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Change Happen.



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

North Peel
Family Health Team

3/27/2018

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.

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Overview

The North Peel Family Health Team (NPFHT), operational since December 2010, provides collaborative primary health care for approximately 8,000 rostered patients in Brampton. NPFHT patients have access to four family physicians, a nurse practitioner, two registered nurses, a dietitian, a social worker, and a part-time pharmacist and psychiatrist. The NPFHT recognizes the potential impact of primary care contribution to broader health care system changes.

NPFHT's quality objectives for 2018/19 reflect the commitment to achieving our Vision of "A healthy community, working together with a vibrant Family Health Team, in a balanced approach to health care that includes prevention, wellness and accessible primary care - Community residents will be active participants in achieving and maintaining their own optimal health," as well as our Mission and current strategic goals regarding enhanced patient-centric programs of care.

In alignment with Ontario Primary Care Performance Measurement Framework, NPFHT's QIP focuses on the following dimensions of quality: access, integration/transition, patient-centeredness, safety and equity as well as population health.

Mitigation strategies include utilizing the shared Quality Improvement Decision Support Specialist to help facilitate an increase in standardization of clinical documentation and document management. The QIDSS is instrumental in building queries and searches to retrieve data from the EMR. Additional strategies include incorporation of patient feedback in program planning, implementation of training and involvement of the NPFHT Board to further guide and advocate for quality improvement initiatives.

Through the use of Telus Practice Solutions software and standardized electronic templates, evidence-based forms and flow sheets, NPFHT members are able to document assessments and interventions and collate a comprehensive record of the patients' medical history and status. The EMR software also incorporates reminder and tracking components, as well as disease or condition-focused toolbars which assist care providers in providing timely interventions and referrals, including preventative care screening requisitions. Risk-stratification capability has also been embedded in the EMR to help identify complex, vulnerable patients; automated flags and alerts have also been developed and implemented to trigger depending on specific patient conditions or criteria. It is recognized that standardized documentation and data retrieval is an essential foundation for all quality improvement strategies.

Describe your organization's greatest QI achievements from the past year

NPFHT is pleased to report success and improvement in many areas through the year; however the greatest achievement is the increased awareness for data and performance and the use of data collection.

NPFHT has contributed to D2D. Data and performance was presented in a meaningful way to Board and NPFHT members to highlight team performance as compared to the provincial average, and to urban FHTs with fewer than 10,000 patients. Through these data presentations and analysis, NPFHT was able to identify some areas requiring attention and identified potential areas for improvement.

NPFHT is proud to notice an increase in preventive care screening and diabetes HbA1c rates. Attention was placed on preventive care by alerting patients, and using tools within the EMR to identify patients requiring screening. Creating toolbars for diabetes care ensured patients were given appropriate care. Data collection and performance comparisons will continue to be a tool used by NPFHT to identify areas of achievement, and those requiring attention.

Resident, Patient, Client Engagement

Patient engagement and feedback is essential in the development of an effective Quality Improvement plan and NPFHT is committed to improving the process of collecting feedback from patients and community stakeholders. NPFHT solicits feedback regarding FHT services and programs from patients and caregivers through discussion during patient education sessions and through the inclusion of "Comments and Suggestions for Improvement" sections on patient surveys, as well as opportunity for patient comments via NPFHT website. Feedback and suggestions for changes in practice are discussed at team meetings and are utilized to inform decisions regarding changes in service delivery and/or processes.

NPFHT is committed to utilizing patients' feedback to improve our patients' primary health care experience. The challenge of unwillingness of patients to complete surveys continues. Equal representation of survey data was collected from the differing sites, allowing for responses from all patient populations. NPFHT will continue to investigate alternative methods for soliciting patient evaluations.

Collaboration and Integration

NPFHT has been fortunate to have the on-site presence of a CCAC and now a Home & Community Care care coordinator on a weekly basis since January 2016. This has promoted increased collaboration with the team and facilitates more efficient and effective communication between primary care providers and community services for our complex and vulnerable patients. On-site conferencing facilitates a more efficient resolution of issues faced by medically complex, vulnerable patients who might otherwise linger and seek hospital care.

We are fortunate to have our Nurse Practitioner serve as the primary care lead for our sub-region with Central West LHIN. As the lead he is the voice of primary care at local health planning initiatives including the sub-region collaboratives. This is focused on integration of all health and social services with primary care as its backbone.

In addition, NPFHT management and our Nurse Practitioner participate in meetings with the Central West LHIN Brampton Sub-Region Collaborative which has resulted in enhanced understanding of community services which will benefit our patient population. This has also provided the opportunity of working with other area FHTs to streamline and standardize processes wherever possible and benefit from lessons learned by others.

Executive Director participation in networking opportunities provided by the CW LHIN Executive Director Partnership facilitates the dissemination of best practice in both administrative processes and clinical programs. These leadership workshops and education programs are interactions offered on-line and in-person with leaders of other FHTs within the region.

The resources of our Quality Improvement and Decision Support Specialist, shared with Queen Square, Dufferin Area, and Halton Hills, provides opportunities for cross-FHT standardization of processes and shared learnings. She is integral in the process of identifying QI metrics, developing data retrieval tools and processes as well as data collection and analysis for NPFHT QIP initiatives. Through this work there has been heightened awareness of current performance and data reporting requirements. Improvement has been noticed in the short time and will continue to be a priority.

Engagement of Clinicians, Leadership & Staff

The NPFHT Board recognizes the importance of fostering a culture of continuous quality improvement and the role of the FHT team and strong leadership within the Board in promoting and sustaining this. The NPFHT team is committed to following

quality improvement principles in the development and evolution of FHT services and programs and are instrumental in the identification and management of patient and outcome metrics that will have the greatest impact on patient care. Quality improvement performance and progress towards targets are reviewed at Board and Team meetings and form the basis of initiatives included in the 2018/19 QIP.

Population Health and Equity Considerations

NPFHT has not to date identified unique populations within the patient roster. We do, however, recognize that we have a higher than average percentage of senior patients; 20% of patients are 65 years of age or older. The complexity of these patients and the resources required to manage their health status and care is reflected in our System Adjusted Mortality Index of 1.16 compared to the provincial average of 1.04. Similarly, our patient population is above the provincial average for patients suffering from hypertension, CHF, AMI, mental illness, and diabetes.

From the creation of the NPFHT, its leadership was proactive in recruiting clinical staff who would address vulnerable patient sectors. The NPFHT recognizes the linguistic and cultural diversity of its patients and strives to address those needs on an on-going basis. One of our nurses is able to speak to and interpret for our Portuguese patients; Portuguese being one of the top five languages spoken in our sub-LHIN area. Similarly, our dietitian is fluent in Punjabi and one of our family doctors speaks Tamil. In summary, between the twenty physicians, IHPs, and administrative/clerical staff supporting NPFHT thirteen different cultures/ethnicities are represented. As soon as the opportunity arose a female physician was added to the primary care provider team, accommodating those patients who are seeking a family doctor based on gender-preference.

The physicians had a very established practice of over 30 years and the addition of new demographics of patients was minimal. Since the addition of a new female physician the number of recent immigrants rostered has increased slightly. The new immigrants rostered to NPFHT is still well below the provincial average; however there has been a steady increase in the number for the past 18 months. We do recognize that there are further opportunities to incorporate an equity lens in our quality improvement journey.

Access to the Right Level of Care - Addressing ALC

NPFHT is committed to providing comprehensive primary care to patients within our community and working collaboratively to ensure they access appropriate services by the right provider, in the right place, and at the right time, as evidenced by the fact that ~80% of FHT physicians and IHPs provide home visits to vulnerable patients.

As a participant in the Central West LHIN Brampton Sub-Region Collaborative we have gained further insight into the roles, mandates and services of the community supporting our patients. The mandate is to work towards creating innovative solutions to the unique challenges faced by local populations, with the aim to increase access to health care services and/or improve health related and performance outcomes. In partnership with local stakeholders, NPFHT can: identify sub-region needs and priorities; develop and implement local action plans; and measure and report on results.

Our Nurse Practitioner serves patients at Peel Cheshire Homes, assisting patients living with a physical disability. One of our physicians provides services to patients living with Mental Health disorders.

With these initiatives and collaboration with the Home & Community Care coordinator, NPFHT can better manage our complex and vulnerable patients with the goal to reduce and avoid hospital admission or re-admission.

Opioid Prescribing for the Treatment of Pain and Opioid Use Disorder

The NPFHT is currently in the review/evaluation stage and confirming best practices around the use of opioids and pain management strategies. Opioid contracts with patients have been formalized and standardized, and a new opioid toolbar has recently been uploaded into the EMR. This toolbar gives a quick check of which opioids a patient is prescribed and the MEQ of these prescriptions.

One aspect of the Mental Health Social Worker's and Psychiatrist's roles is to work with patients suffering from addiction. They provide assessments and counselling for patients suffering with addictions issues. The NPFHT providers are active in referring patients to community services offering support to those with addictions.

Improvements in Opioid and pain management will continue to be a focus for NPFHT. It is recognized that enhanced tools and education will help facilitate and promote better clinical outcomes for patients requiring opioids for the treatment of pain.

Workplace Violence Prevention

NPFHT has implemented on-line training for all staff specifically regarding Workplace Violence and Harassment, Customer Service, understanding Human Rights, and WHIMIS as well as Occupational Health and Safety in order to protect staff and reduce the potential for harm due to workplace violence. Existing staff have completed the necessary refresher training and all new hires will complete full training. The NPFHT continues to maintain vigilance around workplace violence including a Zero-tolerance policy. No Violence/No Tolerance posters are posted around the FHT.

Workplace violence continues to be reported to the Board. An assessment of current status is a standing item on all Board and team meeting agendas. All staff received a copy of the revised policy Workplace Anti-Violence and Harassment (2017 10). Violence Risk Assessment is conducted quarterly and reviewed with Health and Safety representatives. Recommendations for action are forwarded to senior management and the Board.

NPFHT Executive Director has an open-door/no-blame policy and is readily available for staff to discuss issues or present concerns.

Contact Information

Board Chair: Dr. J.P. Tracey

Quality Committee Chair or delegate: Dr. H. Manning

Executive Director: Anne Marie Lang-Berkowitz

Other

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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

Board Chair _____ (signature)

Quality Committee Chair or delegate _____ (signature)

Executive Director / Administrative Lead _____ (signature)

Other leadership as appropriate _____ (signature)