Quality Improvement Plan (QIP) Narrative for Health Care Organizations in Ontario
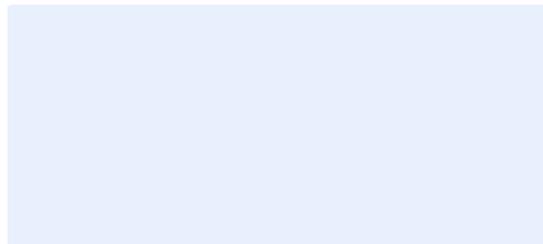
3/18/2019

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 Health Quality Ontario (if required) in the format described herein.

Overview

The West-Elgin Community Health Centre (CHC) is situated in West Lorne, a rural community in Southwest Ontario. In addition to providing primary care services we provide a wide-swath of comprehensive healthcare services (e.g. Chiropody, Diabetes Management, Mental Health Counseling, etc.) to anyone in our community. Many clients who access our comprehensive healthcare services do not have a Primary Care Provider at our centre (they Doctor elsewhere, or, others may not have a primary care provider at all). This approach aligns with our vision of building a healthy community where people can achieve and maintain the highest possible level of well-being.

The Quality Improvement Plan we are submitting for 2019-20 identifies a continued focus on improving access to care at our Centre. This will include the implementation and study of process changes geared to improve appointment booking flexibility that meets the needs of our rural population. In addition to this important work we are determined to maintain the gains achieved (e.g. improvement in screening rates) from our previous years' Quality Improvement Plans.

Significant changes and pressures, at many levels, are expected to affect our centre over the next year. Two significant issues we will be managing are a transition to a new electronic medical record (EMR) and undergoing the process of accreditation. Within a context of change we feel that it is important to keep this year's quality improvement plan simple and focused. We will move forward focused on the important issue of improving access and protecting previous year's achievements in delivering quality care.

Describe your organization's greatest QI achievement from the past year

This past year our Primary Care team continued to implement a quality-improvement initiative, started in the 2016-17 QIP work plan, aimed at improving testing rates for clients eligible to receive Colo-rectal (FOBT) and Cervical Cancer (Pap-Smear) tests. We are proud to announce that the team's continued commitment towards implementing this quality improvement initiative has resulted in significant gains in screening rates for eligible clients. For example, the FOBT screening rate for January 2019 was improved by a factor of 1.5 (to 85% of eligible client population) over the January 2016 rate (pre-implementation).

This initiative was spearheaded by Kate Dymock, Director of Primary Care at West-Elgin Community Health Centre. Kate and her team have developed a system where bi-monthly reports are generated and reviewed to identify clients who meet criteria for screening and have not completed it. Once eligible clients have been identified a 'triad' of care providers that work most closely with the client devise a plan to ensure a follow-up discussion aimed at reducing any barriers to testing is offered to the patient.

We would like to congratulate our Primary Care team for their persistent efforts at refining this process. Their efforts represent a commitment to delivering excellent quality healthcare.

Patient/client/resident partnering and relations

The Client and Family Advisory Council held their initial meeting in January 2018. The group is still just getting comfortable with each other and with their role as a new committee. Despite this, they have started to find their voice and raise concerns they have heard in the community about client's concerns with the advanced access scheduling system that was deployed several years ago. Partly as a result of this input, the primary care team has looked at different options and in January 2019 allowed more flexibility in the scheduling of pre-booked appointments up to five days in advance.

The group reviewed the Client Satisfaction Survey results prior to the report being submitted to our funder and recommended changes that were included in the fall 2018 survey.

The group was also given the opportunity to provide input into the survey for the Assisted Living clients.

The group was helpful in advocating to our funder for an increase in Chiropody resources to deal with wait lists.

The group also reviewed the community asset map as part of the social prescribing research project and agreed to take on an advisory role as part of that project.

Workplace violence prevention

The Centre has an active Occupational Health and Safety Committee that continues to work proactively to keep a safe working environment for all staff.

The group has just reviewed the Emergency Procedures Manual and updated the Code Orange Lockdown procedure.

All staff are required to complete annual refresher training on Bill 132, and Workplace violence and harassment, and review the Centre's corresponding policies along with the Working alone policy.

Contact Information

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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 _____ (signature)
Quality Committee Chair or delegate _____ (signature)
Executive Director/Administrative Lead _____ (signature)
Other leadership as appropriate _____ (signature)