation and assessment of these principles. 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.

One way we are using our data governance work to advance equity is by building partnerships with databases and registries in order to monitor and improve outcomes. A key area for improvement for Black, Indigenous and racialized individuals is perinatal outcomes and reproductive justice. Funded by the Government of Ontario, the Better Outcomes Registry & Network (BORN) is 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. In 2024-25 we will look to our internal data sources (care experience data, incident reporting, patient feedback, etc.) as well as databases such as those held by BORN to support the selection and monitoring of 2 to 4 perinatal outcomes impacting Black health. Improvement plans will be developed for any areas where disparities are found.

To further support strategic efforts towards health equity and reconciliation, in 2023-24 we hired a Director of Indigenous Wellness, Reconciliation and Partnerships. Under the Director's leadership, we are in the process of finalizing the hiring an Indigenous wellness team (4 additional positions) to provide both direct and indirect support to patients. 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. We continue to address Indigenous cultural safety through training, education and internal consultations with the Indigenous wellness team. In February 2024, we will be launching four community-based Indigenous engagement sessions, which will inform our hospital's strategic and operational plans for Indigenous health. We are also committed to working on an anti-discrimination policy that highlights the concerns, procedures and opportunities to address racism in all its forms, with a special focus on anti-Black and anti-Indigenous racism.

Equity is an important dimension of quality, but across health systems, equity 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.

We have also conducted literature reviews to understand best practice in this area and are working with researchers to better understand how safety monitoring systems can be better used to support health equity. In 2024-25, we will be providing focused education on equity, antiracism, and social determinants of health in care for staff leading safety event reviews, and quality and safety education to staff whose primary focus is anti-racism, equity and social accountability. 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 2024-25, we will include a series of equity-focused questions to guide information gathering during review and incorporate equity considerations when determining factors that may have contributed to a serious safety event.

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).

Lastly, we have 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.

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 our vision – The best care experiences. Created together. Over the past year we have continued to mature our care experience measurement program resulting in the co-design of new survey tools reflecting what matters most to our patients, introduction of a new survey within the Houses of

Providence (our long-term care home), strong response rates, and the pilot of a real-time patient feedback program.

Based on previous care experience data and input from our Patient and Family Partners (PFPs) and staff we focused on shared decision-making as our 2023-24 indicator under the patient and family partnered/care experience quality dimension. We measure this through the number of inpatients and outpatients at all three acute sites who respond "always" (top box score) to the question: "Did we involve you as much as you wanted in decisions about your care?" Year to date 77% of inpatients and 80% of outpatients selected the top box score.

Quantitative and qualitative care experience data collected through post-discharge and clinic visit phone calls are shared with leadership and staff through quarterly unit-based reports. These reports have now been transitioned to a real-time dashboard allowing teams to view their survey results as soon as they are completed by a patient. We also share and discuss quarterly Unity Health-wide data with the Unity Health Patient and Family Council to obtain patient and family perspectives and input on improvement strategies. Additionally, this data is reviewed by the Executive Quality Committee and informs our annual quality strategic priorities.

Over the past year, we started a new real-time patient feedback program in select clinical areas. The real-time program seeks feedback from inpatients while in our care and proactively address a patient's concerns to improve their experience before discharge. It also provides positive feedback directly to staff and physicians in real-time and serves as a highly visible and tangible reminder to

staff and physicians that we are prioritizing care experience at Unity Health. Clinical unit leaders receive reports within 24 hours of the real-time feedback from patients in their areas. The feedback is then used for local improvement strategies and to recognize staff for their contributions to quality care and a positive patient experience.

In 2023-24, we also began collecting sociodemographic questions as part of our post-discharge care experience surveys. This supports our commitment to achieving the best care experiences for those who experience marginalization. Reliable sociodemographic data is a requirement to understanding whether we are achieving this goal or not. Over the past year, we have developed a new approach to collecting sociodemographic data that is largely in alignment with Ontario Health guidance through a new sociodemographic collection tool developed by a Toronto Region Ontario Health “community of practice.” Initial analysis of our care experience data through a sociodemographic lens, starting with a focus on race in selected clinical units is planned before the end of 2023-24. This analysis will further inform care experience improvement strategies.

Throughout 2023-24, we continued to focus on access to care and wait times in our Emergency Departments as this is of utmost importance to patients and families. The Unity Health Toronto Access Flow and Transitions Task Force meets bi-weekly to develop, implement, continually revise and monitor a plan to improve access to care for our patients, with a particular focus on acute care given the current pressures within the organization. One new area of focus was the implementation of a new ED wait time dashboard at the St. Michael’s site. This was informed by PFPs and created in

response to patient feedback on wait times causing frustration and anxiety when already facing a stressful situation. This dashboard is live and available in the top five languages patients require at the St. Michael’s site. An initial evaluation of patients surveyed following implementation found that 90% indicated having a wait time estimate improved their experience and 72% felt the information gave them a better sense of how long they will wait to see a physician.

The Houses of Providence is also committed to partnering with residents and families as this is fundamental to the overall care residents receive and their experience at the Houses. Involving families and residents in committees dedicated to improving the quality of care brings about several significant benefits including diversity of perspective, enhanced communication, increased overall experience, identification of unmet needs and cultural sensitivity. This past year the Houses continued with active participation of families and residents on committees dedicated to quality improvement and creating a collaborative and inclusive care environment. Residents and family representatives are involved on committees related to palliative care, resident experience, food, activation, and infection prevention and control.

In collaboration with families, residents and staff of the Houses implemented a quality improvement initiative centered on palliative care. This includes the introduction of a Dignity Quilt that will be draped over the residents as they make their final journey, bringing a sense of peace and dignity to the process. Offering not only physical comfort but also emotional support to both the departing soul and their grieving loved ones. This new initiative will enhance the care experience for palliative care residents and their

families and contribute to a culture of compassion and dignity at the Houses.

A new resident experience survey was also co-designed in the Houses. This was informed by several residents and members of both the Resident Council and the Family Council. These surveys are administered in-person by dedicated staff and results are shared directly with the leadership team in the Houses to inform ongoing improvement strategies. Residents who participated shared that they appreciated the opportunity to provide feedback and looked forward to participating on a more regular basis.

Engagement of PFPs in the co-design of our annual quality priorities remains a priority for the organization. The Strategy Planning team regularly attends the Unity Health Patient Family Council. The purpose of this is to seek input on annual quality improvement priorities and share progress reports on work underway. The continuous cycle of updates and input ensures ongoing engagement and that the voice of patients and families is informing our quality priorities. We also have PFP involvement on our Executive Quality Committee and Board of Directors' Quality Committee which are the two main committees that recommend and approve our organization's quality priorities. Over the past year, we have had a significant focus on linking PFPs to program based quality councils and initiatives to embed patient and family input on quality initiatives closer to the point of care.

For 2024-25, we will continue building on these successes with a focus on: continuing to collect care experience data through our discharge surveys, spreading our care experience measurement strategy to additional areas, expanding our real-time feedback program, focusing on understanding if patients feel they are

listened too, and furthering our efforts to create the best digital patient experience in alignment with our new electronic patient record (launching in November 2024).

PROVIDER EXPERIENCE

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. A combination of human capital strategies and labour market changes has contributed to a reduction in employee turnover to levels in keeping with pre-pandemic norms. Vacancy volumes have reduced by a third and there are significant drops in sick time and overtime. Despite marked improvements in health human resources measures, Unity Health continues to experience acute shortages of staff in some areas of the organization. For this reason, the organization has maintained robust programming for the retention, protection and attraction of workers.

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), 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 for members of the executive team to meet with a set of pre-identified departments over the course of the fiscal year. The

discussions that took place during these rounds are being collected and analyzed to create thematic analyses about what matters most to our people. This information is influencing executive organizational planning as well as local strategies through a formal loopback process based on the feedback received.

Preserving the well-being of staff at Unity Health remains a top priority and a centrepiece of our overall retention efforts. We made the decision this year, following evaluation, to continue offering the wellness app Calm and on-site massage therapy for staff and physicians. These unique offerings complement an already robust wellness strategy that is fueled by the efforts of trained wellness coordinators assigned to each hospital site who provide both on-site and remote wellness programming.

Of course, the foundation of any healthy workforce is ensuring the safety of workers. An effective Internal Responsibility System is a vital feature of our safety culture and environment as is monitoring safety performance and developing programs in response. In this way, Unity Health is advancing strategies for two key safety priorities of Workplace Violence Prevention and Musculoskeletal Disorder Prevention Program, which includes safe patient handling.

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

SAFETY

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 to errors in such a way that does not assign blame but rather supports those involved and seeks to learn, improve, and prevent the likelihood of recurrence through system change. Encouraging and supporting staff in reporting all types of patient safety incidents through a safe and accessible safety incident reporting system is key to creating and sustaining a fair and just culture. Another key element is having robust processes in place to learn from incidents and make meaningful change to reduce the probability of future harm.

All reported patient safety events are reviewed and categorized based on type of event and level of harm. The top three types of reported patient safety events are patient falls, medication/intravenous (IV) events and delivery of care events. This information is used to support priority work through our Unity Health Falls Steering Committee, Patient Safety Council and unit-based patient safety data that is reviewed through huddles.

Patient safety events that may be a critical incident go through a robust review process where we seek to i) understand any deviations from internal or published standards ii) identify contributing factors and iii) develop solutions to improve the system

and prevent the likelihood of future similar events. Action items for improvement are identified and tracked until completed and documented in our Safety First incident reporting system. The critical incident review process includes the development and implementation of action items aimed at reducing the likelihood of a similar event occurring in the future.

Another important element of our review process is to broadly share learnings from these reviews and all patient safety events regardless of the level of harm across our three sites. While an incident may have occurred in one area, there is the likelihood that it could occur elsewhere and, by sharing these learnings, we aim to reduce the likelihood of recurrence in all areas. These learning are shared as follows: i) discussions at the Unity Health Patient Safety Council ii) bi-monthly Patient Safety Learnings newsletter iii) provision of patient safety incident data to program quality councils iv) quarterly Good Catch program where near misses are highlighted, v) monthly critical incident report to the Medical Advisory Committee and vi) harmonization of program-related action items, policies and processes.

Throughout 2023-24 we focused improvement efforts on completing potential critical incident reviews within a 90-day timeframe and ensuring all action items arising from a critical incident review were implemented within the set timeframe. These two indicators will remain as priorities for 2024-25 to support a timely and responsive critical incident review process. We have also ensured continued feedback on our patient safety priorities through the two PFPs who are members of the Unity Health Patient Safety Council and sharing patient safety data and reports with our Unity Health Patient Family Council.

In 2024-25 we will continue to leverage the build of our new electronic patient record (EPR) at Unity Health to optimize opportunities to enhance patient safety. Conversely, the new EPR may also introduce potential risks to patient safety, especially during the “go-live” phase in November. To mitigate these risks we are adopting Epic’s Patient Safety Surveillance Program (PSSP) to support a Unity Health-specific program that promotes patient safety best practices and identifies and mitigates concerning or unexpected threats to patient safety prior to go-live, at go-live and beyond. This is aligned with our overall change management strategy and supports a safe adoption of the new EPR by staff, physicians, and learners.

POPULATION HEALTH APPROACH

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.

We are addressing barriers to accessing care, especially primary care, through mechanisms such as our paediatric clinic at Parkdale Public School in partnership with the Toronto District School Board and many St. Michael's and St. Joseph's FHT clinics located in key neighborhoods with access prioritized for members of communities that have experienced historic and ongoing marginalization.

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.

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 2024-25 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
March 26, 2024



Board Chair



Board Quality Committee Chair



Chief Executive Officer

Other leadership as appropriate