

2019/2020

Quality Improvement Plan: Narrative



01/24/2019

This document is intended to help health care organizations that want to voluntarily develop a quality improvement plan organize and communicate their improvement goals and activities.

Overview

The 2019/2020 Quality Improvement Plan was developed based on a review of information from multiple sources including: the status of our current QIP indicators, client experience surveys, community dialogues and consultations, quarterly profile reports, progress towards our operational plan and an extensive workforce utilization analysis. All our work is rooted in our beliefs, values and mission.

Our 2018/2019 QIP plan will serve to articulate these beliefs, list the services we provide, highlight some of our key successes this year and report on our initiatives to address workplace violence.

Last year we selected 4 planned improvement focus areas and five indicators.

- Effective Transitions
 - Percentage of patients/clients who see their primary care provider within 7 days after discharge from hospital for selected conditions
- Coordinating care
 - Number of patients with a coordinated care plan developed through the Health Link
- Timely Access to Care
 - Percentage of patients and clients able to see a doctor or nurse practitioner on the same day or next day, when needed
 - Percentage of clients who answer yes to the question 'do you know how to access primary health care services after hours?'
- Client Centered Care
 - Client involvement in treatment decision

Overall, we met or exceeded our 2018/2019 performance in three indicators, established a baseline in one indicator and did not meet our target in the indicator for client involvement in decisions. This is the first time we have seen a significant drop in these results and in the next year we will explore further.

About Somerset West Community Health Centre

Our Beliefs

SWCHC recognizes that people in our society face oppressive experiences because of individual and unequal systemic power related to race, colour, culture, ethnicity, language and linguistic origin, ability, socio-economic class, age (children, youth, seniors), ancestry, aboriginal status, nationality, place of birth, religion or faith or other forms of conscientiously held beliefs, sex, gender (including gender identity and expression), sexuality (including sexual orientation), family status (including marital status), and residency/migratory status in Canada and types of life experiences.

What we do

Somerset West Community Health Centre (SWCHC) exists to help the residents of West- Central Ottawa achieve optimal health and social well-being through the provision of: Primary Care, Mental Health Counselling, Dietitian Services, Baby Friendly Drop-in and Lactation Counselling, Seniors Outreach including services to Chinese Seniors, Medical and Social Services Walk-in, Acupuncture, After School Children and Youth Programs, Head Start Nursery and Preschools, Rochester Heights Community House, Outreach to Rooming Houses, and programming at Forward Avenue Shelter. The Centre works with partners in promoting food security through community programs such as the Good Food Box and Market Mobile, and in community development initiatives focusing on building individual and community capacity.

SWCHC also excels in offering the following regional programs: Lung Health Program, Harm Reduction (including Anonymous HIV Testing), Ottawa Newcomer Health Centre (Multicultural Health Navigators, Ottawa Language Access Program, and Health Clinic), Yet Keen Chinese Seniors Day Centre, Vietnamese Drop-in groups, African Caribbean & Black HIV Prevention and Community Development, and Ethno-specific Case Management. Board, staff and clients are passionate in the quest to develop and maintain healthy public policy including full participation in the City of Ottawa budget process and promoting evidence-based harm reduction practices.

Our clients

The Champlain Practice Profile published in 2018 investigates and compares the demographics, case-mix, emergency department and hospital utilization for community health centres in the Champlain LHIN. SWCHC clients as described in the profile include: 43.5% newcomers, 49.7% between the ages of 10-45, and 52.1 % are in the lowest income quintiles.

Describe your organization's greatest quality improvement achievement

Quality Improvement Achievements

- *100% increase in the percentage of primary health care clients who reported they were able to see a doctor, nurse practitioner, physician assistant the same or next day when required.*

The Director of Primary Health Care, supported by our Decision Support Analyst and providers, used the tools included in the Health Quality Ontario's *A Guide to Advanced Access and Efficiency for Primary Care Providers: Time for Change* to determine the unit of supply and demand for each provider. The results were reviewed with each provider and continue to inform our program planning. From this review, the providers were able to look at their practices and make additional appointment slots available.

In addition, this year we revamped our client experience survey to include a group of core indicators for all our clients and a series of questions specifically for our primary health care clients. It is possible that lower responses in previous years could be attributed to responses from those other than primary health care clients.

- *23 coordinated care plans developed through the creation of an internal Health Link team*

We were able to complete more coordinated care plans than other primary health care practices through the creation of an internal health links team that offers medical, psychosocial and community outreach supports for our complex clients. Our team includes a physician assistant, two community support workers with one focused towards our large Chinese community, and a community health worker. We dedicated 0.2 FTE of our physician assistant towards health links, acting in a program lead capacity, others within our team have had to embed this work as part of their day to day practice.

Collectively, they work with our clients in completing a coordinated care plan to address what's being identified by the client as most important to navigate through the health care system. Specific goals of the Health Link team include:

- Streamline care for high users
- Connect high users with one designated person
- Define best provider for clients' needs
- Empower clients
- Enhance self-management skills
- Clarify transition plans

As we evaluate the impact of embedding the health links approach at our CHC, we are capturing client centre visit frequency, hospital utilization, emergency department visits/readmission rates, and capturing the number of clients that we help in finding a primary care provider.

Our Journey in 2019

2018-2019 was a year of renewal at Somerset West Community Health Centre, enjoying a new dynamic management team with a commitment to advancing a quality improvement agenda. Highlights of our quality improvement journey this year included:

- Our Board Quality Oversight Committee was re-energized with the addition of four new community members, and two new Board members, one of which assumed the role of Chair. We now have three of our members that speak from their experiences as clients of SWCHC. The participation of several clients on this committee ensures the QIP indicators dealing with patient experience and client comments are adequately reviewed.
- Managers, directors and providers involved in quality improvement participated in a one-day IDEAs training. This will provide a great foundation for our quality improvement work for the upcoming year.
- This year we once again collected client information through our web site (this year we added a pop up), a MailChimp mail out and print surveys. Although print is by far the most effective method to have clients complete the surveys, asking clients to complete surveys as they wait for an appointment is perceived as intrusive by some of the clients. To this end we are piloting a tablet in our medical clinic waiting room for clients to access when they desire.
- The creation of a quarterly Portfolio Report which consolidates service utilization information across all SWCHC programs. This portfolio report is reviewed by the Quality Oversight Committee on a quarterly basis. After our initial presentation of the Portfolio report, the Quality Oversight Committee began a discussion on how to measure impact
- Along with several sister CHCs, we committed to improving holistic care for palliative care clients through a collaborative quality improvement initiative with a variety of partners from across health care sectors. This initiative is being led by The Ottawa Hospital.

Patient/client/resident partnering and relations

In the past year, our community programs continue to be informed by program participants and community members.

- Rochester Heights Community House: A revamped advisory committee will be created to provide advisement during the relocation/redevelopment period. This committee also provides input into activities at Rochester Heights.
- A residents' group is in the process of being formed in Mechanicsville to advise on and develop community development activities as part of the Community Development Framework (CDF).
- Yet Keen Seniors' Centre has a longstanding Advisory Committee that meets quarterly
- The new Trillium-funded Peers Helping Peers project is establishing an advisory committee of peers involved in the project to build capacity among the peers and to advise on the project.
- The Community Health Promoter hosts Interagency Lunches; monthly gatherings of community members, groups, and agency partners to share information, informally troubleshoot emerging community priorities, and advise of SWCHC community health promotion activities.
- The Building Community Together project is guided by a Steward's Table made up of community members, groups, and partners.

- Every Child and Youth program has mechanisms to gather feedback on programming to ensure that it is meeting the needs of participants and their families. In addition, before significant program changes are made, a needs assessment is undertaken to ensure the direction is appropriate. The most recent example of this is the needs assessment we completed to get input into our Early On application to the City of Ottawa. We will be consulting with parents this fall to determine if they are interested in establishing a parent advisory committee and, if they are, what format it should take
- One of the recommendations from the community consultations undertaken by SWCHC in February and March of 2017, in preparation for the Supervised Consumption Service, was to establish a Community Liaison Committee. The Committee meets every two months and is composed of community residents, partners and businesses. The intention of the committee is to ensure that there is strong two-way communication between those who live and work in the neighborhood and the consumption service. The current focus of the committee is to develop a communication plan and communication tools that can be used with the broader community.

Harm Reduction Peer Worker Project Building Capacity for Everyone

Service users have been an integral component in the development of harm reduction programs at SWCHC. Existing harm reduction clients were consulted throughout the development of our original application to Health Canada. These comments were instrumental in configuring the consumption room space itself and the flow of clients within the space.

The Harm Reduction Peer Workers pilot project intentionally hired people with lived experience to bring peer support to people using substances. The pilot project goal was to demonstrate the critical value of the Harm Reduction Peer Workers contribution in encouraging safer use, healthier lifestyle, connectedness (community belonging) and easier access to resources needed. SWCHC and its partners firmly believe that the Peer to Peer Harm Reduction approach is impactful for service users and the community as it leads to conversations with people and connects us to communities that we would not otherwise be able to access.

As a result of this project we have now incorporated peers as Harm Reduction Workers in our Supervised Consumption and Treatment Service.

Sasha's Story



Sasha is employed as a Harm Reduction Worker at SWCHC. The ability to access the services of a community health centre have assisted her on her journey through recovery and allowed her to use her experience to help others.

Workplace violence prevention

Somerset West CHC is committed to a safe workplace for our clients and staff. The following is an overview of activities to monitor, reduce, and prevent workplace violence. A “healthy work environment” is one of the four pillars of our strategic plan. A safe, professional and trusting work culture is one of the aspirations linked to a healthy work environment.

2018-2019 Investment

The growth of our harm reduction services and the increased presence of harm reduction clients in the lobby at 55 Eccles led to concerns expressed by both staff and clients. 55 Eccles serves a variety of vulnerable populations and it is our intent to balance the needs of the various populations who access our services and create a safe space for everyone. With this objective in mind, we created a “welcoming committee” with cross-team representation. Over the last several months with the assistance of an external facilitator, this interprofessional group of staff explored options to mitigate these potential safety issues. Solutions included explicit protocols for responding to mental health issues that are presenting in the lobby, additional staff training and the introduction of volunteer greeters. In addition, we have hired a designer to work with the group and look at possible renovations.

In addition, in the last two months we retained the services of an external consultant to interview our providers, manager and clients to determine the appropriate level of security for the facility through the identification of threats, vulnerabilities and risks. This Security Audit includes a risk analysis that:

- identifies potential threats to the facility, its personnel, assets and information;
- assesses the risks associated with these threats; and
- recommends measures to eliminate and/or mitigate the impact should these threats arise.

This report was completed in early March and response to the recommendations is now being developed.

On an ongoing basis

- All front-line service staff are trained to recognize and manage disruptive and assaultive behaviour. New employees are provided a full day of Nonviolent Crisis Intervention (NVC) training within three months of hire, with recertification every two years. NCVI Training is a program developed by the Crisis Prevention Institute (CPI) and is recognized by the Ministry of Labour as appropriate training.
- All incidents are reported using a standardized form including a risk assessment within 24 hours of the occurrence. The appropriate supervisor, manager and Executive Director review these incident reports. These incidents are reviewed on an annual basis to the Board Quality Oversight Committee and subsequently forwarded to the Board of Directors.
- Risk is also mitigated through a series of policy and procedures that detail emergency response procedures.

- We have a variety of outreach workers, counsellors and primary care providers that conduct home and community-based visits with clients on a regular basis. This year we implemented a specific policy to address the unique issues specific to home and community-based services.
- All serious incidents involving a client of SWCHC are reviewed at a case conference within forty-eight hours. The purpose of the case conference is to determine whether restrictions or withdrawal of services is advisable for the health and safety of staff.

of Workplace Violence Incidents reported by employees in the last 12 months

Incidents of workplace violence are counted according to the number of reports by workers. This means that in some cases, a single event will affect more than one worker. All workers who perceived a threat of physical violence or encountered actual violence should submit a report. The incident count will be equal to the number of incident reports. (Definition Health Quality Ontario)

In the 2018-2019 year there were a total of 20 incidents of verbal or physical aggression reported by SWCHC employees. Note one client may generate more than one incident report over the year.

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Other

Each year we are asked to submit a story that demonstrates our commitment to the quality service. The opening of our Supervised Consumption and Treatment Service has proven to be an effective way to improve access for people who use drugs and to improve practice for staff.

Supervised Consumption and Treatment Services – “the right care at the right time, in the right place by the right provider”

The Need

Ontario is facing the largest and longest public health emergency in recent memory. 1263 people died from an overdose in Ontario last year – more than three people a day. This is an increase of 45% over the 867 people who died unnecessarily in 2016. People who use drugs, community members, and front-line health care workers are struggling to respond to the overdose epidemic without adequate government support. (Reference: <http://cscsottawa.ca/overdose-prevention-sites-are-needed-in-ontario-now>)

SWCHC’s service area is the most densely populated area with rooming houses in Ottawa. As of November 2016, there were 441 licensed rooming house units in proximity to SWCHC. People who live in rooming houses have significantly lower levels of physical and mental well-being than the general population, with many struggling with substance abuse issues. Studies have shown that people with low socio-economic status are at increased risk for substance dependence.

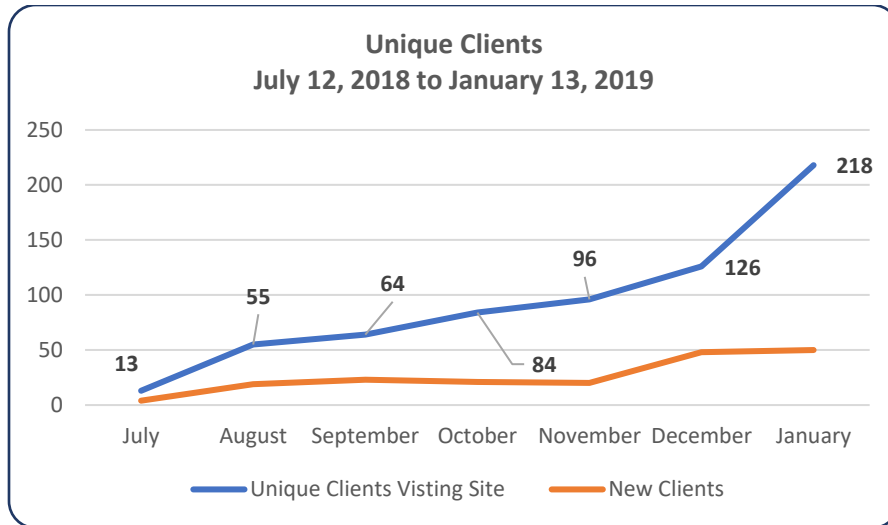
“For those working on the front lines of the opioid crisis, like Tyler McDougall, a harm reduction worker at SWCHC, the site has “met an urgent need within the community”.

“Before the site opened, a lot of our clients were using primarily in public places like parking garages, back alleys or parks. Now they have somewhere to go where they can feel safe,” said McDougall. “We know we’re preventing overdose deaths.”

Our Response

The Supervised consumption site at 55 Eccles St. opened its doors to the community on July 12, 2018. The support offered by the Supervised consumption site also goes far beyond just a monitoring service; clients of the site also receive health services, assistance finding housing and healthy food, help navigating the legal system, and most importantly social support from their peers and staff alike. In February 2019 we were approved to provide, at least in the short term, Opioid Agonist Treatment. This therapy involves taking the opioid agonists methadone or buprenorphine (Suboxone) to prevent withdrawal and reduce cravings for opioid drugs and assists people in the road to recovery.

Between July 2018 and January 13, 2019, staff have stepped in to treat more than 54 overdoses, and there have been countless others that have required staff-intervention to a lesser degree. Staff have also reported that some clients of the site have indicated that they’ve dramatically cut down their drug use since frequenting the centre, as they are restricting their use to strictly when they go to their site visits. To date, we have had a total we have had a total of 7,745 visits, serving 394 clients. See graph below.



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