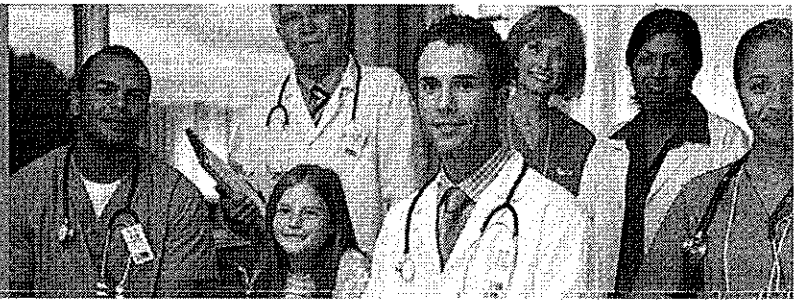


Let's Make Healthy
Change Happen.



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



3/23/2016

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.

Among four strategic priorities in our new strategic plan for 2016-21 are 'improvement and change' and 'client-centred care'. Over the next five years, Unison aims to increasingly use quality improvement approaches/frameworks to test, learn and adapt what we do. With this in mind, Unison has joined with 6 other Community Health Centres to form the West End Quality Improvement Collaborative (WEQIC). Cancer screening is our first project together. Unison's 2016-17 QIP work plan for cancer screening comes from this project. In 2017-18, we are aiming to create a common QIP, which is expected to incorporate our next/planned joint project on access to primary care.

During 2016-17, Unison's QIP work plan will focus on the following areas:

- Improving screening rates for cervical, colorectal and breast cancer for eligible clients;
- Collecting baseline data for HbA1C for diabetic clients;
- Tests of change to improve the client experience in a few key areas;
- Timely access to primary care when needed, as well as post discharge.

It is important to note that Unison has four sites. Parts of this QIP work plan are being done at one site, and other parts are being done at all sites.

QI Achievements From the Past Year

Unison successfully initiated 'within 48 hours' appointments at our Bathurst-Finch (BF) site during the past year. The booking system is a hybrid system which also enables some appointments to be pre-booked. Although the site's clients reported that they found it harder to get an appointment within 1-2 days when sick compared to 2014-15, we have evidence that indicates that it is easier to get an appointment for issues we have deemed urgent, and that clients are pleased about the improvements. Our proof is that the 3rd next available appointment measure for MDs and NPs for the 'within 48 hours' appointments is 1-2 days, and 77.71% of clients reported that the last time they were sick, they were able to get an appointment on the date that they wanted. Given the hybrid system at BF, we think that these latter two measures give a better indication of the status of clients' ease of access to appointments than the client experience question in the QIP work plan.

Our 2015-16 QIP contained a measure that we report through the Ontario Health Reporting System (OHRS), # of unique active clients with attachment to a primary care provider. As of Q3 we were at 7,200 on this indicator and well on our way to achieving the target for the year of 7,900. This is a substantial increase from Q3 2014-15 when we had 6,293 clients. This was achieved by introducing a new policy to accept non-insured clients regardless of where they live, and by actively promoting our services through our partner organizations at the Bathurst-Finch Hub site and beyond traditional catchment boundaries in the area around Bathurst-Finch.

We developed a new database for tracking our progress on access to primary care within 7 days post discharge. This enables us to assess our performance on this indicator at the end of each quarter. For each client discharged whose follow-up

primary care appointment does not meet the 7 day target, the database enables us to understand who was primarily responsible for the delay: the hospital(s), Unison or the client. The database has helped us to formulate our change ideas for our 2016-17 work plan. The resources required to develop the database and analyze the reports are substantial, so we look forward to further integration of information systems within the health care system that will save us time and effort in this and other areas of work.

Integration & Continuity of Care

Our interdisciplinary model of care means that many of our clients receive all or most of the health care services that they require from within Unison. Our teams use team meetings, case coordination meetings, and our EMR to effectively coordinate our clients' care. As a primary care provider, we are aware that we play a key role in facilitating smooth transitions of our clients within the health care system, and we are continually looking for ways to improve transitions. Unison is in three Health Links within the TC-LHIN: Central West, West Toronto and North West, where we represent the vulnerable populations that we serve and engage with other providers in the health system in exploring how to serve these populations more effectively. In partnership with one of these Health Links, for example, we recently piloted the Coordinated Care Plan with several of our clients.

Engagement of Leadership, Clinicians and Staff

Unison's QIP is developed and implemented with the input and collaboration of our staff teams, in particular our primary care/primary health care teams at all sites. Work plans for Unison's primary care teams at each site incorporate goals that link to the QIP. The Quality Committee of the Board of Directors carefully reviewed and gave input to this QIP. As in past years, Unison will assess progress on our QIP work plan at least three times during the year, and share reports with all managers, staff and the Board of Directors. At the same time, we will be conducting and reporting on other quality initiatives within our organization, such as client safety incidents and complaints.

Patient/Resident/Client Engagement


Our strategic priority on client-centred care includes an objective to implement strategies for clients to give meaningful input on policies/protocols and services/programs. Ultimately, we hope to engage some clients in our quality improvement efforts at a much deeper level than we have done until now. For some of Unison's services and programs, this will be a significant change. We have initiated discussions with staff to develop a work plan and working group to guide this work.

In 2015-16, Unison engaged clients in quality improvement in the following ways:

- Unison has a client complaint form and each site has a suggestion box/form. Clients are invited to submit suggestions and complaints. Results are shared with the relevant managers in order to take action where possible and follow up with the client upon request. Complaints and suggestions are analyzed for trends in order to be able to identify and implement systemic improvements.
- An annual client experience survey was conducted for 3 weeks in fall 2015. We surveyed 900 clients from all sites, who received one or more programs/services from Unison. This included over 750 primary care clients who responded to the mandatory questions from HQO/TC-LHIN.
- We conducted 4 focus groups in early 2016 and invited clients who had completed the client experience survey to talk to us about the results and their suggestions for action plans. 10 clients attended the focus groups.

Sign-off

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



Laurelle Knox
Board Chair



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Senior Director Primary Healthcare



Julie Callaghan
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Shabnum Budhwani
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