

Let's Make Healthy
Change Happen.



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

Ingersoll
Nurse Practitioner-Led Clinic

3/28/2014

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 HQO (if required) in the format described herein.

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Overview

The Ingersoll Nurse Practitioner-Led Clinic is committed to providing comprehensive primary health care by delivering health promotion, disease prevention, chronic disease management, and education to our patients, families and in the community. We strive to be a quality inter-professional team that provides innovative programs and services through strong partnerships to respond to the needs of our registered patients and the larger community.

The Ingersoll Nurse Practitioner-Led Clinic is moving forward with their first five year strategic plan which will focus on four key areas. As a new clinic we look to expand our impact on the community through collaboration and mobilization that will build our capacity to develop and implement integrated care programming and support for our patients and the community. Our board and staff identified the importance of sustaining organizational health through employee wellness, retention and satisfaction to ensure our team is able to earn a reputation for providing outstanding care and service environment. Our strategic plan also focuses on finding new and better ways to increase access to patient centred care to achieve better clinical outcomes and high level patient satisfaction. Based on community surveys and local network identified needs, patient encounters, dialogue and internal data we will also focus our strategic direction on chronic disease prevention and management, specifically in our aging population; overweight and obese patients; and mental health and addictions. Our team is already richly engaged in these areas and will move forward over the next five years to increase our knowledge using advanced access strategies, our competency, and our service delivery in these areas of chronic illness.

Integration & Continuity of Care

The Ingersoll Nurse Practitioner-Led Clinic has been dedicated to building strong partnerships for a collaborative and integrated model of care since before our doors opened in February 2012. Coordination and fostering of these collaborative partnerships is a fundamental building block of an integrated, sustainable health system. Our clinic dedicates a portion of staff time to support significant engagement with a variety of health sector stakeholders and partners. As our new strategic plan rolls out our goal is to encourage all of our staff to dedicate time and expertise where appropriate to work together with stakeholders and partners in our community to develop and facilitate programs, increase shared opportunities for learning, share human resources and build capacity to improve accessibility and quality of care in Oxford County.

Our clinic is integrally involved in the development of the Oxford Health Links, the Oxford Mental Health & Addictions Network, and the Oxford Addiction Treatment Strategy which is now being modified and duplicated in Elgin County. Our goal is to move into an integrated partnership with key stakeholders to determine if the Ontario Association of Chiefs of Police Community Safety and Well-Being Framework is a good fit with the Ontario's Action Plan for Health Care, particularly to work with community partners with acute emergent care cases who are at imminent risk of requiring ER care, mental health crisis, or emergency response such as police or EMS. These are example of just some of the voluntary integrations in which our clinic is taking a leadership role as a team.

The Ingersoll Nurse Practitioner-Led Clinic continues to gather survey data from our collaborative partners to evaluate our level of cooperation and knowledge to drive change, integrity and efficiency in system progress, and partner experiences working to build capacity with our clinic. We want to ensure that we create a baseline to measure this and continue to utilize effective, evidence-based tools that include intentionality, community/patient aspirations, and a clear view of the big picture looking outward into Ingersoll and the wider County of Oxford.

Challenges, Risks & Mitigation Strategies

There are a number of identified areas of challenge and risk in the implementation of our QIP. Primarily, we are a relatively new clinic and the past 24 months have focused on establishing the structure, staffing, patient recruitment and daily start-up operations of the clinic. Therefore, the Ingersoll Nurse Practitioner-Led Clinic, in its infancy, is at a point of developing appropriate baseline/benchmark data that can be directed by our new strategic plan.

As we have become accustomed to the EMR system over the past year, we continue to strive to improve on comprehensive data collection and quick analysis of data. In this context, additional issues include: the interpretation of data element definitions, documentation, and limited resources for data collection.

The Ingersoll Nurse Practitioner-Led Clinic continues to increase clinical programs and services with the overall goal to improve quality through increased advanced access and efficiencies, however as we transition to include these new outcomes the challenge can be the ability to accurately collect quality data until the processes are established. Ie. Mental Health and chronic disease management

There are no valid or reliable tools existing in our current EMR that measure groups, programs, education sessions or patient centeredness, specifically in the area of mental health and addictions. Our goal is to direct a standardized internal satisfaction survey, and move toward an electronic tool that will generate more immediate and reliable data. Our long term goal would be to move toward Accreditation. In addition, our collaborative partnership for addiction services in the County where rich data might be collected, is challenged by the fact that all four partners involved in the treatment strategy are using different EMR systems and the data is collected and reviewed using different methods. Therefore the use of results to identify gaps and opportunities for improvement is limited by a lack of comparative data. The partnership is working toward developing a shared system that integrates with existing EMRs.

Information Management Systems

The Ingersoll Nurse Practitioner-Led Clinic continues to involve our team in the development and capabilities of the EMR system (Practice Solutions) to increase access and efficiencies to improve the quality of care. In our first year of operation we were not yet positioned with an EMR, but through our second year were able to transfer all initial paper files to EMR and it is now fully integrated into the first point of access for care. This has allowed our health care team to ensure that we are providing reliable access to complete patient health status to improve aggregation, analysis and communication of patient information to other providers within the clinic.

We have designated specific team members to receive intensive EMR training and specify meeting dates as a forum for these individuals to share their knowledge with our full staff team. Our IT support engages in regular communication with our EMR provider to recommend new processes that would be valuable to our model of health care, and to inquire about new and innovative ways to develop stamps or forms to collect data in a more efficient and accurate way.

In developing our 2014/15 QIP, our team has been able to better ascertain the information needed to best evaluate our care and efficiencies, and work together to develop the formulas that will easily and quickly search information from the EMR.

Engagement of Clinical Staff & Broader Leadership

In the fall of 2013, the Ingersoll Nurse Practitioner-Led Clinic staff, administration and board of directors all participated in a lengthy strategic planning process. This included team building exercises to determine and explore our stage of team development (norming) and establish and articulate our collective ethics and values. All participants also participated in SWOT team analysis, SMART goal development and inclusion of the social determinants of health as a primary focus. This was a positive exercise and our goal as the strategic plan is approved by our board of directors, who engaged in the same level of development participation, is that we do a comprehensive reporting to our staff. The Ingersoll Nurse Practitioner-Led Clinic integrated positive communication into its strategic plan as part of sustaining organizational health as a focus and this will ensure ongoing positive, two way communication.

In 2013 our leadership sent out an employee satisfaction survey which garnished excellent results. The feedback from this survey has created a baseline for staff satisfaction and will allow the leadership team to measure this on an annual basis.

Accountability Management

Public accountability The Ingersoll Nurse Practitioner-Led Clinic has a strong commitment to partners through transparency and accountability to community collaborative and voluntary integrations, regular communication, MOU's to ensure that measures are taken in advance to solidify positive experiences for staff, patients and community members. Our team will regularly engage community partners and community members in focus groups and surveys to determine that we are meeting our strategic goals, and involving the public in future plans. We will also share with the public/community our strategic plans and performance indicators through our website, public communication such as media, and meetings. We will continue to provide Ministry level QIP reports, monthly reports to the MOHLTC regarding both budgetary and program accountability as part of our larger public accountability.

Patient accountability It is our goal to continue to include patients and staff in decision-making, including their feedback into our strategic planning processes. Feedback from patients will come from a developing policy, protocol and process for formal reporting and feedback for both positive outcomes experienced by patients, but also for concerns that patients may have. This will include a values and expectations statement for both patients and staff, with a transparent process known to patients about our problem solving process toward change ideas and resolution to addressing concerns.

Employee accountability Our staff will be involved in decision making processes to ensure that there is maximum acceptance and accountability to the strategic goals and objectives of the clinic. Increased involvement can often lead to better decisions made overall given the various areas of expertise and experience of the greater team. Staff feedback on policies, procedures and programming will be included in ongoing planning to make improvements. Every effort will be made for two way conversations between management and staff to communicate decisions and provide regular informal opportunities for feedback (e.g. staff meetings, strategic planning exercises)

Internal QI note

Note: The challenges that our team faced over the past year have included:

- change in leadership
- recruiting one new NP

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 Gord Adam
Clinician Lead Jennifer Grant
Executive Director / Administrative Lead Linda Chudiak

Instructions: Enter the person's name. Once the QIP is complete, please export the QIP from Navigator, and have each participant sign on the line. Organizations are not required to submit the signed QIP to HQO. Upon submission of the QIP, organizations will be asked to confirm that they have signed their QIP.

