Docusign Envelope ID: F45A4449-F302-4969-AA9C-CE8C8F9C982CAA7B9A0C-FA1A-4015- D40-57C4FA976144

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 13, 2026

Ontario Health

OVERVIEW

Our commitment to providing clients with the highest standards of care, using evidence-based practices through an equity lens,

remains a core value of Rexdale CHC. As a leader in communitybased primary health care, we acknowledge the systemic barriers faced by many, including newcomers and racialized and marginalised communities. The population we serve encounters significant social determinants of health, such as food and housing insecurity, mental health issues, and chronic conditions. We strive to improve health outcomes through a broad range of high-quality, interdisciplinary programs and services, including primary health care, community support, health promotion, social action, collaboration, and partnerships. Services are available at 8 Taber Road, 21 Panorama Court, and 222 Dixon Road, and we have recently added a new location at one of our partner sites. We continue expanding mobile health services to reach individuals facing housing and transportation barriers. Our strategic priorities focus on: • Access to safe and high-quality services

• Strong, collaborative teams

• Powerful partnerships and advocacy

• Organizational excellence and resiliency

Our commitment to quality improvement is apparent at every level of the organization. Data-driven decision-making and structured quality improvement methods guide our work. The Board's Quality and Performance Committee meets quarterly to review progress on QIP initiatives, while organization-wide quality policies support ongoing improvement in governance, programs, service delivery, client experience, and population health outcomes. Alongside our comprehensive primary health care and community programs, Rexdale CHC is proud to showcase several high-impact

initiatives that demonstrate our dedication to equity, innovation, and quality enhancement. The Legacy Project, our seniors' program, is a proven, evidence-based model that promotes engagement, satisfaction, and retention among ethnocultural seniors. Evaluation shows that it achieves measurable improvements in health, wellbeing, and social connection, fosters a sense of belonging, and supports independence, skill development, and aging in place. Our Paediatric Recovery Program addresses intergenerational trauma by providing tailored, trauma-informed support for children and families, aiming to enhance mental health outcomes and resilience. It ensures that children facing complex challenges receive early, coordinated intervention in a safe and nurturing environment. These programs, alongside our award-winning Social Prescription Initiative, reflect Rexdale CHC's ongoing commitment to personcentred, culturally responsive, and evidence-informed care. Our ongoing quality improvement journey is guided by clients, community members, staff, the governance board, and partners. This collaboration makes sure that all stakeholder voices are heard, leading to timely and fair care, better health outcomes, and a positive work environment where staff feel valued and supported. For the 2026-2027 fiscal year, we will continue on our quality improvement journey.

ACCESS AND FLOW

Rexdale Community Health Centre (Rexdale CHC) is committed to ensuring the right care is delivered in the right place at the right time, improving access and system flow across primary care and hospital settings. Our initiatives focus on timely access to interprofessional care and attachment to a primary care provider. Rooted in a "no wrong door" philosophy, the expansion of the Interprofessional Care Team (IPCT) and our Wheels to Wellness program has allowed us to bring care closer to home by increasing the number of Community Access Point clinics. These clinics offer quick assessments and immediate access to a primary care provider, depending on location and capacity. Additionally, the interprofessional teams provide comprehensive support, addressing both medical and social needs of clients and improving care continuity.

We are continuously strengthening our relationships with hospitals and other sectors. The Lower Limb Preservation Initiative is a partnership with our local hospital and aims to identify high-risk clients in the community and expedite referrals to hospital-based vascular and specialty services. This referral pathway speeds up diagnosis and prevents unnecessary emergency visits. Similarly, the Sickle Cell Diseases program has strengthened the partnership with the hospital's sickle cell team and primary care. This collaboration has enabled the establishment of a bi-directional care pathway between the hospital and Rexdale CHC. Patients admitted with sickle cell complications are seamlessly connected to primary care services, ensuring continuity of care from acute care settings to primary care follow-up.

Recognizing the high system burden associated with congestive heart failure, we are currently collaborating with the hospital and other partners to refine and standardize the CHF referral pathway between acute care and community-based primary care. At Rexdale CHC, we always strive to deliver the highest quality of care, ensuring we meet clients' diverse needs. For example, we ensure that our programs and services are available in French to

meet the needs of our Francophone community. Our interprofessional care team aims to remove barriers to care for the ACB population by providing interdisciplinary care deeply rooted in the Africentric model.

Our Community Ambassadors are vital to our healthcare system and play a crucial role in advancing health equity within the community. Acting as a bridge between the centre and the community, the ambassadors help overcome access barriers by empowering residents through education, building trust, and strengthening connections. Throughout the year, Rexdale CHC hosts numerous community events and workshops focused on health promotion and disease prevention. These proactive strategies encourage early intervention and help reduce the burden of illnesses.

Our team of health providers delivers comprehensive gender affirming care, thereby ensuring timely access to hormone therapy, primary care, and wraparound support. Staff are encouraged to undergo continuous training in these areas to reduce stigma and discrimination.

EQUITY AND INDIGENOUS HEALTH

Equity and Indigenous

Rexdale CHC is committed to ensuring health equity and fostering cultural safety for Indigenous peoples and marginalized communities. Our diverse population is highly racialized, marginalized, and low-income, with over 60% of clients from racialized communities, including South Asian, Caribbean, East African, and Francophone African populations. As such, we focus on reducing barriers to care, enhancing cultural safety, and improving health outcomes for all equity–deserving groups.

With a vision to advance Anti-black Racism within and beyond our organization, we have developed Anti-black training modules and policies aligned with the Black Health Plan and EDI principles. These mandatory trainings will enhance the skills of all staff, including senior leadership and the board. Additionally, we offer other professional development opportunities, such as Indigenous training, the FLS Active Offer, and culturally competent practices, to ensure our team is well-equipped to serve a diverse population. All staff were trained on Anti-Black Racism and gender affirming care for 2SLGBTQIA+ clients. Our inclusive hiring practices prioritize diversity and lived experiences, thereby ensuring representation of an equity-deserving group.

The ambassadors and community connectors are our trusted navigators, system connectors, and advocates, especially for clients facing systemic discrimination or language barriers. They support clients in their preferred language, build trust with those hesitant to access care, provide warm handovers between providers, and address social determinants of health such as housing, income support, and food security.

At the central (OHT) level, Rexdale CHC has a voice at the table. The Executive Director (ED) continues to lead the Central OHT EDI Committee, ensuring advocacy for marginalized communities at a systems level. This committee has also led the development of elearning modules on anti-black racism, which are used as resources for all OHT members.

We have engaged with an Indigenous organization to review our Land Acknowledgment and recommend best practices for

implementing Indigenous culturally safe care. This fiscal year, we will continue to engage with Indigenous organizations to develop referral pathways to ensure continuity of care and enhance our physical space to create a more welcoming and inclusive space.

PATIENT/CLIENT/RESIDENT EXPERIENCE

At RCHC, client experience is a key focus of our quality improvement efforts. We collect client feedback through methods such as annual client satisfaction surveys, focus groups, suggestion boxes, program evaluations, Google reviews, and community needs assessments.

The annual client satisfaction survey is administered to clients across all of our programs and services and captures feedback on access, quality, responsiveness and satisfaction. Data from these surveys provides insights into the client perspective and identifies opportunities for improvement. The survey results are reviewed to identify areas for improvement, and measurable targets are set for key indicators. When targets are not met, the team develops focused improvement initiatives to address gaps.

We have client complaint policies to ensure concerns are addressed promptly and systematically. Staff involved are informed of the concerns and steps taken to resolve the situation.

Additionally, our clients actively contribute to our strategic planning and accreditation process.

Insights from our community ambassadors and our community help us deepen our understanding of our community's needs. We continually use this knowledge to inform our planning and codesign efforts, ensuring that our programs and services are responsive to the evolving and emergent needs of the community and culturally appropriate.

In addition to the above approaches, we recently completed our Community Needs Assessment to understand the emerging priorities, service gaps, and evolving community needs. The findings from this assessment will inform our next strategic planning exercise. In this way, we continue to meet the needs of diverse populations. In the new fiscal we are planning to implement the Patient Reported Outcome Measures and the Patient Reported Experience Measures.

PROVIDER EXPERIENCE

Amidst the human health resources challenges in Ontario, the board and management of RCHC remain committed to prioritizing staff experience, well-being, and professional growth. Our human resources department continues to raise awareness of mental health support and resources, including EAP, conflict management, and ResilientMe.

We maintain monthly clinical supervision for our mental health team to support reflection, skill development, and burnout prevention. Our active staff wellness committee leads multiple initiatives throughout the year to strengthen team cohesion and workplace satisfaction. Initiatives include on-site tea breaks, lunch–and–learns, staff appreciation activities, and ongoing professional development. All teams developed a team charter.

The annual staff pulse survey is one of the primary tools RCHC uses to obtain staff feedback on perceptions and experiences in several areas, such as the work environment, raising opinions, voicing concerns with their supervisor, staff control over their work, and

the ability to disconnect from work. Results from this survey are shared across the organization and incorporated to address staff needs. Opportunities for improvement are also identified and implemented to enhance staff experience and engagement. We have also implemented digital tools such as AI scribe to reduce administrative burdens for staff.

For the new fiscal year, we will continue working on our team charter and other initiatives to promote mental health and wellbeing among staff.

SAFETY

We stay true to our core value of "striving to provide the highest standard of safety, care, and services using evidence-based approaches." We take safety incidents very seriously and have robust policies and procedures to proactively promote safe care and address issues promptly.

Safety incidents are reported electronically through a tracking system, which directly notifies managers in the respective departments and the ED. The departmental managers complete an incident investigation. These incidents are reported at the board level.

Client stories and near misses are also discussed with team-level managers, and solutions are identified and implemented.

To support newly hired staff, we have begun developing Procedure/Orientation manuals to ensure everyone is aligned with workflow standards, protocols, and best practices. This reduces variability in practice, minimizes potential errors, and strengthens the overall safety environment.

Clients and their families can also send their concerns through our website. Senior management has direct access to these emails and ensures that all complaints and concerns are addressed within 48 business hours.

We continue to display our suggestion boxes for clients to submit requests or suggestions throughout the year. Management and team members review these suggestions, and appropriate departmental actions are developed and implemented as necessary.

PALLIATIVE CARE

Rexdale Community Health Centre (RCHC) integrates palliative care throughout the illness trajectory to ensure care is person-centred, culturally responsive, and coordinated to enhance quality of life for patients and their families. Patients, primary care providers, and interprofessional team members collaborate to develop individualized care plans that align with the Ontario Quality Standard for Palliative Care, which emphasizes shared decisionmaking and coordinated care.

With support from Ontario Health at Home, we worked with clinical coaches to conduct a gap analysis using the Community Organization Assessment Tool (COAT). This support helps us identify areas where care can be strengthened, ensures our staff are trained in best practices, and directly contributes to achieving quality standards in palliative care.

Example 1: Early Identification through the Palliative Care Tool in the EMR

RCHC has incorporated the Palliative Performance Scale (PPS) and PS Suites Palliative Toolkit within our electronic medical record

system, supporting the early detection of clients with palliative care needs. This tool is also connected to local community resources for end-of-life care. Early identification facilitates timely conversations about goals of care, advance care planning, and service coordination, which are essential parts of the Palliative Care Health Services Delivery Framework. The tool also promotes shared documentation among providers, ensuring that care plans reflect patient preferences and are accessible across the care team.
Example 2: Staff Training and Implementation of Quality Standards
Following an assessment using the COAT, conducted in partnership with Ontario Health at Home, RCHC identified opportunities to strengthen palliative care delivery. In response, we implemented the Ontario palliative care quality standards and provided targeted training to staff. This enhances providers' capacity to deliver evidence-informed care, initiate early conversations about illness trajectory, and coordinate services across care settings. Example 3: Bereavement Support and Care Closer to Home RCHC supports patients and families throughout the illness trajectory by facilitating access to bereavement support groups and connecting clients with community resources closer to home. These services help ensure emotional and social support for families and care partners during and after a loved one's illness, aligning with provincial standards that emphasize holistic care and continuity of support. In addition, we have also refined our processes to support care coordination and care transitions for clients and caregivers. For example, our client support navigators provide systems navigation and link clients to mental health support services, other support services, education, and information, such as social prescription.

POPULATION HEALTH MANAGEMENT

Rexdale Community Health Centre (RCHC) is dedicated to improving population health through a collaborative and data-driven approach that addresses the specific needs of our diverse community. We utilize multiple data sources, including our electronic medical records (EMR), Health System Performance Network (HSPN), OH, Toronto Public Health reports, community engagement insights, and partner feedback to identify priority populations and emerging community needs.
A key example is our Interprofessional Care Team (IPCT) initiative, which was designed based on data demonstrating higher rates of unattached patients within our community. This information guided the development of targeted outreach, streamlined intake, and coordinated interprofessional care—including primary care, social supports, and mental health services.
We participate in the North West Toronto and Central Ontario Health Teams, as well as regional planning groups such as the Equity, Diversity and Inclusion Committee, the Performance Indicator Work Group, the Palliative Care Work Group, and the Lower Limb Preservation Committee. Through these collaborations, we leverage shared data to identify gaps in care, prioritise interventions for higher-risk populations, and design integrated, person-centred services.
Community engagement remains central to our approach. The ongoing needs assessment gathers the voices of the community, including ACB, South Asian, newcomer, Francophone, and 2SLGBTQIA+, to identify emerging priorities, service gaps, and evolving community needs. These insights help to refine our

programs and strengthen partnerships, ensuring that we meet the needs of the populations we serve.

Our community ambassadors maintain trusted relationships within the community and provide real-time insights into health and social challenges. Their outreach has helped identify barriers to accessing care and inform initiatives such as the Wheels to Wellness program, which was co-designed with community members to bring services closer to where people live.

We have also partnered with other social service organizations, Community Health Centers, faith-based organizations, and local businesses, which helps us address the social determinants of health and bring culturally appropriate care closer to home. This fiscal year, we plan to leverage our sociodemographic data collection to gain a deeper understanding of the unique needs, preferences, and barriers our clients face. These insights will directly inform the design of targeted interventions and outreach strategies ensuring that our programs are tailored to address the specific needs of the communities we serve.

RCHC continues to use an iterative approach, collecting data, engaging partners, and evaluating outcomes to refine programs and improve the health and well-being of the populations we serve.

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 on

DocuSigned by:
kiki lin
A6023E5CAB7649D...

Board Chair

DocuSigned by:
8B4EEFDACC57419...

Quality Committee Chair or delegate

DocuSigned by:
Safia Ahmed
6B34972E117A489...

Executive Director/Administrative Lead

Other leadership as appropriate

Docusign Envelope ID: F45A4449-F302-4969-AA9C-CE8C8F9C982CAA7B9A0C-FA1A-4015- D40-57C4FA976144

Access and Flow | Timely | Optional Indicator

Indicator #5

Patient/client perception of timely access to care: percentage of patients/clients who report that the last time they were sick or had a health problem, they got an appointment on the date they wanted (Rexdale CHC)

Last Year Performance (2025/26)	Target (2025/26)	This Year Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
86.28	90	93.90	8.83%	95

Change Idea #1 ☐ Implemented ☐ Not Implemented ☑ In Progress Reduce No-Shows

Process measure

- % of missed appointments without prior notice

Target for process measure

- Decrease no-show rates by 10%

Lessons Learned

The current now-show rate is 2%.

Change Idea #2 ☑ Implemented ☐ Not Implemented ☐ In Progress

Same day access for urgent issues

Process measure

- Number of times clients requested same day visit but were not accommodated.

Target for process measure

- Less than 20% of clients did not get see a provider.

Lessons Learned

Even though this change idea was not implemented as planned, all clients requiring same day access for urgent issues were either referred to the mobile unit or saw their providers during the advance access slots.

Change Idea #3 ☑ **Implemented** ☐ **Not Implemented** ☐ **In Progress**

Optimize the EMR to reduce documentation time using a dictation software- AI scribe

Process measure

- Reduce documentation time and provider satisfaction rate

Target for process measure

- Documentation rates reduce by 30% and user satisfaction greater than 80%

Lessons Learned

A total of 10 providers signed up for AI Tali. The uptake of this tool is mixed, as some providers prefer to use the traditional method of documentation.

Comment

Three of our providers have designated one half- day each to see clients who have urgent needs. In addition, clients calling to see their providers for urgent issues are also able to access care on our mobile unit. The nurses triage clients requesting same day access. We will continue to implement this change.

Docusign Envelope ID: F45A4449-F302-4969-AA9C-CE8C8F9C982CAA7B9A0C-FA1A-4015- D40-57C4FA976144

Indicator #9

Percentage of screen-eligible people who are up to date with colorectal tests (Rexdale CHC)

Last Year		This Year		
70.00	**75**	**67.00**		**70**
Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
			-4.29%	

Change Idea #1 ☑ Implemented ☐ Not Implemented ☐ In Progress

Reminder calls for clients due for colorectal screening

Process measure

- percentage of clients contacted for screening

Target for process measure

- Increase screening rates from 73% to 75% within 12 months

Lessons Learned

Clients are sometimes hesitant to complete the FBT.

Comment

We will continue to do client recall and we are currently working on community awareness education session to encourage participation in cancer screening.

Docusign Envelope ID: F45A4449-F302-4969-AA9C-CE8C8F9C982CAA7B9A0C-FA1A-4015- D40-57C4FA976144

Indicator #8

Percentage of screen-eligible people who are up to date with cervical screening (Rexdale CHC)

Last Year		This Year		
75.00	**75**	**70.00**		**75**
Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
			-6.67%	

Change Idea #1 ☑ Implemented ☐ Not Implemented ☐ In Progress

With the transition to HPV-based cervical cancer screening, we anticipate that clients may be hesitant due to their familiarity with Pap smears every 2–3 years. Additionally, misconceptions about HPV and its link to cervical cancer may cause anxiety and reluctance toward the new testing method. To address this, we will prioritize one-on-one client education to ensure they understand the importance of HPV screening and to dispel any misinformation.

Process measure

- - Percentage of eligible clients receiving reminders and follow up calls.

Target for process measure

- By the end of the fiscal, 75% of eligible clients are screened for cervical cancer.

Lessons Learned

We have noticed a decline in the numbers. At the beginning of the fiscal year, we noted that many clients were confused about the new tests.

Comment

We will continue to educate clients about the importance of cancer screening. In addition, we are working on a community cancer screening initiative.

Docusign Envelope ID: F45A4449-F302-4969-AA9C-CE8C8F9C982CAA7B9A0C-FA1A-4015- D40-57C4FA976144

Indicator #7

Percentage of screen-eligible people who are up to date with breast screening (Rexdale CHC)

Last Year		This Year		
77.00	**80**	**75.00**		**80**
Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
			-2.60%	

Change Idea #1 ☑ Implemented ☐ Not Implemented ☐ In Progress

Quarterly client recall

Process measure

- Quarterly list shared with the team.

Target for process measure

- By March 31, 2025, 80% of women eligible for breast cancer screening, received their screening.

Lessons Learned

Not all clients answer their phone, especially when the call is from an unknown number.

Change Idea #2 ☑ Implemented ☐ Not Implemented ☐ In Progress

Opportunistic screening for female clients who are eligible for breast cancer screening.

Process measure

- Number of clients who were offered screening during their appointment.

Target for process measure

- By the end of the fiscal year, 80% of women eligible for screening are screened.

Lessons Learned

This is a successful approach.

Change Idea #3 ☑ **Implemented** ☐ **Not Implemented** ☐ **In Progress**

Review breast cancer screening rates, at the provider level, on a quarterly basis to ensure all providers are on track.

Process measure

- - percentage of eligible clients with up-to-date screening - percentage of clients that are offered screening

Target for process measure

- By the end of the fiscal year, 80% of eligible female are offered mammogram or received screening for breast cancer.

Lessons Learned

This useful, especially, when we are able to problem solve and identify opportunities for improvement at an individual level.

Comment

We will continue to work on this indicator.

Equity | Equitable | Optional Indicator

Indicator #6

Percentage of clients actively receiving mental health care from a traditional provider (Rexdale CHC)

Last Year		This Year		
CB	**CB**	**NA**	**--**	**NA**
Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 ☐ Implemented ☐ Not Implemented ☐ In Progress

Process measure

- No of Indigenous organizations engaged Percentage of staff trained

Target for process measure

- Established one MOU and 80% of the clinical team trained in Indigenous cultural safety training

Lessons Learned

No lessons learned entered

Indicator #10

Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education (Rexdale CHC)

Last Year		This Year		
100.00	**100**	**100.00**		**NA**
Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
				0.00%

Docusign Envelope ID: F45A4449-F302-4969-AA9C-CE8C8F9C982CAA7B9A0C-FA1A-4015- D40-57C4FA976144

Change Idea #1 ☑ **Implemented** ☐ **Not Implemented** ☐ **In Progress**

Ongoing training for all staff

Process measure

- % staff trained

Target for process measure

- 100% staff received training.

Lessons Learned

Making these sessions mandatory increased participation.

Comment

We will continue to monitor our performance.

Indicator #1

Completion of sociodemographic data collection (Rexdale CHC)

Last Year		This Year		
81.00	**83**	**74.00**		**80**
Performance (2025/26)	**Target (2025/26)**	**Performance (2026/27)**	**Percentage Improvement (2026/27)**	**Target (2026/27)**
			-8.64%	

Change Idea #1 ☑ **Implemented** ☐ **Not Implemented** ☐ **In Progress**

Use OCEANS to platform to email Alliance Health Equity form to clients for completion before their appointment.

Process measure

- No of charts completed at the clients' scheduled appointments.

Target for process measure

- 75% of clients have their health equity forms completed in EMR, by the end of the fiscal year.

Lessons Learned

While we have implemented this process, we have encountered some challenges that have impacted the level of improvement we were hoping to see. Specifically, the onboarding of new has created some variability in the consistent use of the process. Another challenge encountered by staff, clients sometimes refuse to complete the forms. There is a survey when at the end of the Alliance questions when we use the online forms. This survey is very long and unless it is completed, the Alliance form will not be uploaded, many times clients refuse to complete the forms. Quarterly check ins.

Change Idea #2 ☑ **Implemented** ☐ **Not Implemented** ☐ **In Progress**

All new clients registered with the Centre have their sociodemographic information collected at the time of intake.

Process measure

- Number of educational materials created and distributed

Target for process measure

- 5% increase in data collection within 6 months of sharing educational materials

Lessons Learned

Completion rate during this step is high.

Change Idea #3 ☑ **Implemented** ☐ **Not Implemented** ☐ **In Progress**

Staff reminders on the importance of sociodemographic data collection

Process measure

- Track consistency of data collection on monthly basis

Target for process measure

- 75% of clients have their data collection done on a monthly basis.

Lessons Learned

We continue to provide reminders to staff through emails and at clinical team meetings, reminding to ensure that forms are reviewed and updated. However, to improve consistency and compliance, we recognize that we strengthen this approach.

Change Idea #4 ☐ Implemented ☐ Not Implemented ☑ In Progress

Training for staff

Process measure

- % of staff (registration, admin, client support navigators) trained on the modules

Target for process measure

- 75% staff trained

Lessons Learned

We plan to do a re-training for all admin staff.

Comment

Improve consistency in messaging and training. Ongoing coaching and training. Leadership modelling.

Indicator #3

Number of events and participants for traditional teaching, healing, or ceremony (Rexdale CHC)

Last Year		This Year		
CB	**CB**	**NA**	**--**	**NA**
Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 ☐ Implemented ☐ Not Implemented ☐ In Progress

Docusign Envelope ID: F45A4449-F302-4969-AA9C-CE8C8F9C982CAA7B9A0C-FA1A-4015- D40-57C4FA976144

Experience | Patient-centred | Optional Indicator

Indicator #2

Do patients/clients feel comfortable and welcome at their primary care office? (Rexdale CHC)

Last Year		This Year		
97.96	**100**	**94.50**		**NA**
Performance (2025/26)	**Target (2025/26)**	**Performance (2026/27)**	**Percentage Improvement (2026/27)**	**Target (2026/27)**

Process measure

- Deliver 1 Healing Circle per month

Target for process measure

- Deliver 12 Healing Circle sessions by the end of the fiscal year.

Lessons Learned

No lessons learned entered

-3.53%

 Docusign Envelope ID: F45A4449-F302-4969-AA9C-CE8C8F9C982CAA7B9A0C-FA1A-4015- D40-57C4FA976144

Change Idea #1 ☑ **Implemented** ☐ **Not Implemented** ☐ **In Progress**

Anti-Black Racism and Indigenous cultural safety training for all staff

Process measure

- %staff who complete the training

Target for process measure

- 100% staff trained

Lessons Learned

All staff received training on Anti-Black Racism and Indigenous cultural safety training

Change Idea #2 ☐ **Implemented** ☐ **Not Implemented** ☑ **In Progress**

Create a more welcoming and inclusive representative of the Indigenous community and other cultural groups

Process measure

- Track consultation and collaboration with cultural groups Implementation- display of materials

Target for process measure

- Images and symbols are 100% approved by the Indigenous community.

Lessons Learned

The staff participated in the revision of RCHC Land Acknowledgement. In addition, staff are always encouraged to do personal reflection after reading the acknowledgement.

Comment

We will continue to provide ongoing trainings for all staff.

Report Accessed: March 13, 2026

 Docusign Envelope ID: F45A4449-F302-4969-AA9C-CE8C8F9C982CAA7B9A0C-FA1A-4015-D40-57C4FA976144

Indicator #4 Quality Improvement Plans 26/27 (QIP): **Progress Report** on the 2025/26 QIP

Online Appointment Booking: Percentage of clinicians within the primary care practice utilizing this provincial digital solution (Rexdale CHC)

Last Year Performance (2025/26)	Target (2025/26)	This Year Performance (2026/27)	Percentage Improvement (2026/27)	Rexdale CHC Target (2026/27)
80.00	80	31.00	-61.25%	50

Change Idea #1 ☐ Implemented ☐ Not Implemented ☑ In Progress

Optimize Online Booking System

Process measure

- % of appointments booked online

Target for process measure

- 10% increase in online booking

Lessons Learned

No lessons learned entered

Comment

Planned to continue the implementation of the Online Booking. Three new providers will be onboarded. We are also hoping to include appointment types.

Docusign Envelope ID: F45A4449-F302-4969-AA9C-CE8C8F9C982CAA7B9A0C-FA1A-4015- D40-57C4FA976144

Access and Flow

Measure - Dimension: Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Number of new patients/clients/enrolments	P	Number / PC patients/clients All residents who require a primary care provider or team based care	EMR/Chart Review / Most recent consecutive 12-month period	600.00	3000.00	This target is related to our new IPCT funding. This is a new initiative to attach client to primary care (MD/NP or team-based care).	

Change Ideas

Change Idea #1 Increase attachment to primary care by partnering with local hospitals to identify unattached clients discharged from the ED.

Methods	Process measures	Target for process measure	Comments
Partnering with local hospital to provide post-discharge follow up care for patients without a family doctor, stabilize the patient and work towards attachment for ongoing primary care.	Number of ED referrals received; Estimate about 1000 percentage of clients contacted within 72 hours; number of clients attached to RCHC provider		

Change Idea #2 Increase the number of clients attached to a provider by improving community awareness about the importance and benefits of having a primary care provider

Docusign Envelope ID: F45A4449-F302-4969-AA9C-CE8C8F9C982CAA7B9A0C-FA1A-4015- D40-57C4FA976144

Methods	Process measures	Target for process measure	Comments
Develop outreach materials; Utilize community connectors to engage with residents in culturally appropriate ways about the importance of primary care providers. Distribute educational materials public spaces. Promote the program on television and radio and other social media. Collaborate with our partners to host educational sessions and register clients for primary care provider.	Number of sessions completed; number of clients engaged with, and number clients need primary care provider. Number of community events	By the end of fiscal 3000 clients will be attached to primary care	
Change Idea #3 Implement Primary Care Access Point and Walk in clinics			
Methods	Process measures	Target for process measure	Comments
Roll out 6 access point clinics in the community, including the mobile unit	Number of sites identified; number of MOUs signed; number of clinics operational	Establish 6 access point clinics by the end of fiscal year.	

Measure - Dimension: Timely

Docusign Envelope ID: F45A4449-F302-4969-AA9C-CE8C8F9C982CAA7B9A0C-FA1A-4015- D40-57C4FA976144

WORKPLAN QIP 2026/27 **Org ID 91434 | Rexdale CHC**

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Patient/client perception of timely access to care: percentage of patients/clients who report that the last time they were sick or had a health problem, they got an appointment on the date they wanted	P	% / PC organization population (surveyed sample)	In-house survey / Most recent consecutive 12-month period	93.90	95.00		

Change Ideas

Change Idea #1 Advance Access

Methods	Process measures	Target for process measure	Comments
Implement walk-in/immediate access for urgent medical issues. Refer clients to the mobile clinic for urgent issues and same-day service.	number of clients who did not get to see a provider within the center for a same-day issue.	95% of clients are able to get an appointment (date they wanted) with a provider inform them about our	

Docusign Envelope ID: F45A4449-F302-4969-AA9C-CE8C8F9C982CAA7B9A0C-FA1A-4015- D40-57C4FA976144

Measure - Dimension: Timely

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of screen-eligible people who are up to date with colorectal tests	O	% / PC organization population eligible for screening	EMR/Chart Review / Q2 2025 (covering 2 years of participation for FIT and 10 years of participation for flexible sigmoidoscopy or colonoscopy up to September 2025)	67.00	70.00		

Change Ideas

Change Idea #1 Provider level screening review

Methods	Process measures	Target for process measure	Comments
Review individual level performance and compare with the clinic performance supportscreening by end of fiscal year.	percentage eligible clients screened; number overdue; clinic average screening	70% of clients eligible for colorectal are up to date with their and offer to	

Change Idea #2 Patient Education and engagement

Methods	Process measures	Target for process measure	Comments

Docusign Envelope ID: F45A4449-F302-4969-AA9C-CE8C8F9C982CAA7B9A0C-FA1A-4015- D40-57C4FA976144

Identify key misconceptions about colorectal cancer; and develop educational message to address these myths. Train the ambassadors to educate the public about the importance of cancer screening. Develop materials (digital) for the waiting room.	Number of engagement session	70% of clients eligible for colorectal screening are up to date with colorectal test.	

Change Idea #3 Quarterly client recall

Methods	Process measures	Target for process measure	Comments
Identify clients due for colorectal screening and do reminder calls.	% of eligible clients up to date with colorectal screening test	70% of eligible clients are up to date with colorectal screening.	

Docusign Envelope ID: F45A4449-F302-4969-AA9C-CE8C8F9C982CAA7B9A0C-FA1A-4015- D40-57C4FA976144

Measure - Dimension: Timely

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of screen-eligible people who are up to date with cervical screening	O	% / PC organization population eligible for screening	EMR/Chart Review / Q2 2025 (covering 42 months of participation for cytology (Pap) testing, and 66 months of participation for HPV testing up to September 2025)	70.00	75.00		

Change Ideas

Change Idea #1 Patient Education: Continue to educate clients about the new HPV testing that was rolled out last year.

Methods	Process measures	Target for process measure	Comments
Continue to use the videos to educate about the new tests; do reminder sessions follow calls for clients who are eligible for screening;	Number of community education completed; track the number of clients follow up calls.	By the end of fiscal year, 75% of eligible client are screened for cervical cancer.	

Change Idea #2 Quarterly client reminder calls

Methods	Process measures	Target for process measure	Comments

Docusign Envelope ID: F45A4449-F302-4969-AA9C-CE8C8F9C982CAA7B9A0C-FA1A-4015- D40-57C4FA976144

Work with the decision support manager to obtain list of clients due for screening; assign providers to do client recall and to educate the client about the importance.	Track the progress of client recalls	75% of clients due for HPV testing were offered or completed their HPV testing by the end of each quarter.	

Change Idea #3 Enhance documentation in the EMR

Methods	Process measures	Target for process measure	Comments
Train new hires on MSAA documentation. Create a cheat sheet for proper documentation.	Number of new hires trained	100 % of new hires receive MSAA training on proper documentation within two months of their hire date.	

Change Idea #4 Opportunistic Screening

Methods	Process measures	Target for process measure	Comments
Educate providers to check if clients are update with their HPV testing use the screening. screening.	Number of completed screening offered or completed their cervical	75% of clients due for screening are moment to educate and offer cervical	

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of screen-eligible people who are up to date with breast screening	O	% / PC organization population eligible for screening	EMR/Chart Review / Q2 2025 (covering 2 years of participation for mammography up to September	75.00	80.00		

Docusign Envelope ID: F45A4449-F302-4969-AA9C-CE8C8F9C982CAA7B9A0C-FA1A-4015- D40-57C4FA976144

Measure - Dimension: Timely

			2025)				

Change Ideas

Change Idea #1 Performance review at provider level

Methods	Process measures	Target for process measure	Comments
Review quarterly performance with the number team and with providers. Review performance relative to the clinic mean.	Number of patients due and patients screened per quarter	80% breast cancer screening by provider per quarter	

Change Idea #2 Quarterly Client recall

Methods	Process measures	Target for process measure	Comments
Work with the Decision Support team to get the list of clients due for cancer screening. Call all clients due for	Number of clients called and chart updated in the EMR and tracking sheet.	By end of each quarter, 80% of the clients on the recall list receive a reminder call. screening.	
Educate providers to check if clients are	Number of completed breast screening	80% of eligible clients are up to date	

Docusign Envelope ID: F45A4449-F302-4969-AA9C-CE8C8F9C982CAA7B9A0C-FA1A-4015- D40-57C4FA976144

Change Idea #3 Opportunistic screening for breast cancer

Methods	Process measures	Target for process measure	Comments
update with their mammogram use the	with breast screening moment to educate and offer breast screening.		

Docusign Envelope ID: F45A4449-F302-4969-AA9C-CE8C8F9C982CAA7B9A0C-FA1A-4015- D40-57C4FA976144

Equity

Measure - Dimension: Equitable

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Completion of sociodemographic data collection	O	% / Patients	EMR/Chart Review / Most recent consecutive 12-month period	74.00	80.00		

Change Ideas

Change Idea #1 Integrate HE data collection into the routine admin and CSNs workflows

Methods	Process measures	Target for process measure	Comments
Reminder CSN to ensure that all HE form completed at the time of registration. Remind admin to review if the HE completed at the time of client check in. Remind providers to review the completion of HE forms, and if not completed, remind patient to complete it.	Number of charts with updated sociodemographic data collection	80% of registered clients have completed HE forms	

Change Idea #2 Clients completing forms in the waiting room - paper based or electronically

Methods	Process measures	Target for process measure	Comments
Remind to clients to complete the forms in waiting room.	Number of forms with up to date HE forms	80% of clients with completed HE forms	

Docusign Envelope ID: F45A4449-F302-4969-AA9C-CE8C8F9C982CAA7B9A0C-FA1A-4015- D40-57C4FA976144

Change Idea #3 Provider Training /refresher training			
Methods	Process measures	Target for process measure	Comments
Train staff on the essentials of data collections - why and how we use the data collected.	Number training session Navigators (CSN)	100% of admins and Client Support receives refresher equity matters, how to ask sensitive training. questions,	sociodemographic

Change Idea #4 Client Education			
Methods	Process measures	Target for process measure	Comments
Use multiple modalities (videos, pamphlets and client engagement) to educate clients on the importance and benefits of data collection.	Number of sessions completed; number of clients engaged;	all sites display educational materials.	

Change Idea #5 Leaderships modelling and check ins			
Methods	Process measures	Target for process measure	Comments
Senior management demonstrates focused behaviour - such as review equity metrics at meetings.	Track leadership engagement collection as an agenda item.	all meetings (100%) will discuss HE data equity - referencing the HE data collection. Leadership continue to	

Safety

Measure - Dimension: Safe

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators

Docusign Envelope ID: F45A4449-F302-4969-AA9C-CE8C8F9C982CAA7B9A0C-FA1A-4015- D40-57C4FA976144

Online Appointment Booking: Percentage of clinicians within the primary care practice utilizing this provincial digital solution	O	% / Staff	Local data collection / Most recent information available	31.00	50.00		

Change Ideas

Change Idea #1 Increased the number of providers with Online Appointment Booking functionality by 3.

Methods	Process measures	Target for process measure	Comments
Enroll new providers	number of new providers enrolled.	100% of expected number of providers enrolled.	

Change Idea #2 Increase awareness among the clientele about the online booking system

Methods	Process measures	Target for process measure	Comments
Educate client on the online booking; Use QR code for easy access to the online booking portal on our website; Utilize volunteer resources to educate client how to book their own appointment.	Number of appointments booked online increase in online booking.	By the end of fiscal year there is a 10%	