

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 5, 2025



OVERVIEW

Rainbow Valley Community Health Centre (RVCHC) is in the Ottawa Valley in the village of Killaloe, Ontario which has a population of approximately 600 people. RVCHC is the smallest CHC in Ontario and located in an area identified by the Ministry of Health as Rural and Remote. Partly due to its remote location and small size, RVCHC is the only Community Health Centre in Ontario to be administered by a hospital, St. Francis Memorial Hospital (SFMH).

The team is comprised of part time staff including two Physicians, two Nurse Practitioners, two Registered Nurses, four administrative staff along with one full-time Social Worker totaling 6.2 FTE.

RVCHC rostered client count of 1163 is comprised of a high index of seniors. 65.6% of clients are over the age of 50 compared to the Ontario CHC average of 40.38%. Of those, 35.49% are over the age of 65 with the ON CHC average at 20.50%. Even though the age demographic is higher than average, the client complexity (SAMI) has remained constant over the past five years and is slightly below the Ontario average of 1.60% at 1.50%.

Our goal at RVCHC is to provide good quality care in a safe and respectful environment where the client feels welcomed and respected, has opportunity for dialogue and feels involved in care decisions.

RVCHC uses internal processes such as client feedback, complaints processes, MSAA indicators and team meetings to identify quality improvement opportunities. In addition, The Quality Improvement Plan (QIP) is based on priorities identified by the Continuous Quality Improvement Committee (CQI) of the Board, Administration and

Ottawa Valley Ontario Health Team. QIP is a tool to affirm and map the commitment of the Board of Directors and all staff in the continuous pursuit of positive clinical outcomes, positive patient experiences and positive staff work life.

Through the partnership with SFMH, RVCHC clients are members of the shared Patient and Family Advisory Council (PFAC) which review and endorse our QIP annually.

The integrated RVCHC/SFMH strategic Plan focuses on four priority areas – Quality of Care, System Integration, Strength in People and Financial Performance.

ACCESS AND FLOW

RVCHC is a member of the Ottawa Valley Ontario Health Team (OVOHT) and has representation on the Primary Care Team, DEI, Human Resources and Communications committees. RVCHC offers free office space to Ontario Health @ Home and the OVOHT. Through this membership, RVCHC is part of the OVOHT Collaborative Quality Improvement Plan in indicators such as:

- Number of primary care teams and community organizations who utilize digital tools to support attached and unattached patients and clients to access the right care at the right time.
- Percentage of enrolled patients with access to a team-based approach to primary health care through an interprofessional team of health care providers working together in various structures to meet the primary needs of the OVOHT community.
- Percentage of screen-eligible people who are up to date with colorectal tests.
- Percentage of screen-eligible people who are up to date with mammograms.

- Percentage of screen-eligible people who are up to date with Pap tests.

RVCHC continues to be represented within the Madawaska Communities Circle of Health (MCCH) which enhances partnerships and relationships with community-based partners. The MCCH which includes hospital, long-term care, hospice, community health and support services, Champlain LHIN HCC, addictions treatment services, paramedic services, as well as many other health organizations, holds a collaborative mandate to enhance and support health of all residents in the Madawaska Valley. To date the MCCH is represented by more than 20 agencies including Algonquin's of Pikwakanagan FHT and community and home support services. MCCH also has patient and family representatives.

RVCHC, through its linkage with SFMH, partners and participates in a regional ethics committee, multi-partner IDEA committee, shares Human Resources, Administration policies and support services such as Information Technology, maintenance, Finance and Payroll.

The RVCHC Executive Director is a member of the non-profit Killaloe and District Housing Board and past board member of the Board for the Killaloe Community Resource Centre, to ensure cooperative planning and aligned strategies.

RVCHC is a member of the Alliance for Healthier Communities, and the Executive Director regularly attends the regional meetings.

EQUITY AND INDIGENOUS HEALTH

RVCHC staff are members of the multi-organization IDEA (inclusion, diversity, equity, and accessibility) committee to support health equity. The committee promotes health equity and fosters inclusivity and belonging. This committee provides a cultural event calendar in our biweekly staff communique and recognizes events throughout the year, such as Black History Month, Pride Month and the National Day for Truth and Reconciliation.

In addition to training on accessibility for all staff, and training on pronouns and gender diversity, all RVCHC staff have participated in indigenous cultural safety training (Kairos Blanket Exercise) through the Mashkiwizii Manido Foundation, and training on Mitigating Unconscious Bias and Walking the Talk.

RVCHC has implemented the comprehensive Alliance for Healthier Communities Health Equity forms for collection of Sociodemographic Information such as language, identity, cultural background, racial group, disability, gender, orientation, income, financial pressures, physical health, mental health, education, housing, transportation, connectivity, employment status and religious affiliations. This data assists to better understand patients, unique needs they may have, and helps them to access targeted care leading to better experiences and outcomes.

As noted earlier, RVCHC also participates in a number of regional healthcare EDI and accessibility committees to share best practices.

PATIENT/CLIENT/RESIDENT EXPERIENCE

RVCHC clients are members of the Joint Patient and Family Advisory Council (PFAC). The (PFAC) continues to help improve decision-making processes, patient experience, and patient safety. PFAC members strongly advocate for clients and their care needs and provide valuable insight and observations on many pertinent topics including our signage, physical comforts of the building, masking etc.

Thank you cards are shared and displayed for all staff. Complaints or concerns are discussed with individual practitioners and then a summary brought forward to the team members at the monthly team meetings.

RVCHC utilizes the Health Quality Ontario Patient Primacy Care Experience survey annually. Patients are given time to complete before their appointments. Results are shared with staff, administration, Continuous Quality Committee, and the Board of Directors.

PROVIDER EXPERIENCE

In-person team meetings continued to be held monthly and everyone contributes agenda items. The team member who adds the agenda item speaks to it and often takes responsibility for follow up action items which promote ownership and positive outcomes. Informal one on one conversations with staff to “check in” give them opportunity to pass along concerns.

Team dynamics play a huge role in keeping the CHC a positive environment. Instead of coffee breaks, the team takes a longer lunch and every day they first take a walk outside and then eat

lunch together. In addition, informal off-hour events take place including kayaking, pickleball, curling, hiking, cross-country skiing and Christmas planter decorating.

RVCHC partnered with St. Francis Memorial Hospital to create a shared full time NP position and was able to successfully recruit. We continue to work with a recruitment/retention focus to meet funded positions through innovative approaches.

Staff have 24hr access to a confidential and free Employee Assistance Program and Human Resource policies such as Banked Time, Sick Time, Emergency Leave, Vacation etc. are available.

RVCHC, as part of the larger SFMH organization has Strength in People as one of its four strategic quadrants. Within that quadrant are the following: Ensure a healthy and safe workplace and Improve staff engagement. We will continue to assess, engage, and encourage our staff to bring forward any issues of concern.

Staff have input into schedules and ability to flex portions of their day.

SAFETY

All staff are required to participate in mandatory Crisis Prevention and Intervention training and yearly refreshers are provided for front line staff.

Client and Staff safety is a standing agenda item at monthly team meetings. Any occurrences are reviewed in detail.

Building security has been reviewed by the team and Codes Silver, Black, White, and Purple policies are in place.

Staff are trained in the donning and doffing of Personal Protective Equipment and measured for N95 masks.

RVCHC is inspected by the Occupational Health and Safety coordinator and recommendations developed to increase safety for staff and clients.

A panic alarm system is in place. Each staff area has a dedicated panic alarm along with a central button that automatically dials 911.

Staff are discouraged from working alone in the building. If staff are alone, the doors are to remain locked from the inside.

PALLIATIVE CARE

RVCHC is dedicated to ensuring our clients receive high quality palliative care by focusing on patient-centered approaches, ongoing education, and effective community collaboration. RVCHC ensures that people with palliative care needs receive compassionate, effective, and timely symptom management while supporting patients, families, and care partners throughout their journey. This approach aligns with key Ontario Health quality standards, such as the management of pain and symptoms, providing the necessary education to staff, families and care partners, and facilitating seamless transitions in care.

The local hospice organization, Madawaska Valley Hospice & Palliative Care (MVHPC) has presented to the team about their services and what they offer to palliative care patients both in the home and within the hospice building. Staff of RVCHC have toured the Hospice residence and are invited to workshops and educational events offered by MVHPC such as Advanced Care Planning and Bereavement Support.

RVCHC staff are able to do in home visits and provide care in the home or within the MVHPC.

One of the RVCHC physicians has a special interest in Palliative care and will take referrals from the other practitioners if they are not comfortable providing the full scope of palliative care.

Palliative Care and End of Life courses are available to staff within the Surge Learning Portal and include modules on Communication, Compassion, Palliative Care Philosophy, Transition in Care and the Dying Process. This content is accessible to all staff year-round, and ensuring ongoing education and competency development.

This community collaboration foster understanding and learning about available resources and the care provided throughout the region, ultimately supporting seamless transitions of care. As healthcare providers and community members work together, they enhance patient navigation and ensure continuous, coordinated care across settings and providers

POPULATION HEALTH MANAGEMENT

As part of every client intake, Socio-demographic and health data is collected. As directed by the Alliance for Healthier Communities, additional, extensive data is collected for all clients including language, mother tongue, nationality, cultural background, racial group, Disability, requests of support, gender identity, sexual

identity/orientation, income and financial stability, community belonging, physical health, mental health, education, housing situation and needs, food security, medication security, transportation issues, connectivity, support systems, employment and religious or spiritual affiliation.

Client experience surveys are conducted yearly with questions on overall health.

Through the Alliance for Healthier Communities, the CHC Practice Profile is Through the Ottawa Valley Ontario Health Team, extensive data on the population of the OHT was collected and shared with members to better inform organizations on key metrics relating to population health to help understand the (changing) nature of the population we serve. Themes included: Age, Gender, sexual orientation, Marital status, Employment, Education, Income, Indigenous, Francophone, other languages, Newcomers to Canada, Visible minorities, Religion (e.g., Mennonite), military families, People with disabilities, People with MH/SU conditions. This information focused on trends, not comparisons to other places. Most data is for Renfrew County and District Health Unit geography but some was for smaller sub-areas. This initiative will work to enhance and harmonize collection of patient/client demographics to support equitable care and planning, equity analysis using available health service data (e.g., by gender, age, neighborhood income). The data will also feed into the workplan: “Data review and summary of services accessed by equity-seeking groups to determine who is (and isn’t) accessing services.

ADMINISTRATIVE BURDEN

RVCHC works to utilize all options to reduce administrative burden and direct funds to patient care. Patient records have been fully electronic for more than 10 years and referrals are now processed through OCEAN. After local hospitals and tertiary care hospitals transitioned to EPIC as their EMR, RVCHC became a “EPIC Care” client to download patient results at EPIC locations.

As reported in the most recent Alliance for Healthier Communities Ontario CHC Benchmarking report (2023-2024 Q4), RVCHC is at the lowest percentile for:

- Lowest Management and Operational Support (MOS) - 4.2% vs median value of 21.1%
- Cost per unique Individuals Served by the Organization - \$657.06 vs median value of \$1323.81
- Cost per Service Provider Interaction - \$140.77 vs median value of \$ 223.22
- Combined cost per service provider Interaction & Service Provider Group Interaction - \$140.77 vs median value of \$216.43

These low costs are largely due to the unique administration arrangement between RVCHC and its partner organization SFMH. An example of the integrated employment relationship positively impacting administrative burden: the Manager of Health Services position at RVCHC is funded for four days per month. This greatly restricted the timely flow of communication and quality, so instead there is a combined/joint position within SFMH which has allowed for increased access to the Manager of Health Services 5 days a week by staff and clients.

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

Access and Flow | Efficient | Optional Indicator

Indicator #1	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Number of new patients/clients/enrolments (Rainbow Valley CHC)	1109.00	1200	1163.00	4.87%	1200

Change Idea #1 Implemented Not Implemented

Increase rostered client count

Process measure

- Rostered client count is reported and reviewed monthly

Target for process measure

- Increase rostered client count by 8% over the next year

Lessons Learned

Good communication with Health Care Connect to ensure appropriate patient referrals.
 HR challenge with new NP not taking on additional clients while building confidence and skills.

Comment

We will continue to keep this indicator till we reach our target.

Access and Flow | Timely | Custom Indicator

	Last Year		This Year		
Indicator #4	82.00	85	86.00	--	NA
Timely access to a primary care provider (patient perception) (Rainbow Valley CHC)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
OHT Population: survey respondents					

Change Idea #1 Implemented Not Implemented

Increase Supply of Visits - continue to recruit to fill vacancies - reduce bad backlog. Investigate Group Visits/Shared Appointments

Process measure

- Keep track of the number of patients who fail to keep their appointments and record on the Demand, Supply, Activity and No Shows worksheet.

Target for process measure

- Reduce No Show appointments by 5%

Lessons Learned

- Stabilized HR with new full time NP.
- No show appointments are tracked.

Comment

Investigating Oceans Appointment reminder software but cost is prohibitive as it is based on a monthly fee for each provider. Will be investigating starting with one 0.8FTE provider.

Equity | Equitable | Optional Indicator

Indicator #3	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education (Rainbow Valley CHC) OHT Population: Executives of the CHC	100.00	100	100.00	0.00%	NA

Change Idea #1 Implemented Not Implemented

Provide training to front line staff

Process measure

- number of staff receiving DEI training

Target for process measure

- 80% of all staff participate in DEI training

Lessons Learned

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Comment

Waiting on direction and suggestions of appropriate resources from the Ottawa Valley Ontario Health Team

Experience | Patient-centred | Optional Indicator

	Last Year		This Year		
Indicator #2	82.02	83	83.40	1.68%	NA
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 (Rainbow Valley CHC)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Ensure practitioners encourage patients to ask questions

Process measure

- Organisations should actively promote shared decision making to people who use their services, for example, offering people training, and using posters or other media (such as appointment letters or websites) to prompt people to ask questions such as: What are my options?

Target for process measure

- Increase in positive response on next years client satisfaction survey

Lessons Learned

Using the bulletin board in the waiting room to advertise options. Practitioners reminded to always ask the client if they have any questions.

Comment

Clients are also given the option to contact off-site manager to give compliments or concerns.

Access and Flow

Measure - Dimension: Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Number of new patients/clients/enrolments	O	Number / PC patients/clients	EMR/Chart Review / Most recent consecutive 12-month period	1163.00	1200.00	Working to reach Ontario Health suggested roster count by Ontario Health based on FTE.	

Change Ideas

Change Idea #1 Number of new patients/clients/enrolments

Methods	Process measures	Target for process measure	Comments
Have new NP working up to full potential to increase appointment times	Rostered client count is reported and reviewed monthly	Increase rostered client count by 5%	Any reduction of staff (NP or Physician) is directly related to this indicator and will negatively impact outcomes.

Measure - Dimension: Timely

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of screen-eligible people who are up to date with colorectal tests	O	% / PC organization population eligible for screening	EMR/Chart Review / Most recent information available	64.00	66.57	Ontario Average is 66.57	

Change Ideas

Change Idea #1 Improvement initiative idea

Methods	Process measures	Target for process measure	Comments
conduct a phone call / letter reminder intervention to contact all patients who are due for screening throughout the year	# of patients contacted and % of patients who completed screening	increase in screening rates to meet provincial average	There continues to be a gap between the MSAA reported numbers and BIRT due to the different reporting parameters.

Measure - Dimension: Timely

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of screen-eligible people who are up to date with cervical screening	O	% / PC organization population eligible for screening	EMR/Chart Review / Most recent information available	74.00	75.00	Ontario average is 67.04	

Change Ideas

Change Idea #1 Workflow efficiency ideas

Methods	Process measures	Target for process measure	Comments
Create cancer screening reports at regular intervals to identify patients who require screening.	Report at monthly team meetings.	increase % of cancer screening reports per year.	There continues to be a gap between the MSAA reported numbers and BIRT due to the different reporting parameters.

Measure - Dimension: Timely

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of screen-eligible people who are up to date with breast screening	O	% / PC organization population eligible for screening	EMR/Chart Review / Most recent information available	62.00	72.00	BIRT data results show us at 72%. Ontario provincial average is 62.49%	

Change Ideas

Change Idea #1 Ensure team understand the MSAA toolbar and the importance of

Methods	Process measures	Target for process measure	Comments
Educate new staff on the importance of screening. Have office staff take lists of eligible clients and call to book screening appointments.	Practice Profile reports of CHC's.	Increase results of "received" screening to provincial level of 62.49%	There continues to be a gap between our MSAA reported numbers and BIRT due to the reporting parameters. Clients "offered or received" vs "received" the screening.

Safety

Measure - Dimension: Safe

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
eReferral: Percentage of clinicians within the primary care practice utilizing this provincial digital solution	O	% / Staff Staff of the CHC	Local data collection / Most recent information available	90.00	100.00	e-Referrals are quick and secure, reduce administrative burden and allow clinicians to spend more time delivering patient care.	

Change Ideas

Change Idea #1 increase the use of e-Referrals by all clinicians

Methods	Process measures	Target for process measure	Comments
provide education and training showcasing the benefits	number of clinicians utilizing e-referrals on a regular basis	100% of all clinicians will regularly use referral	Both physicians working for the CHC are retired and embracing digital change can be difficult.