Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 6, 2026

Sandy Hill Community Health Centre

Centre de santé communautaire Côte-de-Sable

Ontario Health

OVERVIEW

Sandy Hill Community Health Centre (CHC) is a community-governed primary health care organization located in the Sandy Hill neighbourhood of Ottawa, Ontario. Established in 1975 by a committed group of community members, Sandy Hill CHC currently serves over 10,000 clients annually, operates with a $16 million budget, and employs nearly 200 staff members. It provides a variety of services targeted towards clients with the most complex needs or who face barriers to accessing care. These services include comprehensive primary health care, addictions and mental health, harm reduction (including consumption and treatment), health promotion and chronic disease management, and community development.

Sandy Hill CHC is committed to building a culture of continuous learning and improvement. The organization routinely assesses performance, engages clients and communities, uses evidence, data and employee feedback, and implements improvements that advance:

- Client-centred, culturally safe, and trauma-informed care
- Health equity and access for priority populations
- Safety and effectiveness of services
- Accountability, transparency, and stewardship
- Employee wellbeing and learning

The Quality and Performance Committee (QPC), comprised of representatives from the Board, as well as Sandy Hill CHC leadership and employees, provides oversight and direction for Sandy Hill CHC's quality program, which include our formal QIP.

ACCESS AND FLOW

Sandy Hill CHC has a number of initiatives currently underway to ensure clients receive care in the right place, at the right time, and from the right care provider. In our Health Services primary care clinic, the urgent access clinic and advanced access bookings allow clients with an acute or urgent need to see their provider within 24 to 48 hours, thereby diverting these clients from the Emergency Department (ED) or walk-in clinics. The advanced access bookings also provide continuity of care by allowing clients to see their own provider. In addition, Sandy Hill CHC provides physician on call access for Health Services clients who need to speak with a provider after hours.

Our Oasis primary care clinic provides client-centred and trauma-informed primary care for the complex urban population. It offers same day access to low-barrier (no appointments are required) and team-based primary care. The Oasis clinic provides full-spectrum care which notably includes women's health care, gender affirming care, palliative care, chronic disease management, and HIV and hepatitis C treatment. Sandy Hill CHC also offers rapid access to mental health and substance use disorder treatment which includes diagnosis, at home medical detox, anti-craving medications, counselling, peer support groups, community resources, linkage to detox and rehabilitation programs and after-program transitional services.

A number of improvement projects related to access, efficiency and flow are currently underway in our primary care clinics, including: revising the master schedule; undertaking a roster complexity assessment project; redesigning workflows to align with schedule changes and shared-care models; conducting a task audit for all roles; piloting appointment reminders and other strategies to reduce appointment no shows; and reviewing booking protocols. Some of these improvement projects are captured in this year's QIP and some are happening outside of the formal QIP.

Our Community and Social Services team is also addressing client flow by reviewing pathways for referrals and assignment of clients to therapist in order to improve wait times. They are partnering with AccessMHA to ensure that appropriate referrals are made, with a goal of increasing the number of clients that can access counseling services and mobilizing those on the waitlist more quickly.

Our Consumption and Treatment Services (CTS) continue to play an essential role in diverting individuals from hospital care by reversing overdoses that occur within the CTS and in the surrounding area, thereby reducing calls to first responders and the need for transfer to the Emergency Department (ED). In Q1 2025/26, our diversion rate was 88%, meaning the majority of overdoses responded to on-site did not require ED transfer, despite increased sedation and respiratory effects associated with the toxic drug supply. By Q3, although overdose volumes remained high, 81% of overdoses were still diverted from hospital, resulting in an estimated minimum cost savings of $148,400 to the healthcare system. Overall, we observed a 106% increase in overdose cases from Q1 to Q3, underscoring the ongoing need for CTS-based overdose response and diversion. In addition, between April 1, 2025 and December 31, 2025, over 4,200 individuals accessing CTS were referred or connected to Sandy Hill CHC health and social services.

EQUITY AND INDIGENOUS HEALTH

Sandy Hill CHC's vision is that "everyone in our community will have equitable access to health and well-being". We have made a commitment in our 2023-2026 strategic plan to focus our services, expertise and partnerships to improve population health and health equity for people with the most complex needs and those who face barriers to access. We currently serve a diverse population of clients including refugees and immigrants to Canada, those who are homeless or unstably housed, those who have low income, and those with persistent mental health and substance use challenges. We work with our clients to help address the social determinants of health and provide access to safe, non-judgmental and culturally appropriate care. Recognizing that complete and useful health equity data is foundational to our ability to identify and address barriers and health inequities, we have chosen to focus on completion of health equity data for the 2024/25, 2025/26 and 2026/27 QIP cycles.

Having an equity, diversity and inclusion (EDI) framework for our organization is one of our strategic priorities and is integral to our work to improve health outcomes by addressing the unique needs of diverse populations and ensuring equitable access to care. By fostering a culturally safe and fair environment, we can further contribute to reducing disparities, enhance trust within the increasingly diverse community we are serving, and improve the well-being of both clients and staff. In March 2025, Sandy Hill CHC worked with Anima Leadership to engage staff in an EDI audit process. Initial findings have since been shared back with the Extended Leadership Team and will inform the next steps in developing our organization's EDI framework.

In fall 2025 and winter 2026, the SHCHC Board or Directors and Extended Leadership Team, respectively, participated in dedicated EDI trainings. The Board training was a 3-hour training provided by Connect2Knowledge, the first session of a year-long series of trainings to support Board members with incorporating EDI and cultural safety in governance. Likewise, the Extended Leadership Team recently completed its first of a series of EDI and cultural safety trainings with Anima Leadership. In addition to these trainings, we continue to host centre-wide education workshops to further our commitment towards reconciliation and commemorate the National Day for Truth and Reconciliation. This past September, the workshop, delivered by Elaine Alec, an Indigenous author and speaker from Naqsmist Storytellers Inc., addressed how we can create culturally safe spaces for clients, the community and ourselves. This workshop was an important opportunity for employees to deepen our understanding of cultural safety, strengthen our relationships with Indigenous communities, and continue advancing our work towards Truth and Reconciliation.

Sandy Hill CHC is currently collaborating with an Indigenous Elder to inform the development of our smudging policy, and to provide guidance on enhancing our physical environment to better support and welcome Indigenous clients.

In addition to cultivating relationships with Indigenous-led organizations such as the Ottawa Aboriginal Coalition, we are also building relationships with other community partners, such as the Islamic Centre of Ottawa, the Ottawa Somali Centre, and the Black Mental Health Coalition to better provide equitable and culturally safe care.

We continue to offer access to Voyce Translation services for in the

moment phone or video translation services in over 150 languages, to support clients with accessing care in the language of their choice and comfort.

PATIENT/CLIENT/RESIDENT EXPERIENCE

Sandy Hill CHC regularly engages with and solicits feedback from clients and community members through surveys, committees, and workflow improvements. For instance, as a key stakeholder of the Sandy Hill Community Liaison Committee, we host monthly in-house meetings to bring forward broader community led solutions to address shared concerns in a collaborative and inclusive manner. Business representatives, direct services providers, housed residents, people with lived or living experience, and indirect service providers come together to share information, build trust, and discuss strategies to create a safe and inclusive space for all community members in Sandy Hill.

Sandy Hill CHC regularly surveys its clients to collect client experience data over the course of the year. Data from the survey is analyzed and reported annually to our employees, leadership team, and Board. This year, the CTS and Oasis clinic developed a simplified, shortened plain-language version of the Client Experience Survey and offered support to complete the survey to ensure these clients' voices are captured in our annual survey process. Through the dedicated efforts of the CTS team, over 100 surveys were completed by CTS clients. Client and community member feedback is also collected. The Sandy Hill CHC leadership team and the Board review a summary of client and community member feedback for the purpose of identifying improvement opportunities. Outside of Centre-wide initiatives to improve the client experience, efforts are also being made within different teams. Beyond the surveys, both the CTS and Oasis teams also carry out additional forms of engagement with those who are traditionally difficult to engage through paper client feedback forms or client focus groups that in turn, inform our practices and service delivery outputs. Our Client Access Team and Addictions and Mental Health Services have their service users complete the Ontario Perception of Care Tool for Mental Health and Addictions (OPOC-MHA) survey on an annual basis capture the client experience and get feedback on the quality of care received.

PROVIDER EXPERIENCE

Sandy Hill CHC has implemented a strategic human resource planning approach to improve employee experience and manage current health workforce challenges related to a tight labour market, and increased cost of living. Last year, Sandy Hill CHC provided a 3% increase to salaries for all staff, a 6% increase for chiropodist positions to decrease the wage gap, and increased wages for our lowest paid staff in accordance with our commitment to being an Ontario Living Wage Network employer. Staff also received an enhancement to their HSA (Health Spending Account), which has been increased to $1,000 per calendar year, which can be used for increased mental health supports or any other health care needed. This is done to ensure that our employees are compensated equitably for their dedication and hard work, and to address overall job satisfaction and morale.

SAFETY

Sandy Hill CHC works diligently to ensure client safety. We continue to adhere to privacy legislation and to accreditation standards and policies to ensure clients and community members are protected. Our policies and procedures provide guidance for employees on

how to define, describe and respond to client safety events. Client safety incidents include adverse and harmful events, including no harm, latent harm, and near miss events. Steps are outlined on how to provide immediate response to clients, family and employees involved, along with procedures for incident reporting, disclosure process, investigation/analysis and follow up actions and shared learnings, as a result. In January 2026, we launched our revised incident reporting tool that offers more seamless mechanism for follow-ups and summary of incidents, including the ability to easily analyze data to identify trends in incidents.

The dynamic environment with the consumption and treatment program operated by Sandy Hill CHC often presents challenges, particularly concerning the sometimes violent and unpredictable behavior of clients. Recognizing the importance of ensuring the safety of all clients who access a wide range of services at our organization, we have taken a proactive approach by having all of our client-facing employees complete a crisis prevention training, specifically the CPI Nonviolent Crisis Intervention Training through our in-house instructors. We also have hired additional security services whose visible presence serves as a deterrent to potential disruptive behavior, and training equips them to respond swiftly and effectively to any security concerns. In addition, in Summer 2025, we launched the NEST Outreach team who also have a consistent presence outside the centre and in the surrounding neighbourhood with a focus on building relationships with clients and residents. This outreach service supports preventative safety measures and responds to safety incidents within the community, as well as supports clients in accessing appropriate services. In January 2026, SHCHC completed a Client Experience Survey. Of the clients who access our Oasis primary care clinic, the CTS and associated Drop-in, 93% of respondents indicated that they “always feel comfortable and welcome at Sandy Hill CHC.” while, 82% of respondents “agreed” or “strongly agreed” with the statement, “I feel safe at Sandy Hill CHC at all times.”

PALLIATIVE CARE

Within our Health Services primary care clinic, our physicians, nurse practitioners and nurses routinely make facilitate referrals and coordinate care with external palliative care partners. We are engaged in a partnership with our local Palliative Care Team in hopes of supporting the development of a coordinated and standardize approach to hospice palliative care. We continue to explore partnership and training/education opportunities related to palliative care for our providers.

Another key focus for us will be utilizing our data resources to identify and better understand the characteristics and care needs our organization’s palliative care population through our Roster Complexity Project.

POPULATION HEALTH MANAGEMENT

Sandy Hill CHC demonstrates its commitment to population health management through meaningful partnerships and networking in our community, as well as active participation in our Ontario Health Team (OHT).

Since January 2024, Sandy Hill CHC Health Services team has partnered with the Vanier Community Services Centre (VCSC) to offer the Thrive Clinic which offers well baby checks, growth and development assessments, and routine vaccinations to children and families in Vanier who do not have a family doctor. The

development and operation of the Thrive Clinic has allowed Sandy Hill CHC to stabilize and deepen our partnership with the VCSC and expand the network of partnered agencies working with this vulnerable population. In turn, the Thrive Clinic has referred a number of new clients (typically unattached newborns and their immediate family) to Sandy Hill CHC to be attached to a primary care provider in our Health Services clinic.

Our Community Development and Engagement (CDE) team has also partnered with other organizations and partners to meet the health and social needs of residents of the Strathcona Heights neighborhood. Building from events like the "Aging Well in Ottawa Fall Fair", the CDE team has initiated an older adult yoga program as well as a Nordik walking exercise programs for the older adults in the Strathcona Heights community. Residents had shared that they needed access to more affordable exercise programs within close proximity. A partnership between our centre, the Sandy Hill Community Centre (City of Ottawa) and Ottawa Community Housing allows for these programs to be offered year-round at no cost to residents. As a result of these recreational activities, residents report having a greater sense of community, sense of belonging and feel healthier. The CDE team continues to host various social events in the Strathcona Heights neighborhood throughout the year in hopes of continuing to build that sense of belonging, social connections, and multigenerational and community cohesion. Events of all kinds also give us an opportunity to gather feedback and to hear from residents what the current needs and concerns might be so that we can best respond.

The development and construction of a Community House within the Strathcona Heights community have always been part of our vision. A recent partnership created between the CDE team and the Carleton University Azrieli School of Architecture and Urbanism is bringing this vision a significant step closer to becoming a reality. As of recent, an exploration towards the design of the community house in Strathcona Heights has taken place with the youth and community members. This project and our goal are garnering support from the community, our centre, and as of recent the counsellor's office. A community house would allow the CDE team to offer additional programs, services and resources, making them more easily accessible year-round. Our hope is to be able to operate from this eventually new community house to provide additional community development, health promotion, primary care/health services and prevention initiatives within a community facing multiple barriers.

CONTACT INFORMATION/DESIGNATED LEAD

Sandy Hill CHC welcomes any questions or comments about the content of our QIP. Please contact Kendra Jones, Director of Quality Improvement and Performance Management at kjones@sandyhillchc.on.ca.

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 **March 6, 2026**

Elizabeth Sanderson, Board Chair

Gayatri Jayaraman, Quality Committee Chair or delegate

Robin McAndrew, Executive Director/Administrative Lead

Other leadership as appropriate

Access and Flow | Efficient | Custom Indicator

Indicator #3

Reduction in appointment "no shows" (Sandy Hill CHC)

OHT Population: % of client "no shows" for individual integrated health services appointments in the most recent 1-year period

Last Year		This Year		
11.00	**8**	**8.00**	**--**	**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

Implement appointment reminders

Process measure

- Number of appointment reminders sent.

Target for process measure

- TBD once baseline data available.

Lessons Learned

We have been testing Ocean appointment reminders with the three clinicians (one Nurse Practitioner and two Registered Nurses) that are part of the No Show Working Group. Appointment reminders are sent 48 hours in advance of appointments via email, with text messages also sent to clients of the Nurse Practitioner. As part of these appointment reminders, we are testing the functionality to cancel appointments directly through Ocean appointment reminders for clients of the Nurse Practitioner. Currently, we are live with appointment reminders for intake, in-person, telephone and virtual appointments. As a critical next step, we will be developing a coordinated appointment type so we can test appointment reminders when clients have two or more back to back appointments booked at the centre, without causing confusion for the client by sending multiple appointment reminders for each separate appointment.

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

Improve ability to cancel appointments

Process measure

- Average call hold time to reception teams. Number of complaints about inability to get through on the phone.

Target for process measure

- TBD once baseline phone call hold time data available. <5 formal complaints received per year. Positive client reported experience of contacting the centre to cancel and appointment.

Lessons Learned

The SHCHC phone tree was revised to simplify choices, remove unnecessary options, and shorten the overall amount of time from when a client calls to when they connect with the appropriate SHCHC team member for support. We launched the revised phone tree in December 2025. Simultaneously, a new "queue bouncing" approach, including the addition of a "backup queue", was implemented with the MOA team, with the goal of reducing phone call hold times and unanswered calls.

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

Review and harmonize centre policies and procedures for no shows

Process measure

- Centre no show policies and procedures reviewed.

Target for process measure

- Centre no show policy and procedure approved.

Lessons Learned

Updates to the SHCHC No Show Policy and Procedure have been drafted, with team consultation planned for Winter 2026, prior to formal approval. A detailed workflow has been developed for the Integrated Primary Care (IPC) team detailing when, how and by whom no shows should be documented if a client does not attend, is late and unable to be seen, or late cancels their appointment. To further support this, a "No Show" toolbar has been developed for the MOA team and IPC leadership to support appropriate follow-up with clients by making the total number of no shows more visible in the EMR. An updated approach to escalating follow-up conversations with clients was also developed, featuring new, plain-language client letters that are sent following the conversation with a SHCHC team member, as well as a "No Show" encounter assistant in the EMR to more consistently document the details of the conversation with a SHCHC team member regarding the no show.

Comment

We will continue to focus on reducing appointment no shows as part of the 2026/27 QIP.

Equity | Equitable | Optional Indicator

Indicator #1

Completion of sociodemographic data collection (Sandy Hill CHC)

OHT Population: % clients age 13 years and older who had an individual encounter within the most recent 1-year period

Last Year		This Year		
49.10	**60**	**62.77**	**27.84%**	**75**
Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

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

Increase employee understanding of the importance of sociodemographic data and comfort with requesting this data from clients.

Process measure

- Number of employees who receive education/training.

Target for process measure

- 90% of employees

Lessons Learned

When we launched the new Ocean-enabled processes to collect sociodemographic data from clients over the phone and via tablet during check in, we met with the full MOA team to provide them information, not only on the process, but also why this information is important to support direct client care, as well as for planning and improvement work.

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

Increase client understanding of why sociodemographic data is needed.

Process measure

- Number of communications shared with clients.

Target for process measure

- 3 communications

Lessons Learned

The Sociodemographic Data Working Group came up with some simple wording to include with the form to explain to clients why we collect sociodemographic data. The MOA team has also been experimenting with different ways of delivering their verbal request to have clients complete the form, with mentorship from experienced MOAs. Going forward, we will be doing further coaching with the MOA team on this. We also plan to do more client-directed education on why we collect sociodemographic data (i.e., through posters or messaging broadcast onto the TV screens).

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

Review and document workflow outlining the seven necessary steps to collect sociodemographic data.

Process measure

- Workflow(s) are developed and adopted by all relevant teams at Sandy Hill CHC.

Target for process measure

- Workflow(s) are developed. 100% of relevant teams at Sandy Hill CHC adopt workflow(s).

Lessons Learned

In October 2025, we launched two Ocean-enabled processes with the full MOA team for our Health Services and Youth Health clinics that included the critical step of opening the client's chart to check completion status anytime an MOA is interacting with a client either in person, over the phone, or via email. If the MOA notices that the sociodemographic data is missing or outdated, they will either send the form to the client via Ocean, or provide the form via Ocean tablet at the reception desk if the client is at the centre.

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

Design and implement efficiencies in the EMR to support the collection of sociodemographic data.

Process measure

- Number of efficiencies implemented. Number of EMR users who have relevant efficiencies available.

Target for process measure

- 100% of EMR users have relevant efficiencies available

Lessons Learned

Last year, we made changes to user toolbars in our EMR to include a direct link to the updated sociodemographic data questions (called the Health Equity form in our EMR), as well as the date this form was completed. This has been rolled out to all EMR users in our centre. This year, our focus was on addressing glitches that we identified in the Health Equity form, with a greater focus on Ocean as a tool to support collection of sociodemographic data.

Change Idea #5 ☑ Implemented ☐ Not Implemented ☐ In Progress

Utilize add-on EMR communication tools (i.e., Ocean) to support collection of sociodemographic data.

Process measure

- Number of clients who receive request to complete sociodemographic data. Percent of clients who complete sociodemographic data after receiving request.

Target for process measure

- Send request to 65% of clients who have provided consent to receive electronic communication from Sandy Hill CHC.

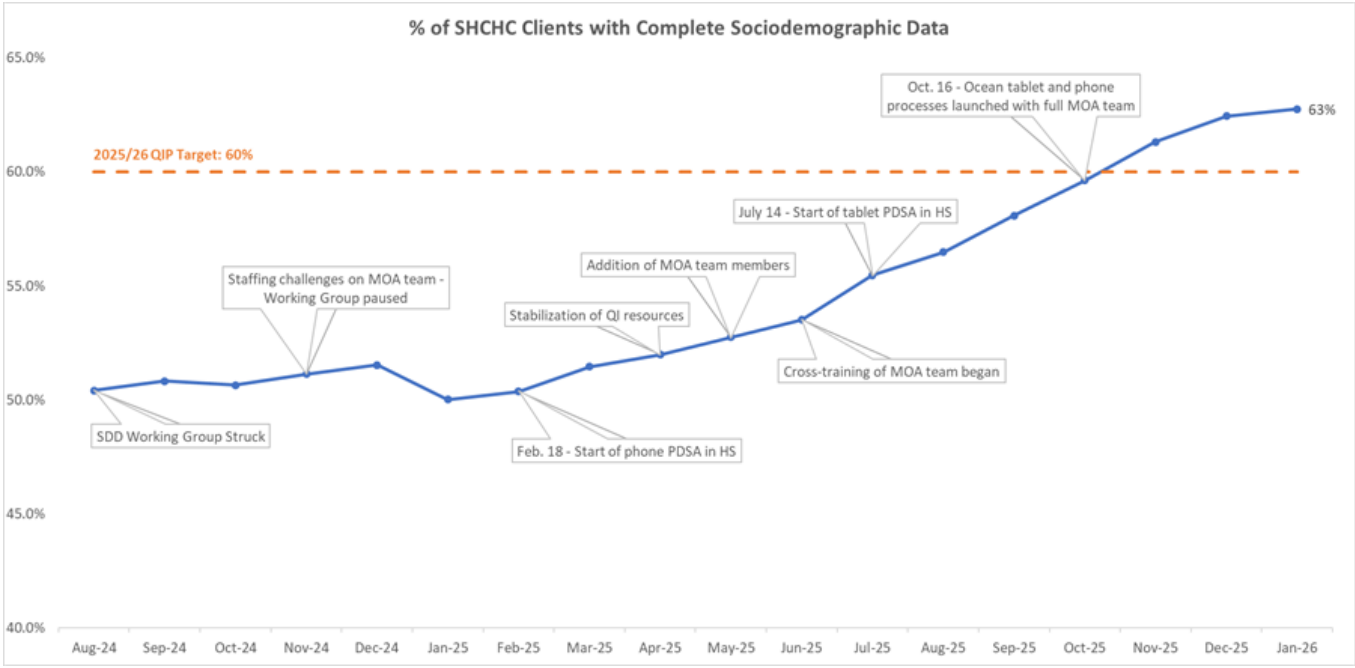
Lessons Learned

We purchased 3 Ocean-enabled tablets (2 for our Health Services clinic and 1 for our Youth Health Clinic to support collection of sociodemographic data at check in with clients. We also developed a number of Ocean templates to be used when interacting with a client over the phone or via email so the form can be securely sent to them and completed. One of the key achievements was finding a technical solution allowing clients to complete the Health Equity form in the official language of their choice, with data seamlessly mapping back to the English Health Equity form in our EMR.

Comment

We will continue to focus on completion of sociodemographic data as part of the 2026/27 QIP.

Results



Indicator #2

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

OHT Population: % of current leadership, employees and Board members who have completed relevant equity, diversity, inclusion, and antiracism education during most recent 1-year period

Last Year		This Year		
CB	**75**	**45.74**	**--**	**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

Implement standardized mechanism for tracking EDI training.

Process measure

- % of Sandy Hill CHC teams who are using the standardized mechanism to track employees training.

Target for process measure

- 100% of Sandy Hill CHC teams are using the standardized tracking mechanism.

Lessons Learned

Due to unanticipated challenges with the transition to the new ADP HR software, we were not able to begin tracking EDI training centrally through this software as planned. In the interim, employees are still asked to inform of HR of any EDI training that is completed so their records can be updated manually.

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

Identify specific EDI trainings that align with priority populations for Sandy Hill CHC.

Process measure

- Number of trainings identified and shared with employees.

Target for process measure

- Trainings identified and shared with employees.

Lessons Learned

SHCHC undertook the development of an overarching training plan for all employees, where the requirement for annual EDI training is clearly stated. This training plan is a foundational step towards identifying the EDI training that will be offered to SHCHC employees. The entire Extended Leadership Team has embarked on a series of EDI trainings facilitated by Anima Leadership, with the first training in this series completed in January 2026. In addition, all staff were invited to take place in training associated with the National Day for Truth and Reconciliation in September and Black History Month in March.

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

Identify annual EDI-AR training for Board members

Process measure

- EDI-AR training identified for Board members.

Target for process measure

- EDI-AR training identified for Board members.

Lessons Learned

This year, the Board received a 3-hour training on "Board EDI and Cultural Safety" from Connect2Knowledge consulting. This training was the first of a year long series of sessions aiming to support Board members in becoming confident, grounded stewards of equity and cultural safety by incorporating EDI and cultural safety in governance.

Comment

Completion of EDI-AR training will not be included in the 2026/27 QIP; however, it will remain an area of focus through inclusion in our Operational Plan.

Access and Flow

Measure - Dimension: Timely

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of no shows for individual client appointments booked with a member of the Integrated Primary Care (IPC) team in the most recent 1-year period	C	% / Other Clients booked with a member of the IPC team in the most recent 1-year period	EMR/Chart Review / Most recent consecutive 12-month period	8.00	7.00	We believe that the initial round of initiatives will have a quick but moderate impact on no show rates. To impact no show rates more substantially, we will need to delve in to the more complex work of understand the reasons clients no show as a result of complex social factors, hence selecting a more conservative target.	

Change Ideas

Change Idea #1 Implement appointment reminders.

Methods	Process measures	Target for process measure	Comments
Expand the use of Ocean for email or text appointment reminders for pre-booked appointments for all appointment types for IPC team members.	% of pre-booked appointments for which an appointment reminder is sent.	80% of pre-booked appointments	We acknowledge that there are valid, social factors that may prevent a client from attending their appointment. As such, we would never expect the no show rate to be 0%.

Change Idea #2 Improve ability to cancel appointments.			
Methods	Process measures	Target for process measure	Comments
Increase phone or other access to reception teams so clients can cancel an appointment rather than having a no show. Expand the appointment cancellation feature as part of Ocean appointment reminders.	Average call hold time for MOA teams; # of dropped calls; # of complaints about inability to get through on the phone	<5 formal complaints received per year. Positive client reported experience of contacting the centre to cancel and appointment.	

Change Idea #3 Review and harmonize centre policies and procedures for no shows.			
Methods	Process measures	Target for process measure	Comments
Harmonize no show policies and procedures to ensure they are robust and able to be applied consistently across teams.	Centre no show policies and procedures reviewed.	Centre no show policy and procedure approved.	

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 Clients age 13 years + who had an individual encounter within the most recent 1-year period	EMR/Chart Review / Most recent consecutive 12-month period	62.77	75.00	Through our work on this priority area in 2025/26, we were able to meet and exceed our target of 60% early, by November 2025. We believe that with our Ocean-enabled phone and check-in tablet processes implemented, we can continue to increase our completion rate to 75% by March 31, 2027 (note: this is the target set by Alliance for Healthier Communities member centres).	

Change Ideas

Change Idea #1 Increase employee comfort and skill with requesting this data from clients.

Methods	Process measures	Target for process measure	Comments
Provide coaching and mentorship for employees on how to articulate the rationale for collecting sociodemographic data, as well as on how to respond to frequently asked questions from clients about why this data is being collected and how it will be used.	# of employees who receive coaching/mentorship.	90% of relevant employees	Content and format for coaching/mentorship will be developed in consultation with Sociodemographic Data Working Group.

Change Idea #2 Increase client understanding of why sociodemographic data is needed.			
Methods	Process measures	Target for process measure	Comments
Develop communication materials for clients on the rationale for collecting sociodemographic data.	# of communications shared with clients.	3 communications	We will endeavor to communicate through various modes (i.e., email, online, social media, verbally, signage/posters, etc. and in various languages, as necessary.

Change Idea #3 Continue to utilize Ocean to support collection of sociodemographic data.			
Methods	Process measures	Target for process measure	Comments
Continue to send request to complete sociodemographic data to identified clients via Ocean platform.	# of clients who receive request to complete sociodemographic data; % of clients who complete sociodemographic data after receiving request	Send request to 65% of clients who have provided consent to receive electronic communication from Sandy Hill CHC.	MOA team capacity has been a challenge, particularly during the winter with unexpected staff absences due to illness. Lack of staffing has caused challenges with consistent requests to clients to complete the form.

Change Idea #4 Work with the Oasis MOA and clinical team to develop an approach to requesting sociodemographic data in a way that is appropriate for their clientele.			
Methods	Process measures	Target for process measure	Comments
Develop a shortened, plain language Health Equity form for Oasis clients who experience difficulties completing regular form. Develop guidelines for requesting this data of clients who may be experiencing mental health or substance use challenges or may be otherwise unable to complete the form.	Plain language Health Equity form developed; # of Oasis clients who receive request to complete sociodemographic data; % of Oasis clients who complete sociodemographic data after receiving request	80% of Oasis clients visiting the centre are offered the form at check-in.	

Change Idea #5 Integrate Community and Social Services (CSS) team.

Methods	Process measures	Target for process measure	Comments
Work with CSS team members to understand and identify improvements for how sociodemographic data is collected for their clients. A CSS team member will be invited to join our Sociodemographic Data Working Group.	# of CSS clients who receive request to complete sociodemographic data; % of CSS clients who complete sociodemographic data after receiving request.	80% of CSS clients are offered the form as part of their initial intake.	To date, our work to improve completion of sociodemographic data has focused primarily on the MOA team. However, the CAT team (part of the CSS team on the 2nd floor) also does a number of intakes for the AMHS team, including collection of client consent and sociodemographic data.

Experience

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of active clients age 16 + who have valid consent documented in their client record	C	% / Clients Active clients age 16 + who had an individual or group encounter in the most recent 1-year period	EMR/Chart Review / Most recent consecutive 12-month period	71.30	80.00	Through our work to collect sociodemographic data, we have established a number of important processes with our MOA team - notably the need to check the client's completion status during every interaction. We believe that we will be able to build on this foundational process, as well as the close linkage between collection of sociodemographic data and consent, to achieve an 80% completion rate by March 31, 2027.	

Change Ideas

Change Idea #1 Develop a consistent consent workflow across SHCHC.

Methods	Process measures	Target for process measure	Comments
Develop a consistent workflow highlighting who, when and how consent is obtained from a) new clients b) existing clients if missing or outdated and c) key transitions (i.e., new services, technologies, or client turning 16).	Development of consent process for a) new clients b) existing clients if missing/outdated and c) key transitions (i.e., new services, technologies or client turning 16).	Consent process developed for a) new clients b) existing clients and c) key transitions.	

Change Idea #2 Create consent documents that clients can understand and meaningfully engage with.			
Methods	Process measures	Target for process measure	Comments
Revise consent documents and handouts to ensure they are written in plain-language to be more accessible and clear for clients.	Consent documents revised	All consent documents revised	

Change Idea #3 Implement systems that make consent visible, trackable, and easy to update.			
Methods	Process measures	Target for process measure	Comments
Build a consent toolbar in the EMR so that distinct consents are clearly and easily visible, including consent declines.	Consent toolbar developed.	Consent toolbar developed and rolled out to all EMR users.	

Change Idea #4 Support SHCHC team members to understand their role and have the skills to manage consent consistently and effectively.			
Methods	Process measures	Target for process measure	Comments
"Provide training/education to employees on consent processes. Develop clear policy and guidelines on consent expiration."	# of employees who receive coaching/mentorship.	90% of relevant employees	

Safety

Measure - Dimension: Effective

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of eligible clients receiving interprofessional diabetes care	C	% / Clients Eligible clients as per the MSAA Interprofessional Diabetes Care indicator	EMR/Chart Review / Most recent consecutive 12-month period	83.00	90.00	Given that our interprofessional diabetes rate has been below the Ontario Health target of 98% since the start of the pandemic, we felt it would be reasonable to set a QIP target to increase it by half of the difference between the OH target and current performance, which would be a target of 90%.	

Change Ideas

Change Idea #1 Create a formal, standardized care pathway that defines when and how clients with diabetes access members of the interprofessional team

Methods	Process measures	Target for process measure	Comments
Working group in place to codesign the pathway, including identifying eligibility criteria, developing documentation and care plan templates, case conferencing processes and defining roles and responsibilities for team members. Pathway will be piloted with a small cohort and refined based on tests of change.	% of eligible clients enrolled in pathway; % of enrolled clients with care plan documented in template	50% of eligible clients enrolled within 1 year; 75% of enrolled clients with documented care plan	

Change Idea #2 Scheduled interprofessional case conferencing reviews for clients with complex diabetes			
Methods	Process measures	Target for process measure	Comments
Working group will develop a process for regular case conferencing for clients whose care needs are more complex and who are enrolled in interprofessional diabetes pathway, including identifying who these clients are, developing a regular case review session, documenting action plans, and assigning a coordinator.	# of case reviews held per quarter; % of identified clients with complex diabetes care needs discussed at least once at a case conference	50% of identified clients discussed per quarter; 90% of case reviews have documented action plans	

Change Idea #3 EMR-based identification and tracking of diabetes patients who are eligible for interprofessional care			
Methods	Process measures	Target for process measure	Comments
Develop an EMR-based diabetes registry/report using agreed upon criteria and add a flag that identifies clients proactively in the chart (as well as potentially in a dashboard).	% of eligible clients correctly identified in EMR; % of eligible clients with an interprofessional care flag	>90% of clients with diabetes eligible for interprofessional care included in registry/report; 75% of eligible clients flagged in EMR; 75% of clients flagged actively receiving interprofessional care	

Measure - Dimension: Safe

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
AI Scribe: Percentage of clinicians in the primary care practice utilizing this provincial digital solution	O	% / Staff Permanent clinicians working as part of the Integrated Primary Care team	Local data collection / Most recent information available	14.00	90.00	Sandy Hill CHC clinicians have a strong interest in using AI Scribe technology, particularly Heidi AI Scribe technology. We believe that once a vendor has been selected and important processes established (i.e., client consent for use of AI Scribe), there will be rapid uptake by most clinicians who are part of the IPC team.	

Change Ideas

Change Idea #1 Complete assessment of Heidi AI Scribe

Methods	Process measures	Target for process measure	Comments
Complete privacy and security assessment of Heidi AI Scribe to determine if it can be adopted at SHCHC.	Assessment of Heidi AI Scribe complete	Decision made based on assessment whether to adopt Heidi AI Scribe at SHCHC	We must perform our own assessment of Heidi AI Scribe as it is not one of the pre-qualified vendors through the Canada Health Infoway or Ontario AI Scribe programs.

Change Idea #2 Development of client consent process for AI Scribe

Methods	Process measures	Target for process measure	Comments
Development of written client consent process for AI Scribe, integrated with consent toolbar, with clear option to decline.	AI Scribe consent process developed	100% of clients using AI Scribe have consent documented.	

Change Idea #3 Test AI Scribe with small group of users before expanding to full team.

Methods	Process measures	Target for process measure	Comments
Test AI Scribe with small group of users to develop templates, approaches to "training" the AI Scribe etc. before expanding to full team.	Qualitative feedback from users on utility and ease of use of AI Scribe.	Users are satisfied with AI Scribe (qualitative assessment)	