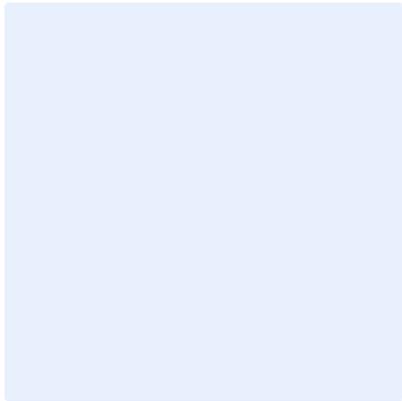


Let's Make Healthy
Change Happen.



Quality Improvement Plan (QIP) Narrative for Health Care Organizations in Ontario



Click here to enter text.

This document is intended to provide health care organizations in Ontario with guidance as to how they can develop a Quality Improvement Plan. While much effort and care has gone into preparing this document, this document should not be relied on as legal advice and organizations should consult with their legal, governance and other relevant advisors as appropriate in preparing their quality improvement plans. Furthermore, organizations are free to design their own public quality improvement plans using alternative formats and contents, provided that they submit a version of their quality improvement plan to Health Quality Ontario (if required) in the format described herein.

ontario.ca/excellentcare

Overview

At Scarborough Centre for Healthy Communities (SCHC), we continue as a person-centred and integrated organization. We work tirelessly to offer programs and opportunities that profoundly impact the health and wellness of the communities we serve. There have been many opportunities in the past year, to reflect on feedback from our clients, staff, and partners and evaluate our progress against our strategic and operating plans and enact upon those opportunities.

In our 2019/20 Quality Improvement Plan (QIP), we will address objectives that speak to our commitment to continuously improve our services, explore efficiencies in service delivery, increase timely access to primary care, enhance active client engagement and further flourish a client safety and just culture. Our objectives align thoroughly with the Excellent Care for All Act (2010), Health Links and Accreditation Canada (AC) standards, SCHC's strategic plan and aim to improve client's transitions between our services and the greater health system to enhance the clients' experience along their care continuum.

This year we will initiate the execution of our new strategic plan 2019-2022 whereby quality and innovation are key ingredients, aligned with the QIP priorities. The QIP was developed through consultation with the board, senior management and our Quality Client Safety Advisory Committee in order to set relevant and achievable targets. The indicators for 2019/20 will be providing meaningful targets of quality and safety and the ability to monitor and improve on our performance. Several key performance measures of SCHC's balanced scorecard are embedded in our QIP ensuring tight alignment with our operating plan.

SCHC is a multi-service organization and in developing our 2019/2020 QIP, we felt it is very important to focus not only on primary care, but to extrapolate, as appropriate, throughout our organization to ensure that quality and health system transformation is an organizational value. SCHC has a strong learning culture which is reflected in the breadth of our QIP.

QI Achievements From the Past Year

This year we have significantly built upon our accountability framework for Person-and-Family Centred Care (PFCC) at SCHC. As an outcome of last year's extensive survey on how our clients experience the principles of Person and Family Centred Care through the services, programs, volunteer and staff interactions at SCHC. A corporate-wide committee to drive the PFCC strategy to be the philosophy of how we do business and incorporate key co-design principles to deepen our client, family and caregiver engagement was struck. With core quality improvement mechanisms in place to monitor our progress our integration of their voice deeper into the heart of how we do business, our committee model became more client-centred. Based on input and feedback from our clients, we now have a decentralized membership structure to allow for localized client advisors to act as champions and a conduit to the local staff PFCC Committee member to communicate the opportunities for improvement. Further, we rotate our meetings to each of our sites to ensure optimal access and explicitly state this as a priority to all our staff and clients. Our upcoming new strategic plan further exemplifies our alignment and operationalization of PFCC across the organization.

Sustainability is another priority that SCHC focused on this past year. As the funding landscape continues to change in Ontario for health care, with the mandate from the Ministry of Health for more services with less funding and as the demand for SCHC services continues to increase due to the continuous shift of Scarborough demographics due to ever changing new-immigrant populations and an aging population with complex chronic diseases, a sustainability study was conducted to identify a strategy/roadmap to ensure that SCHC is a well-positioned, well-connected and well-resourced to continue meeting the diverse and changing health care needs of the Scarborough community now and in the future. One significant success was the program development and sustainment of our Lawrence East

-Partnership Program (LEPP). As a community housing programming initiative with a focus on mental health and community building, our key partners include Fred Victor, Cota and Toronto Community Housing. We have used the Plan Do Study Act (PDSA) model to trial different workshops, channels of engagement and programs to co-design with tenants what works best in achieving the programs goals. We are excited to continue being the lead agency embarking on a recovery model with our partners, providing key social determinants of health supports for our much needed community members.

Our EarlyON Child and Family Centre (EarlyON CFC) received approval to undertake a renovation whereby our clients will be offered a safer, more inclusive, and accessible space. Part of this renovation will include a designated outdoor area for child-caregiver interactions and an AODA approved washroom for families. Through this, we are also engaging in a consultation process where selected families will be surveyed with regards to their interests and needs for the renovation.

Resident, Patient, Client Engagement

Scarborough Centre for Healthy Communities continues to implement the Client Engagement Model that adopts the spectrum of International Association of Public Participation and ensures the five levels of client engagement (inform, consult, involve, collaborate, empower) are represented in practice. This framework serves to guide staff, volunteers and the Board in a consistent and intentional model of not only engaging with our clients but integrating their feedback into decision making. SCHC also conducts a number of surveys that are intended to collect data about clients, community stakeholders and the Board for administrative, planning, program development and reporting purposes. In response to the SCHC's ongoing commitment to accountability and to serving the needs of its clients and wider community, these surveys were expanded to review how the philosophy of Person and Family Centred Care is lived out in how we do business at SCHC. Through a working group where both clients and staff worked as members to achieve the strategy for deploying initiatives to mobilize the PFCC philosophy, we will continue to utilize the feedback to enhance our co-design processes from Accreditation Canada.

2018/19 saw our opportunity to take client engagement to the next level. Recognizing a limitation in our survey options for client input and feedback, we set up two kiosks in high traffic areas as well as integrate within certain program areas opportunities to invite clients to provide their input and experience to us. It has had a positive impact in our response rate and thus improved the robustness of the survey results, allowing us to respond more comprehensively in our QI efforts.

Our commitment to weaving our clients' voices into our vision is demonstrated by how EarlyON CFC introduced a caregiver involvement statement that included the feedback of program clients. Further, from frontline to our board, we have a client story that kicks off every board meeting to provide context and keep us aligned to the quality agenda. This explicitly outlines the expectations for staff, caregiver, and communal engagement.

Finally, we also on-boarded two new client intake assistants that allowed us to streamline internal referrals and has had a meaningful impact in improving the rate of referrals to multiple programs.

Integration and Continuity of Care

SCHC is committed to providing quality care and meeting the pressing needs of our clients. Our QIP will improve client access to family physicians and community services; improve medication management and client transition between our services and between the greater health system in order to provide continuity of care and to increase client satisfaction. As such, a partnership was developed between the hearing clinic and our Adult Day Centre and Active Living Centre clients for seamless access to important services in the community which has shown significant successes in our clients increased satisfaction rates for these programs.

This year, we partnered with the Alzheimer's Society to embark upon an Early Onset Dementia Day Program whereby clients who are as young as 32 are able to be in a simulating environment and improve the quality of their lives whilst providing respite to their caregivers. These kinds of partnerships

which have cost no additional dollars yet improved the quality of care are what SCHC is seeking to demonstrate what can be done when we work better together.

Our Palliative Care Community Team (PCCT) continues to provide coordination of care and support to palliative patients in a community setting. Skilled navigators work extensively to pull in required services as per patient needs in a timely manner decreasing dependency on ER and hospital beds. Also navigators are playing a major role in initiating Coordinated Care Plans (CCPs) and engaging patients in making decisions on their care. This team is represented in the Central East Palliative Network, Scarborough Cluster, in which continuous coordination with other healthcare agency takes place. This year, we are actively setting up a QI initiative to improve the rate of referrals to our program upstream with clients that become palliative in hospital, as multiple research has shown that quality of end of life improves and clients' lives extended by 2-3 months.

We also implemented ConnectOntario in our organization, which enables us to safely and securely share information between our health service providers and our health system partners. This process will allow us to identify clients who frequently visit acute care settings for illnesses best managed in primary care and develop a care plan that will fit their needs and better coordinate discharge plans with the LHIN.

To further support the integration from a back office perspective, 2018-19 will see our organization switch EMR systems from Nightingale on Demand to Practice Solutions Suite based on evidence it provides more robust recording and information transfer to improve the service deliver to the client.

Engagement of Clinicians, Leadership & Staff

SCHC believes in staff engagement at all levels particularly in developing new processes or redesigning current ones. The corporate committee structure we have in place is an example on staff engagement. Representation of front line staff is key element in ensuring the right skill mix among members specially for Quality and Client Safety Advisory Committee, Infection Prevention and Control Committee, Medication Management Committee, Privacy Committee, Joint Health and Safety Committee, Person and Family Centred Care Committee and Inter-Professional Practice Committee. Many of these committees are co-chaired by non-managerial staff members. Additionally, our Staff Newsletter Committee is composed of frontline staff and works diligently on publishing monthly newsletter that includes nutrition tips, organization announcements, quality corner, staff news, events and much more.

Our recognition system, I CARE FOR YOU, continues to be a successful initiative in recognizing outstanding staff performance and engagement in QI initiatives. Thank you cards are made available to all staff at all levels to fill and send to each other. Staff who receive this recognition from each program are entered into a draw for prizes. This initiative has proved to increase staff morale and satisfaction when piloted and as a result, was generalized among all SCHC programs. Personalized hand-written cards continue to out-perform email messaging where recognition is concerned as is in line with evidence-based leadership development strategies.

The organization continues to benefit from the appointment of a physician lead who sits on our management team, the Board's Quality and Performance Management Committee as is a co-Ethics Lead. This role has been critical in ensuring the clinical team understands the organizational priorities, quality improvement and engaging them in meeting those priorities and helping leadership develop thoughtful initiatives that are client centred as he provides a direct link to client care. Furthermore the organization implemented a collaborative leadership model to enhance clinician and staff engagement in the CHC quality initiatives.

Successes of engaged clinicians, leadership and staff have come to the fore with collaborative efforts and resulting successes of multiple grant applications from the Ministry of Health and Long-Term Care, the Central East LHIN and Ministry of Seniors Affairs for equipment renewal and extended program activities for our Active Living Centre, totalling over \$1 Million.

Finally, our corporate Quality and Client Safety Advisory Committee ensures that the staff and Board are regularly updated on our Scorecard and QIP indicators, as well as actively overseeing and directing quality initiatives at all levels of SCHC. We continue monitoring and communicating progress of active QI projects to address gaps presented by our QIP and Operating Plan scorecard and cascade both horizontally and vertically these measures to ensure we are aligned and unified as one team.

Population Health and Equity Considerations

Canada is home to immigrants from populations at higher risk of chronic diseases. The three largest visible minority groups in 2011 – People who self-identify as South Asian, Chinese and Black – accounted for 61.3% of the total visible minority population (Immigration and Ethno cultural Diversity in Canada. National Household Survey, 2011). Scarborough has the highest population of immigrants densely populated with South Asian and Chinese. Moreover, the 12.5% prevalence rate of diabetes in SCHC catchment area is noted to be higher than the national average and our diabetes program is serving 4.5% of the potential population.

Last year we were awarded almost \$20 Million to act as the lead agency of Scarborough for the employment of an interdisciplinary primary care (IPC) team to support the several hundred solo practitioners that make up the primary care health system in Scarborough. Almost all of these providers have no additional interdisciplinary supports, yet their clients seek access to support these chronic diseases and other underlying conditions. The IPC team, now in full swing, are on the ground and mobile developing relationships and connections with hundreds of family physicians in Scarborough providing a service to a huge gap that had existed before. We are also excited that as part of this work, a Harm Reduction Worker as well as other roles are expanding our Harm Reduction Strategy to support the mental health and additions service gaps in primary care in our community. We are looking forward to the coming year whereby we can get a fuller picture of how best to hone in on improving the health and well-being of this subset of community members.

Access to the Right Level of Care - Addressing ALC

The hiring of Purchase Of Service staff in Service Arrangement Coordination has enabled us to keep clients in their homes for longer and stay connected to community supports and primary care. The introduction of a PSW orientation and training program has also enabled to improve quality of service delivery through standardization of care, increased access to a higher level of services, supporting clients in their home to prevent hospitalization and support those returning from hospital.

Opioids prescribing and opioid use disorder in the treatment of pain

We have been advised by HQO that as the top performer in the province compared to other CHCs in opioid prescribing, that sustainment of our practices is a good focus of which we will continue to do so. Integrating with our harm reduction strategy will be a primary focus along with our LEPP program focusing on deeper engagement with clients with mental health and addiction issues in partnership with Fred Victor, COTA and Toronto Community Housing.

Workplace Violence Prevention

We welcome the increased focus Health Quality Ontario is taking on this crucial area of the system as it is perfectly aligned with our organizational values. The safety and security of SCHC staff, clients, volunteers and visitors are of utmost importance to SCHC and any acts of abuse, neglect, harassment, or workplace violence that demeans, harms, or infringes upon the personal rights or dignity of a person, or places an individual at risk regarding personal health and safety shall not

be tolerated. Our violence and harassment prevention program was developed and includes risk assessment processes and site safety guidelines, policy and procedures (aligned with Ontario - Bill 168). Recently we introduced a refresher training on the updates made to the Occupational Health and Safety Act in Bill 168 and Bill 132. Our control measures are in place and include evaluation and implementation of corrective action, communication processes and instruction to staff, training and education, reporting and investigation process and right to refuse unsafe work.

One of the vital activities taken to prevent workplace violence is staff education. Staff are trained on this program as part of their orientation. In addition, staff receive training on workplace sensitivity to increase awareness about workplace discrimination and harassment as well as give the necessary tools to avoid inappropriate work behaviour.

To monitor and reduce violence, staff and volunteers are trained and encouraged to report any risks, suspected, and observed acts of abuse, neglect, harassment and workplace violence at SCHC immediately to their manager and this is monitored regularly. In the event that the abuse, neglect, harassment, or workplace violence is perpetrated by an employee, SCHC will take disciplinary action, up to and including discharge for cause. Our Quality and Clients Safety Advisory Committee extends to Staff Safety when it comes to incident reporting and deeper staff engagement will be a priority as we move into our upcoming Worklife Pulse Survey in 2019/20.

Contact Information

Calum Tyrrell
Quality Engagement Manager,
629 Markham Road, Unit 2,
Scarborough, ON
M1H 2A4
Email: ctyrrell@schcontario.ca
Tel: 416-847-4170

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

Board Chair Signature1 (signature)
Quality Committee Chair or delegate Signature2 (signature)
Executive Director / Administrative Lead Signature3 (signature)
Other leadership as appropriate Signature4 (signature)
_____ (signature)

Insert Organization Name
Insert Organization Address