

Let's Make Healthy
Change Happen.



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



3/31/2017

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

Rexdale CHC's mission supports and advocates for the physical, economic, social and mental well-being of its diverse community through primary health care, community support, health promotion, collaboration, partnership, community development and social action. In 2016/2017 RCHC opened two new satellite clinics (The Jamestown Hub and Islington satellite); and will relocate its Pathways to Education initiative to the main site to better serve clients.

Key areas of focus for quality improvement at Rexdale CHC continue to be: 1. Access and continuity of care 2. Patient-centred care 3. Effective clinical workflow practices and 4. Meeting or exceeding MSSA performance targets.

1. Access and continuity care

Work towards improving patient access to services continued throughout 2016- 2017 and will remain a priority in 2017-18:

a. The two new satellite clinics have provided expanded geographical access to primary health care services for clients. They have also provided more partnership opportunities with social service agencies to provide needed wrap-around services addressing the social determinants of health.

RCHC is making progress towards meeting our panel size. We are currently at 70 % of our target (76%); however we aim to improve if not exceed it. Challenges in meeting panel size are related to a highly transient population leading to larger than expected attrition rates.

b. Advanced access principles continue to be implemented and carefully monitored. In 2016/17 The TNA rate stands at 1.5 days. Orientation of all new and locum providers regarding advanced access principles, management of schedules and vacation planning is ongoing and requires careful monitoring.

c. Capacity and continuity of care: All primary care positions were filled during 2016/17. Clients are booked with their assigned provider as often as possible. Nurses and NP's work up to their scope of practice.

d. No Show Rates: In 2016/17 RCHC our average no show rate dropped to 9.54 % from >15%. We will continue with our successful client recall system in 2017/18 and continue to monitor our progress to prevent slippage.

2. Patient Centred

Client satisfaction survey was conducted with 490 completed surveys.

It was extremely encouraging that a very high percentage of clients are very satisfied with their care including opportunities to ask questions, being involved in their treatment, and being able to spend enough time with their provider. Client survey results highlighted that the majority of patients felt comfortable and welcome at the health centre and that that services helped them connect to other services and improved their health and wellbeing.

3. Improve Clinical workflow practices:

In 2016/17 RCHC refined MSAA patient recall strategies to develop and implement RCHC's quarterly recall interventions. In addition we worked with a consultant to improve our intake process for better client access and flow of care. Implementation of recommendations will be a focus in 2017-18. In addition clinical staff training on how to input encode data has led to a significantly more accurate picture of the complexity of our client population.

4. MSAA Performance Indicators:

A concerted team effort was expended on MSSA patient recall strategies for influenza, colorectal cancer, breast cancer, and cervical cancer screening and inter-professional diabetes care rates. These strategies have been effective in meeting or exceeding our targets.

QI Achievements From the Past Year

In 2016/17 our clinical team focused on consolidating advanced access principles, refining our recall strategies and bringing care to communities in need.

1) Intake: During 2016-17 RCHC worked with a consultant to review our intake process. Our goal is to reduce the no show rate between the initial intake and the client's first appointment. We are currently in the process of implementing recommendations.

2) Workflow improvements: Revised scanning processes undertaken last year continue to be effective in reducing errors. Training of primary care providers focussed on proper inputting of encodes which led to more accurate documentation of client issues and an improved complexity of care score (SAMI).

3) RCHC uses a Balanced Scorecard to consolidate its strategic plan, QIP objectives and MSAA targets to align these initiatives with our day to day operations.

4) Building on successes in reducing no-show rates, MSAA recalls and streamlining documentation and intake processes.

Population Health

Almost 37% of the community speak a non-official language and visible minorities make up over 60% of the population. About 57% of the population of Rexdale are immigrants and 1.7 % are non-permanent residents.

Unemployment is higher in Rexdale than the provincial rate, and it is highest for recent immigrants, particularly women. Families in Rexdale allocate a larger proportion of their income to food and shelter relative to the proportion of families in Ontario who do the same. 22% of Rexdale residents have not completed an educational certificate, diploma, or college degree compared to 18.6 % of the population who have not completed an educational certificate, diploma or degree.

RCHC provides services to people living in the Rexdale community who face barriers to service because of language differences, unemployment, low income, lack of education/training opportunities and/ or status as newcomers and uninsured. 48% of our clients are within the lowest income quintile. 40 % of clients are newcomers and 37 % are non-insured. We see a large number of clients who are youth (0-19).

We provide health and social services in a range of languages, either through interpretation or through the language diversity of our staff. Specific projects

such as Healthy Kids Community Challenge help to prevent childhood obesity and high weights through collaborations with parents and community partners. In addition RCHC's Pathways to Education program provides personalized support to students and their parents with the goal of finishing high school and moving on to post-secondary education and/or training.

Clients who cannot afford to pay have access to medication through the compassionate care fund in partnership with Community Choice Pharmacy.

Equity

RCHC incorporates an equity lens into all of its programming. Diversity is a strength of the Rexdale community and our recruitment practices reflect this diversity to serve our community effectively.

37% of our clients are non-insured and 40 % are newcomers. In addition 48 % of clients are in the lowest income quintile. This year RCHC offered support services to families of William Osler Health System. RCHC's intake team visits William Osler Health System-Etobicoke site once every month, to connect unattached clients to primary care and community services. Osler identified clients who were under-resourced, newcomers or uninsured who required more support. RCHC helped them to navigate the health care system and to access language and culturally appropriate services upon discharge from hospital.

As Canada welcomed over 30,000 Syrian refugees in the last year, RCHC provided primary health care services to those refugees staying at two hotels in Etobicoke. More than 350 Syrians received services and support. RCHC responded to the needs of Syrian refugees welcomed in Rexdale. We provided primary care clinics and supports to Syrian newcomers at two hotel locations in Etobicoke. RCHC hired an outreach worker who speaks Arabic to connect new Iraqi and Syrian Rexdale residents to primary care and community services. In addition, RCHC started a Primary Care Clinic and Diabetes program at the Woodbine racetrack for the company's 2000 employees. Many members of this workforce are new to Canada and face an array of health problems and injuries. Many did not have access to primary care services and hadn't seen a physician or nurse in a decade or more.

RCHC has a robust diabetes program offering services at all three sites. Flyers and educational materials are culturally appropriate and language specific. Multiple workshops were provided to racialized individuals and newcomers for screening and diabetes management. Mobile diabetes clinics are offered in number of locations including sole practicing family physician offices, Woodbine Racetrack and Arte-Manual supportive housing for clients concurrent mental health and substance use issues.

Staff training focused on enhancing skills to work with people with mental health issues. In the past year RCHC has had Anti-Stigma training by CAMH, two days on Motivational Interviewing and crisis management. A component of the Anti-Stigma project was to review RCHC policies on access, equity and client experience. RCHC implemented recommended changes.

Integration and Continuity of Care

During 2016/17 RCHC continued to address timely access to post-discharge care from hospitals. On receiving a discharge report the patient is called and an appointment

is booked the same day. Where necessary the primary care provider may also initiate a telephone contact to check in with the patient. Discharge reports are received from William Osler Health System the same day a patient is discharged. RCHC continues to refine its process to track receipt of discharge summaries as well as the appointment follow-ups.

We are working within our Health Link, CCAC and William Osler Health System to coordinate efforts to be proactive in identifying potential client issues.

RCHC remains an active leader in the North Etobicoke-Malton-West Woodbridge Health Link. We are currently engaged with our Health Links partners, including CCAC to develop coordinated care plans for complex clients.

During 2016/17 at our main site we have developed an end of day huddle to plan the patient flow for the following day with the goal towards improved communication and integrated care. We will review the effectiveness of the huddles and consider expanding to our other sites.

Access to the Right Level of Care - Addressing ALC Issues

RCHC is actively engaged with CCAC and Health Links partners to provide monthly case conferences for complex clients who are at risk of hospital admission/readmission, or of simply falling through the cracks. Our providers and CCAC staff have developed excellent communication mechanisms to ensure timely access to information, services and supports for clients.

In addition we have expanded our access to mental health services by partnering with CMHA to provide needed case management for vulnerable clients. RCHC is a partner in the Northwest Toronto Health Justice Partnership which provides free legal information, advice and legal representation to low income clients on various issues including income maintenance, housing, employment and immigration.

Our robust seniors program supports seniors in the community and can expedite primary care services and Healthlink as needed.

Our staff roles of Community Health Worker and Client Support Worker assist with troubleshooting client needs and ensuring that appropriate referrals and follow-ups are facilitated.

RCHC has expanded to three sites and we provide evening and weekend hours at all locations.

Engagement of Clinicians, Leadership & Staff

Monthly QIP meetings comprised of a committee of Physicians, NPs, Management and Admin team members from all sites continue to be a staple of our QI journey. This committee identifies clinic practice issues and develops QIP or PDSA's for specific workflow issues. The implementation of advanced access improvements noted in the overview section was overseen by the QIP committee.

The Quality and Performance Committee of the Board meets quarterly to review the progress of RCHC improvement plans. The committee reports back to the Board of Directors. Progress is also reported to all clinical team staff at monthly meetings.

In 2016/17 the QIP committee focussed on key workflow issues 1. Intake 2. Admin support functions and 3. Diabetes program workflow. In 2017-18 the QIP workgroups

will oversee the implementation of recommendations with a particular focus on all three areas.

Resident, Patient, Client Engagement

In 2015/ 2016 490 client surveys were completed and received back by RCHC. Over the coming year the client survey will target 500 completed surveys. The information will be tabulated and used for program improvement and development purposes.

Information from the surveys and qualitative methods will be used to gauge how the clinical programs are functioning for patients. The information will be used by the QIP committee to identify process improvements and for teams to integrate improvement projects into work plans.

RCHC will renew its successful initiatives of hosting an annual client feedback forum as well as client "walk-through's". Feedback from these initiatives have proven to be extremely helpful in generating quality improvement ideas from our clients.

Staff Safety & Workplace Violence

RCHC has updated policies on work place violence including anti-harassment with full staff training. We also have policies regarding minimum staffing and home visits.

Panic buttons have been implemented through our telephone system and all new staff are oriented to them. Strategies for safer set-up of office space have been discussed and implemented.

Crisis management and client deescalation training occurs annually.

In addition RCHC has an active health and safety committee.

Contact Information

Safia Ahmed at safia.ahmed@rchc.com.

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

