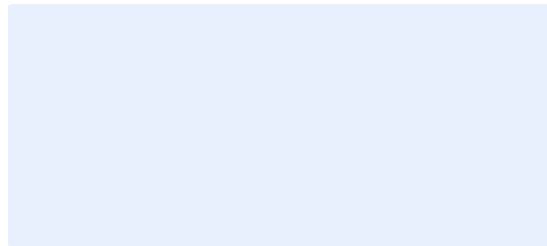


Let's Make Healthy  
Change Happen.



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



4/10/2015

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](http://ontario.ca/excellentcare)

## Overview

The Whitewater Bromley Community Health Centre (WBCHC) and the North Lanark Community Health Centre (NLCHC) have developed a common Quality Improvement Plan as both CHCs are part of Lanark Renfrew Health & Community Services (LRHCS), report to the same Board of Directors and have a common strategic plan. LRHCS was granted a 4 year accreditation in April 2014. LRHCS undergoes a 5 year strategic planning process (2011-2016) and in its strategic plan identified 7 strategic directions with the following 3 strategic directions aligning into the QIP:

- Maintain and further build excellence in meeting health and community needs (access to primary care when needed; reduced ED use by increasing access to primary care)
- Foster innovation in the pursuit of excellence and quality service (receiving and utilizing feedback regarding client experience with the primary health care organization)
- Further develop partnerships to strengthen our impact (timely access to primary care appointments post-discharge through coordination with health links and hospitals; reduce unnecessary hospital readmissions)

In addition to LRHCS' strategic plan, the QIP aligns with LRHCS' Accountability Agreement with the Champlain LHIN through the following indicators:

- Influenza Vaccination Rate (reduce influenza rates in older adults by increasing access to the influenza vaccine)
- Cervical Cancer Screening Rate (reduce the incidence of cancer through regular screening)
- Colorectal Cancer Screening Rate (reduce the incidence of cancer through regular screening)
- Breast Cancer Screening Rate (reduce the incidence of cancer through regular screening)

## Integration & Continuity of Care

The QIP identifies the need for integration between local hospitals, other health service providers and the CHCs in order to provide continuity of care from an acute care setting to a primary care setting. The first step of integration with the local hospital will be to determine the baseline values with respect to the number of clients admitted to each of the respective hospitals. Once a baseline is determined, a process will need to be developed around the communication process when a client of the CHC is admitted and/or discharged from the hospital.

LRHCS developed a common set of questions for the client experience survey based on the Health Quality Ontario Primary Care Patient Experience Survey. This provides a common set of client experience data across the region, allowing for comparisons and benchmarking. This will serve to help direct future quality improvement initiatives in the patient-centered quality dimension.

LRHCS is working with the Health Links to identify complex clients requiring care coordination. The complex will be a priority for case conferencing and review upon discharge from hospital or prevention of unnecessary Emergency Department visits. The expansion of our Lung Health Program to include COPD will serve HealthLink clients as referred by the Care Coordinators.

The QIP outlines the importance of continuity of care upon discharge from hospital. The Community Care Access Centre's play an important role in supporting clients as they transition from the hospital to the community and the CCAC have developed a Rapid Response Registered Nurse position to meet this need. The CHCs have identified the importance of working with the Rapid Response Registered Nurses in order to improve continuity of care from the acute care to primary care settings through tracking of referrals from the CCAC's Rapid Response Registered Nurse to the CHCs.

The WBCHC continues to partner with the Renfrew County Paramedic Services to provide home support to medically complex clients. This will be measured through the number of referrals for community paramedic home visits.

### **Challenges, Risks & Mitigation Strategies**

LRHCS implemented a new EMR in February 2014, which has significantly impacted quality improvement initiatives. Access has been negatively impacted by the new EMR due to ongoing training requirements and longer appointment times being required to work with the EMR.

The majority of providers are part-time; therefore it is not always possible to offer a same day/next day appointment to clients.

The 'integrated' quality dimensions will be dependent on the partnership/relationship that the local hospitals are willing and able to develop with the CHCs. Admission/discharge reports from the local hospitals are a key component of this dimension. Willingness on the part of the hospital is key to successful implementation of the proposed quality improvement initiatives. Clients of the CHCs typically access 5 hospitals which are in different counties and different LHINs. This will potentially result in 5 different processes to access the required information for the implementation of this integrated dimension of the Quality Improvement Plan.

### **Information Management Systems**

LRCHS uses an Electronic Medical Record (Nightingale on Demand). Data will be collected from the EMR for the following indicators:

- % of client population over age of 65 that received influenza immunizations
- % of eligible clients who are up-to-date in screening for breast cancer
- % of eligible clients who are up-to-date in screening for colorectal cancer
- % of eligible clients who are up-to-date in screening for cervical cancer

Data will be collected from the Client Experience Survey for the following indicators:

- % of clients able to see a doctor or nurse practitioner on the same day or next day, when needed
- % of clients who stated that when they see the doctor or nurse practitioner, they or someone else in the office (always/often) give them an opportunity to ask questions about recommended treatment
- % of patients who stated that when they see the doctor or nurse practitioner, they or someone else in the office (always/often) involve them as much as they want to be in decisions about their care and treatment
- % of patients who stated that when they see the doctor or nurse practitioner, they or someone else in the office (always/often) spend enough time with them

Data will be collected from the LRHCS Practice Profile (ICES & AOHC Report) for the following indicators:

- % of clients who visited the ED for conditions best managed elsewhere
- % of clients who saw their primary care provider within 7 days after discharge from hospital for selected conditions
- % of primary care organization's clients who are readmitted to hospital after they have been discharged with a specific condition

### **Engagement of Clinical Staff & Broader Leadership**

LRHCS is engaging with its staff (both primary care and community development/health promotion) through the inclusion of indicators on team work plans. These indicators are discussed/reviewed at monthly team meetings. The QIP indicators align with 3 of LRHCS' strategic directions are included in monthly reports to the Executive Director/Board of Directors. The QIP indicators are also presented to the Planning and Review Board Committee twice a year for information and review

### **Patient/Resident/Client Engagement**

Client satisfaction surveys are completed representing a total of 20% of panel size. Anonymous results to be posted in client areas of the CHC.

We are developing engagement strategies utilizing "Patients as Partners Toolkit (Cambridge Health Alliance) with Champlain Practice Facilitation at Whitewater Bromley CHC and information spread to North Lanark CHC.

### **Accountability Management**

The QIP is monitored and tracked by the Planning Review Committee (Board Committee). The QIP is submitted to the Planning Review Committee on a bi-annual basis (October and February) followed by a presentation to the Board of Directors.