

Let's Make Healthy
Change Happen.



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



29/03/2018

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

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 2018-19 QIP will be our fifth QIP submission. Throughout this time we have worked to improve the delivery of care and client experience at FHC.

In 2017-18 our interdisciplinary Quality Improvement Committee continued its ambitious work by taking on 6 projects focusing on quality improvement across FHC. These projects were:

1. Timely Access - Advanced Access
2. Population Health - Cancer Screening
3. Patient Centred - Client Experience Survey
4. Health Equity - Collecting and using health equity data
5. Effective Transitions - 7 day discharge
6. Safety - Medication Reconciliation

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

- Deepening our primary care team's implementation of HQO's Advanced Access principles with a focus on urgent/same day access to our teams. This resulted in positive measureable outcomes for majority of MD and NP practices.
- Focus on better use of data to proactively provide cancer screening services to our clients. In particular, FHC had a 24% increase in our pap screening results. This was also made possible due to a new partnership with Toronto Public Health.
- Expanding our Client Experience Survey methodology and sampling size, including the integration and participation of our 3rd site in the process and challenging ourselves to sample 6% of our clients (up from 4% last year)

In our 2018-19 QIP we will build on the momentum of the last year. FHC will focus on:

- Increasing same day access to appointments for our clients. We will do this by expanding our already great work in Advanced Access and by adding best practices for primary care practices with obstetrics gleaned from across the East Sub Region.
- Enhancing the client experience. Ensuring we learn from our client experience survey by addressing challenges our clients are having with our services and establishing a report back communication plan to inform clients how their feedback is being addressed.
- Enhance organizational capacity to support work around harm reduction and increasing community support.

QI Achievements From the Past Year

Access to Primary Care

FHC continues to focus a lot of energy on increasing access to primary care for our clients. In particular, this year all MD and NP practices implemented same day and urgent appointments to enhance FHC's ability to provide timely care to those with acute needs thereby avoiding walk in and emergency department usage. Our client survey results remained consistent in satisfaction in being able to see an MD or NP on the same or next day - 37% this year as compared to 38% last year. However, there was an increase from 71% (last year) to 75% (this year) of clients who said the last time they were sick or were concerned about a health problem they were able to get an appointment on the date they wanted. Further, our **Third Next Available Appointment measure decreased (improved) by 16%** from 17.2 days to 14.4 days as an average across all MD and NP practices. Access to primary care will continue to be a big focus for our 2018-19 QIP.

Cancer Screening

This year FHC staff focused on identifying and following up directly with clients due or overdue for cervical cancer screening. Practice profiles were put together for each MD and NP team; thereby enabling them to identify clients who needed follow up and bookings to complete screening tests. As a result of this work, **cervical cancer screening rates improved by 24%** (from 63.42% to 78.69%). FHC continues to place high priority on providing cancer screening education in the community. As such, all Community Health Workers have been trained to deliver Cancer Screening Workshops and embed key messages around cancer screening in health promotion programming. FHC continues to be an active member of the Cancer Screening Working Group, which is led by the Health Promotion Coordinator from the Toronto Central Regional Cancer Program.

Client Experience Survey

FHC's QI Committee challenged ourselves to continue implementing a more robust Client Experience Survey methodology across our 3 locations (Flemingdon Site, Fairview Site and our new Health Access Thorncliffe Park site). This included continuing to use a periodic sampling technique which was tested in 2016/17. This year we surveyed clients periodically from October 2017 to March 2018. This periodic methodology is recommended by HQO. FHC also increased our sample size from 4% in 2016/17 to 6% in 2017/18. FHC was able to survey 657 clients up from 524 last year. Based on feedback received from clients and volunteers in 2016/17, we revised our Client Experience Survey forms to create 3 versions of the tool - one for clients accessing primary care only, one for clients accessing programs only and one for clients accessing both primary care and programs at FHC. We anticipate these changes to result in more clarity for clients and in more robust results overall. In addition, FHC retained our high rate of client satisfaction on key HQO questions.

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. Implementation of the Client Experience Survey was revised this year to reflect the recommendations from past volunteers.

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.

For 2018-2019 we will produce ongoing QI updates through the use of our organizational community boards. We want to ensure that we communicate with clients and residents how FHC is tackling and addressing issues and opportunities identified through the 2017-2018 Client Experience Survey and similar QI initiatives.

Integration and Continuity of Care

FHC is leading initiatives that promote integration and continuity of care for our clients. This year FHC was very active at the sub region level.

East Sub Region

FHC is involved in the TC LHIN East Sub Region integration work. In particular, through this work FHC has:

- Provided leadership to the creation of a framework for an Integrated Health Service Delivery Network,
- Responded to local refugee influxes and shelter demands,
- Implemented SPIN (Solo Practitioners in Need) in order to increase access to inter-professional teams,
- Enhanced frontline and management harm reduction knowledge through a training delivered by local experts at South Riverdale CHC

HATP

FHC also continues to co-lead the Health Access Thorncliffe Park initiative with The Neighbourhood Organization (TNO, formerly Thorncliffe Neighbourhood Office). This innovative Patients First Primary Care model is now open five days a week and located centrally in the mall in Thorncliffe Park. A Pediatric Clinic was also launched this year to enhance access to specialist assessments and ongoing care for children with challenges at school and/or developmental delays.

Engagement of Clinicians, Leadership & Staff

FHC's QIP is developed and led by an inter-disciplinary team of clinicians, service providers, administrators and volunteers. Health professionals on the committee include two physicians, four nurses, two social workers, a medical receptionist and a community health worker. The committee also engages FHC's community Board of Directors with an annual meeting focusing on quality improvement at FHC.

This year physician leadership was a focus at FHC. FHC has always had a strong model of physician leadership. Since the inception of FHC a Physician Chief/Lead has been in place. FHC's current Physician Lead, Dr. Kelly Grant, has been a critical support in both our Advanced Access and our cancer screening work. Given the critical landscape at HATP FHC has a specific Physician Lead, Dr. Catherine Yu, for this initiative. It was through her leadership that the Pediatric Clinic was able to get off the ground in a very short time.

Population Health and Equity Considerations

FHC serves a large newcomer population in North East Toronto. In particular, the neighbourhoods of Flemingdon Park and Thorncliffe Park are densely populated and where many newcomers first land in Canada. This year FHC continued and expanded our integrated population health approach to enhance our work in order 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 expand our services. In particular, this year FHC was awarded a Toronto Urban Health Fund to address the specific needs of Roma children and youth as it relates to sexual health, community engagement and resiliency. This grant has allowed FHC to hire a full time project coordinator from the Roma community as well as 6 youth peers from the Roma community. Within the first three months of the project FHC was able to begin addressing two major system gaps for the Roma:

- 1) Reducing barriers to legal services in order to address housing rights, and
- 2) Providing much needed space for an English Conversation Circle where Roma community members can informally practice English skills in a safe and supportive environment.

Access to the Right Level of Care - Addressing ALC

FHC is actively involved in projects addressing transitions of care led by 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 FHC has worked with Home and Community Care (formerly CCAC) to embed a Care Coordinator into our team. The coordinator helps to support smooth discharge of our clients from hospital back to community.

Opioids prescribing and opioid use disorder in the treatment of pain

FHC clinicians have established a consistent practice in the prescribing of opioids that involves the use of a narcotic contract/agreement with a patients before starting or continuing them on chronic opioid treatment. FHC also has a process to ensure that pain management is not interrupted while a provider is away through team based care and through a shared electronic health record. To avoid narcotics misuse, the quantities and usual frequencies of opioid prescriptions for each patient is well-documented in the chart, so that different providers can oversee prescriptions for each patient if the most responsible provider is away. If opioid use disorder becomes an issue that is outside the scope of the primary care practice, then FHC physicians refer the patients to an addictions medicine specialist. Clinicians also explore different modalities for pain control such as referral to a pain clinic, trial of non-opioid agents, referral to PT/MT, referral to SW or psychiatry.

In February 2018, FHC hosted an in-service for staff around harm reduction. In 2018/19 FHC will work to incorporate harm reduction practices. This will be done primarily through the establishment of a naloxone program for clients who will be able to access naloxone from both primary care providers and community programs.

Workplace Violence Prevention

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.

In November 2017, FHC hosted an in-service for supervisors to promote and support a safe workplace environment. Learning outcomes of the sessions included 1) To be familiar with organizational obligations under relevant compliance legislation/standards 2) To have the capacity, confidence and comfort to

proactively and intentionally challenge norms and behaviours that perpetuate harassment, discrimination or barriers to access and inclusion.

Contact Information

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

Maria Calvachi
Team Lead, Health Promotion
Flemingdon Health Centre
416-429-4991 ext 299
mcavachi@fhc-chc.com

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:

Jen Quinlan

Executive Director / Administrative:

John Elliott