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Quality Improvement Plan (QIP) Narrative for Health Care Organizations in Ontario



3/30/2014

This document is intended to provide health care organizations in Ontario with guidance as to how they can develop a quality improvement plan. While much effort and care has gone into preparing this document, this document should not be relied on as legal advice and organizations should consult with their legal, governance and other relevant advisors as appropriate in preparing their quality improvement plans. Furthermore, organizations are free to design their own public quality improvement plans using alternative formats and contents, provided that they submit a version of their quality improvement plan to HQO (if required) in the format described herein.

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Overview

The 2013/2014 planning cycle began with a refresh of our strategic directions and confirmation of our mission statement. These refreshed strategic directions provided the framework for the development of departmental, corporate and board priorities and goals. The development and submission of a QIP plan is identified and tracked as a Board priority and championing the quality agenda is communicated to staff as a corporate goal with each department identifying its own quality project. These projects are tracked through the regular meeting of the Senior Leadership Team. The QIP plan, as mandated by Health Quality Ontario, is one component along with the corporate goals and the departmental goals of the SWCHC operational plan.

In June 2013 Somerset West Community Health became one of the first Community Health Centres to be accredited under the new Canadian Centre for Accreditation standards. Our QIP program, the measurement of these targets through the Balanced Scorecard and the projects undertaken to achieve these targets were used as evidence and assisted our centre in meeting all of the leading practice standards.

In the upcoming year much of the attention of the managers and staff at the Centre will be focused on the commissioning of our new satellite facility. The Senior Leadership Team (SLT) and our staff are seizing the opportunity to examine our current processes and structure to be able to increase access to our services while maintaining our current high standards. Analyses of our indicators for client experience in our QIP plan have informed this work. Clients appreciate the relationship with providers as evidenced by the high percentage of clients who agree or strongly agree that we spend enough time with them, invite them to ask questions and involve them in their treatment decisions.

This year was the first year that we specifically asked our clients whether they could access our services on the same or next day. The lower than anticipated positive response resulted in a series of conversations and reflections that will inform our current practices and service delivery at our new and existing locations. Ensuring timely access for our clients is our quality priority for the next year. This year as part of our QIP plan, it was agreed that we would collect similar indicators for our mental health and addictions providers. SWCHC operates a social service walk-in where clients do not need an appointment to be seen; again we are assuming that clients access this same day service as needed.

In 2013/2014 SWCHC moved beyond the development of frameworks and structures to support our quality journey to the use of the organizational level data as a management tool to improve our processes. In the 2014/2015 we hope to continue to work with our teams to reinforce a culture of “doing the right thing at the right time.”

Integration & Continuity of Care

The Champlain Practice Profile produced in September 2013 was the first time that we as a CHC were provided with measures of service utilization on emergency department hospital utilization. The primary health care providers have long been frustrated with the lack of communication with the acute care hospital. Our QIP targets have provided the impetus to work with the hospitals and other health care partners to re-engineer the discharge process to improve communication with the patients' primary health care providers.

In the interim, for this year, we will be focusing on developing a standardized process to measure and manage information. This includes discharge summaries received from other health care organizations with a priority on information from the acute care hospitals. The Directors of Primary Health Care in the Community Health Centres in Ottawa are collectively working on a strategy to connect with the various hospitals in our areas.

In the 2012/2013 QIP plan we identified the reduction of 'no shows' in counselling as a priority. The mental health and addictions team using Plan-Do-Study-Act as a tool to document and test changes were able to reduce no show rates. Our first assumption was that a reminder call for appointments would result in a lower number of no shows. Forgetting appointments proved to be only one contributing factor to no shows, especially for the initial intake appointment. So after our two month test of this initial assumption, without significant result, the teams' discussion focused on improving the communication in the referral process. Improving the integration and continuity of care between our Primary Health Care and Mental Health and Addictions departments at the centre resulted in a decrease in no shows for both initial and follow up appointments.

Challenges, Risks & Mitigation Strategies

In client experience surveys over the past 10 years, clients have been asked if they were able to book appointments as soon as they wanted. Over 90% of our clients answered positively. SWCHC leadership had attributed this positive result to our walk-in service, in which any resident of our catchment area, regardless of whether they are a client, is able to receive same day service. In the last year, we revised the question to ask: when they were sick (or needed medical attention) how quickly could they get an appointment to see a doctor, nurse or nurse practitioner. Given the significantly lower number of people who said they were able to access same-day service, we undertook a more detailed analysis of the question to compare characteristics of the clients reporting different levels of access. (Available on request). As expected, walk-in clients were more likely to report getting an appointment the same day. They were also more likely to report getting an appointment after a week. The analysis concluded that there may have been a problem with the interpretation of the phrase 'access', which affects the data quality. We anticipate that there may be similar problems with the wording of the question to be asked this year and this will need to be considered for survey administration in the future.

The province wide information management strategy and movement to an Ontario-MD certified electronic health record is supposed to support better information flow between health care organizations. At this time, this functionality has not been fully realized. So we continue to be in the position of **relying on hospitals to push information** out to primary care before we are able to meaningfully improve these hospital based QIP indicators. There are innate complexities involved in ensuring that all our primary health care providers, including physicians and nurse practitioners, are provided with this timely information and we will begin to address this need for information by establishing relationships with the discharge facilitators in the various hospital-based institutions.

Note: Given these current constraints, SWCHC has chosen to focus our quality improvements efforts this year on developing processes to receive discharge summaries and has not included the indicators that look at tracking emergency department visits for conditions best managed elsewhere or clients readmissions. We will however continue to report this information provided by the Practice Profiles through the Balanced Scorecard.

The challenges and risk mitigation strategies related to our current Electronic Medical Records (EMR) are detailed in the “Information Management” section.

As we progress on our quality journey developing new processes, attitudes and creating new knowledge, we are also experiencing increasing demands for accountability from various funders. We are challenged to be able to implement effective **knowledge management** strategies, to ensure measures and information available to all our clients, community and providers when required. A good example of the need to rethink our knowledge management approach is our Balanced Scorecard. Once an efficient way to monitor organization performance, it has become clumsy with too much data and not enough information. A redesign is now underway.

To quote quality guru W. Edwards Deming, “Quality is everyone’s business.” The model of care at Somerset West CHC fully addresses the broad spectrum of services and activities that encompass primary health care including: health promotion, illness prevention, chronic disease prevention and management, and diagnosis and treatment of disease. Our services go beyond those found in traditional primary care services, to recognize social determinants of health such as housing and culture that influence health outcomes. The mandatory indicators in the QIP plan are specific in the reference to primary health care clients by a physician or nurse practitioner only. In our effort to make the plan more inclusive of the spectrum of services we provide, this year we will ask similar questions about our mental health and social service counsellors.

Our primary health care providers’ ongoing commitment to serve our community through our walk-in services has resulted in panel sizes which are 23% above the provincial target. The current emphasis on volume driven indicators in our LHIN agreements is challenging providers and management to reexamine every aspect of our care delivery systems. However we are quickly reaching the point of diminishing returns where we will require additional providers to be able to continue our level of service.

Information Management Systems

The CHC sector is currently involved in a significant information management implementation that is having impacts on our capacity in multiple areas. In the long term, we expect that movement to a standard electronic health record tool for all CHCs will lead to improved information management capacity and reporting. However, in the short term, it is likely that information and knowledge management capacity will decrease temporarily during this transition. This represents a significant contextual factor that will/may influence this year’s QIPs.

Somerset West Community Health Center went live with Nightingale on Demand (NOD) on January 23rd 2013. The transition proved to be overwhelming and difficult due to previously unknown performance issues within the system.

In order to address these issues, we are continuously reviewing workflows and finding work-arounds. We are creating new templates and flow sheets in an effort to maximize efficiency by having the most important information clearly visible and easily accessible to providers.

When an issue arises that is deemed a client safety issue, it is ticketed immediately and called into the Nightingale on demand helpdesk so it becomes a higher priority.

There has been a direct impact on access to primary health care as providers cope with a system that is not user friendly and takes additional time to ensure that ensuring information is entered and stored correctly.

Engagement of Clinical Staff & Broader Leadership

The **Staff Quality Committee** supports the Quality Oversight Committee of the Board by reviewing material prior to the presentation at the committee. The members of the committee link to their respective departments allowing the Board to hear the perspective of providers. Membership includes one representative from each department respectively including: Primary Health Care, Health Promotion and Community Programs, Mental Health and Addictions and Corporate Services. In addition the committee includes a physician. Department representatives are responsible for attending the Quality Oversight Committee of the Board, on a quarterly basis. The Director of Primary Health Care is a member of the committee and acts as the liaison with the Senior Leadership team.

Functions of the committee include:

1. Reviewing the information presented in the Balanced Scorecard (Performance Reporting) for data quality issues and identifies areas for follow up with the DMC.
2. Working within the Quality Framework to review information such as client experience workplace culture surveys and to identify areas for improvement.
3. Recommending targets to Senior Leadership Team and the Quality Oversight Committee of the board for the Multi-Sector Accountability Agreement (M-SAA) targets.
4. Overseeing the development of the Quality Improvement Plan as per the direction provided by Health Quality Ontario; responsibility extends to a) establishing targets and projects for the plan and b) recommending to SLT and the Quality Oversight Committee.

Accountability Management

In 2009 the Board of SWCHC established a Quality Oversight Committee to assist the board in overseeing and ensuring the overall quality of services provided by Somerset West Community Health Centre (including clinical care, client safety, and administrative services provided throughout the organization). In addition to a minimum of 3 board members, the committee includes two community representatives, the Executive Director, Director of Primary Health Care, a Physician, Data Management Coordinator, Health Planner and representatives from all centres departments. At least one member of the committee (usually either the Board member or the community member), self-identifies as a client of the Centre, and brings this perspective to our discussions.

The Quality Oversight Committee reviews and recommends the Quality Improvement Plan, and Multi-Sector Accountability Agreement to the Board. The SWCHC Quality Oversight Committee is fortunate to have board and community members with wide breadth of skills and knowledge extending to a lawyer, retired high tech executive, policy analyst, public sector administrator, accountant, nurse, and a surgical resident.

This diversity of views and willingness to contribute has enabled the committee to evolve from a focus on the monitoring of performance through the discussion of targets to more generative discussions that challenges our assumptions, probes the values behind the data, and provides a fresh perspective.

Formal accountability for the establishment and achievement of performance targets, identifying areas for improvement and implementing change ideas rests with the Senior Leadership Team. Performance on the achievement of targets is monitored through the Balanced Scorecard, and recommendations to address areas outside of the established performance standard are presented to the Senior Leadership Team.

The Health Planner is the staff resource to the Quality Oversight Committee and the Staff Quality Committee and is responsible for developing and monitoring the operational planning process including the QIP.

Other

Progress towards our M-SAA targets including people over 65 that have received influenza vaccines, breast cancer screening, colorectal cancer screening, cervical cancer screening are reviewed as part of the Balanced Scorecard. To date SWCHC has been able to meet all our performance standards, and therefore we have not identified them as areas for improvement in the upcoming year.

Based on a recommendation of the Quality Oversight Committee of the Board at a board meeting held March 26, 2014 the SWCHC Quality Improvement Plan was approved by the Board of Directors for submission to Health Quality Ontario.

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

Board Chair Annie Hillis

Clinician Lead Merry Cardinal

Executive Director / Administrative Lead Jack McCarthy, Jennifer Simpson