

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 15, 2024



OVERVIEW

Unison Health and Community Services is committed to delivering high quality and accessible primary health care and community services that are integrated, respond to needs, build on strengths and inspire change. In keeping with the mandate of Community Health Centres across Ontario, Unison offers primary health care as well as a broad range of programs and services addressing social determinants of health, such as income, education and housing. Our vision of 'healthy communities' and our values of accountability, collaboration and equity are central to everything that we do.

At Unison, we prioritize services to equity deserving populations. During 2024, we will continue to roll out our new strategic plan. Among our four strategic priorities, we will:

- 1-Promote an enhanced person-centred care model focusing on digital health, quality, safety and staff wellness;
- 2-Leverage strategic collaborations and alliances, with particular attention to four Ontario Health Teams (OHT) in our service area;
- 3-Strengthen internal and external communications;
- 4-Integrate and mobilize anti-black racism efforts across the organization.

We will undertake various initiatives in keeping with these priorities during 2024-25.

For this QIP, we will work on primary care access and client-centred

service provision, assessing progress on client experience by conducting a survey using standardized questions. We will continue to focus on cancer screening, specifically colorectal cancer screening completion. We will also apply an equity lens to this work on cancer screening, in a project with 4 other CHCs within the "We Energize Quality Improvement" (WEQI) collaborative. These projects are very well aligned with Unison's strategic priorities and with the efforts of OHTs in their Collaborative QIPs.

ACCESS AND FLOW

Unison's service area includes neighbourhoods with the lowest rates of primary care attachment in the City of Toronto. We have over 550 people on our wait list for primary care (as of March 1, 2024). Unison has established processes and procedures for maintaining panel size and managing the wait list. We carefully monitor attrition and work with providers with capacity to be able to take in new clients. We give priority on waiting lists to those who are most vulnerable, particularly those without status/health insurance.

We regularly measure and monitor timeliness of access for existing clients to schedule appointments when wanted/needed on a weekly basis using the Third Next Available Appointment (TNAA) measure. As Unison has 5 sites, access and staffing per site are regular items for review and discussion at weekly meetings of the Senior Director Primary Care with all Primary Care and clinical site managers. Different appointment types are offered to clients depending on situation and needs, and to optimize providers' time. Recent efforts to better leverage interdisciplinary care and virtual care to improve access have included the implementation of an improved internal referrals system and a standardized process to

obtain/record virtual consents, as well as ongoing efforts to optimize use of the broader multi-disciplinary team of allied health care providers such as Social Workers, Dietitians, etc.

We work actively in partnership with our OHTs to identify resources and opportunities to attach more unattached individuals. Unfortunately a successful project to offer primary care to more people in partnership with the North York Health Partners OHT could not be sustained due to the funding model. In 2023, we applied for resources for expansion of primary and primary health care. If our application(s) is/are successful and we are able to obtain additional funds, these will be allocated as a first priority to attaching more vulnerable people, in keeping with the top priority of Ontario Health.

ADMINISTRATIVE BURDEN

In recent years we have implemented e-health projects with an aim to increase efficiency (and safety) of primary care services. We have rolled out EMR custom forms (that pre-populate information from the client chart), secure e-mail protocols and e-referrals.

(Unfortunately, with e-referrals only a few of our referral partners are on e-referrals so far.) CHCs in WEQI recently developed and submitted a funding proposal to the Canadian Medical Association to test an AI scribe within our CHCs and beyond. Unfortunately, this was unsuccessful. However, WEQI will receive funding from Ontario Health for a smaller but similar test.

One challenge that we are experiencing is that our organization is required to self-fund enhancements to digital systems. For example, Online Appointment Booking (OAB) is very expensive to licence. One-year start-up funding is what OHTs are offering for adopting OAB and it is not adequate support. In addition, CHCs such as Unison are not normally permitted to build a financial cushion from surplus funds. There are also continual pressures around funding for administrative supports.

EQUITY AND INDIGENOUS HEALTH

In the past year, many leaders and front-line staff at Unison have participated in equity training on anti-Black racism and/or indigenous issues/reconciliation. Unison is also an active member of the Equity Sub-Committee of the North West Toronto OHT.

Our CHC has been collecting socio-demographic data for all clients with a health record for many years. We recently introduced the new Health Equity Questionnaire (2024) and will be gradually and continually updating equity information about our clients using the

new questions. An annual demographic profile of our clients that rolls up this information is shared with staff and board. We have analyzed and used socio-demographic data about our clients to inform design of health/mental health promotion groups. As outlined in our QIP work plans for 2023-24 and 2024-25, we have used and intend to use socio-demographic data to look for insights on clients who have declined or who are overdue for cancer screening. In the coming year, we will aggregate our cancer screening and equity data with other CHCs in the WEQI to see if this provides greater insights into areas for improvement.

As noted earlier, Unison has a strategic priority to integrate and mobilize anti-black racism efforts across the organization. We have created an operational plan for this priority and our board recently approved an Anti-Black Racism Policy, therefore completing one of the tasks in this operational plan. Other projects that will be implemented in the coming years include:

1. Collecting socio-demographic information from staff and board to enable comparison with client data for identification of strengths and opportunities;
2. Learning from and aligning with strategies from external tables and partners (e.g. OHTs' equity action plans and education models);
3. Embed learnings from above initiatives into operations (e.g. decision-making regarding resources, training, etc.).

PATIENT/CLIENT/RESIDENT EXPERIENCE

Unison receives feedback from clients in a variety of ways. We invite individual clients to submit compliments, suggestions,

concerns and complaints via our feedback boxes at each site and a telephone voice mail box. In the past year, we conducted a PDSA at one site involving the addition of a positive client feedback box, which showed that compliments from clients can be increased with this type of encouragement. We conduct a Unison-wide client experience survey (CES) every 2 years; the next CES is scheduled for fall 2024. We also conduct other surveys when warranted. To give two recent examples, we surveyed clients on our infection prevention and control practices and we invited clients to weigh in on priorities/needs as input to strategic planning. Clients who attend our group programs aimed at health/mental health promotion, including chronic disease prevention, are invited to give feedback to group leads in the form of a standardized group evaluation.

All feedback from individual clients is reviewed and shared with the relevant manager(s), who are assigned responsibility to look into individual client concerns/suggestions, and work with staff to respond, to address/fix issues, and to make improvements as needed. Clients who request a response to their input will receive an initial contact within 10 business days and will be informed when follow-up is completed and/or when a resolution has been implemented.

We roll up the feedback received from individual clients and analyze it for any patterns or trends that can inform site or organization-wide changes that need to be put in place. Similarly we collate and analyze data from client surveys and prepare an action plan to address the key issues raised. We examine evaluation feedback from group participants and we use that feedback as input to the program planning and review process that is required

for all group programs. We also aggregate feedback from all group evaluations and share the information with relevant managers for learning and improvement.

Through small media such as slide decks shown on waiting room TVs, posters/bulletin boards at the sites and our website, we communicate back to clients about the feedback we have received from them and our action plans resulting from that feedback. For example, we have the "Feedback Spotlight" in which we highlight a particular comment received from one or more clients and our response to it, which gives us an opportunity to do some education with clients about comments and questions that are frequently recurring.

PROVIDER EXPERIENCE

At Unison, we have long been dedicated to ensuring a positive and supportive work place for our staff, and although we have experienced some recent challenges with turnover and leaves among our health care work force, we are proud of the fact that 40% of our staff have worked at Unison for 10 or more years. We are not able to offer recruitment incentives, but for many years we have ensured and enabled providers to work to full scope of practice, and our managers meet regularly with individual staff to strategize around workload management, work-life balance, etc.

We strive to improve lines of communication between senior leadership and staff at all levels, and regular CEO virtual town halls, initiated at the beginning of the pandemic and sustained since then, have had a very positive impact in this regard. At these meetings, which are recorded for those who cannot attend, information is shared clearly, honestly and with good humour, and we celebrate success stories from staff and program/service teams. In recent years, we also experimented with some new ways to enjoy being together with colleagues, from team lunches, to snack carts, to outdoor gatherings with food and games.

We have also paid attention to staff development by focusing on promoting staff within the organization, enabling staff to upgrade their credentials (in particular from RPNs to RNs), and offering training opportunities, whether through professional development resources or other opportunities that become available, such as the recent Sanyas indigenous cultural safety training that we were able to access free of charge for many interested staff.

SAFETY

When there is a client safety incident at Unison, we document it. We involve the relevant providers and managers in reviewing what happened and reflecting on it, articulating what has been learned, and planning/implementing changes to practices or systems. We communicate with the affected client(s) about the results of our investigation and what has been put in place to prevent future such incidents. In the past year, we have also begun asking affected clients to give us feedback on our processes. A summary of incident reports is shared 3 times annually with all primary health care managers. Incidents that have relevance and learning for all sites are shared by managers with their teams. Quality and safety is a standing item on monthly team meeting agendas. Case conferences are another method used to identify and coordinate care plans for more complex clients with all members of the client's interdisciplinary team.

In October 2023, Unison had an onsite review from Accreditation Canada. In response to feedback from the accreditation surveyors, we have begun to take another look at medication incidents and errors. Although we do not have many, we have identified a pattern or trend in childhood immunization errors. We plan to analyze these incidents in greater depth and use this as an opportunity to communicate and have dialogue with providers about the root causes of such incidents. In addition, we plan to consider whether/how to support and encourage prescribing providers to report near misses/good catches. Starting in April 2024, the action plan we have developed for this work will be communicated to clients at all sites through our waiting room TV slide show.

POPULATION HEALTH APPROACH

Services and programs to promote health, prevent disease and help people to live as well as they can have been part of what CHCs such as Unison have offered for many years. We use many different approaches, from running groups that support fitness, food security/nutrition and mental health and are open to anyone in the surrounding communities, to expanding satellite locations for diabetes services to make them more convenient. We also have a wide range of services to support the vulnerable clients we serve on a range of social determinants of health from immigration, to housing, to income supports.

As Unison is a multi-service organization, we are always working to break down silos and better integrate programs and services, to ensure clients have access to the full range of needed supports. We also strive to develop new offerings and methods of program delivery, in order to meet client needs effectively, and in recent years we have furthered this work by focusing on various initiatives, such as:

1. Simplifying internal referrals between our various health care services, to be able to provide clients with the range of mental health, chronic disease and other supports through both individual and group services. This initiative significantly increased internal referrals across the organization. A PDSA using ENCODE prompts within our EMR increased referrals from primary care providers to a chronic disease prevention group from 0 to 40, and we are now looking to spread this PDSA.
2. Running green markets open to entire neighbourhoods, on a pay what you can basis, with nutrition education and other supports, which have been funded most recently with support of United Way

Toronto.

3. Increasing quantity of services and range of options for clients affected by mental health and substance use, by implementing single solution and 10-15 session counselling options, various mental health groups for those waiting for individual counselling or seeking to broaden social interactions and expanded drop-in services.

As part of four OHTs, we have collaborated on projects for people with COPD, mental health/substance use, lower limb preservation and services for those currently unattached to primary care. We are also part of two Community Clusters (North York Community Cluster and York Weston Pelham Community Cluster), and have trustee grants for these clusters as well as collaborated on projects related to food security, digital equity and mental health.

CONTACT INFORMATION/DESIGNATED LEAD

Julie Callaghan

Senior Director Community Health and Quality

julie.callaghan@unisonhcs.org

OTHER

Unison is part of the "We Energize Quality Improvement" (WEQI) collaborative, formerly known as the West End Quality Improvement Collaboration. With 4 other Toronto CHCs, we share resources/information and implement QI projects with common indicators that enable us to challenge and learn from each other. A list of the other CHCs in the WEQIC is included in the External Collaborators section of the QIP work plan. As mentioned, Unison is also part of several OHTs, with full membership in both the North Toronto Ontario Health Team (NT OHT) and the North West Toronto Ontario Health Team (NWT OHT). We participate on the Joint Operations/Quality Committee of the NT OHT and have contributed to the cQIP of this OHT, as well as the Health Equity Action Plan of the North West Toronto OHT's Equity Sub-Committee and Digital Health sub-committees of both of these OHTs.

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 26, 2024



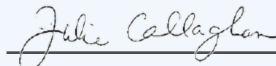
Board Chair



Quality Committee Chair or delegate



Executive Director/Administrative Lead



Other leadership as appropriate Senior Director, Community Health and Quality



Senior Director, Primary Care