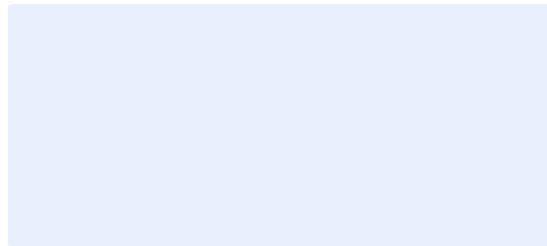


Let's Make Healthy
Change Happen.



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.

ontario.ca/excellentcare

Overview

The Superior Family Health Team's (SFHT) Quality Improvement Plan (QIP) serves as a functional document which aligns with our Strategic Plan. We have an ongoing commitment to provide patient centred care. Our work in quality improvement will continue to emerge as outcomes are evaluated for continuous improvement.

SFHT's Quality Assurance Committee is comprised of leadership, clinicians and administrative staff. With the diversity of the committee, quality can be reviewed from different perspectives providing a robust plan for improvement or change. Once the QIP is completed a staff meeting is scheduled to review our goals and receive feedback going forward. The QIP is also publicly available via our website.

In October 2016 SFHT migrated from YorkMed to Telus PS Suite. Data migration has been successfully completed and many searches are yielding results which were not identified by the previous Electronic Medical Record (EMR). We are still in the process of standardizing entry and clinic workflow so that we can maximize the features of the EMR to benefit improved data collection to enhance patient care.

In recognizing significant gains this year in the outcomes of our quality improvement initiatives, SFHT is committed to maintaining this momentum within our team and to expanding efforts where impact on patient health care equity can be demonstrated.

QI Achievements From the Past Year

Accessibility continues to be a focus and SFHT continues to achieve our accessibility targets. This goal has been achieved by offering walk-in times, availability of same/next day appointments and after hour's clinics. All providers incorporate same day availability into their schedules to provide access to care when the patient needs it. Staff huddles have been implemented to review office flow and proactively match demand with supply.

As of March 2016, patients at SFHT had 551 less urgent Emergency Department (ED) visits. Best Managed Elsewhere (BME) ED visits for SFHT as of March 2016 were 75.8 per 1000, significantly lower than the provincial rate of 144.5 per 1000. This is a direct indicator that our accessibility processes are working.

Patient satisfaction has improved as reflected by a 6% in patients reporting having enough time with providers and in asking questions about recommended treatment. The continued improvement in patient satisfaction validates the processes in place.

The walk in clinic that we established in 2014 at the Neighbourhood Resource Centre (NRC) to provide primary care to orphan patients who have difficulty accessing care continues to be successful. This year we provided care to 346 patients, many of which have no primary care provider or health card. The collaboration between social and health organizations to meet the health and social needs of this segment of the population at the NRC has been regionally recognized as a model that improves outcomes in health equity.

Population Health

SFHT is located in Northern Ontario which has a significant population of Indigenous People and we are committed to creating health care equity within our organization. Cultural competency training will be provided this year for all providers and staff to improve patient outcomes for Indigenous People.

We are also planning to review our current programming using the Health Equity Impact Assessment tool to identify and reduce inequities in access to programs. Partnerships with the First Nations communities located adjacent to our city are in development to improve access for Indigenous patients living off reserve.

Equity

SFHT provides primary care to vulnerable populations through our walk in clinic located at the Neighbourhood Resource Centre (NRC). Collaboration between social and health organizations continues to be successful in providing care to a population of people who experience discrimination because of their social determinant of health. The patients that frequent the NRC consist of a disproportionate number of Indigenous people, low income and homeless individuals, as well as individuals with mental health and addiction issues, and sex trade workers.

Cultural competency training will be provided to all Primary Care Providers and staff this year. This will enable staff to become educated in colonization, historical trauma, and determinants of health for Indigenous people and the SFHT's role in providing culturally competent healthcare.

Integration and Continuity of Care

With daily reports received from Sault Area Hospital (SAH) we have developed a process for scheduling appointments with discharged patients within seven days. This process will ensure that patients are seen by their PCP and the Registered Pharmacist for medication reconciliation.

Medically complex patients are provided support by sharing their care plans with all agencies involved in their care. Patients will be directly involved in the completion of the care plan, creating their goals to work with the overall plan for their care.

Medication reconciliation continues to be a focus to ensure that an accurate and complete medication list is communicated consistently across transition of care. Education is also provided to ensure that the patient understands their medication.

Access to the Right Level of Care - Addressing ALC Issues

SFHT has a dedicated CCAC staff member that spends 1/2 day a week at our clinic and participates in providing more efficient navigation of services. Through the discharge follow up, patient transitions from hospital to the right community services will be identified. Whether the patient requires a home visit, phone follow up or an appointment with the PCP, the patient's needs will be identified to create continuity of care.

Engagement of Clinicians, Leadership & Staff

Leadership, clinicians and staff are engaged in the development and performance of the QIP plan, Through the Quality Assurance Committee, comprised of frontline staff, administrative and physician membership, performance will be tracked against benchmarks.

SFHT leadership is engaged through reports to the Board of Directors on activities that support the approved Strategic Plan. This report includes information that demonstrates accountability through the provision of data based on specific outcome

measure. Progress with the QIP is monitored by the Quality Assurance Committee, responsible to the Board of Directors and chaired by the Lead Physician.

Formal processes have been established to share our progress with outcomes with clinicians and staff through quarterly staff meetings. The QIP is shared with the Sault Family Health Organization (SFHO) and was unanimously approved. The SFHT Lead Physician is actively engaged in the management of the SFHT, making decisions about its programs and services and in promoting a quality culture among team members.

Resident, Patient, Client Engagement

Patient feedback continues to be collected through patient satisfaction surveys. The number of patient surveys has increased in the past year through the efforts of clerical staff who invite patients to complete the surveys while in office or by visiting the website. SFHT has also added our website address to our appointment cards to encourage patients to complete the survey on the website. The results of the surveys are shared with the Quality committee, providers and staff.

We are in the process of creating an Inter-disciplinary Health Professional (IHP) survey to encourage feedback from patients participating in the programs currently in place. This will provide valuable information on how programs can be improved or modified and further engage patients in the development.

Implementation of a patient advisory committee is a priority for SFHT with plans to establish a committee in 2017.

Staff Safety & Workplace Violence

Health & Safety is a top priority of SFHT. Policies are in place to ensure a safe environment for staff and patients. Definitions of key concepts are consistent with Human Rights legislation.

SFHT's Joint Health & Safety Committee meets quarterly to review policies and procedures. We also have processes in place for workers to report incidents of workplace violence, to summon immediate assistance and how the employer will investigate and deal with incidents or complaints.

Policies are communicated to staff by semi-annual staff meetings centered around Health & Safety as well as email communiques highlighting any new legislative requirements.

As an organization we are committed to staff and patient safety.

Contact Information

Michelle Brisbois
Executive Director
Superior Family Health Team
michelle.brisbois@superiorfht.ca
(705) 253-6599 Ext 204

Other

In March 2017, our team relocated to a new clinic site. The new location is designed to meet the needs of our patients and will allow our health providers to provide improved levels of care in a more cost efficient setting. We will support patient accessibility, team collaboration and program improvements.

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)