

Let's Make Healthy  
Change Happen.



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



3/21/2019

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.

[ontario.ca/excellentcare](http://ontario.ca/excellentcare)

## 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.

The focus of Unison's Quality Improvement Plan (QIP) for Health Quality Ontario (HQQ) is on our primary care services provided mainly by physicians, nurse practitioners and nurses, supported by medical secretaries. We currently have four sites and will open a 5<sup>th</sup> site in 2019-20. During this year, given other priorities, we have decided to simplify our QIP work plan to focus on 7-day follow-up on hospital discharges and timely access to primary care when needed. We will also do some initial work on assessment of palliative care needs for an early, at risk cohort.

Each improvement project in our 2019-20 QIP work plan is being implemented within specific sites and teams. We will form a team at our Lawrence Heights site to work on 7-day hospital discharge follow-up. We will continue efforts to improve access to primary care at our Bathurst-Finch site. In addition, we have recently initiated the access to care project at our Jane-Trethewey site, focusing on the physician at this site whose clients are experiencing the greatest challenges in getting an appointment. Since our ultimate goal is to spread successful learnings from our QI projects to all relevant sites and teams, for the 2019-20 QIP work plan, we have decided to report measures and set targets for the access to care project for the organization as a whole. For the early assessment of palliative care needs, we plan to work with our new home-based primary care team, and cannot say yet how we will scope measures and targets.

HQQ has two other priority indicators for primary care that will not be in Unison's QIP work plan in 2019-20, as follows:

-Client involvement in decisions about their primary care: This is not a priority for our improvement efforts because over 80% of clients surveyed over the past 5 years have indicated satisfaction on this indicator.

-Percentage of non-palliative care clients newly dispensed an opioid: A review of data provided through the MyPractice Report released in June 2018 shows that Unison providers are prescribing opioids at a rate lower than the provincial or TC-LHIN average. The organization conducts regular chart audits in primary care and checks that there is a signed 'Opioid Treatment Contract' for clients taking opioids. We will continue to monitor our performance on both of these indicators.

## QI Achievements From the Past Year

We are proud of our improvement in cancer screening rates, including our ability to spread and sustain our improvements. The Keele-Rogers site, where we originally focused this project starting in 2016, has continued to improve, while other Unison sites learned from the Keele-Rogers site's experience and tested further improvements. Recently, our Lawrence Heights and Jane Trethewey sites' cancer screening rates have exceeded those at Keele-Rogers! So now these sites have spread some of their learning back to Keele-Rogers. In the past year, in comparing our cancer screening rates to other CHCs elsewhere in Ontario, we have seen that Unison is very close to the top performer among all CHCs in the province.

In addition, during 2018-19, QI teams at two Unison sites increased their ability to develop and test a PDSA.

Here are some details:

-At our Keele-Rogers site, we stratified our cancer screening indicators by various socio-demographic variables, identified areas of statistical significance and shared the analysis with the primary health care team. Our discussion at this table identified a couple of potential change ideas for increasing the screening rates of clients in the lowest income group. A PDSA was successfully developed and completed. Although this PDSA did not indicate that the change idea should be scaled up, it did provide additional evidence for an intensive approach to recalls which we have decided to spread to all sites.

-At our Bathurst-Finch site, as part of our access to care project, reducing no shows by new clients at first medical appointment was identified as a priority for improvement. The team discussed potential change ideas to address this and decided to try reminder phone calls, with a request to the client to confirm their intention to come to the appointment. The team worked together to create a written plan for a PDSA, which has now been implemented. The team subsequently analyzed the results of the first PDSA, and developed a second PDSA that they will now test.

At both of the above sites, through the development, implementation and analysis of these PDSAs, many members of the primary care teams have strengthened their skills and deepened their learning about the importance of structured PDSAs and how they can help drive a continuous cycle of quality improvement.

Unison's ongoing involvement with the West End Quality Improvement Collaboration ("WEQI Collaboration") with five other community health centres continues to strengthen our QI skills and knowledge. Although cancer screening is no longer a common QIP element of CHCs in the WEQI Collaboration, our common dashboard for cancer screening continues to be updated, shared and reviewed quarterly, in order to sustain our improvements from this earlier project of the WEQI Collaboration. Our second project together, around access to primary care, is considerably more complicated than the cancer screening project, and continues to be implemented. We have also started to focus more on presenting and publishing our work.

### **Patient, Client, Resident Partnering and Engagement**

Client engagement is a strategic objective for Unison and an important contributor to our accreditation process. In 2018-19, Unison continued to use feedback from clients to help increase overall client awareness of how to make a suggestion or complaint, and we surpassed our 2018-19 QIP target for this indicator. Unison's Client Engagement Task Force, which wrapped up in 2018, provided a 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. A key finding of an evaluation of the task force conducted in 2018 was that the engagement with clients was most productive when it was quite structured and focused. Therefore, we have enlisted direct service managers within Unison to help identify and test ways of engaging clients in giving input to particular projects/programs and types of activities.

In an effort to continue to respond to client concerns, priorities and ideas, Unison again conducted our annual client experience survey for three weeks in the fall of 2018. We surveyed 652 clients from all sites, who received one or more programs/services from Unison. This included 523 primary care clients, most of whom responded to the priority indicators/survey questions from HQO. For relevant QIP priority indicators, the results from the fall 2018 client experience survey are reported in the 2018-19 QIP Progress Report and the Current Performance column of the 2019-20 QIP work plan. The feedback we received from clients has informed our quality improvement priorities, in particular the prioritization of the access to primary care project. In addition to informing the QIP work plan, we have responded to the feedback from the client experience survey by creating a client experience survey action plan that contains some other priorities, including front desk customer service.

## Workplace Violence Prevention

Maintaining a safe work environment is a strategic priority for Unison. Unison has a framework of policies and protocols intended to create a workplace that is safe and free from violence. Each new staff person receives mandatory orientation to relevant policies and 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. New in 2018-19, de-escalation training by an external expert was provided to all managers and to various teams of front line staff.

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 such incident reports. The Occupational Health and Safety Committee reviews and analyzes all reports received – with a view to mitigating existing issues, to the extent possible, as well as preventing and reducing incidents in future. External resources are 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

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## Sign-off

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



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