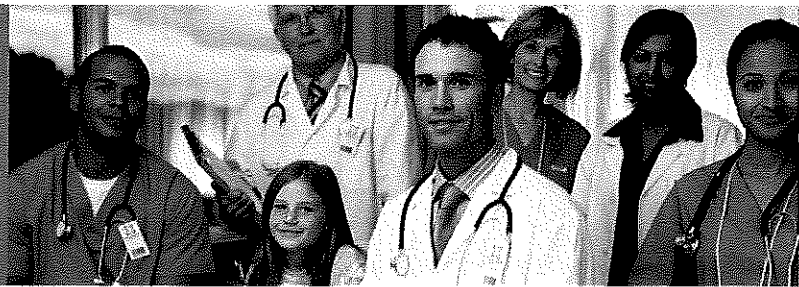


Let's Make Healthy  
Change Happen.



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

3/18/2019

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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## Click here to enter text.Overview

Rexdale CHC's mission supports and advocates for the physical, economic, social and mental well-being of its diverse community through primary health care, community support, health promotion, collaboration, partnership, community development and social action.

RCHC provides services to people living in the Rexdale community who face barriers to service because of language differences, unemployment, low income, lack of education/training opportunities and/ or status as newcomers and uninsured. We see a large number of clients who are youth (0-19).

RCHC continued expanding access to patient care through its' main site and two new satellite clinics (The Jamestown Hub and Islington satellite). We have relocated our services from Islington Plaza to 222 Dixon road in August 2018 and are able to build stronger partnerships with medical (e.g. dental offices, optometrists, pediatric specialists) and social service agencies (e.g. YWCA, Rexdale Women's Centre, settlement and other newcomer services) within the new building where we are currently co- located. We have also been able to partner with Canadian College for Chiropractic Medicine, Positive Change Group, RexPride (Youth program partnership), Rexdale Women's Centre to enhance a complement of programs and services offered to Rexdale CHC clients. Our expansion and enhanced community outreach had lead to the increased pane size from 81% in 2016/17 to 95% by March 2019.

Rexdale CHC's specific under- service populations that we reach more extensively include clients with language barriers, refugees, clients with no OHIP insurance, clients with low- income, social isolation, low SES and other barriers. 48% of our clients are within the lowest income quintile. 40 % of clients are newcomers and 37 % are non-insured. Unemployment is higher in Rexdale than the provincial rate, and it is highest for recent immigrants, particularly women. Families in Rexdale allocate a larger proportion of their income to food and shelter relative to the proportion of families in Ontario who do the same. Almost 38% of the community speak a non-official language and visible minorities make up over 60% of the population. About 57% of the population of Rexdale are immigrants and 1.7 % are non-permanent residents. 22% of Rexdale residents have not completed an educational certificate, diploma, or college degree compared to 18.6 % of the population who have not completed an educational certificate, diploma or degree.

RCHC remains an active leader in the North Etobicoke-Malton-West Woodbridge Sub- Regional Planning Table. RCHC ED co – chairs Sub- Regional Planning Committee, and brings various community partners to the table to develop solutions to healthcare challenges in the sub region. RCHC continues attending "Transitions' planning groups whereby care pathways are being identified for patients with COPD exacerbations.

We continue to support FOCUS Rexdale, a multi-agency team that connects individuals, groups and places that are at high risk to services to help address underlying issues of addiction, mental health, poverty, or homelessness. Rexdale CHC also provides onsite legal support for clients through the North West Health and Justice Project, a partnership program funded by Legal Aid Ontario.

We provide a number of programs and services with Health Equity Lense. Diversity is a strength of the Rexdale community and our recruitment practices reflect this diversity to serve our community effectively. We continue providing health and social services in a range of languages, either through interpretation or through the language diversity of our staff. Clients who cannot afford to pay have access to medication through the compassionate care fund in partnership with Community Choice Pharmacy. Client who have no OHIP and no IFH coverage are provided with financial support to cover the cost of their specialist fees, and our Client Support Workers ( CWSs) continue advocating with hospitals on their behalf to ensure their hospital fees and schedules are possible to pay.

To address Social Determinants of Health RCHC's Pathways to Education program provides personalized support to students and their parents with the goal of finishing high school and moving on to postsecondary ~~education and/or training. Healthy Kids Community Challenge help to prevent childhood obesity and high weights~~

through collaborations with parents and community partners. Our seniors program supports high- risk seniors with social isolation and healthcare needs through a program that involves congregate dining, exercise programs, senior fun fairs, educational sessions and other activities. A very important component of the program is referring them to other programs and services within and outside of the Centre.

We continue partnering with William Osler Health System to connect unattached clients to primary care and community service, particularly those who are under sourced, newcomers or uninsured who required more support. RCHC helped them to navigate the health care system and to access language and culturally appropriate services upon discharge from hospital.

We provided a large number of diabetes and hypertension screenings and referrals in the local community within partner agency sites and community fairs, food banks, and other community locations. RCHC continues providing Primary Care and Diabetes program at the Woodbine racetrack for employees who are mainly new to Canada and face significant food security and housing issues, injuries and addictions problems. Many have limited access to healthcare due to transportation issues and other barriers, and hadn't seen a physician or nurse in a decade or more. We also continue providing Sexual Health Clinics and Anonymous HIV screenings once a week in Albion Mall, in partnership with Toronto Public Health.

Our diabetes education program continues providing screening, education and mobile clinics to high – risk groups and marginalized communities with as racialized individuals and newcomers. Diabetes clinics are offered in number of locations including sole practicing family physician offices, Woodbine Racetrack, Mt. Olive Food Bank and other locations.

### **Describe your organization's greatest QI achievement from the past year**

Our organization's greatest QI accomplishment from the last year have been an 76% increase in the percent of our clients who have been offered a Health Links approach. We exceeded target by 59%. Key factors for this success were close partnership with the CW LHIN to align our sub- regional priorities, on-going training, support, and specifically allocated time for clinicians to conduct coordinated care planning, on- boarding of the Chronic Disease Management Team towards coordinated care planning, as well as supports and collaboration with inter-disciplinary teams internally and externally (CW LHIN). Another significant factor for success has been RNs who have been trained and designated to support coordinated care planning for clients who have been identified or initiated by the MDs or NPs in our practice.

Identification of any incoming complex patients occurred on an as – needed basis, and Coordinated Care Plans are developed in consultation between multi- disciplinary teams, patients and families. We maintained our partnership Home and Community Care at Central West LHIN and consult/co-plan on most complex patients on as- needed basis. Meetings occurred with the TC LHIN resource coordinator to enhance clinician knowledge around CW LHIN resources. RNs, CSWs, Diabetes Education Team and other allied health professionals have been trained on the process and are affectively supporting the process. Among challenges is lack of an electronic system through our EMR, NOD, as well as a lack of inter- connected system to share Coordinated Care Plans with our key partner, Home and Community Care at Central West LHIN.

Most of our Coordinated Care Plans were developed in a word format and scanned into patient charts each time they are updates. In Q3 of 2018, the CW LHIN implemented an HPG system for Rexdale CHC users – which included an extensive privacy and security assessment, clinician training and registration in HPG and on- going support/trouble shooting during early phases of implementation. 25 team members on- boarded from the clinical team, client support and Seniors Program team by March 2019. We are also currently conducting mass registration into HPG for the client cohort that has their CCPs developed through the previous, 'word- document' format. This entails express consent process to ensure clients agree for their information to be shared in HPG system that may also become available through Connect Ontario at later phases of implementation within CW LHIN.

To enhance clinician knowledge in areas of our sub- regional priority, educational capacity building sessions in COPD and CHF, Youth Mental health (as most frequent reasons for ER visits for the sub- region) and Palliative Care have been conducted, with over 86% attendance per each session. Informal visits from CW LHIN Resource Coordinators helped clinicians familiarize with resources within LHIN.

## **Patient/client/resident partnering and relations**

2018/ 2019 surveys were completed and received back by RCHC. The information was tabulated and shared with staff, leadership and community members. It informed areas for further improvement both in program development and in the clinical areas. It also supported the QIP committee's work in identification of areas of focus for future improvement. The newly developed QIP for 2019-2020 includes elements of co- design through conducting focus groups and key informant interviews and further understanding client needs and perspective in enhancing their involvement in care.

In addition, RCHC continued implementation of a 'suggestions box' where patients are able to enter any compliments, critique and suggestions for improvement. This information is reviewed by leadership team on a regular basis, and areas of improvement are communicated with relevant teams.

As a part of this process, we identified a specific concern from our seniors program members for enhanced access to Chiropractic and physiotherapy services, conducted interviews and focus group discussions, generated ideas, and piloted an advanced access program for these 2 disciplines. We are currently monitoring the effectiveness of the program, as well as applied for additional chiropractic funding with the LHIN and MOHLTC (awaiting response). In addition, we allocated 2 locum chiropractors through year- end funds to enhance access to this service by our senior population.

Our engagement with patients also includes reaching out to them when investigating near- misses or incidents, as well as by reception team members directing any patients with concerns to speak with leadership team members. This engagement has supported RCHC in identifying some areas of improvement based on near- misses and incidents originating from this communication. QI team has been receiving any such suggestions on a regular basis, and developing and piloting system- wide improvements.

Quarterly QIP meetings comprised of a committee of Physicians, NPs, Management and Admin team members from all sites continue to be a staple of our QI journey. This committee identifies clinic practice issues and develops QIP or PDSA's for specific workflow issues. The implementation of advanced access improvements noted in the overview section was overseen by the QIP committee.

The Quality and Performance Committee of the Board meets quarterly to review the progress of RCHC improvement plans. The committee reports back to the Board of Directors. Progress is also reported to all clinical team staff at monthly meetings.

## **Workplace Violence Prevention**

Workplace violence prevention is an important operational priority for the organization, outlined in our multi-year operational plan.

RCHC has conducted mandatory yearly training sessions to all staff and management on work place violence prevention including anti-harassment. We have continued orientating new and existing staff towards our violence prevention and anti- harassment policies. In addition, a mandatory all- staff training on diversity helped staff refresh their inter- personal understanding, communication, and skills to de- escalate conflicts. Our leadership team and HR department work in close collaboration and engage with staff early on when any conflicts occur, and coach and support de-escalation where necessary.

To prevent violence and harm prevention originating from client service environment, we continue refreshing staff awareness on a number of policies pertaining to preventing and minimizing harm in potentially high – risk situations such as aggressive and violent client behaviors, home visit policy, transportation policy, infection control, incident reporting, exposure to blood and bodily fluids, etc., as well as minimum staffing standards.

New staff continue receiving orientation on our Occupational Health and Safety policies, Workplace Violence Prevention, High risk and other pertinent policies, as well as Occupational health and Safety orientation and training on panic buttons that have been implemented through our telephone system.

We continue monitoring and informing staff on safety incidents in the community and adjusting our program delivery to support staff safety.

RCHC has an active health and safety committee that implements on- going inspections and develops recommendations to enhance staff safety. They conduct regular fire safety drills, review near – misses and incidents and enhance workplace safety policies and protocols. They are represented by various levels of staff, including clinicians, administrative team members, leadership, as well as by all three sites where RCHC actively provides programs and services.

### Contact Information

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### Other

EMR transition is planned to occur in the fall of 2020 for Rexdale CHC

### 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)