QUALITY OBJECTIVES (What do we want to achieve with respect to Quality?)	ACTIVITIES (What is in place currently and what else needs to be done)	PERFORMANCE INDICATORS (How will we know we are making progress towards our objectives? How will we measure our performance?)	ROLES & RESPONSIBILITIES (Who will be involved in implementing this objective)?	ACCOMPLISHMENTS TO DATE	FUTURE KEY ACTIONS (What additional steps do we need to take to effectively implement this objective? When should they be completed?)
Objective #1: CLIENT-CENTRED We endeavour to provide care that respects the diversity of values and beliefs of all of our clients and families, recognizes their needs, and facilitates informed decisions, in an open, transparent and inclusive environment.	1. IN PLACE CURRENTLY: i. Sign-off on the client service agreement (contract) which includes client rights and responsibilities. ii. Update the welcome package (part of the intake process; includes the clients complaints policy) iii. Assess client satisfaction through the survey and program evaluations (which capture client satisfaction specific to that program) iv. Community Advisory Council (board) and Community Advisory Panel (priority populations) v. Community profile (defines baseline needs that programs respond to) vi. Plan of care documented (in purkinje)	A. Client input into satisfaction surveys	A. Community Engagement Worker	A. Last survey completed November 2012 by 2 nursing students recruited to lead the client satisfaction survey process. Working committee was struck at the end of Sept 2012; membership included: 4 staff reps from each team (Program, Clinical, Management, and Medical Secretaries); 2-3 clients.	A. Completed
		B. Measure program participation and evaluations	B. Programs and Services Director, Health Promotion and Diabetes Education teams	B. Program evaluations – ongoing. Group orientation checklist for programs developed and includes overview of mission and vision, VCHC orientation video, etc. For programs running from Sept to June, mid- term evaluation were supplemented by an open discussion. Health promotion and Diabetes teams completed the group orientation checklist for new programs starting Sept 2012 and ongoing.	B. VCHC brochure to be revised commencing in Fall 2012.

		C. Intake process survey (involved in setting goals; understand client rights and consent)	C. Community Engagement Worker and Medical Secretary Team Lead	C. Intake process and materials were examined and intake process is completed by Medical Secretary team lead for Clinical team. Intake process flow sheet developed and implemented – Summer 2012. Appropriate staff were trained to ensure a consistent intake process.	C. Completed
		D. Tracking client complaints (annual Board report)	D. Executive Director	D. Minimal complaints. Tracking through client complaint incident reports on an ongoing basis – Annual report to Board presented June 2012	D. Completed. Next report to Board to be presented January 2013.
		E. Best practice and quality service chart audits	E. Program and Services Director, Clinical and Diabetes Education teams	E. Best practice (once/year) & QS (once/year)	E. Best Practice audits completed July for MDs and NPs and October 2012 was completed for Allied Health professionals and Diabetes Team. Quality Service Audits to be completed Spring 2013.
	2. FUTURE/NEW WORK: A. Community Engagement activity (once/year) to increase awareness of available programs/services		A. Community Engagement Worker	A. Community Health Fairs (Diabetes fair – November 2011; Keeping Healthy in Vaughan community fair – May 2012; Community Consultation – June 2012;). Diabetes Health Fair took place November 23rd,2012	A. Completed

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Objective #2: ACCESSIBILITY We provide the right care, at the right time, in the right setting, and by the right provider, considering culturally appropriate, inclusive and relevant services to the community.	1. IN PLACE CURRENTLY: i. Physically accessible building (ramps, elevator, automatic door opener) ii. Access to providers o Uninsured clients o Advanced access – TNA o Languages/translation o Interpreter o Extended hours o Subsidized YRT tickets o Child minding services (social) o Multilingual/staff o AODA – JOHSC Review o Home visits/offsite services	A. Tracking system for number of uninsured clients served and not served in place.	A. Medical Secretaries Team Lead and Clinical Team Lead	A. i. # of uninsured clients served/not served monitored by Medical Secretaries and captured in dashboard A. ii. Open dashboard (read-only) to all staff – May 2012	A. Completed
		B. Tracking funds spent on uninsured clients	B. Clinical Team Lead	B. i. Payment guidelines agreement and process for uninsured clients reviewed and updated. ii. Medical Secretaries team reviewed process with all registered uninsured clients	B. i. Uninsured budget continues to be monitored by Clinical Team Lead. ii Completed
		C. Continue to implement Advance Access. Particularly 0-1 days TNA (third next available	C. Clinical team and Quality Improvement & Innovation Partnership (QIIP)	C. Regularly monitoring TNA and implementing strategies to enhance access. Clinical team meets monthly to discuss quality improvement in chronic disease management. QIIP and Clinical team have an ongoing discussion on how to improve this process.	C. Completed

		D. Number of requests for Saturday and evening bookings	D. Clinical Team Lead	D. 100% of Saturday clinic appointments are being utilized. Able to offer open access. Continue to monitor extended hour access on an ongoing basis.	D. Completed
		E. Number of requests for child care	E. Programs and Services Director, Medical Secretaries Team	E. Trained 2 groups of community residents as childminders. Childminders completed placements within VCHC. Medical Secretaries team to coordinate with Programs and Services Director scheduling arrangement for childcare (as per clients' requests)	E. Training is completed. Demand for childcare continues to be monitored by Medical Secretaries team and Programs and Services Director.
		F. Number of YRT tickets distributed to clients.	F. Receptionist, Medical Secretaries Team	F. Continue to provide YRT tickets at discounted rates to eligible clients as needed. Continue to monitor demand for YRT tickets on dashboard	F. Completed.
		G. Number of requests for interpreter	G. Medical Secretaries Team Lead	G. VCHC purchased a new video translation machine – translation provided by video in -all languages (one client at a time). Diabetes and Clinical teams orientated to phone and video interpretation. Introduction of translation machine completed at clinical team meeting in July 2012. Staff using resources based on clients' needs.	G. Completed.
		H. Health equity policy in place and staff orientation	H. Executive Director	H. Health Equity policy in place	H. Completed.

		I. Accessibility for Ontarians with Disabilities Act (AODA)	I. Programs and Services Director, Management Team, Joint Occupational Health and Safety Committee	I. Staff trained in customer service in June 2011; Joint Occupational Health and Safety Committee (JOH&S) committee and management reviewed and implemented staff suggestions. Community Engagement Worker followed up on recommendations from staff re: accessible washrooms and displays of promotional materials. Executive Director followed up with property management re: accessibility ramp and public washrooms. VCHC is ensuring that community partners and contractors have complied with the AODA Customer Service Standard. VCHC has submitted the AODA Compliance Report to the Ontario government.	I. Capital changes to site will depend on financial availability. Continue to monitor property management's response.
		J. CLHIN implementation of language support project (YCH/VCHC) – develop framework & inform decision-making (Mar. 31, 2012) i. Assessment of an acute primary and settlement organizations capacity to deliver language services. Assessment of sector capacity to provide language services. ii. Development of a decision support framework to be used by organizations to evaluate internal capacity to	J. Executive Director & Central Local Health Integrated Network Board, Management Team & Community Engagement Worker	J. All deliverables met and final report submitted to CLHIN	J. Completed

		implement translation services. iii. Translation Services Roundtable event held at VCHC to provide feedback on the language decision support framework.			
	2. FUTURE NEW WORK: 2A. Improve transportation to VCHC via a community bus (linked to VCHC's Accessibility Strategy) (ONGOING)	K. Regional Council response to advocacy efforts regarding transportation barriers for low income families..	K. Executive Director, Community Engagement Workers, Receptionist, Medical Secretaries (distributing YRT tickets)	K. York Region's initiative pilot projects for transportation for low income clients i) Transit Discount program – Staff informed and is completing applications for eligible clients as needed. It offers monthly YRT passes at a discounted rate to clients on Ontario Works and Ontario Disability Support Program ii) Transit Ticket Program – Grant received to offer free YRT tickets for vulnerable individuals accessing basic needs (health care, etc)	K. Completed
			2A. Executive Director	2A.i) Attended a meeting with York Region Transit and raised the issue regarding the community bus for Vaughan. ii) Attended meeting with York Region Transit on July 17, 2012. Was advised Vaughan community bus would not be initiated, however, YRT agreed to monitor usage of bus stop/traffic light at Vaughan Auto Road and Jane Street. If needed, will add zebra crossing. Clients were asked by Community Health Workers if	2A. Completed.

				transit information session was needed and no need was identified.	

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Objective #3: EFFECTIVENESS We strive to provide evidence-informed practice, which includes clinical care, health promotion, social services and community development.	1. IN PLACE CURRENTLY: i. Interdisciplinary Practices • Facilitate client referrals from clinical to social services. • Post the program calendar in exam rooms (Jan. 2012) • Facilitate client referrals from social to clinical services (for clients in common) • Call a meeting with providers (re: issues specific to clients) (ONGOING) • Communicate to clients that the	A. Number of internal referrals between teams for social programs	A. Receptionist	A. Tracking process in place and reviewed by Health Promotion team at quarterly planning meetings	A. Ongoing
		B. Number of information referrals at intake for new clients.	B. Medical Secretary Team Lead	B. Tracking process in place and reviewed by Programs and Services Director. Received funding from Ontario Trillium Foundation for System Navigation Case Manager.	B. Ongoing tracking and implementation of the System Navigation Case Manager role.

	community health worker will contact providers (ONGOING) • Identify trends in client referrals and bring to the clinical team to discuss (ONGOING) • Diabetes, Health Promotion, and clinical teams to identify topics for monthly health presentations, and develop an annual calendar and communicate this with the team (Dec. 31, 2011 & ONGOING) • Clinicians speak at community events/forums ii. <u>Clinical Team</u> • Annual best practice audits • Annual Quality Assurance audits • Professional development staff support • Up-to-date system (evidence-based literature – computer) • Medical equipment (up-to-date) iii. <u>Health Promotion Team</u> • Monthly program calendar and mini-flyers • Inform Clinical team of monthly health promotion programs and events	C. Review and revamp internal referral process.	C. Diabetes, Health Promotion, and Clinical teams	C. Internal Rx pads developed and used by the Diabetes, Health Promotion, and Clinical Team	C. Ongoing
		D. Improve documentation of external referrals to VCHC (e.g. diabetes clients referred in)	D. Data Management Coordinator, Diabetes and Clinical Teams	D. Data Management Coordinator provided Clinical and Diabetes teams with training on Purkinje.	D. Completed
		E. Community Health Workers are appropriately making information referrals and documenting in Purkinje (February - June 2012). As of June 2012, System Navigation Case Manager will continue to make information referrals, case management, etc.	E. Nurse Practitioner, Community Health Workers	E. Purkinje documentation training provided by Nurse Practitioner to Community Health Workers	E. Completed

	2.FUTURE WORK: Facilitate client referrals from clinical to social services. i. Verify that Community Health Workers fall under the Personal Health Information Protection Act (PHIPA) as Health Information Custodians to be able to access client's clinical notes		2A. Executive Director	A. Executive Director sought legal advice around the parameters of PHIPA of Community Health Workers. Guidelines drafted.	A. QI committee to work on finalizing the guidelines.

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Objective #4: <u>EFFICIENT</u> We optimize outcomes through the best use of resources – people, supplies, equipment and time.	1. IN PLACE CURRENTLY: i. Organizational culture and commitment to be flexible, and to find efficiencies ii. Expanding staff skills where appropriate (e.g. cross-training of support staff) iii. Internal referrals to maximize use of resources iv. Standardization – room set-up; number of steps between activities (e.g. extra waiting room) v. Pilot project – program assistant hired	A. CLINICAL MEASURES: i. Quarterly analysis of cost per encounter ii. No-shows iii. Third next available appointments iv. Cycle time (red zone) v. Monitor panel size	A. CLINICAL MEASURES i. Executive Director ii-iv Medical Secretary-Team Lead v. Data Management Coordinator and Executive Director	A. CLINICAL MEASURES: i. VCHC is required to report this on a Ministry template. VCHC changed its financial software to meet OHRS reporting requirements. ii-iv Advanced Access currently being monitored by Medical Secretary Team Lead. v. Executive Director continues to monitor panel sizes on dashboard.	A. CLINICAL MEASURES: i. Completed. ii-iv Completed. v. Completed.

	to prepare snacks and co-facilitate social programs. vi. Quarterly review of MSAA deliverables with staff at All-Staff meetings vii. Ensure each Medical Doctor –Nurse Practitioner client is assigned primary and secondary provider.				
	2. FUTURE WORK: A. Identify and train Purkinje champions amongst each team to help other team members overcome system issues (all 4 teams)	B. VCHC STAFF TEAMS: i. Achieving targets for each team. ii. Staff working to full scope of practice	B. VCHC STAFF TEAMS: i. Programs and Services Director	B. VCHC STAFF TEAMS: i. VCHC is surpassing clinical targets; clients are not waiting long to see Nurse Practitioners and Medical Doctors. Health Promotion team working towards achieving 60% direct care; 40% admin with a minimum of 10-13 clients per program ii. Registered Practical Nurse's scope of practice has been reviewed and expanded to include assisting in well baby well checks and annual physical exams, etc. Registered Practical nurse completing environment scans to see if further role expansion is necessary.	B. VCHC STAFF TEAMS: i. Clinical -Ongoing. Community Health Workers to continue to work towards achieving the 60% direct client care; 40% admin with minimum of 10-13 clients per program by October 2012. Timeline extended to January 2013. ii. Clinical team to continue implementation of expanded Registered Practical Nurse's role.
			2A. EMR Transition Team.	2A. VCHC is transitioning to Nightingale EMR software. Data validation stage is in process. Live date is January 17, 2013. Super users identified for software implementation.	2A.Data validation to be completed and staff to be trained by January 16th, 2013.

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Objective #5: SAFETY We provide care that optimizes outcomes and minimizes risk for clients, providers, students,	1. IN PLACE CURRENTLY: i. High risk policy checklist (BHO) ii. Strong workplace Joint Occupation Health and Safety (JOHS) Committee iii. Achieved 4 year Accreditation – October 2011 iv. Board Quality and Risk Committee	A. High risk policies in place	A. Programs and Services Director	A. High-risk policies (BHO) were reviewed and updated with the Clinical team. Annual review of high-risk policies by all-staff completed November 12, 2012.	A. Completed.

volunteers, and the Centre.	(part of annual Board work plan)	B. Number of health and safety incidents; good results from workplace inspection reports; annual review of health and safety policies	B. Joint Occupational Health and Safety Committee	B. JOHS Committee completed annual review of health and safety incident reports and workplace inspection reports; no trends were noted, no new hazards identified; annual review of health and safety policies completed and reported to management and all staff - no recommended changes. Delivered a refresher of panic button procedures at all-staff meeting on May 23, 2012. Developed a checklist and process to ensure staff's safety for off-site programs and services	B. Completed. Next report to the Board of Directors in January 2013.
		C. Number and type of client and staff complaints (e.g. aggressive behaviors from clients or poor service from VCHC staff)	C. Executive Director	C. Client and staff complaints monitored regularly by the Executive Director	C. Completed. Next report to the Board of Directors in January 2013.