Let's Make Healthy Change Happen.

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

Unison Health & Community Services

3/27/2015

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

Unison Health and Community Services was established in 2010 as a merger of two CHCs that have provided services to our communities in Northwest Toronto for over 30 years. We have four sites that offer a broad range of programs and services addressing a number of the social determinants of health. The range of services that Unison offers to our clients includes primary care, primary health care (including mental health nursing/counselling, nutrition education/advice and chiropody, as well as supports to those with diabetes), housing supports, legal advice and educational supports.

Unison has a strong commitment to quality improvement and this Quality Improvement Plan (QIP) reflects that commitment. Unison's QIP was developed with the input of our staff teams, in particular our primary care/primary health care teams at all sites.

During 2015-16, our QIP work plan will continue to focus on the following areas:
-Access to primary care when needed
-Timely access to primary care post discharge through coordination with hospitals and client education
-Collection, analysis and use of feedback regarding the client experience within the primary health care organization

As explained in the Progress Report, we have removed the optional objective focusing on improvement in the rate of flu immunizations for clients aged 65 or over. We may be able to work on a different population health objective once we have resolved some challenges with our data reporting capability and improved the quality of our socio-demographic data.

Integration & Continuity of Care

Unison has begun and will continue to work on timely access to primary care post discharge through coordination with hospitals. In 2015-16, we need to reassess our baseline. This is for several reasons: (1) We are not getting useful, timely data from the Practice Profile produced for us by ICES. In the April 2011-March 2013 Practice Profile, no measurement for this indicator was provided as cell sizes were too small. In addition, the 2011-2013 report was only released in October 2014. (2) In July 2014, Unison moved to Nightingale on Demand (NOD), a new clinical management system. The process that we had previously developed to track the number of days from hospital discharge to primary care appointment became obsolete. We have developed a new tracking system and we have begun testing it, with a view to full implementation in 2015-16. (3) Our previous tracking system was not created based on the selected list of chronic conditions specified in the QIP technical specifications, which we did not obtain until after the submission of our 2014-15 QIP. Our new tracking system, which we are currently piloting, is based on the technical specification developed by HQO.

The above work focuses on primary care clients discharged from hospitals, but we also work hard to ensure integration and continuity of care by connecting our clients to the whole range of programs and services within Unison, and to other community and social service organizations, Community Care Access Centers and government institutions. Since Unison resulted from a merger of two CHCs in 2010, we have tried various strategies to integrate effectively and efficiently – both internally across sites and programs, as well as externally with other organizations – to be able to better serve the range and diversity of clients' needs. This is complicated work with many moving parts. During 2014-15 we had

planned a couple of change ideas to improve client experience of being connected with the full range of programs and services that might help them. These ideas didn't improve client experience. In 2015-16, we have decided to focus improvement efforts specifically on one site, Keele-Rogers, and to select different change ideas.

Unison is in three Health Links within the TC-LHIN: Central West, West Toronto and North West. Unison has also connected with North York Region Health Links, which is within C-LHIN, as our Bathurst-Finch satellite is in this LHIN's territory. A key focus of the Health Links work to date is to ensure that unattached residents obtain access to primary care. Unison has participated in some physician engagement discussions between our primary care teams and the Health Links leads. We are working directly with Health Care Connect to ensure complex clients (including at-risk children and youth) in Unison's catchment are linked to a primary care provider. Unison has opened access to all clients within the catchment and those residents who reside within close proximity to the catchment. In keeping with this work, Unison has added a new objective to the access area of our QIP work plan to "increase the number of unique active clients receiving primary care at Unison". Change ideas related to this objective will be actively implemented at 3 of 4 sites that have the capacity for new clients, and cautiously implemented at the fourth site, where this capacity is more limited. The Health Links have the post-discharge target in their work plans and are also starting to work on this.

Challenges, Risks & Mitigation Strategies

Staff turnover in primary healthcare can happen rapidly and unexpectedly. Unison strives for positive staff engagement and work-life balance to reduce the likelihood of staffing turnover, with varied success. When there is turnover, recruitment, orientation and training of new staff can pull the focus away from QI initiatives. Absences of regular staff can also make it challenging to move QI initiatives forward. At the Lawrence Heights site over the past couple of years, staff turnover in the primary care team and the frequent necessity for relief at the front desk affected the team's ability to move forward with work on access improvements.

Information management is an area that presents continual challenges at Unison in a variety of ways. Some of the challenges with our new clinical management system are described in the Information Management Systems section, below. Panning out from NOD, Unison's ability to provide a customized range of integrated services and programs to suit the needs of each client is limited by the fact that our own internal data collection systems do not communicate with each other: our NOD system is not integrated with the systems for our legal, housing and various other services. We would like to be able to experiment in developing our own 'made in Unison' solutions to these challenges, but this may require additional resources, and even if we can identify the resources to explore and test options, no immediate resolution to this issue is likely to be found.

Information Management Systems

In July 2014, Unison moved to Nightingale on Demand (NOD), a new electronic medical record (EMR). The switch to NOD has had both positive and negative impacts on data quality. Up until this time, as a result of the organizational merger in 2010, we had two legacy databases. With NOD, we have now integrated the two databases into one, and we have found many duplicate client charts, which we have merged. We continue to identify more duplicates, and this should contribute to better data quality, but there are challenges and it will take time. NOD currently requires more effort for providers to enter data into it, both because they are still

learning how to use it effectively, and because it takes more clicks to enter information than Unison's previous EMR. This makes it harder to get providers to comply with workflows designed to ensure that they capture all information needed to measure indicators and assess progress towards targets. To mitigate, Unison's small Decision Support Team works with a cross-site Clinical Data Committee to provide support to users, identify work-arounds for problems, and to explore how to capitalize on the strengths of the system.

The switch to NOD has come with challenges that have affected our ability to extract data for reporting purposes. The reporting software available for use with NOD is rudimentary and, despite repeated requests to/promises from the vendor to fix this, this software does not have the capability to produce reports on services, languages and procedures that we require for monitoring, evaluation and planning. We are currently awaiting migration of our NOD data to the Business Intelligence Reporting Tool (BIRT) by the Association of Ontario Health Centres. Once Unison's data is loaded into BIRT we will have access to a much better reporting tool, which will resolve most of these challenges. If all goes well, we may have access to our data for reporting by end of April 2015.

The reporting challenges mean that we are not yet able to produce reports on primary care indicators, such as the population health indicator on flu shots, after Q1 2014-15. Since we are currently uncertain of our ability to demonstrate improvements in this indicator, we have decided to remove this indicator from our 2015-16 QIP. We would like to add a different population health indicator, mammogram rates, which we collect/report as part of our Multi-Sectoral Accountability Agreement (MSAA) with TC-LHIN, and which we have already identified as an area for improvement. We want to resolve our reporting issues and improve the quality of our socio-demographic data before we turn our attention to this.

In the meantime, Unison is trying to move forward with other initiatives that will strengthen our information management. Two of our key initiatives are are described below.

We have recently launched a new health equity initiative that standardizes the way we ask our clients questions about socio-demographics and the way we record the data in order to align with that of other health care organizations in the Toronto Central LHIN. We have already rolled out this initiative for new primary care clients and we are working on developing processes to be able to update our data for existing primary care clients. Exploring linkages between clinical diagnosis and health equity aspects of our client population is the next phase of designing truly multidisciplinary programs and services that address our clients' needs and focus on prevention.

Unison has applied to join Hospital Report Manager (HRM). Providers at Unison are very interested in obtaining quicker and more reliable access to information about their clients from hospitals. We know that HRM will be a useful tool in helping us schedule clients for a primary care appointment within 7-days post-discharge. However, we have also learned that there will be limitations and complications in our ability to roll it out, as many physicians and NPs who work for Unison also work elsewhere or part-time, and will not be able to join because of privacy reasons related to how HRM shares data. As well, currently, only one of three hospitals to whom we refer most often is on HRM.

Engagement of Clinical Staff & Broader Leadership

As in previous years, work plans for Unison's primary care teams at each site will incorporate goals that link to the QIP.

For the "access" dimension, in the first two years of the QIP, we focused our efforts on the Lawrence Heights (LH) site, where clients have historically reported the most challenges with access. Although we have seen some improvement in client experience on access at LH in 2014-15, with the complexity of the site's staffing and with a panel size that is close or at target, it has proved challenging to move forward with PDSAs there. With respect to the QIP, therefore, we have decided to switch our focus to our Bathurst-Finch (BH) site. The BF site has a new manager with prior experience in leading access improvement efforts at another CHC, and a smaller team of providers than at LH, that currently has excess capacity in primary care (as they are below their panel size target). In a recent meeting on March 9, 2015 between the BF primary care and administrative teams, the BF site manager introduced the team to the idea of taking on a QI initiative on improving access. The two teams agreed that it is a good time and place to try this, and came up with a plan for a test of change. A small working group has been established to come up with an implementation plan to move the test forward. If this initiative demonstrates improvements in access, the model will be replicated at other sites.

With respect to the "client-centred" dimension, results of the November 2014 client experience survey have been shared with all managers, with all staff and with Unison's board of directors. Managers and staff received location-by-location summaries to permit them to create site-specific action plans. Managers have been requested to share site-specific results with their teams and identify actions that the team, site and organization could take to improve. At the same time, some action planning is also being organized 'from the centre' with the support of Unison's Integrated Performance and Strategic Projects Team. Through these parallel strategies, we hope to create a truly Unison-wide action plan in response to the feedback obtained from our 2014 client survey.

During the past year, 13 of Unison's staff received QI training through IDEAS or HQO, and 4 staff participated in HQO's conference, Health Quality Transformation 2014. In the upcoming year, we hope to benefit from our increased capacity in QI, and to train additional staff. The Program Coordinator from Unison's Diabetes Education Program (DEP) has been seconded to lead a QI initiative of the West Health Link aimed at increasing referrals to DEPs in that Health Link. This, too, has the potential to further develop Unison's capacity to implement quality improvement. Unison's leadership is committed to strategizing and identifying actions that can strengthen our culture of learning and improvement.

Unison's leadership will regularly monitor performance on this QIP during 2015-16. There will be frequent tracking of some aspects plan, especially around access, by primary care managers. There will be quarterly reporting on progress on the plan to primary care teams and to all Unison managers.

Patient/Resident/Client Engagement

As referenced in the previous section, Unison conducts an annual client experience survey. During the survey, we speak to a sample of all clients, at all sites, with specific questions for primary care clients. In addition, each site has a suggestion box. Clients are invited to submit suggestions, compliments and complaints. Results are shared with the relevant managers in order to take action where possible. If it is requested by the client, the manager will follow-up with the client about their suggestion or complaint. Unison also conducts needs assessments with clients. Most recently, in 2013, we conducted our Flash (needs assessment) Survey, and collected input about program and service needs from well over 1,000 clients and community members. Unison is looking to deepen client

engagement over the next several years by offering more frequent and more meaningful ways for clients to give us input and feedback.

Accountability Management

Unison's Senior Director, Integrated Performance and Strategic Projects is the organization's quality improvement lead, and, as such, supports development and implementation of QIP change initiatives, as well as QIP reporting. The Senior Director, Primary Health Care is the lead on implementation of QIP initiatives related to access and integration. Primary health care site managers and teams are, in turn, accountable for these initiatives through their annual work plans. The CEO is responsible to the Board of Directors for achieving the targets set out in the QIP. Quarterly reports on Unison's progress on our QIP are reviewed and discussed with the CEO and the Quality Committee of Unison's Board of Directors. The Board of Directors receives these reports from the Quality Committee.

Sign-off

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

Laurelle Knox
Board Chair

Michelle Joseph
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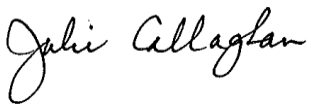
Senior Director Primary Healthcare



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