Ontario Health

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

April 29, 2022

Sandy Hill Community Health Centre

Centre de santé communautaire Côte-de-Sable

OVERVIEW

The Sandy Hill Community Health Centre (SHCHC) is a multi-service primary health care organization. The organization aims to lead and innovate in person-centred primary health care and community wellbeing, moving towards our vision that everyone in our community will have equitable opportunity for health and wellbeing. Currently, the centre's strategic objectives relate to improving access to primary health care services without reducing the quality of care, and assessing and measuring the Centre's level of sustainability. The centre continues to focus on quality towards improving priority areas and ensuring health equity for all members of our community. At SHCHC, the membership on the Quality and Performance Committee (QPC) includes Board of Directors, management, staff, clients and community members. The QPC provides oversight and direction regarding the SHCHC's performance, quality improvement and accountability, and makes recommendations to the SHCHC Board. The QPC monitors quality throughout the year, by reviewing the centre's performance on its service level targets, best practice indicators, feedback from our clients, and organizational health and client experience surveys. This information is combined with staff ideas to form the content of our Quality Improvement Plan.

REFLECTIONS SINCE YOUR LAST QIP SUBMISSION

Our last QI plan was submitted for 2020-21, before the Covid-19 pandemic. The last 2 years has seen incredible change in how primary health care is delivered, with the transition to virtual appointments and reduced in-person visits. Our primary health care teams, along with mental health and social support services, were required to pivot quickly in providing virtual care (telephone and video visits) along with virtual group sessions by video. Significant time and resources went into ensuring appropriate occupational health, safety and IPAC standards onsite, while also moving staff towards using new digital tools and programs to be able to provide services to clients virtually. Because SHCHC focuses on providing services to priority and vulnerable populations, we continued to stay open for onsite services as many clients face barriers related to the social determinants of health, which can make it difficult to access online services and digital technology.

While we saw a decrease in cancer screening rates during the first 6 months of the pandemic, our providers and health care team have worked significantly to improve our reach to these clients to access care. There were also significant disruptions to the broader health care system, where regular preventive screenings were not being fulfilled and agencies focused only on urgent requests, thereby adding to the backlog and wait times for cancer screenings.

PATIENT/CLIENT/RESIDENT PARTNERING AND RELATIONS

As a community-based and led organization, the Sandy Hill CHC is responsive to emerging health issues in our community, especially those related to health inequity. The Covid-19 pandemic highlighted many gaps within the health care system, and disparities in access to care especially among vulnerable and health equity seeking populations.
Throughout the last 2 years, partner organizations among the Ottawa OHT have collaborated on the Ottawa Covid-19 pandemic response. SHCHC was involved with continued implementation of targeted COVID-19 testing, neighbourhood outreach and community development, vaccination, and wraparound self-isolation supports. Ottawa OHT partner organizations collaborated on:

- Partnered with 29 community agencies, and 161 local community ambassadors in the delivery of services
- Making over 7400 contacts through neighbourhood outreach and community development activities
- Distributing over 4500 PPE kits in high-priority neighbourhoods
- Supporting over 275 individuals and families with practical supports needed to effectively self-isolate following COVID-19 diagnosis or exposure
- Conducting 3928 COVID-19 tests through accessible community assessment centres
- Conducting 549 in-home COVID-19 tests
- Continued logistical support of Ottawa Public Health's neighbourhood vaccination strategy, including rapid scaling in December as part of booster drive

Sandy Hill CHC provided onsite Covid testing, as one of three CHCs offering fixed testing. CHC fixed testing sites successfully reached individuals who may be disproportionately at risk of COVID infection, including those with low income, from racialized and immigrant communities, and who reside in a priority neighbourhood.
- Almost two-thirds of individuals tested reported household income under $60,000.
- One in every three individuals tested identified as racialized.
- 36% of individuals tested identified as an immigrant to Canada. Testing was provided to immigrants from over 70 unique countries.

Client experience and client feedback are reported annually to our staff, management and Board. The Quality and Performance Committee reviews the reports with the purpose of incorporating the feedback in our annual Quality Improvement Plan priorities.

The SHCHC continues to promote a culture of client engagement. One area includes a centre orientation to actively involve clients and direct community stakeholders in their health and wellbeing, the way services are offered, the centre's policies, program development and governance of the centre.

As a community health centre and a partner in the Ottawa OHT (Ontario Health Team), we are looking at all the different factors that affect people's health: not just the medical ones but also the social, economic, cultural and other aspects of life that provide the conditions for wellbeing. This focus on the social determinants of health is key to realizing our vision of wellness — and marks a shift

away from hospital-based care to community-based support. As we plan our work, we are committed to the meaningful involvement of community members who use our services -- to ensure we deliver people-centred care.

SHCHC collaborates with other partners in the region, in addition to partners within the Ottawa OHT. We have a surgical specialty outreach clinic to provide consultation and minor surgery for clients who are non-insured and would have difficulty accessing surgical specialty services. We are also continuing partnerships with the Ottawa Hospital, Ottawa Withdrawal Management and other primary care providers in Ottawa to provide rapid access to addictions medicine with already positive results for clients after a pilot project last year. The Oasis program is partnered with the Canadian Mental Health Association to provide Intensive Case Management services with a housing first approach.

PROVIDER EXPERIENCE

The Covid-19 pandemic has significantly impacted the front line provider experience. SHCHC routinely gathers feedback from staff, both informally and formally. A staff survey was conducted during the pandemic to gather additional feedback. From the results, staff provided generally positive feedback on new Covid-related practices and procedures, including mandatory masking, infection prevention and control, and occupational health practices to keep staff safe while onsite at the Centre. Staff burnout and work life balance were key themes that emerged, particularly related to working remotely and managing virtual service delivery. In response, staff also provided strategies on how to improve resilience, including receiving adequate support from managers and team colleagues, protocols for providing a safe work environment, and mental health and wellness supports. The management team, alongside members of the Human Resources and Occupational Health and Safety committees, continue to evaluate and recommend changes to practice, monitor staff satisfaction and review processes for promoting staff health and well-being.

CONTACT INFORMATION

SHCHC continues to be committed to improving the safety and quality of our services. Community members who are interested in engaging with the Quality and Performance Committee, are welcome to contact the centre (www.shchc.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 May 18, 2022

Leila Bocksch
Board Chair

Michael Mullan
Quality Committee Chair or delegate

David B. Gibson
Executive Director/Administrative Lead

Other leadership as appropriate

Theme I: Timely and Efficient Transitions

Measure

Dimension: Timely

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of screen eligible female patients aged 52 to 69 years who had a mammogram within the past two years.	A	% / PC organization population eligible for screening	OHIP,RPDB, CCO-OCR,CIHI, SDS / April 2020 – March 2021	57.30	59.00	Target was achieved prior to pandemic, provides stretch target to return to pre-pandemic levels	

Change Ideas

Change Idea #1 Continue working with providers within an integrated primary care model, on recall process for eligible patients

Methods	Process measures	Target for process measure	Comments
1) Regularly pull list of eligible clients for the next quarter 2) For clients who are already scheduled to come in, flag preventive screening 3) Reception staff to call clients to come in for visit for those due for screening. Note reasons if unable to schedule clients, and particular challenges to access especially during the pandemic 4) Review data using health equity lens, including socio-demographics and SDOH factors, to better understand access challenges in cancer screening	Cancer screening reports run quarterly. Review team process at least annually	59% of eligible patients to complete screening	Continue to monitor internally through reporting of cancer screening tools

Measure

Dimension: Timely

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of female patients aged 23 to 69 years who had a Pap test within the previous three years.	A	% / PC organization population eligible for screening	OHIP,RPDB, CCO-OCR,CIHI, SDS / April 2020 – March 2021	70.60	72.00	Target was achieved prior to pandemic, provides stretch target to return to pre-pandemic levels	

Change Ideas

Change Idea #1 Continue working with providers within an integrated primary care model, on recall process for eligible patients

Methods	Process measures	Target for process measure	Comments
1) Regularly pull list of eligible clients for the next quarter 2) For clients who are already scheduled to come in, flag preventive screening 3) Reception staff to call clients to come in for visit for those due for screening. Note reasons if unable to schedule clients, and particular challenges to access especially during the pandemic 4) Review data using health equity lens, including socio-demographics and SDOH factors, to better understand access challenges in cancer screening	Cancer screening reports run quarterly. Review team process at least annually	72% of eligible patients to complete screening	Continue to monitor internally through reporting of cancer screening tools

Measure

Dimension: Timely

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of screen eligible patients aged 52 to 74 years who had a FOBT/FIT within the past two years, other investigations (i.e., flexible sigmoidoscopy) or colonoscopy within the past 10 years.	A	% / PC organization population eligible for screening	OHIP,RPDB, CCO-OCR,CIHI, SDS / April 2020 – March 2021	62.50	65.00	Target was achieved prior to pandemic, provides stretch target to return to pre-pandemic levels	

Change Ideas

Change Idea #1 Continue working with providers within an integrated primary care model, on recall process for eligible patients

Methods	Process measures	Target for process measure	Comments
1) Regularly pull list of eligible clients for the next quarter 2) For clients who are already scheduled to come in, flag preventive screening 3) Reception staff to call clients to come in for visit for those due for screening. Note reasons if unable to schedule clients, and particular challenges to access especially during the pandemic 4) Review data using health equity lens, including socio-demographics and SDOH factors, to better understand access challenges in cancer screening	Cancer screening reports run quarterly. Review team process at least annually	65% of eligible patients to complete screening	Continue to monitor internally through reporting of cancer screening tools

Theme II: Service Excellence

Measure

Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percent of patients who stated that when they see the doctor or nurse practitioner, they or someone else in the office (always/often) involve them as much as they want to be in decisions about their care and treatment	P	% / PC organization population (surveyed sample)	In-house survey / April 2021 – March 2022	93.33	94.00	94% set as a stretch target. Current sample size is smaller than previous years due to the pandemic, so % should be interpreted with caution (shown as higher this year).	

Change Ideas

Change Idea #1 Review performance on this indicator

Methods	Process measures	Target for process measure	Comments
Review performance and drill down data by team/ service offered	Number of clients with responses to their level of involvement in decisions, from the client experience survey	At least 2% of the client population is sampled. From this group, at least 50% of clients responding to this question	Total Surveys Initiated: 33 Continue to monitor this year, especially with fewer client surveys completed during pandemic

Equity

Measure

Dimension: Equitable

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of eligible clients who received/ offered a cervical cancer screening (pap test) stratified by income and racial/ ethnic groups	C	% / PC organization population eligible for screening	EMR/Chart Review / 2022-23	CB	10.00	Difference between lowest and highest income groups, and among racial/ ethnic groups to not exceed 10%	

Change Ideas

Change Idea #1 1) Review cancer screening data (starting with pap, expand to mammograms and FOBT/FITs), stratified by income and racial/ ethnic group With front line staff clients 2) Continue working with providers within an integrated primary care model, on recall process for eligible patients

Methods	Process measures	Target for process measure	Comments
1) Regularly pull lists of eligible clients for the next quarter. Look at other tools that can help distribute information in a timely way to staff (ex. dashboards, etc.) 2) For clients who are already scheduled to come in, flag preventive screening 3) Reception staff to call clients to come in for visit for those coming due for screening. Note reasons if unable to schedule clients, or clients decline 4) Determine reasons behind results (e.g: comprehensiveness/ timeliness of demographic data, consistency of charting practices, individual SDOH factors related to the client and barriers to access, etc.) 5) Propose/ test new ideas on how to engage clients who are hard to reach	Cancer screening reports run quarterly. Review team process at least annually	Quarterly reports, reviewed once a year. Return to pre-pandemic levels, recognizing access to care was reduced during Covid-19	Continue to monitor internally through reporting of cancer screening tools