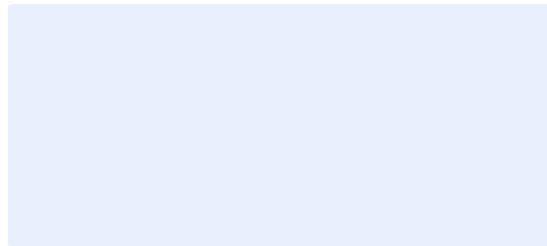


Let's Make Healthy
Change Happen.



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



3/30/2017

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

Flemingdon Health Centre (FHC) provides quality programs and services to the communities in our catchment in North East Toronto. We serve over 10,000 clients across 3 locations through interdisciplinary teams who work with the health and social service sectors in integrated ways. The 2017-18 QIP will be our fourth QIP submission. Throughout this time we have worked to improve the delivery of care and client experience at FHC.

In 2016-17 our interdisciplinary Quality Improvement Committee ambitiously took on 7 projects focusing on quality improvement across FHC. These projects were:

- 1) Advanced Access
- 2) Cancer Screening
- 3) Client Experience
- 4) Diabetes Care
- 5) Flu Immunization for Seniors
- 6) Health Equity
- 7) Hospital Integration

As expected, each project brought learnings to the organization. Some successes from the past year include:

- Deepening our primary care teams understanding and implementation of HQO's Advanced Access principles
- Expanding our Client Experience Survey methodology and sampling size
- Expanding our partnerships around cancer screening to provide additional supports to those who face barriers getting screened
- Analyzing our Health Equity data to identify LGBTQ health needs

In our 2017-18 QIP we will build on the momentum of the last year. FHC will focus on:

- Increasing access to appointments for our clients. We will do this by expanding our already great work in Advanced Access as well as through more partnerships and integration of services across the health and social services sector.
- Enhancing the client experience. Ensuring we learn from our client experience survey including addressing any challenges our clients are having with our services.

QI Achievements From the Past Year

FHC would like to highlight three major areas of achievement from 2016-17 - 1) More robust Client Experience Survey methodology and consistently high client experience results, 2) Successful implementation of our health equity initiative and 3) Improved access to primary care.

Client Experience Survey

This year FHC's QI Committee challenged ourselves to implement a more robust survey methodology. This included modifying our sampling technique from a blitz format to a periodic format over a longer period of time. We surveyed clients periodically from September 2016 to March 2017 as opposed to last year when we did a concentrated three week blitz in September of 2015. The periodic methodology is recommended by HQO. FHC also increased our sample size and surveyed 524 clients up

from 431 last year. Both of these changes should result in more robust results. In addition, FHC retained our high rate of client satisfaction on key HQO questions.

Measuring Health Equity

This year FHC expanded our Measuring Health Equity questionnaire with an aim to implement for 50% of our clients - an ambitious stretch target from the previous year's performance of 35%. By mid-March 2017 48% of our clients have completed the questionnaire. In addition, we began using the data. FHC noticed we likely had an under-representation of clients identifying from the LGBTQ community based on averages across the City of Toronto. As such, we implemented training for staff and increased partnerships with LGBTQ organizations to increase our competency in providing care to these communities.

Access to Primary Care

Lastly, FHC has been focusing a lot of energy in increasing access for our clients to be able get an appointment with their provider when they need one. All of our providers and front desk staff received training this past year in HQO's Advanced Access principles and have begun implementing some of the practices. Our client survey results showed an increase in satisfaction of being able to see their MD or NP on the same or next day more often (from 31% to 39%). Access to primary care will continue to be a big focus for our 2017-18 QIP.

Population Health

FHC serves a large newcomer population in North East Toronto. In particular, the neighbourhoods of Flemingdon Park and Thorncliffe Park are densely populated and home to many new Canadians. This year FHC has used an integrated population health approach to address the needs of our largest refugee population - the Roma communities.

The Roma clients FHC serves are primarily emigrating from Slovakia. The families are often young, with little formal education, low literacy and no knowledge of English. The Roma communities experienced a lot of discrimination in their home countries and have often been denied access to health care. As such, they have particular challenges navigating the complex health and social service systems in Toronto.

FHC worked at a population health level to address the needs in the following ways:

- Building a strong partnership with Toronto Public Health - FHC and TPH focused on improved dental screening and follow-up through the school system.

- Providing on site settlement services - FHC worked with Thorncliffe Neighbourhood Office (TNO) to provide on site weekly settlement services to the Roma communities as they were not generally accessing settlement support.

- Enhancing outreach and accompaniment - FHC worked with Access Alliance Multicultural Health and Community Services to have an on site Peer Outreach Worker who speaks Slovak to support the Roma clients. In particular she is able to provide navigation and accompaniment support so clients can attend appointments with specialists.

Equity

FHC incorporates health equity as a core value across the centre. In particular FHC is implementing the Measuring Health Equity data collection tool with support from Mt Sinai Hospital. This data collection allows FHC to have an in depth understanding of the populations we serve and the barriers they face. We have used this data to:

- Identify top languages our clients speak and provide materials in those languages - including advocating to Toronto Public Health to translate more of their materials into Slovak
- Provide training for staff in LGBTQ care competencies
- Enhancing FHC's ability to provide trans care to clients by working with Rainbow Health Ontario and The Griffin Center to educate our staff and launch a trans care focus at one of our sites.

Integration and Continuity of Care

FHC is actively leading initiatives that promote integration and continuity of care for our clients. Two main examples of this leadership are below.

Integration with CCAC

FHC worked with CCAC to implement an embedded CCAC coordinator at FHC. FHC's coordinator is on site one day per week and helps to coordinate care between FHC, CCAC and other external partners. The coordinator also provides regular lists of clients who are receiving CCAC services to our providers. FHC is hopeful this embedded coordinator model will lead to better communication between FHC and CCAC as well as better, more coordinated care, for our clients.

Health Access Thorncliffe Park (HATP)

HATP is an initiative co-led by FHC and Thorncliffe Neighbourhood Office (TNO) to provide neighbourhood based integrated primary health care and social services to the residents of Thorncliffe Park. HATP is an innovative new model of delivering care which focuses on integrating different models of primary care into a seamless system. HATP will also integrate community services into the health care service umbrella so newcomer clients can benefit from a single point of entry into the health and social service system. In 2016-17 HATP has expanded clinic hours and received base funding.

Access to the Right Level of Care - Addressing ALC Issues

FHC is actively involved in projects addressing transitions of care led by both the East Toronto Health Link and the East Sub-Region. As a primary health care organization, we are working to ensure when care can be managed out of the hospital we are providing that care in a timely manner. In addition (as described in the Integration Section above) FHC has worked with CCAC to embed a Care Coordinator into our team. The coordinator helps to ensure smooth discharge of our clients from hospital back to community.

Engagement of Clinicians, Leadership & Staff

FHC's QIP is developed and led by an inter-disciplinary team of clinicians, service providers, administrators and volunteers. Regulated health professionals on the committee include a physician, three nurses and two social workers. The committee also engages FHC's community board of directors with an annual meeting focusing on quality improvement at FHC.

This year two engagements initiatives stand out:

Advanced Access Training

FHC conducted a full day MD, NP, RN and reception staff training to work on increasing access to primary care for our clients. We brought in an Advanced Access coach who worked with the QI Committee to prepare for and deliver the training. She also advised on next steps and an implementation plan. The training was thought provoking for clinicians. We now regularly display Third Next Available data and have a QI Bulletin Board in the clinical area. MD, NP, RN and front desk teams are all implementing at least one Advanced Access strategy to address client access.

External Clinical Leaders

FHC has been working with both Dr. Phil Ellison (TC LHIN Physician Lead) and Dr. Geordie Fallis (East Sub-Region Physician Lead) to ensure the primary care work at FHC learns from the sector work. Dr. Fallis regularly engages with our physician team to support ongoing improvements. Dr. Ellis presented on the strategic opportunities for collaboration at a meeting with our Team Leads (including two Physician Leads, RN Lead, Chiropractic Lead and Social Work Lead), Directors and Board of Directors.

Resident, Patient, Client Engagement

FHC's Quality Improvement committee engages clients in two main ways - through our volunteer program and our community governed Board of Directors.

FHC works with community members and clients of the centre in our quality initiatives. We have two types of volunteers. 1) Survey and Data Entry volunteers: who assist in our Client Experience Survey including analysis and recommendations to the centre 2) QI Champion Volunteers: these are primarily newcomer community members who have QI training and are looking to get experience in Canada. In 2017-18 we worked with two such volunteers in depth.

FHC is community governed by a Board of Directors that includes clients and community members. The QI Committee engages the board regularly and the QIP is approved annually by the board.

Staff Safety & Workplace Violence

FHC has a Joint Occupational Health and Safety (JOHS) Committee as is required under the Occupational Health and Safety Act. This committee includes representatives from all three locations and is comprised of both management and staff. The committee conducts monthly inspections of the centre and reports any health and safety concerns to the management team which are then addressed. The committee is also responsible for updating policies and providing staff education. This past year FHC updated our Workplace Violence and Harassment Policies as per Bill 132. The policies were strengthened again by using a committee with representatives across the organization.

Contact Information

Jen Quinlan
Director, Health Services
Flemingdon Health Centre
416-429-4991 ext 287
jqquinlan@fhc-chc.com

Other

FHC continues to participate in the many different tables and spaces for quality improvement at a centre, sector, Health Links, sub-region and LHIN level. We look forward to more integration of these activities including the opportunity for Health Links and the sub-region primary care tables to work closely together.

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 Sharleen Ahmed

Quality Committee Chair or delegate Jen Quinlan

Executive Director / Administrative Lead John Elliott

CEO/Executive Director/Admin. Lead _____ (signature)

Other leadership as appropriate _____ (signature)