

Let's Make Healthy
Change Happen.



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



South East Grey
Community Health Centre

3/13/2019

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.

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Overview

The South East Grey Community Health Centre (SEGCHC) opened its doors on October 1, 2011.

At the SEGCHC, our vision is "Healthy People, Vibrant Communities". In order to achieve this goal, we have implemented our strategic directions which place the client in the center of all we do. Our five strategic priorities are:

Health Equity - Quality - Accountability - Community - Innovation

We link families with support and self-help groups that offer peer education, support in coping, and work to address conditions that affect health. As such, the Community Health Centre contributes to the development of healthy communities.

Our Mission is "High Quality, Equitable Healthcare for All". A major focus for the 2018-19 is to 'use a health equity lens in the work that we do'. Working with the community partners, including clients and families, we will deliver programs designed to meet the needs of marginalized groups including:

Seniors
Youth
Mennonites
LGBTQ
& others facing socio-economic stressors

In 2019/20, we will be working with the Bruce Grey Poverty Task Force to further facilitate community partnerships to advocate for poverty reduction and elimination. The Bruce Grey Poverty Task Force is made up of 6 sector-based Action Groups that dig deeper into the root causes of poverty in our communities and take action: Income Security, Food Security, Housing, Transportation, Bridges (Out of Poverty) Action Group and Moving Forward on Health Equity. We have some promising work coming out of the Grey County Homelessness Survey. We have leveraged our volunteer resources to continue expanding our Canada Volunteer Income Tax Program. We will offer the 'Getting Ahead Program' in late Spring and "Circles", a grassroots feedback table that addresses the multiple systemic barriers that keep people stuck in poverty, while also building their own resources and moving toward the goal of sustainable employment. We will begin the Good Food Box program out of our centre. We will continue to advocate and work towards dental services and oral health for seniors and adults with low income. We will support the coordination of transportation funds available through municipal governments to mobilize clients. Where possible, we will bring in partners to provide service on-site (financial literacy, skills upgrading, housing supports, community legal clinic, mental health and addictions support).

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

Southgate, Ontario is a local municipality in the southern part of Grey County. It is a rural township with 2 small villages of Dundalk and Holstein and several small rural hamlets. The Township is 644 hectares (249 sq. miles) in size and has a population of 7,190. The area has been experiencing rapid growth over the past year, with the announcement that 1,200 single family residences would be constructed, beginning in 2018, and future phases to include a 4-floor, 80 unit seniors residence completed in 2020. The steady in-migration of new residents to the area, resulted in an urgent response for increased primary care services.

In Spring of 2018, the South East Grey Community Health Centre was made aware of the pending retirement of a long-time Community Nurse Practitioner who was the sole practitioner for the VON Clinic, serving 1,500 residents. A large number of the clients were Mennonite. Recognizing the imminent threat of high-risk, orphaned patients, the CHC began working with VON Canada during the summer months around a seamless, warm-transfer of clients to the CHC roster. The overall communications and workplan included how clients would be notified, on-boarded and receive timely care. As this plan began to take shape, an unexpected event occurred, when in October of 2018, the last sole-practicing physician gave notice to 3,000 patients, that he was leaving the community at the end of the month. With approximately 3 weeks to respond to the primary care crisis, the CHC revisited the work plan using quality improvement methodology, to reflect on Triple Aim, which spoke to improving the health, care and value of the services delivered in Southgate. Such a rapid change also necessitated reflecting on guiding principles to ensure our work remained focused. The Health Quality Principles, (which are posted on our wall) rang true to what we were striving to do with this integration: Commit to ongoing quality improvement; Achieve healthy populations; Ensure accessibility for all; Partner with patients; Balance priorities; Uses resources wisely.

The SEGCHC rolled out a communications plan to current patients and the broader community. We provided patients with the opportunity to provide their feedback via a formal in-house survey. To administer the survey and provide support, a staff person was situated in the waiting area during clinic hours. We also had a communications specialist working to elicit feedback from both clients and non-clients around access to information and gaps. We experimented in using experience-based design (ebd) to gauge patient experience and based on this early and ongoing feedback, instituted several change ideas. Grounded in rapid-cycle improvement, we used PDSA cycles to create, implement and roll-out change ideas. Our change ideas included: 1) Ensuring that there was 1 staff person and manager available each day for walk-in and phone call inquiries, questions and concerns. This supported way-finding, system navigation ensuring a warm transfer to the most appropriate services and an overall better flow for onboarding 2) Developing and ensuring consistent messaging around onboarding, including availability and access to same-day and urgent care. 3) Keeping "one-number to call" for all sites 4) Moving Medical Administration to a back-office set-up to allow for increased phone volume and more 1:1 public facing time for reception to work with clients.

In November 2018, with the closure of the 2 existing clinics in Dundalk, the CHC secured and renovated a new space to meet the needs of over 5,000 patients. The CHC began rostering patients alongside the implementation of the new EMR system (PS Suites), which was a previous commitment we had made as an early-adopter organization and provincial leader.

In a very short time, the landscape of the CHC changed, as our client panel doubled in size. The CHC will continue to utilize quality improvement methodology as we navigate staff and clients through our expanded organization.

Patient/client/resident partnering and relations

The South East Grey Community Health Centre (SEGCHC) is one of 101 Community Health Centres (CHCs) in Ontario. We are a non-profit organization that provides primary care services with an emphasis on health promotion and disease prevention. The SEGCHC works with local residents to build the capacity of the community to improve the general health of individuals and families. Inherent in the foundation of the SEGCHC is health equity and responding to social determinants of health to reduce barriers in accessing services, programs and opportunities for health and wellbeing. In doing so, the SEGCHC conducts regular community needs assessments

with both rostered and non-rostered clients of the CHC. The community needs assessments direct the future operations of the CHC and allow for open communication around quality improvement initiatives. With our youth population, we partner directly through: Youth Grey Roots, Southgate Youth Advisory Committee, Grey Highlands Secondary School "Wellness Zone" and numerous community outreach programs/services and individual appointments. This youth voice has been informative in offering a 'built environment' in which youth can congregate, play sports, charge their phones, learn new skills and have increased access to primary care. With the Southgate Youth Advisory Committee, the CHC co-developed the "Adulting 101" curriculum. A formal evaluation around impact, gaps and needs will be conducted with the school board later in the school year.

In partnering with our senior population, the Council on Aging Grey Bruce provides older adults in Grey Bruce with a platform to have their collective voice heard at the municipal, county and provincial level. We provide pan-regional leadership on this council as the Chairperson. We have led 10 extensive community engagement sessions, resulting in our municipal government developing a Committee of Council: Southgate Seniors Advisory Committee and Grey Highlands Seniors Advisory committee. We have supported our seniors in co-developing a very successful seniors health fair, co-created fitness and education programs to meet evolving needs and in 2019-2020 will work with our seniors to co-create our Southgate Seniors Strategy, which will respond to the isolated and vulnerable seniors in our area.

Likewise, the CHC partners with over 20 Low German Mennonite Women to offer weekly ESL classes. Through this partnership, over the past year, there has been a co-creation of workshop requests/delivery such as health teaching on oral health and dental hygiene and more recently, First Aid courses in response to increased concerns with high risk farm emergencies.

As a communications and feedback tool, we instituted the "Lean Live Chat Room" for community members, as adapted through Resident's First. Having a visible forum for clients to ask questions and make suggestions about: primary care expansion in Dundalk; Southgate Seniors Strategy; Open Gym expansion and our program refresh was made possible through some large post-its and a few markers and pens. We used this technique to answer questions, but also roll suggestions into a larger work plan that provided future direction and resource allocation.

In terms of broader impact, we have recently surveyed hard-to-reach, non-CHC clients and will hear the preliminary report in April 2019-workplan to follow. We recently finished community engagement sessions at 9 different subsidized county apartments to evaluate impact, elicit feedback and grow our programs. Likewise, we spent 2 days with our largest employer and as a result have been piloting expanded hours to include the open gym and other health and wellness programs.

Lastly, the Canadian Index of Wellbeing: Report is expected out in April 2019, this broad community report will provide future direction and work by the centre on community vitality, wellbeing and belonging.

Workplace violence prevention

Workplace violence prevention is a priority for the South East Grey Community Health Centre, but it is not an identified strategic priority. All SEGCHC staff, including all new hires attend the "Code White: Mental Health and Crisis Intervention training. The Course provides staff with self-awareness, communication strategies, de-escalation processes, non-verbal and verbal intervention strategies.

In 2018, the Occupational Health & Safety Committee offered an in-service at an all-staff meeting outlining the Risk Specific Guidelines and Tips Checklist. All staff also reviewed "Assessing Violence in the Community: A Handbook for the Workplace" (Public Services Health & Safety Association).

At the time of on-boarding, clients must sign a Client Rights & Code of Conduct which outlines general expectations around behaviour to maintain a safe and welcoming environment for all clients and staff.

The SEGCHC team (reception, primary care and allied health staff) has had multiple opportunities to apply theory-to-practice, using their acquired knowledge in mitigating potentially riskful situations. Staff subsequently filled out incident reports outlining the role they played and this has been vetted back through the Joint Occupational Health & Safety Team. Timely follow-up occurs with staff via debriefing. Quality Improvement and change management happen as a result of reviewing each unique situation and assessing for future risk. 2 cases were recently presented to the SEGCHC Quality Committee of the Board that showcased staff knowledge and skill around workplace violence prevention.

Contact Information

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Other

In November 2018, the South East Grey Community Health Centre embarked on a multi-sectoral retreat which included cross-sectoral representation of executive leads and board chairs from regional health organizations: including South East Grey Community Health Centre (primary care), South West LHIN, Home and Community Support Services, Acute Care Hospital Sector, Children's Mental Health Lead Agency, Mental Health and Addictions. Moving forward, there was a commitment to look at an integrated balanced scorecard and a collaborative QIP for the year to come.

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 _____ (signature)
Quality Committee Chair or delegate _____ (signature)
Executive Director/Administrative Lead _____ (signature)
Other leadership as appropriate _____ (signature)