

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 25, 2026



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. Brock CHC is a good start for the model of a health neighbourhood. 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 and a member of the leadership council of the Primary Care Network of Durham. Brock CHC is funded by Ontario Health and operates with an SAA (Service Accountability Agreement). The governing Board of Directors is representative of all of the communities within Brock Township and has representation from the client population. Brock CHC provides a range of health promotion programming to the rural community. Programming includes falls prevention, seniors exercise, line dancing, tai chi, guided meditation, youth art programming, youth healthy cooking, youth technology programming, drumming for health, indoor

walking, pole walking, mindful yoga, yoga. As a rural community, isolation is a significant health determinant so programming is available in most of our small communities and on a virtual platform.

Brock CHC participates on various community working groups/coalitions to ensure the North of Durham Region is represented. (Opiode Task Force, Elder Abuse Network, Social Development Council - North Durham, etc.) Brock CHC is in partnership with Ontario Shores for the Ontario Structured Psychotherapy Program (OSP) which allows access at our site to an OSP worker for mild to moderate depression or anxiety treatment.

Brock CHC has moved into a new purpose built home in Cannington. A Beaverton satellite remains. Our focus is on working to create a health neighborhood for this rural community and providing a physical hub for services. Increased access to collaborative primary care, allied health and social services is the focus for our new development.

Brock CHC has rented space to Dynacare, a community lab, and VON Assisted Living. In our new facility we have North Durham Family Health Team offering an unattached primary care clinic, Best Care offering COPD services and Lakeridge COPD exercise classes.

Brock CHC had submitted a funding application for expansion and to establish a North Durham Health Home with North Durham Family Health Team, Medical Associates of Port Perry, Uxbridge Toronto Street Clinic and Uxbridge Health Centre.

Broch CHC as a rural CHC continues to struggle with Nurse Practitioner recruitment due to salary and our distance to larger city

centres.

ACCESS AND FLOW

As we still struggle with recruitment issues (NP salary disparity with hospitals) timely access to care has been an issue for our organization as identified in our client satisfaction survey results.

We will focus on addressing some of this with the QIP workplan and the Quality Management team. The client satisfaction recommendations come from the staff quality committee and are reviewed by the Board Quality Committee/Board and are monitored for action.

We have just established an urgent care clinic for our clients (2 days per week) utilizing our .5 Physician position.

We are redeveloping our OTN program with support from Ontario Telemedicine to increase local access to specialists including psychiatry, pharmacy etc.

We have engaged partnerships with other providers to see unattached people in Brock Township. North Durham Family Health Team is on site with us one day per week and the Good Doctors are also in Beaverton at space in the local long term care facility.

We have a primary care workload management working group that is looking at various strategies to increase access to care. We have adopted Tali Ai to decrease the number of after hours that providers work unpaid. It has been successful and has resulted in a slight increase in patient care times becoming available. One of our Physicians is doing a project with the OMA for certification that will be looking at the impact of allied health professionals and programming (social prescribing) on patient access to primary care.

EQUITY AND INDIGENOUS HEALTH

We have not yet reached out to our local (out of our Township) Indigenous groups to visit our new site so that we can ensure the provision of a safe space for traditional healing and to introduce our new location as a resource available to Indigenous groups and to talk about potential collaborations. Indigenous cultural safety training will be a part of our staff orientation utilizing resources recommended by Ontario Health.

Our new facility meets physical accessibility requirements. Our Board of Directors annually approves and accepts the Health Equity Charter of the Alliance for Healthier Communities. Our Board has received training on Governing for Health Equity, through one of the Ontario Health recommended resources (Cancer Care Ontario).

Brock CHC works hard to ensure services are accessible to all clients by making available translation services (even on-demand) and through community development/capacity building. Our health promotion team has engaged with the French Language Cultural Centre, connected clients in need with them and provided space for services.

Seasonal Agricultural Workers are a priority population that receives meal support, culturally appropriate social activities, primary care and other programming often in collaboration with a local church community.

Brock CHC now has a new site (owned building) and will begin to do more extensive work on equity, diversity and inclusion with the Executive Committee taking the lead role in developing a more comprehensive EDI workplan.

Brock CHC has submitted an Expression of Interest to Ontario Health to create a North Durham Health Home with partners. The Home will also include social support organizations that support connections to the community, to culture and to social engagement.

PATIENT/CLIENT/RESIDENT EXPERIENCE

Brock CHC has an annual client survey. The survey results are collated and reviewed by the staff Quality Committee and recommendations are made. The Board Quality Committee then reviews and puts forward to the Board. These recommendations become actionable items by the appropriate team and can be found in their minutes. Highlights of our survey are put on social media and website. Group participants are giving feedback continually at the end of the program that is incorporated into the ongoing planning. Each location has a suggestion box (being put out again now that COVID has lessened) where suggestions/recommendations can be made and sent to the Quality Committee. Both the Executive Director and Clinical Director have made themselves available (email and phone number on line and given out regularly) to clients and the community so that any concerns/suggestions can be made directly to the leadership team.

We will be looking to create a client/caregiver/participant/community advisory committee so that input can be received and responded to organizationally. This group will feed information into the Quality Committee of the Board. Our board of directors is representative of the communities we serve and are ambassadors for the organization.

PROVIDER EXPERIENCE

Recruitment and retention are an ongoing concern given the pay disparity between hospitals and community based primary care (NPs, Dietitians, Social Work specifically). We have focused on workload management strategies, flexible options for FTE status and compressed work weeks. We have revised the vacation policy to impact our long term employees so that they got an increase after 15 years. We have maintained our benefits package despite budget issues, have HOOPP pension, generous and flexible sick time (incorporates family sick), an EAP program and where possible allow some remote work.

We have a generous education time and fund account available to all staff and encourage its usage. We have established a Wellness Committee to focus on culture/wellness/morale and allow work time to plan for this committee.

We used new funding for retention and recruitment to ensure all staff received a cost of living increase and then focused on increasing the salaries that we had issues with recruitment. (NP, Social Work/Therapist) We have worked with local FHT, CHCs to keep our salaries for NPs consistent to avoid competition.

SAFETY

Our Primary Care team meetings are the place where patient safety issues are brought and strategized. No issue is too small. We have an incident reporting process and a "risk assessment process where we analyze near or potential risks. We focus on learning, systems approach and focus on the upstream prevention.

We have secure emailing to clients through the EMR but are still looking at improving that system with the purchase of a faxing and emailing component designed for our EMR. This will increase quick communication and privacy.

We utilize an on line booking system for our Registered Practical Nurses.

We focus on physical safety with our Joint Occupational Health and Safety Committee addressing physical issues with site conditions, equipment and safety tools. (AED, transport chairs etc.) Site inspections are done monthly and reported to the committee. Remediations are as immediate as possible. We have a new facility and are revamping all fire safety, business continuity, evacuations, response to medical emergencies and site specific policies.

Providers create trusting relationships where safety concerns can be share by the client as reflected in our client satisfaction survey.

PALLIATIVE CARE

Palliative care is provided in a collaborative way at Brock CHC. Quite often the community palliative care teams are engaged to support this work. Home visits are often part of this process. Some of the Primary Care team have been trained in palliative care and share that expertise in a collaborative way. Our after hours on-call can be used in Palliative Care. We encourage education on palliative care and have a budget for training. Brock CHC primary care team, as on site providers, support the community palliative care teams with urgent home visits for medication etc. . (rural community in North Durham) Brock CHC has a collaborative relationship with Community Paramedicine for the management of chronic diseases, which can include palliative care for home monitoring etc.

POPULATION HEALTH MANAGEMENT

Our Health Promotion team participate in many community committees and networks where community profiles are completed for health related issues. For example, Brock CHC, has long been a part of gathering data re: rural oral health and has advocated with local and provincial bodies for low income senior and child and youth dental services. We will be hosting the Region of Durham's Low Income Oral Health Program (seniors, child, youth) in our new facility as a result of this advocacy. Brock CHC is a participant in the North Durham Social Development Council which brings together health and social services to identify gaps in services and strategize solutions.

CONTACT INFORMATION/DESIGNATED LEAD

Janet McPherson
Executive Director
705-432-3322 x110

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
