



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.

Unison is a primary care provider, and the focus of Unison's Quality Improvement Plan (QIP) is on services provided mainly by physicians, nurse practitioners and nurses, supported by medical secretaries. During 2017-18, Unison's QIP work plan will focus on the following areas:

- Implementing ideas aimed at improving the client experience in a few key areas;
- Timely access to primary care when needed, as well as post-discharge;
- Continuing to improve screening rates for cervical, colorectal and breast cancer for eligible clients.

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. In particular, the project focusing on timely access to primary care when needed is being done at the Bathurst-Finch site and the project on improving the rates of cancer screening is being done at the Keele-Rogers site.

QI Achievements From the Past Year

In 2015, Unison joined a quality improvement collaborative with 6 other community health centres to increase our quality improvement capacity through sharing knowledge and experience, learning from each other's strengths, and aligning our QIPs. In 2016, this collaborative implemented a quality improvement project on cancer screening, with a view to improving screening rates for cervical, breast and colon cancer at our CHCs. Unison established the QuIcKeR Team at our Keele-Rogers site, and the team received support for an improvement process as outlined in our 2016-17 QIP work plan and progress report. Before the end of 2016, the site's performance had met the aims set for the project, and exceeded the targets in Unison's accountability agreement with TC-LHIN. This project and this collaborative enabled the team, the site and the organization to increase its knowledge and skill in quality improvement.

Population Health

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".

2016-17 was the first year of our strategic plan, in which we did some initial work in each area. For example, in the youth area, we conducted a scan of internal and external documents on youth engagement and youth health issues. Based on this we developed ideas and concepts for some new and improved youth-oriented programs, and created a work plan to increase youth engagement in 2017-18.

Equity

As a CHC, Unison exists to increase equitable access to health and community services for people who are vulnerable and often living in poverty. Our primary care services are available with or without a health card, and we offer language interpretation to all clients who request it. In 2016, as part of our project on improving rates of cancer screening, we decided to take a closer look at the sociodemographic characteristics of clients who are not getting their cancer screening, looking for any surprising or noteworthy patterns or trends. As part of the CHC collaborative project on cancer screening, we examined information from our Keele-Rogers site on cancer screening rates and health insurance status, income levels, ethno-cultural groups, countries of origin (and, where applicable, duration of residence in Canada), and compared our information with that of the other CHCs. On our own, we looked at all socio-demographic variables that we collect, for all clients, from all sites. Both processes yielded some interesting observations and added to the awareness of the value of striving for good quality socio-demographic data. For 2017-18, our CHC collaborative has decided to move forward with additional analysis of our socio-demographics and identification of at least one equity-focused QI initiative. Please see our QIP work plan for more details.

Integration and 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 providers use team meetings, case coordination meetings, and our shared electronic client record to effectively coordinate our clients' care within multi-disciplinary care teams. 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. In recent years, we have looked carefully at hospital discharge reports for selected conditions, as per the QIP indicator, and followed up with hospitals that are not sending timely reports. Unison is also active in three Sub-Regions within TC-LHIN (Toronto North, Midwest Toronto and West Toronto) and the North York Central Sub-Region within C-LHIN, 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. In partnership with a few of these Sub-Regions, for example, we have or will pilot Coordinated Care Plans with some of our clients.

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 CCACs 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 CCAC's services, and this is a significant gap that the health care system needs to address and for which we are advocating via the Health Links.

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 CCAC 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.

Engagement of Clinicians, Leadership & Staff

Managers at each site work actively with front-line and support staff to engage them in thinking about how to improve quality. Managers share relevant performance data and client feedback with staff, and invite them to contribute their ideas to the development of quality improvement plans, including the QIP. 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. One of Unison's four strategic priorities in our current strategic plan for 2016-21 is 'improvement and change'. Over the next five years, Unison aims to increasingly use quality improvement approaches/frameworks to test, learn and adapt what we do. We are in the process of developing and communicating an organizational framework for quality improvement to engage more staff in quality improvement initiatives at Unison, and to build a culture of quality improvement at Unison.

Resident, Patient, Client Engagement

Unison also has a strategic priority on client-centred care, which 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. In 2016, we initiated a Client Engagement Task Force, to enable key Unison staff to enter into a dialogue with clients/community members, and explore how Unison can increase engagement with our clients and community members.

In 2016-17, Unison involved clients in quality improvement in the following ways:

-Clients were invited to submit suggestions and complaints via a client complaint form, a suggestion box, telephone voicemail, or public whiteboard. Results were shared with the relevant managers in order to take action where possible and follow up with the client upon request. In each site, we posted a suggestion with a response for clients to read. We also analyzed complaints and suggestions 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 2016. We surveyed 869 clients from all sites, who received one or more programs/services from Unison. This included over 736 primary care clients who responded to the mandatory questions from HQO/TC-LHIN.

-At Unison's 2016 Annual General Meeting, we asked those corporate members who are also clients or community members to give us feedback on our policy on Client Rights and Responsibilities. Later, we conducted interviews with 3 clients and used their feedback to make revisions to this policy. The Client Engagement Task Force is in process of reviewing this policy, and then it will be submitted for approval to Unison's Board of Directors.

Staff Safety & Workplace Violence

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, 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).

Contact Information

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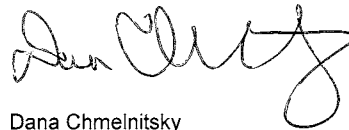
Sign-off

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



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