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

31/3/2024

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.

Overview

At Scarborough Centre for Healthy Communities (SCHC), we continued to grow and be sought after as a place that ensures high quality continuity of services to all members of our community, especially equity deserving populations in the most safe, effective manner with the optimum quality and client experience. This year we launched our new strategic plan with our vision to ignite the strength of community by providing accessible, equitable and transformational health and social service choices, for the well-being of diverse communities. Our strategic directions prioritize outstanding service delivery, organization health and action on equity. We have continued our evolution and growth as an integrated person and family-centred organization, pushing for innovative solutions on integrating data quality of our clients that drive system improvements both within SCHC and in collaboration with all our partners, both within and outside of the conventional health care system. With pioneering initiatives such as a unified EHR for community health and community supports and social services, we have transformed and adapted our workflows and processes to be able to integrate visibility from the leadership to the frontline enabling tactical advances to integrate service delivery that is timely, accessible and person-centred. We continued our Anti-Black Racism (ABR) Strategy as part of our broader Diversity Equity Inclusion and Belonging mandate and have an established a Poverty Reduction Strategy Working Group driving advocacy and ultimately change in how we can affect and address system inequities at the local level and across the broader spectrum of staff and client experience. We have ignited our role as a Community Based Research leader through formulating a CBR strategy rooted in best practices guided by the Centre for Community Based Research and 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. We continue to grow vital linkages between the hospital, home and community care and primary care, to integrated partnerships with a continued on mental health. We are the only Health Information Network Provider (HINP) in our OHT and provide the platform for multiple secure messaging and other cross organizational circle of care teams to expedite care to some of the most marginalized in our community.

As we continue to 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 seek innovative models to integrate across both our organization and across the system.

In our 2024/25 Quality Improvement Plan (QIP), we will address objectives that speak to our commitment to continuously improve our services using a population health approach, explore efficiencies in service delivery, increase timely access to primary care, enhance active client engagement and further flourish a client safety and culture of equity. Our objectives align thoroughly with the Excellent Care for All Act (2010), Ontario Health Team findings and Accreditation Canada (AC) standards.

Access and Flow

Optimizing system capacity at Scarborough Centre for Healthy Communities has always been a priority for us and we have consistently advocated for upstream intervention to support timely access to care to improve outcomes of clients, and the system functioning optimally. That is why we continuously embark upon strengthening our existing partnerships and soliciting new ones to collaborate in addressing barriers to access. Our ambassadors have continued to identify new insights within targeted neighborhoods, some of which being the most materially deprived in the province, and act as a conduit for quality improvement initiatives. Our cancer screening rates stratified by ethnicity and income have doubled since the impact of COVID-19, demonstrating our recovery and sustainability efforts. But moreover, have moved the needle on identified inequities rooted in food insecurities and misinformation amongst different communities. This has allowed providers to establish co-creative pathways to preventative measures and connect residents to holistic supports including but not limited to partnerships within the healthcare system, improving the quality of life all round for our communities. We continue to support the SCOPE model through our system navigation and partnering with the ED department of SHN to identify unattached clients to become attached. We continue to expand our offer of mobile Inter-professional Primary care Team support for primary care providers and most recently are embarking upon identifying unattached children 0-5 years old to further provide expeditious access early in life for our community members.

Administrative Burden

At Scarborough Centre for Healthy Communities, we have long understood the primary care priority of the "patients before paperwork" philosophy. To this end, we have invested in e-fax solutions to significantly reduce the burden of physical faxing, virtual desktops for specialists and providers who do community visits and can safety document in real time in the EMR, and used technological innovations to automate policy cycle monitoring to invoice approvals that often cause top administrative time-consuming behaviours.

Furthermore, we have integrated a comprehensive centralized intake process that allows prospective clients to leave with an appointment for any of our 45+ programs at the first call. We have customized forms integrated into our EMR to expedite direct referrals out into the community and across our partners, and digitized solutions for release of records requests. We continue to integrate OCEAN e-referrals out and receive OCEAN e-referrals into our programs.

We are the Health Information Network Provider (HINP) of choice for the Scarborough Ontario Health Team (SOHT) the only one in the OHT, and have provided the platform that hosts secure messaging between primary care providers across multiple organizations with specialists including paediatricians on call, palliative specialists and a conduit channel between a Nurse Lead Outreach Team and a Long Term Care group.

We look forward to new innovations we are anticipating to explore to further reduce the administrative burden for staff and providers that includes using Artificial Intelligence to predictively analyze invoices and automatically fill out forms in partnership with Canon's innovation office and a plethora of other solutions to free up more time for staff to spend with clients and each other as they collaboratively case conference to provide more holistic and better quality care.

Equity and Indigenous Health

Scarborough Centre for Healthy Communities, at its heart, is driven by achieving health equity through a population health lens down to the individual client. Our Diversity Equity Inclusion and Belonging Committee continues to act as a driving engine for culture change both within SCHC and at a system level. Our Anti-Black Racism strategy has included comprehensive actions within the organization, including working with Toronto Police Services on actioning reducing inequities revealed in their Race-Based data models. In assessing, addressing and closing the inequity gap for both our clients and staff, we embarked upon customized questions in our Accreditation Canada Staff Engagement Pulse survey which included co-designed questions based on ethnicity, gender identity and a sense of belonging and response to feedback. This data will help us look deeply into how people identify in these ways to understand how to reduce inequities. Our sociodemographic data quality has continued to improve as part of a comprehensive effort to understand when and how to engage clients to share their ethnic and other socio-cultural identities that help us monitor inequities to reduce. We have also utilized this approach to capture hundreds of responses from community members and stakeholders as part of our Poverty Reduction Strategy development this year, to have thoughtful input into what matters most to our communities, and what our role is in igniting their strength to overcome systemic barriers to overcoming poverty. This broader initiative will have action plans that drive us to address our role in partnership with our communities into 2024-25. Our strategic priority, action on equity, identifies three priority populations, indigenous, black and 2SLGBTQ+ people as a focus as we entrench our role as leaders of health equity.

Patient/client/resident experience

Scarborough Centre for Healthy Communities continues to embed 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. As part of our most recent strategic plan, we have embarked this year on the commitment to become leaders in Community Based Research. After feedback from our community and stakeholders, alongside our longstanding reputation and position for being with our clients for the lifespan of their health and well-being journey, knowing our clients and communities deeply positions us uniquely for this endeavour. With the hallmarks of being participatory, community based and action oriented, we received CIHR grants this year to explore client and resident experiences with the SHN research institute on community members behaviours with HIV. Our role and relationship to community allows us to go much deeper and understand the qualitative insights that get lost in aggregate quantitative data. We are the only community member on the SHN Research Ethics Board. We bring a wealth of socio-demographic insights through strategic investments in our Information Management and technological infrastructure that have attracted the

attention of the Ministry and other community health organizations alike for its innovation and capacity to drive system level change.

We continue to evolve our structured client stories we solicit for both our Quality Committee and Board of Director meetings as both continues learn experiences from clients and as a means to keep us grounded with 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. Moreover, we have broadened this out as just one of our multi-model efforts for our co-design framework across the organization which will continue to be solidified and integrated into 2024-25.

In line with integration, we recognize that our clients' and residents' experiences of themselves need to be integrated and as such we are propelling more for our organizational culture to explore new ways to continuously improve in this area. Since the integration and unification of our one EMR for all program areas, we have begun monitoring in a variety of ways, unique client journeys that empower them to seek any supports across the spectrum at any point in the organization, as well as increase staff awareness of all SCHC has to offer and the broader resources that clients can be connected with.

As is part of our PFCC 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, we identified and invested in a real time translation service that does not require pre-set appointments, provides access to over 250 languages including sign language, and significantly improves the experience for both provider and client alike.

Finally, we are igniting the strength of community through systems leadership when it comes to comprehensive client experience. Hosting centralized access to any and all palliative services in the Scarborough area, we facilitate and evaluate integrating client experience into the design of pathways across the spectrum of care, as well as client-centred metrics to monitor quality. By virtue of this innovative systems thinking, we have significantly improved both client and provider experience and the core systematic efficiency of referral, intake, assessment and care delivery in an expeditious manner.

Provider experience

As a partner of Scarborough Ontario Health Team, we lead a provider experience project and hosted the data assets to capture provider experience co-designed by providers across all sectors on whether they felt they got the training they needed to do their job as well as their organizations response to abuse in the workplace. The data was also capturing socio-demographics co-designed with provider groups, including ethnicity, gender identity and age. This pilot enabled the OHT to see hidden inequities across the sectors and partners and collaborate to find efforts to relinquish inequities, including a PSW mentoring program for HCC partners from MHA and CSS sectors.

As part of our commitment to upholding of our staff experiences at SCHC, we integrated a sub-set 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 continue to 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.

This year, as part of our strategic directions of organizational health and action on equity, we customized with our providers and staff including a sense of belonging and our organization's response to staff feedback to help us monitor inequities in provider and staff experience to these. We intend to execute comprehensive staff-collaborated action plans into 2024-25 in response to these results.

Safety

Scarborough Centre for Healthy Communities continues to sustain client safety measures across all its programs. With a sustained 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 strategy integrated into our comprehensive Quality, Safety and Client Experience Committee enacts 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 clients to foreshadow any safety issues that might have otherwise had an opportunity to happen. As a result, we had an increase in near miss reporting that demonstrates our blame free culture. This is particularly so around the issue of client distress spilling into client aggression. Our staff report through mental health first aid training, black focused mental health training and de-escalating potentially violent situations training, that they are able to identify and circumvent these incidents from becoming violent.

In addition, our staff safety is paramount. 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 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 embarked upon a new strategic plan that encourages deeper psychological safety to report any forms of racism and discrimination being reported and acted upon meaningfully. We also incorporated into our client experience survey a co-designed sense of belonging question to enable us to monitor across our client base where there might be inequities that enable us to respond with actions that will reduce those, and also augment client service delivery that is as safe for staff as it is for clients.

Population Health Approach

According to the Centres for Disease Control and Prevention (CDC), population health is an approach that spans disciplines and departments. It has been described as consisting of three components: health outcomes, patterns of health determinants and policies and interventions. The population health approach is a unifying force for the entire spectrum of health system interventions. At the Scarborough Centre for Healthy Communities we demonstrate leadership in this area every step of the way. From chairing the committee for the Scarborough Ontario Health Team's (S-OHT) collaborative Quality Improvement Plan to being collaborative partners in almost every change idea, to playing a deeply meaningful role from governance to operations in the S-OHT and beyond, we continue to lead in our own model for transformational system integration. As a community health organization providing clinical, community supports and community engagement programs and services, we have been recognized as a leader in unleashing actionable insights in patterns of health determinants that help influence interventions and local policies with our partnerships. Outside of S-OHT member collaborations, this year we have collaborated with Warden Woods community centre to integration program access that promote seniors' health and wellness and partnered with Boardroom Labs a grassroots organization to push our innovation potential to the next level when it comes to transformational health outcomes for people that continue to fall through the cracks of conventional healthcare service delivery models. Our Health Promotion Strategy has become integrated across the organization rather than as a standalone program and this profoundly effects the approach of all services to take on a population health approach by focusing on targeted universalism (the idea that improving health outcomes and addressing health determinants for the most disenfranchised raises the quality of care for all). This approach has been instrumental in raising the bar across all our services and deepening the strength of our communities being unleashed. We look forward to continuing to lead our efforts in this area well into 2024-25 and beyond.
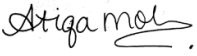
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Sign-off

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 _Atiqa mol_ (signature)

Quality Committee Chair or delegate _Mark A. Vinn_ (signature)

Executive Director/Administrative Lead _J. Augn_ (signature)

Other leadership as appropriate _____ (signature)