



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



3/15/2016

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](http://ontario.ca/excellentcare)

## Overview

North Hamilton Community Health Centre (NHCHC) is committed to providing excellent, community-focused, comprehensive primary care services combined with a wide range of health promotion and community development services. We strive to meet the needs of our community and clients through compassionate care and innovative practices. Our vision of "No Obstacles to Health" engages staff at all levels to ensure that we meet the needs of our underserved community. In keeping with the mandate of CHC's across the province, the Health Centre, through its services and programs, seeks to address the broad social determinants of health including income, education, equity, community, environment and employment.

Leveraging the Health Centre's value of Accountability, NHCHC is committed to quality as a fundamental strategy and enabler to achieve our goals. The Health Centre's Quality Improvement Plan (QIP) is one component in our overall planning and quality process. The QIP goals for 2016/17 derive from our strategic directions:

- o Advocate, Engage and Participate within our Communities;
- o Be a Strategic Leader in an Evolving Health Care System;
- o Ensure We Have Sustainable and Diversified Resources to Enable Flexibility and Responsiveness to Needs and Opportunities;
- o Become the Employer of Choice for Staff who are Flexible, Competent and Client-focused;
- o Provide Services that are Enabling; Integrate and Validate Quality at Every Level; and
- o Be Accountable Stewards for our Resources; Demonstrate Excellence in Environmental Practices.

The QIP is integrated with our strategic plan, our Governance Balanced Scorecard, our Multi-Sector Accountability Agreement, and the Canadian Centre for Accreditation standards.

## QI Achievements From the Past Year

NHCHC continues to see advancement in our improvement initiatives from last year.

In the area of Access we have seen continued improvement in client perception of timely access to care services when needed, 51% of clients indicated they were able to see on MD/NP on the same day or next which is a great improvement from 35% seen in 2014. The target panel indicator has also increased to the target of 70%, up from 66% in 2014. The ED visits for conditions best managed elsewhere has stayed in the 13% range, slightly up from the CHC Ontario average of 11% despite change activities implemented. The target for the access to Diabetes Education Program continues is in line to be at or exceed the target of 1750 clients by year end. Last year, this target was surpassed by 4.5%.

In the Integrated dimension, there has been a slight increase in percentage of clients who saw their PC provider within 7 days post hospital discharge for selected conditions. NHCHC's status is in line with the provincial CHC average of 26%. The hospital readmission rate continues to be below 5% which is lower than the provincial average of 6.2%. The number of clients enrolled in the MyCOPD program continues to be below target in its second year of implementation however the number of clients this year reached 132, 30 more clients than in the first year of the program.

NHCHC continues to exceed indicator targets for feedback regarding client experience in terms of being able to ask questions about treatment, being involved

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in decisions about care and the provider spending enough time with clients. The Health Centre continues to strive to reach the target for clients involved in self-management initiatives but continues to see the performance improve yearly.

In the area of Population Health, cancer screening indicator performance continues to increase yearly with breast cancer and colorectal cancer screening indicators exceeding target. Cervical cancer screening rates are in an acceptable corridor for performance but have not yet reached target despite change initiatives put into place. Health care providers have received additional EMR training to ensure that all cancer screening documentation is being inputted consistently and in the appropriate fields for data collection.

All Organizational safety indicators were achieved this year and will continue to be monitored to ensure performance is maintained in the areas of provider credentialing, HR audits and staff perceptions of safety.

We continue to monitor our cancer screening rates with an inclusion lens, analyzing the data to access an inequities in terms of ethno-racial or age stratification.

### **Integration & Continuity of Care**

As a primary health care provider, NHCHC has a role in ensuring smooth transitions as clients proceed on their health care journey. By focusing on improving our ability to coordinate services and connect with partners in a timely manner will help ensure continuity of care and reduction of care fragmentation. Our ongoing participation in a number of community health tables allows us to represent the vulnerable client populations that we serve as well as be involved in the development and implementation of change initiatives to help improve the client experience of health care service utilization. Our strong relationships with partner agencies across different sectors - hospitals, CCAC and community agencies will enable us to make the necessary connections to help clients access high quality care and reach positive health outcomes.

### **Engagement of Leadership, Clinicians and Staff**

The QIP is one of many quality initiatives that we use in an effort to achieve continuous quality improvement at all levels of the organization. Every year we receive feedback from our clients, volunteers & staff through engagement surveys. The Board of Directors participates in ongoing education throughout the year consisting of environmental scans, education panels, as well as Board strategic thinking days. This information as well as analysis of critical incidents, complaints and health and safety reports which is used to help us determine our priorities for the upcoming year. The Health Centre continues to review the patient roster to understand if there are opportunities to re-situate some of our clients who may not be at high risk due to some of our historical interventions. We continue to partner with the local Family Health Team to provide "warm hand-offs" to enable new room on our patient roster for those most at risk. We continue to work with the Children's Aid Society of Hamilton to providing primary care services to their Hamilton clients who require access to primary care services due to the closure of their medical clinic.

### **Patient/Resident/Client Engagement**

We know from research that when people are engaged in their health care, their quality of care and experience of their care is improved. Our staff want to ensure that we are meeting our clients' important needs. Our health care providers want to work "with" our clients and their families instead of just "doing" things to them or for them.

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Every year North Hamilton Community Health Centre provides clients an opportunity to give us feedback by way of a survey. Each year we usually hear from over 100 clients from across the entire Health Centre to let us know about their experience of our services. They are able to give us feedback regarding their satisfaction with the services, our accessibility, where we could make improvements and what else they would like us to do.

We also hold community engagement events throughout the year where we are able to reach out to our clients and ask them for feedback about the Health Centre, what's going on in the community and what we can do as a partner agency to assist the diverse communities that we serve. At our annual Park'n Party event, clients and community members were asked to comment on the Health Centre programs and services in terms of improvement initiatives and safety.

We have installed comment boxes throughout the Health Centre to allow people to give us feedback on a regular basis regarding their needs and experiences. We have also included a "contact form" on our new website page to allow anyone to send us feedback regarding any questions, concerns or comments.

Working together with our clients to ensure that they are able to reach their optimal health goals is the goal of every staff and Board member. We want to ensure that we provide a welcoming and inclusive environment for everyone that we provide care for.

### 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 

Quality Committee Chair or delegate

Executive Director / Administrative Lead

CEO/Executive Director/Admin. Lead  (signature)

Other leadership as appropriate  (signature)



