

Quality Improvement Plan (QIP)

# Narrative for Health Care Organizations in Ontario

March 29, 2023



## OVERVIEW

Brock Community Health Centre is a non-profit charitable community health centre providing a range of primary care services to the rural community of Brock Township and surrounding areas. Brock Township is made up of Cannington, Sunderland and Beaverton and is a rural township. Brock Township has a rurality index of 40 as defined by the Ministry of Health. Brock CHC has a focus on youth and seniors as a priority population for services. Brock CHC was developed with a foundation in the CHC Model of Health and Wellbeing and Health Equity as supported by the Alliance for Healthier Communities. Services at Brock include primary care, diabetes education, social work, intensive geriatric assessment, dietitian, physiotherapy, health promotion and community development.

Brock CHC works collaboratively with other community, health and social service organizations to ensure rural residents have equitable access to services in their community. All programs and services are free and confidential and are offered in virtual and on site formats.

Brock CHC is a signing member of the Durham Ontario Health Team. Brock Community Health Centre is funded by Ontario Health and operates with an M-SSAA (Multi-Sector Service Accountability Agreement). The governing Board of Directors is representative of all of the communities with Brock Township and has representation from the client population.

Brock CHC has a capital project with the MOH for an approximately 20,000 square foot building in Cannington. Estimated date of completion of the project is spring 2024.

Brock Community Health Centre will be hosting community office/program space to allow other organizations to co-locate to increase service provision in the rural community. There are dental suites in the design that the Region of Durham Health Smiles and low income Seniors dental program will use and Durham College has also expressed interest in using the space for low cost dental hygienist clinics.

Strategically Brock CHC is focused on delivering high quality services, cultivating a healthy organization equipped for change, leading through effective communication and building a foundation for success on the new building.

We are looking to communicate with our funders/partners about the uniquely rural needs of this community as Brock CHC is the only part of Durham Region that is on the rurality index. Our hope is to communicate the rural needs with an focus on improving the health system in the community. Brock CHC will work with system partners to advocate for funding and system change to ensure better access to health systems in Brock Township and the surrounding rural areas.

## **PATIENT/CLIENT/RESIDENT ENGAGEMENT AND PARTNERING**

Brock Community Health Centre has a Client Experience Survey that is implemented annually and the resulting report is viewed by the Board of Directors and Staff. Recommendations are made for any client suggested changes that can be implemented.

Our community based programming gathers client input regularly during group programming and often at the request of clients. Concerns can be expressed and collected by community health staff and brought to the staff team for discussion and planning. The community team (outreach/health educators, health promoter)are the regular and trusted point of contact for the community.

Our board of directors has client representatives who are voting members of the organization. Brock CHC is represented on many coalitions/committees including the Durham Ontario Health Team, Durham Elder Abuse Network, Brock High School Hub Committee,

## PROVIDER EXPERIENCE

The last few years have been very difficult times for all staff at the Brock CHC. Client complexity (SAMI 1.9) is very high and we are still living with the global pandemic.

The organization supports a staff wellness committee to provide team building experiences, seasonal activities to increase morale, and appreciation strategies.

Brock CHC purchased an EAP program to support staff.

Primary care staff participated in a survey regarding their overwhelming workload. A staff team has been created to address this issue. Staff identified pressure points in their workday/workflow. Focus will be on work/life balance, where efficiencies can be gained, using the allied health teams, and all practitioners working to full scope of practice.

## WORKPLACE VIOLENCE PREVENTION

Brock Community Health Centre has been experiencing an increase in client frustration with the health care system. Clients are more challenging than ever and there have been incident reports regarding aggressive client behaviour.

All staff are participating in a one day education session with a half day focus on diffusing hostility. We will also create an organizational approach to promoting safe behavior through media and in office signage. (model based on Larkridge Health)

Brock CHC has Workplace Violence and Harassment Policies that are reviewed annually. We will be reviewing workplace safety and security for our new building in the coming months.

In the design of our new building (completion date March 2024) a lot of work has been done to ensure security and safety of staff. (Secure corridors, securing floors, elevator and stairway access controls) Room layouts were reviewed through a staff safety and security lens.

We are reviewing all policies related to staff safety (aggressive clients, panic buttons, evacuations) etc. as it relates to our multiple sites.

## PATIENT SAFETY

Brock CHC has created a quality of care chart audit for all primary care and allied health professionals which will be implemented in the coming months. Utilizing the electronic medical record to the best of our ability to reduce paper, manual entry of fax numbers etc. reduces errors that may impact client care.

## HEALTH EQUITY

Brock Community Health Centre signs the Alliance for Healthier Communities Health Equity Charter. Health Equity is a building block of our community health centre.

We are always attempting to improve access to primary care with managed wait lists, evening hours, daily urgent appointments, virtual care options etc. Our Health Promoter and Senior Outreach Worker provide translation services free of charge, navigation support, transportation coordination and support services.

Services are often delivered in the community ie. influenza vaccination in senior apartments, participation in community hubs, participation at food access sites.

We are just beginning to see our demographic data related to service outcomes and will be making changes where issues of health equity issues exist.

We monitor community needs and develop collaborative responses to serve those who experience barriers to accessing service. (i.e. Seasonal Agricultural Worker program which is a community collaborative involving food access, primary care supports, translation and social groups)

## CONTACT INFORMATION

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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

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Board Chair

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Quality Committee Chair or delegate

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Executive Director/Administrative Lead

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Other leadership as appropriate

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