

Let's Make Healthy
Change Happen.



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



3/27/2018

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

The West Durham Family Health Team (WDFHT) is pleased to submit our fifth Quality Improvement Plan (QIP) for the 2018-2019 fiscal year and report our progress for the 2017-2018 QIP. The WDFHT's QIP reflects the shared responsibility of all members of our team which includes 14 physicians, 13 interdisciplinary staff and administrative staff, working in collaboration to develop and successfully implement improvement into all aspects of patient care. As reflected in our mission statement below, quality is a central part of patient care:

To enhance the quality of a patient's health and well-being through accessible and comprehensive care integrated with community resources, providing the Right Care at the Right Time in the Right Place through a patient-centered care approach.

The WDFHT's integrated Model of Care emphasizes:

- Health promotion and disease prevention
- Patient education and self-management
- Early detection and treatment of illness
- Ongoing supervision and treatment of chronic diseases; and
- Complete lifecycle health management from pregnancy planning to end of life care.

We strive to ensure that quality is a driving force in providing patient care. With our shared vision, we continue to focus on operationalizing these values. Ideas incorporated in the QIP continue to be developed with the consultation of a cross-section of clinical staff and patient input to ensure they are appropriate, achievable, and to promote team buy-in. In summary, the WDFHT's strategic plan and operational plans remain aligned with the priorities of the MOHLTC/HQO.

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

The WDFHT is pleased to report a continued high level of performance with respect to patient same day/next day access, significantly higher than the CELHIN and overall for Ontario.

Consistent with the CELHIN's Seniors Strategic Aim, the WDFHT continues to focus on our elderly population and their complex health care needs which require multi-level resources and attention. Late in the fiscal year, the WDFHT was provided with funding for a Care Coordinator. Although this position is evolving, our patients are already experiencing the benefits of increased knowledge of community resources and facilitated linkages to supports.

A primary of focus of the WDFHT has been to increase patient engagement through survey feedback. We are pleased to report that the collective efforts of our team resulted in the completion of over 2000 Patient Experience Surveys in the 2017-18 fiscal year. We determined that it would be useful for patients to be provided with a larger area to provide written feedback on their patient experience along with suggestions for improvements. This record number of surveys translates into more than 10% of our patient population providing feedback that helps to shape our programs and services. This past year we also created a survey tool for patients to provide quarterly input into program planning. This feedback has helped to uncover if the current menu of FHT programs meets current patient needs. The survey captures how patient lifestyle, mental health, nutrition and financial factors impact patient management of their health and any chronic diseases. There is also an open-ended section for patients to provide feedback regarding the current program offerings as well as any suggestions for new programs and services.

The Board of Directors of the WDFHT continues to focus on its commitment to strengthening community partnerships by reaching out to other agencies and organizations. In this past year, patients benefitted from a newly established relationship with the Arthritis Society. This resulted in the Arthritis Society being able to provide programs locally, with no parking fees, for residents of the Durham Region. The programs included Osteoarthritis of the hand and Osteoarthritis of the Hip and Knee.

We are pleased that our FHT was selected as the recipient of AFHTO's Bright Lights Award for "Effective leadership and governance for system transformation". The WDFHT was recognized at the association's annual conference. The WDFHT was recognized for the leadership that its board of directors provides in terms of patient-centred care. These efforts have translated into a respectful and trusting climate that has in turn trickled down to staff and is mirrored in their approach patient care.

Resident, Patient, Client Engagement

The West Durham Family Health Team posted its 2016-17 QI Progress Report and 2017-18 QI Workplace on our website as a way to communicate with patients and caregivers and obtain feedback on our ongoing QI initiatives. In order to encourage transparency with patients and ongoing feedback, the WDFHT will continue to post the QI plan on our website. This will enable patients to continue to learn about Quality Improvement in primary care.

The Patient Experience survey and a Needs Assessment Survey are two avenues that the WDFHT uses to engage with patients and caregivers for input and feedback with regards to everyday challenges and suggestions for improvement. We in turn share this feedback with the QI Committee and all staff during team meetings for discussion.

Another medium for patient engagement and communication is the WDFHT website. We post a main contact name and number for patients to voice their comments, concerns, opinions, and to have any issues resolved. As well, a patient complaints process is in place to ensure that issues are brought to the team's attention and can be resolved in a timely and appropriate manner.

The WDFHT maintains its own website as well as Social Media, including Twitter and Facebook as a means of communicating with patients. The FHT promotes community resources and programs, self-management tools, newsworthy information, health promotion tips, Immunization awareness, Cancer screening, etc. The FHT identifies monthly health themes to communicate to patients using on-site visual displays hosted by appropriate staff who are available to answer patient questions.

Collaboration and Integration

The WDFHT plays an important role in easing transitions for patients with complex medical conditions. Specifically, the newly funded FHT Care Coordinator role, established at the end of Q3, will enable us to provide patients and their families with a single point of contact for navigating and accessing information, programs, and services. This will contribute to patients achieving their optimal health,

independence and dignity. Drawing on knowledge of health and social services, the Care Coordinator provides comprehensive care coordination that helps patients with chronic conditions navigate through the complexities of the health care system.

Examples of the Care Coordinator's focus include:

- * post-hospital discharge follow-up;
- * coordinating access to community supports and programs;
- * coaching patients and their families towards successful self-management of their chronic disease;
- * Advance Care Planning; and
- * cognitive assessment of seniors.

In this past year, the WDFHT initiated a partnership with the Arthritis Society of Durham. Based on feedback from patients, caregivers, and FHT staff, we identified the need for this in-house support and resources to help them cope with this life changing diagnosis.

The WDFHT continues to maintain a relationship with the Central East LHIN with respect to coordinating program delivery for residents in Pickering. Specifically, the WDFHT has provided on-site meeting space for several CELHIN self-management programs including Living a Healthy Life with Chronic Pain, Living a Healthy Life with Chronic Conditions, and Living A Healthy Life with Diabetes. In this past year, we also hosted the CELHIN program entitled "Getting the Most out of Your Doctor's Appointment." These sessions are well attended by community members and valued due to the central location and free parking spaces at the FHT.

Engagement of Clinicians, Leadership & Staff

The WDFHT engages leadership, clinician and staff on a regular basis using a multi-faceted approach. The Quality Improvement (QI) Committee, a subcommittee of the Board of Directors, has been vested with the team's quality improvement plan. The QI Committee is a multidisciplinary committee with eight members including 2 physicians, one Registered Nurse, Pharmacist, QIDSS, Care Coordinator and administrative staff. The WDFHT represents diverse perspectives, skill sets, training and experiences that benefit the overall patient and team experience. Our QI Committee obtains input from patients and caregivers through the Patient Experience Survey in order to be accountable for making specific and practical improvements to the patient experience.

Operationally, the QI Committee enhances the Board's oversight for integrating quality and patient safety into the everyday activities of the WDFHT. The QI committee makes it a priority to meet throughout the fiscal year to identify priorities, review performance data, track change/improvement initiatives, and recommend new/approved policies and processes. The QI committee makes recommendations and reports to the Board to ensure broader leadership is engaged in establishing shared QI goals and commitments. The board received regular updates from the QI Committee throughout the year.

In turn, Quality is a standing item on our monthly team agenda, program planning committee meetings and health and safety meetings. During staff meetings, team members are provided with a forum to give input and feedback on any challenges or provide change ideas for consideration. We also use these meetings to communicate on the progress made with respect to the QI work plan and various planned improvement initiatives.

Population Health and Equity Considerations

We continue to focus on the prevalent chronic conditions of Diabetes and COPD for patients of the WDFHT. Patients benefit from internal FHT resources as well as external community education and counselling provided by the local Diabetes Education Centre.

For patients with mild to moderate COPD, patients are referred to the new Central East CCAC Telehome Care Program. This free, 6-month program for qualified patients who suffer from COPD or CHF, provides education and self-management skills through weekly phone sessions and home-based technology. Patients who have enrolled with Telehome Care have been shown to reduce hospital stays and emergency room visits by more than 50%. Some patients, however, refuse to participate in this program due to concerns about using technology.

The WDFHT continues to allocate program resources by addressing patients with high risk factors of high blood pressure or hypertension. The program includes office visits with Registered Nurses, patient education resources and provider training.

The WDFHT is located in a relatively affluent suburban area where there is a low rate of new immigrants residing therefore, the FHT does not currently target care to a specific subgroup. With the support of a newly added Care Coordinator to our team, the FHT will continue to enhance patient health by providing improved coordination of family medicine while successfully linking patients to available community resources.

For patients with mobility issues and frail elderly seniors who are living at home, some of our health care providers make home visits. This home support enables these patients to live at home while receiving the necessary health care supports.

Access to the Right Level of Care - Addressing ALC

To help ensure that patients have access to the right level of care, the WDFHT provides same day/next day access to patients for clinic appointments as well as telephone triage. The WDFHT has extensive telephone hours that span 11 hours per weekday and Saturday mornings. This enables patients to communicate with their primary care FHT home base before considering other avenues like walk-in clinics and hospital emergency departments.

The WDFHT also utilizes Hospital Report Manager (HRM) to help monitor patient discharge from hospital. These reports enable physicians and nurse practitioners to arrange a follow-up visit with their health care provider seven days post discharge (where appropriate). Internally, we have created a tool in the EMR to facilitate the new Care Coordinator in following up with patients to plan appropriate supports and resources post hospital discharge.

Opioid Prescribing for the Treatment of Pain and Opioid Use Disorder

In an effort to help address the ongoing Canadian opioid crisis, the FHT consulting Pharmacist continues to proactively screen patient records in the electronic medical record to identify patients who may benefit from changes to their narcotic prescriptions e.g. lower dosage or change in medication. Patient charts are also reviewed to ensure that there is an Opioid Contract between a patient and their

provider. The terms are reviewed with patients to ensure an understanding of their responsibilities e.g. no early release, no double doctoring, potential for random urine drug screens, etc. Patients receive individual consultations with the Pharmacist and are provided ongoing support and education. Patients are also referred to the FHT Social Workers or to external addiction services (eg. CAMH, Pinewood, Bellwood, etc.) as appropriate.

Our pharmacist is also actively disseminating information as it flows from the Ministry and other regulatory bodies (Opioid Task Force that has been formed within the Ministry) to the physician and NP group. In order to easily reference the current Opioid Prescribing Guidelines, we have recently integrated an Opioid Management Toolbar into our EMR to facilitate responsible prescribing of opioids. The FHT Pharmacist and QIDSS continue to collaborate on this initiative.

Lastly, we have a large display board in our waiting room, not only displaying programs and services that we offer within our own team, but also advertising the programs that the Central East LIHN coordinates.

Workplace Violence Prevention

Workplace Violence and Harassment are important concerns as an employer. The WDFHT continues to comply with all legislation surrounding these issues. We feel that training is the key to raising staff awareness and helps to promote an open door policy of communication between staff and management of the FHT.

All new staff and students that may be shadowing a staff member receive full health and safety training on the first day of work which includes, a safety learning module, N95 mask fitting, needle safety, videos, one on one orientation and communication. Staff training is continuous in order to ensure that we are always on top of new and upcoming information and policy changes. Throughout the year we provide training on a range of health and safety issues, including accessibility, infection control, fire safety, WHMIS, violence and harassment and office security.

In response to staff concerns about personal safety and patients' verbal abuse, the West Durham FHT has posted a message throughout the clinic to reinforce the rights of our staff to a "Safe and Respectful" work Environment. Furthermore, in order to ensure that there is a consistent and well understood protocol for dealing with potentially volatile situations with patients, staff received security training on this protocol. A summary of the protocols for Imminent Risk for Reception area and Examination Rooms have been attached.

The Health and Safety Committee conducts monthly inspections as well as meets quarterly. Management of the Health and Safety Committee is kept up to date on any new policies and or changes to existing policies and in turn ensures that those changes are communicated to all staff. The Health and Safety Committee manages a bulletin board that is strategically placed in the lunch room that provides the most up-to-date safety information.

Given our ongoing training and to date experience, workplace violence and harassment has not been identified as a board strategic priority. However, all Health and Safety concerns are reported and discussed at the Board level. This ensures that members of the Board have a clear understanding of their corporate responsibility.

Contact Information

Andrea Petroff
Executive Director
905-420-9999 x2720

Julie Hodgeman
Program Manager
905-420-9999 x2681

Other

The WDFHT is extremely proud of the progress and achievements we make on a daily basis to put "Patients First" and improve the quality of their care. We continue to expand our knowledge on how to maximize the value of technology and record data in our EMR to track and measure quality. We have established a feedback loop with our healthcare providers to communicate results of the progress achieved and engage them in trying out various change ideas.

The WDFHT continues to outperform the provincial benchmark for same day/ next day patient access to our health providers. However, during the latter half of the fiscal year, two newly graduated physicians filled positions that were previously vacant due to physician retirement. The Ministry does not recognize the challenges of recruiting and integrating appropriately minded individuals to work in this type of team based environment. Our FHT staff resources continue to be challenged due to continued leaves of absence and recruitment.

It is important to note that Timely Access to care is multi-dimensional as it consists of face-to-face and telephone interaction with members of the WDFHT. However, the Patient Experience Survey questions used to measure Timely Access only capture face-to-face patient encounters. As a result, these survey responses markedly underestimate the full extent of Timely Access to providers of the WDFHT. All providers of the WDFHT continue to work hard to provide timely and improved access through telephone consultations with patients where appropriate. In fiscal year 2017-18 to date, over 3800 Telephone Advice/Consultations were recorded by our physician group in the Electronic Medical Record. Many of these telephone calls occur during the evenings and weekends. In addition, the interprofessional team members conducted a significant amount of patient care by telephone with over 7700 Telephone Advice/Consultations recorded in the first three quarters of the fiscal year. We believe that Timely Access should be inclusive of all types of access, not merely face-to-face encounters.

Lastly, our team is concerned that the MOH continues to overlook the importance of the accountability and responsibility required of patients, in addition to their health care providers, to access the health care system in an appropriate, cost-effective, and responsible manner. The current MOH policies continue to encourage a system of patient entitlement and convenience without regard to the financial costs. The status quo is clearly not sustainable with the ageing population.

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)