South Riverdale
COMMUNITY
HEALTH CENTRE

Report to the Board: QI Committee

March 2025

Agenda

- Provincial Context & Priorities for QI plans FY 25/26

- SRCHC Narrative – Key Themes

- Current performance (FY 24/25) and targets for FY 25/26

Provincial & Regional Context

2025/26 QIP matrix – Key Priorities

Access and flow - A high-quality health system provides people with the care they need, when and where they need it.

Equity - Advancing equity, inclusion, and diversity and addressing racism to reduce disparities in outcomes for patients, families, and providers is the foundation of a high-quality health system.

Experience - Better experiences result in better outcomes. Tracking and understanding experience is an important element of quality.

Safety - A high-quality health system ensures people receive care in a way that is safe and effective.

2025/26 Quality Improvement Plan Program: Indicator Matrix

Optional indicators (unless marked priority), by sector

Priority issues	Hospital	Interprofessional primary care	Long-term care
Access and flow *A high-quality health system provides people with the care they need, when and where they need it.*	• 90th percentile ambulance offload time (Priority) • 90th percentile emergency department wait time to physician initial assessment (Priority) • Daily average number of patients waiting in the emergency department for an inpatient bed at 8 a.m. (Priority) • 90th percentile emergency department length of stay for admitted patients • 90th percentile emergency department length of stay for nonadmitted patients with low acuity • 90th percentile emergency department length of stay for nonadmitted patients with high acuity • 90th percentile emergency department wait time to inpatient bed • Percentage of patients who visited the emergency department and left without being seen by a physician	• Patient/client perception of timely access to care • Number of new patients/clients/enrolments • Percentage of clients with type 2 diabetes mellitus who are up to date with HbA1c (glycated hemoglobin) blood glucose monitoring • Percentage of screen-eligible people who are up to date with colorectal tests • Percentage of screen-eligible people who are up to date with cervical screening • Percentage of screen-eligible people who are up to date with breast screening	• Rate of potentially avoidable emergency department visits for long-term care residents
Equity *Advancing equity, inclusion and diversity and addressing racism to reduce disparities in outcomes for patients, families, and providers is the foundation of a high-quality health system.*	• Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and antiracism education • Average emergency department wait time to physician initial assessment for individuals with sickle cell disease (CTAS 1 or 2) • Rate of emergency department 30-day repeat visits for individuals with sickle cell disease • Percentage of emergency department visits for individuals with sickle cell disease triaged with high severity (CTAS 1 or 2)	• Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and antiracism education • Completion of sociodemographic data collection • Percentage of clients actively receiving mental health care from a traditional provider • Number of events and participants for traditional teaching, healing, or ceremony	• Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and antiracism education
Experience *Better experiences result in better outcomes. Tracking and understanding experience is an important element of quality.*	• Did patients feel they received adequate information about their health and their care at discharge?	• Do patients/clients feel comfortable and welcome at their primary care office?	• Do residents feel they can speak up without fear of consequences? • Do residents feel they have a voice and are listened to by staff?
Safety *A high-quality health system ensures people receive care in a way that is safe and effective*	• Rate of delirium onset during hospitalization • Rate of medication reconciliation at discharge • Rate of workplace violence incidents resulting in lost-time injury	• Number of faxes sent per 1,000 rostered patients • **Provincial digital solutions suite (6 indicators):** Percentage of clinicians in the primary care practice using… [eReferral, eConsult, OLIS, HRM, electronic prescribing, online appointment booking]	• Percentage of long-term care residents not living with psychosis who were given antipsychotic medication • Percentage of long-term care residents who fell in the last 30 days

Note: Organizations may also consider adding custom indicators to address their own improvement opportunities and collaborative work with other health service providers.

Abbreviations: *CTAS*, Canadian Triage and Acuity Scale; *HRM*, Health Report Manager; *OLIS*, Ontario Laboratory Information System.

SRCHC QI Principles and Narrative

FY 25/26

SRCHC QI Principles – FY 25/26

Program Design

Team Based Care

Apply a health equity/ anti-racism framework to providing access to high-quality, responsive team-based, client-centered health care.

Access

Expand access to client centered primary care and health-promotion supports, with a focus on priority populations including individuals with mental health/substance using/medically complex conditions; people living with chronic diseases, newcomers and people living in poverty.

Co-Design

Develop structures, systems and innovative approaches to engage service users and community in evaluating and co-designing how services/programs are delivered.

Demonstrate Outcomes

Strive towards and demonstrate equitable health outcomes for priority populations.

Data Informed

Ensure information management tools are able to provide timely access to data that supports quality improvement (QI) activities and accountability.

Collective Impact

Commitment to Reconciliation

Work with community partners to ensure that indigenous health care is planning, designed, developed, delivered and evaluation by indigenous governed organizations

Population Health and Anti-Racism Framework

Align with the Ontario Health's equity framework and work with community partners to address health equity, anti-Black racism and anti-indigenous racism in the design, development, delivery and evaluation of health-care services

System Transformation

Partnership

Work with East Toronto Health Partners, Downtown East OHT, the East Toronto CHC Network and other community partners to support initiatives that enhance service integration and improve care transitions to ensure clients are able to access the right care at the right time in the right place

QI Plan FY 25/26

The plan to be submitted to Ontario Health:

1. **Narrative**
   – opportunity to highlight QI work and challenges

1. **Progress Report –FY 24/25**

   - update on QI activities from last year

3. **Workplan – FY 25/26**
   – indicators, targets and improvement ideas for the upcoming fiscal

QI Narrative FY 25/26

Area	Focus	SRCHC Themes
Overview	*Description of how your organization is working to improve care or an achievement that your organization is most proud of. This opening paragraph will set the context for what your organization will be working toward through QIP activities*	• Background about SRCHC • QI - focus on demonstrating equitable health outcomes- collection of demographic data
Access & Flow	*(In this section, describe improvement work that your organization has planned to support patients, clients, and residents in accessing the right care in the right place at the right time..)*	• Overview of team-based care at SRCHC • Highlight challenges with recruitment and retention
Equity & Indigenous Health	*(Please share your organization's plans for quality improvement initiatives to improve equity and foster Indigenous health and cultural safety (for example, implementation of workplans such as an Equity, Inclusion, Diversity, and Antiracism workplan; First Nations, Inuit, Métis, Urban Indigenous health workplan,)*	• Focus on work of the new integrated Primary Care Team and access to services via Shkaabe Makwa at CAMH • Program designed to drive culturally-responsive systems initiatives through the advancement of research, workforce development and innovative healing models that harmonize traditional knowledge and medical expertise.

QI Narrative FY 23/24

Area	Focus	SRCHC Themes
Patient/ Client Experience	Share how your organization plans to incorporate information from experience surveys; or other feedback received about care experiences into improvement activities..	• Review process of SRCHC's annual client survey
Safety	*Describe a quality improvement project or initiative that is part of your organization's efforts to create and sustain a culture of safety to prevent or reduce patient safety incidents. Consider **sharing system approaches of addressing all forms of harm by leveraging Healthcare Excellence Canada's Rethinking Patient Safety Report***	• Focus on safety issue related to the closure of KeepSix • Share with CHCs in east Toronto to amplify message

QI Narrative FY 23/24

Area	Focus	SRCHC Themes
Palliative Care	*Describe how your organization has delivered (or plans to deliver) high-quality palliative care. Please provide up to 3 specific examples of activities within your organization that demonstrate a commitment to meeting this objective – includes organizational readiness; health human resource competency; patient, resident, and care partner engagement; patient, resident education; and the organization's focus on processes to support care*	• Will focus on current practice, but no new work anticipated in the upcoming fiscal • Home visits, care planning, referrals etc
Population Health Management	*Share how your organization is partnering with other health service organizations to care for the unique needs of people in the community. For organizations that are part of an Ontario Health Team, consider including work (or planned work) related to population identification or co-design with people with lived experience.*	• Highlight population focused approach of service teams • Program highlights - early pregnancy clinic at MGH • Work with downtown East OHT- re: diabetic foot care screening

QI Narrative FY 23/24

Area	Focus	SRCHC Themes
Administrative Burden	*To help support the primary care initiative of "patients before paperwork," share how your organization is supporting clinicians and the interprofessional team in being able to spend more time on direct patient care by streamlining clinical and administrative work. Examples, standardized documentation, secure messaging, e-referrals, OLIS, electronic prescribing etc.)*	• Highlight key challenge with secure messaging an AI scribe • Cost to implement across organization – over $200,000/year • Key message will be shared by the CHCs in east Toronto

SRCHC QI Progress Report 24/25 & Workplan FY 25/26

QI System Report (FY 24/25)

Interprofessional Primary Care – Analysis of the 2024/25 Quality Improvement Plan Submissions

291 family health teams, community health centres, nurse practitioner-led clinics, and Indigenous interprofessional primary care teams from across Ontario submitted a 2024/25 **Quality Improvement Plan (QIP)**.

Progress Report

Most common **successes or enablers**:
- Improved access to care for patients
- Better data collection and use
- Efficiencies created by leveraging technological solutions

Most common **challenges or barriers**:
- Staff shortages, turnover, and workload challenges
- Challenges with data collection and retrieval
- Costs of using and implementing technology

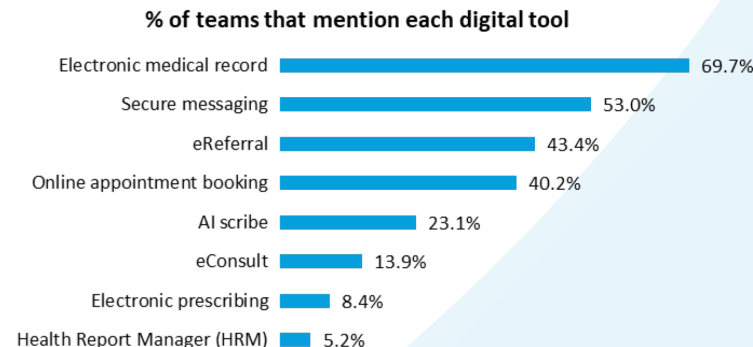To review the data and learn more about the QIPs submitted across the province, visit Query QIPs.

Workplan

Average performance of optional indicators:

794 new patient or clients were enrolled per team

55% of sociodemographic data collection was complete

73% of patients or clients felt that they received timely access to care

88% of patients or clients felt comfortable and welcome at their primary care office

58% of staff have completed relevant equity, diversity, inclusion, and antiracism education

91% of patients or clients felt involved in decisions about their care

Administrative Burden

A new field was added to the narrative to better understand the administrative challenges teams are facing and the solutions they have already implemented. Across Ontario, teams are turning to digital tools to combat administrative burden.

% of teams that mention each digital tool

Digital tool	%
Electronic medical record	69.7%
Secure messaging	53.0%
eReferral	43.4%
Online appointment booking	40.2%
AI scribe	23.1%
eConsult	13.9%
Electronic prescribing	8.4%
Health Report Manager (HRM)	5.2%

- 32% of all custom indicators were related to **cancer screening**
- **Access and flow** priority issue had the most custom indicators
- **Access** and **attachment** were prevalent themes across narrative, matrix, and custom indicators
- **Indigenous cultural safety training** was the most commonly referenced equity, diversity, inclusion, and antiracism training for staff
- Equity indicator work is just beginning for many teams

Bright Spot: Petawawa Centennial Family Health Centre

" "Petawawa Centennial Family Health Centre will continue to enroll patients through its new, innovative program, **Integrated Virtual Care (IVC)**, which aims to address the problems of attachment and insufficient local physicians, by enrolling individuals who are not currently attached to a primary care provider to a named family physician who works primarily remotely. Patients receive comprehensive, team-based primary care with family physician leadership through a blend of in-person and at-home or virtual care options."

—*Petawawa Centennial Family Health Team, East Region*

Ontario Health

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SRCHC QI Indicators

Access & Flow		FY 24/25		FY 25/26
Source	Indicator	Target	Current Performance (Q3)	Target
OH	1. Number of new patients/clients/enrolments	**95%**	90%	95%
OH New	2. Percentage of clients with type 2 diabetes mellitus who are up to date with HbA1c (glycated hemoglobin) blood glucose monitoring	**new**	80%	83%
Alliance	3. Patient/client perception of timely access to care	86%	85%	86%

SRCHC QI Indicators				
Equity		FY 24/25		FY 25/26
Source	Indicator	Target	Current Performance (Q3)	Target
OH/ Alliance	4. Completion of sociodemographic data collection	75%	81%	85%
OH	5. .Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and antiracism education	**75%**	59.77%	75%
Alliance	6. Percentage of recommended clients who received or were offered a Pap test in the most recent 3-year period, stratified by racial/ethnic group	**2%**	**2%**	1.5%

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SRCHC QI Indicators

Experience		FY 24/25		FY 25/26
Source	Indicator	Target	Current Performance (Q3)	Target
OH	8. Do patients/clients feel comfortable and welcome at their primary care office?	**95%**	**97%**	97%
Alliance Retired by OH FY 24/25	9. 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	**92%**	**90%**	92%

SRCHC QI Indicators

Safety		FY 24/25		FY 25/26
Source	Indicator	Target	Current Performance (Q3)	Target
Not Reporting	Number of faxes sent per 1,000 rostered patients	NA	NA	NA
Not Reporting	Provincial digital solutions suite (6 indicators): Percentage of clinicians in the primary care practice using… [eReferral, eConsult, OLIS, HRM, electronic prescribing, online appointment booking]	NA	NA	NA

Next Steps

- Review and Approval- Board Meeting March 20th, 2025

- Updates included in Operational Monitoring Report – June 2025 (FY 24/25- Q4) & December 2025 (FY 25/26- Q2)