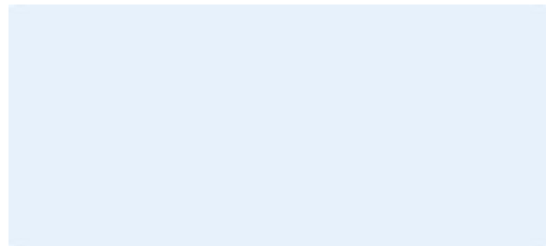
Let's Make Healthy Change Happen.

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



4/17/2015

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.

Overview

The Ingersoll Nurse Practitioner-Led Clinic is committed to providing comprehensive primary health care by working with our community partners to deliver health promotion, disease prevention, chronic disease management, and education to our patients, families and in the community. We strive to be a quality inter-health professional team that puts patients first to provide individually suited care, programs and services that are accessible and build on the assets and strengths of the patient. Through our strong community collaboratives we are able to increase our capacity to provide the most innovative and user-friendly services to the people in our community.

The Ingersoll Nurse Practitioner-Led Clinic is moving into its fourth year of operation with increased patient numbers, new programs and new additions to our staff. What has not changed is our dedication and commitment to be an inter-professional team that provides innovative programs and services through strong partnerships to respond to the needs of the community.

Our team has undertaken a primary role in two voluntary integration collaborative projects in our community over the past year to support reduced calls for emergency service and ED wait times, and to increase the access and capacity of addiction and mental health in Oxford County.
Our role in the Oxford Situation Table has been that of leadership where we chair a weekly meeting of 15 agencies who deal with complex patients/clients and are able to look at those in our community who are at acutely elevated risk. This initiative is not one of case management, but of immediate intervention to reduce the incident of an individual or family being involved with crisis services, emergency response or in the emergency department. Our outcomes in this 6 month pilot have been astounding, both from a patient-centered perspective of care, as well as from systematic change outcomes.
Our team continues to take a leadership role in our local Oxford Addiction Treatment Strategy with our partners (Woodstock & Area Community Health Centre, Addiction Services of Thames Valley and Canadian Mental Health Association) where we have increased coordinated access and capacity of services to addiction and mental health services. This model is now being duplicated in Elgin County, with plans to expand to Middlesex and London.

Overall, the Ingersoll Nurse Practitioner-Led Clinic has tried to utilize the resources from the Ministry of Health and Long Term Care to support outstanding, patient-centered care within our onsite inter-health primary care team, while creating a balance of supporting rich community partnerships that work with our Health Link to support more coordinated health care in Oxford County.

Integration & Continuity of Care

In 2015 the Ingersoll Nurse Practitioner-Led Clinic embarked on becoming a participant in OLIS, the province-wide, integrated repository of tests and results. This allows our team to provide better continuity of care with timely access to review tests that our patients have had in hospital or at an alternate site. This provides an increased integration with our local emergency department and local specialists, and it also creates efficiencies within our reception team who were previously using valuable time tracking down results. Most importantly, ensures

that we are informed and updated in order to make responsible clinical decisions for our patients.

Over the past year, our team has worked closely with the RNAO and our local Public Health team through integration to improve existing process and delivery of our evidence based clinical guidelines in smoking cessation. Our implementation of RNAO patient order sets (POS) has allowed us to integrate smoking cessation into daily nursing practice and sustain engagement with our own nursing staff on this initiative. In addition, our integrated collaborative practice with Public Health Smoking Cessation has provided the opportunity for shared screening, gap analysis, increased accessibility for appointments and shared practice, knowledge, skills, resources and tools. These partnerships have ensured we are providing continuity of care in smoking cessation both locally and provincially.

Nurse Practitioner-Led Clinics work directly under the primary care branch, rather than the South West Local Health Integration Network, however our clinic takes great pride in working with our LHIN to ensure we are aligned with our community health care partners and participating accordingly. We also recognize that, "Primary health care involves responding to illness within the broader determinants of health. It also includes co-coordinating, integrating and expanding systems and services to provide more population health, sickness prevention and health promotion by all disciplines. It encourages the best use of all health providers to maximize the potential of all health resources." — A. Mable and J. Marriott, "Sharing the learning — The health transition fund synthesis series: Primary health care," (Ottawa: Health Canada, 2002).

With this in mind, our clinic is represented at many community tables that are specific to the integration and continuity of care in Oxford County. We actively participate as a core member of our local Oxford Mental Health and Addictions Network to increase coordination of services, and improve patient experience through the system where there exists mental health and/or addictions. The Ingersoll Nurse Practitioner-Led Clinic contributes to the work of our Oxford Health Link by coordinating and chairing the new Situation Table in the County which is outlined above. In addition our team is represented on numerous other board of directors and community service/care committees to ensure our understanding and participation of integrating services to the best of our ability.

Challenges, Risks & Mitigation Strategies

Solidifying and Expressing Conduct Expectations
Throughout our strategic planning process in 2014, our team engaged in facilitated discussion about the importance of setting standards for care, but also for a culture of safety, respect and rapport amongst our team and our patients. Over the past year the Ingersoll Nurse Practitioner-Led Clinic has designed and implemented a practitioner code of conduct as well as a patient code of conduct to ensure that we are fostering respect, safety, a voice to all, quality assurance and engagement/participation for those involved in our clinic.

Collaboration & Information Sharing
Since September, our team has undertaken to be a one of the community leaders to maintain momentum in quality improvement particularly in the area of appropriate information sharing under the related legislation, while fueling conversations about the quality and continuity of our circle of care with other local health care providers working with our shared patients. We believe that our privacy legislation should work for the patient and their comprehensive, holistic social

determinants of health, rather than hindering important conversations that may cross sectors to support quality care.

Certainly, the biggest challenge in this momentous undertaking is the in-depth, effective and joint review, shared discussion of, interpretation/education and implementation of cross sector privacy legislation to ensure that the rights of our patients are at the forefront, but that continuity and access to care is always considered. As such we have been involved with our Health Systems All Providers Network to bring experts on this subject matter to hold a full day symposium, and sustain the continued work by developing a working group in Oxford County to ensure that all of our health providers, our agents, and our community partners can discuss challenges, risks and develop mitigation strategies together.

Complex Patients
Based on the most recent Health Canada Census, Ingersoll and the surrounding area of Oxford County has a high rate of poverty and lower rates of education than the greater province. In addition Oxford County is over the provincial average for incidents of diabetes and other chronic illnesses. Statistics from our regional Addiction Services of Thames Valley in 2013 show high use of prescription narcotics as the drug of choice in Oxford County, well over the usage reported in surrounding Elgin, Middlesex and London. As a result our clinic has found that, as we continue to take on new patients, we have many who are complex. This has been a challenge as it can affect efficiencies when some patients require more time due to their complexity. It has also required our team to review our registration process and change it many times to ensure we register appropriate patients, and make suitable referrals when necessary to maintain the right person, right service, right time philosophy.

In addition, our team has increased the availability of in-service and development of standardized screening tools for patients with complex needs and concurrent disorders. This is two-fold. To ensure that we are considering scope of practice and time management/efficiencies of providers, and to maintain a high standard of patient centred care for all patients, including those with complex needs.

Information Management Systems

As per above information regarding integration using patient order sets (POS) and OLIS, our team underwent significant planning and consultation with PSS support and E-Health Ontario for installation and training.
Our team has engaged in quarterly training sessions with our EMR provider to improve knowledge and competencies in creating stamps and custom forms to improve consistency and efficiency. This has improved our ability to more accurately capture relevant data for standardized practice in patient-centered care.
In order to streamline receiving faxes at the Ingersoll Nurse Practitioner-Led Clinic a fax to PDF system was set up such that all incoming faxes are now created as PDF documents instead of being printed. This has two advantages over our previous system of printing all faxes including cost saving related to paper and ink, and efficiency in reception staff no longer having to scan incoming faxes to PDF.
Our team purchased an IPad this past year to improve opportunities for teaching patients on topics such as family planning and chronic disease management.

Engagement of Clinical Staff & Broader Leadership

This past year brought leadership changes to our team. Our founding NP Lead moved on and we had one of our existing Nurse Practitioner’s step into the Clinical Lead position. While it was a positive move to have one of our own move up, it left us short staffed for much of the year. This had some implications on our statistics. That said, our leadership team continues to be committed to providing ongoing opportunities to engage all staff in quality improvement.

As an example, our team was engaged to problem solve ways to increase efficiency and flow of patient appointments and daily care. While many ideas were brought forward, our team determined together that we would decreased our administration complement to increase funding that we could utilize for clinical services and direct care. This was an excellent shared decision making process that met the original goals, with the added benefit to extend morning hours and see patients for labs before they go off to work, and increase work-life balance for our own team.

The development and implementation of the Ingersoll Nurse Practitioner-Led Clinic’s QIP is a shared effort among our clinical and non-clinical leaders and staff. Our primary care clinical team provide direction and recommend change ideas for the clinical specific targets in the QIP. This includes our Nurse Practitioners and our Registered Practical Nurses. Our administration and reception team is involved in tracking appointment availability and time to next available appointments.

A QIP planning process was established to obtain input from our own team, our patients as well as our community partners. Our Board Members review the QIP and provide feedback and direction to the team as needed. Our inter-health professionals support the QIP through their systems knowledge and evaluation coordination. In addition, key quality objectives are used for performance evaluation, ensuring alignment of our efforts and that the priority of the QIP objectives is clear and all staff are involved in assuring accessibility and quality care.

While staff involvement at all levels is critical to ensure quality improvement, our leadership recognizes the importance of a healthy and cohesive team environment. We know from work done by Canada’s Enhancing Interdisciplinary Collaboration in Primary Health Care (EICP) Initiative the importance of ‘well care providers’. Our leadership strives to create conditions for our providers to work together in the most positive, effective and efficient way so that they are at their peak to provide the best health care outcomes for our patients. As such, the Ingersoll Nurse Practitioner-Led Clinic offers quarterly wellness events that support communication, holistic wellness, and foster positive, collaborative relationships in the workplace. Our wellness committee provide opportunities for our inter-health team to have input into wellness events and they provide consistent evaluation of these events and their outcomes.

Patient/Resident/Client Engagement

The Ingersoll Nurse Practitioner-Led Clinic engages with patients throughout the year through patient surveys. These include quality evaluation from a patient perspective that include the indicators of the QIP as well as additional options to provide anecdotal feedback. We host a community network in our waiting area to provide regular information to patients about our services, programs and our team to ensure patients are kept up to date on new additions to our staff and services.

Our team has also been an integral part of the local County-wide community engagement initiative through our local United Way of Oxford to hear from community members on issues affecting them including safety and well-being which includes health care across the life span. Using the Harwood Model, we have taken part in community forums to review resident feedback and assist in creating comprehensive strategies to assist in better coordination of social determinants of health in our community that ultimately affect our patient population.

Accountability Management

The Ingersoll Nurse Practitioner-Led Clinic holds monthly board meetings to assure our board of directors is integrally involved in reviewing our QIP in tandem with our Strategic Plan. Our clinic leadership team attends these meetings to assist in review and update of our achievements, and our entire team provides regular reports on our services and involvement in community collaborations to improve services both in the clinic and in the community.

Our leadership team hosts regular meetings for staff, as well as smaller team meetings to track progress in areas of our Strategic Plan.

We regularly survey patients, and talk to them personally to ensure consistency of quality improvement. Our accountability to our patients is a top priority. Our team posts both our Strategic Plan and our Quality Improvement Plan on our website to maintain both accountability and transparency with our community partners and our patients as part of our patient-centred approach.

Other

N/A

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
CEO/Executive Director/Admin. Lead ______________________ (signature)
Other leadership as appropriate ______________________ (signature)