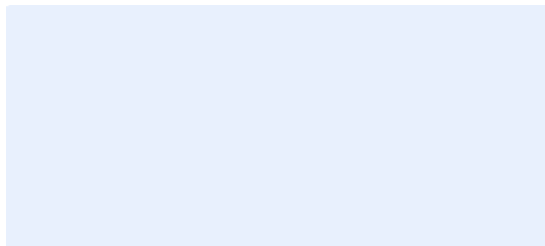


Let's Make Healthy
Change Happen.



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



March 31, 2023

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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Overview

At Scarborough Centre for Healthy Communities (SCHC), as we recover from the Covid-19 pandemic, we continued to grow and adapt our capacity to ensure continuity of services to all members of our community in the most safe, effective manner with the optimum quality client experience. We have continued our evolution and growth as an integrated person and family-centred organization accordingly, drawing on our agility to pivot between virtual and on-site services whilst ensuring all staff have the work requirements they need, from provisioned technologies to personal protective equipment as well as the education needed. We have transformed and adapted our workflows and processes to be able to integrate vital technologies that have broadened accessibility, automating core business processes that can now be done remotely. We continue our Anti-Black Racism (ABR) Strategy as part of our broader Diversity Equity Inclusion and Belonging mandate and have an established DEIB Director and committee driving culture change as we seek to address system inequities at the local level and across the broader spectrum of staff and client experience. We have been working to deepen our collaboration with organizational partners both established and new, with the Scarborough Ontario Health Team (S-OHT) including leadership of the collaborative-Quality Improvement Plan (c-QIP). Our continued leadership in our region within the planning and participation of the S-OHT has enabled us to offer programs and opportunities that profoundly impact the health and wellness for all. From the being at the forefront of Recovery and Sustainability to addressing education and inequity gaps, we continue to grow vital linkages between the hospital, home and community care and primary care. Through integrated partnerships with a continued on mental health and beyond we again were a community leader in vaccine and testing. We are one of the first to have an established e-referral linkage to psychiatry support with Scarborough Health Network and are involved in critical pilots that support proof of concepts with our OHT partners to increase primary care access to community support programs. We also have diversified our client and family centred care voices that are integrated both within our organization and are represented at the regional S-OHT level. We have successfully embarked upon expansion of our Adult Day Program with the Alzheimer's Society of Toronto and have become a host space for our partners Cota Health who run an ABI focussed day program. These partnerships will only serve to further deepen our ability to partner on Mental Health Supports for all our clients. There has continued to be new initiatives to ensure we continually invite feedback from our clients, staff, and partners to evaluate our progress against our strategic and operating plans and enact upon those opportunities. These include co-design principles to ensure we truly get to integrate voices of the most marginalized and vulnerable through long-standing trust built over time with our staff, providers and partners. We have also achieved HINP status and host one platform for multiple partners to access that overcomes non-interoperable EMRs to enable regional teams to be adaptive and close lags in service access significantly. We intend to build upon this in many other areas of healthcare.

In our 2023/24 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), Ontario Health Team findings and Accreditation Canada (AC) standards. This year, we embark upon a new strategic planning cycle, we look to increase access and reduce inequities further with some of the most vulnerable populations in our community.

We will build on our broadened capacity to engage our community during this pandemic to provide direct input into our strategic priorities. We have inaugurated a Research and Innovation Committee with a view to being a leader in

Community-based Research and becoming an established Community Health Innovation Hub for Scarborough and beyond.

Patient/client/resident partnering and relations

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. During the pandemic due to the need to connect more virtually, we embarked upon several initiatives to supply clients with devices and phones and data plans to overcome these barriers to both services and events that would keep them connected to us and to each other. Collating the client survey responses such as virtual improvement ideas via our website, proactive calls, virtual services, survey evaluations and a client and family advisory forum has enabled us to recover our response rates steadily over the year with a renewed vigor to continue this into 2022-23.

Structured client stories are also solicited for both our Quality Committee and Board of Director meetings to both learn from clients' experiences continuously and also keep us grounded what we are doing and why. This also helps us recognize what is going well and to positively deviate towards that across the organization in other program areas.

As part of our PFCC Committee work to broaden the engagement further via innovative ways to incorporate feedback from folks that need in the moment engagement, so their voices do not get lost, we have established diversification of how to do this. By virtue of the trust build over time, frontline staff can capture these insights and bring back in a plethora of ways to one centralized bank of qualitative information for the whole organization to integrate into their areas. The voice of the clients is truly at the centre of all we do.

We completed our Centralized Intake initiative and significantly reduced the steps and number of email accounts/phone lines required for both prospective clients and referring providers to navigate to get the services they need and this has also shown improvement in client experience and turnaround time in care access accordingly.

Provider Experience

As a commitment to our upholding of staff experiences at SCHC, we integrated a subset of the Accreditation Canada pulse survey questions into an ongoing annual review internally to hold ourselves accountable to this. As such, we continuously improved year over year on all measures related to this mechanism, enabling us to act more in real time. While health human resources is an ongoing challenge for the sector, it is less so at SCHC. Our physician vacancy rate is 7.69 % and time to fill is a month on average. We provide competitive compensation packages including benefits, HOOPP, and quality of life balance. Our organization is a magnet to culturally diverse physicians that are wanting to give back to the community they grew up in and given they are supported in a team-based environment, seek out SCHC. We also have integrated the OCEAN platform into our program e-referral in and e-referral out processes as well as online appointment booking to alleviate manual work for staff. Furthermore, we recently got awarded the highest transfer payment of Ontario Health Team funds to commit to building an OHT wide provider app and interactive dashboard to measure provider experience as part of the fourth quadruple aim of quality healthcare. Our intent is to collaborate with all OHT partners to build this over the next year with the hope of spreading this invaluable product across many other OHTs across the province as a best practice. The vision is to unleash actionable insights that reduce inequities in provider

experience and thus raise the bar further to enable them to provide better quality care for all.

Workplace violence prevention

We welcome the increased focus Ontario Health Quality 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). This year we have proactively re-educated the definitions of near misses which has resulted in a significant increase in near miss reporting that ultimately prevents as well as educates us on continuously improving and adapting to the changing environment. This has also been demonstrative in the global increase in phishing attempts that have been caught and blocked. 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.

This year we sustained our successes in measuring both patient reported outcome measures (PROM) that has demonstrated SCHC has a significant impact on improving the mental health and well-being of clients from a variety of programs. We also embarked upon a significant falls prevention initiative that showed a significant impact in reducing PSWs finding clients already fallen as a result of the pandemic isolation. When staff are trained on this program as part of their orientation and ongoing organizational development we believe this awareness, education and supervisory models will translate into augmented client service delivery that is as safe for staff as it is for clients.

Patient Safety

Scarborough Centre for Healthy Communities continues to sustain patient safety measures across all its programs. With a sustained falls prevention program and proactive investments in cybersecurity threats plaguing the broader healthcare system, we provide a comprehensive set of strategies to keep all our patients safe. Furthermore, our Person and Family Centred Care Committee enacted a mechanism to ensure that psychological safety is paramount for our clients. From both the physical spaces and via program improvements, we have sustained a multi-pronged mechanism of continuous input and feedback from all areas of the organization. This enables the lens of patients to foreshadow any safety issues that might have otherwise had an opportunity to happen. As a result, we have had zero privacy breaches and an increase in near miss reporting that demonstrates our blame free culture.

Health Equity

Scarborough Centre for Healthy Communities, at its heart, is driven by achieving health equity through a population health lens down to the individual client. With our Diversity Equity Inclusion and Belonging Culture Committee acting as a driving engine for change, we have a comprehensive multi-year strategic plan to understand how we can improve upon this from within. Some examples include adding "racism" as an incident type and inaugurating the role of the DEIB Director to be a part of assessing, addressing and closing the inequity gap for both our clients and staff. Looking externally, we sit at multiple tables regionally and beyond to influence change in the system. From partnership development with VHA and St. Elizabeth on recent initiatives to improve access to Inter-Federal Health Funding for qualified

clients, to using innovative solutions to improve our socio-demographics data, we have numerous initiative underway to continue to build upon improving the quality of care for all people. From reviewing all the determinants of health, our food security analysis and social prescribing initiative have been recognized by partners and funders respectively and we recently were awarded monies to deploy integration of the latter to improve empowerment of our clientele to accessing social solutions to health and well-being. We intend to tirelessly continue our journey as leaders of health equity.

Contact Information

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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

Board Chair _____ (signature)

Quality Committee Chair or delegate _____ (signature)

Executive Director/Administrative Lead _____ (signature)

Other leadership as appropriate _____  _____ (signature)