

Let's Make Healthy
Change Happen.



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



3/30/2017

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 Ingersoll Nurse Practitioner-Led Clinic celebrated our five year anniversary in November 2016. As we enter into our sixth year, our team continues to demonstrate innovative approaches to providing quality and accessible patient-centered care in Oxford County.

A commitment to the principles of primary health care -access, health equity, community and patient participation, and intersectoral approaches to health (WHO, 2008) is evident at all levels of our organization. During the past year our clinical staff have moved away from a medical model approach to health and illness, toward a self management philosophy. This change has resulted in patients increasingly recognizing their role in determining their own health outcomes. From a broader perspective, the Ingersoll NPLC continues to participate in several key collaborative endeavors, examples being the Oxford Situation Table and Oxford Health Link.

Patients First represents a significant shift in how we deliver health care in Ontario. Our 2017-2018 QIP reflects many of these changes, such as improving communication with local hospitals regarding discharge planning and participation in coordinated care planning.

During the past year the Ingersoll NPLC collaborated with our community partners to addresses challenges around youth suicide, opioid addiction, and community safety. Our clinic has also been impacted by nurse practitioner recruitment and retention issues and currently are functioning without a full complement of nurse practitioners.

As we move forward into 2017-2018, the Ingersoll NPLC looks forward to our continued participation in regional and provincial initiatives, including the Southwest LHIN Clinical Quality Table, the Oxford Region Area Provider Table (APT), Health Quality Ontario Opioid Use Disorder Quality Standards Advisory Committee and the Ontario Elevated Risk Data Base (Situation Table).

QI Achievements From the Past Year

The Ingersoll NPLC has continued to maintain exceptional outcomes regarding access to care. In 2016-2017, our in-house data indicated that our patients are able to acquire a same day or next day appointment when needed 95% of the time. Additionally, the Ingersoll NPLC registered 120 new patients during the past fiscal year despite a loss of 0.5 full time equivalent (FTE) part way through the year. Our success in this area reflects the adoption of Advanced Access practices as well as a commitment to team-based care among all of our providers.

The clinic's theme of access goes beyond our clinical services and also includes our mental health and addiction programs. Walk-in mental health and addiction counselling is offered weekly in collaboration with the Canadian Mental Health Association (Oxford CMHA) and the Oxford Addiction Treatment Strategy (OATS).

Population Health

Vulnerable Youth

Oxford County experienced an alarming rate of youth suicide in 2016 and as a result, was the focus of momentous media coverage, both in the news and through social media. The Ingersoll NPLC joined our community partners in responding to this tragedy by developing a county-wide crisis response program and post-vention services for Oxford youth as well as training programs for service providers, educators, parents and peer leaders.

Persons Living with Mental Health & Addiction

The Ingersoll NPLC has consistently held mental health and addictions as priority areas for our patients, clients and the community. The clinic's two onsite counsellors are practicing at full capacity in an attempt to respond to our community's need for mental health and addiction treatment. In 2016 our counsellors had 1,541 appointments to address mental health and addictions. Additionally, our Nurse Practitioners had over 500 appointments with patients for mental health issues during the same time frame. In order to address the overwhelming need for mental health and addiction services, CMHA expanded their Walk-In Counselling services by increasing the number of counsellors at our clinic site.

The Ingersoll NPLC has remained active in the community to address mental health and addictions through innovative programs such as the Oxford Addiction Treatment Strategy (OATS) and the Oxford Situation Table. Our staff participate on numerous advisory committees such as the OATS Community of Practice, the Oxford Mental Health & Addictions Network, the Oxford Health Link Advisory Committee, the Oxford & Elgin Child & Youth Centre Board of Directors, and the Opioid Use Disorder Standard Advisory Committee (Health Quality Ontario).

Persons Living with Chronic Disease

Provincially, we know that people living with chronic health conditions spend approximately five percent of their time with health professionals (South West Self Management Program, 2017). To that end, the Ingersoll NPLC has moved away from a medical model approach to chronic disease and has adopted a self management philosophy that allows the patient to become a full partner in their health care. In 2016 the Ingersoll NPLC joined into a partnership with the South West Self-Management Program (Southwest Community Care Access Centre) to deliver self management programs in Oxford County. Early in 2017 our Chronic Disease Coordinator and Mental Health & Addiction Counsellor became certified as self management group facilitators. The Ingersoll NPLC will be offering self management groups to our patient population as well as partnering with the Ingersoll Centre for Seniors to deliver this exciting program.

In 2016 our clinical staff were trained in Brief Action Planning (BAP) through the South West Self-Management Program. "BAP is based on the premise that motivation comes from within the person. Our role is to guide people toward creating their own plans, adjusting our support as needed, and always seeking to build confidence in those we work with"(South West Self Management Program, 2017). BAP has resulted in appointments that are more focused and goal-directed, leaving both the patient and the provider feeling positive about the outcome.

Also in 2016, the Ingersoll NPLC rolled out the Hypertension Management Program (Ontario Stroke Network)for our patient population. Currently there are 65 patients enrolled in this program which also embraces the philosophy of self management, encouraging patient to set achievable goals to improve their health.

In 2017 we will open up the Diabetes Conversations program to non-registered patients in order to address diabetes as a community issue. Similarly, Craving

Change, a program that addresses the connection between our mental health and food, will also be offered community-wide.

Equity

Addressing the Social Determinants of Health

During the past year, the Ingersoll NPLC has become familiar with best practice guidelines outlined in the document, "Poverty: A Clinical Tool for Primary Care Providers (ON)" developed by the Centre for Effective Practice (2017). The tool has helped our providers to better serve their patients who, according to Statistics Canada (2011) reflect a higher level of poverty and lower level of education than the provincial average.

Equitable access to dental, rehabilitative care, and medication is a barrier for many residents of Oxford County related to a lack of third party coverage for these uninsured health care needs. As such the Ingersoll NPLC has taken an active role in the development and planning of the Oxford Oral Health Alliance Initiative to improve access to appropriate and necessary oral health for all. Additionally, we have developed a partnership with the Woodstock & Area Community Health Centre so that our patients on Ontario Drug Benefits can access physiotherapy.

Oxford County Street Outreach Project

The Ingersoll NPLC continues to work collaboratively with the Woodstock & Area Community Health Centre and other key stakeholders to begin to address homelessness in Oxford County. This strategy will provide a collective response to the needs of individuals who are identified as homeless, street involved, and /or precariously housed in Oxford County.

Integration and Continuity of Care

Health Link

Oxford Health Link received funding to begin providing services during the last quarter of 2016-2017. Offices for the Health Link Project Manager and Community Engagement Coordinator are located within the Ingersoll NPLC, providing an opportunity for this program to be hosted centrally in Oxford County. Our co-location provides the contingency for ongoing dialogue and the development of coordinated care plans for our county's most complex patients. Our Community Service Coordinator and Clinical Administrator will continue to be participatory partners with the Health Link Program.

Oxford Situation Table

The Oxford Situation Table, established in November 2014, is a community coalition of service providers who are an integral part of Oxford County's response to persons who are high users of emergency services. To date, the Oxford Situation Table has provided comprehensive, face to face support to 168 of our community's most complex individuals and families. Data collected through the Oxford Situation Table identified mental health and addiction as the most consistent factors leading to elevated risk. The Ingersoll NPLC continues to work with relevant community partners to build capacity in these areas. Although this work is similar to Health Link, the focus on acutely elevated risk that most often involves police services helps to define the boundaries between these two programs.

In February 2017 we became one of twenty communities in Ontario, and one of only two in South Western Ontario, to upload our data to a provincial risk database. This comprehensive repository generates data from our own situations in Oxford and provides an opportunity to compare trends throughout Ontario. The database allows for more comprehensive data collection, analysis and sharing for community safety and wellness. Our annual community "report back" event was attended by over 100 participants from Oxford County and beyond.

Oxford Addiction Treatment Strategy (OATS)

OATS is a voluntary integration of service providers who address addiction in Oxford County. This program has been active since 2012. The Ingersoll NPLC works collaboratively with Addiction Services of Thames Valley (ADSTV), Canadian Mental Health Association (CMHA), and the Woodstock and Area Community Health Centre (WACHC) to provide addiction assessment and treatment services at four sites throughout Oxford County. This program is offered at various times to cater to shift workers, farmers and commuters. There is a 'no wrong door' philosophy. Through the use of an online shared calendar, "soft transfers" are made among the partnering agencies to ensure the clients receive an appointment within 3-5 business days with the most appropriate provider. Having multiple access sites to OATS services addresses the transportation barrier experienced by many residents of Oxford County. The OATS team of providers meets monthly to facilitate a "community of practice" in order to maintain positive relationships, consult on complex cases, coordinate services and ensure practice and partnerships are current and efficient.

Oxford Canadian Mental Health Association - Walk-In Counselling

CMHA Oxford provides walk-in counselling for non-crisis mental health issues at the Ingersoll NPLC for non-registered clients. The Ingersoll NPLC has benefited from this partnership through a strengthened relationship with CMHA and greater opportunities for consultation and resource sharing.

Woodstock & Area Community Health Centre (WACHC) - System Navigation

The WACHC has been involved with Ingersoll NPLC since the early days of our development, and has remained one of our strongest community partners. While the WACHC has always maintained office space at our clinic, in January 2017 WACHC increased their presence in Ingersoll by offering community outreach and system navigation onsite one day per week. This service will assist our patients as well as community members to access health and social resources with support.

Strengthening Team Approach to Care

The Ingersoll NPLC continues to focus on providing quality primary health care that is accessible and client centred. During the past year the clinic providers have demonstrated an increased commitment to a team approach to patient care in order to provide the "right care by the right provider". For example, patients with hypertension are followed by the Chronic Disease Coordinator so that they can receive in depth health teaching and specialized resources through the Ontario Hypertension Management Program, of which we are a part. Patients struggling with mental health issues are increasingly being referred to our counsellors for psycho-education and counselling. Patients with diabetes are referred routinely to our RPN/Footcare Nurse for diabetic foot care and assessment. Our consulting physician has increased the amount of time he is onsite each week to collaborate with the Nurse Practitioners regarding patients with complex health issues.

Communication Strategies with Local Hospitals

The Ingersoll NPLC has adopted electronic mechanisms to increase the amount of patient information received from area hospitals such as discharge summaries, specialists reports and diagnostic test results. These mechanisms, although timely to implement, have improved our ability to follow up with patients following discharge from hospital, and to reconcile medication lists.

Expansion of NP Scope of Practice - Controlled Substances

All of the Nurse Practitioners employed at the Ingersoll NPLC have completed the controlled substances education requirement set by the College of Nurses of Ontario, providing them with the authority to prescribe controlled substances (pending final regulatory changes). This expanded scope of practice will increase continuity of care for our patients, who currently are managed by our consulting physician. The greatest impact is anticipated with patients requiring prescriptions for treatment of acute pain following surgery or injury, those who live with chronic pain, and patients with attention deficit/hyperactivity disorder (ADHD). Additionally, the authority to prescribe Suboxone will improve access to care for persons with opioid use disorder. To support this expanded scope of practice, the NP's have participated in additional professional development opportunities to increase their competency with controlled substances and in particular, in managing chronic pain.

Access to the Right Level of Care - Addressing ALC Issues

The Ingersoll NPLC have worked with area hospitals to improve communication regarding admissions and discharges of our shared patients. The result is a more seamless transition from acute care to primary care. It is anticipated that the implementation of Patient's First in 2017 will provide greater opportunities to collaborate with patient care coordinators to facilitate timely placements to long term care facilities and ultimately avoid preventable hospitalizations for these patients.

Engagement of Clinicians, Leadership & Staff

The Ingersoll NPLC Quality Improvement Planning Committee includes representation from administrative staff, clinical and mental health providers to ensure comprehensive input and shared ownership from the inter-disciplinary health care team. All staff are involved in collecting and submitting patient data that frames our QIP submission. Board members review our narrative and workplan in order to present a comprehensive and informative QIP submission.

Resident, Patient, Client Engagement

OCEAN Tablet

The Ingersoll NPLC utilizes the OCEAN tablet as an adjunct to our electronic medical record (Practice Solutions/PS Suite) to collect subjective data for patient visits while the patient is in the waiting room. The OCEAN uses standardized tools that are based on evidence-based guidelines that ultimately improve the quality of care provided at the Ingersoll NPLC. Additionally the OCEAN tablet serves as the vehicle to implement the Ontario Patient Experience Survey. The OCEAN table is also used to deliver surveys to patients and client groups to collect information about preferences for group topics, times and access.

Ontario Perception of Care Tool

In December 2016, our clinic began discussions with the Centre for Addiction and Mental Health (CAMH) toward implementation of the Ontario Perception of Care Tool for Mental Health and Addictions (OPOC-MHA). This evidence-based tool standardizes how agencies that provide substance use, mental health and concurrent disorders services obtain client/patient perception of care feedback. As only some patients seek out counselling services, their opinions may be missed in the Ontario Patient Experience Survey which is focused on primary care. It is important to our team to consider the perception of care for all programs and services offered at the Ingersoll NPLC.

Staff Safety & Workplace Violence

Workplace Wellness

The Ingersoll NPLC could not achieve such outstanding results if it were not for the high level of trust and respect our providers have for one another. Our commitment to promoting a healthy workplace and effective workplace wellness program is key to this success. Staff are mentored by the leadership team to practice good communication and effective conflict resolution practices, and are encouraged to participate in professional development opportunities to build both personal and team confidence. The Ingersoll NPLC has zero tolerance for gossip and lateral violence, thus providing a culture that is positive and rewarding. Our staff consistently report they feel respected and supported, that they look forward to coming to work, and feel they are encouraged to be innovative in their practice.

Understanding that employee health and wellness is perhaps the greatest factor in preventing workplace violence and staff safety, the Ingersoll NPLC has a very active Wellness Committee. This committee maintains a fun and informative staff wellness bulletin board, forwards useful education and resources from our Employee Assistance Plan, and organizes quarterly team wellness days to support communication and relationship building.

The Ingersoll NPLC maintains a commitment to support staff to ensure a good work life balance. This includes working with staff to ensure they are provided enough time within their workday to fulfill their responsibilities, encouraging staff to leave on time and avoid taking work home with them, and promoting self awareness and self care.

Occupational Health & Safety Policies and Procedures

The Ingersoll NPLC adheres to the policy and procedures developed to ensure staff safety. These include a code of conduct policy for staff and for patients, workplace anti-harassment policy, workplace anti-violence policy, and standards for conduct in the workplace. The Occupational Health & Safety Committee (OHSC) reports to staff monthly regarding issues arising from inspections, incident reports or changes in regulations. The OHSC also ensures that all staff are up to date on CPR and Non-Violent Crisis Intervention training.

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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
Quality Committee Chair or delegate
Executive Director / Administrative Lead
CEO/Executive Director/Admin. Lead _____ (signature)
Other leadership as appropriate _____ (signature)