

**Quality Improvement Plan (QIP)**

# **Narrative for Health Care Organizations in Ontario**

March 2, 2022



Community  
Health Centre  
Centre de santé  
communautaire

## OVERVIEW

This year, as in the past, the goal for Carlington Community Health Centre's (CCHC) quality improvement plan is to ensure that the indicators within the workplan continue to reflect the needs of our clientele. We provide care to clients who are vulnerable and frequently experience barriers to accessing high-quality health and social services. The difference this year is that we have been forced to do all our work in the context of a global health crisis.

Social determinants of health such as poverty, low education, unemployment, chronic diseases, drug and alcohol addiction, culture and gender are contributing factors. As members of the [Alliance for Healthier Communities](#), we are guided in our work by the [Model of Health and Wellbeing](#) and the [Health Equity Charter](#), and we endeavor to incorporate the model and spirit of the Charter into all that we do at Carlington.

The QIP and CCHC Strategic and Operational plans are our vehicles to addressing health inequities. Ottawa enjoys the services of six community health centres and we work closely to leverage our collective capacity and resources in order to influence health system evolution, and to contribute toward its development. Carlington's strategic plan focuses on three key priorities: access, quality and a commitment to leverage our strengths and resources, in collaboration with our partners. Our end game in this plan is to achieve Health Equity for everyone in our communities. In this time of change in healthcare systems, particularly as Ontario Health Teams evolve, the CHCs in Ottawa feel it is important to raise our voices as a collective, to ensure that equity-deserving populations are considered in all decisions made.

Carlington's leadership team sought out indicators for this QIP that are not focused squarely and solely on primary care, looking instead for ways to include all programs and employees in constant improvement that drives innovation and improved practice.

## DESCRIBE YOUR ORGANIZATION'S GREATEST QI ACHIEVEMENT FROM THE PAST YEAR

In the past year, Carlington's greatest QI achievements have been directly linked to sustaining services during the pandemic – and there have been many.

In primary care, access has been a constant fixation, and one indicator that has been tracked has been “no-show” rates. Despite best efforts of staff to improve the rate, which sat at about 7% for seven years, we were never able to appreciably reduce that.

At the outset of the pandemic, Carlington quickly shifted services to make them available virtually – this included most Centre programs, with the most obvious exception being the ACT Team, which stayed the course, taking necessary precautions to remain healthy.

When virtual services were determined necessary to ensure continuity of care for our clinic's clients, there was concern that those most impacted by the social determinants of health would struggle to get access to the technology necessary to keep appointments. To our delight, we found that our clients are resilient and determined, and after three months, we noted that our no-show rates had fallen to about 1%. By adding virtual care as an option, we had removed the barrier presented in getting to our Centre using public transportation. As the pandemic wore on, aspects of virtual services were integrated across all program areas: early years, health promotion, counselling, family support, pre- and perinatal care, etc. The challenge for Carlington, as is the case with all health service providers, will be to find the balance of in-person and virtual care that works best for clients, staff and the community.

Feedback has been exceptionally positive.

## COLLABORATION AND INTEGRATION

As with all healthcare providers, Carlington has been forced to make significant changes to its services in order to meet community needs that have been dictated by the response to the COVID-19 pandemic. While we move into the “recovery” phase of the pandemic, the challenges will be many. More than ever, we will be required to lean on our partners and be prepared to be leaned upon, in order to ensure a seamless transition back to what we used to call “normal” – all this while understanding that, while the onset of the pandemic was an “event”, the recovery will be a process that could take many years.

As COVID-19 asserted itself, it came as no surprise that those who were struggling against the social determinants of health before the pandemic were the people who were most impacted by the various reactions to it. Lockdowns, restrictions on gatherings, interruptions in employment, access to food, and school closures all contributed to equity-deserving groups being disproportionately impacted, and the community had to alter service delivery in order to ensure care remained available and accessible.

Carlington and its Ottawa CHC partners took a central role in leading the response in at-risk communities. In the early days of the pandemic, education, supplies (masks, sanitizer, etc.), testing and assessing needs was critical in keeping people healthy. Through outreach, CHCs managed to reach people and communities who would have otherwise been missed. When vaccines became available, the CHCs were active in providing support in community clinics with Ottawa Public Health and then opening on-site clinics, as well as outreach to homebound clients for vaccinations.

The pandemic revealed many flaws in our social infrastructure – none of which we were unaware – and served to expose the gravity of some of our service systems’ shortcomings. More than ever, partnerships have been foundational to ensuring continuity of services, as well as creating a

forum for sharing experiences and resources, all directed towards taming the impacts of the COVID-19 virus.

During the pandemic, work on the Ottawa Health Team/Équipe santé Ottawa continued to move forward. The Collaborative Partner Table worked to advance the initial objectives and built its organizational infrastructure with support from an MOH grant.

Looking forward, the pandemic recovery will continue to drive programming, partnerships and systems planning.

Carlington looks forward to being a strong collaborator as we seek to expand, adapt and stabilize services to ensure access and quality of care is front-of-mind for our community.

## PATIENT/CLIENT/RESIDENT PARTNERING AND RELATIONS

Carlington has a number of mechanisms that allow clients and other stakeholders to participate in the centre's directions.

At the program level, each service offered includes an evaluation component- some as simple as the client experience survey related specifically to the program, while others are more "scientific" and seek to explore changes in behaviour and health outcomes, using qualitative tools. In all instances, feedback is incorporated into program development and planning, and offers the opportunity to adjust and correct, based on client input.

The Centre has a broad client survey that is available at all times on the Centre’s website and in paper form, offering the opportunity to provide real-time comments on the overall experience of using services. Results are aggregated quarterly and reviewed by management for trends, and then are shared with the Board of Directors to provide a snapshot of how the centre is functioning and to inform strategic planning. The

centre also has a distinct feedback/concerns policy (implemented April 2020), of which clients are informed. Feedback or concerns are addressed as presented, then reviewed at management meetings to seek input and make necessary adjustments.

CCHC's members elect the Centre's Board of Directors from our community. Board members are considered to be the "moral owners" of the Centre, and represent the community's voice in governance. The by-laws insist that the majority of the Board members reside in the Centre's catchment area and therefore have a keen sense of the community and its needs. The Board furthermore has a Quality and Compliance Assurance Committee that monitors the Quality Improvement Plan and strategic planning results, as well as the required indicators from the SAA with Ontario Health East. Upon review, these reports go to the full Board for acceptance and approval. Results provide the Board with an understanding of the Centre's work and prepares members for annual planning and budget exercises.

Carlington communicates broadly with the community through a number of mechanisms, including a weekly newsletter, distributed to over 900 community members, partners, clients, and other stakeholders, to inform them of the programs and services offered by Carlington and its partners. It also offers opportunities for people to connect with the Centre on matters important to them. Carlington participates in and contributes to a number of community processes and tables, in a community development capacity. Staff are present and active with the local community associations, residents and elected officials.

## WORKPLACE VIOLENCE PREVENTION

In the past year, Carlington has continued to review all workplace safety incidents and received feedback from staff on altering emergency responses. These recommendations are reviewed at full staff meetings and at team meetings to ensure awareness of changes. As part of their onboarding, all new staff receive training on Violence in the Workplace, Harassment and Conflict resolution in preventing all forms of threats in the workplace.

Since 2016, Carlington has undergone a major expansion and renovation, which will be completed in the spring of 2022. The design of the new structure and the renovation of the "legacy" building were completed with consideration to staff safety. Client access is restricted to the main floor only, where panic alarms are installed throughout, as well as an extensive passive security system of over 28 cameras and enhanced outdoor lighting. Building access can be controlled remotely, using intercom systems and electronic door control mechanisms.

Carlington has two staff trained to deliver Non-Violent Crisis Intervention (CPI) and now that the pandemic is relenting, it is our intention to move ahead with catching up on training postponed during lockdowns.

## ALTERNATE LEVEL OF CARE

Not applicable to Community Health Centres.

## VIRTUAL CARE

Carlington has been very active in ramping up access to virtual care in most of its program areas. This approach has been critical in ensuring access to care during the pandemic and the Centre has invested heavily in hardware, software and other IT infrastructure, including security, to ensure care is offered with integrity and safely.

The Centre's electronic medical record has made primary care appointments very easy, for both clients and clinical staff, and we continue to expand capacity with tablets to improve efficiency and access by allowing electronic registration, data collection, updating of personal information, and appointment booking.

The learning curve has proven quite steep for our staff and clients. We are committed to learning together and adapting to evolving needs by adding new technology, as it becomes available.

A link to the Client Satisfaction Survey has also been added to tablets, to make it more convenient for clients to provide feedback.

## CONTACT INFORMATION

Carlington Community Health Centre  
900 Merivale Road  
Ottawa, ON K1Z 5Z8  
613-722-4000  
info@carlingtonchc.org

## SIGN-OFF

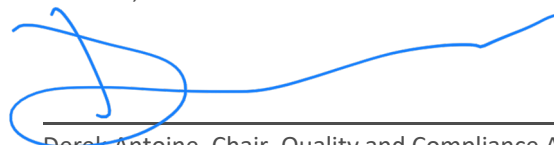
It is recommended that the following individuals review and sign-off on your organization's Quality Improvement Plan (where applicable)

I have reviewed and approved on March 22, 2022



---

Alex Bushell, Board Chair



---

Derek Antoine, Chair, Quality and Compliance Assurance Committee



---

Cameron MacLeod, Executive Director

## HQO QUALITY IMPROVEMENT PLAN 2022-2023

THEME	DIMENSION		INITIATIVE	METHOD	TARGET
Timely and Efficient Transitions	Efficient	1.	Ensure that clients admitted to hospital for diagnoses related specifically to <u>heart, lung and GI</u> will have follow-up within seven days of discharge	<ul style="list-style-type: none"> <li>Use amended discharge template to allow clinicians to easily identify clients who have been hospitalized with selected conditions</li> <li>Ensure new and/or relief/locum clinicians are oriented to template and accurate completion</li> <li>RNs will do post-discharge telephone follow-up</li> </ul>	<ul style="list-style-type: none"> <li><b>100%</b> of clients have follow up within seven days of hospital discharge for selected conditions</li> </ul>
Service Excellence	Patient-centered	1.	Ensure that clients feel as involved as they want to be in decisions about their care and treatment	<ul style="list-style-type: none"> <li>Program-specific client experience survey for ACTT, Counselling &amp; PHC to include question: <i>“Do you feel as involved as you would like in decisions about your care/treatment”</i></li> <li>Educate allied health partners on administering questionnaire at the time of engagement and will be included in partnership agreements. Implicated managers will generally include those in PHC, PCYS and HPCT. The process will be repeated if there is turnover.</li> </ul>	<ul style="list-style-type: none"> <li><b>80%</b> of respondents report that they feel involved in decisions about the care they receive at Carlington</li> <li><b>100%</b> allied health partners delivering services at Carlington are aware of this component of the QIP and participate in the administration of the questionnaire. This will be covered by the designated manager as part of each allied partner’s orientation, upon joining Carlington.</li> </ul>
		2.	Ensure that clients enjoy a sense of feeling comfortable and welcome at CCHC, and this is reflected in client experience survey results	<ul style="list-style-type: none"> <li>General client experience survey question: <i>“CCHC is a welcoming environment where I am treated with dignity and respect”</i></li> </ul>	<ul style="list-style-type: none"> <li><b>90%</b> of respondents report that <i>“CCHC is a welcoming environment where I am treated with dignity and respect”</i></li> </ul>

## HQO QUALITY IMPROVEMENT PLAN 2022-2023

THEME	DIMENSION		INITIATIVE	METHOD	TARGET
Equity	Equitable Access to services for equity-deserving clients	1.	Ensure clients of CCHC who identify/disclose food insecurity as an issue receive support	<ul style="list-style-type: none"> <li>Use the template in the EMR to capture identification of food insecurity and to document the support provided, as well as reasons for not providing support</li> <li>Ensure staff using EMR are aware of food security template</li> </ul>	<ul style="list-style-type: none"> <li><b>95%</b> of clients who identify food insecurity are referred or directly assisted with emergency food</li> <li><b>90%</b> of all client-facing staff using the EMR know how to access the food security template and apply it to their work</li> </ul>
	Mental health, pandemic recovery	2.	Ensure that clients from equity-deserving groups (social determinants of health), particularly those disproportionately impacted by COVID-19 and whose mental health has been impacted, report an improved sense of wellbeing as a result of services received at Carlington.	<ul style="list-style-type: none"> <li>Add two questions regarding mental health supports to client survey:               <ol style="list-style-type: none"> <li>Has your mental health been impacted by the pandemic?</li> <li>If so, have the services you have received at Carlington improved your sense of wellbeing?</li> </ol> </li> </ul>	<ul style="list-style-type: none"> <li><b>80%</b> of clients in this cohort report an improved sense of wellbeing.</li> </ul>
	Access – System Navigation, Reducing Barriers	3.	Ensure that when clients require services that are not available at Carlington, responsible staff will ensure that they are connected through crisis/intake to partner organizations that can meet their needs; and, whenever possible, this will include a “warm handoff,” where there is a direct introduction to the prospective service provider by Carlington staff.	<ul style="list-style-type: none"> <li>Crisis/intake staff are oriented to the service system and key referral points at partner organizations upon hiring</li> <li>Professional development and networking opportunities are promoted to make necessary connections</li> <li>Template created in EMR and trends are monitored in order to facilitate quick access, when common needs are identified</li> <li>A “resource bank” is maintained</li> </ul>	<ul style="list-style-type: none"> <li><b>80%</b> of clients who require a referral to services outside of Carlington are connected within one week of the need being identified</li> <li><b>All</b> staff working in the crisis/intake office are oriented to 211, 311 and key community partners to whom referrals can be made during onboarding.</li> </ul>