Let's Make Healthy Change Happen.

2013/14 Quality Improvement Plan for Primary Care organizations in Ontario

Belleville and Quinte West Community Health Centre

March 31, 2013

Overview of Our Organization's Quality Improvement Plan

Overview

Belleville and Quinte West Community Health Centre (BQWCHC) is a new organization - opening our doors for service in Quinte West in December 2010 and in Belleville in September 2011. Since our inception, we have worked to create a culture of quality through the formation of a staff Quality Committee that has focused on building our capacity to provide the highest quality care that is responsive to our clients and community needs. The Strategic Plan was completed by the Board of Directors in May 2011. The following strategic directions demonstrate the Boards commitment to quality:

- Achieve excellence through the delivery of interprofessional, integrated services and programs that are accessible and address the social determinants of health.
- Create an organizational culture focused on delivery of high quality, safe, client centered care.

These directions have driven the development of the operational plan to guide the work of staff and the subsequent establishment of the Board's Quality and Risk Management committee.

A Quality Framework was approved and adopted by the Board in 2012 **(Appendix A).** Key components of the plan include:

- Access to care
- Effectiveness of care
- Integration of care
- Safety of care
- Satisfaction with care

The Quality Framework has been used as our dashboard to report results and has served to define our indicators, establish measures and support the collection of baseline data that has been used to inform target setting for 2013/14.

This Quality Improvement Plan (QIP) clearly links our Strategic Plan, Operational Plan, MSSA indicators and Quality Framework.

Focus

The QIP will provide a framework to support the organizational focus on quality. Our intention is to drive the commitment to quality across the organization utilizing our interprofessional team approach. As we collectively identify our aims, measures and change ideas we can build commitment to, and capacity for, process improvements. Several tools and resources available through Health Quality Ontario will be utilized to support our efforts with planning, implementing, monitoring and reporting on quality improvements. BQWCHC is applying to participate in the Health Quality Ontario learning community for Advanced Access, Efficiency and Chronic Disease Management in Primary Care (Wave 6 of QIPP) which will allow us access to a variety of resources to improve our access and efficiency processes. As a result of our participation in Health Links, we will also be accessing the resources of HQO bestPath program.

The QIP also supports the identification of skill development and training needs. Our intent is to use our QIP as a springboard to build capacity, skills, knowledge and expertise in quality improvement within our organization. The objectives outlined in the attached QIP template address six of the nine quality dimensions identified by Health Quality Ontario.

Use of Electronic Medical Records (EMR)

Currently we use our EMR to identify our practice profile and monitor the indicators in our operational plan and Quality Framework. We have initiated the practice of regular monthly reporting to providers on progress towards achievement of established targets/metrics. Regular monitoring has allowed us to test change through Plan DO Study Act (PDSA) methodology. Results are posted in clinical areas to visually track our progress. We will continue this practice with the additional metrics in this QIP.

We are currently transitioning to new EMR software. The new system includes an "alerts" feature that will support practitioners to follow evidence based practices as well as ensure preventative health screening is completed. It also includes templates that will allow us to monitor our delivery of care related to best practice guidelines. A significant investment has been made in training staff in the new EMR to ensure standardized data collection.

Furthermore, BQWCHC has been identified as the administrative lead of one of the early adopter Health Links. We have created our QIP to be consistent with the quality measures identified in the Health Links business plan. A variety of data sources will be required to effectively monitor our plan and to ensure we are linked to the broader quality initiatives that are emerging across the region and health system. We are committed to working with the LHIN and other health care partners to integrate access to data across systems to monitor cross sectoral indicators and measure the effectiveness of integration activities in improving quality of care.

Integration and Continuity of Care

We have supplemented the mandatory quality aim by expanding on our current safety of care metrics (# medication errors, # near misses, # of adverse events) to include a broader integration focused metric. Our goal is to link medication reconciliation and management to post- acute care and ER discharges to improve the continuity of care across sectors.

Practice / Community Profile

BQWCHC has been working to develop meaningful reports to help us to confirm we are indeed serving our priority populations. As our involvement in Health Links unfolds, we will be focusing on the identification of our high risk/high user populations across the system.

In addition to service data we believe it is critical to listen to the voices of the people we serve. We have developed and implemented an annual client survey. We have 52 clients participating in a variety of advisory groups (Youth, GLTBQ community, Sexual Health, Sex trade workers) to provide direction to program development. All programs include an evaluation component to ensure the design and delivery of services meets the needs of our populations.

Chronic Disease Prevention and Management

In addition to the required quality dimensions, we have added aims related to effectiveness of care and preventative health. We will focus on improving the effectiveness of chronic disease management by embedding best practice guidelines for diabetes and heart health across the Centre with a goal to reduce avoidable hospital admissions. We have committed to improving our results related to preventative health measures to promote early disease detection, early access to treatment and improved outcomes. BQWCHC focuses on equity and reducing barriers for individuals accessing quality care. While we do not have a specific aim related to equity, it is an underlying principle in all the work we do. We offer free nicotine replacement therapy to support smoking cessation, offer programs related to healthy eating and physical activity, and offer self -management programs to share tools and strategies for setting goals and action plans for individuals to better manage their chronic conditions. We track improvement in self-efficacy as part of the evaluation process of our self-management programs. This could be considered a lead indicator as evidence shows improved self-efficacy contributes to improved management of chronic diseases and less burden on the acute care system.

Accountability & Management

Specific improvement initiatives and change plans will be tracked by the Director of Clinical Services and the Director of Quality and Evaluation. This shared leadership approach will ensure clinical practice changes are driven by data decision support tools/methodology. The staff quality committee will meet as required and report on progress monthly to the clinical, community and management teams. The Board's Quality and Risk Management Committee will monitor the progress on the achievement of QIP goals at least six (6) times per year. The Board has initiated the practice of receiving reports from staff on programs and services, with a focus on the quality component. Board members have participated in the Canadian patient Safety Institute's Effective Governance for Quality and Safety and have copies of the toolkit available as an ongoing resource. The Board will continue to focus on education for its members related to the drivers of effective governance for quality and client safety. The proposed action items for the Board this year are:

- To ensure appropriate Board oversight of quality and safety
- To ensure the QIP activities and initiatives continually aligns with the Strategic Plan

Challenges and Risks

BQWCHC is transitioning to a new EMR software effective March 26, 2013. As staff learn to work within this new system we will need to devote time to training and development of consistent data entry protocols to maximize our clinical practice system and evaluation capabilities.

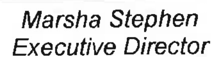
The impact of working with our health care partners to create a Health Link in Quinte is difficult to determine. We have structured our QIP to build consistency in indicators/ measures which provides opportunity for synergy, however the implementation of Health Links may also place demands on our infrastructure and our capacity to manage internal quality change plans while contributing and providing leadership to broader system integration activities.

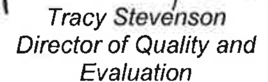
Our Improvement Targets and Initiatives

See attached template (**Appendix B)**

Sign-off

I have reviewed and approved our organization's Quality Improvement Plan





Michael Piercy *Board Chair*	Rosaleen Cutler *Director of Clinical Services*	*Marsha Stephen* *Executive Director*	*Tracy Stevenson* *Director of Quality and Evaluation*

QUALITY FRAMEWORK

Access to Care

- Total # of clients
- % of clients within priority populations
- Third next available appointment
- Wait List Management

Effectiveness of Care
(Focus on Chronic Disease Prevention Management)

- % of clients with Diabetes receiving care per Best Practice Guidelines
- % of Personal Development Groups that address health risks (healthy eating, physical activity, smoking etc.)
- % of clients reporting sustained behaviour change

Quality

Achieve excellence through the delivery of inter-professional, integrated services and programs that are accessible and address the social determinants of health

Integration of Care

- % of clients who have seen > 2 providers
- # of consultations between providers
- # of partnerships and formal Memorandum of Understanding's

Satisfaction with Care

- % of clients satisfied with care
- % of staff satisfied with work environment

Safety of Care

- # of medication errors
- # of adverse events
- # of near misses

Overarching activities: Ensure for Strategic Plan compliance
To prepare for accreditation in 2014

Primary Care Quality Improvement Plan - Belleville and Quinte West CHC

2013/14

AIM		MEASURE			
Quality dimension	**Objective**	**Measure/Indicator**	**Current performance**	**Target for 2013/14**	**Status Report**
Access	Access to primary care, when needed	**Timely access to primary care, when needed:** Percent of clients able to see a doctor or nurse practitioner on the same day or next day, when needed	3 NAA : 6 - 7 days	3 days	
	Time on wait list	Timely access to a primary health care provider for unattached clients Percent of clients able to become clients of BQWCHC sooner.	Belleville - 177 people on wait list; average wait 111 days to intake; Quinte West - 439 people on wait list ; average wait 258 days to intake	Belleville - 90 people on wait list and 65 days to intake; Quinte West 200 people on wait list and 110 days to intake	
Integrated	Timely access to primary care appointments post-discharge through coordination with hospital(s).	**Primary care visits post discharge*:** Percent of clients who see their primary care provider within 7 days after discharge from hospital for selected conditions.	N/A	Establish baseline in 2013/14	
Safety	Timely Medication Review and Reconciliation by CHC pharmacist within 7 days of discharge from hospital or following emergency room visit	Medication Review: Treatment at hospital can result in changes to medication regime and may result in risk if clients do not understand new regime Percent of our clients who have medications reviewed and reconciled by CHC pharmacist within 7 days of hospital discharge or emergency room visit to ensure safe medication practices	N/A	Establish baseline in 2013/14	
	To improve hand hygine practice to decrease risk of transmission of infection	% of health care providers demonstrating compliance with hand hygine protocols	N/A	Establish baseline in 2013/14	

Primary Care Quality Improvement Plan - Belleville and Quinte West CHC

2013/14

AIM		MEASURE			
Quality dimension	**Objective**	**Measure/Indicator**	**Current performance**	**Target for 2013/14**	**Status Report**
Patient-centred	Receiving and utilizing feedback regarding client experience with the primary health care organization.	**Patient/client engagement:** How often are you involved to the extent that you want to be in decisions related to your care?	97.80%	98%	
		I feel staff encourage me to ask questions	95.80%	96%	
		I feel staff listen carefully to me when I speak	97.90%	98%	
Effective	Clients with diabetes receive care consistent with Best Practice Guidelines (BPG)	% of Admissions of our clients to hospital for treatment associated with diabetes is reduced % of clients who receive care consistent with BPG	N/A	Establish a baseline	
	Clients with hypertension receive care consistent with Best Practice Guidelines (BPG)	% of Admissions of our clients to hospital for treatment associated with hypertension is reduced % of clients who receive care consistent with BPG	N/A	Establish a baseline	
Preventive	Ensure that all eligible clients have received cancer screening procedures at required intervals	Rate of screening of eligbile clients for colorectal cancer - FOBT testing offered and completed	37 %	45%	
		Rate of screening of eligbile clients for cervical cancer - PAP testing offered and completed	40%	60%	
		Rate of screening of eligbile clients for breast cancer - mamograms offered and completed	28%	40%	
	Ensure that all eligible clients have received influenza vaccine	Rate of immunization of eligible clients for infuenza	27%	68%	