

Let's Make Healthy
Change Happen.



2016/17 Quality Improvement Plan for Primary Care organizations in Ontario



Belleville and Quinte West
Community
Health Centre

**Belleville and Quinte West
Community Health Centre**

March 31, 2016

Overview of Our Organization's Quality Improvement Plan

Overview

Belleville and Quinte West Community Health Center (BQWCHC) worked to create a culture of quality with the formation of the quality committee which includes Board members, staff and clients. We continue to focus on building capacity to provide high quality care that is based on our client's and community needs. Our Strategic Plan revised in 2014 highlights the following four strategic directions:

- Engage:** BQWCHC will ensure provision of client centered care supported by continuous client and community engagement
- Influence:** BQWCHC will lead and influence our communities: proactively engaging in system transformation utilizing a social determinants of health approach
- Innovate:** BQWCHC will create a culture of innovation, safety, prudent risk taking and quality performance
- Integrate:** BQWCHC will engage in strategic partnerships to enhance health and wellness through system integration

The Board has aligned the Quality and Risk Management frameworks to be consistent with these new directions. The strategic plan has driven the development of the operational plan to guide the work of staff and the dashboard for the Board to monitor results. QI aims, measures, targets and change ideas continue to be identified by the full management team. All staff at BQWCHC participate in discussions regarding indicators and planned QI activities. The Quality and Risk Management (QARM) committee of the board reviews the QIP document and forwards to the full board for review and approval.

Our Quality Improvement Plan (QIP) evidently links our strategic plan, operational plan, MSAA indicators and Quality Framework. Building capacity, skills, knowledge and expertise in quality improvement within our organization is how we intend to use our QIP.

QI Achievements from the Past Year

The QIP provides a framework to support the organizational focus on quality. Across the organization our inter-professional team is committed to Quality Improvement. We collectively identify our aims, measures and change ideas to support this. Specific improvement initiatives and change plans are tracked by the management team. This ensures that clinical practice changes are driven by data decision support tools/methodology. We have seen a significant increase in our MSAA accountability indicators. Our Cervical and Breast Cancer screening rates both increased approximately 8% (65.9% to 74% and 60.3% to 68% respectively). We also participated in Cancer Care Ontario's Quality Improvement Project specifically related to colorectal screening and have seen an increase from 55.3% to 63%.

As of January 2016 we have access to practice reports from HQO that we have started to use to engage clinicians in change ideas. This work will continue in 2016/17. The board and the board's quality and risk management committee monitors the progress on the achievement of QIP goals at least twice per year. We were excited that as a new organization undergoing our first accreditation process we were successful in obtaining accreditation for 4 years with Accreditation Canada. Staff participated in working groups, training exercises and a quality board was established to keep all staff engaged. We met 99% of the quality indicators identified by Accreditation Canada.

Integration and Continuity of Care

BQWCHC has been focused internally on building the capacity of our Inter-professional team and improved access for clients. The CHC model has always employed a "wrap around" approach that links clients with other health and community services to ensure coordinated/integrated care. We have been intentional this past year in the provision of co-led community programs to promote integration with our community partners including FHT's, Addictions / Mental Health organizations and public health.

Through our involvement in Health Links we have utilized the standard provincial Coordinated Care Plan (CCP) tool to develop fully integrated care plans for the most complex of our clients. Last year our plan was to develop a coordinated care pathway for COPD, however that work was deferred as we participated in a IHI collaborative (Better Health Lower Costs) that helped us improve population segmentation as well developing a spread and sustainability strategy. This year we completed 300 CCP's and project an increase to 500 CCP's in fiscal 2016/17. The strategy included building capacity in other team based models, developing a blended role with CCAC case coordinators and developing capacity with other community partners including AMH, and home and community care organizations. We also served as a proof of concept site for the introduction of the CCP tool.

Furthermore BQWCHC is the administrative lead of Quinte Health Link (QHL). We track outcomes for individuals who have received service for a minimum of 12 months. Based on the pre and post data results indicated a 39.4 % reduction in ER visits, a 49.2% reduction in admissions and a 55.6 % reduction in 30 day readmissions. We recognize a variety of data sources will be required to effectively monitor our progress and to ensure we are linked to the broader quality initiatives that are emerging across the region and Links across the South East LHIN 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. A regional Health Links Data Leads working Group has been struck to build capacity in the seven Health Link.

Engagement of Leadership, Clinicians and Staff

We undertook 2 initiatives this year to broaden engagement across the organization. The first was the development of an inter-professional leadership team utilizing a neuroscience coaching approach. There are 10 members on the team and each has identified a leadership project that is aligned with our vision and values that includes building a culture of quality improvement. The second was focused on professional development. Our 2015/16 goal was to have all managers participate in IDEAS but unfortunately training was not available. Subsequently we enrolled 6 members of the leadership team in the IHI National Forum for Improving Patient Care in the Office Practice and the Community. Each participant will use that knowledge to complete a QI project within the organization. All staff will report back during team and all staff meetings.

Patient/Resident/Client Engagement

Our BQWCHC Communication and Community Engagement Committee comprised of community members, board and staff will be implementing a new Ambassador Program in the fall of 2016. The program's intent is to raise awareness about our CHC programs and services by engaging with the community in a variety of different activities. The Ambassadors themselves will be trained volunteers that will deliver messaging about our Centre and gather insight and ideas directly from individuals living in the area. We will use the information obtained to drive change in program design and delivery.

Challenges, Risks and Mitigation Strategies (Other)

Ongoing System transformation remains a challenge to balance internal and external demands. We have been able to obtain information needed using Hospital Report Manager (HRM) to better improve our outcomes around ED utilizations and notification or discharge to facilitate the 7 day post discharge visit. The implementation of (SHIP) continues to be delayed. We now believe it will occur in the 2nd quarter of 2016/17 but we face further risk if this is not the case. We now have access to QHC's database to be able to extract data needed. Although this is not an ideal solution, it provides information and data needed to continue our progress towards identified indicators.

Our Improvement Targets and Initiatives

Insert “QIP template” (Excel file).

submission to HQO (QIP@HQOntario.ca).

Sign-off

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

*Lori Cooper
Board Chair*

*Maggie Flynn
Director of Primary and Community
Health*

*Marsha Stephen
Executive Director*

2016/17 Quality Improvement Plan for Ontario Primary Care

"Improvement Targets and Initiatives"



Belleville and Quinte West Community Health Centre 161 Bridge Street West, Belleville, ON K8P 1K2

AIM		Measure						
Quality dimension	Objective	Measure/Indicator	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification
Effective	Improve rate of cancer screening.	Percentage of patients aged 50-74 who had a fecal occult blood test within past two years, sigmoidoscopy or barium enema within five years, or a colonoscopy within the past 10 years	% / PC organization population eligible for screening	See Tech Specs / Annually	91455*	65	80.00	Aligned with MSSA target
		Percentage of women aged 21 to 69 who had a Papanicolaou (Pap) smear within the past three years	% / PC organization population eligible for screening	See Tech Specs / Annually	91455*	74	80.00	Aligned with MSSA target
		Percent of eligible patients/clients who are up-to-date in screening for breast cancer	% / PC organization population eligible for screening	EMR/Chart Review / 2016-2017	91455*	68	65.00	Aligned with MSSA target
	Improve rate of HbA1C testing for diabetics	Percentage of patients with diabetes, aged 40 or over, with two or more glycated hemoglobin (HbA1C) tests within the past 12 months	% / All patients with diabetes	Ontario Diabetes Database, OHIP / Annually	91455*	65	70.00	Slight increase as we begin to test change ideas
	Reduce influenza rates in older adults by increasing access to the influenza vaccine	Percent of patient/client population over age 65 that received influenza immunizations	% / PC organization population aged 65 and older	EMR/Chart Review / 2016-2017	91455*	35	65.00	Aligned with MSSA target
Patient Experience	Improve Patient Experience: Opportunity to ask questions	Percent of respondents who responded positively to the question: "When you see your doctor or nurse practitioner, how often do they or someone else in the office give you an opportunity to ask questions about recommended treatment?"	% / PC organization population (surveyed sample)	In-house survey / April 2015 - March 2016	91455*	87.2	96.00	increase from current performance of 85%
	Improve Patient Experience: Patient involvement in decisions about care	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?	% / PC organization population (surveyed sample)	In-house survey / April 2015 - March 2016	91455*	89.06	90.00	slight increase from 89% to 90%
	Improve Patient Experience: Primary care providers spending enough time with patients	Percent of patients who responded positively to the question: "When you see your doctor or nurse practitioner, how often do they or someone else in the office spend enough time with you?"	% / PC organization population (surveyed sample)	In-house survey / April 2015 - March 2016	91455*	89.84	92.00	slight increase from 90% to 92%

AIM		Measure						
Quality dimension	Objective	Measure/Indicator	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification
Timely	Improve 7 day post hospital discharge follow up rate for selected conditions	Percent of patients/clients who see their primary care provider within 7 days after discharge from hospital for selected conditions.	% / PC org population discharged from hospital	DAD, CIHI / April 2014 – March 2015	91455*	37.5	45.00	We have access to QHC database for our clients so we are able to track client discharges and reach out to make an appointment . We have implemented same day/urgent care appointments to facilitate timely access to care.
	Improve timely access to primary care when needed	Percent of patients/clients who responded positively to the question: "The last time you were sick or were concerned you had a health problem, how many days did it take from when you first tried to see your doctor or nurse practitioner to when you actually SAW him/her or someone else in their office?"	% / PC organization population (surveyed sample)	In-house survey / Apr 2015 – Mar 2016 (or most recent 12-month period available)	91455*	38.19	65.00	We experienced turnover in our primary care provider staff and had vacancies at times through the year. At full complement of staff we will be better able to meet access needs. Increase demand in intakes due to retiring physicians locally.
	Reduce ED use by increaseing access to primary care	Percent of patients/clients who visited the ED for conditions best managed elsewhere (BME).	% / PC org population visiting ED (for conditions BME)	Ongoing HQO practice reports / 2016-2017	91455*	9.5	9.00	We have access to QHC ED data in real time so we are able to monitor more closely