

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 20, 2023



OVERVIEW

The Vaughan Community Health Centre (VCHC) continues to dedicate significant staff and leadership time to focus on the quality improvement program. The Vaughan CHC's 2023-2024 QIP is aligned with the VCHC's vision for client-centred care and the quality improvement initiatives are guided by the VCHC's key strategic direction of ensuring continuous quality improvement through investing in evidence-informed decision-making. For the 2023-2024 QIP, the VCHC will focus on four areas: 1) increasing access to primary care appointments in a timely manner; 2) completing race-based data for cervical cancer screening and identifying barriers and addressing those barriers, 3) providing timely access for new referrals for diabetes program and 4) providing access to urgent appointment for foot care.

PATIENT/CLIENT/RESIDENT ENGAGEMENT AND PARTNERING

The Vaughan CHC engages clients in quality improvement initiatives at the Centre. We have client representation on the Quality Improvement Committee who actively engage in the development and monitoring of the Quality Improvement Plan. They attend quarterly Quality Improvement Committee meetings and provide their feedback which is incorporated into the quality improvement activities or improvements to our current practice. Clients are also asked to share their feedback on primary health care services received and satisfaction with health promotion programs via the client experience survey. In addition, clients are asked to evaluate the health promotion programs. Their feedback is reviewed and discussed at team planning meetings and efforts are made to integrate clients' feedback into future or existing programs.

PROVIDER EXPERIENCE

Like many organizations, the VCHC was also affected by staffing challenges during the pandemic. To ensure that staff experience less burnout, we implemented a hybrid schedule. That is, staff are offered a flexible schedule to work onsite and offsite during the week. Based on staff feedback, this helped in decreasing stress and burnout.

WORKPLACE VIOLENCE PREVENTION

The Vaughan CHC has taken the following steps to monitor, reduce and prevent workplace violence. Policies on providing a harassment-free workplace, workplace accommodation and anti-discrimination have been developed and reviewed with staff. Staff has received anti-harassment training focusing on the definition of workplace harassment, the roles and responsibilities of employees, supervisors, and management, and reporting and investigation of workplace harassment. Vaughan CHC also has a Crisis Intervention Response Team, to ensure staff and clients/visitors work in a safe environment. The team assists in reporting, debriefing and evaluation of an incident. Workplace incidents are reported to the board and identified trends are addressed as required.

PATIENT SAFETY

To ensure VCHC promotes a safe and just culture, when there is an incident, an incident report is created and staff involved takes the appropriate measures to work with the clients in addressing the issue. As part of knowledge and learning, the scenario is discussed at team meetings, without identifying client information, to evaluate the situation and how to implement strategies to prevent future recurrence.

HEALTH EQUITY

As a Community Health Centre, we are committed to collecting socio-demographic data including race-based data. The information is collected at client registration. Since the Covid-19 pandemic, the Vaughan CHC has been the lead agency for the High Priority Communities Strategy in Vaughan. We have supported marginalized neighbourhoods with high Covid-19 positivity rate and low vaccination rate. We operated a Covid-19 testing centre and collaborated with local community partners in providing outreach and education about Covid-19, promoting uptake of vaccinations, and providing wraparound supports such as referrals and transportation to isolation centres and access to food, financial support and mental health services, etc. In 2022, as part of the Covid-19 recovery, we continue to focus on increasing access to Covid-19 vaccinations and mental health services for seniors and youth.

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 on

Daniel J. Ferman
Board Chair

Quality Committee Chair or delegate

LoAn Ta-Young
Executive Director/Administrative Lead

Other leadership as appropriate

2023/2024 Quality Improvement Plan - Primary Care
Improvement Targets and Initiatives

Vaughan CHC Corporation 206-9401 Jane Street, Vaughan, ON, L6A4H7

AIM		Measure		Measure		Measure		Measure		Measure	
Issue	Quality dimension	Department	Measure/indicator	Unit / Population	Source / Period	Current performance	Target	Target justification	External Collaborators		
Theme I: Timely and Efficient Care	A high-quality health system provides people with the care they need, when and where they need it	PRIMARY CARE	Percentage of clients provided same day access care, per week	% / Primary care organization population (surveyed samples)	April 1, 2023- March 31, 2024- EMR/Chart review	Collect baseline	Collect baseline and determine target	Collecting baseline based on client demand for same day/urgent appointments. Target to be determined once schedule is implemented and baseline is identified.	None		
			Percentage of clients scheduled using OCEAN platform, per month	% / Primary care organization population (surveyed samples)	In house survey / April 1, 2023- March 31, 2024	Collect baseline To review number of appointments per provider per week reserved for OCEAN, and determine how many of those are scheduled.	To collect baseline from OCEAN statistics and via in-house survey to increase OCEAN use.	VCHC would like to achieve a 10% increase of OCEAN appointments booked from current performance.	None		
			Percentage of new referrals to the diabetes program booked in a timely manner	% /patients with diabetes, aged 18 or older	In house survey / April 1, 2023- March 31, 2024	Collect baseline	Collect baseline	Collecting baseline, however aim to reach 60% of new referrals to be booked within 3-4 weeks from the date the completed referral is received.	None		
			Percentage of registered VCHC clients requiring urgent appointment for foot care	% / Primary care organization population (surveyed samples)	April 1, 2023- March 31, 2024- EMR/Chart review	Collect baseline	Collect baseline	Collecting baseline to 1) improve access to client's urgent foot care needs 2) to prevent registered clients of VCHC from accessing urgent care elsewhere	None		
Theme II: Patient/Client/Resident/Provider Experience	Better experiences result in better outcomes. Tracking and understanding experience is an important element of quality.	PRIMARY CARE	Percentage of clients who state that when they see the doctor or nurse practitioner, they or someone else in the office (always/often) involve them as much as they want to be in decisions about their care and treatment.	% / Primary care organization population (surveyed samples)	In house survey / April 1, 2023- March 31, 2024	Collect baseline	Collect baseline	Collecting baseline to determine current client experience and involvement in care decisions with VCHC primary care providers.	None		
Theme III: Safe and Effective Care	A high-quality health system works to ensure that people have access to the best care for their condition and that their care is delivered in a way that is safe and effective	PRIMARY CARE	Vaughan CHC is currently reporting 3.2% of New Opioid Starts, which are newly dispensed opioids prescribed by any provider in the healthcare system, not just at our CHC. This percentage is below the provincial average of 4.5%. As a result, this will not be an area of concern at this time given the data presented by the Alliance of Healthier Communities. Vaughan CHC will continue to monitor opioid use statistics when data is next available, including client data and emergency department visits in local hospitals related to opioid use.								
Theme IV: Equitable	Advancing equity, inclusion, and diversity and addressing racism to achieve better outcomes for patients, families, and providers is the foundation of a quality health system.	PRIMARY CARE	Percentage of clients eligible for a PAP test and who have responded to socio-demographic data questions about their racial/ethnic group.	% / Primary care organization population eligible for screening	April 1, 2023- March 31, 2024- EMR/Chart review	Collecting baseline	80%	VCHC would like to achieve collecting data from at least 80% of those who have not answered the racial/ethnic group response.	None		
		PRIMARY CARE	Percentage of recommended clients who received or were offered a cancer screening test ie PAP, stratified by racial/ethnic group.	% / Primary care organization population eligible for screening	April 1, 2023- March 31, 2024- EMR/Chart review	To collect baseline. For each racial/ethnic group, determine the number of clients aged 21-69 who are eligible for a PAP test and have not received one.	<10%	Target corridor recommended by the Alliance for Healthier Communities PAP stratified by racial/ethnic group: the difference between the group with highest % of PAP completed and the lowest % of PAP completed is <10%.	None		

Change	Methods	Process measures	Target for process measure
Planned Improvement Initiatives (Change Ideas)	Methods	Process measures	Target for process measure
1) Triage clients' needs when they call in to book an appointment and determine if need is considered urgent using criteria 2) Implement advanced access booking to provide timely access to urgent appointments 3) Educate clients on CHC's model of care	1) Implement advanced access booking by ensuring 5% of providers' schedule is available for same day appointments (1.5-2 hour per day) 2) Clinical and Reception teams to establish and confirm urgent/same day appointment criteria 3) For eligible clients in need of an urgent/same day appointment with a physician/nurse practitioner (MD/NP), Reception staff to find out reason for visit and book the appointment with the appropriate length of time (typically 30 minutes). To label appointment on EMR as "Urgent/Same Day" for triaging purposes. 4) Staff to remind clients of same care model. At least one provider will be available for same-day needs. A client may be offered an appointment with a provider who is not the primary care provider. 5) Monitor providers schedules on a monthly basis and determine if same day access hours are enough to meet client demand	For each quarter: 1) Front desk staff to monitor schedules on a weekly basis to have spots available for advanced access booking. 2) Clinical Team to review reasons for same day access appointments and appropriate use of appointments. 3) Calculate the percentage of clients who received same day access care over the percentage of total primary healthcare clients.	In each quarter, 1) Clinical Team and Reception Team to review appropriate use of same day appointments 2) To seek insight from Reception Team on client demand and if same-day access schedule is enough to meet the demand (based on criteria) 3) Calculate the percentage of clients who received same day access care over the percentage of total primary healthcare clients.
1) Increase awareness of OCEAN booking platform and its benefits 2) Implement promotion strategy of OCEAN platform 3) Monitor usage of OCEAN by clients	1) To educate VCHC staff on use and processes of OCEAN and staff to educate clients about platform. 2) Identify 1 or 2 VCHC staff champions who can provide 1:1 training on OCEAN (overview, follow-up with video resources) 3) Promotion Strategy: - Develop a "how to" resource for clients - Email communication to all clients re: OCEAN with this resource - Review and adjust signage at VCHC and online website to increase awareness of OCEAN 4) To monitor statistics available on platform reports = # of appointments booked per month	For each quarter: 1) Calculate the percentage of appointments booked on OCEAN. 2) Include questions on Client Experience Survey (for primary care clients) - Are you aware of the OCEAN booking platform? - Have you used OCEAN to book an appointment with your VCHC provider? If not, what is the reason for not using the OCEAN platform? (ensure how to use it, no access to technology, prefer to speak to someone for booking, etc.) - Are you interested in training on how to use OCEAN? (Yes, No) If yes, do you give permission for a VCHC staff to contact you for training? (Yes, No) 3) Add OCEAN to All Staff meetings and encourage staff to educate clients	In each quarter, 1) At least 30 surveys are completed each month 2) Compile results from survey answers to learn how many clients are aware of the OCEAN booking platform, reasons for not using platform, and any clients interested in being trained on how to use OCEAN
1) Increase access to Diabetes Education Group appointments and one-on-one 2) Timely triage based on priority levels ie urgent to non-urgent referrals.	1) Prebooking new one-on-one appointment slots and at least 3 monthly group appointments. 2) Continue to triage and call for appointment booking in a timely manner based on priority levels	1. For each quarter to track # of new referrals received and date of appointment booked/date of first appointment available 2. Client experience survey for newly referred to Diabetes Education Program (question to be determined).	For each quarter 60% of clients responded that they are satisfied with timely access to Diabetes Education Program
Pre-blocking urgent appointment spots, up to 2 appointments/week	Continue to triage client needs to avoid access to urgent care center visit	1. On a monthly basis track # of clients receiving urgent foot care appointment. 2. Is the demand for urgent appointments met? 3. Adjust urgent foot care appointment on a quarterly basis.	Collecting baseline to see if 2 urgent appointment spots/week are adequate & adjust accordingly.
1) Increase understanding of client experience through survey 2) Increase of physician/nurse practitioner engagement with clients during the visit. 3) Increase of engagement from Reception team and any other provider involved in their care to actively involve client in decisions, including offering a few appointment options based on client's preference.	1) Reception team asks client the reason for visit and schedules appropriate length of appointment time for each client. 2) The physician/nurse practitioner encourages clients to ask questions, ask for clarification and ask what they want regarding their care and treatment.	For each quarter: 1) Track the number of Client Experience Surveys completed on a quarterly basis 2) Track the number of clients who report feeling always/often involved in decisions about their care and treatment.	In each quarter: 1) At least 30 surveys are completed each month 2) Aim to increase percentage of clients feeling always or often involved in decisions about their care and treatment.
Increase client awareness of PAP testing and cancer screening benefits for positive health outcomes	1) Launch campaign to encourage completion of socio-demographic data, ethnicity question, including translated materials if needed 2) Develop and send targeted email to eligible clients regarding availability of PAP testing in first 2 months. 3) All staff involved in client registration to assure completion of all socio-demographic data questions and enter the information accurately into the EMR 4) VCHC to provide annual refresher training/best practices for staff who conduct new intakes. 5) Supervisors to monitor their team members' performance on socio-demographic data collection and follow-up with staff for improvement, as required.	For each quarter: 1) The Data Management Coordinator (DMC) to pull report on socio-demographic data for all those eligible for PAP testing, stratified by racial/ethnicity 2) Refresher training for staff to be completed during an All Staff meeting to improve data collection across organization	In each quarter: 1) DMC to pull socio-demographic reports for all eligible clients and aim to have the socio-demographic data question completed 2. Reception team to call and follow up on clients who have not completed socio-demographic questions. 3) Supervisors to follow-up with staff to review achievements after receiving the monthly report
Increase client awareness of the importance of socio-demographic information in helping VCHC to improve access to services.			
1) Offer a PAP test appointment to all eligible clients.	1. The Registered Practical Nurse (RPN) reviews the recall list on a quarterly basis and identify clients who are due or overdue for PAP test. 2. The front desk staff calls eligible clients to book an appointment.3. The RPN to identify clients who did not book an appointment/no show for PAP test appointment and to educate those clients on the importance of PAP test.	For each quarter: The DMC to pull a report on the number of clients who actually came in for the PAP test appointment (via EMR) stratified by racial/ethnicity.	For each quarter: 1. At least 80% of all eligible clients are called to offer an appointment for PAP test. 2. Identify racial/ethnic group with highest and lowest percentage of PAP completed and calculate the difference. If the difference is greater than 10%, must identify and address barriers for racial/ethnic group with the lowest percentage of PAP completed.