

Let's Make Healthy
Change Happen.



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



3/28/2014

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

Overview: The West Elgin Community Health Centre has always emphasized the need to provide quality care and services to our clients. However, until last year this did not result in formalized quality improvement plans. In the Centre's 2012-2015 strategic plan improving quality and efficiency was identified as one of our five strategic directions. Last year the organization formed a Quality Committee. Our organization's Quality Improvement Plan (QIP) is designed to address the three priority areas of access, integration and patient-centredness.

Focus: Our QIP is designed to improve the quality of care:

- 1) By striving to provide timely access for clients who need to be seen by a provider.
- 2) By identifying if appropriate follow up with a client's regular care provider occurs after discharge from hospital.
- 3) By using client feedback to improve the quality of service provided.

Integration & Continuity of Care

Integration and continuity of care: The quality improvement goal in this area is focused on patient continuity of care between the hospital and CHC sectors. We have already had initial discussions with the other Community Health Centres in the South West LHIN with the LHIN at the table. We have agreed to work together over the next year to continue discussions with our hospital partners in the LHIN. Work has now started toward the development of an Elgin County Health Link in which the Centre expects to play an active role. Additionally we will be further exploring using tools such as ICES and LENS to address this priority.

Practice/community profile: In order to identify community priorities, our CHC undertakes client satisfaction surveys annually and in addition holds focus groups within the various communities we serve. The Centre has also implemented a major external communications strategy which is currently underway and is another one of the strategic directions identified in our strategic plan. We also be educating ourselves on Experience Based Co-Design (EBCD) to determine its applicability to our Centre in terms of improving the patient's journey and experience.

Chronic disease management and prevention: Timely access to clinical providers and tracking whether or not appropriate follow up is happening when our clients leave the hospital will help to address management of those with a chronic disease as well as assist in prevention. As noted we will be looking at the feasibility of using the LENS tool in our work to facilitate this. Our diabetes teams continue to expand the delivery of quality care to clients with diabetes across Elgin County.

Challenges, Risks & Mitigation Strategies

Challenges and risks: The main risks identified continue to be the ability to generate and access the various reports necessary to provide the data that will enable tracking of performance and improvement.

We are now working with North Hamilton CHC IT department to assist in the mitigation of this risk as they will facilitate our ability to generate the required reports.

Information Management Systems

Use of the Electronic Medical Record (EMR): The Centre was an early adopter site for the provincial EMR initiative coordinated through the Association of Ontario Health Centres (AOHC). We went live with the Nightingale-on-Demand (NOD) EMR in October 2012. The implementation went well and we are looking forward to improvements in the system that will allow us to generate timely reports. We expect that eventually we will be able to assess the quality improvement goal under Access by indicating percentage of provider's time available in the EMR. Going forward with new iterations of the QIP, we expect that as we become more familiar with the capabilities of the EMR we will be in a better position to develop future indicators.

Engagement of Clinical Staff & Broader Leadership

Engagement of Clinical Staff and Broader Leadership: Clinical staff will be involved through representation on the Quality Committee as well as participation in information sessions on the ICES report and interpretation of that data. They will also be working together to implement Advanced Access. Additionally they along with the broader leadership will receive results of patient/client surveys, and other work designed to solicit patient/client feedback related to quality improvement. Eventually there may be opportunities for clinical staff and the broader leadership to be involved in Experience Based Co-Design to improve the quality of services offered.

Accountability Management

Accountability management: The quality committee continues to be responsible to develop, implement monitor and track the plan throughout the year, at a minimum, on a quarterly basis. The committee is composed of representation from the board, management, clinical and community services teams. The organization will meet the reporting requirements associated with the final year of the current Multi-Sectoral Accountability Agreement (MSAA) with our funders the SW LHIN and will look at ways to improve accountability in the organization leading to the next MSAA

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
Clinician Lead
Executive Director / Administrative Lead

Instructions: Enter the person's name. Once the QIP is complete, please export the QIP from Navigator, and have each participant sign on the line. Organizations are not required to submit the signed QIP to HQO. Upon submission of the QIP, organizations will be asked to confirm that they have signed their QIP.

**2014/15 Quality Improvement Plan for Ontario Primary Care
"Improvement Targets and Initiatives"**

West Elgin Community Health Centre 153 Main Street, West Lorne, ON N0L 2P0

AIM	Quality dimension	Objective	Measure	Measure/Indicator	Unit / Population Source / Period	Organization id	Current performance	Target	Target justification	Change	Planned improvement initiatives (Cha Methods)	Process measures	Goal for change ideas	Comments											
Access	Access to primary care when needed	Percent of patients/clients able to see a doctor or nurse practitioner on the same day or next day, when needed.	% / PC organization population (surveyed sample)	In-house survey / TBD	92245*	CB	100	Additional baseline data needs to be collected before a target can be set	1)Implement our own version of advanced access by increasing availability of same day appointments	EMR Reports and Client Surveys	Quality committee reviews report on number of clients surveyed bi-annually and number of available same day walk in appointments available on a monthly basis	100% of Providers time is measured to determine total time available for same day appointments	Dependent on reporting ability of EMR and reports received from LENS and SPIRE												
Access	Reduce ED use by increasing access to primary care	Percent of patients/clients who visited the ED for conditions best managed elsewhere (BME).	% / PC org population visiting ED (for conditions BME)	Ministry of Health Portal / TBD	92245*	CB	100	Additional baseline data needs to be collected before a target can be set	1)Implement our own version of advanced access by increasing availability of same day appointments	EMR Reports and Client Surveys	Quality committee to review reports on number of clients surveyed bi-annually and number of same day appointments on a monthly basis	100% of Provider time is measured to determine time available for same day appointments	Dependent on reporting ability of EMR and reports received from LENS and SPIRE												
Integrated	Timely access to primary care appointments post-discharge through coordination with hospital(s).	Percent of patients/clients who saw their primary care provider within 7 days after discharge from hospital for selected conditions (based on CMGs).	% / PC org population discharged from hospital	Ministry of Health Portal / TBD	92245*	CB	100	Additional baseline data needs to be collected before a target can be set	1)Plan to receive and review ICES Practice Profile semi-annual reports	Document meetings and analysis of ICES reports	Quality committee to review reports on a quarterly basis and implement Action Items where measurable	Analysis of 100% of ICES reports received	Dependent on access to reports												
														2)Meet with local hospitals to discuss current discharge process	Documentation of actions arising from meetings with hospitals	Review reports received by LENS and SPIRE on a quarterly basis with Quality team	Schedule meetings with local area hospitals and work with Health Links	SW LHIN is starting to coordinate this process with Health Links							
	Reduce unnecessary hospital readmissions	Percent of a primary care organization's patients/clients who are readmitted to hospital after they have been discharged with a specific condition (based on CMGs).	% / PC org population discharged from hospital	Ministry of Health Portal / TBD	92245*	CB	100	Additional baseline data needs to be collected before a target can be set	1)Plan to receive and review ICES Practice Profile semi-annual reports	Document meetings and analysis of ICES Reports	Action Items arising from ICES and documented on a quarterly basis with the Quality Team	Analysis of 100% of ICES reports received	Dependent on access to reports												
														2)Meet with local hospitals to discuss current discharge process	Documentation of actions arising from meetings with hospitals	Review reports received from LENS and SPIRE on a quarterly basis with the Quality team	Schedule meetings with local area hospitals and work with Health Links	SW LHIN is starting to coordinate this process with Health Links							
Patient-centred	Receiving and utilizing feedback regarding patient/client experience with the primary health care organization.	Percent of patients who stated that when they see the doctor or nurse practitioner, they or someone else in the office (always/often) give them an opportunity to ask questions about recommended treatment?	% / PC organization population (surveyed sample)	In-house survey / 2014/2015	92245*	CB	100	Additional baseline data needs to be collected before a target can be set	1)Patient/Client education. Applies to all 3	Develop an advocacy help sheet for clients/patients and to pilot a orientation meeting with clients/patients on "Getting the most out of your Health Care appointment". This applies to all 3 sections	Quality committee to review on an annual basis the number of staff participation education sessions and clients surveyed.	100% of clients/patients receive advocacy fact/help sheets. This applies to all 3 sections	We will look for other client communication options.												
														Percent of patients who stated that when they see the doctor or nurse practitioner, they or someone else in the office (always/often) involve them as much as they want to be in decisions about their care and treatment?	% / PC organization population (surveyed sample)	In-house survey / 2014/2015	92245*	CB	100	Additional baseline data needs to be collected before a target can be set	1)Provider education. This applies to all 3 sections.	Provide health literacy workshop to providers and an opportunity to learn about "experience based design". This applies to all 3 sections	Quality committee to review on an annual basis the number of staff participation education sessions and clients surveyed	100% of providers participate in education initiative. This applies to all 3 sections	Will look for other provider education options

Excellent Care for All

Quality Improvement Plans (QIP): Progress Report for 2013/14 QIP

The following template has been provided to assist with completion of reporting on the progress of your organization's QIP. Please review the information provided in the first row of the template which outlines the requirements for each reporting parameter.

Priority Indicator	Performance	Performance Goal	Progress to date	Comments
Percent of patients/clients able to see a doctor or nurse practitioner on the same day or next day, when needed. % PC organization population (surveyed sample) TBD In-house survey Improve			67.05	
Percent of patients/clients who visited the ED for conditions best managed elsewhere (BME). % PC org population visiting ED (for conditions BME) TBD Ministry of Health Portal Improve			17.10	Based on CHC Practice Profile Report ICES April 1-March 31 2012
Percent of patients/clients who saw their primary care provider within 7 days after discharge from hospital for selected conditions (based on CMGs). % PC org population discharged from hospital TBD Ministry of Health Portal Improve				Information from ICES report April 1 2010-March 31 2012 was provided but the percentage number was too low(< 5) per hundred residents.
Percent of a primary care organization's patients/clients			6.90	Based in ICES report April 2010-March

who are readmitted to hospital after they have been discharged with a specific condition (based on CMGs).

2012 within one year.

%

PC org population discharged from hospital

TBD

Ministry of Health Portal

Improve

Percent of patients who stated that when they see the doctor or nurse practitioner, they or someone else in the office (always/often) give them an opportunity to ask questions about recommended treatment?

85.26

%

PC organization population (surveyed sample)

2014/2015

In-house survey

Improve

Percent of patients who stated that when they see the doctor or nurse practitioner, they or someone else in the office (always/often) involve them as much as they want to be in decisions about their care and treatment?

94.24

%

PC organization population (surveyed sample)

2014/2015

In-house survey

Improve

Percent of patients who stated that when they see the doctor or nurse practitioner, they or someone else in the office (always/often) spend enough time with them?

93.23

%

PC organization population (surveyed sample)

2014/2015

In-house survey

Improve

Percent of patient/client population over age 65 that received influenza immunizations.

%

PC organization population aged 65 and older

TBD

EMR/Chart Review

Improve

Percent of eligible patients/clients who are up-to-date in screening for breast cancer.

%

PC organization population eligible for screening

TBD

EMR/Chart Review

Improve

Percent of eligible patients/clients who are up-to-date in screening for colorectal cancer.

%

PC organization population eligible for screening

TBD

EMR/Chart Review

Improve

Percent of eligible patients/clients who are up-to-date in screening for cervical cancer.

%

PC organization population eligible for screening

TBD

EMR/Chart Review

Improve

Records indicate current performance is 19% but this data was for all ages not 65 and over only for 2012-13

34.00

46.00

66.00