

Let's Make Healthy  
Change Happen.



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

1/17/2018

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.

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## Click here to enter text.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.

Similar to last year, in our 2018/19 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.

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 2018/19 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 2018/2019 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.

## Describe your organization's greatest QI achievements from the past year

Quality Improvement continues to be considered a high priority at SCHC driving planning and operations to meet our strategic goals. Staff and leadership worked collaboratively in preparing for Qmentum Accreditation Survey that was scheduled for April 2017. Standards of Accreditation Canada were adopted as a guide to best practices in areas as Governance, Leadership, Client Safety, Infection Prevention and Control, Medication Management, Primary Care, Home Support, Community Health and Hospice Palliative Care.

We are happy to share that after a review of the criteria being considered after the surveyors visit, the final decision was to award SCHC with exemplary status. With a culture of continuous Quality Improvement and relentless focus on learning and growth, our review of the 10 unmet criteria propelled us towards a sustainability plan. Consequently, thorough action plans were put in place and integrated within our corporate strategic priorities.

This year our organization conducted an extensive survey on how our clients experience the principles of Person and Family Centred Care through the services, programs, volunteer and staff interactions they have at SCHC. A response rate of over 270 surveys provided rich information that has set the organization up for key objectives to execute. A corporate 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 at the point of care, program and policy level we are excited to evolve this strategy in how it lives and breathes at SCHC into the next fiscal year.

Sustainability is another priority that SCHC focused on last 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 approval of base funding for our Lawrence East - Partnership Program. As a community housing programming initiative with key partners including Fred Victor, Cota and Toronto Community Housing, we are excited to be the lead agency embarking on a recovery model with our partners, providing key social determinants of health supports for our much needed community members.

Additionally and to explore opportunities for meeting the evolving needs of Scarborough population, five need assessments were developed involving multiple programs and sites. Thorough assessments on program function, strengths, gaps and internal/external challenges were devised with active engagement of clients and families through phone interviews, surveys and focus groups. The leadership of each program formulated comprehensive action plans addressing identified gaps and challenges. Assessments were then shared with Senior Leadership Team and Board of Directors for recommendations and follow up.

We also continued to prosper a culture of client safety in 2017. Three key performance safety indicators were added to our scorecard and reflected on major safety processes that are best possible medication history review for clients, near misses, and compliance with hand hygiene practices. Consequently, our committees developed policies on these practices with active front line staff involvement. Auditing processes were then piloted to ensure compliance and standardization across all programs.

In alignment with the fourth Central East LHIN strategic aim on palliative care, we continued to develop our Hospice Palliative Care (HPC) Program to enhance our ability to support Scarborough's palliative clients in community settings. Multiple value stream mapping events took place to identify system wastes (using a Lean approach) and streamline Navigators intake process ensuring that the right service is provided to clients at the right time thus, significantly helping in reducing length of stay in hospital and hospital readmissions. In September we employed a centralized intake worker to filter and expedite the ever growing need of palliative clients in our community. Scheduling client home visits, assigning community palliative care physician, referral to HPC and other community support services were all added to allow for better service integration.

To ensure compliance with Personal Health Information Protection Act (PHIPA) and with the changes that came into effect October 1<sup>st</sup>, 2017 on Information and Privacy Commissioner privacy breach reporting, a systematic audit and education plan was conducted on the level of awareness on privacy policies and practices via our privacy committee. Accordingly, our privacy policy was updated to provide comprehensive guidelines to SCHC staff and a privacy breach protocol. To ensure changes are effectively implemented and sustained, staff education on audited gaps was provided and included in staff orientation program.

Furthermore, multiple significant changes were planned and implemented at our Community health centres. Using the Lean approach, the client transfer of records process was streamlined and designed to be more client centred, with a reduction in turnaround time by 92%.

Accountability for quality is demonstrated in our MSAA indicators where systematic quality improvements have resulted in a 215% improvement of our influenza vaccination between September 2016 to Jan 2018 and a 20% and 30% increase in our cervical cancer and colorectal cancer screening rates in the same timeframe. We continue to strive for improved access to primary care, demonstrating a 16% increase in panel size since September 2016 demonstrating that we balance quality carefully and strategically with the quantity of our clientele. We anticipate this continuing trend that has occurred in our MSAA indicators over the last 3 years to continue into the new fiscal year.

## POPULATION HEALTH

Canada is home to immigrants from populations at higher risk of type 2 diabetes. 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.

The diabetes team at SCHC speaks English, Tamil, Hindi, Urdu, Punjabi, Nepali, Kannada, Cantonese, Mandarin, Russian thus being able to provide education to suit new immigrants' language needs. The team has connected with several physicians and pharmacists and provide group counselling or 1:1 counselling to suit their needs. Also, the team provides cooking classes in the community to address, diabetes, heart disease and renal disease related to diabetes. In addition, support groups to Tamil seniors is done on a monthly basis. This year, for example, our DEP teams implemented outreach clinics to support solo practitioners in Scarborough to increase equitable access to our Diabetes Education Program. Furthermore, they aligned with the food bank and assisted living to support education on healthy food choices for clients, and self-management skills, who are accessing that service.

Likewise, SCHC serves a significant number of newcomers and marginalized populations as they present with not only multiple complex comorbidities but also social needs like housing and food security. During client intake, social workers and program coordinators assess the social determinants of health to client's needs and goals and plan for internal and external referrals not only to community health clinics but also to food/clothes/furniture banks, housing support, social assistance, Local Ontario Works Office, Sexual Assault and Domestic Violence, meals on wheels, transportation, and other community support programs.

The Access Clinic was a pilot project initiated on March 6, 2017 to increase timely access to and treatment to clients in the community. The target population was Newcomers, Refugees and Immigrants (documented/undocumented), especially the clients who have difficulty accessing primary care elsewhere in Scarborough due to their resident status and living condition. Through this initiative, we wanted to support and enhance internal referrals for clients who are looking for timely access to primary care at SCHC. To date we have served 183 individuals in the last 9 months.

Finally, with an ever-growing rate of seniors in Ontario, in particularly dense areas as Scarborough, it has become pertinent in community health that we work hard to address not just living well for longer for our senior community members but by extension, their caregivers. This past year saw SCHC collaborate with CMHA providing "living life to the full" sessions for caregivers. Further a pending proposal was submitted to the Ministry for a Seniors Care Connector to navigate community supports for high needs senior clients, and we will continue to pursue such systemic gaps in a meaningful and measureable way.

## **EQUITY**

SCHC's mission is to cultivate vital and connected communities through the promotion of healthy lifestyles and the delivery of a comprehensive range of culturally competent health and social services. Moreover, ICARE is the set of values that SCHC staff, volunteers and board members live by as we move towards achieving our vision. The "E" stands for Equity and since Equity is a guiding principle for SCHC, all staff and providers are trained on cultural competencies in our orientation program, for example diversity training.

With 38 programs at SCHC, it is crucial that our internal referral processes enable optimal equitable access to as much programming and services to our clients as we can. A centralized navigator was put in place to enable seamless internal referrals from providers to be matched up with "best fit" opportunities with clients rather than wait for a criteria rejection for several weeks to be returned to the referring provider to give to the client. As such, our internal referral processes have significantly improved and so has our client experience survey response where clients feel more involved in decisions about their care.

Over the last year, our Active Living Centre that provides meaningful activities for seniors with dementia-related ailments and respite to their caregivers and families, was revamped in accordance with feedback from clients. The name of the program was renamed by our clients, hours were extended and therapeutic programming introduced to meet their needs, resulting in significant improvements in client attendance as well as reduced safety incidents via our medication reconciliation policy changes.

Beyond our organization we have engaged in a number of partnerships to increase the quality of integration of care in an equitable way. It was identified that Centennial College in Scarborough does not have a health centre where students can visit to have their health care needs met. By bringing health workshops directly to students at the college, we bridged the accessibility gap but also advocated for the use of community-based health care through community health promotion. Research pulled from this pilot and others at the college demonstrated female students reporting lower general health than male counterparts. This will drive the continuous quality improvement of our work as part of addressing inequity as a key part of the CHC model of care.

## 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.

Throughout this year, extensive consultation and collaboration with Transcare was done to explore opportunities for service integration and increased access to services whilst optimizing efficiencies from the client experience. Whilst the merger did not go through, our organization saw the potential and will continue to pursue system level avenues to augment the interconnectivities that will produce more seamless care to our community.

2017-18 also saw our partnering with Ontario Tele Network (OTN) in May, to improve clinical services and client care coordination within SCHC as well as with relevant care and service providers outside of our agency. There was significant use of e-consults, e-dermatological consults and tele home health service requests demonstrating the increased efficiency of providers to provide timely treatment to clients.

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.

Community Agency Notification (CAN) is a collaboration between SCHC and Toronto EMS, which enables SCHC to be alerted if one of our clients has made contact with EMS. The project started in the summer of 2015 with the Assisted Living program, and this last year has seen it expand through its success to our community support programs and palliative care team also. The initiative now includes clients from other community support programs such as the hemo-dialysis clients, Meals on Wheels and the Community Health Centre (CHC). The purpose of the project is to ensure that timely and coordinated follow up care can be provided to any client and reduce unnecessary EMS calls.

We also implemented ONEMail, 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 CCAC.

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.

## **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 will see us taking our client engagement to the next level, incorporating client and family engagement from start to finish in our QI initiatives and how we measures for success from the eyes of the client. We will continue to incorporate the standardized client surveys throughout the year and the results will be analyzed and shared organization-wide and with external stakeholders as appropriate.

Focus Groups are also used to engage clients and collect feedback. Consent form, guidelines, and documentation template were established to assist moderators in performing focus groups. This method was extensively used when conducting needs assessments and evaluating programs. Homogenous clients who share similar needs and challenges were invited and actively participated in group discussions.

In addition to our electronic Client Feedback Form that clients can access online and submit their feedback, a Feedback Hotline was developed to enhance the process of clients submitting their complaints, concerns or compliments. Clients are now able to call us 24/7 and record their message and one of our staff will follow up with them in 48 hours. Feedback are periodically monitored for improvement and reporting purposes.

Finally, we utilize our client experiences in our hand hygiene audits to hold ourselves accountable to our community. We utilize our clients and families feedback to monitor a number of QIP metrics and operational plan indicators to ensure we are weaving our community into the organization's business.

## **Engagement of Clinicians, Leadership & Staff**

SCHC believes in staff engagement at all levels particularly in developing new processes or redesigning current ones. One good example is the PFCC survey mentioned earlier in which staff were involved in collecting information on gaps and opportunities and developing action plans that address identified priorities. The corporate committee structure we have in place is another 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 Committee, Infection Prevention and Control Committee, Medication Management Committee, Privacy Committee, Joint Health and Safety Committee, Person and Family Centred Care Taskforce and Inter-Professional Practice Committee. Many of these committees of which 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. This role will be vital in the roll out of our PFCC strategy in 2018-19.

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. This year saw the launch of a new role, Fund Development Manager, to further expedite the organizations capacity to extrapolate strategically funding sources that match the evolving and expanding needs of our clients and community.

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.

## **Access to the Right Level of Care - Addressing ALC**

### **Opioid Prescribing for the Treatment of Pain and Opioid Use Disorder**

### **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, and we are on track to meet our target of 75% staff completion rate by end of February 2018. 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.

### Contact Information

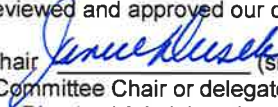
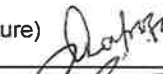
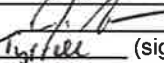
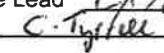
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### Other

### 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  (signature)  
Quality Committee Chair or delegate  (signature)  
Executive Director / Administrative Lead  (signature)  
Other leadership as appropriate  (signature)