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



3/29/2017

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

In mid 2016, the respective Boards of Directors of Parkdale Community Health Centre and Central Toronto Community Health Centre explored the possible integration of programs, services and operations under one single corporation. The two organizations have many commonalities including geographic proximity, programs and services, similar mission, vision and values and similar client groups and communities. With the support of the corporate membership of both organizations along with the support of the Toronto Central LHIN, the newly formed, Parkdale-Queen West Community Health Centre will begin operations as an integrated entity on April 1st, 2017.

The Quality Improvement Plan (QIP) for 2017/2018 therefore is being submitted for this newly integrated organization. This QI plan is aligned with organizational aims and priorities of the newly established organization as well as with its strategic directions.

The overall objectives of our QIP is to seek improvement in the following areas:

1. Timely access to care
2. Equitable access to care
3. Client experience and satisfaction

This year our quality improvement planning will be supported by our continuous participation in the West-End QI Collaborative, a joint initiative of five CHCs located in the Toronto West-End. We will continue working on data entry standardization, and the development of best practices to improve our performance related to the key MSAA indicators, including timely access to primary care, and screening for cancer.

QI Achievements From the Past Year

Central Toronto CHC (currently the Queen West site of the Parkdale-Queen West CHC) CTCHC, together with 6 other CHCs collaborated on a joint QI project to improve cancer screening rates (colo-rectal, cervical and breast) among our clients. A QI consultant/lead was hired to help the individual CHCs increase capacity within their own teams. Staff from different disciplines were trained on the principles of quality improvement, tools and methodologies. Each site completed process mapping for cancer screening and identified gaps and bottlenecks. In June of 2016, a joint Kaizen event took place with teams from the different CHCs to develop a future state map which encompassed best practices and learnings. Participation in this collaborative has allowed the QI team at Queen West to improve their skills base and to feel comfortable taking on other QI initiatives. The team spent a significant amount of time, addressing data quality issues and have now started to develop accurate and useful provider-specific eligible client reports to disseminate to the clinical team. At the time of submission, we have seen improvements in all three cancer screening rates. Compared to Q1 results, we have seen a 4% increase in cervical cancer screening rate, 5% increase in colo-rectal cancer screening rates and a 7% increase in breast cancer screening rates. We continue to work to ensure that these gains are sustained in the long term.

Additionally, CTCHC integrated a health promoter within the primary care team to develop intentional strategies to reach the community to promote the necessity and benefits of cancer screening, immunization and other prevention activities. These interventions resulted in a significant increase in client participation.

Parkdale CHC (currently the Parkdale site of the Parkdale-Queen West CHC)
We continued working on improving access to primary care by constantly refining the HQO's Advanced Access principles and applying them to our daily scheduling. We had a full complement of providers on the team, and our clients continued reporting improved satisfaction due to easier access to appointment when they needed one. During the last year, we improved our nursing capacity by providing our RNs with necessary training to be able to work to the full scope of their practice. As result, both of our nurses actively participated in cancer screening activities, flu and well-baby immunizations, smoking cessation counselling, as well as piloted a triage system to provide additional access to primary care services. This allowed us to improve our capacity of same day consults by phone or in-person delivered by nurses. Our Access program to counselling services that is available for people with mental health and substance use issues continued growing this year, while maintaining the same standards (intake within 48 hours including rapid assessment by a counsellor and referral to ongoing counselling, as needed). This year, similar services were made available for clients referred by solo practitioners through the SPiN program (Solo Practitioners in Need) that was led by the Mid-West Toronto Health Link.

Similar to the Central Toronto CHC, we participated in the West-End QI Collaborative working on improving our cancer screening rates. An internal, inter-professional team was established and worked on mapping out our existing cancer screening processes which allowed us to identify the steps involved in cancer screening, analyze our current state, and determine potential improvement opportunities. This team participated in a Kaizen event where our learnings were shared with 6 other CHCs involved in this Collaborative. The team also got trained on how to use the main QI tools, and acquired a better understanding on how QI principles could be applied to their daily activities. In addition to reviewing the process, we focused on streamlining our data, and making sure that data entry for cancer screening was done consistently across all providers. We also established a practice of reviewing a list of clients who were due/eligible for screening, and making an effort to reach out to them and proactively invite them to complete their required testing. This work started in the area of cervical cancer screening, and will be expanded to other cancer testing in the upcoming year. As this work is still on-going, main gains of these QI activities are still to be realized. Meanwhile, compared to the Q4 of the last year, there is a slight increase (1 to 2%) in cancer screening rates for all major cancers with a more significant improvement seen in breast cancer screening rates (a 5% increase). This work is to be continued this year focusing on maintaining the gains achieved, as well as working on further improvements in order to achieve our targets.

Population Health

Parkdale-Queen West CHC serves a diverse group of populations, with a focus on groups who face barriers to care and services. Approximately 30-40% of clients at both sites are low income (with reported family income of \$20,000 or less). At the Parkdale site, almost 25% of clients are newcomers; 25% of clients have mental health or substance use issues, with many of these clients homeless or under-housed. The Queen West site also serves these populations. In addition, the Queen West site delivers care to a large number of Indigenous clients and this site offers culturally specific programming to enable access to primary care and psychosocial supports. This work is done in collaboration with other agencies serving Indigenous clients.

We will continue to improve our work with our clients with mental health and substance use issues through the continuation of the Access (mental health)

program, development of a case manager position embedded in the primary care team at the Parkdale site, and increased support for our harm reduction program through an integrated team across both sites. Furthermore, the Queen West site is poised for approval as one of three supervised injection sites (SIS) in the City of Toronto in order to address the needs of substance users in the downtown west end of Toronto. These sites would be the first for the province of Ontario.

Both sites have higher rates of smoking and COPD than Toronto Central LHIN. The Parkdale site will be implementing the Ottawa Model for Smoking Cessation in 2017 in order to provide additional supports for clients who would like to reduce or quit smoking.

The Parkdale-Queen West neighbourhoods have some of the the highest proportion of seniors living alone in the West Toronto sub region. We will continue our work providing clinical home visits to these populations, as well as expand our work with boarding homes in the neighbourhood. In addition, there is one Health Promoter position focused on senior populations who will be sharing knowledge and expertise across sites.

Equity

As part of our ongoing commitment to equity, both sites will continue to ensure collection of accurate socio-demographic data to inform our program and service planning.

Both sites have been working on enhancing access to primary care services and social supports for vulnerable women in the community and will continue to do so. For example, in 2016, the Parkdale site organized a group mammography trip for women with mental health conditions and substance use issues, who otherwise would not have connected to this screening service. Both sites run a weekly group for women who are precariously housed, involved in sex work, and/or have experienced interpersonal violence. These groups are well-attended and create pathways to primary care, health education, and counselling through an inter-disciplinary staffing model.

In 2016, both sites offered in-house Indigenous cultural competency training for all staff, delivered by the Ontario Federation of Indigenous Friendship Centres. In 2017, staff from both sites will be attending the LHIN-sponsored Indigenous cultural safety trainings in Core Health and Core Mental Health. The Queen West site currently operates the Four Winds Indigenous Health and Wellness Program which incorporates Indigenous healing approaches to improve the stability, health and well-being of homeless and under-housed Indigenous peoples.

We will continue growing our capacity to deliver care to transgender clients via continuous trans health training for our providers, referring clients for gender re-assignment surgery and providing support to complete relevant forms, building our partnership with Rainbow Health Ontario by engaging in system-wide advocacy to improve health care services delivered to transgendered clients across the health care system.

Our focus on supporting immigrants and newcomers, including uninsured clients and refugees, will continue this year. The Parkdale site will be developing an improved on-boarding process for this client base in order to meet their unique clinical and social needs. Both sites will continue strengthening relationships with local hospitals in order to improve referral and care pathways to acute and tertiary care for uninsured clients. Both sites offer client-related materials in other

languages, including the client satisfaction survey and registration forms, with a plan to expand this work in the upcoming year.

As part of our QI workplan for 2017-18, we will be focusing our efforts on analyzing cancer screening rates for our lowest-income populations. Preliminary data indicates that this group is underscreened and will require the development of special programming to facilitate this screening. We will enlist the support of our in-house Health Promoters, peers and Toronto Public Health to develop creative methods of engaging these groups.

Integration and Continuity of Care

We have been actively involved in the Mid-West and South Toronto Health Links and Sub-Region planning collaboratives and we look forward to being a fully engaged partner in the care planning and delivery of services in our respective Sub-Regions. We will continue our work in developing coordinated care plans (CCP) for clients with complex needs. Each site has identified staff members who will lead the CCP development for 2017-2018 in collaboration with external partners including community and home service providers, hospitals and community support agencies.

In order to support continuity of care, both sites work closely with the local hospitals (St. Joseph's Health Centre, UHN-Western site and St. Michael's Hospital) to improve discharge planning, and scheduling follow-up appointments with primary care providers. We receive regular reports on ER utilization, in order to identify clients with who make repeat visits to the ER. We analyze the reports and ensure pro-active and appropriate follow-up is in place.

The SPIN (Solo-Practitioners in Need) program initially led by the Mid-West Toronto Health Link supports solo physicians in the community who have a client base that would benefit from access to allied health services. Both sites have been actively involved in the program offering support such as foot care, counselling and case management services, Diabetes education, physiotherapy and nutritional services to clients who may not be able to access services elsewhere. This work will be enhanced through our participation in sub-regional planning and delivery.

Providers across disciplines have been engaged in providing services in different locations across both communities (drop-in centres, supportive housing, community support agencies etc.). These initiatives provide much needed access to primary care and support services to vulnerable clients who may not otherwise receive appropriate and timely care when needed. For upcoming year, our focus will be to evaluate our existing partnerships in order to optimize care delivery to the most vulnerable population groups.

Parkdale-Queen West CHC has been leading the provision of coordinated access to Physiotherapy services in partnership with Stonegate CHC and Village FHT to improve access to a physiotherapist to clients in our communities. This integrated work will allow community members to access individual and group programming on a continuous basis. A similar integrated approach has been applied in the delivery of Hepatitis C services (education, treatment and follow-up) in collaboration with South Riverdale CHC. As a result of this collaboration, access to Hepatitis C treatment has improved significantly and will be sustained through the strengthening of the partnership.

The Parkdale-Queen West Executive Director was recently appointed co-chair of the TCLHIN Health Equity table and was asked to join the HQO Health Equity Advisory. This enables the Centre to advance local and system planning to advance improvement

in outcomes for populations experiencing health inequality while building system changes to sustain improvement.

Access to the Right Level of Care - Addressing ALC Issues

Parkdale-Queen West CHC is committed to doing its part in ensuring that the appropriate level of care is available to clients receiving care in all sectors across the health care system.

Both sites offer individual home visits on a regular basis to clients who are unable to access services at our sites. Home visit services are not limited to physicians but are also delivered by different disciplines including RNs, NPs, Social Workers, Harm Reduction workers and the Diabetes Team.

In partnership with the Toronto downtown CHCs, we are also exploring our participation in a pilot project with CAMH on establishing a Transition Clinic for people with mental health issues who require primary care services, and short-term case management support.

We also continue to engage with various providers to develop Coordinated Care Plans to ensure appropriate care is delivered at the right time at the right place for clients with complex needs.

Engagement of Clinicians, Leadership & Staff

Staff at all levels of our organization are actively engaged in the development and implementation of our QI activities which are aligned with our strategic priorities.

Our QI teams are comprised of professionals representing all program areas including administrative, clinical and population health who meet on a regular basis to review plans and guide the implementation. The teams received training on QI tools and methodologies through our participation in the West End QI collaborative. They regularly participate in developing process maps to identify gaps and develop change ideas to improve workflows. Last year, these teams participated in a large Kaizen event which included their peers from other CHCs to develop a future state map to facilitate cancer screening processes.

Additionally, staff at both sites engage in regular case conferences and meetings to review and discuss ongoing initiatives. At these meetings, clinical dashboards showing service utilization per provider, cancer screening rates and other MSAA indicators, are presented and discussed to determine improvement strategies.

The leadership team provides quarterly updates to relevant parties involved including all staff, community partners and the Board of Directors. The Board of Directors of the amalgamated Centre created a Quality and Performance Standing Committee that will continue to provide oversight to quality planning and to approve annual QIP submission.

Resident, Patient, Client Engagement

Client engagement continues to be a key component of our QI efforts throughout the year. Feedback from clients is regularly solicited by using a variety of methods (e.g., Advisory groups, client surveys, on-going interaction with staff/management, etc.)

Client advisory groups with seniors, women, and people with mental health and substance use issues help to inform our program and service delivery. Annual client experience survey looks at indicators beyond clinical care, to determine client's overall experience with programs and services and to plan the development of future programs accordingly. Clients are also engaged in addressing emerging issues including the use of the physical space outside of our buildings.

During the exploratory phase of our CHC integration, client consultation and engagement was an integral component of the process. Client feedback and suggestions were solicited by a variety of methods including client surveys, town hall meetings, individual interviews and focus group discussions. We will continue utilizing the same approach in client engagement as we move forward in our first year as an integrated organization.

Staff Safety & Workplace Violence

At Parkdale-Queen West CHC, the safety of staff, students and volunteers is of utmost importance. We have several mechanisms in place to ensure our programs and services are delivered in a safe environment such as:

- Joint occupational health and safety committee which meets regularly to identify any potential risks or issues and conducts safety inspections
- Panic buttons in all individual offices and some common spaces
- Policies and procedures in place for addressing violent and aggressive behaviour
- Policies and procedures in place for staff working off-site and after hours
- Incident reporting protocols, including documentation of incidents and case conferences with affected individuals
- Client service restriction protocols, including service/time restrictions for serious incidents
- Health and safety training including training on violence in the workplace, for all new staff and students
- Crisis response/de-escalation training for all staff as needed
- In 2017/2018 we will re-initiate development of a crisis response team at the Parkdale site

Contact Information

Angela Robertson
Executive Director
aroberston@ctchc.com
416-703-8482 ext. 321

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)