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



3/29/2017

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

Unison Health and Community Services is committed to delivering high quality and accessible primary health care and community services that are integrated, respond to needs, build on strengths and inspire change. In keeping with the mandate of CHCs across Ontario, Unison offers a broad range of programs and services addressing a number of the social determinants of health, such as income, education and housing. Our vision of 'healthy communities' and our values of accountability, collaboration and equity are central to everything that we do.

With primary care teams at four sites, the focus of Unison's Quality Improvement Plan (QIP) for Health Quality Ontario (HQO) is on services provided mainly by physicians, nurse practitioners and nurses, supported by medical secretaries. During 2018-19, Unison's QIP work plan will focus on the following areas:

- Implementing ideas aimed at improving or sustaining the client experience in a few key areas;

- Timely access to primary care when needed;

- Sustaining screening rates for cervical and colorectal cancer for eligible clients, as well as identifying and addressing equity factors contributing to lower screening rates among some groups.

The above areas align with our strategic priorities of client-centred care, equity, and improvement and change. Our decision to keep cancer screening rates in the QIP work plan is also influenced by our Multi-Sectoral Accountability Agreement (MSAA) with TC-LHIN and the improvements we have achieved in this area over the past two years.

We have selected sites and targets for projects within the 2018-19 QIP work plan with input from various stakeholders and information sources, and based on the resources that we have available to lead/support quality improvement (QI). In general, we initiate a project at one site/with one provider, and over time, spread the learnings to other providers/sites. (Currently, the Bathurst-Finch site is focusing on timely access to primary care when needed, and the Keele-Rogers site is focusing on equity in cancer screening rates.) For setting targets, we look at performance in the organization as a whole and we compare performance across sites, as well as with other CHCs and organizations. Our projects on (1) increasing cancer screening rates for eligible populations, and (2) awareness of how to make a suggestion/ complaint have been in our QIP work plan for several years, and we are in a sustainability phase, focused on maintaining performance to targets set in previous years, having spread learning – to the extent possible at this time – across sites.

HQO has two other priority indicators for primary care that will not be a primary focus of Unison's QI efforts in 2018-19. We have not identified any change ideas for: (1) 7-day follow-up after hospital discharge and (2) client involvement in decisions about their primary care and treatment. Our reasons for these decisions are as follows:

- The 7-day follow-up indicators are resource-intensive to measure ourselves. Data provided through the Practice Profile (which is for only one of the two indicators) lags performance, making it difficult to use for QI.

- In Unison's fall 2017 client survey, our results on client involvement in decisions about their primary care and treatment were on par with overall results from the TC-LHIN for 2016.

## QI Achievements From the Past Year

Unison's ongoing involvement with a quality improvement collaborative ("the collaborative") with four other community health centres continues to support the development of a culture of QI within our organization. During 2017-18, we continued to work on our first project within the collaborative: improving cancer screening rates for eligible populations. Having spread our learning about cancer screening across the organization, we are pleased that we were able to surpass the cancer screening targets that are part of our MSAA with TC-LHIN for the past five quarters.

Unison has met its 2017-18 QIP target for the client-centred dimension for percent of clients who stated that they know how to make a suggestion or complaint. (This is Unison’s own client experience survey question, and we invite feedback on this question from clients who received any Unison service or participated in any program in the past year.) We achieved our target by expanding the ways in which clients can make suggestions or complaints and by incorporating feedback from Unison’s Client Engagement Task Force, which has become a regular source of review and feedback for the organization. This task force is another achievement we are proud of and is described in more detail below.

### **Resident, Patient, Client Engagement**

Client engagement is a strategic objective for Unison and an important contributor to our accreditation process. Unison’s Client Engagement Task Force has provided a consistent venue for client/community representatives to have dialogue with staff/management and give input on policies/protocols, services/programs as well as some of our QIP indicators. In particular, Unison implemented ideas generated by the Client Engagement Task Force to help increase overall client awareness of how to make a suggestion or complaint, and we achieved our 2017-18 QIP target for this indicator. Over the past year, Unison has also incorporated client/community feedback into:

- space planning for a new site;
- development of a new organizational website and phone system;
- the development/modification of various organizational protocols.

In 2018-19, Unison will conduct an evaluation of our client engagement efforts to date, and also work with the collaborative to incorporate client engagement activities into our common projects.

In an effort to continue to address client feedback, Unison again conducted our annual client experience survey for three weeks in the fall of 2017. We surveyed 620 clients from all sites, who received one or more programs/services from Unison. This included 488 primary care clients who responded to the mandatory questions from HQO. Once the survey results were tabulated, they were shared with the Client Engagement Task Force, and the group provided input to the development of the action plan to address the feedback received through the survey. For relevant QIP priority indicators, the results from the fall 2017 client experience survey are reported in the 2017-18 progress report and the current performance column of the 2018-19 work plan.

### **Collaboration and Integration**

Unison’s involvement with the collaborative is one example of a partnership that has helped us achieve our QIP and MSAA targets for cancer screening. Continuing this partnership in 2018-19 will deepen this work to incorporate an equity focus to improve cancer screening rates, and further the work that has begun with improving timely access to primary care.

Unison is also active in three Sub-Regions within TC-LHIN (North Toronto, Mid-West Toronto and West Toronto), where we represent the vulnerable populations that we serve and engage with other providers in the health system to explore how to serve these populations more effectively. We participated in the West Toronto Sub-Region quality improvement project, “Chronic Disease in Rockcliffe-Smythe” with an aim to reduce primary care and ED visits by adults (aged 40-64) with chronic pain due to arthritis.

Unison is also planning to open a new clinic in 2018-19 which will incorporate an integrative model of accessible primary care focusing on community members with complex needs such as people living in poverty, isolated seniors, and those with mental health issues. Collaboration with community partners including a family health team in the area will be crucial to ensuring these complex patients are accessing care from the clinic that most

appropriately meets their needs and that they are supported as they move through the health system. As well, the specialized focus on youth mental health, substance use and sexual/reproductive health involves collaboration with other health partners and replication of an existing health model for youth as developed by Davenport-Perth Neighbourhood Centre, Planned Parenthood Toronto and LOFT.

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

Unison continues to build its culture of quality improvement in alignment with our strategic plan and supported by our accreditation process. Unison has a Quality Improvement Group that meets quarterly to review progress and to plan for achievement of our QIP indicators. This group helps to identify sites or teams of focus for structured quality improvement projects by reviewing organizational data. From here, select staff participate in a more intensive way on quality improvement project teams and take the lead in informing and engaging their colleagues about these projects. In addition, managers at each site work actively with front-line staff and support them to engage in thinking about how to improve quality. Managers share relevant performance data and client feedback/incidents with staff, and invite them to contribute their ideas to the development of quality improvement activities, including the QIP.

In response to feedback from our fall 2016 client experience survey, Unison's Senior Director of Community Health and Quality attended Medical Secretary team meetings in 2017 to assist in the identification of possible process improvements and to provide support to test change ideas. For the development of the 2018-19 QIP, input was sought from the Primary Care teams in terms of their strategy for opioid prescribing. As well, managers reviewed the 2017-18 QIP progress reports and 2018-19 draft QIP work plan with their teams, who were invited to provide comments and feedback.

### **Population Health and Equity Considerations**

Unison has many types of strategies already in place to address population health and equity. Here are a few examples of practices that have been used for a number of years:

- Language interpretation is provided for appointments as needed.
- Program planning is conducted using our Evidence-Informed Practice process and tool that incorporates an equity lens.

Evidence that our equity practices are working was demonstrated in our recent analysis of cancer screening rates, which showed no significant difference between insured and non-insured populations.

Unison's strategic plan for 2016-2021, which was developed based on a current state analysis of the neighbourhoods and communities that we serve, has identified four priority populations:

1. people with mental health and substance use challenges: "enhance and increase mental health services and substance use supports available at Unison";
2. LGBTQ+: "increase capacity of Unison to support LGBTQ+ clients and community members";
3. seniors: "enhance programs and services for seniors with complex needs";
4. youth experiencing barriers: "develop and implement an engagement strategy with/for youth experiencing barriers".

2017-18 was our second year of work on these priority populations within our strategic plan, in which we continued to progress on each of the identified areas. Of particular note, Unison launched an interdisciplinary program at one location aimed at providing mental health and addictions supports to independent primary care physicians. We implemented a staff training plan addressing learning gaps in the mental health and addictions

area as identified by staff. We also conducted an agency-wide gap assessment for the LGBTQ+ priority population, including a staff training needs assessment.

Unison collects socio-demographic information for 8 specific equity areas from our clients, as part of the Measuring Health Equity in the TC-LHIN initiative. We are striving to meet the data collection goal of 75% of all existing clients while using available data to help inform program and service delivery decisions. As part of the aforementioned collaborative, Unison has started to analyze some of this data to identify equity sub-groups to target for improving cancer screening rates. For the 2018-19 QIP we will focus on sharing data collected with providers and identifying interventions for eligible populations to increase cancer screening rates.

### **Access to the Right Level of Care - Addressing ALC Issues**

Unison offers our clients a variety of supports to prevent hospitalization whenever possible. These supports include extended hours before 9 a.m. and after 5 p.m., access to a physician after hours through our on-call services, home visits to certain clients who are unable to come in for services, and coordination with LHIN Home and Community Care to ensure that our clients are connected to home care when needed. We have a couple of key challenges in keeping complex clients out of hospital:

1. We do not have the capacity to increase the number of clients to whom we provide home visits without negatively impacting on our access to primary care;
2. Our non-insured clients are not able to access Home and Community Care's services, and this is a significant gap that the health care system needs to address and for which we are advocating at various TC-LHIN tables.

Unison does not have access to eHealth notification services regarding client admissions and discharges from hospitals. Support and resources to set up e-Notification and closer coordination with hospitals and Home and Community Care discharge planners would help Unison and other CHCs to better address ALC targets. However, from among various sectors in the health care system, organizations offering primary care would seem to us to have the least ability to address ALC issues.

### **Opioid Prescribing for the Treatment of Pain and Opioid Use**

To support the effective treatment of pain including opioids treatment, our MDs and NPs practice from an educational perspective by ensuring to inform clients of the risks/benefits of opioid pain management. As such they review and have the client sign an 'Opioid Treatment Contract' which is reviewed annually with chronic pain sufferers. Providers also offer referrals, as appropriate, to harm reduction services, pain clinics, addiction clinics, naturopathy services, etc. Providers have indicated that they need access to more information and research to better understand pain and options for treatment.

### **Workplace Violence Prevention**

Maintaining a safe work environment is a priority for Unison. Unison has a framework of policy and protocols intended to create a workplace that is safe and free from violence. Each new staff person receives mandatory orientation to relevant protocols, including Unison's Anti-Harassment, Anti-Violence and Occupational Health and Safety Protocols. The organization conducts periodic risk assessments and various types of safety drills, as well as monthly safety inspections, and provides resources to support staff safety, such as security guards during evening hours and panic buttons. We have a reporting system that enables staff to self-report incidents of workplace harassment, violence and health and safety. Our practice is to thoroughly investigate all allegations of workplace harassment and violence and all reports on health and safety incidents. The Occupational Health and Safety Committee reviews and analyzes all such reports – with a view to mitigating existing issues, to the extent possible, as well as preventing and reducing incidents in future. External resources are also used to address

incidents, as required, including a third party investigator and an Employee Assistance Plan (EAP). Incidents are reported to the Board based on severity level and level of risk to the organization. This happens on an as needed basis.

### Contact Information

Julie Callaghan  
Senior Director Community Health and Quality  
julie.callaghan@unisonhcs.org

### Sign-off

I have reviewed and approved our organization's Quality Improvement Plan



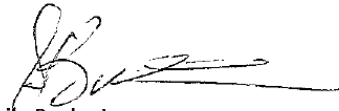
Laurelle Knox  
Board Chair



Dana Chmelnitsky  
Quality Committee Chair



Michelle Joseph  
CEO



Sheila Buckmire  
Senior Director Primary Health Care



Julie Callaghan  
Senior Director Community Health and Quality