

Let's Make Healthy
Change Happen.



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



31/3/2026

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 continued to grow and be sought after as a leader that ensures high quality integrated services to all members of our community, especially equity deserving populations in the most safe, effective manner with the optimum quality and client experience. The period from March 2025 to present represents Year 3 of Scarborough Centre for Healthy Communities' (SCHC) five-year strategic plan, during which we accelerated system integration, strengthened organizational performance, and deepened our focus on equity while continuing to significantly grow and diversify the populations we serve. This year was marked by both scale and discipline, expanding access and impact while sustaining excellence in quality, safety, and governance.

SCHC achieved 97.4% in our most recent Accreditation Canada survey, reinforcing our status as a high-performing quality organization even as we expanded services, introduced new models of care, and met clients where they are through increasingly integrated, community-based approaches. This result reflects a mature quality culture embedded across programs, teams, and leadership, and demonstrates our ability to sustain excellence while adapting to complexity and growth.

A defining focus of Year 3 has been the expansion and modernization of interprofessional primary care (IPC) as a deliberate upstream strategy to improve health outcomes and reduce downstream system pressures. By prioritizing primary care attachment, SCHC has strengthened prevention, continuity, and early intervention, particularly for populations most at risk of poor outcomes due to lack of access. IPC expansion has been intentionally aligned with neighbourhood-level need, Ontario Health Team (OHT) priorities, and readiness to implement at scale, positioning SCHC as a key contributor to improving population health while avoiding avoidable emergency and acute care utilization.

In parallel, SCHC continued to lead the expansion and diversification of a shared services model across community health organizations. By providing centralized, cyber-secure information management, integrated data pathways, and business intelligence capabilities as a service, SCHC has enabled partner organizations to reduce duplication, improve data quality, and participate more fully in system-level integration. This work reflects a shift from organization-centric solutions to shared infrastructure that enables collective impact.

SCHC's leadership within the Scarborough Ontario Health Team (SOHT) has further matured through our role in building and operationalizing a data-driven population health framework, where shared data informs collaborative planning and decision-making. This framework enables partners to align priorities using common evidence, linking population-level insights directly to service design, resource allocation, and quality improvement across the system. We also led a ground up innovation on creating data pipelines on Interprofessional Primary Care Data across different agencies that allow for real-time monitoring of tests of change, further setting up the S-OHT for deeper learning, insights and integrated care.

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 to see 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 community 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 continual to show improvements and sustainability. Even as our denominator increases as our panel size optimizes, the screening stratified these ways continue to show an upward trend throughout the year demonstrating our careful consideration of equity in access. Further contributions to access have been rooted in our successful applications in innovation grants for our Early On program to addressing identified inequities rooted in food insecurities. Another example is violence disruption worker roles to combat

misinformation amongst different communities and increase opportunities upstream for some of the most marginalized members of our communities.

This year saw us become the Health Information Custodian for our Scarborough Ontario Health Team, and the lead agency to address the backlog of individuals waiting for access to primary care services on the Healthcare Connect Waitlist. Through reviewing the database, working with Ontario Health at Home, and supporting primary care practitioners across our region, our cross organizational team diligently followed up with each individual and made referrals and matches to available providers. Over the course of six months, this backlog of individuals who have been waiting for years for access to care, has been successfully cleared. This meets the provincial target of reducing the wait list to zero for any individual waiting from before January 2025..

More recently, we have embarked upon primary care services redesign initiative to support transformation of our care pathways and models to ensure we meet the needs of our communities both now and into the future. With our recent primary care expansion success, the targets to reach more clients needing primary care support is more pressing than ever.

Administrative Burden

At Scarborough Centre for Healthy Communities, we have long understood the primary care priority of the “patients before paperwork” philosophy. As part of our integrated care focus, our model of presenting highly complex cases to a broad array of providers and staff across different programs that are seemingly not connected has been very fruitful in improving operational excellence, reducing inefficiencies and optimizing client experience. As the Health Information Network Provider (HINP) of choice for the Scarborough Ontario Health Team (SOHT), the only one in the OHT, we have provided the platform that hosts secure messaging between primary care providers across multiple organizations. More recently, with the unexpected announcement of our translation services vendor leaving Canada, we quickly acted upon this critical enabler to support alleviation of administrative burden and successfully piloted and have implemented our new vendor to ensure continuity and mitigation of administrative burden for staff and providers whilst not compromising access and equity support. We also have implemented AI scribe, first by trialling two vendors and evaluating through comprehensive provider feedback as to the optimal solution to maximize presence with clients and alleviate the burden power of these tools.

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. Equity remains foundational to SCHC’s mission and strategic direction, with Year 3 focused on translating commitments into sustained organizational practice. As part of this work, SCHC engaged the Indigenous Primary Health Care Council (IPHCC) to support organization-wide learning and capacity building related to Truth and Reconciliation, cultural safety, and Trauma-informed care (TIC). This engagement has informed training and awareness efforts across staff, strengthening understanding of Indigenous histories, experiences, and responsibilities, and embedding cultural safety as a core component of quality and equity.

This work represents a critical step in advancing SCHC’s responsibilities toward Truth and Reconciliation—not as a one-time initiative, but as an ongoing organizational journey that influences how care is designed, delivered, and experienced. Learnings from this engagement are informing deeper integration of Indigenous perspectives into service models, partnerships, and quality improvement priorities. In addition, SCHC continues to engage in community-based advocacy and awareness through active engagement in events like the Orange Shirt Day Sea of Orange Walk, providing deeper understandings of Indigenous histories, practices, and culturally specific needs.

In addition, SCHC has continued to strengthen alliances with 2SLGBTQ+ communities and partners, deepening engagement and co-design to better understand lived experiences and barriers to care. These relationships are shaping SCHC’s focus for Year 4 of the strategic plan, ensuring that services, environments, and policies are

responsive, inclusive, and affirming. Together, this work reinforces SCHC's commitment to intersectional equity and to building systems of care where all people feel safe, respected, and supported.

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 strategic plan, we have furthered our efforts in our commitment to become leaders in Community Based Research. We continued to align our program evaluations identified at the beginning of the year rooted in client and community identified need. The results and recommendations were also reviewed by the same communities and collaboratively supported action plans setting them up for sustained actions in these communities.

As is part of our PFCC work, we have evolved our Client Family Advisory Committee to broaden the engagement further, via innovative ways to incorporate feedback from folks, with in the moment engagement, so their voices do not get lost, we have established diversification of how to do this. We provide ongoing updates to them on their ideas and suggestions and how we are integrating them into our organization. Client feedback also leads us to seek partnership opportunities with other organizations to improve client experience through collaboration. Examples this year include a new educational workshop series with the Ontario Caregiver Organization aimed at helping caregivers develop the skills required to balance their personal needs and caregiving responsibilities as well as a partnership with CAMH to offer nonclinical-based education and training programs to people who have lived/living experience of mental health and/or substance use challenges, and who feel ready to set goals, gain skills and make social connections.

Provider Experience

As part of our commitment to upholding our staff experiences at SCHC, we have worked with Alliance for Healthier Communities and the Department of Family Community Medicine at the University of Toronto to move towards becoming one of Ontario's first designated Academic Community Health Centres. As such, we continuously engage and improve upon not just existing providers' but prospective provider experiences related to this endeavour. We are enhancing the scope of practice for providers by extending teaching and learning opportunities and attracting those providers who want to teach in community settings. This provides a meaningful way for providers who want to give back and contribute through academic practice. As we continue to strengthen our partnership with University of Toronto's Scarborough Academy of Medicine and Integrated Health, we will build more community-focused experiences for providers to share the importance of community-based primary care and create a new pipeline of providers.

We are moving into predictive analytics to proactively enable us to act more in real time and upstream paving the way for future health human resources at the local level to have an optimum experience and mitigate shortfalls of different provider types. While health human resources is an ongoing challenge for the sector, it is less so at SCHC. 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 led culturally appropriate acceptance and commitment therapy group sessions with research partners from CAMH and UHN monitoring the impact, proving that culturally oriented nuances in mental and physical health service models have a lasting and supportive impact.

Safety

Scarborough Centre for Healthy Communities continues to sustain client safety measures across all its programs. With 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 comprehensive Quality, Safety and Client Experience Committee enacts a mechanism to ensure that psychological safety is paramount for our clients and staff. 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. We saw a continued increase in near miss reporting that demonstrates our commitment to an accountable and shame-free culture. This was inclusive but not limited to breaches we became aware of that were outside of our organization to optimize community safety. Furthermore, with our extensive work this year on increasing safety in the community through BRIDGES and the Black Health Initiative work, multiple initiatives have been collaboratively worked on deepening our roots in businesses, spaces and places in the local area to be a conduit to healthier interventions and supports sooner and for more, improving a sense of safety for all.

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. Our strategic plan 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.

Palliative Care Models

Scarborough Centre for Healthy Communities continues to pioneer and lead the forefront of collaborative palliative care in Scarborough. Hosting a Palliative Community Care Team that has continually expanded after over a decade of evidence in high quality service delivery, we have recently expanded again to include a palliative Clinical COACH role. The clinical COACH role is about Palliative Care conversations in Primary Care, to guide implementation of Palliative Care Health Service Delivery Framework in Community Organizations. This role partakes in teaching coaching, and mentor local providers in the community to drive practice change and provide high quality care as close to home as possible, build palliative care competencies of primary care providers in the Community Organizations, strengthening local teams and creating a provincial program for palliative care.

Furthermore, in continuing to co-lead the Scarborough Palliative Care Collaborative for the last decade, and continually growing and involving more members across different sectors, we continue to refine our HINP status by hosting the Centralized Access for all referrals to palliative Care across Scarborough. This allows right care, right time, right place significantly more effectively, and unleashes new data for us to compile and improve upon in terms of turnaround times from referral to access, as well as invite new insights for continuous improvement.

Last year we saw the Community Palliative Care Team migrate to the local hospital's electronic medical record EPIC, in order to practice in much more integrated manner, having access to the right information, with consent, in a significantly more seamless way to improve both client outcomes and the providers' experience. This was a

pivotal in ensuring a truly integrated palliative team, across hospital and community sectors and in enhancing the client and provider experience.

Population Health Approach

SCHC continues to demonstrate leadership in population health by aligning governance, operations, and partnerships around a data-driven approach to system transformation. Through our leadership within the Scarborough Ontario Health Team, SCHC has played a central role in developing and aligning partners to a shared population health framework, where integrated datasets support joint planning, prioritization, and accountability. This approach enables the system to move beyond isolated performance measures toward collective decision-making informed by shared evidence, including primary care attachment patterns, socio-demographic insights, and chronic disease trends. Importantly, IPC expansion and attachment efforts are directly informed by this population health intelligence—ensuring that growth is targeted, equitable, and responsive to community need. By linking population-level insights to frontline service design, SCHC has strengthened its ability to act upstream, reduce inequities, and improve outcomes while supporting more sustainable use of healthcare resources. This work positions SCHC and the SOHT to enter Year 4 of the strategic plan with a strong foundation for coordinated action and measurable impact.


Contact Information/Designated Lead

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 
Atiqa Mohammad (Mar 30, 2026 13:03:44 EDT) (signature)

Quality Committee Chair or delegate 
A.J. Lopez (Mar 31, 2026 10:04:16 EDT) (signature)

Executive Director/Administrative Lead  (signature)

Other leadership as appropriate _____ (signature)