**West End Quality Improvement Collaboration (WEQIC)**

**Common QI Work Plan (Unison Version)**

**March 24, 2022 (Updated Dec. 6, 2022)**

**Participating WEQIC Members:** Access Alliance, Davenport-Perth, Parkdale-Queen West, Regent Park, Unison

**Background/Narrative:**

* Ontario Health is not requiring organizations to submit QIPs for 2022-23. However, five of the CHCs in WEQIC are planning to resume our collaborative QI work together.
* We have put together a basic work plan, below.
* Unlike the old QIPs submitted to HQO, we have not included data (current state, target setting, etc.) for the various projects/indicators in our work plan or indicated the change ideas/tests of change will we plan to do. Pulling, reviewing and sharing data and developing change ideas/conducting tests of change are instead planned as activities during the year.
* The work plan is basic for the following reasons:
	+ We anticipate that we will continue to be living with COVID for the next few years. The waves of the pandemic will fluctuate. CHCs are regularly asked to set aside work to participate/lead aspects of vaccination and testing.
	+ CHCs have been open throughout the pandemic but due to various factors (providers redeployed to give vaccines, reduced demand for in-person encounters, etc.), we will still need to have a catch-up period in primary care.
	+ We are in a new digital era, implementing e-health strategies that will have payoffs in terms of efficiency and effectiveness, but take time, resources and effort to implement.

**Work Plan:**

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| **Common WEQIC Items** |
| **Project/Rationale** | **Activities** |
| Project: client experience surveyRationale: * Required for upcoming accreditation processes
* Requirement for individual QIP submissions to OH will return and question # 1 a i is expected to be a priority
 | 1. Re-establish or continue Client Experience Surveys
	1. Collect data on common questions, as follows (red= agreed; purple=TBD):
		1. When you see your physician or nurse, or someone else in their office, how often do they involve you as much as you want to be in decisions about your care and treatment (never, rarely, sometimes, often, always)?
		2. I always feel comfortable and welcome at [name of CHC] (Y/N)?
		3. The last time you were sick or were concerned you had a health problem; did you get an appointment on the date you wanted (Y/N)?
	2. Implement surveys in 2022
	3. Lay some basic groundwork for virtual surveying
		1. Collect client emails; set goal for % emails collected
		2. Share survey questions on experience of virtual care, used by PQW; other CHCs to consider surveying primary care clients on virtual care
		3. Develop change ideas and conduct tests of change on virtual survey tools/processes
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| **Cancer Screening** Rationale: * This is a Ministry/OH focus for cQIPs for which 2022-23 is year 1 for OHTs
* Requirement for individual QIP submissions to OH will return and this is expected to be a priority
 | 1. Re-establish Quarterly Cancer Screening Dashboards that monitor: PAP completion, Mammo offer rates, and FIT offer rates
	1. Determine if we will use J Reports or BIRT
		1. Pull current rates
		2. If decision is to use J Reports, create and share a standardized data pull
	2. Assess data quality in PSS (given EMR migration in 2020/2021)
	3. Determine if data improvement intervention is needed
		1. If yes, formulate change ideas and conduct tests of change
	4. Share results within WEQIC
2. Plan a monitoring system for Mammo and FIT screening completion rates
	1. Determine if we can pull a completion rate from PSS (for Mammos and FITs) based on new tech specs for QIPs
	2. Determine a baseline rate for 2 types of CS (Mammos and FITs)
	3. share results with WEQIC to compare and learn from each other
3. Share experience and learning at OHT tables to which we belong.
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| **Panel** Rationale: * Ministry/OH focus on panel will return
* Enables assessment of capacity to support OHTs
 | 1. Assess data quality
	1. Pull current rates
	2. Assess data entry quality in PSS (given EMR migration in 2020/2021)
	3. Determine if data improvement intervention is needed
		1. If yes, formulate change ideas and conduct tests of change
	4. Share results within WEQI

Note: This about post-migration use of PSS. May require some chart audits. In the past, audits of data have resulted in a data entry process improvement. 1. Re-establish panel monitoring towards maintenance/growth in context of pandemic era
	1. Share CHC data with WEQI
	2. Discuss strategies that have benefited each CHC in panel maintenance/growth
	3. Conduct different test of change at each CHC to facilitate learning for WEQI partners; share results with WEQI; formalize procedures that have shown good results
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| **Socio-Demographic Data Collection**Rationale: * Required to report to Ministry/OH on this indicator
* equity data is useful to our QI work
* aligns with strategy of various OHTs
 | 1. Reach recommended target (75%), or if above 75%, maintain high rate of data collection
	1. Review what has been done during the pandemic and restart/revive data collection as needed
2. Review technical specifications and consider if we want to set a new target for WEQI partners
3. Discuss WEQI agency’s use of “sense of belonging” questions

Note: Household income question needs to be updated. Needs to reflect cost of living in Toronto. Consider advocacy project? |
| E-Health implementation project Rationale: * Aligns with Ontario direction towards digital health
* Projects can positively impact data quality, client experience and provider experience, and make us more efficient/ effective
 | 1. Identify/implement an e-health process to improve at each WEQI CHC:

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| --- | --- | --- | --- | --- |
| **Project** | **DPN** | **Access Alliance**  | **PQW** | **Unison** |
| Ocean e-referrals | Yes |  |  | Yes – 2 sites |
| Ocean on-line booking | Yes | Yes | Yes – PT, chiropody |  |
| e-faxing |  | Done |  | Yes |
| OHIP card readers |  |  |  | Yes |

1. Set aside time in meetings to share progress/learning.
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**If you have any questions or comments for Unison about this work plan, please reach out to Julie Callaghan, julie.callaghan@unisonhcs.org**