

Let's Make Healthy
Change Happen.



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

fhc
FLEMINGDON
HEALTH CENTRE

3/31/2016

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

Flemington Health Centre has a successful track record of providing quality programs and services. As we grow and mature in our quality improvement journey, we consistently deepen and expand our scope of quality improvement work. As we successfully complete the 2015-2016 QIP we look to build on this momentum to further our exciting work.

Over the past year FHC has worked towards implementing many quality improvement ideas. In particular, we have expanded our work in Advanced Access. Last year, we piloted Third Next Available as a standard data collection process. This year, we standardized the process across the whole health services team. We are using this data to help inform individual practitioners of their access issues and have fostered an environment where clinicians learn from each other in regards to successful access strategies. Further, we successfully increased the sample size of our Client Experience Survey and were able to analyze the survey by department and site to improve the usefulness of the suggested improvements. Lastly, we focused on supporting our vulnerable populations including seniors with the influenza immunization.

In our 2016-17 QIP we have two main priorities:

- 1) Implement Advanced Access Solutions: we want to move beyond data collection and analysis to real action. Up until now our ability to implement changes based on this data has been minimal. We will focus on applying advanced access principles to all MD/NP practices that are struggling with access.
- 2) Increase client engagement in our quality improvement work: we will work with system partners, including the Solutions Network in east Toronto, to ensure the client experience is incorporated into our quality work and informs our decision making.

QI Achievements From the Past Year

This past year we had two major achievements - 1) increase in access to flu shots for seniors 2) expansion of Advanced Access principles including third next available data collection and use.

Seniors Flu Vaccination

This year we targeted seniors 65 and over to ensure they had received their flu shot. Every year FHC offers flu shot clinics to clients. This year, we used a strategy specifically for seniors to ensure they had access to the flu shot. We pulled a list from our EMR for both locations of active clients over 65 who had not received their flu shots by December. We then trained a volunteer to go through the list and call to ask clients if they needed a flu shot. For those that did need one we assisted them in booking one at the clinic or elsewhere in the community. We then had a nurse enter the data back into our EMR. This results in an increase in seniors who have received or declined their flu shot from 27% last year to 63% this year. We are very proud of this significant achievement. We believe this is an improvement in our data entry and possibly in how we offered the flu shot to seniors. However, the administrative burden of this strategy is quite significant. We continue to learn from our primary care colleagues as to the best way to offer and document flu shot data.

Third Next Available Data

This year we consistently calculated third next available (3NA) data for all health service providers that have one-on-one appointments. This includes physicians, nurse practitioners, social workers, chiropractors and physiotherapists. We were able to show staff trends in their data and unpack what made access better and what made it worse. Individual practices were adjusted based on this data. For example, one practitioner switched how she managed her vacation scheduling and access when she came back. Another practitioner modified when she had her same day appointments scheduled in her day.

Moving forward we will be expanding the learning from advanced access principles, like 3NA, to include more team members and to be bolder in spreading the learning from one practice to the next.

Integration & Continuity of Care

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

Toronto East Health Network and the Solutions Network

FHC is actively involved in the Toronto East Health Network planning and visioning. This process is being led by the former Toronto East General Hospital and aims to better integrate care in east Toronto. Through this network we are working with hospital, community care and primary care agencies to address health care gaps and system challenges. We are also planning joint quality initiatives through the Solutions Network, also affiliated with former TEGH. This table is planning joint QIP and other quality initiatives to try to increase coordination across the system which will improve the outcomes of QI work and further benefit clients who access the health system at multiple points.

Health Access Thorncliffe Park (HATP)

HATP is an initiative co-led by FHC and Thorncliffe Neighbourhood Office 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 a health and social service model. HATP follows the best practices outlined in the Baker Price and Patients' First reports to improve the population health of communities with high needs.

FHC also expanded the scope of our Homebound Seniors program through work in Thorncliffe Park. Three family health teams, FHC, CCAC and other community partners worked to ensure all home-bound seniors in Thorncliffe Park received ongoing primary care in the home.

Engagement of Leadership, Clinicians and Staff

FHC's Quality Improvement Committee continues to strengthen. Our inter-professional QI committee consists of clinicians, allied health providers and administrators. We meet one to two times per month to both develop new quality initiatives, monitor existing ones and spread successes. The QI Committee continues to be responsible for developing and monitoring the QIP and other quality initiatives. This year we increased committee member's knowledge through webinars and in-services both from

HQO and in LEAN methodology. We also expanded our work beyond the QI Committee to include all management in the quality improvement process.

A couple of successes from the last year include:

Client Experience Survey

This year our Client Experience Survey was analyzed by team and by site. This allowed program specific managers to get results tailored to their teams and be able to discuss specific improvement ideas per program/service area. The QI Committee is now supporting each manager to implement these change ideas within their respective teams.

LEAN and New Clients

We conducted a LEAN event examining our new client on boarding process. We included the Lead Physician and Lead Nurse in this initiative as well as front line staff involved in this work. This was our first LEAN event at FHC and sparked interest in the methodology and possibilities for improvement. We continue to implement and sustain the recommendations that came out of this event.

Patient/Resident/Client Engagement

As FHC is community governed our Board of Directors is a key client and community stakeholder group in our Quality Improvement process. The board receives regular updates on FHC's QI work and reviews and approves the QIP annually.

The QI Committee also works closely with community members as volunteers in our QI work. The committee trained and worked with over 10 volunteers this year to assist with the Client Experience Survey. These volunteers act as peers to ensure high quality survey implementation and analysis. This year one of the volunteers presented the results at a staff meeting of over 50 people. We also worked with a community volunteer to assist with our seniors flu initiative.

FHC is exploring how to better engage clients and community members in our QI work. This is a challenge faced by many CHCs as often our clients are preoccupied with complex medical and social needs and are not able to fully participate in this type of work. Given the shared challenges experienced by many organizations FHC is working with the Solutions Network to try to come up with an integrated way to engage clients in this process.

Other

FHC continues to participate in the many different tables and spaces for quality improvement at a centre, sector, Health Links, sub-LHIN and LHIN level. We look forward to more integration of these activities including the opportunity for Health Links and the Sub-LHIN 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
CEO/Executive Director/Admin. Lead: John Elliott