

# Overview of QUEST Accomplishments



# CURRENT STRATEGIC PLAN

## Organizational Capacity

**STRATEGIC DIRECTION:** Create and nurture a culture that values quality, accountability, initiative and innovation

**KEY RESULT AREA**  
1.0 Quest CHC known as an Employer of Choice

**TARGETS**  
1.1 Organizational culture/staff satisfaction measured and new strategies to improve workplace experience identified by March 31, 2016 and ongoing  
1.2 A healthy workplace and a positive, supportive and respectful organizational culture fostered and maintained

**KEY RESULT AREA**  
2.0 Effective Board Leadership Strategy

**TARGETS**  
2.1 Board recruitment strategies that reflect organizational needs/growth implemented, together with leadership development within the Board, by September 30, 2015 and ongoing  
2.2 Framework for Board participation in Quality Improvement activities developed by December 31, 2015  
2.3 Board implementation of a minimum of three Community Engagement/Capacity Building strategies by March 31, 2017

**KEY RESULT AREA**  
3.0 Quality Management System that supports the client through continuous organizational and service evaluation, and improvement

**TARGETS**  
3.1 Continuous service evaluation and improvement processes designed and implemented for Quest CHC Programs by December 31, 2015, and ongoing  
3.2 Quest's Quality Improvement Plan and Quality Work Plan(s) for key CHC activities/functions strengthened and refined  
3.3 Research opportunities are explored through alliances with local and provincial learning centres and initiatives by September 30, 2017

**KEY RESULT AREA**  
4.0 Partnerships and relationships that enhance effectiveness

**TARGETS**  
4.1 Partnerships/service agreements with community stakeholders, that maximize Quest's capacity to respond to clients' needs, explored and developed on an ongoing basis  
4.2 Access to dental services for priority populations is increased by working with community partners and funders by September 30, 2015 and ongoing  
4.3 A community support services hub, that maximizes service access/availability to clients and gains economies of scale in critical support functions explored and developed as appropriate by December 31, 2017 and ongoing

**KEY RESULT AREA**  
5.0 Quest's Model of Primary Health Care takes into account service delivery trends as well as funding priorities, while maximizing access to client services and optimizing use of resources

**TARGETS**  
5.1 Staff complement aligned with programs, service delivery requirements, client needs and available funding (the right person, in the right place, at the right time) by March 31, 2016 and ongoing  
5.2 CHC Model of Health and Wellbeing integrated at Quest CHC, including promoting Board/staff awareness and understanding, as well as program and service development and delivery, by March 31, 2016

**KEY RESULT AREA**  
6.0 Organizational Accreditation

**TARGETS**  
6.1 Accreditation Review completed and Workplan in place by September 30, 2017  
6.2 Accreditation achieved by December 31, 2018

**KEY RESULT AREA**  
7.0 Private, municipal, provincial and federal funder's support and appreciation for the CHC Model in primary health care

**TARGETS**  
7.1 Projects and research to reinforce the features and financial benefits (e.g. improved client outcomes, fewer unnecessary ER visits) of the CHC Model identified and implemented, and results promoted by June 30, 2017 and ongoing

## Client and Community Perspective

**STRATEGIC DIRECTION:** Demonstrate a positive and recognized impact on individual and community health and well-being

**KEY RESULT AREA**  
1.0 Healthy individuals and community

**TARGETS**  
1.1 Equitable and timely client access to services improved by December 31, 2015 and ongoing  
1.2 Quest's continuum of core primary health care programs and services is enhanced to address newly identified needs by March 31, 2016 and ongoing

**KEY RESULT AREA**  
2.0 Inclusivity, community leadership and active participation in addressing the social determinants of health

**TARGETS**  
2.1 Community capacity building opportunities identified for Staff and Implementation underway by September 30, 2015 and ongoing  
2.2 Opportunities for student placements continue to be identified, explored and implemented by March 31, 2016  
2.3 Evidence based solutions to address key primary health care issues experienced by Quest CHC Clients are identified, promoted and advocated for by June 30, 2016 and ongoing  
2.4 Volunteer Program design finalized and Implementation completed by December 31, 2016

## Internal Business Perspective

**STRATEGIC DIRECTION:** Build a strong, sustainable and safe organization

**KEY RESULT AREA**  
1.0 An effective and efficient organization

**TARGETS**  
1.1 Administrative policies/systems/processes to support effective and efficient service delivery and accreditation identified and established by December 31, 2015  
1.2 Information collection and participation in processes to inform purchase and/or implementation of new/updated Management Information Systems / Electronic Medical Records completed by December 31, 2015

**KEY RESULT AREA**  
2.0 Public recognition and understanding of Quest CHC as a Registered Charity providing a unique, holistic and interdisciplinary model of health and wellbeing in Niagara

**TARGETS**  
2.1 Communication/Marketing Strategy developed and implemented by December 31, 2015 and ongoing.  
2.2 Social Media strategies in place by March 31, 2016

**KEY RESULT AREA**  
3.0 Permanent Site/Physical Space that meets MOHLTC standards and Quest CHC requirements

**TARGETS**  
3.1 MOHLTC & LHIN approval for Quest CHC Permanent Site Stage Two Functional Program by October 31, 2015  
3.2 Stages Three (Design), Four (Construction Procurement) and Five (Construction Completion) completed March 31, 2017

**KEY RESULT AREA**  
4.0 Organizational structure that incorporates the potential benefits/economies of scale to be achieved through integrated administrative functions and back office supports

**TARGETS**  
4.1 Opportunities for and feasibility of back office integration re finance and human resources identified and explored by September 30, 2016

**KEY RESULT AREA**  
5.0 Quest operational in permanent space

**TARGETS**  
5.1 Transition Plan to support move to permanent space prepared by December 31, 2016  
5.2 Transition Plan to support move to permanent space implemented by June 30, 2017.

# Strategic Plan 2015 to 2018

## Our Mission

Quest CHC provides primary health care services to individuals experiencing social, economic and cultural barriers while promoting wellness, community and social justice.

## Our Vision

A healthy and engaged community that participates, collaborates, celebrates and grows.

## Our Core Values

Quest believes that all people have a right to be treated with dignity and respect, acknowledging that all forms of oppression including racism, sexism, ableism, heterosexism, ageism, classism and economic oppression impact the health and well-being of individuals and communities. Board and staff operationalize this belief by ensuring that all our actions are guided by the following **core values**:

- Health Promotion
- Empowerment
- Service Access
- Accountability
- Sustainability
- Learning and Innovation
- Holistic Practice and Collaboration
- Ecological and Environmental Responsibility

Quest believes that focusing on the most disadvantaged will benefit everyone in the community and society.

## Financial Stewardship

**STRATEGIC DIRECTION:** Develop balanced revenue streams that sustain and optimize organizational growth and development

**KEY RESULT AREA**  
1.0 Financial accountability and minimized exposure to risk

**TARGETS**  
1.1 Fiscal infrastructure reviewed and updated as appropriate by December 31, 2015  
1.2 Financial planning processes/procedures to maximize accountability and use of fiscal resources identified and implemented by March 31, 2016 and ongoing  
1.3 Performance Benchmarks with other CHCs in comparable communities, developed, implemented and monitored by December 31, 2016

**KEY RESULT AREA**  
2.0 Increased revenues

**TARGETS**  
2.1 Successful funding applications submitted to sources, in addition to the LHIN, by March 31, 2016 and on an ongoing basis  
2.2 Volunteer Dental Program funding that supports program's continued operation in place by December 31, 2015

**KEY RESULT AREA**  
3.0 CHC Foundation/fundraising model

**TARGETS**  
3.1 Foundation/fundraising options explored and decision made re feasibility/model by November 30, 2016  
3.2 Foundation/fundraising model initiated by March 31, 2018



# Client and Community Perspective

- ▶ Equitable & Timely Service Access
  - Shared care model for frequent visitors
  - Call Reminder System
  - Same Day Service
  - "Refresh" Intakes Project
  - Urgent Service Slots
  - Efficient hospital transitions – appt. 7 days post discharge
  - 50+ LGBTQ Needs Assessment
  - USAT expanded to include "7 points of service"
  - Chairs/coordinates/hosts Niagara MH&A Complex Care Meetings
  - Health Equity Action Planning (HEAP) Table
  - Syrian Refugee Committee
  - Equity measurement introduced in Quest Quality Improvement Plan

# Client and Community Perspective

- ▶ Enhanced continuum of core primary health care services
  - Volunteer Chiropractic Program
  - Senior Pride Network Niagara Funding
  - Aging Strategy Implementation Niagara Leadership Council Funding
  - Invitation to sit at HNHB LHIN Action Tables (MH&A and HealthLinks)
  - Increased psychiatric services access
  - Participation in Opioid Prevention Network/Steering Cmte & Work Groups; Naloxone training & distribution
  - New Groups for Clients
  - MAWP expanded to include Vineland and Beamsville farms; volunteer physiotherapist/dietician services provided
  - New strategies to obtain client feedback re current/future programs
  - Diabetes Clinic
  - Harm Reduction Principle

# Client and Community Perspective

- ▶ Community Capacity Building
  - Community Health and Well Being Week
  - Training opportunities for community partners
    - Spinal Stenosis Boot Camp
    - Trans care learning opportunities
  - Meetings with/presentations to municipalities
  - Welland “CHC” being developed/funding proposal submitted
  - Participation at Niagara Connects Tables
    - Mental Health & Addictions Charter
    - Investing in People Leadership Group
    - Proposal to Trillium re Regional “Getting There” Project
- ▶ Students Placement Opportunities
  - Primary care; therapists; kinesiology/recreation and leisure
  - Partnered with Brock re developing/delivering course SPAN380/480: Im/migrant Community Outreach, Research and Internship

# Internal Business Perspective

- ▶ Administrative policies/systems/processes to support effective & efficient service delivery
  - Administrative & HR policies
  - Medical directives/standing orders established &/or updated
  - Intake and Audit forms re peer audits and controlled substance use
  - MAWP procedures
- ▶ Increased Public Recognition
  - Marketing and Communication Workplan
    - M& C Workgroup & Raising Awareness Project
    - M&C Environmental Scan completed – clients/board/staff/community
    - Workplan incorporating information from ES prepared/approved
    - StoryBrand concept introduced/Board & Mgt participation in Wrkshp
  - Social Media Strategies
    - Revised Website completed/updating ongoing
  - Presentation to community groups/newspaper articles/ Niagara Connects Webinars/
  - Awards – AOHC Transformative Change Award; GNCC Women in Business Social Enterprise Award Finalist

# Internal Business Perspective

- ▶ Capital Project Functional Program/Toolkit completed
  - Functional Program Stages 2a and 2b completed/submitted
  - Technical Building Assessment completed
    - Board decision to expand RFP beyond current location
  - Quest identified as one of six “pilots” for CHC–IO Pilot Capital Project
  - Revised contracts negotiated with Ministry/IO, in conjunction with lawyer
  - Sections BC\_1 To BC\_5 of Capital Project Toolkit completed in conjunction with MOHLTC;
  - Section BC\_6, space allocation, being negotiated
  - Facility Advisory Committee in place
  - Meetings with Architect and Colliers Real Estate regarding site selection



# Organizational Capacity Building

- ▶ Organizational Culture Survey, Analysis and Workplan
- ▶ Retention and Recruitment Funding
  - Increased salaries
  - HOOPP implementation
- ▶ Board Recruitment Strategies
  - Client participation
  - Client Advisory Committee
  - Dental Advisory Committee
  - Full Board member turnover since 2014/current complement of 10
- ▶ Board Development Strategies
  - Orientation process reviewed/revised
  - Board Mentorship Program in place
  - Process for Executive Committee election established/approved
- ▶ Board Review and Approval of Quality Improvement Plans
- ▶ Implementation of Community Engagement/Capacity Bldg Strategies – e.g. M&C Planning; AOHC Board to Board Report; response to “Patients First”; Strategic Planning; Poverty Related Initiatives (Point in Time; Be Well Survey; Chew on This; Put Food in the Budget)

# Organizational Capacity Building

- ▶ Service evaluation and improvement processes designed/implemented
  - Information being collected re a1c (blood sugar levels) for clients
  - Feedback Informed Treatment Evaluation (FIT)
  - Working with Wilfred Laurier re MAWP evaluation and article
- ▶ Partnerships and Service Agreements that maximize capacity to respond to Client needs
  - USAT Project received Transformative Change Award
  - Funding for Volunteer Dental Program
  - Membership on Niagara Sub-Region Anchor Table & Action Tables
  - Chairing Complex Care Resolution Table
  - “Getting There” Consortium Model for centrally dispatched access services
  - Cancer Coach
  - Partnering with EMS/NH/CMHA/ to support EMS’s mobile integrated care team project

# Financial Stewardship

- ▶ Fiscal Infrastructure reviewed/updated
- ▶ Maximize accountability/fiscal resources
  - Additional USAT Staffing
  - Staffing/Admin efficiencies implemented
  - Participant in AOHC study re CHCs with highest SAMI scores
- ▶ Successful Funding Applications
  - Community Health Worker – LGBTQ
  - Volunteer Dental Program
  - Clinical Best Practices Spotlight Organization

# Outstanding Considerations

## Client and Community

- ▶ Equitable & timely access
- ▶ Enhanced primary health care to address newly identified needs (e.g. Western Hill; North St. Catharines {Niagara, Scott, Grantham, Linwell}; Thorold)
- ▶ LHIN-wide Trans Service Access
- ▶ Volunteer Program

## Internal Business Perspective

- ▶ EMR
- ▶ Communication Marketing Strategy in place/being implemented, including social media
- ▶ Capital Project
- ▶ Back office support functions
- ▶ Board/Board Committees/ and Staff Policies/ Procedures/TOR reviewed & updated

# Outstanding Considerations

## Organizational Capacity

- ▶ Framework for Board Participation in Quality Improvement
- ▶ Board Community Engagement strategies
- ▶ Research
- ▶ Community Support Services Hub
- ▶ Staff complement aligned with community need/Equitable & timely access
- ▶ Accreditation

## Financial Stewardship

- ▶ Financial Infrastructure reviewed/updated
- ▶ Financial Planning
- ▶ Increased Revenues – Operational Funding; Fund Raising models reviewed/identified; Volunteer Chiropractor Program; stable & ongoing Volunteer Dental Program

# SCOT Analyses Summary

Strengths, Challenges, Opportunities and  
Threats

# Strengths (1)

Themes	Descriptors
Staff & Culture	<ul style="list-style-type: none"><li>• Quest is extremely client focused – community based, community driven and look after the most marginalized in the community. A beacon and a safe place to go to – other docs (primary care) may not want to spend as much time</li><li>• Front line staff have good relationships and working together – multidisciplinary approach.</li><li>• Great place to work</li><li>• Generous pay and benefits – should be attractive for recruitment</li><li>• Management put in long hours</li></ul>
Partnerships	<ul style="list-style-type: none"><li>• Quest works well in partnership with other agencies such as Start Me Up Niagara, Public Health Ontario Telemedicine Network (OTN) &amp; Dental, St Joe's Geriatric Mental health and local pharmacists.</li><li>• Urgent Service Access Team (USAT) works well in partnership with hospital and other agencies such as shelters, methadone clinics,</li><li>• Migrant workers program – partnerships with McMaster, &gt;80 volunteers, and Grand River CHC.</li><li>• ICL (Inter-disciplinary care lead) approach with community partners/Health Links</li><li>• North Hamilton CHC for back-office IT support</li></ul>
Breadth of Vulnerable Populations served	<ul style="list-style-type: none"><li>• Recognition by most partners of Quest's clients having high needs and difficulty accessing services.</li><li>• Right location for a CHC – current neighbourhood provides good access for clients.</li></ul>

# Strengths (2)

Themes	Descriptors
Quality of programs	<ul style="list-style-type: none"><li>• Most services including migrant workers, USAT and Trans Care, consistently had positive feedback across all interviewees.</li><li>• Low barriers to access for clients</li></ul>
Trans and LGBTQ programs	<ul style="list-style-type: none"><li>• Reputation of this program is very good and it is well-recognized as a really good service.</li><li>• Clients from all over the province.</li><li>• Physician serving this community is held in high regard and is in high demand.</li></ul>



# Challenges (1)

Themes	Descriptors
Partnerships – Cross Agency Collaboration	<ul style="list-style-type: none"> <li>• CHCs still newer organizations in Niagara community and not very well understood by partners, funders or community.</li> <li>• Does LHIN recognize value of Quest and its approach?</li> <li>• Need to improve some partnerships:               <ul style="list-style-type: none"> <li>• Housing, food security and other services that clients need and LHIN engagement</li> </ul> </li> </ul>
Community Need & Wait Lists	<ul style="list-style-type: none"> <li>• Quest CHC does not have capacity to deliver services to meet need – currently 4,000 clients but the Association of Health Centres (AOHC) analysis indicated closer to 17,000 potential clients.</li> <li>• Wait lists/service capacity are top of mind for clients, partners, staff, management and Board.</li> <li>• LGBTQ clients are aging – population is aging generally</li> <li>• CHC Hours of service are an issue for clients</li> <li>• Primary care wait – not open to new clients</li> <li>• Mental health counseling is a big need – Quest clients are waiting 2 months</li> </ul>
Funding	<ul style="list-style-type: none"> <li>• Many issues/challenges deemed to be due to lack of funding to adequately address service need</li> </ul>
Programming requirements	<ul style="list-style-type: none"> <li>• Need to formalize and achieve funding for various programs such as dentistry, chiropractic services, and psychiatric services.</li> <li>• Increasing need for mental health and addictions services.</li> <li>• Need for physiotherapy services.</li> <li>• Address client food security and general dietary issues – (community kitchen, diabetes and other special diets, foodbank)</li> </ul>

# Challenges (2)

Themes	Descriptors
Lean Management Structure	<ul style="list-style-type: none"><li>• Executive Director (ED), program director and manager – need more middle management support, possibly with clinical background.</li><li>• Organization is spread thin – lots going on and need to be at a variety of planning tables</li></ul>
Internal Processes	<ul style="list-style-type: none"><li>• Structure of the clinic not putting all the responsibility on the front desk – Medical secretaries vs client coordinators – back desk and front desk approach?</li><li>• Improve focus on quality improvement – e.g. only recently started tracking referrals and follow-ups on our clients.</li><li>• How many clients do they actually see? Only seeing 10% of the population – 90% of the population are not being seen</li></ul>
Staff	<ul style="list-style-type: none"><li>• Recruitment and retention of doctors has been a problem</li><li>• Succession planning for ED/program director</li><li>• Strategic Plan not internalized by staff</li></ul>
Building	<ul style="list-style-type: none"><li>• Need for a new building – Current building is limiting access, flow and teamwork.</li></ul>

# Opportunities

Themes	Descriptors
Partnering	<p>New ways of working with other CHCs – opportunity for greater collaboration and unified regional approach.</p> <p>Regional planning – sub-LHIN areas creates an opportunity for leadership.</p>
New Service Delivery Models/Clinical Efficiency	<p>Utilization of technology – OTN services for clients from out of St Catharines.</p> <p>Hours of service –satellites at partner organizations</p> <p>Create more outreach services.</p> <p>Use of social media – opportunity with the Trans population</p>
Primary care/system reform	<p>Expansion/promotion of the model of health and well-being to other types of primary care models.</p> <p>New models of care for home and community care due to integration of Home &amp; Community Care (formerly Community Care Access Centres, CCACs) services into the LHINs.</p> <p>Ability to inform/educate provincial election nominees/MPPs from various parties</p>
Community Capacity	<p>Education for others – sharing expertise outside of the CHC (education and training)</p>
Creating More Robust Management Staff Model	<p>Currently management model is considered too lean. There is an opportunity to modify and provide increased opportunities for more levels of staff and management.</p>

# Threats / Risks

Themes	Descriptors
Lack of Brand recognition beyond immediate partners and clients	Average person does not know Quest CHC or what it does. This has implications for fund raising
Wait Lists	Wait lists for primary care services are high
Staffing	Risk related to management succession due to size of small team Physician recruitment
Political Environment	Election creates uncertainty. What is the future of CHCs under new government?
Primary care reform	FHTs getting into “CHC business” – creating less resources for CHC
Perception of QUEST by LHIN	HNHB LHIN not enthusiastic toward QUEST or CHCs in general