Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

April 5, 2023

Belleville and Quinte West Community Health Centre

Ontario Health

OVERVIEW

BQWCHC is a model for health and well-being that is comprised of primary care and a community health team. The purpose of the organization is to address the prevention, treatment, maintenance of physical health, but to also support the conditions necessary for optimal social health and wellness. We focus on those who experience barriers to access to care including those with challenges related to the social determinants of health. We operate out of two sites - one in Belleville and one in Quinte West.

Led by the Quality and Risk Management Committee of the board (QARM) and informed by the Client Engagement Committee, BQWCHC utilizes an annual QIP as a driver for focused attention on continuous quality improvement and innovative change to deliver increasingly impactful quality of care and support for our clients/community.

Staff, across our organization, are committed to Quality Improvement. We collectively identify our aims, measures and change ideas to support this work. Staff are supported to implement small tests of change within the organization, even if the work is not captured as a prioritized quality improvement initiative named on the QIP. Staff are supported to learn and utilize internal data to inform their change initiatives. At the staff level, a cross representation of all staff, participate in the Quality Improvement and Data Quality committee, which provides an opportunity for staff to help identify, monitor and influence quality improvement initiatives across the organization. These are ways in which the QIP methodology is entrenched across BQWCHC.

PATIENT/CLIENT/RESIDENT ENGAGEMENT AND PARTNERING

Client input, in the form of client experience surveys, client concerns and other mechanisms inform our approach to improving access to care (measured by: same day access, client sense of belonging)

Addressing client need related to complexity (target population of CHC) - we measure those who have multiple complex conditions and among those, clients who access interprofessional supports. Additionally, we review those who have frequent visits to primary care, in order to determine whether appropriate resources are utilized in order to achieve the best quality of outcome for the client.

Occurrences/client concerns are another source of quality improvement work. One example of this is the development of dedicated fields in the EMR that tracks client stated goals, staff involved (internal/external) and relevant information for clients experiencing health/social complexity. This field arose from clients concerns in which it was identified that communication between team members could have been more thorough in order to respond to client needs.

PROVIDER EXPERIENCE

Our consultations revealed a significant concern with health care providers' (regulated and unregulated) experiences in the current environment (e.g., burnout related to decreased staffing levels).

BQWCHC, like many healthcare organizations, has experienced high staff turnover and sense of exhaustion – particularly through the last 3 years (pandemic). Our organization has implemented an "alternate work arrangement" (flexible work) in response to the stressors experienced by staff. Additionally, we changed our strategy to post job vacancies internally first, before going to an external posting. In this way, those who are considering a professional change might be provided with a different role within the organization, rather than leaving the organization for another opportunity. Another strategy implemented had us working with an ethicist to explore moral injury and the management the pressures of morally injurious work with complex clients. Staff have participated in large learning sessions, and we are moving forward with opportunities to debrief about ethically/morally complex situations in small groups and during collaborative care meetings.

WORKPLACE VIOLENCE PREVENTION

BQWCHC has zero tolerance policies related to harassment and bullying in the workplace between staff members and between staff and clients. All client behavior issues and client concerns (related to violence/threat of violence) are tracked and investigated, with reports provided to the staff and Board or Directors. The CHC employs the use of 'panic buttons' and practices multiple levels of safety procedures - including lock down, as response to high risk situations to ensure staff and client safety.

Belleville and Quinte West Community Health Center, through the Board of Directors, Executive Director, Management team and JOHS Committee are committed to client and employee safety. Client and employee safety is articulated throughout the Operational, Human Resources, Clinical, and Occupational Health and Safety Policy and Procedures.

More than this, BQWCHC has invested in organizational training in trauma-informed practice in helping staff to recognize and respond to certain behaviors/attitudes for the underlying trauma through humility, silence, empathy, trust and redirection as a response rather than as aggression/violence/threat. This has been and will continue to be important ongoing work for the organization in the support of our clients.

PATIENT SAFETY

BQWCHC has a system in place whereby occurrences and concerns are captured either directly from clients/staff or indirectly on their behalf. All staff involved in concerns/occurrences are involved in the resolution process. Results and resolutions are shared back with the staff/clients involved at the time of the resolution. At this time, improvements are identified and initiatives are actioned in order to mitigate the chances of recurrence. These initiatives are actioned, monitored and improvements recommended through the Quality Improvement/Data Quality Committee – a relatively new committee with membership comprised of a cross-section of all staff in the organization and both BQWCHC sites represented. Quarterly, BQWCHC shares a summary of occurrences, concerns and actions arising from same at various settings within the organization – management and JOHS meetings, team meetings, all staff meetings, and Board meetings.

HEALTH EQUITY

BQWCHC is an organization with an equity focus. This focus is reflected in our Mission and Values.
Our mission is to improve the health of people and communities, with a focus on those who face barriers to physical, mental and social well-being. We do this by ensuring equitable access to primary health care, building community, empowering people, collaborating, and delivering evidence-informed quality programs and services. Our values are: inclusion and respect; integrity; health equity; holistic; strengths-based and people-centered; compassion
BQWCHC collects sociodemographic information including race-based data at the point of onboarding through a client-specific survey and staff update such information of a bi-annual basis. Based on responses, we have begun to track and report internally certain

measures, based on this sociodemographic data.

Examples of how we prioritize those who face systemic barriers to accessing equitable care are: we have implemented prioritized wait-list based on risks and complexity related to physical and social health (in terms of social health, we look at food security, income security, housing security, employment security, sense of belonging with community; racialized individuals and those from 2SLGBTQ+ communities. Our processes allow for social interventions and support while someone is on the wait list for primary care. To promote health equity, we encourage and monitor the utilization of team-based care (clinical and social, financial, mental health supports and more) for those who require that level of support.. We provide 'collaborative care' meetings where team members meet to brainstorm and collaborate to bring the best possible resources to bear for clients experiencing both physical and social health complexities. BQWCHC also runs and partners with other organizations to offer outreach programming to specifically address episodic clinical care and instrumental supports and advocacy to those equity-seeking. We also offer gender-affirming primary care and offer group programming and peer-based supports to those in the trans community.

CONTACT INFORMATION

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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 on **March 30, 2023**

James Huff, Board Chair

Elizabeth Cole, Quality Committee Chair or delegate

Sheila Braidek, Executive Director/Administrative Lead

Other leadership as appropriate

Theme I: Timely and Efficient Transitions

Measure

Dimension: Timely

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of screening eligible patients up-to-date with Papanicolaou (Pap) tests	C	% / Clients	OHIP,RPDB,CCO-OCR,CIHI, SDS / April 1 - March 31	64.90	68.00	Current performance + 5%, as we are exceeding Ontario CHC average	

Change Ideas

Change Idea #1 This measure is calculated differently than the CHC MSAA. Increase staff awareness of the difference.

Methods	Process measures	Target for process measure	Comments
Update staff training to focus on having the screening completed, not just offered.	Percentage increase	> 68% of screen eligible clients will have up to date completed Papanicolaou (Pap) tests.	

Change Idea #2 Move to scheduled call-in for cervical screening.

Methods	Process measures	Target for process measure	Comments
Develop self service reports for managers and nursing to make the accessing the information easier.	Increase the percentage of screen eligible clients who have an up to date Papanicolaou (Pap) tests.	Current performance + 5% as we are exceeding the provincial CHC average.	This indicator will help us align our data with our OHTs cQIP.

Measure

Dimension: Timely

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of screening eligible patients up-to-date with a mammogram	C	% / Clients	OHIP,RPDB,CCO-OCR,CIHI, SDS / April 1 - March 31	48.80	53.90	Ontario CHC average	

Change Ideas

Change Idea #1 This measure is calculated differently than the CHC MSAA. Increase staff awareness of the difference.

Methods	Process measures	Target for process measure	Comments
Update staff training to focus on having the screening completed, not just offered.	Percentage increase	> 53.9% of screen eligible clients will have up to date completed mammograms.	

Change Idea #2 Move to scheduled call-in for breast screening.

Methods	Process measures	Target for process measure	Comments
Develop self service reports for managers and nursing to make the accessing the information easier.	Increase the percentage of screen eligible clients who have an up to date mammogram.	Greater than the provincial average as we work on aligning our Breast cancer screening measures.	This indicator will help us align our data with our OHTs cQIP.

Measure

Dimension: Timely

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of screening eligible patients up-to-date with colorectal screening.	C	% / Clients	OHIP,RPDB,CCO-OCR,CIHI, SDS / April 1-March 31	70.90	74.50	Current performance + 5%, as we are exceeding Ontario CHC average	

Change Ideas

Change Idea #1 This measure is calculated differently than the CHC MSAA. Increase staff awareness of the difference.

Methods	Process measures	Target for process measure	Comments
Update staff training to focus on having the screening completed, not just offered.	Percentage increase	> 74.5% of screen eligible clients will have up to date colorectal screening.	

Change Idea #2 Move to scheduled call-in for colorectal screening.

Methods	Process measures	Target for process measure	Comments
Develop self service reports for managers and nursing to make the accessing the information easier.	Increase the percentage of screen eligible clients who have an up to date colorectal screening.	Current performance + 5% as we are exceeding the provincial CHC average.	This indicator will help us align our data with our OHTs cQIP.

Theme II: Service Excellence

Measure

Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percent 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	P	% / PC organization population (surveyed sample)	In-house survey / April 2022 - March 2023	86.41	91.00	Basing target on pre-covid performance.	

Change Ideas

Change Idea #1 Reintroduce (post-covid) more frequent client experience surveys

Methods	Process measures	Target for process measure	Comments
Perform client experience surveys regularly	Percentage increase	Greater than 91% of clients will indicate that they felt they were as involved as they would like to be in the decisions about their care and treatment.	Total Surveys Initiated: 231 First survey post Covid. 231 surveys collected

Change Idea #2 Engage all staff in Client Experience Survey results

Methods	Process measures	Target for process measure	Comments
Share client feedback and staff performance more regularly and in different modalities	Percentage increase	Greater than 91% of clients will indicate that they felt they were as involved as they would like to be in the decisions about their care and treatment.	Previous QI initiatives were not often shared with staff, so we aim to increase staff awareness of these measures and their importance within a quality improvement culture, in turn improve our performance.

Theme III: Safe and Effective Care

Measure

Dimension: Safe

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of non-palliative patients newly dispensed an opioid prescribed by any provider in the health care system.	P	% / Patients	CAPE, CIHI, OHIP, RPDB, NMS / 6 month period ending Mar 31, 2022	3.50	3.50	Continue to below Ontario CHC average and further lessen new opioid starts.	

Change Ideas

Change Idea #1 Plan to remain at or below this target.

Methods	Process measures	Target for process measure	Comments
Awareness and training with new staff.	Continued monitoring via Practice Profile.	At or below Ontario CHC average.	Monitoring the dispensing of opioids by any provider in the health care system is beyond our control. Providers can prescribe prescriptions, however whether or not they are dispensed/ filled are beyond our control. As such this indicator is not currently an organizational priority but will continued to be monitored.

Equity

Measure

Dimension: Equitable

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of All Active Clients >=13yrs old seen In Person within the last 12 months with Current (less than 2 yrs old) Socio Demographic Data	C	% / Clients	EMR/Chart Review / April 1 - March 31	65.00	75.00	Target set by Ontario Health for all community health centres to have equity data for at least 75% of clients. We feel this is realistic and is extremely important as we stratify many other indicators using this data.	

Change Ideas

Change Idea #1 Implement technology to assist with data collection and entry.

Methods	Process measures	Target for process measure	Comments
Utilize Ocean forms via tablets to update on patient check in.	Percentage of clients who have updated sociodemographic information entered into their chart.	75% of clients have updated sociodemographic information entered into their chart.	Consideration to rotate focus of this data collection with client experience surveys.