

Carlington Community Health Centre | 2023-2024 Strategic Plan Report (Q2)

STRATEGIC PRIORITIES	ACTIONS	OBJECTIVES	Q2 OUTCOMES				
ENHANCE ACCESS FOR PEOPLE WITH COMPLEX NEEDS	Timely in-person appointments available as appropriate	<ul style="list-style-type: none"><li>Reduction in PHC appointment cancellation and no-show rates</li><li>Increased participation in programs</li><li>Client experience surveys reflect that 80% of respondents are able to access programs/services</li><li>Client experience surveys reflect that 80% of respondents are able to obtain an appointment when needed</li></ul>	<ul style="list-style-type: none"><li>Health Promotion and Counselling Team (HPCT) statistics:</li></ul>				
	Timely virtual and/or telephone appointments available as appropriate			Unique Clients	New Clients	Encounters	Wait times
	Timely crisis intervention for emergency food, mental health counselling and harm reduction		Program	Q2	Q2	Q2	Q2
	Deliver daytime, evening and weekend programs, in-person and/or virtually on multiple platforms as appropriate		Violence Against Women (VAW)	32	29	114	2 -4 months
			Youth	25	25	89	4- 6 months
			General	25	25	71	6- 8 months
			Transitional Housing Support Worker (THSW)	46	10	164	1 week
			Crisis/Intake	172	100	260	Up to 48 hours
			<ul style="list-style-type: none"><li>The counselling and Health promotion programming has seen slightly less clients within this quarter, which is typical. This is attributed to annual leave, summer hours of the centre and supervision of students.</li><li>Our dietitian is currently booking appointments in 2 – 3 months.</li><li>In collaboration with Primary Health Care (PHC) we were able to embed a navigation officer into PHC two days a</li></ul>				

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			<p>week to accommodate referrals from health care providers for clients looking for social services such as housing, food security, harm reduction, filling out government forms or counselling. As a result, clients are seen in a timely manner and their concerns are managed promptly.</p> <ul style="list-style-type: none"><li>• In addition, the Health promotion team has introduced social prescribing that assists clients in managing their mental health by getting involved in leisure, or volunteer experiences. This reduces feelings of isolation and promotes overall wellness.</li><li>• Extended EarlyON hours: All EarlyON playgroups are now open as drop-ins from 8:30 to 1:30pm 4-days a week at the centre, plus one afternoon, and Saturday mornings.</li><li>• The Total PHC no-show rate rose 6.4% in 2023/24 Q1 to <b>8.5%</b> in Q2.</li><li>• For MDs and NPs, the no-show rate increased from 10.4% in 2023/24 Q1 to <b>11.2%</b> in Q2.</li><li>• The cancellation rate decreased from 7.1% in 2023/24 Q1 to <b>4.2%</b> in Q2.</li><li>• The continuing challenges in maintaining MD/NP schedules during a time of several extended leaves and a retirement make improving this measure challenging.</li><li>• <b>80%</b> of respondents to the Client Feedback Survey indicate the client is able to access programs and services that they need.</li><li>• <b>100%</b> of respondents to the Client Feedback Survey indicate the client is able to get an appointment when needed.</li></ul>

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	Improve access to community-based mental health services	<ul style="list-style-type: none"><li>Reduction in number of in-hospital psychiatric services</li></ul>	<ul style="list-style-type: none"><li>99% reduction in hospital bed days compared to 2 years pre-service was calculated for the first half of this fiscal year. 5 clients accrued 163 hospital bed days out of 82 clients served during that time period, therefore 89 % of current ACT clients did not require hospitalization during the first half. This is compared to 17,933 hospital bed days for all current ACT clients for the 2 years leading up to admission to ACT.</li><li>Anxiety management program for new parents offered monthly is in high demand. New parents report increase anxiety and mental health problems. As a self-administered tool, the Edinburgh Postnatal Depression Scale (EPDS) is used consistently in the perinatal parenting support program to that helps identify if a person is experiencing postpartum depression. Appropriate referral in the community is made as needed.</li><li>In Q1 2023/24, the average was 50 psych consults per month. In Q2, the average was <b>37</b> psych consults per month, a <b>reduction of 26%</b>.</li></ul>
DEMONSTRATE QUALITY THROUGH IMPACT	Capture impact of programs and services through meaningful data and qualitative success stories	<ul style="list-style-type: none"><li>Program evaluation data supports quality impact for participants</li><li>Client experience surveys reflect that 80% of respondents are satisfied with the quality of programs /services, whether in-person or virtual</li><li>Client experience surveys reflect that 80% of respondents feel that</li></ul>	<ul style="list-style-type: none"><li>Client feedback is captured though group feedback forms and testimonials. Client satisfaction rate has continuously earned us a superior rating for our programming. The response rate is over 95% when asked about how satisfied they are about the programs and services, and over 90% responded that the program/service had a positive impact on their health and wellbeing.</li><li>CHEO Research Unit is currently doing a full review of our perinatal evaluation framework to ensure comprehensive</li></ul>

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		programs/services have a positive impact on their health and wellbeing	<p>and meaningful data capture and quality. Current program evaluation surveys are being reviewed for each component of the program: Prenatal education, prenatal breastfeeding information, breastfeeding one on one support perinatal parenting support, anxiety management for new parents. Full report due in May 2024.</p> <ul style="list-style-type: none"><li>• <b>80%</b> of respondents to the Client Feedback Survey indicate the client is satisfied with the quality of programs and services offered.</li><li>• <b>100%</b> of respondents to the Client Feedback Survey indicate the programs and services have a positive impact on the client’s health and wellbeing.</li></ul>
LEVERAGE COLLECTIVE CAPACITY	<p>Address food insecurity for clients/community residents through:</p> <ul style="list-style-type: none"><li>• Health food programs</li><li>• Provision of emergency food, vouchers or gift cards</li></ul>	<ul style="list-style-type: none"><li>• Program evaluation data supports need is being met</li><li>• Client experience surveys reflect that 80% of respondents feel that their needs are being met</li></ul>	<ul style="list-style-type: none"><li>• Clients indicate on the satisfaction survey that their needs are being met when meeting with their counsellor. Some have commented, <i>“They are awesome”, or “X counsellor listen to me and was able to help me so much, thank you”</i>.</li><li>• The Canadian Prenatal Nutrition Program (CPNP) BUNS in the Oven provided monthly \$50 gift cards to all participants to enhance prenatal nutrition during entire pregnancy, and up to 3 month post-partum. The program serves an average of 30 pregnant women per month.</li><li>• <b>80%</b> of respondents to the Client Feedback Survey indicate that programs and services offered meet the client’s needs</li></ul>
STRENGTHEN ORGANIZATIONAL INFRASTRUCTURE	Demonstrate use of technology to improve program and service delivery and evaluation	Efficient and reliable data, program evaluation and client experience feedback	<ul style="list-style-type: none"><li>• Clients with an email address and an appointment in their electronic chart automatically receive a link to the anonymous Client Feedback Survey the day after their appointment</li></ul>

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	Implement post-pandemic return to work strategy	Staff successful return to work onsite	<ul style="list-style-type: none"><li>Many staff work continue to work either in office, or at home where they can manage their life-work balance.</li><li>Staff continue to be supported by being offered Personal Protective Equipment (PPE), and rapid testing so they can safely while working onsite.</li></ul>
	Develop strategy for post-pandemic delivery of programs and services	Blueprint for which programs and services will continue to be offered via virtual platforms and which will resume in-person	<ul style="list-style-type: none"><li>PHC transitioned back to pre-pandemic hours continues to provide 3 evenings per week.</li></ul>
	Track the wellbeing of Centre staff to ensure issues are addressed and staff feel supported	<ul style="list-style-type: none"><li>Periodic staff “pulse check” surveys reflect that 80% of respondents feel supported</li><li>Periodic staff “pulse check” surveys reflect that 80% of respondents feel that that management is responsive to issues identified by staff</li></ul>	<ul style="list-style-type: none"><li>The Director of HPCT met with staff to receive updates and “check-in” to assess, guide and support each member of the team.</li><li>PHC management meets with teams to listen and address staff concerns on a regular basis.</li></ul>
	Demonstrate commitment to diversity, inclusion and anti-discrimination, with a focus on racial diversity	<ul style="list-style-type: none"><li>Working group established to examine policies, procedures and practices, and advise leadership on ways CCHC can achieve a more diversified workforce</li></ul>	<ul style="list-style-type: none"><li>The Centre has created two new staff committees: The Employee Engagement Committee, and the Equity, Diversity and Inclusion (EDI) committee. HPCT supports these committee by having 2 staff members on each committee.</li><li>PHC management ensures staff involved in interview panels are made aware of the types of questions they can and cannot ask related to the protected classes under the Human Rights Code.</li></ul>
	Maintain and strengthen community partnerships	<ul style="list-style-type: none"><li>CCHC is represented at key sector-specific tables</li></ul>	<ul style="list-style-type: none"><li>ACT Team:<ul style="list-style-type: none"><li>Program Director is chairing the Eastern Ontario ACT Network meetings and is a member of the</li></ul></li></ul>

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			<p>Ontario Association of ACT and FACT’s technical Advisory committee.</p> <ul style="list-style-type: none"><li>• HPCT continues to sit at tables with community partners and other organizations to work on key sector priorities.<ul style="list-style-type: none"><li>○ Our community developer, Director and Executive Director (ED) sits on the Coalition table.</li><li>○ The Director sits at the City’s Ambassadors Working group to discuss housing and city planning.</li><li>○ We chair both Community Development Framework (CDF) groups for our communities, Alexander/Caldwell and Van Lang.</li><li>○ In addition, we work with Nutrition Blocs to provide a nutrition program for the Van Lang community kitchen.</li></ul></li><li>• PCYS maintains a strong presence at key sector-specific tables:<ul style="list-style-type: none"><li>○ System Planning Advisory Group for Childcare and Early Years Services</li><li>○ Ottawa-Carleton Headstart Association of Preschool</li><li>○ Community Development Framework</li><li>○ Interchange meeting</li><li>○ Ottawa Collaborative for Parenting Support Task Group</li></ul></li><li>• Primary Health Care:<ul style="list-style-type: none"><li>○ The PHC Director meets once monthly with the health services directors at outside Ottawa CHC’s to plan /collaborate/strategize.</li><li>○ PHC meets quarterly with other CHC coordinators and Public Health Ontario at the eastern regional</li></ul></li></ul>

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			table to address updates/changes/questions related to Infection Prevention and Control
HEALTH EQUITY	Put Health Equity Charter into action	Strategic plan report demonstrates integration of the HE Charter	
Narrative	<div>1. Equity, Diversity and Inclusion (EDI) committee formed and in the process of finalizing an EDI and Anti-Racism health workplan that will be presented to SLT for approval</div> <div>2. Carlington had its National Day for Truth and Reconciliation on September 28, 2023 hosted by the Circle of Sweet grass. As part of our Truth and Reconciliation Day, our indigenous Committee has been compiling the ideas and thoughts shared from staff, in honor of this day. The Committee will put together a ‘Call to Action’ based on the feedback we received from staff. The ‘Call to Action’ will be posted in our display to share Carlington’s commitment to move forward.</div> <div>3. Carlington has launched a new Harm Reduction Dispensing Unit “Healthbox” to deliver services for all clients without stigma</div>		

Program Narratives
<div>Assertive Community Treatment Team</div> <div><div>ENHANCED ACCESS FOR PEOPLE WITH COMPLEX NEEDS</div><div>The ACT team has reached the target for getting clients involved in vocational, educational and social opportunities reaching 52.5 % clients. Started a cooking class for ACT clients to attend. There are more opportunities for the second half of the fiscal year, including a volunteer run games evening and a Dungeons and Dragons group.</div><div>DEMONSTRATE QUALITY THROUGH IMPACT</div><div>The OPOC has been distributed for clients and we are in the process of gathering results, deadline is September 31<sup>st</sup>, 2023, results to follow. Family OPOC will be distributed in the fall of 2023. See ‘Outcomes Measured and Assessed Against Results Suggested by Research’</div></div>

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## LEVERAGE COLLECTIVE CAPACITY

The ACT team has engaged with the volunteer coordinator and has initiated contact with available and interested volunteers and clients – currently have two volunteer engaged with a client. The ACT team is on target for providing educational opportunities for students for the first quarter.

## OUTCOMES MEASURED AND ASSESSED AGAINST RESULTS SUGGESTED BY RESEARCH

### Assertive Community Treatment Team

Research indicates that “Clients enjoyed a 62% reduction in hospital admissions after receiving services from ACT for one year as compared to their utilization prior to ACT admission. This improvement increased to an 83% reduction after six years in ACT.” (<https://www.ontarioactassociation.com/act-results/>). As per the Assertive Community Treatment Team Strategic Operational Plan 2023-2024, there has been a 99% reduction in hospital bed days compared to 2 years pre-service was calculated for the first half of this fiscal year. 5 clients accrued 163 hospital bed days out of 82 clients served during that time period, therefore 89 % of current ACT clients did not require hospitalization during the first half. This is compared to 17,933 hospital bed days for all current ACT clients for the 2 years leading up to admission to ACT. Current Carlington ACT outcomes are higher than the results suggested by research.

### Smoking Treatment for Ontario Patients Program

“People with mental illness are two to four times more likely to smoke, are heavier smokers, smoke more numbers of cigarettes per day and have lower quit rates compared to smokers from the general population” (CAN-ADAPTT Canadian Smoking Cessation Guideline). 57.7% of current ACT Team clients smoke.

*“A study by Curry et al, 1998, evaluated smokers who were willing to sign up for a cessation-support program under various degrees of coverage for either the program or nicotine replacement therapy (NRT). 10% of Smokers with full coverage were likely to attempt to quit as opposed to 2.5% with partial coverage”* (Peter Selby, CAMH, Phase 1 Study: Stop Smoking Therapy for Ontario Patients (STOP)) 86% of ACT Team clients addicted to nicotine have been offered the STOP program and out of those offered STOP, 17% are attempting to quit smoking. Currently, Carlington ACT Team’s outcomes re: clients attempting to quit smoking are higher than the research indicates.



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## Health Promotion and Counselling Team

With the move to in-person programming and events, this summer we saw many folks back in large numbers attend their old favourite events from pre-Covid days. Our movie night event saw over 500 individuals and families attend the event meant for 250. We had to run and get more food!!

The Bike clinics were a hit with bike giveaways and new helmets. Our volunteers were generous with their time and stayed longer in order to address all of the children in line to get their bike fixed.

The community gardens were a great success this year with volunteers and children (and adults) learning new skills on how to grow your own vegetables.

The community has identified safety and security as a priority for them and so we responded by offering self-defence classes which were really well attended. We are looking at Emergency Preparedness plans for the community.

Our seniors programming continues and through a grant allows us to offer financial security workshops and sessions as well as tax information.



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## Primary Health Care

PHC will continue to support clients with barriers to in-person access by offering both virtual and phone visits, as appropriate for care to those clients who request them.

PHC continues to support their staff after the pandemic crisis. PPE stock is maintained. All staff wear appropriate PPE while seeing clients face to face following Public Health Ontario guidelines.

All PHC staff are required to follow the CCHC masking policy.

Evening in-person clinics are offered three evenings/week continue this quarter, to ensure those who require evening appointments, have them available.

For this quarter, we completed our first Mammogram day for Carlington clients at the Hampton Plaza OBSP clinic with 90% attendance. Our plan is to provide another Mammogram day on the next months.