

Let's Make Healthy
Change Happen.



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



3/13/2017

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.

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Overview

This year's Quality Improvement Plan (QIP) represents the 4th time WECHC has participated in the provincially lead quality improvement process. Challenges in years past have brought about a change of approach for our 2017-18 QIP. This year we are presenting a highly focused work plan, which also aligns with our organization's strategic direction, to focus on the issue of improving Access to care at West Elgin Community Health Centre (WECHC).

The challenges faced in previous years arose from an imbalance between reporting on a large number of team-based quality initiatives vs. developing and implementing a focused centre wide quality improvement plan. With this in mind we ask the reader to take note that our 2017-18 QIP does not capture all of the many quality improvement initiatives that our teams plan to undertake this year (although some are highlighted in this narrative report).

QI Achievements From the Past Year

WECHC is proud to report on the successes of 2016-17! In addition to undergoing review and receiving full CCA Accreditation we implemented a number of quality improvement objectives that have helped us make progress towards our 4 strategic priorities: Access, Communication, Organizational Culture, and Service Excellence.

First, 2016-17 saw the development of process agreements with two local hospitals (St. Thomas Elgin General & MiddlesexHospital Alliance (Four Counties Hospital site)) that improve access to follow-up appointments by our primary care team within 7 days of discharge from hospital. Also included in the agreement with Four Counties Hospital are protocols for how we will work together to help plan for successful discharge from hospital to help decrease readmission rates.

Additional 'Access' work has taken a health-equity approach to improve access to healthy/fresh food for people who may experience transportation barriers in our rural setting. We were proud that 2016-17 heralded the implementation of the "Good Foodbox" program. By summer's end it was running at full capacity and we expect that it will continue to be heavily accessed in the coming year.

Our achievements in the Communication domain are also significant. During the past year our centre engaged in a discussion with the community by hosting a retreat day to share and reflect on the results of our Canadian Index of Well-being Survey. The outcome of this day saw the formation of 3 task groups to take aim at improving access and health equity in our communities. Each group met multiple times through the year and will be sharing an update of their work at this year's retreat. Additional Communication achievements included a significant contribution from our youth via WECHC's youth engagement committee. The 2017-18 year is set to produce further achievements based on the groundwork these committees have begun.

Finally, WECHC is proud to announce that in 2016-17 significant process changes were implemented that have improved our performance on a number of QIP/MSAA indicators. More specifically, the process changes focused on improving screening rates for chronic conditions and serious illness (e.g. diabetes, cancer). One of the most significant achievements in this domain is that we are now able to use data effectively to enable our clinicians to identify clients who are eligible for screening and have not had it. In turn, this enables our clinicians to engage our clients in discussions at point of care and offer screening where appropriate.

Population Health

WECHC serves a unique population of rural and small communities. This population faces a number of challenges related to access to services and transportation that our CHC aims to meet. One way that we meet this challenge is to provide "non- primary care" services (examples: groups, Dietitian, Mental Health Counseling, Tutoring, Chiropody, Young Family and Senior's programming, Public Influenza Immunization clinics, etc.) to anyone who lives in our catchment area - whether or not they have a primary healthcare provider at our centre. In addition, our Community Support Services Team runs a transportation support program and a number of additional programs aimed at helping our rural clients access services that would otherwise be difficult or cost-prohibitive to access.

Equity

Our Equity work ties closely into our population health efforts. In a rural and small-town setting health equity is closely related to having access to services. As outlined above and in our QIP our goal continues to be to improve access to services for all of our clients and residents in our service area. One significant achievement we hope to achieve in the coming year is to open a satellite office (with limited services) in a neighboring community. In addition, we are currently investigating the feasibility of operating a van to facilitate the transportation/access of people with impaired mobility living in our area.

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 continue discussions with the other Community Health Centres in the South West LHIN with the LHIN at the table. We have agreed to continue to work together with our hospital partners in the LHIN. The Elgin County Health Link has submitted its business plan and our Centre is an active participant in this. Over the next year we will be using Clinical Connect to enhance the integration and continuity of care for clients by continuing to try meet the objectives set out in our agreements with local hospitals and exploring the possibility of expanding these to larger centres in our area.

Access to the Right Level of Care - Addressing ALC Issues

Our organization is currently participating in three projects aimed at facilitating access to the 'right level of care' and reducing the load on our local hospital system.

First, our organization is working closely with CCAC to develop and implement Coordinated Care Plans (CCP) for high-needs clients who are: in hospital waiting to be discharged, at risk of requiring hospitalization or those who frequently utilize the emergency department for their care needs best managed elsewhere. Our Assisted Living team plays a major role in this initiative and has recently expanded services to be accessible to all members of the community. The expansion includes achieving capacity to provide assisted living services 24hrs/day.

Second, our organization is a member of our local palliative care network. We currently house a primary care provider who offers community based palliative care. In addition our goal is to continue to facilitate the development of hospice services in Elgin County.

Third, our organization directly provides services to clients with mental health issues of all ages. In addition, we offer space to CMHA and Addiction Services Thames Valley to see higher needs clients in the community. Our direct services also include psychiatry and psychology assessments for youth under 18 yrs. of age and counseling/case management for adults over the age of 18.

Engagement of Clinicians, Leadership & Staff

Our goal for the coming year is to engage all of our staff in a process that will improve access to care at our organization. As outlined in our work plan 'change ideas' (for the Access quality indicator) we aim to draw on our interdisciplinary strengths to work towards our quality improvement objectives.

In addition, our staff members continue to be involved in quality initiatives through representation on the Quality Committee and engaging in team-based quality improvement initiatives. Further all staff members are encouraged to participate in information sessions on the Practice Profile Report and interpretation of that data.

Resident, Patient, Client Engagement

Input is provided through the annual client satisfaction survey, anecdotal comments, feedback forms and new client information sessions which are then brought forward to the Quality Committee. The material is reviewed and determination is made if changes are warranted based on the feedback.

The Centre's Board of Directors and the Executive Director will continue work on creating a client/patient advisory council in the new fiscal year. Our goal is to have a committee struck by the end of the year.

Staff Safety & Workplace Violence

Our organization is committed to monitoring, reducing and preventing workplace violence. The following initiatives have been implemented and will continue in the coming year:

1. Mandatory annual training which includes refreshers on Bill 168, WHMIS, Fire Safety, Infection Control practices, AODA and more
2. Minimum monthly inspections conducted by the Occupational Health and Safety Committee
3. Development of staff 'Wellness Committee' and related initiatives to prevent workplace violence through the promotion of well-being.

Sign Off

I have reviewed and approved our organization's Quality Improvement Plan

Board Chair:

Dan McKillop _____ Date: _____

Quality Improvement Chair:

Robert Wojkowski _____ Date: _____

Executive Director:

Andy Kroeker _____ Date: _____