

Learning Collaborative 4:

Increasing attachment through intake process improvements using an equity-based approach

Evaluation Report | October 2026



**Alliance for
Healthier Communities**
*Advancing Health
Equity in Ontario*



EPIC
Equity, Performance,
Improvement, and Change

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Key Findings

In July 2026, staff from six community health centres (CHCs) participated in semi-structured interviews as a qualitative, experience-based evaluation of the Alliance for Healthier Communities' fourth learning collaborative (LC4), *Increasing attachment through intake process improvements using an equity-based approach*, which ran from September 2025—June 2026. The purpose of these interviews was to better understand their experiences and gather their recommendations for future learning collaboratives (LCs). Key themes are presented below; interview summaries for each site follow. This report concludes with a summary of lessons learned and next steps.

Teams valued participation in the Learning Collaborative

Overall, participants valued their participation in LC4. They credited it with strengthening their knowledge of quality improvement (QI), increasing their organizations' engagement with QI, and inspiring them to try new ideas. They especially appreciated the opportunities to connect with peers doing similar work, make new contacts, and share resources. They spoke highly of the support they received from the Alliance's Quality Improvement and Performance Leads (QIP-Ls), noting their promptness, knowledge, and willingness to help. Most sites expressed interest in joining future LCs if the timing and their capacity permit.

There are barriers to making quality improvement a priority

Many participants shared they see the value of undertaking QI activities and are having more conversations about building it into their organizational culture. However, almost all participating sites shared challenges related to balancing QI with other work, such as processing the high number of intakes resulting from interprofessional primary care team (IPCT) expansion funding. Two sites shared that they withdrew early or reduced their participation because they lacked the capacity to participate fully while addressing other demands.

Participants are looking for additional types of support

Some of the participating organizations shared examples of other supports and resources they would like to receive from the Alliance. They expressed a desire for shorter, more intensive trainings/meetings with Alliance staff to target their specific concerns and give them actionable next steps. Some expressed frustration with the slow pace and focus on QI theory. Others said they would like the opportunity to learn directly from other Alliance members that have successfully implemented similar changes or to share their learnings with others who are behind on the journey.



Belleville and Quinte West Community Health Centre

Motivation for joining the Learning Collaborative

Prior to joining the Learning Collaborative, Belleville and Quinte West Community Health Centre (BQWCHC) had already identified their intake process as a potential target for a major QI initiative. In joining LC4, they were looking forward to the opportunity to connect with and learn from other organizations on a similar journey.

Change Ideas

When BQWCHC joined LC4, they had already implemented a group intake/orientation for new clients. During the LC, they also implemented a change to their waitlist management process that had cascading benefits:

- They **migrated their waitlist management system to Ocean**, based partially on advice received through the LC and from their QIP-L. They then modified an existing client intake form on Ocean, balancing the amount of information being collected and burden on clients.
- The migration to Ocean allowed BQWCHC to **send intake forms to clients to complete in advance**, collecting information about their health before their first hour-long meeting with a new provider. While they were not initially optimistic about rate of intake form completion, they found an approximate 85% completion rate, which they attributed to clients being motivated to complete the forms to access primary care they were needing.
- BQWCHC staff request a **medication list for each new client** from the pharmacy. Any client taking five or more medications is referred to the pharmacist for a medication reconciliation prior to their first 1:1 primary care appointment.
- Each client's profile is populated with information from the intake form, pharmacy, and Connecting Ontario (which includes recent lab results, preventive screening, and most recent specialists' consult notes before their first appointment). This has enabled them to **reduce the length of intake appointments from one hour to 30 minutes**. This was a more difficult transition for staff, as they had to become accustomed to a new standard workflow.
- They also considered **standardizing the scheduling of intake appointments**. Some providers preferred to have a full day of intakes back-to-back, while others preferred to spread them out throughout the week. After discussion, they decided to leave this



up to the preference of each provider. They counted this as a success: Accommodating provider preferences encouraged their buy-in, especially where some variation would not have major impacts on the outcome of the other changes.

- They also considered that **some new clients may not require an intake appointment** with a provider. This could be determined by a chart review and asking about current concerns. However, creating a process to bypass this step would have required allotting additional admin time for chart review. They piloted this idea and found that about 50% of new clients did not require a full intake appointment. However, when factoring in the time to complete the chart review, there was not a significant gain, and the idea was discontinued.

Experience in the Learning Collaborative

Participants reported that they appreciated the LC for **encouraging them to take a step back and thoroughly consider their change ideas** and plans to achieve them. One participant shared:

...we were always jumping to the solutions. [The LC] kind of got us on track, streamlined it a little bit, acknowledged the things that people tend to do and how to backtrack it a little bit, how to start small and expand. [It gave us] lots of reassurance, gave us tools, strategies that became very important [such as] looking at some of the things that maybe we weren't quite doing correctly and how to tweak that process.

Moreover, they valued the **effective communication from the QIP-Ls**, including sharing information about upcoming sessions ahead of time to allow for preparation. Along these lines, they also felt that the LC gave them a **safe space to fail** and use humour along the journey. They also shared that their QIP-L was helpful and acted as a cheerleader to keep them going.

Quality Improvement Culture

BQW CHC has built a strong QI culture where **staff is empowered to be brave, try new things, and sometimes “fail forward.”** They are not expected to have all the answers right away; rather, they are encouraged to be vulnerable and to admit and learn from mistakes.

One challenge that has the potential to be a barrier for QI work is the fact that much of the burden falls on their management team, who are already grappling with heavy workloads and competing priorities. It can also be challenging to set aside time for QI work in front-line staff schedules. To mitigate this, BQWCHC has established a



dedicated QI committee that meets bi-monthly to review the organization's improvement efforts. As often as possible these are "working meetings" where QI activities take place; this helps the organization sustain momentum during busy periods.

Lessons Learned

Increasing the volume of client intake can have **unintended consequences**, such as increased workloads for other staff; it is important to **anticipate this and adjust service processes accordingly**. The QI team at BQWCHC successfully worked with their interprofessional providers to improve waitlist management processes and shorten appointment times.

However, they feel that they were less successful in planning for the **increased demand for primary care appointments and provider-driven follow-up**, which had a significant impact on their time to third-next-available appointment. To prevent this from recurring, they will improve their understanding of their supply, demand, and revisit rates; ensure that all providers and admin staff correctly understand the different appointment types (same-day, same-week, etc.) and use them appropriately; and maximize the scope of the interprofessional team so providers can focus on the things that only they can do.

Relatedly, they note the importance of being mindful of the impact any QI initiative can have on other staff members' workflow. For example, with the increased caseload, the CHC's social workers had to adopt a more structured approach to their clients' care and limit the number of sessions each client could access, which they had not done previously.

Additionally, it became necessary for the BQWCHC team to streamline their internal referrals process. Several primary care providers had begun making multiple internal referrals after their initial one-on-one appointments with new clients. Many clients felt overwhelmed by this, and in some cases, this led to no-shows for the interprofessional staff. To address this, the team directed their providers to **channel all internal referrals through the community resource worker**, who was then able to support clients with internal service navigation and help them set priorities for their health care.

Recommendations

- Participants did not gain a great deal from the horizontal knowledge-exchange component of the LC, as there were no teams ahead of them on the journey. They would have valued an **opportunity to connect with organizations that had already implemented similar change ideas** two or three years earlier and could share knowledge gained from their experience.



- Participants felt that there were **insufficient opportunities to connect with peers from other organizations in the learning collaborative**. They cited long periods between learning and sharing sessions and times where they were placed into a breakout room with only members of their own team.
- Participants recommended that the Alliance **increase the number of CHCs chosen to participate in future LCs** and make efforts to recruiting teams from across Ontario, in order to promote more knowledge-sharing within the sector

Chatham-Kent Community Health Centre

Motivation for Joining the Learning Collaborative

Chatham-Kent Community Health Centre (CKCHC) reported they chose to join the LC after receiving Interprofessional Primary Care Team (IPCT) Expansion funding and wanting to develop a standard intake process across their multiple sites, ensuring all locations were gathering the same information from new clients.

Change Ideas

During one of their early sessions, the team created a process map which led to conversations about how intake was being handled at each site. Their change idea involved **adding some client intake forms to Ocean**, so clients could receive the forms, fill them out, and submit them prior to attending appointments.

Experience with the Learning Collaborative

CKCHC experienced significant changes, including a large amount of staff turnover and onboarding, while they were participating in the LC. This meant staff were focused on getting caught up while processing many new intakes. The team also faced challenges getting Primary Care Providers (PCPs) involved with the LC initiative. They ultimately concluded that they had over-estimated their capacity and decided to scale back their participation in LC activities.

During the sessions they attended, they found it beneficial to **hear from other teams**, which contributed to their developing their own change idea. *i.e.*, learning from others instead of “reinventing the wheel”.



Lessons Learned

If CKCHC were to participate in this LC again, they would **prioritize engaging multiple providers** in the development of a new intake process, ensuring their diversity of experience was included.

Recommendations

Participants reported that although the LC gave them access to valuable tools and coaching support, they were disappointed by the length of the process and emphasis on QI training, saying they would have preferred to receive **answers or ideas that they could implement immediately**.

While participating in LC4, their organization was also involved with the Social Prescribing Learning Collective, which included **in-person site visits and meetings**. While they acknowledge that in-person activities may not be feasible for LCs, they noted that they were helpful and more engaging than the purely online format of LC4.

Peterborough Community Health Centre

Motivation for Joining the Learning Collaborative

Peterborough Community Health Center is a brand new CHC, currently working to develop their own best practices. They joined the LC as for an opportunity to see what others are doing and leveraging others' experiences to establish their own system.

Change Idea(s)

Because they are so new, Peterborough CHC's goal was to build a new process rather than improve an existing one. Instead of developing on a QI initiative, they observed their peers in the LC and tested their peers' change ideas at their own site. These included:

- **Shortening the length of welcome visits with nurses from 60 to 30 minutes and increasing the availability of welcome visit appointments.** They did this by reducing the amount of information collected during this initial appointment. In their opinion, this was the most successful change idea.
- **Implementing group intake appointments with the support of Trent University nursing students.** Overall, this was successful in freeing up provider time, but there was some pushback related to these students completing the necessary charting. They are currently discussing whether they will continue this practice in the future.



- Sending out reminder emails about upcoming appointments via Ocean.

Experience with the Learning Collaborative

The participants from Peterborough CHC found the LC helpful as it enabled them to **demonstrate the value of QI to their organization and gain buy-in from staff**. Seeing examples of change ideas that had worked well at other organizations enabled them to bring similar ideas to their own decision-makers.

The team found that LC4 was valuable and it was worth the time and effort to continue for the full cycle, although they felt their own contribution to peer-based learning was minimal. They expressed interest in hearing about future Alliance LCs.

Quality Improvement Culture

Participants reported that convincing providers to adopt changes was more complex than expected, as they had to go beyond simply sharing the new processes and focus on demonstrating the value.

Going forward, the team wants to keep strengthening their organization's QI culture. As part of this process, they will assemble a QI committee and begin implementing formal QI processes. However, they note that this will be a challenge, because QI is not currently a high priority for many of their providers and staff.

Recommendations

Participants suggested it may be beneficial to have **shorter, more frequent meetings** in future LCs. This would help teams maintain momentum and stay on track without creating additional burden for participating staff.

Seaway Valley Community Health Centre

Motivation for Joining the Learning Collaborative

After successfully participating in the previous three LCs, Seaway Valley Community Health Centre (SVCHC) was motivated to join LC4 to maintain the momentum of an existing QI initiative; strengthen their organization's QI culture; and learn about new ideas and best practices for intake.

Change Ideas

During the previous LC, SVCHC had looked at intake efficiency in primary care, mapping each step of their intake process, and noting a bottleneck with administration and form



completion. In some cases, these delays led to clients' forms not being completed before they were assigned to PCPs.

In LC4, the team's change idea was to **create a process for tracking each client's intake journey in the EMR**, using a custom form and reportable fields. This change idea was smaller in scope than others they had tried in a previous LC; it was focused on making small changes to existing processes that would improve data quality.

Experience During Learning Collaborative

SVCHC had a smaller group of staff involved in LC4 than they had in previous LCs. They partnered with another organization who was also streamlining processes, since both teams had to report on the same IPCT Expansion data in the same fields.

- **Initial success, setback, and resolution:** After experiencing initial success in implementing their change idea, SVCHC's first data pull revealed that information was coming out of the EMR incorrectly. To resolve this, they had to switch to a different reporting method with help from Compass CHC, who offer EMR and data-management support services to for other community health centres in Ontario.
- **Some staff were reluctant to adopt changes.** Part of SVCHC's QI initiative was to streamline data capture by having staff add it directly to each client's chart, rather than using intermediary formats such as emails and paper lists. Some staff were reluctant to adopt this new process, which led the team to fear that they were pressuring their administrative colleagues to adopt a workflow that could ultimately be burdensome or uncomfortable.
- **Ultimately, the project was a success.** As a result of their streamlined processes, SVCHC now has a system where staff can access real-time information about their waitlist status, refreshed daily, as opposed to having to manually pull a report from the EMR. From the moment they receive a referral, it is entered into the system and can be tracked every step of the way.
- **Value of peer-supported learning:** LC participants from SVCHC valued having opportunities to hear what their peers in LC4 were doing and learn from their experiences. They also appreciated the connections they made with other participants.
- **Capacity challenges limited participation.** Participants reported that capacity strain limited their ability to fully participate in the LC.
- **Value of Alliance Supports:** Participants felt that there was support available if they needed it; the QIP-Ls were helpful and always available to answer questions.



- **Sustainable change:** Overall, the SVCHC participants are confident that they will be able to sustain the change they made through the LC. They have an established process and dedicated staff.

Quality Improvement Culture

Participants reported that while they have acquired some foundational QI knowledge, they want to continue growing in this area.

One of the challenges at SVCHC is that some staff have a fear of failure and worry that if they implement a change idea that isn't successful, it may negatively impact the organization. The QI team adapted their communication to address this, focusing on the value of small tests of change, where "failure" is an expected part of the process and a source of information.

Lessons Learned

When asked, participants shared that they believed their change ideas could be implemented elsewhere, but teams who adopt these changes may face challenges with staff buy-in and willingness to do the work, and they will need to **ensure that staff receive adequate training on new processes**.

Although many PCPs are feeling overwhelmed and overburdened, the SVCHC participants felt that it would have been helpful to **include PCPs more meaningfully in the QI initiative** and engage them in process-planning activities.

I think this is a lesson, this has been the lesson learned consistently, it's like "involve your people." And I think we thought we were [...]. We were having conversations with people "off the cuff," but maybe [this left] them not understanding the importance of what we were doing.

Based on their experience, the "secret sauce" for successful implementation of a QI initiative is having **a small number of highly engaged staff who will lead the work** and be early adopters of change.

South-East Ottawa Community Health Centre

Motivation for Joining the Learning Collaborative

South-East Ottawa Community Health Centre (SEOCHC) joined the LC to help optimize their intake process, as they were in a phase of massive recruitment.



Change Ideas

SEOCHC did not choose a specific change idea for this LC but rather used it as an opportunity to continue implementing process improvements already underway: **Integrating their EMR system with Ocean and digitizing all phases of the intake process** instead of relying on faxing and paperwork. They do not expect their intake process to ever be truly paperless, but they anticipate that having made these improvements will greatly reduce the administrative burden of transferring data from paper forms to their database.

Before joining LC4, SEOCHC had undertaken QI related to sociodemographic (SD) data collection. To address low levels of client engagement and incomplete data entry, they began **sending the health equity questionnaire to clients two weeks before their appointments**. If the form was not completed in advance, the client was provided a tablet at the clinic to complete the questionnaire through Ocean. This change improved completion rates but it was not sustainable, due to the heavy administrative burden of manual follow-up. The SEOCHC team have since consulted with a QIP-L and received guidance on how to address these challenges and develop a more sustainable process.

Experience with Learning Collaborative

Participants found it helpful to **learn from other centres' experience** in doing this work and seeing the variety of change ideas implemented across the province.

The SEOCHC team attended the first two sessions but found that participating in the LC was a longer commitment than they were able to meet, as the organization was facing significant staffing challenges, such as high turnover and difficulty recruiting new staff.

Recommendations

Participants found the training somewhat lengthy and spread over an extended period. They would prefer to receive **more immediate support attuned to their specific goals**, such as:

- Tools ready for immediate adoption
- Tailored one-on-one support and coaching for their QI work
- A single webinar or training session



Unison Community Health Centre

Motivation for Joining the Learning Collaborative

Before joining the LC, Unison CHC had recently updated their intake process to a centralized intake model across their five sites. They joined the LC to share their learnings with other organizations.

Change Ideas

Unison used IPCT Expansion funding to create one full-time **position focused on centralized intake**, and they created another half-time position using existing staffing. They began generating **monthly reports** to measure their progress and make adjustments based on demand and capacity across their sites. Accessing this data frequently enabled them to promptly notice and respond when they needed to pivot. Overall, their intake process has improved, and they now have a standardized approach across all their sites.

Experience with the Learning Collaborative

Unison CHC did not implement a new change idea for LC4; rather, they continued to refine and adapt changes that had already been implemented. In the process, they made more changes than initially anticipated as they responded to feedback, their experiences, and emerging opportunities for improvement. They also expanded the scope of their project beyond centralized intake to include centralized case management.

One challenge Unison staff experienced when onboarding new clients was finding staff who could provide orientation sessions in different languages when requested. As part of their learning from the LC, Unison began to record orientation sessions, particularly those delivered in languages other than English, and use these recordings as part of the orientation process for new clients. This approach reduced the need for the number of staff who speak those languages while ensuring that clients could access orientation information in their preferred language.

Quality Improvement Culture

As a large CHC, Unison has long had the privilege of high capacity for engagement in QI and have built a culture of passion for it. They proactively educate their staff about QI models, invest organizational resources into QI, and involve staff in QI activities.



Lessons Learned

Although Unison followed a project plan that included appropriate training and communication, participants noted that some of the **adjustments made after implementation could have been communicated more effectively to all staff involved**. Additional, **timely training** could also have helped staff better understand and adapt to these changes.

Participants also stressed the importance of **engaging providers throughout the QI process**, recognizing their involvement as an important factor in supporting implementation and sustaining change.

Recommendations

Unison CHC participants emphasized the **importance of the Alliance drawing on the wisdom and experience of sites already doing this type of work**. While they recognize the Alliance's strengths in QI, they noted that the Alliance may not have the capacity to fully understand the ground-level complexities and impact of this work. As a solution, participants suggested first **reaching out to members who are already implementing the type of work outlined in the LC** to learn from their experiences, approaches, and lessons learned.

For other CHCs who want to implement centralize intake or centralized case management, Unison CHC participants note that to be successful, they must have a **project plan and a staff member with the capacity to implement it**.

Emerging Themes and Next Steps

Successful Change Ideas

The following change ideas were implemented by the six organizations who participated in the evaluation interviews.

1. Implementing a technological solution to manage waitlists and intake processes.

Several teams reported using OceanMD to manage their waitlist. Another created EMR custom forms for intake. These changes enabled the teams to send electronic intake forms for clients to complete before their first appointment, record and monitor clients' intake journeys in the EMR, send reminder emails, and reduce intake-related paperwork.

2. Shortening the length of intake appointments.

Two teams shortened their intake appointments from 60 minutes to 30 minutes. This was accomplished at one



organization by enabling clients to complete intake forms electronically before their appointment and in another organization by reducing the number of questions asked at intake.

3. **Using group intake appointments and onboarding videos.** One of the participating teams implemented group intakes during LC4; another had already successfully implemented the change idea and used LC4 to refine the process. For the team who implemented group intakes during LC4, the results were mixed: providers spent less time completing intakes, but they were uneasy about the organization's use of students to conduct the appointments and gather the client data. A third team began recording onboarding/orientation sessions and sharing these recordings with new clients as part of the intake process, to reduce the time spent repeating information.
4. **Adopting, improving, or expanding a centralized intake process/model.** Although only one of the **six** focus group participants described centralized intake as their main change idea, it is included here because several other Alliance members are implementing a similar initiative.

Lessons Learned

For Learning Collaborative Participants

Focus group participants shared several learnings that may be helpful to others who are implementing changes to their intake process or other workflows, undertaking other large quality improvement initiatives, or participating in a peer-supported learning activity:

- **Avoid jumping to solutions.** Engaging in a slower-paced QI process helps teams to step back and more thoroughly evaluate the situation before implementing changes.
- **Consider unintended impacts.** A successful change to one process or workflow may have cascading impacts on other parts of your organization. Implement changes slowly and iteratively.
- **Engage providers and other staff.** This can help ensure investment and understanding of changes. Timely training and education for new processes can help ensure smoother implementation.
- **Have a designated team to lead the work.** A small, highly engaged group of staff and providers can help manage change and lead by example.



- **Learn from your peers.** Seek out others who have already addressed a similar issue or implemented a similar change for inspiration, support, and guidance.
- **Realistically assess your organization's readiness before starting.** Other supports, such as a Rapid Action Learning Intensive (RALI) or tailored on-on-one coaching from a QIP-L may be a better fit, depending on your organization's QI culture and context.
- **Participating in an LC can help you build a QI culture.** If your organization does not have yet a strong QI culture but shares a commitment to building one, an LC may help you move towards that goal.

For the Alliance

While all participants valued their experience with LC4, some of them also saw opportunities to improve the LC model:

- **Clearer communication** of the time and capacity required for full participation and other options available.
- **More opportunities for peer interaction**, bringing together more- and less-experience participants.
- **Shorter, more frequent meetings** to maintain momentum.
- **Recruitment of more diverse teams** for each cohort, so teams can learn from organizations that work differently or are at different stages.

Next Steps: Applying the Lessons

In response to our sector's, and the health system's shared, ongoing focus on increasing attachment to primary health care, the Alliance will not offer a fifth learning collaborative in 2026-27. Rather, we will support the scale and spread of the successful change initiatives from LC4 through a RALI, tailored QI coaching, and other supports.

Informing Future Learning Collaboratives

Similarly, we will find ways to incorporate more peer-to-peer learning in future LC. This could include:

- **Peer-matching**, to enable organizations who already have a strong QI culture or have already implemented a particular change idea to provide mentorship and guidance to those who are at an earlier stage of the journey.



- **Peer-to-peer support/discussion sessions during the action phases**, so teams can consult with each other when they encounter obstacles or are faced with complex decisions.
- **Careful management of breakout sessions and other peer-to-peer components of learning and sharing sessions** to ensure organizations get connected.

Helping Teams Choose: LCs, RALI, Other Supports

Rapid Action Learning Intensives (RALIs) are self-paced implementation supports for processes developed by members through LCs and pilot studies. Each RALI describes an experience-informed process that is ready for organizations to adopt, adapt and implement at their own pace. The process outlined in each RALI consists of a few essential steps (“tight” elements), each of which has one or more flexible components (“loose elements”). RALI participants receive a workbook, a curated collection of resources and tools, and dedicated QI coaching.

In response to what we have learned through this evaluation of LC4, we will add more opportunities for peer-supported learning to RALI. It will continue to be a self-paced program with optional (didactic) learning and (peer-based) sharing sessions offered whenever a new RALI is released and without prescribed time periods for learning, action, and reflection. However, with the next iteration of RALI, we will add optional drop-in peer-support sessions, so organizations who are working through it concurrently can support and learn from each other.

In essence, the pilot project or LC that informs the RALI is the co-design and testing phase for a process that is then spread and scaled across the Alliance membership. Meaningful participation in this phase may not be feasible for all members due to the time and staff capacity required. The Alliance will make every effort to help teams make considered choices about participating in LCs and/or engaging with RALI. This could include creating a decision tree or side-by-side comparison chart.

Whether teams are participating in a learning collaborative, implementing a process through RALI, or undertaking their own QI initiative, dedicated support from a QIP-L is always available. QIP-Ls can help by providing tailored coaching for QI initiatives, identifying helpful tools and resources, or connecting teams with suitable peers.

