Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

January 29, 2024

Ontario Health

OVERVIEW

West Toronto Community Health Services (WTCHS) is a single agency for community health and support services, formed by the 2021 amalgamation of Regeneration House Inc., Storefront Humber Inc. and The Four Villages Community Health Centre. We are a distinctive agency in Toronto, offering a unique blend of community support, community mental health and addictions services, primary health care and home care. As a newly formed organization, WTCHS has developed a new Strategic Plan to establish a unified vision, mission and values for the organization and outline our strategic priorities for 2023-2026.

Our 2024/2025 Quality Improvement Plan is aligned to two of our strategic priorities of ensuring a connected client journey and improving population health. We have taken an agency wide approach to developing QIP initiatives that are pertinent to our three service areas - Primary Care and Allied Health, MHA supportive Housing and case management, and Home and Community Care and Community Support Services.

The WTCHS Board has a central focus on quality and holds the Chief Executive Officer accountable for quality performance. The QIP forms one component of the organization's quality-related work. WTCHS views quality as strategy, and is building a foundation and culture of quality using a "Whole System Quality" approach with focused work occurring in each of the core areas of Quality Assurance, Quality Control, Quality Planning and Quality Improvement.

ACCESS AND FLOW

WTCHS is committed to increasing access to care and providing care at the right time at the right place. We are also ensuring that a flow is established where clients have access to a basket of services through our interprofessional care team at their first point of contact with our organization. We are piloting our first point of contact initiative and collecting baseline data at this point in time. We also continue our focus on increasing our primary care attachments. In our Home and Community Care service area, we are analyzing data on reasons for client hospitalizations and emergency visits this year. This will help us identify themes and trends which will help us develop proactive intervention strategies for the next QIP.

ADMINISTRATIVE BURDEN

Our first point of contact initiative is geared towards improving both provider and client experience in terms of how clients are connected to care through a single phone call or e-mail. We anticipate that this will reduce administrative burden of multiple touch points with different staff in the organization to be connected to relevant services. We have also created a programs and services inventory of our three service areas which will be helpful for providers in the internal referral process. Full implementation of electronic systems and processes for completion of health equity data is another way we will reduce administrative burden. Through our ongoing meetings and feedback mechanisms we will continue monitoring administrative burden to look for further efficiencies.

EQUITY AND INDIGENOUS HEALTH

WTCHS is working on an Equity, Diversity and Inclusion Framework which will be action oriented and will be finalised with staff and client input. As part of the QIP Plan, we are focusing on rolling out the new Equity data collection tool, and ensuring completion. Our goal is towards completeness of relevant data to support planning based on population health. We will also continue with relevant EDI staff training across all three service areas. Our cancer screening initiatives will continue as part of this year's Quality Improvement Plan

PATIENT/CLIENT/RESIDENT EXPERIENCE

At WTCHS, we have a multi pronged approach in receiving feedback around client and community experience. The organization has recently established patient/client/member Advisory Councils for each of its main programmatic areas (Primary Care, Home and Community Care, Mental Health and Addictions). Clients have provided input into program planning and our strategic directions. They have reviewed the Provincial Declaration of Patient and Family Values and provided input and are working with our Communications Director to tailor it for the clients and communities that WTCHS works with. In addition we have client experience surveys in each of our service areas. Completion rates of OPOC surveys in MHA housing is being tracked as part of the QIP. WTCHS also uses information collected through existing patient complaints/compliments processes to inform QIP development. We also have a new role of Client Relations lead and a clients complaints and feedback process that has been streamlined across the organization. The new process will be implemented this year and we are confident that it will enhance the client experience of how complaints are dealt with.

PROVIDER EXPERIENCE

WTCHS, like other healthcare organizations, is experiencing challenges with burn-out, employee absences due to illness, recruitment and retention. Fortunately, some health care professionals are attracted to working in the community in a team-based environment which has helped to address challenges with recruitment and retention.

As part of our post-amalgamation work, WTCHS has implemented an agency-wide staff survey to gather information on the experiences and needs of staff. The results have been analysed and we are currently in the process of identifying action plans to address key areas of improvement. Providers are engaged in key initiatives such as the first point of contact, that are being rolled out cross organizationally. WTCHS continues to promote team building and professional development opportunities for its' staff.

SAFETY

WTCHS has processes in place to report, respond to and follow-up on patient/client/member incidents. Once such an incident occurs, the first priority is to ensure the patient/client/member(s) involved are safe and receive any immediate care or supports required. Supports required by any staff or other patients/clients/members involved or witnessing the incident are also provided. Incident reporting and debriefing, and any additional information gathering occur thereafter by the appropriate Manager/Director. Incidents are reviewed to identify root causes and any actions required to prevent such incidents from reoccurring in the future.
Patient/client/member safety incidents are also reviewed for trends; when trends are identified this may generate additional action items to reduce certain types of incidents, including providing additional education to staff, changing care processes or other interventions.
As part of our QIP we are also evaluating the impact of our Strong and Steady Program in terms of its ability to help clients live more safely at home.

POPULATION HEALTH APPROACH

WTCHS takes a population health focus in all of its work and works with OHT partners to contribute to specific initiatives.

WTCHS leads and coordinates the SPIN+ initiative whereby clients of solo providers who are not connected to allied health, rehabilitation, and home and community care support are able to access these services. Embedded care coordination through OH@Home is an integral part of this initiative.

WTCHS is also part of an initiative of the West OHT through which services are being made available to two Toronto Community Housing buildings in the West OHT catchment.

Cancer screening continues to be part of our QIP. Our amalgamation has enhanced our capabilities to work with a population health focus - our clients in Mental Health and Addictions housing are now receiving chiropody services, the Integrated Community Based Care team works with seniors in our Community Support services to provide group programming such as Strong and Steady which helps reduce the risk of falling. Our rehabilitation team is able to provide OT/PT assessments to some of our elderly clients.

WTCHS continues operating a satellite food bank in partnership with the Daily Bread Foodbank which has been in operation since 2020. WTCHS also offers numerous programs aimed explicitly at targeting therapeutic needs and/or the needs for social interactions and connections to help maintain mental, emotional and physical health across all three of our main program areas (Primary Care, Mental Health and Addictions, Home and Community Care).

CONTACT INFORMATION/DESIGNATED LEAD

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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

_____

Board Chair

Quality Committee Chair or delegate

Executive Director/Administrative Lead

Other leadership as appropriate