

Let's Make Healthy
Change Happen.



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

STONEGATE
Community Health Centre

4/9/2019

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

Overview

Stonegate Community Health Centre (CHC) has been offering services in the Stonegate-Queensway neighbourhood of Toronto for 30 years. Our community is one with significant social inequality with some residents (28.3% of families and 38% of children) living in poverty. This reflects the clients that we serve and determines the range of programs that we deliver to serve this community. This year we completed construction on our new Community Health Centre and moved in to our beautiful new home at the end of August. The design, construction and move occupied a great deal of energy from every member of our team. The new building is much larger and fully accessible, we have several more spaces dedicated to health promotion activities and health service delivery and many more opportunities to collaborate with partners. We have spent time developing new workflows and exploring ways to increase access to our primary care and allied health teams. Workflow changes will continue in order to improve the quality of the service we deliver and improve the client and health care provider experience.

Describe your organization's greatest QI achievement from the past year

We participate in the Toronto Central LHIN – We Ask Because We Care project to collect consistent Health Equity data. Our Medical Secretaries engaged in a QI initiative this year to increase the consistency of our up-to-date collection of this data. We increased our collection rate from 40% to a new high of 88% for clients with whom we had an opportunity to collect. Now with this data we can do analysis using health equity indicators to analyze if our clients who are low income, indigenous, francophone or new to the country are getting health care such as cancer screening, influenza immunization, appropriate routine testing at comparable rates. This equity data is now built into our provincial data holdings called BIRT so that analysis can be standardized across CHCs. We have included an equity indicator that CHCs agreed to report on in common around cancer screening.

Patient/client/resident partnering and relations

Stonegate CHC engages our clients and the community in a variety of ways. We offer many health promotion activities open to the public and community events, such as our Farmer's Market that attract wide community interest. We have an active social media presence that we use to promote centre activities and provide health information. This year and next we will be part of a pilot regarding Social Prescribing. This program called Altogether Better has been imported from the United Kingdom where it has operated for the past 10 years. Community members are recruited to become Health Champions. The Health Champions then co-design program ideas with our team in order to expand the programming at the Centre. Health Care providers also report on the needs of the patients they are seeing so that those needs can be considered in the design of programs and services being created. As we were working on the development of our Strategic Plan for the next three years, we held community engagement sessions to allow for community input to shape our directions. These will undoubtedly also help shape the focus of our quality improvement initiatives.

Workplace violence prevention

Workplace violence is not an issue we have experience with in our workplace. Of course, with the move to a brand new Health Centre we have had to rethink our Workplace Violence Prevention strategies given the implications of the new physical environment. We built on the foundation of the policy and program review completed last year.

Contact Information

Aleksandra Proevski, Clinic Coordinator
aleksandra.proevski@stonegatechc.org
416-231-7070 ext. 236

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

Board Chair Hugh Williams _____ (signature)

Quality Committee Chair or delegate Aleks Proevski _____ (signature)

Executive Director/Administrative Lead Bev Leaver _____ (signature)

Other leadership as appropriate _____ (signature)

2019/20 Quality Improvement Plan for Ontario Primary Care

"Improvement Targets and Initiatives"



Community Health Centre

Stonegate Community Association 10 Neighbourhood Lane, Toronto, ON M8Y 0C5

AIM		Measure									Change				
Issue	Quality dimension	Measure/Indicator	Type	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	External Collaborators	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments
M = Mandatory (all cells must be completed) P = Priority (complete ONLY the comments cell if you are not working on this indicator) C = custom (add any other indicators you are working on)															
Theme I: Timely and Efficient Transitions	Efficient	Percentage of patients who have had a 7-day post hospital discharge follow up for	P	% / Discharged patients	See Tech Specs / Last consecutive 12-month period.	92243*	CB				1)				Our current Electronic Medical Records Software does not allow us to
		Percentage of those hospital discharges (any condition) where timely (within 48 hours) notification	P	% / Discharged patients	EMR/Chart Review / Last consecutive 12-month period.	92243*	CB				1)				Our current Electronic Medical Records Software does not allow us to
	Timely	Percentage of patients and clients able to see a doctor or nurse practitioner on the same day or	P	% / PC organization population (surveyed sample)	In-house survey / April 2018 - March 2019	92243*	54.95	85.00	We would like to improve same day next day access for clients and have set		1)Increase the number of same day appointments in Health Care Providers schedules Consider going with Advanced Access	Number of in house-surveys collected Consider sending survey out electronically to clients who have not been seen in a while	Number of surveys completed	Increase the number of surveys collected from patient and clients	
Theme II: Service Excellence	Patient-centred	Percent of patients who stated that when they see the doctor or nurse practitioner, they or	P	% / PC organization population (surveyed sample)	In-house survey / April 2018 - March 2019	92243*	100	100.00	Our current performance on this indicator is 100% We would like to continue		1)Survey through out the year. Explore IT solutions with new EMR if survey can be sent to clients after every visit	Medical secretaries to distribute in house-survey after clients have seen a Health Care provider	number of surveys collected	increase the number of surveys collected to 200	
		Client ability to get appointment on a date when needed	C	% / PC organization population (surveyed sample)	In-house survey / April 2019- March 2020	92243*	54.95	85.00	85 % We are working on improving this quality measure and providing		1)Increase access to Primary Health Care by inputting more same day/next day appointments in providers schedules.	Distribute in house survey Consider sending survey electronically to clients not seen in while	%of clients reporting that the last time they were sick or had a problem got an appointment on date they wanted	85 % of clients will report they have received an appointment on date needed	
		Client involvement in care decisions	C	% / Patients	In-house survey / April 2019- March 2020	92243*	CB	100.00	100 % of Client involvement in care is our goal We are committed to		1)Provide in house survey and or electronic survey to patients seen by NP/MD	Medical Secretaries to provide clients with an in house survey Promote to clients the importance of this survey	% of patients reporting involvement in care	% of patients seen by NP/MD	
		Percentage of clients feeling comfortable and welcome at the CHC	C	% / PC organization population (surveyed sample)	In-house survey / April 2019- March 2020	92243*	100	100.00	We have done very well in this indicator and would like to continue to do		1)Continue to provide Patient center care and excellence	Front line staff to encourage clients to complete in house -survey after they have attended a program or received a service	number of surveys completed	Our current performance is 100 % and we would like to continue to do a	
		Percentage of completion of socio-demographic data	C	% / PC organization population (surveyed sample)	EMR/Chart Review / April 2019-March 2020	92243*	88.1	95.00	95 % Sociology-Demographic Data is a very valuable data for us. We would		1)Continue to collect Socio-Demographic Data from all clients coming to centre	In house form completion Front line staff to encourage all clients to complete the socio-demographic questions.	% of socio demographic data collected	Our current performance is 88.1 % we would like to target for 95 % from all	
		Percentage of non-palliative patients newly dispensed an opioid within a 6-month reporting	P	% / Patients	CAPE, CIHI, OHIP, RPDB, NMS / Six months reporting period ending at the	92243*	0.7	0.50	% of newly prescribed opioids to be reviewed regularly every 6		1)Our current % of newly prescribed opioids is very low We would like to Monitor the % of opioid prescribed	Extract data on newly prescribed opioids from Electronic Medical Records every 6 months	% of opioid prescribed to be reviewed regularly every 6 months	% of patients with newly dispensed opioid will not increase significantly	
Equity	Equitable	Cervical cancer screening stratified by income and by racial/ethnic group	C	% / PC organization population eligible for screening	EMR/Chart Review / April 2019 March 2019	92243*	75	90.00	%of clients who received or were offered a pap smear in the most recent 3		1)Offer all eligible clients cervical clients screen	Health Care Providers to offer all eligible clients cervical clients screen We are already using EMR reminders for clients due for cervical screens	%of clients who received or were offered a pap smear in the most recent 3 years. Stratified by income/racial/ethnic group	Our current performance is 75 % we would like to aim for 90 percent of clients who	