

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

April 26, 2024

OVERVIEW

RGHS is a non-profit, community-governed health and social service agency governed by a 12 member Board of Directors. Incorporated in 1974, as the Merrickville Medical Centre, RGHS has grown steadily in regards to the diversity of programs and services offered as well as the geography served. The Corporate Head Office is located in Merrickville. Other sites include, Smiths Falls, Perth, and Brockville.

We currently support several partner locations across Lanark, Leeds, and Grenville and deliver a wide variety of programs and services including primary care, diabetes education, chiropody, social work, nutrition counselling, telemedicine, and numerous community health promotion and disease prevention programs in support of the health and well-being of our communities.

Our interdisciplinary team, supported by our administrative team, provides primary health care services for our registered clients. We work with our many community partners to provide seamless health and wellness services for the community.

RGHS identifies with a vibrant network of Community Health Centres across the province which has adopted an evidence-informed Model of Health and Wellbeing (MHWB) to guide the delivery of primary health care. The model, which defines health in the same way as the World Health Organization, “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity”, aims to achieve better health for all. In working towards this goal the model advocates and supports transformative change for people and communities facing barriers to health.

REFLECTIONS

In 2021 the RCHS Board of Directors approved our 2021-2026 Strategic Plan with the following Strategic Priorities:

1. Working Together to Improve Health and Wellbeing
2. Working Together to Support Innovation and Community Connection
3. Working Together for Person- and Community-Centered Care

RCHS' Operational Plan for 2024-2025 includes objectives which support the strategic plan and promote organizational growth and innovation:

- Position RCHS as the better employer, recognized for its exceptional workplace environment and fostering a workplace culture that inspires respect and collaboration.
- We will invest in and strengthen our community partnerships to improve the health of all members of our communities.
- We will advocate for enhanced services and programs to meet the needs of our communities.
- We will work with our partners on the Ontario Health Team to improve access to services in our communities.
- We will seek innovative ways to use technology to improve our use of data and electronic access to health services in Lanark, Leeds, and Grenville.
- We will communicate with community members and partners in different ways to deepen their connection with Rideau Community Health Services.
- Continue promoting use of technological solutions to communicate with clients more efficiently.
- We will ensure that programs and services delivered meet the

needs of the individual, are focused on high quality and are equitable, inclusive, effective, and efficient.

- We will work with our community partners to ensure that individuals receive seamless access to services and the level and quality of services they need regardless of where they live in the communities.

RCHS is proud to be part of the Lanark, Leeds, and Grenville Ontario Health Team (LLG OHT) and supporting by being the Transfer Payment Recipient (TPA) and being active participants in the work of the LLG OHT.

ACCESS AND FLOW

Primary Care and Allied Health Care Services

- Rideau Community Health Services is extremely proud to announce that we have partnered with Centretown Community Health Centre's Trans Health Program to begin offering Trans Health and Gender Affirming care in our region. Centretown CHC's team is working with the Primary Care Team at RCHS to provide hands-on intensive support and coaching as we begin offering this much needed service to clients in our region.
- RCHS continues to partner with our Public Health Unit (PHU) to provide women's clinics to individuals who do not have a Primary Care Practitioner (PCP).
- To support access to primary care we have continued with same-day respiratory clinics while continuing to offer same-day triaging for those requiring urgent access.
- Improving access is a priority for RCHS and our QIP has several initiatives that will identify opportunities for several of our programs.

ADMINISTRATIVE BURDEN

We know that the administrative burden for clinicians has proportionately increased post-COVID-19 Pandemic. We are seeing the need to enhance clinician time to complete administrative tasks. In addition we are seeing an increased need for support in various forms to our teams.

We are working to find technological solutions to support these increased needs - including expanding the use of messaging within PS Suites and implementing the use of AI scribe for Providers. These are important initiatives that have been successful in other environments.

EQUITY AND INDIGENOUS HEALTH

Rideau Community Health Services respectfully acknowledges that we are located on the traditional territory of the Algonquin Anishnaabeg Nation, which was never ceded or legally signed away to the Crown or to Canada.

We are committed to reflecting on the territories in which we have the privilege to live, work and play on and commit ourselves to gaining knowledge, forging a new, culturally safe relationship, and contributing to reconciliation.

We recognize that First Nations, Métis, and Inuit are traditional cultures of knowledge sharing and we understand we have a lot to learn. Learning is the spirit in which we come together.

RGHS has developed a Inclusivity, Diversity, Equity, Anti Racism, and Anti-Oppression (IDEAA) framework. We have an IDEAA committee that works with our staff to support ongoing education and plans for how we support our communities. This has included having speakers with diverse experiences at All Staff meetings and offering educational opportunities to staff and volunteers (including The San'Yas Indigenous Cultural Safety Training Program).

In addition, Rideau Community Health Services is extremely proud to have partnered with Centretown Community Health Centre's Trans Health Program to begin offering Trans Health and Gender Affirming care in our region. Centretown CHC's team is working with the Primary Care Team at RGHS to provide hands-on intensive support and coaching as we begin offering this much needed service to clients in our region.

PATIENT/CLIENT/RESIDENT EXPERIENCE

RCHS is committed to continually engaging clients through a variety of means throughout the year. Some of the highlights for 2023-2024 include:

- Greatly increased participation and representation in various community events by our teams, Board of Directors, and Leadership.
- Bi-annual client engagement and experience surveys continue to be administered and reported to the Board, with a goal to increase client response rates.
- The development of a Community Engagement Council to support RCHS in co-designing our programs and services.
- RCHS' newly developed Quality Improvement Plan for 2024-25 includes specific indicators related to client experience.

PROVIDER EXPERIENCE

Rideau Community Health Services is committed to supporting wellness in the work environment and implementing associated best practices.

What does this look like in practice?

- Providing a safe, healthy, positive, and respectful environment for all individuals – this includes staff, those receiving services, visitors, and volunteers.
- Providing an environment that enables optimal outcomes for individuals and the organization as a whole.
- Promoting a positive work life culture (which includes a “just” culture) and work life balance.
- Investing in people: build interdisciplinary teams; optimize communication and staff involvement; recognize staff contributions; promote learning; and increase skills, competencies,

and capacity.

- Promoting knowledge exchange, share lessons learned, and build capacity within the health and wellness system and most importantly Celebrate our success!

Electronic communication with clients enabled efficient appointment reminders, completion of mandatory forms, delivering requisitions, and expansion of our on-line presence.

- The implementation of a new soft phone system that incorporated digital technology and eliminates the need for traditional desk phones wherever possible.

Additionally, we are further investigating opportunities to support the clinical team through the use of technology for messaging and management of their workload. We understand the additional burden being experienced related to the need for enhanced documentation. We are also looking at the opportunity to trial AI Scribe with a goal to reduce administrative burden and support for clinician satisfaction.

On RCHS' 2023 Employee Healthy Workplace Survey, over 85% of our staff indicated that they would recommend RCHS as a place to work, which supports our belief that we are working with our teams to provide supports.

SAFETY

For Rideau Community Health Services (RCHS), quality of care includes the delivery of effective and safe programs and services that are reflected in our culture. We work to support improved outcomes that align with the client, family, and community needs.

We will be driven by data and best practices which is foundational and integral to all quality. Our Integrated Risk, Quality, and Safety Framework is also supported by the Quadruple Aim.

RCHS is committed to promoting risk identification, safety, and management practices that support quality programs and services, and to putting people, clients, volunteers, and staff first. This takes place within a culture of continuous quality improvement, where issues are identified and resolved in an effective and systematic manner.

What does this look like in practice?

- Encouraging those receiving services and participating in programs to participate in decision making.
- Collaborating with those receiving services and their families to help shape their health and wellness journey.
- Respecting and responding to choices, needs, and values.
- Promoting a culture of safety.
- Learning from past experiences.
- Working collaboratively across all sectors of the system to support quality and safety.
- Ensuring good communication between providers and those receiving services and their families.
- Involving those receiving services, their families, and the public in planning for safety and quality.

POPULATION HEALTH APPROACH

In the past year there has been a Health Promotion framework and strategy developed which aligns with RCHS' Strategic Plan 2021-2026 and Operational Planning for 2024-2025.

- RCHS' Health Promotion Team was expanded to enhance service provision to the Brockville region. There have been new relationships formed and very positive collaborations. The first Community Forum was held at Loaves and Fishes in Brockville, in partnership with Lanark, Leeds, and Grenville Mental Health and Addictions (LLGAMH) with more than 15 health and social service agencies present to provide information about their programs and services to unhoused individuals and complex clients.
 - By developing new partnerships, we have been able to support clients in need of system navigation which includes a new fee-waiver program to assist those who are experiencing homelessness or who are marginally housed in obtaining Social Insurance Numbers, OHIP cards, Birth Certificates, Ontario ID Cards and information on various federal benefits such as the Canada Pension Plan/Old Age Security/Guaranteed Income Supplement and the new Canadian Dental Care (among others). Our work with Service Canada, Service Ontario, and the Canada Revenue Agency was recognized in the Ontario Legislature by our Local MPP Steve Clark.
 - RCHS has partnered with the Royal Ottawa Mental Health Centre to support hiring two Ontario Structured Psychotherapy (OSP) Therapists to provide Cognitive Behavioural Therapy in the region. Community Programs
- Significant changes to the Smoking Cessation (STOP) program have enabled group programming which has greatly improved the flow and access of the community to these resources.

In addition, our high risk chiropody program is collaborating with the LLG Ontario Health Team to complete a regional review of services to develop a regional approach to programming and equity of access.

Optimizing Technology

- Electronic communication with clients enabled efficient appointment reminders, completion of mandatory forms, delivering requisitions, and expansion of our on-line presence.
- The implementation of a new soft phone system that incorporated digital technology and eliminates the need for traditional desk phones wherever possible.
- Increased collection of socio-demographic data for our clients through technology.
- RCHS is regularly appearing on local television and radio to promote access to programs and services with no referral required.
- Social media live streams are now being used to increase access to group programs and demonstrations (such as nutrition and cooking sessions).

CONTACT INFORMATION/DESIGNATED LEAD

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OTHER

Quality Improvement Achievement from 2023-2024:

The development and implementation of Yoga Therapy for Post-Traumatic Stress Disorder (PTSD) is a specialized approach that combines the practices of yoga with trauma-informed principles to address the unique needs of individuals with PTSD. Trained yoga

therapists who specialize in trauma-informed care can provide a safe and supportive environment for individuals with PTSD. A trauma-informed approach emphasizes choice, consent, and autonomy, allowing individuals to engage in yoga practices at their own pace and comfort level. Yoga therapy aims to regulate the nervous system, reduce symptoms of hyperarousal and anxiety, and promote a sense of safety and grounding. It helps individuals develop body awareness, rebuild a positive relationship with their bodies, and release stored tension and trauma. Through mindfulness and breathwork, individuals learn to manage distressing thoughts and emotions, cultivate present-moment awareness, and develop coping skills for emotional regulation.

Client outcomes:

Clients that attended RCHS' Yoga Therapy program completed three screening tools prior to the start of this group and again after the final session. Of the clients that completed the course, there was an overall reduction in screening tool scores. PHQ9 (depression) scores dropped from an average of 15 (moderately severe) to 5 (mild), GAD 7 (anxiety) scores dropped from 14.5 (severe) to 6.5 (mild) and PCL5 (PTSD) dropped from 49.5 to 28 (with a 10 point drop being clinically significant). Clients also indicated improvements in emotion regulation, focus and mood in addition to being able to process their experience further during counselling sessions.

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
April 3, 2024

Chris Cummings, Board Chair

Corey Turnbull, Quality Committee Chair or delegate

Michele Bellows, Executive Director/Administrative Lead

Anne Caron, Other leadership as appropriate

Access and Flow

Measure - Dimension: Timely

| Indicator #3 | Type | Unit / Population | Source / Period | Current Performance | Target | Target Justification | External Collaborators |
|-------------------------------------------|------|---------------------------------------------------------------------|------------------------------------------------------------|---------------------|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| Number of new patients/clients/enrolments | O | Number / PC patients/clients New clients rostered in 2024-25 | EMR/Chart Review / Most recent consecutive 12-month period | 91.60 | 95.00 | We would like to achieve 95% of our total expected panel, which allows flexibility to enroll additional complex clients and those who are newcomers to our region as identified by our team and partners. RCHS remains available for intake of these additional clients as well as unattached palliative clients in our region. | |

Change Ideas

Change Idea #1 Review of repeat visits and clients who have greater than 6 visits in a year to improve access to providers for all clients. Clients who require greater than 6 visits per year potentially require additional resources to support them and specialized care plans.

| Methods | Process measures | Target for process measure | Comments |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| 2023-2024 data on repeat visits will be analyzed and chart reviews with interdisciplinary team meetings will be held to discuss individual cases and create action plans. | Clients who see providers more than 6 times per year will be reviewed, and additional resources or care plans will be identified. | 80% of clients who currently have greater than 6 visits per year will be connected with other resources and services, with a goal to increase access to provider time for all clients. | |

Measure - Dimension: Timely

| Indicator #4 | Type | Unit / Population | Source / Period | Current Performance | Target | Target Justification | External Collaborators |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|---------------------|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| Patient/client perception of timely access to care: percentage of patients/clients who report that the last time they were sick or had a health problem, they got an appointment on the date they wanted | O | % / PC organization population (surveyed sample) All primary care clients who had a visit in the previous 6 months. | In-house survey / Most recent consecutive 12-month period | 81.75 | 85.00 | This is an objective indicator for clients with our goal being to achieve 85%. If this goal is achieved as reported on the client experience survey, we can then look to supporting a higher target with additional quality improvement measures. | |

Change Ideas

Change Idea #1 Improve access related to change idea which will support increased number of appointments for the clinicians related to adding additional supports

| Methods | Process measures | Target for process measure | Comments |
|--------------------------------------------------|------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|----------|
| Data pull for 1 year as per change idea as above | Data pull which will pull clients who have 6 appointments per year and a review of supports in place | improvement in survey results to 88% from 85% who feel they received an appointment when needed | |

Equity

Measure - Dimension: Equitable

| Indicator #1 | Type | Unit / Population | Source / Period | Current Performance | Target | Target Justification | External Collaborators |
|------------------------------------------------|------|-------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|---------------------|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| Completion of sociodemographic data collection | O | % / Patients Clients who have been seen by primary care in the previous year who had a new socio-demographic form completed. | EMR/Chart Review / Most recent consecutive 12-month period | CB | 75.00 | Data is being reported by year. We expect to see 1/3 of all primary care clients, and we feel obtaining socio-demographic data for 75% of clients seen in a 12-month period is a reasonable target. | |

Change Ideas

Change Idea #1 Continue to promote the collection and updating of socio-demographic information and the importance of capturing the associated client data with our administrative support and clinical teams, as well as providing clients with education on the importance of the information being collected.

| Methods | Process measures | Target for process measure | Comments |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|----------|
| Ensure socio-demographic forms are provided to all primary care clients for completion, and provide any support required to clients when completing the form. The form is a complex, multi-page document which often require additional support to clients in terms of understanding and completion. | Data will be reviewed for all clients seen over a 12 month period who have new socio-demographic information on file. | The target will be based on baseline data collected over a 1 year period. | |

Experience

Measure - Dimension: Patient-centred

| Indicator #2 | 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 | O | % / PC organization population (surveyed sample) Clients who saw a PC practitioner in Q1 and Q2 or 2023/24 | In-house survey / Most recent consecutive 12-month period | 86.00 | 90.00 | | |

Change Ideas

Change Idea #1

| Methods | Process measures | Target for process measure | Comments |
|---------|------------------|----------------------------|-------------------------------------------------------------------------------------------------------------|
| | | | Total Surveys Initiated: 100 We are performing well on this indicator (ie. above provincial average) |