Let's Make Healthy Change Happen.

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

SCARBOROUGH CENTRE FOR HEALTHY COMMUNITIES

31/3/2025

This document is intended to provide health care organizations in Ontario with guidance as to how they can develop a Quality Improvement Plan. While much effort and care has gone into preparing this document, this document should not be relied on as legal advice and organizations should consult with their legal, governance and other relevant advisors as appropriate in preparing their quality improvement plans. Furthermore, organizations are free to design their own public quality improvement plans using alternative formats and contents, provided that they submit a version of their quality improvement plan to Health Quality Ontario (if required) in the format described herein.

Overview

At Scarborough Centre for Healthy Communities (SCHC), we continued to grow and be sought after as a leader that ensures high quality integrated services to all members of our community, especially equity deserving populations in the most safe, effective manner with the optimum quality and client experience. This year we saw the execution of our second year of our strategic plan with evolving tactics on realizing our vision to ignite the strength of community by providing accessible, equitable and transformational health and social service choices, for the well-being of diverse communities. Our strategic directions prioritize outstanding service delivery, organization health and action on equity. We have seen an enormous amount of growth in the last 12 months, including a 14% growth in total staff complement, as we have been recognized as an organization that will respond to the diverse needs of our communities through relentless pursuit of opportunities to meet them. At the same time, we have prioritized a focus on integrated care, recognizing that with growth comes the need for innovative solutions on integrating care and access to all our 48+ services. This has required a mindset shift from working within constraints of how we have been historically funded versus the realities of how peoples' daily lives are intricately entwined. We have realized not just efficiencies in our core processes, but also transformational models of care that provide more nuanced care meeting clients and their broader communities, where they are at. Through successful expansions of our interprofessional primary care team to net new teams with a focus on preventative health, Hepatitis C and unattached children, we have utilized our decision support capacity and data quality culture to drive system improvements both within SCHC and in collaboration with all partners and OHT. We have done this both within and outside of the conventional health care system, leading new models of collaborative and integrated care within the broader context of the healthcare system in our region. We have transformed and adapted our workflows and processes to be able to integrate successful models such as the Ambassador model, enabling tactical advances to integrate service delivery solutions across our Ontario Health Team that is timely, accessible and person-centred. We continued our Anti-Black Racism (ABR) Strategy as part of our broader Equity Diversity Inclusion and Belonging mandate and have an established a Poverty Reduction Strategy measuring our advocacy and change efforts in how we can affect and address system inequities at the local level and across the broader spectrum of staff and client experience. We achieved Canadian Institute for Health Research grants on realizing continued disparities in care in HIV and other chronic diseases and executed our role as a Community Based Research leader deepening our collaboration with organizational partners both established and new, with the Scarborough Ontario Health Team (SOHT). We also play a pivotal leadership role with the collaborative-Quality Improvement Plan (c-QIP) of our OHT and within the broader planning and participation of the SOHT. This has enabled us to offer programs and opportunities that profoundly impact the health and wellness for all. We continue to grow vital linkages between the hospital, home and community care and primary care, to integrated partnerships with a continued on mental health. We have continued to empower other agencies through social enterprises to innovate local solutions that are adaptable and effective to enable to them to serve their own communities better. We continue to be the only Health Information Network Provider (HINP) in our OHT providing cross organizational circle of care teams to expedite care to some of the most marginalized in our community. We also have become the confirmed OHT lead to build out a evidence-based decision-making framework utilizing datasets from multiple partners to bring net new insights and actionable opportunities.

As we continue to include co-design principles to ensure we truly get to integrate voices of the most marginalized and vulnerable through long-standing trust built over time with our staff, providers and partners, we seek innovative models to integrate across both our organization and across the system.

In our 2025/26 Quality Improvement Plan (QIP), we will address objectives that speak to our commitment to continuously improve our services using a population health approach, explore efficiencies in service delivery, increase timely access to primary care, enhance active client engagement and further flourish a client safety and culture of equity. Our objectives align thoroughly with the Excellent Care for All Act (2010), Ontario Health Team findings and Accreditation Canada (AC) standards.

Access and Flow

Optimizing system capacity at Scarborough Centre for Healthy Communities has always been a priority for us and we have consistently advocated for upstream intervention to support timely access to care to improve outcomes of clients, and to see the system functioning optimally. That is why we continuously embark upon strengthening our existing partnerships and soliciting new ones to collaborate in addressing barriers to access. Our community ambassadors have continued to identify new insights within targeted neighborhoods, some of which being the most materially deprived in the province, and act as a conduit for quality improvement initiatives. Our cancer screening rates stratified by ethnicity and income continual to show improvements and sustainability. Even as our denominator increases as our panel size optimizes, the screening stratified these ways continue to show an upward trend throughout the year demonstrating our careful consideration of equity in access. Further contributions to access have been rooted in our successful applications in innovation grants for our Early On program to addressing identified inequities rooted in food insecurities. Another example is violence disruption worker roles to combat misinformation amongst different communities and increase opportunities upstream for some of the most marginalized members of our communities.

This has allowed providers to establish co-creative pathways to preventative measures and connect residents to holistic supports including but not limited to partnerships within the healthcare system, improving the quality of life all round for our communities. We continue to expand our delivery of mobile Inter-professional Primary care support for primary care providers and most

recently are embarking upon identifying unattached children 0-5 years old to further provide expeditious access early in life for our community members.

Administrative Burden

At Scarborough Centre for Healthy Communities, we have long understood the primary care priority of the "patients before paperwork" philosophy. As part of our integrated care focus, our model of presenting highly complex cases to a broad array of providers and staff across different programs that are seemingly not connected has been very fruitful in improving operational excellence, reducing inefficiencies and optimizing client experience. It has unleashed new opportunities to transform how we deliver models of integrated care and quality improvements in how we capture what is happening in the system. Furthermore, it has streamlined the administrative burden of internal and external referrals to our 45+ programs across the organization. We have customized forms integrated into our EMR to expedite direct referrals out into the community and across our partners, and digitized solutions for release of records requests. We are the Health Information Network Provider (HINP) of choice for the Scarborough Ontario Health Team (SOHT), the only one in the OHT, and have provided the platform that hosts secure messaging between primary care providers across multiple organizations. We look forward to new innovations in leading the OHT's evidence-based data driven decision making framework, further reducing the administrative burden for staff and providers. This will include using Artificial Intelligence to predictively analyze proactive service delivery models further upstream.

Equity and Indigenous Health

Scarborough Centre for Healthy Communities, at its heart, is driven by achieving health equity through a population health lens down to the individual client. Our Equity Diversity Inclusion and Belonging Committee continues to act as a driving engine for culture change both within SCHC and at a system level. Our Anti-Black Racism strategy has included comprehensive action plans incorporated into our staff workplace survey and Accreditation Canada's patient safety culture survey. By including the socio-demographics co-designed with staff into these surveys, this has resulted in tangible action plans in reducing inequities, continually helping our organization strive for better in this priority. In assessing, addressing and closing the inequity gap for our clients, we have worked tirelessly to improve our sociodemographic data on our clients significantly increasing it towards the provincial Alliance target of 75% and are now within that corridor from less than half of this less than 18 months prior. This data also feeds into our comprehensive Business Intelligence tools to enable us to look deeply into how people identify in these ways to understand how to reduce inequities. We have also utilized this approach to capture hundreds of responses from community members and stakeholders as part of our Poverty Reduction Strategy identifying what matters most to our communities, and what our role is in igniting their strength to overcome systemic barriers to overcoming poverty. Our strategic priority, action on equity, also identified the indigenous population and we have engaged in a comprehensive process and recruited the Indigenous Primary Care Council, a leading indigenous agency, to help us drive forward our quality improvement efforts to support this population both now and into the future.

Patient/Client/Resident Experience

Scarborough Centre for Healthy Communities continues to embed the Client Engagement Model that adopts the spectrum of International Association of Public Participation and ensures the five levels of client engagement (inform, consult, involve, collaborate, empower) are represented in practice. As part of our most recent strategic plan, we have furthered our efforts in our commitment to become leaders in Community Based Research. After feedback from our community and stakeholders, alongside our longstanding reputation and position for being with our clients for the lifespan of their health and well-being journey, knowing our clients and communities deeply positions us uniquely for this endeavour. With the hallmarks of being participatory, community based and action oriented, we received CIHR grants this year to explore client and resident experiences with the SHN research institute on community members behaviours with HIV. Our role and relationship to community allows us to go much deeper and understand the qualitative insights that get lost in aggregate quantitative data. We are the only community member on the SHN Research Ethics Board. We bring a wealth of socio-demographic insights through strategic investments in our Information Management and technological infrastructure that have attracted the attention of the Ministry and other community health organizations alike for its innovation and capacity to drive system level change.

We continue to evolve our client and staff stories that inform both our Quality Committee and Board of Director meetings. These stories provide continuous learning experiences from clients and as a means to keep us grounded with what we are doing and why. Moreover, we have broadened this out as just one of our multi-model efforts for our co-design framework across the organization which will continue to be solidified and integrated into 2025-26.

We recognize the need to integrate our clients' and residents' self-experiences, continuously improving organizational culture. With a unified EMR across all program areas, we monitor unique client journeys, empowering them to seek support anywhere in the organization and increasing staff awareness of SCHC's broader resources.
To enhance engagement, we've invested in real-time translation services, offering access to over 250 languages, including sign language, improving experiences for both providers and clients.
By igniting community strength through systems leadership, we host centralized access to all palliative services in Scarborough, integrating client experience into care pathways and monitoring quality with client-centered metrics. This innovative approach has significantly improved systematic efficiencies in referral, intake, assessment, and care delivery, enhancing experiences for both clients and providers.

We are committed to embedding the Client Engagement Model, which encompasses the five levels of client engagement: inform, consult, involve, collaborate, and empower. Through our strategic plan, we've strengthened our dedication to Community Based Research, leveraging our deep understanding of clients and communities. This year, we've received CIHR grants to investigate client and resident experiences with HIV behaviors in collaboration with the SHN research institute. Our unique position allows us to dive deeper into qualitative insights often missed in quantitative data. As the sole community member of the SHN Research Ethics Board, we bring invaluable socio-demographic insights through strategic investments in Information Management and technological infrastructure, recognized by the Ministry and other health organizations for driving systemic change.
Our client and staff stories continue to inform Quality Committee and Board of Director meetings, providing learning experiences and grounding us in our mission. This helps identify positive practices to replicate across the organization, contributing to our co-design framework, which will be further integrated into 2025-26.

As is part of our PFCC work, to broaden the engagement further, via innovative ways to incorporate feedback from folks, with in the moment engagement, so their voices do not get lost, we have established diversification of how to do this. By virtue of the trust build over time, we identified and invested in a real time translation service that does not require pre-set appointments, provides access to over 250 languages including sign language, and significantly improves the experience for both provider and client alike.

Finally, we are igniting the strength of community through systems leadership, including with the comprehensive client experience. Hosting centralized access to any, and all, palliative services in Scarborough, we facilitate and evaluate integrating client experience into the design of pathways across the spectrum of care, as well as client-centred metrics to monitor quality. By virtue of this innovative systems thinking, we have significantly improved both client and provider experience and the core systematic efficiency of referral, intake, assessment and care delivery in an expeditious manner.

Provider Experience

As a partner of Scarborough Ontario Health Team, we built on our previous year’s provider experience app project and hosted the data assets to capture provider experience co-designed by providers across all sectors on whether they felt they got the training they needed to do their job as well as their organizations response to abuse in the workplace. The data was also capturing socio-demographics, co-designed with provider groups, including ethnicity, gender identity and age. This pilot enabled the OHT to see hidden inequities across the sectors and partners and collaborate to find efforts to relinquish inequities, including a PSW mentoring program for HCC partners from MHA and CSS sectors. This baseline work is now incorporated into the EDI&B Committee’s work and has proven our strength in taking measurable meaningful impact to the next level internally too.

As part of our commitment to upholding our staff experiences at SCHC, we have worked with Alliance for Healthier Communities and the Department of Family Community Medicine at the University of Toronto to move towards becoming one of Ontario’s first designated Academic Community Health Centres. As such, we continuously engage and improve upon not just existing providers’ but prospective provider experiences related to this endeavour. We are moving into predictive analytics to proactively enable us to act more in real time and upstream paving the way for future health human resources at the local level to have an optimum experience and mitigate shortfalls of different provider types. While health human resources is an ongoing challenge for the sector, it is less so at SCHC. Our retention rate is high, and we continue to provide competitive compensation packages including benefits, HOOPP, and quality of life balance.

Our organization is a magnet to culturally diverse physicians that are wanting to give back to the community they grew up in and given they are supported in a team-based environment, seek out SCHC.

This year, as part of our strategic directions of organizational health and action on equity, we led culturally appropriate acceptance and commitment therapy group sessions with research partners from CAMH and UHN monitoring the impact, proving that culturally oriented nuances in mental and physical health service models have a lasting and supportive impact.

Safety

Scarborough Centre for Healthy Communities continues to sustain client safety measures across all its programs. With sustained proactive investments in cybersecurity threats plaguing the broader healthcare system, we provide a comprehensive set of strategies to keep all our patients safe.

Furthermore, our comprehensive Quality, Safety and Client Experience Committee enacts a mechanism to ensure that psychological safety is paramount for our clients and staff. From both the physical spaces and via program improvements, we have sustained a multi-pronged mechanism of continuous input and feedback from all areas of the organization. This enables the lens of clients to foreshadow any safety issues that might have otherwise had an opportunity to happen. This year we deployed our bi-annual Patient Safety Culture Survey, and demonstrated moving the needle towards betterment in a variety of areas including but not limited to senior management providing a climate that promotes safety, as scored by the staff. As a manifestation of this, we saw a continued increase in near miss reporting that demonstrates our commitment to an accountable and shame-free culture. This is particularly so around the issue of client distress spilling into client aggression. Our staff report through mental health first aid training, black focused mental health training and de-escalating potentially violent situations training, that they are able to identify and circumvent these incidents from becoming more serious.

In addition, our staff safety is paramount. The safety and security of SCHC staff, clients, volunteers and visitors are of utmost importance to SCHC and any acts of abuse, neglect, harassment, or workplace violence that demeans, harms, or infringes upon the personal rights or dignity of a person, or places an individual at risk regarding personal health and safety shall not be tolerated. Our violence and harassment prevention program was developed and includes risk assessment processes and site safety guidelines, policy and procedures (aligned with Ontario - Bill 168).

This year we sustained our successes in measuring both patient reported outcome measures (PROM) that has demonstrated SCHC has a significant impact on improving the mental health and well-being of clients from a variety of programs. Our strategic plan encourages deeper psychological safety to report any forms of racism and discrimination being reported and acted upon meaningfully. We also incorporated into our client experience survey a co-designed sense of belonging question to enable us to monitor across our client base where there might be inequities that enable us to respond with actions that will reduce those, and also augment client service delivery that is as safe for staff as it is for clients.

Palliative Care Models

Scarborough Centre for Healthy Communities continues to pioneer and lead the forefront of collaborative palliative care in Scarborough. Hosting a Palliative Community Care Team that has continually expanded after over a decade of evidence in high quality service delivery, we have recently expanded again to include a palliative Clinical COACH role. The clinical COACH role is about Palliative Care conversations in Primary Care, to guide implementation of Palliative Care Health Service Delivery Framework in Community Organizations. This role partakes in teaching coaching, and mentor local providers in the community to drive practice change and provide high quality care as close to home as possible, build primary level palliative care competencies of health care providers in the Community Organizations, strengthening local teams and creating a provincial program for palliative care.

Furthermore, in continuing to co-lead the Scarborough Palliative Care Collaborative for the last decade, and continually growing and involving more members across different sectors, we continue to refine our HINP status by hosting the Centralized Access for all referrals to palliative Care across Scarborough. This allows right care, right time, right place significantly more effectively, and unleashes new data for us to compile and improve upon in terms of turnaround times from referral to access, as well as invite new insights for continuous improvement.

This year we saw the Community Palliative Care Team migrate to the local hospital's electronic medical record EPIC, in order to practice in much more integrated manner, having access to the right information, with consent, in a significantly more seamless way to improve both client outcomes and the providers' experience.

Population Health Approach

According to the Centres for Disease Control and Prevention (CDC), population health is an approach that spans disciplines and departments. It has been described as consisting of three components: health outcomes, patterns of health determinants and policies and interventions. The population health approach is a unifying force for the entire spectrum of health system interventions. At Scarborough Centre for Healthy Communities we demonstrate leadership in this area every step of the way.

From chairing the committee for the Scarborough Ontario Health Team's (SOHT) collaborative Quality Improvement Plan to being collaborative partners in almost every change idea, to playing a deeply meaningful role from governance to operations in the SOHT and beyond, we continue to lead in our own model for transformational system integration. As a community health organization providing clinical, community supports and community engagement programs and services, we have been recognized as a leader in unleashing actionable insights in patterns of health determinants that help influence interventions and local policies with our partnerships. Outside of SOHT member collaborations, this year we have collaborated with the City of Toronto and grassroots organizations to not only integrate program access that promotes health and wellness across our communities, but also innovative models including violence disruption workers, and ambassadors to more deeply engage the communities' disenfranchised members more liable to becoming violent and committing crimes in their neighbourhoods by helping to stabilize their lives. Our Health Promotion Strategy has become integrated across the organization rather than as a standalone program and this profoundly affects the approach of all services to take on a population health approach by focusing on targeted universalism (the idea that improving health outcomes and addressing health determinants for the most disenfranchised raises the quality of care for all). This approach has been instrumental in raising the bar across all our services and deepening the strength of our communities being unleashed. We look forward to continuing to lead our efforts in this area well into 2025-26 and beyond.

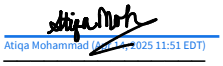
Contact Information/Designated Lead

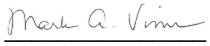
Other

Sign-off

It is recommended that the following individuals review and sign-off on your organization's Quality Improvement Plan (where applicable):

I have reviewed and approved our organization's Quality Improvement Plan

Board Chair 

Quality Committee Chair or delegate 

Executive Director/Administrative Lead 

Other leadership as appropriate