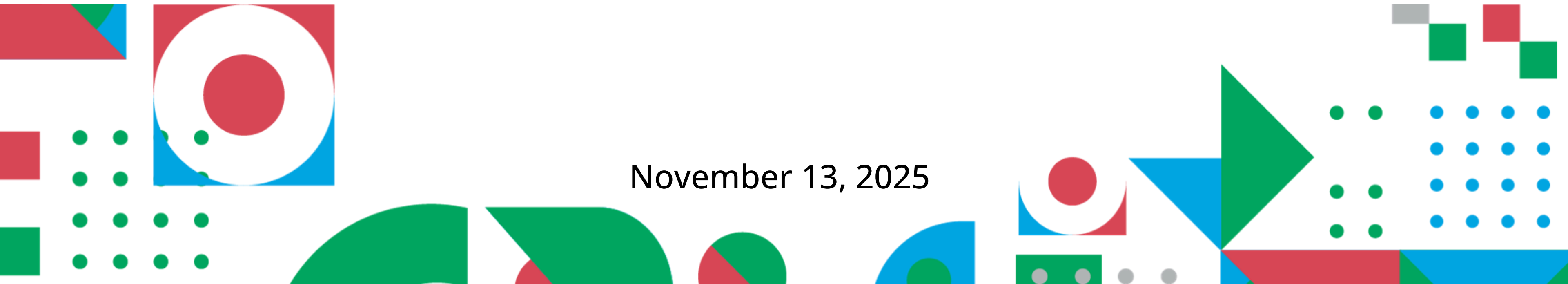


# **DIALING DOWN BARRIERS:**

## **A Quality Improvement Journey to Strengthen Connection and Equity**

November 13, 2025



# Land Acknowledgement

At Access Alliance, we confirm that as individuals and community groups, we continue to benefit from living in Tkaronto, known as Toronto, today on lands that belong to many indigenous nations, including the Huron-Wendat, the Anishinaabek, Haudenosaunee, and the Mississaugas of the Credit.

We recognize the ongoing impacts of colonialism on Indigenous, Metis and Inuit people. This includes understanding the impact that: the forced removal from their land, the genocide perpetrated against them and the enforcement of residential schools, have on Indigenous Peoples, their culture and communities. We honour and respect the resilience and resistance of Indigenous peoples and nations across Turtle Island.

We are all treaty partners, and as such, are responsible and accountable for peacefully sharing and caring for the Great Lakes region. We commit to addressing and opposing any and all colonial violence and strive to practice solidarity with Indigenous peoples by listening, learning, building relationships, and taking action.

# What we do...

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Access Alliance is a community health centre located in Toronto, Ontario. We provide **accessible, community-governed, inter-professional primary health care services for immigrants, refugees and their communities.** These services include:

- health promotion
- illness prevention and treatment
- individual and community capacity building
- community wellness programs
- service integration

We are committed to addressing the social determinants of health. Our goal is for all people who face barriers to good health to have access to high-quality primary health care within an integrated system of care.

## Vision

Toronto's diverse communities achieve health with dignity.

## Mission

Access Alliance provides services and advocates to improve health outcomes for immigrants, refugees, and their communities, which have been made vulnerable by systemic barriers and poverty.

## Values

Collaboration

Equity, Access  
and Inclusion

Innovation  
and Excellence

Client-centred

Accountability

# Introductions

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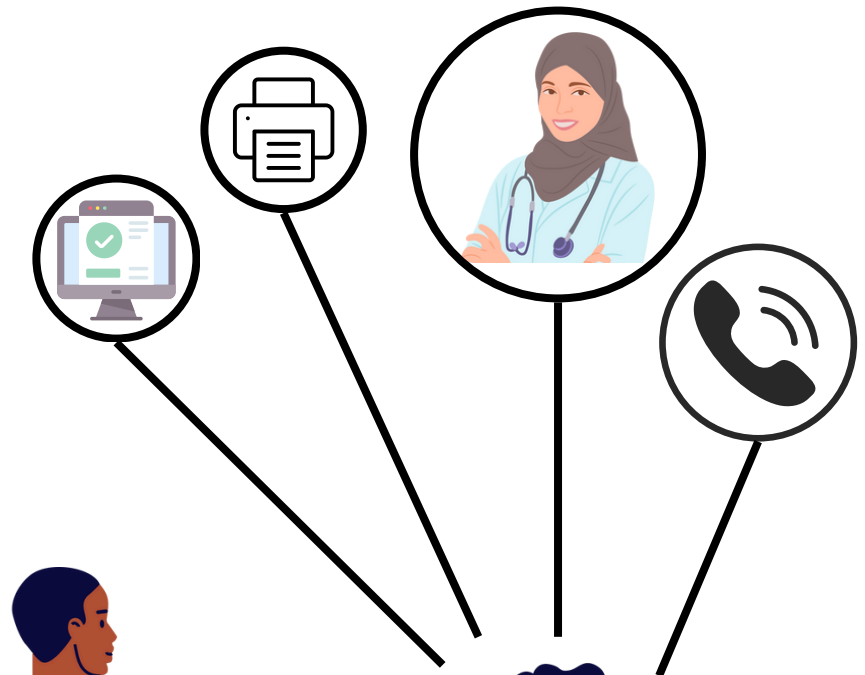
# Session Goals

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- ✔ Strengthen collaboration among QI, research, and operations staff across CHCs through shared learning and dialogue.
- ✔ Help answer: “What’s the biggest barrier your clients face when trying to reach you by phone?”
- ✔ Access Alliance reimagined its phone system to strengthen connection and equity for its clients. Understand how this fits into broader communications structures.
- ✔ Hearing from you! What have others done?

# What we heard...

Challenging call volume and in-person needs...



# Service Priority

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- We recognized that:
  - The phone system is an important access point for clients.
  - Digital tools, including phone systems, work well when they are accessible and client-centred.
  - Improving the phone system is one step in improving access for clients and workflow for secretaries.
- 💡 **Our QI journey began here** — to understand these barriers and reimagine the system through the voices and feedback from clients and staff.

# Project Overview - Objectives



Examine the multi-faceted client communication challenges, shifting dynamics of communication preference and technology accessibility and use.



Identify and understand the key challenges within the current phone system.



Assess client and staff capacity factors that affect communication and service delivery.



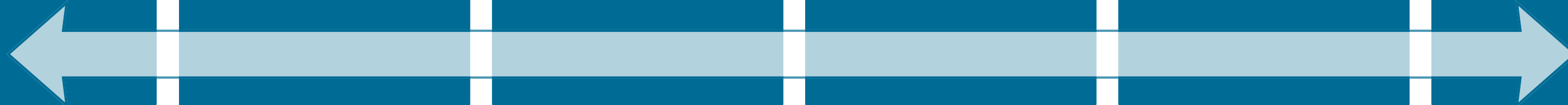
Explore how digital and virtual tools can optimize communication flow, efficiency, and access to care.



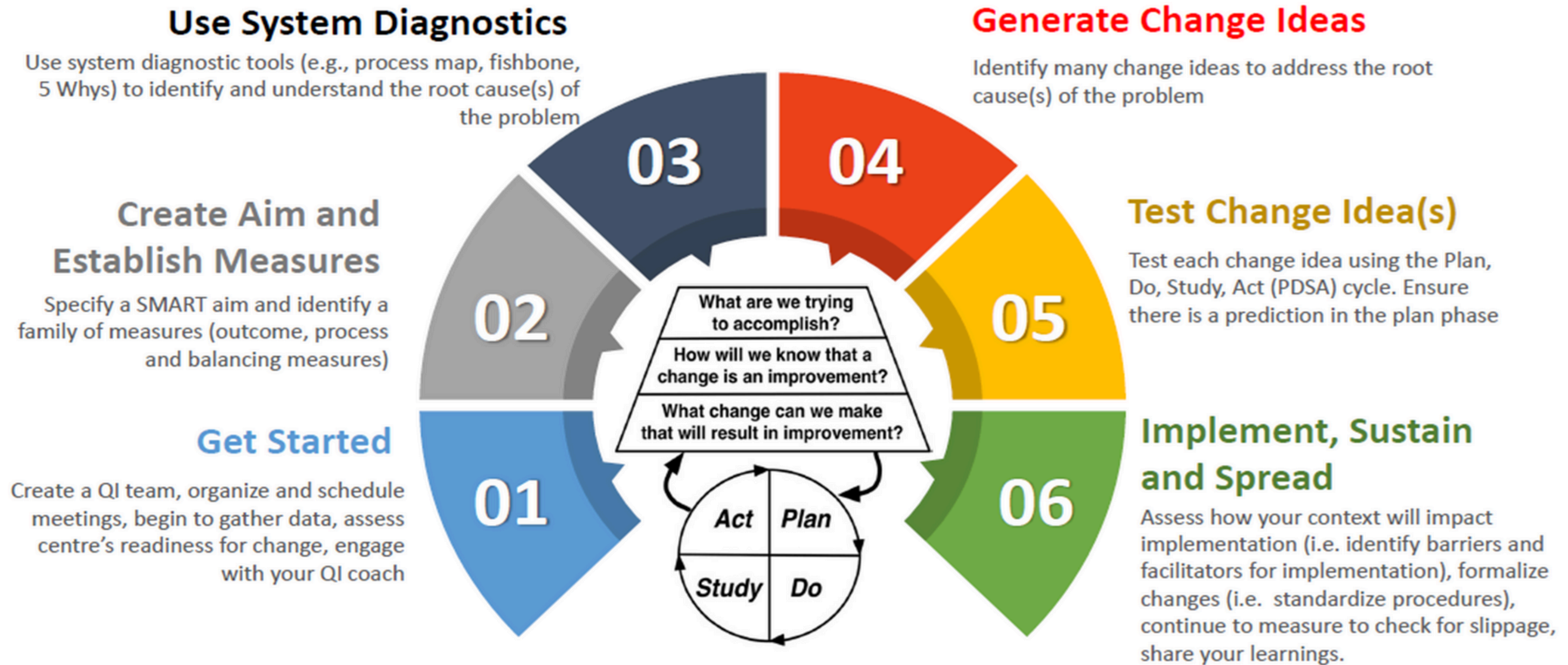
Address the key issues such that the hybrid modes are implemented effectively and efficiently by the organization and used by both staff and clients.



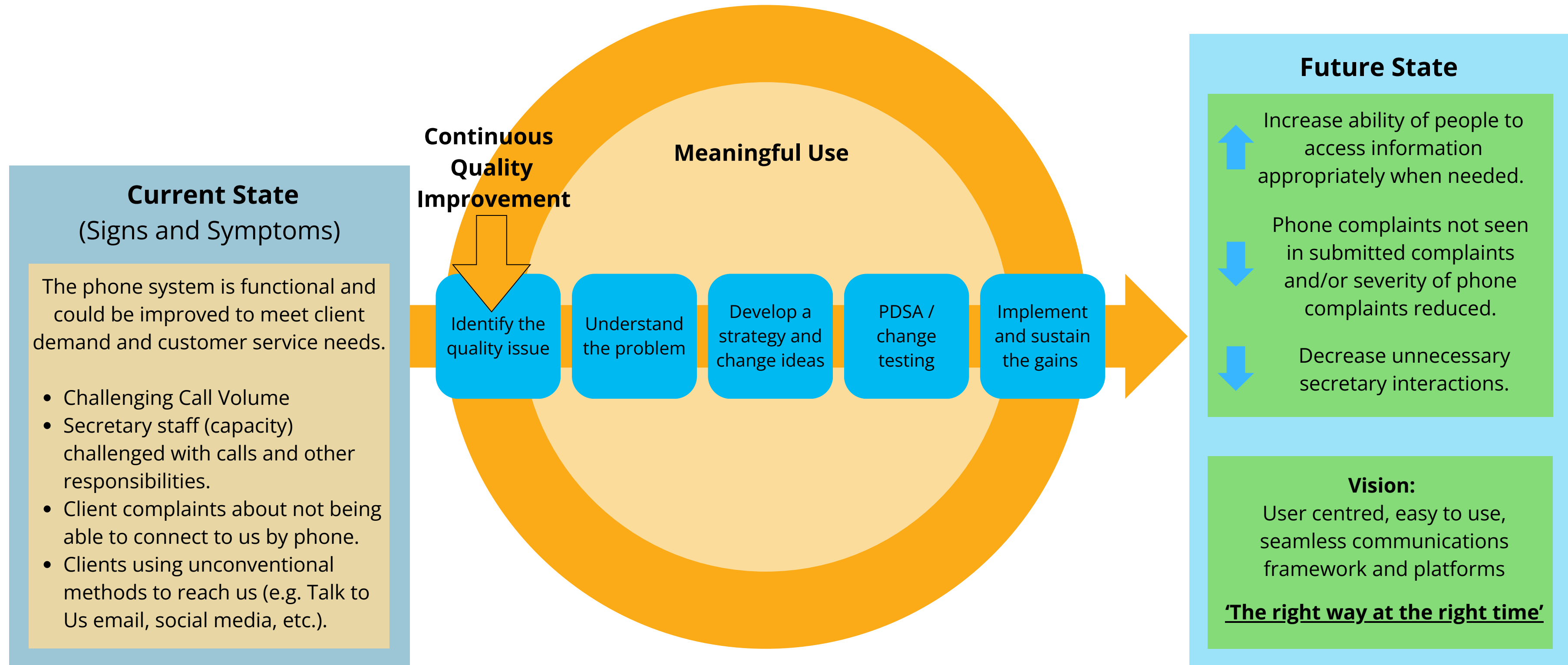
Pilot and evaluate potential tech-integrated solutions to improve overall system performance and client experience



# Quality Improvement Approach



# Project Overview - A QI Approach



# Summary of Findings

## Literature Review / Environmental Scan

- Examined the current state of digital literacy, equity, and access in community health.
- Assessed the impact of digital interventions on healthcare access and client engagement.
- Identified barriers and strategies to improve hybrid communication systems and reduce inequities.

## Phone Queuing Data Analysis

- Analyzed patterns and trends in the call data.
- Peak hours:
  - 2022-2023 --> 10 AM to 12 PM
  - 2023-2024 --> 1 PM to 3 PM
- **Phone tree:**
  - Lacking options for key services.
  - All calls routed back to medical secretaries.

**What is the reason(s) for calling?**

## Call Log Pilot

- **Client Source:** 76% of calls originated from existing clients.
- **Service Demand:** Primary care / other appointment-based services and site-specific - NIWIC.
- **Primary Reason for Calls:** Appointment scheduling
- **Call Resolution Efficiency:** Most calls were resolved on the first contact, indicating that callers' needs are effectively addressed.

# Summary of Findings

## Fishbone Diagram (QI Team & Secretaries)

### Processes & Procedures:

- Secretary workflow inefficiencies due to unclear roles and responsibilities.
  - No one is assigned to the phone.
- Challenging call volume to manage both in-person and phone calls.
- Phone ringer on silent

### Phone System:

- Phone menu lacked service options
- Clients press '0' to bypass phone menu.
- Lack of messaging about Ocean.
- Language accessibility gaps

### Phone Call Volume:

- Calls influenced by clients' preferences, digital awareness, literacy and access.
- Spikes tied to seasonal services (ie. tax clinic, snow shovelling)

## Phone / Website Client Experience Data Collection

### Phone:

- Clients report ignoring prompts, pressing '1' or '0' and multiple call attempts are required
- Language barriers
- Lack of awareness about Ocean. While there is good interest, some are restricted by OHIP requirements
- Strong client preference for phone communication over digital channels.

### Website:

- Lack of awareness about Ocean.
- Navigation barriers included unfamiliar terminology and lack of translation (ie. PHC, settlement services)
- Users often navigated to our interpretation services 'Language Services' expecting linguistic support.

## PDSA 1: Secretary Team Structure

**What we did:** Tested a 'defined' secretary team structure.

### What went well:

- Assigning defined responsibilities for three secretaries improved efficiency and focus, reducing errors and backlog.

### Challenges:

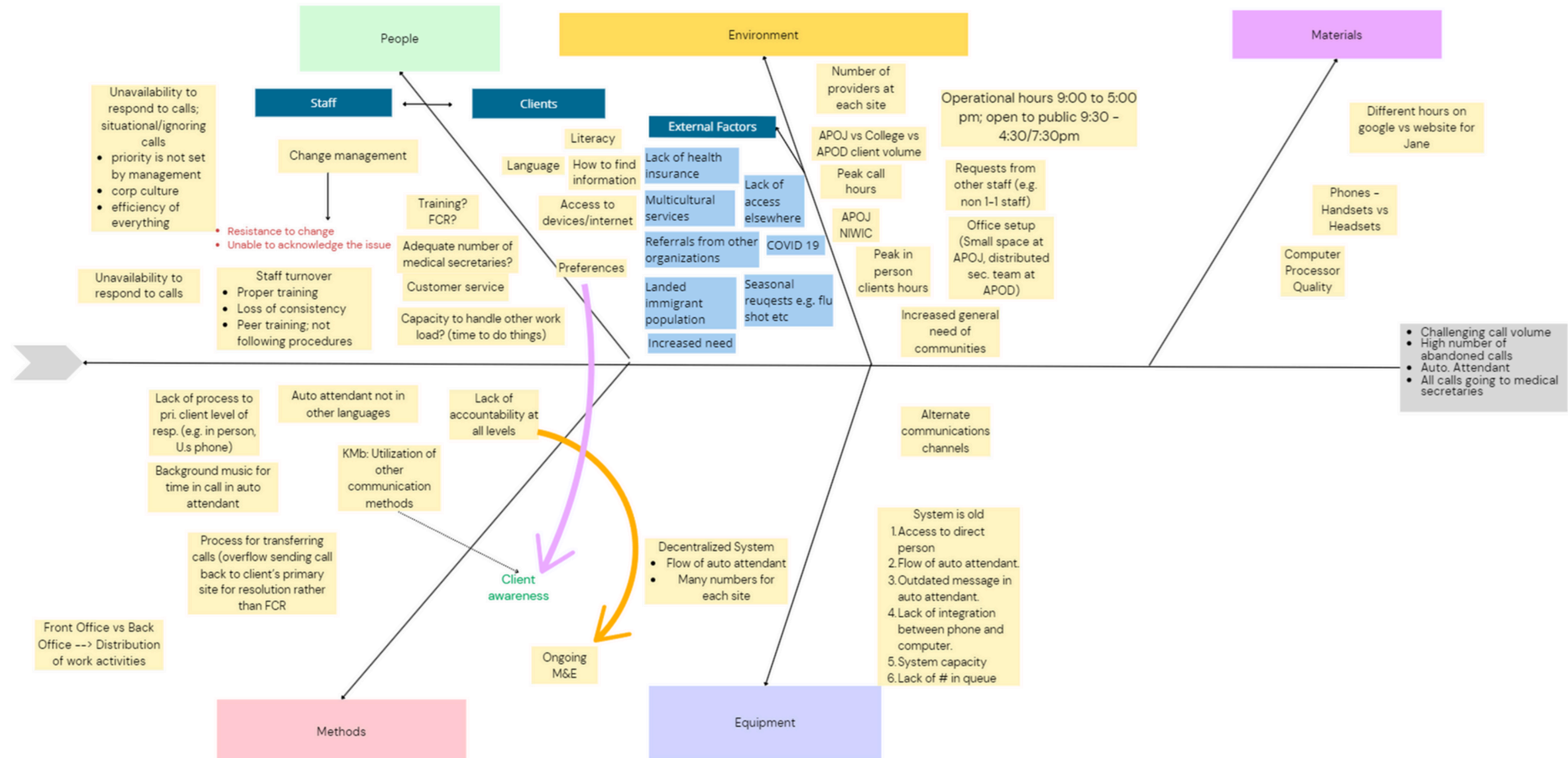
- Periods of downtime for phone-only secretaries.
- Unique challenges for the NIWIC service operations.

### Learning:

- Secretaries require clearer and defined responsibilities.
- NIWIC requires its own QI initiative due to distinct workflow needs.

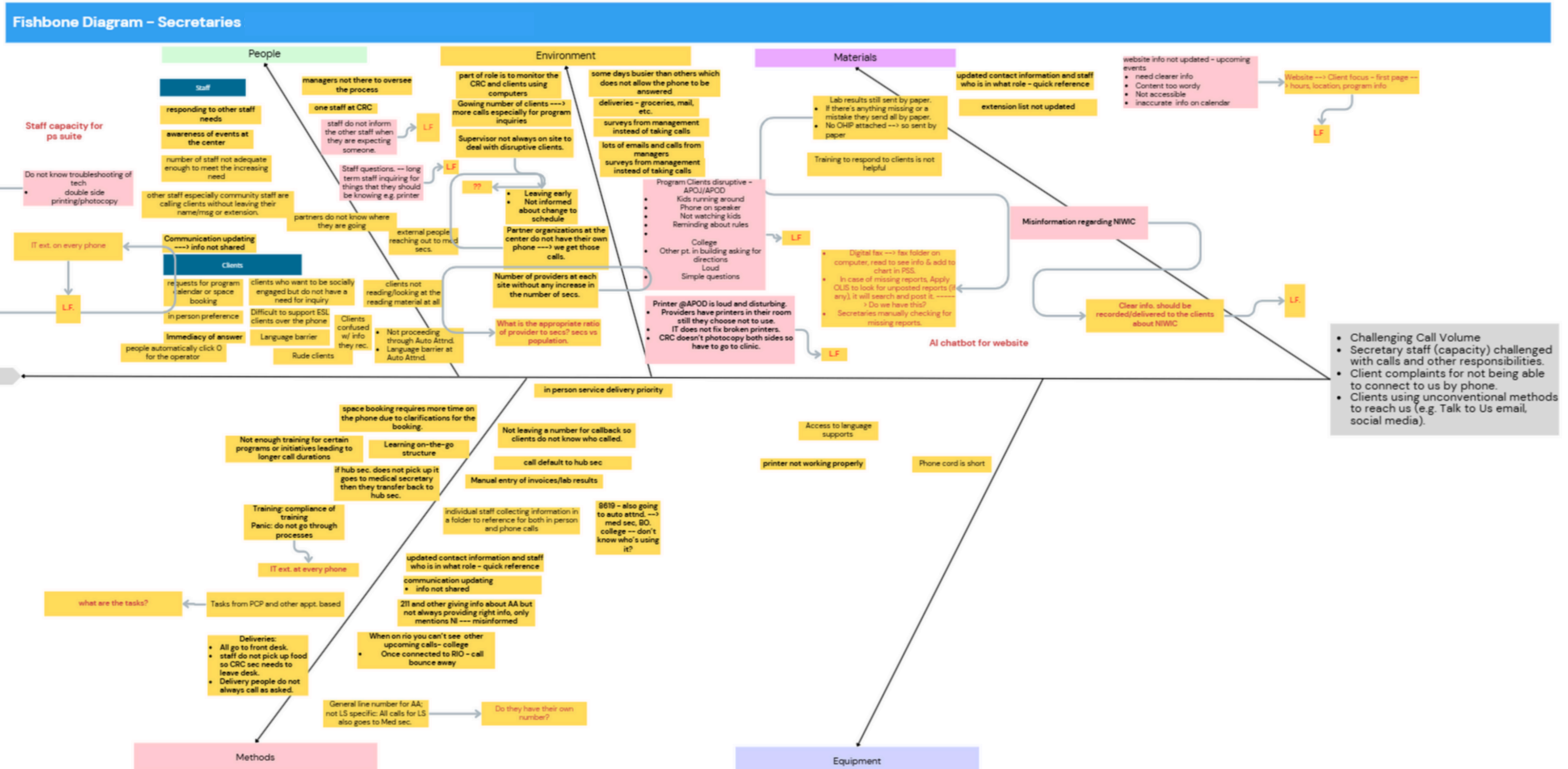
# Summary of Findings

Fishbone Diagram



- Challenging call volume
- High number of abandoned calls
- Auto. Attendant
- All calls going to medical secretaries

# Summary of Findings



# Summary of Findings

## Explore Terminology Use

**What we did:** Engaged Interpreters, Secretaries, and Clients to understand terminology commonly used/recognized.

### Learnings:

- 'Doctor' used broadly for all providers (Dr, NP, RN).
- Specific designations misunderstood and translations into other languages can be confusing.
- Use of functional descriptions is best.
- 'Community Programs' is understood
- Interpreter, secretary and client feedback aligned, reinforcing cross-validation.

### Suggestions:

- Limit the use of jargon - ie. primary care

## PDSA 2a: Phone Prompts & Terms

**What we did:** Tested revised phone menu prompts with clients in the waiting room.

### What went well:

- Clients with some English proficiency understood most options (80/20 rule) and could navigate the menu prompts.
- 'Appointment' and 'Community Programs' recognized as key terms.
- Preferred term of hash over pound (#)

### Challenges:

- 'Non-status', 'Health needs', and 'Newcomer Services' were terms that caused confusion.

### Learning:

- Short explanations improve comprehension.
- Slower, clearer speech enhances accessibility.
- Clients with low to no English proficiency struggled and referenced key terms.

## PDSA 2b: Phone Prompts & Terms

**What we did:** Tested updated menu prompts based on 2a. Provided a reason for clients to call (ie. back pain) and asked them to navigate the menu.

### What went well:

- Easily followed options, 80-90% selected correct paths.
- 'OHIP Health Card' phrasing preferred
- Navigation improved by listing service options clearly.
- Digit-by-digit speech and a Canadian accent are understood by different linguistic groups.

### Challenges:

- 'Newcomer' perceived as those <1yr.
- 'Tax Clinic' misunderstood.

### Learning:

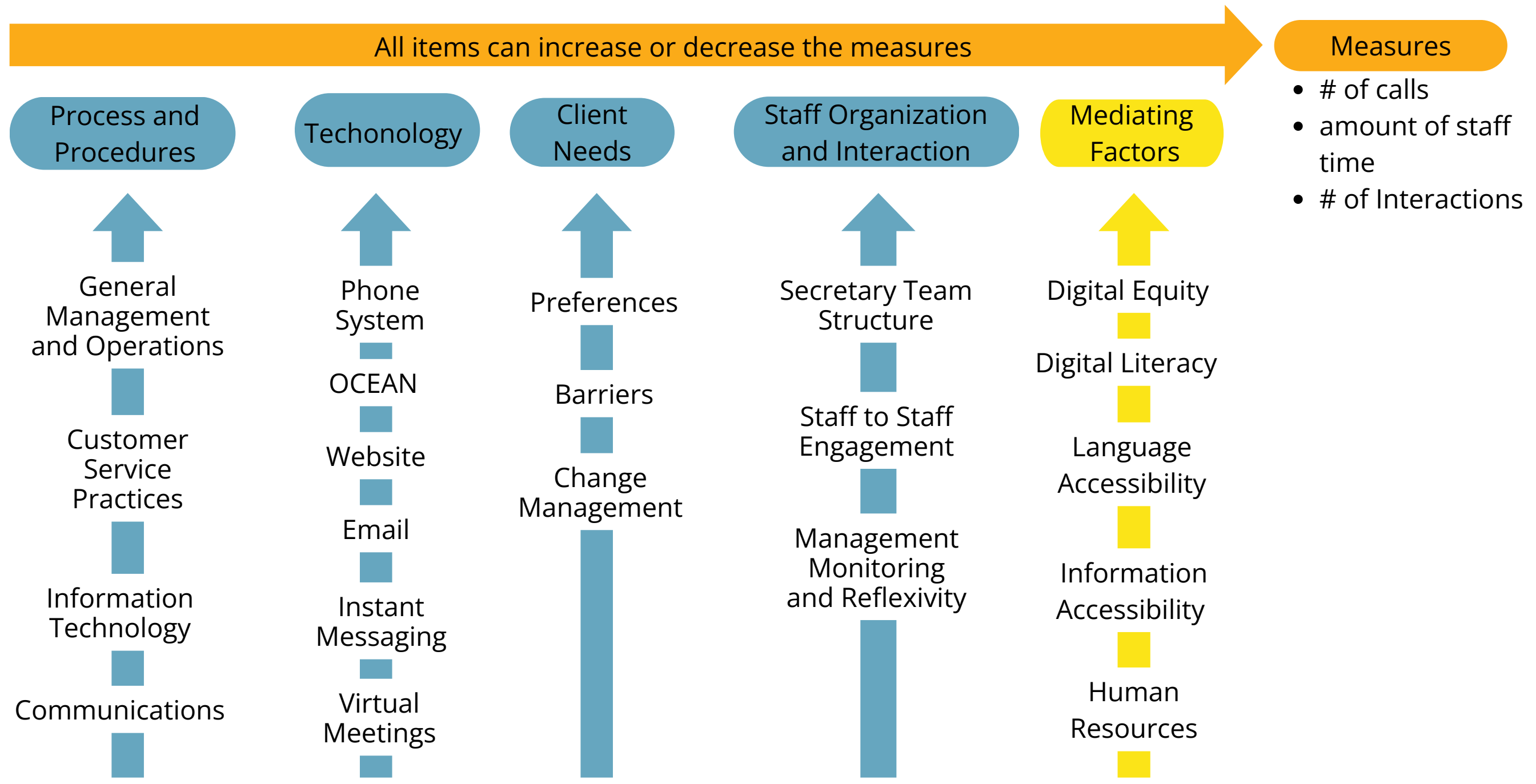
- Use brief explanatory statements (ie. Ocean online appointment booking)
- Clients expressed a strong interest in learning to use Ocean.

# Key Learnings

## Phone Communications Microsystem

(Part of the Access Alliance Communications Ecosystem - Complexity of Access to Information)

All items can increase or decrease the measures



## Future State

- ↑ Increase ability of people to access information appropriately when needed.
- ↓ Phone complaints not seen in submitted complaints and/or severity of phone complaints reduced.
- ↓ Decrease unnecessary secretary interactions.

### Vision:

User centred, easy to use, seamless communications framework and platforms

**'The right way at the right time'**

# Key Learnings

- The phone system is one 'microsystem' of our larger communications 'ecosystem'.
  - Sum of all parts for effective change.
- We will always receive phone calls.
- We can control the number of interactions to some extent **ONLY**.
- Key and necessary updates to the phone system structure will help. HOWEVER, changes to the phone system structure will have a limited impact. We also need to make changes to the process around it. Namely,
  - 1) reducing call volume through uptake of Ocean online appointment booking, and
  - 2) the secretary team's workflow for responding to phone calls.

# Next Steps

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- Disseminate findings and lessons learned with other Community Health Centres to promote shared learning, scalability, and system-level improvement.
- Implement the revised phone tree across all sites to ensure consistency in call routing, accessibility, and client experience organization-wide.
- Targeted use of technology as part of a broader digital access strategy, accompanied by user feedback collection to assess usability, workflow integration, and equity implications:
  - Increase awareness and uptake of Ocean online appointment booking
  - Deploy the Ocean self-check-in kiosk



# Thank You



**Contact us to learn more**  
**[ckupka@accessalliance.ca](mailto:ckupka@accessalliance.ca)**

