Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 17, 2026

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. Our area has no public transportation options and there are no walk-in or urgent care clinics within the County. Currently there are approximately 20,000 residents in the County without a primary care provider, the highest number in the province, and individuals have a heavy reliance on emergency departments or the Renfrew County Virtual Triage and Assessment Clinic (RCVTAC) for their primary health care needs.

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 Physicians, Nurse Practitioners, Registered Nurses, administrative staff and Social Worker.

RVCHC rostered client count of 1245 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

Over the past year, RVCHC, along with a multi-partner Interprofessional Primary Care Teams, in the spirit of collaboration, have worked together to develop innovative, equitable solutions to meet the primary health care needs of those individuals without attachment to a primary care physician, many of whom are vulnerable and marginalized. This proposal included a request for funding to further ensure patients of all physicians attached to a Primary Care Team in the County have equitable access to interprofessional team-based services. The submission was successful and work is ongoing to meet targets set by the Ministry.

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, 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, RVCHC staff have participated in indigenous cultural safety training (Kairos Blanket Exercise) through the Mashkiwizii Manido Foundation, presentations from pflag Canada and training on Mitigating Unconscious Bias and Walking the Talk.

RVCHC 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 utilizes the Health Quality Ontario Patient Primacy Care Experience survey. In the past it was offered annually, but will now be offered monthly with real time analytics. Patients are provided an iPad and given time to complete before their appointments. Results are shared with staff, administration, Continuous Quality Committee, and the Board of Directors.

RVCHC clients have been 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.

PROVIDER EXPERIENCE

Part time staff can opt into benefits programs or receive in-lieu benefits, can join the pension plan (HOOPP), have 24hr access to a confidential and free Employee Assistance Program and utilize other incentives such as Banked Time, Sick Time, Emergency Leave, Vacation etc. Staff have input into schedules and ability to flex portions of their day.

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. Opting out of coffee breaks, the team often takes a longer lunch in order to 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, 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.

SAFETY

A employee badge security system to eliminate keyed entries is being installed in the new year.
Expansion of the video surveillance system is being installed in the new year to proactively real-time monitor the safety of the team members and clients in public spaces such as waiting rooms and hallways.
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, Bereavement Support and Caregiver burnout.

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 and 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 was 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).

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 March 31, 2026

Board Chair

Quality Committee Chair or delegate

Executive Director/Administrative Lead

Other leadership as appropriate

ACCESS AND FLOW

TIMELY

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

Last Year's Performance (LY)		Current Year's Performance (CY)	
		82.6	85.0
2025/26	Target	2026/27	Target

↑ Higher is better

TIMELY

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

Last Year's Performance (LY)		Current Year's Performance (CY)	
64.0	66.6	68.0	70.0
2025/26	Target	2026/27	Target

↑ Higher is better

TIMELY

Percentage of screen-eligible people who are up to date with cervical screening

Last Year's Performance (LY)		Current Year's Performance (CY)	
74.0	75.0	72.0	75.0
2025/26	Target	2026/27	Target

↑ Higher is better

TIMELY

Percentage of screen-eligible people who are up to date with breast screening

Last Year's Performance (LY)		Current Year's Performance (CY)	
62.0	72.0	74.0	75.0
2025/26	Target	2026/27	Target

↑ Higher is better

EFFICIENT

Number of new patients/clients/enrolments

Last Year's Performance (LY)		Current Year's Performance (CY)	
1,163.0	1,200.0	1,245.0	1,300.0
2025/26	Target	2026/27	Target

EFFICIENT

Percentage of clients with type 2 diabetes mellitus who are up to date with HbA1c (glycated hemoglobin) blood glucose monitoring

Last Year's Performance (LY)		Current Year's Performance (CY)	
2025/26	Target	2026/27	Target

EQUITY

EQUITABLE

Completion of sociodemographic data collection

Last Year's Performance (LY)		Current Year's Performance (CY)	
2025/26	Target	2026/27	Target

EQUITABLE

Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education

Last Year's Performance (LY)		Current Year's Performance (CY)	
2025/26	Target	2026/27	Target

EQUITABLE

Percentage of clients actively receiving mental health care from a traditional provider

Last Year's Performance (LY)		Current Year's Performance (CY)	
2025/26	Target	2026/27	Target

EQUITABLE

Number of events and participants for traditional teaching, healing, or ceremony

Last Year's Performance (LY)		Current Year's Performance (CY)	
2025/26	Target	2026/27	Target

↑ Higher is better

Target

EXPERIENCE

PATIENT-CENTRED

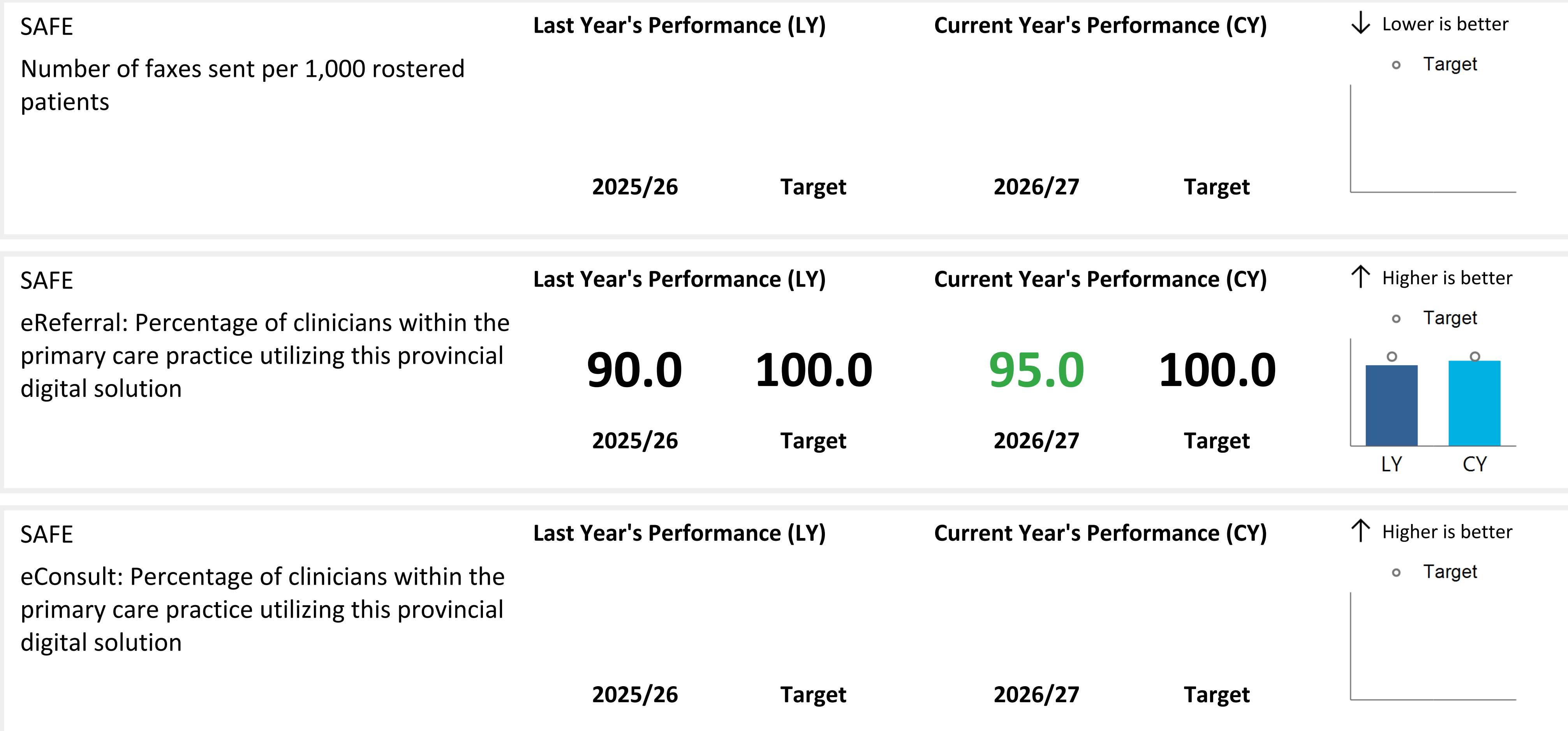
Do patients/clients feel comfortable and welcome at their primary care office?

Last Year's Performance (LY)		Current Year's Performance (CY)	
2025/26	Target	2026/27	Target

↑ Higher is better

○ Target

SAFETY



SAFE

OLIS: Percentage of clinicians within the primary care practice utilizing this provincial digital solution

Last Year's Performance (LY)		Current Year's Performance (CY)	
2025/26	Target	2026/27	Target

↑ Higher is better
○ Target

SAFE

HRM: Percentage of clinicians within the primary care practice utilizing this provincial digital solution

Last Year's Performance (LY)		Current Year's Performance (CY)	
2025/26	Target	2026/27	Target

↑ Higher is better
○ Target

SAFE

Electronic Prescribing: Percentage of clinicians within the primary care practice utilizing this provincial digital solution

Last Year's Performance (LY)		Current Year's Performance (CY)	
2025/26	Target	2026/27	Target

↑ Higher is better
○ Target

SAFE

Online Appointment Booking: Percentage of clinicians within the primary care practice utilizing this provincial digital solution

Last Year's Performance (LY)		Current Year's Performance (CY)	
2025/26	Target	2026/27	Target

↑ Higher is better
○ Target

SAFE

AI Scribe: Percentage of clinicians in the primary care practice utilizing this provincial digital solution

Last Year's Performance (LY)		Current Year's Performance (CY)	
2025/26	Target	2026/27	Target

↑ Higher is better

○ Target

Access and Flow | Efficient | Optional Indicator

	Last Year		This Year		
Indicator #2 Number of new patients/clients/enrolments (Rainbow Valley CHC)	**1163.00**	**1200**	**1245.00**	**7.05%**	**1300**
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 ☑ Implemented ☐ Not Implemented ☐ In Progress

Number of new patients/clients/enrolments

Process measure

- Rostered client count is reported and reviewed monthly

Target for process measure

- Increase rostered client count by 5%

Lessons Learned

consistent staffing continues to be the biggest challenge. Currently our NP is on maternity leave and recruitment to replace a temporary position is difficult.

Comment

Looking at innovative staffing solutions to fill the maternity leave: staffing agencies, physician coverage, partner organizations etc.

Access and Flow | Timely | Optional Indicator

Indicator #5

Percentage of screen-eligible people who are up to date with colorectal tests (Rainbow Valley CHC)

Last Year		This Year		
64.00	**66.57**	**68.00**	**6.25%**	**70**
Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 ☑ Implemented ☐ Not Implemented ☐ In Progress

Improvement initiative idea

Process measure

- # of patients contacted and % of patients who completed screening

Target for process measure

- increase in screening rates to meet provincial average

Lessons Learned

Focusing on adding admin time to assist practitioners with identifying clients who need screening

	Last Year		This Year		
Indicator #4 Percentage of screen-eligible people who are up to date with cervical screening (Rainbow Valley CHC)	**74.00**	**75**	**72.00**	**-2.70%**	**75**
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 ☐ Implemented ☐ Not Implemented ☑ In Progress

Workflow efficiency ideas

Process measure

- Report at monthly team meetings.

Target for process measure

- increase % of cancer screening reports per year.

Lessons Learned

Looking to add admin support time to ensure clients are called and booked for appointments without waiting for practitioner to review list.

Comment

Looking to add admin support time to ensure clients are called and booked for appointments without waiting for practitioner to review list.

Indicator #3

Percentage of screen-eligible people who are up to date with breast screening (Rainbow Valley CHC)

Last Year		This Year		
62.00	**72**	**74.00**	**19.35%**	**75**
Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 ☑ Implemented ☐ Not Implemented ☐ In Progress

Ensure team understand the MSAA toolbar and the importance of

Process measure

- Practice Profile reports of CHC's.

Target for process measure

- Increase results of "received" screening to provincial level of 62.49%

Lessons Learned

There continues to be discrepancy between the Logi Reports and the BIRT results.

Safety | Safe | Optional Indicator

	Last Year		This Year		
Indicator #1 eReferral: Percentage of clinicians within the primary care practice utilizing this provincial digital solution (Rainbow Valley CHC) OHT Population: Staff of the CHC	**90.00** Performance (2025/26)	**100** Target (2025/26)	**95.00** Performance (2026/27)	**5.56%** Percentage Improvement (2026/27)	**100** Target (2026/27)

Change Idea #1 ☐ Implemented ☐ Not Implemented ☑ In Progress

increase the use of e-Referrals by all clinicians

Process measure

- number of clinicians utilizing e-referrals on a regular basis

Target for process measure

- 100% of all clinicians will regularly use referral

Lessons Learned

Providing time and step-by-step instructions in key to supporting practitioners, especially if electronic referrals is new to them.

Comment

Continue to provide time and instruction

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	P	Number / PC patients/clients new clients	EMR/Chart Review / Most recent consecutive 12-month period	1245.00	1300.00	Until staffing is stabilized and vacant NP position is filled, the ability to roster new clients is decreased.	

Change Ideas

Change Idea #1 stabilize staffing

Methods	Process measures	Target for process measure	Comments
Recruit replacement NP for maternity leave and new physician to replace retiring physician.	Bring current NP on maternity leave up to full time hours.	Increase rostered client count by 5%	Any reduction of staff (NP or possible retiring 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
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	P	% / PC organization population (surveyed sample) random rostered clients of the CHC seen over the last 3 months	In-house survey / Most recent consecutive 12-month period	82.60	85.00	Target corridor that has been set by the Alliance for Healthier Communities	

Change Ideas

Change Idea #1 Increase positive response to access survey question

Methods	Process measures	Target for process measure	Comments
Increase access to practitioners	Recruit Nurse Practitioner to fill maternity leave. Recruit physician to replace retiring physician and increase days covered.	Increase results by 5% over the next year.	

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 colorectal tests	O	% / PC organization population eligible for screening	EMR/Chart Review / Q2 2025 (covering 2 years of participation for FIT and 10 years of participation for flexible sigmoidoscopy or colonoscopy up to September 2025)	68.00	70.00	Ontario average is 66%. Target set by Ontario Health is 65%	

Change Ideas

Change Idea #1 Ensure monthly reports of clients eligible for screening are contacted for appointments

Methods	Process measures	Target for process measure	Comments
Responsibility will be taken over by the administration staff, where previously practitioners were required to review.	Have 100% of eligible client list	Increase % of screening rates	There continues to be a gap between the MSAA reported numbers and BIRT due to different reporting parameters with Practice Solutions.

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 cervical screening	O	% / PC organization population eligible for screening	EMR/Chart Review / Q2 2025 (covering 42 months of participation for cytology (Pap) testing, and 66 months of participation for HPV testing up to September 2025)	72.00	75.00	Target set by Ontario Health is 60%	

Change Ideas

Change Idea #1 Ensure monthly reports of patients eligible or due for screening are contacted for appointments.

Methods	Process measures	Target for process measure	Comments
Responsibility will be taken over by the admin staff, where previously practitioners were required to review.	have 100% of the eligible lists reviewed by admin staff.	Increase % of percentage of screenings	There continues to be a discrepancy between the MSAA reported numbers and BIRT due to the reporting parameters (ex. clients with total/partial hysterectomy showing as eligible).

Measure - Dimension: Timely

Indicator #6	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 / Q2 2025 (covering 2 years of participation for mammography up to September 2025)	74.00	75.00	Ontario provincial average is currently at 62%. Target set by Ontario Health is 65%	

Change Ideas

Change Idea #1 Improve results by 3%

Methods	Process measures	Target for process measure	Comments
Educate new practitioners on the importance of screening including new age eligibility.	Practice profile report of all CHC's produced by the Alliance of Healthier Communities (yearly data made available March)	Continue to meet or better the provincial average of 62%	There continues to be some difficulties and gap between our MSAA reported numbers and BIRT due to the reporting parameters ex: Clients "offered or received" versus "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 Clinical practitioners within the organization	Local data collection / Most recent information available	95.00	100.00	Ensure all clinical practitioners are utilizing eReferral	

Change Ideas

Change Idea #1 Ensure all clinicians are utilizing eReferral

Methods	Process measures	Target for process measure	Comments
Discuss at team meeting and provide additional training and step by step instructions to visiting physicians.	Keep as an agenda item and monitor faxing requests	100% of all practitioners are utilizing	