

The background features abstract, overlapping green geometric shapes, primarily triangles and polygons, in various shades of green, creating a modern and dynamic visual effect.

Somerset West Community Health Centre COVID-19 Quick Capture Overview of Findings

March 2021

Methodology

- ▶ Purpose: capture best practices, lessons learned, innovations and adaptations to programming resulting from response to COVID-19 pandemic
- ▶ Intended for internal audience to inform planning and decision-making
- ▶ Semi-structured interviews with program staff teams conducted by one volunteer and one SWCHC staff
- ▶ Seven program team interviews conducted via Zoom, January - February 2021
- ▶ Participants identified by managers; managers participated in interviews
- ▶ Total of 30 staff interviewed

Examples in quotation marks in following slides are paraphrased from interviews and are not intended as verbatim quotes

Changes and effects

- ▶ Remote (vs. in-person) delivery of programs / services
 - ▶ “Phone used to be as virtual as it got”
 - ▶ Reduced participation / access in some cases
 - ▶ “Many [volunteers] had been working in virtual settings all day and did not want to do more at night”
 - ▶ Difficulty keeping young children engaged through a screen
 - ▶ Less enthusiasm to participate virtually if didn’t already have connection to staff
 - ▶ Virtual appointments not accessible to some client groups due to lack of access to technology
 - ▶ Increased participation / access in some cases
 - ▶ More people and people from outside Ottawa can be engaged when events are virtual and recorded
 - ▶ Reduced no-show rates - some clients more willing to attend phone appointments, timing and convenience of virtual appointments
 - ▶ “Virtual option has made service delivery more accessible for many clients where travel had been a barrier [for in-person services]”
 - ▶ Choice of not using video increased reach to some who would not otherwise participate in workshops

Changes and effects

▶ Programming adaptations

- ▶ “With COVID, we suddenly had all kinds of new information to get out to many different populations in different languages and had to do it virtually.”
- ▶ Supporting families, clients to access food and technology, ensuring basic needs met when other social supports shut down
- ▶ Started a new mental health phone line for African Caribbean and Black residents
- ▶ Created newsletter for existing Lung Health clients
- ▶ Created custom exercise videos
- ▶ Rapid implementation of safer supply pilot project
- ▶ Created a new homeless outreach team

▶ New tools, processes

- ▶ For virtual service delivery: disclaimers, acceptable online platforms, policies around virtual support
- ▶ For in-person service delivery: pre-appointment screening system, overdose response procedures, PPE protocol, prioritization of client backlog once service re-started

Changes and effects

- ▶ Collaboration with new / different partners
 - ▶ Parkdale Food Centre and St. Luke's for food distribution
 - ▶ Checking in with parents of homework club participants
 - ▶ Counselling Connect
 - ▶ City staff at McNabb respite centre
- ▶ Interaction with / ability to service clients
 - ▶ Reduced / halted services
 - ▶ Change from group work to one-on-one support - and vice-versa
 - ▶ Increased anxiety and frustration
 - ▶ Lack of means to check in with those who access group programs but don't require intensive case management
 - ▶ Some not able to access technology
 - ▶ More time to connect with families because don't have to set up and take down equipment, prepare snacks, etc.

Changes and effects

► Impact on staff

► Workload

- “The admin time for virtual is huge. The amount of time to book clients, explain how to use the platform, explain consent for virtual care and consent to use email changes how you have to book your time and make your schedule work.”
- Changed / reduced operations of other services increased staff time, effort to support clients’ access
- Working from home resulted in “working way more than we would have”
- Training on and implementation of new EMR system virtually in addition to everything else

► Different roles

- “Doing outreach in the community to being home all the time is a huge change.”
- Took on - and recognized for - leadership role at assessment centre
- Providing technical support to clients, and emotional support to deal with changes (e.g., children doing online learning)
- “Staff who are really strong at front-line support and interaction now have to do a lot more risk mitigation, writing, planning - this is exhausting for them.”

Changes and effects

► Impact on staff

► Wellness

- Huge public health response and social change for COVID sparked “deep sadness and anger” for some clients already impacted by other public health crises: “hard conversations”, challenging for staff and clients
- “We had no idea it would last this long. By summer...we tried to do both the crisis response *and* the things we used to do. We are running on adrenaline and powering through it. When it is over, I wonder how we will deal with this.”
- Anxiety about explaining restrictions and enforcing mask-wearing, distancing
- Increased stress caused by confusion of clients due to mis- and dis-information

► Morale

- “It’s really exhausting to be continuously reframing, shifting and adapting and pivoting. It also impacts morale.”
- Not being able to connect with clients is “source of loss” for staff
- Loss of connection to / integration with other staff and workplace

What did not happen

- ▶ Range of services / programs
 - ▶ Good Food Market, in-person interpretation at ONHC, outreach to Good Companions Centre, health navigation support
 - ▶ Preventive care, allied services (e.g., acupuncture)
 - ▶ Community engagement and in-person education
- ▶ Connections and insight from in-person contact
 - ▶ Timely and appropriate support - “If there were more places for people to gather safely, we would have known they weren’t doing well.”
 - ▶ Informal wellness checks (e.g., kids with winter clothes), visual assessments from home visits
 - ▶ Touchbases, space & time to connect with deeply isolated people
 - ▶ Side chats, role modeling with parents based on observations of interaction with child
 - ▶ Hallway conversations, social interactions and relationship-building with other staff
- ▶ Lost opportunities
 - ▶ “The quiet clients - the ones we’re not seeing, not hearing from - where are they?”
 - ▶ Youth volunteer opportunities
 - ▶ Ability to attract and engage new clients

Changes to keep

- ▶ Virtual services / programming
 - ▶ Reduced barriers, increased convenience for clients
 - ▶ Wider reach
- ▶ Online processes
 - ▶ Google forms, EventBrite for registration, language-specific appointment reminders by email
- ▶ Continuation of new services
 - ▶ Food delivery, shower program, safe supply program
- ▶ Protocols
 - ▶ Cleaning and infection control procedures
 - ▶ Restrictions on working hours and number of clients
 - ▶ “It helped with staff wellness to have a reduced number of clients. We feel we can do our job safely.”

Changes to keep

- ▶ Virtual meetings
 - ▶ “By meeting virtually, we are able to meet more often.”
 - ▶ “There’s an efficiency with not having to drive back and forth for a meeting.”
- ▶ Work from home option, flexible scheduling
 - ▶ “It showed how productive working from home can be.”
- ▶ Cross-team working groups (e.g., food security) and inter-team collaboration

Preparedness considerations

- ▶ Additional technical and administrative resources
 - ▶ “Staff are paid to do 100% frontline service 100% of the time...if we have the time, we don’t necessarily have the expertise to figure out computer functions.”
 - ▶ “We’re in a constant state of going as fast as we can go. We can’t do more than what we’re doing right now...it’s a matter of balancing the priorities of helping clients vs figuring out how to set up an online registration system.”
 - ▶ “A new position like Virtual Community Engagement Worker [would be useful] - someone who could administer Facebook groups, keep them alive, using all the tools available to adapt our role in the virtual world.”
 - ▶ “A solid communications plan to advertise our services that was developed with expertise would have been helpful.”
- ▶ Support for staff
 - ▶ Wellness: specific expectations regarding working from home, working during a crisis; mental health of teams working online / remotely (in addition to onsite staff)
 - ▶ “Zoom fatigue is real. Going in and out of lockdown is hard. [We need] tools to help people get through this.”
 - ▶ Training: adapting service delivery to virtual modalities

Preparedness considerations

- ▶ Infrastructure & supplies
 - ▶ Personal protective equipment, a place to store it properly, and clear guidance on what and how much to stock (e.g., for outreach visits)
 - ▶ Space and resources for virtual meetings (e.g., laptops, access to WiFi)
 - ▶ Call back option for phone line (vs. clients waiting on hold)
- ▶ Policies & procedures
 - ▶ Clearly define essential and core services
 - ▶ Electronic systems (e.g., expense reports)
 - ▶ Pre-screening and point-of-care risk assessment form / guidelines to determine if home visits are needed
 - ▶ Communications procedures and dissemination tools: what issues go to whom, when and why; how information is transmitted to staff
 - ▶ “[Some teams] don’t have regular access to email yet most of the communication came through email.”
 - ▶ Redeployment process
 - ▶ “I found it really anxiety-inducing to try to respond to current needs and yet hold capacity for possible redeployment.”

Points of pride

- ▶ Teams going above & beyond to demonstrate their commitment to clients
 - ▶ “Going the extra mile”
 - ▶ Example: contactless food deliveries
 - ▶ Level of flexibility and rate of change to adapt programming
 - ▶ Example: pivoting ant-racism work to have important, groundbreaking conversations
 - ▶ “The team comes to work every day and gives 100% of themselves every day for a population...that would have otherwise been overlooked.”
- ▶ SWCHC’s advocacy role and recognition
 - ▶ Leading advocacy effort for childcare services
 - ▶ Being dynamic and responsive when other services were frozen
 - ▶ Increased referrals from specialists to lung health program due to demonstrated continuity of care
- ▶ Support of one another
 - ▶ Taking on new roles
 - ▶ Stepping up to help other members of the team, growing as a team

Next steps

- ▶ Addition of client voice through Client Engagement Plan to determine impact of changes to SWCHC services on *existing* clients:
 - ▶ Regular client survey: addition of questions specific to impact of COVID-19 on service delivery
 - ▶ On-line, via EMR add-on, and in-person, using tablets in waiting room
 - ▶ Mini focus groups at programs delivering programming via phone or videoconference
 - ▶ Facilitated by Quality Manager
- ▶ Findings from Digital Equity Evaluation Report
 - ▶ This will be done over the next 3-9 months after we have distributed new devices and provided coaching support to clients to use those devices