

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

February 22, 2024

OVERVIEW

The South East Grey Community Health Centre has introduced three large clinic-wide quality improvement initiatives that will be fully operationalized through the 2024-2025 QIP period. Following our work around the 2023/24 Primary Care indicator focused on “non-palliative patients newly dispensed an opioid”, the centre focused on leveraging internal and external resources to build sustainable pathways and processes to support best practices around care delivery for this client population. The SEGCHC was rewarded for its work and efforts in managing opioid use and addictions, and secured a Substance Use & Addictions Program (SUAP) grant to further focus on key outputs, all imbedded within a quality improvement framework.

The second large quality initiative that the CHC has embarked on is collecting and using sociodemographic information. Throughout 2023/24, the SEGCHC conducted a year-long project to develop a sustainable process related to the collection of sociodemographic information. With the merger of 4 different physician/primary care practices, the SEGCHC was presented with the insurmountable task of completing sociodemographic forms on thousands of clients. The SEGCHC organized an interprofessional team that met weekly to review the process and create PDSA cycles to test throughout the following week. With a sound process in place, the SEGCHC is now poised to collect SD information for our client base.

The third quality initiative that the SEGCHC is focused on this year is to collect and use data around social prescribing. The SEGCHC launched a social prescribing initiative in 2023-24. A new electronic referral form was built, a pathway was developed and providers received education and training. The social prescribing quality

initiative included measures around loneliness and wellbeing. As this data is received, along with the SD information, the SEGCHC will be able to make informed decisions around programs, services and better recognize gaps among our priority populations.

ACCESS AND FLOW

The SEGCHC is an affiliate partners of the Ontario Health Team-Grey Bruce. Through this collaborative table, and the sub-working groups/Community of Practice, multi-sector initiatives have begun to look at optimizing system capacity, timely access to care and patient flow.

The Model of Health & Wellbeing is foundational to the work of the SEGCHC, an approach which is grounded in community development, based on the social determinants of health, anti-oppressive and culturally-safe, population-needs based and accessible, among other things. The SEGCHC offers upstream health promotion and disease-prevention programs, services and education to keep people healthy and out of hospital. We offer specialty care including psychiatry, internal medicine, orthopaedics, midwifery, diabetes care, footcare and allied health services (RD, SW, PT). On-site hub partners include CMHA, Ontario Works and Children's Mental Health which provides community members with a one-stop shop.

The SEGCHC offers specialized appointments built into day, including same day and urgent appointments in provider schedules as well as urgent care appointments each afternoon manned by NP or MD to increase timely access to care and to respond to client care needs.

Working closely with our local hospital, we are able to provide timely follow-up upon discharge in-clinic, virtual or home visit, depending on individual circumstance. The Director of Clinical Services attends the local Medical Advisory Committee (MAC) and works on transitions in care with stakeholders from the hospital and rural family physician offices.

ADMINISTRATIVE BURDEN

The SEGCHC uses e-consults for specialty, not available locally or more complex cases. We provide guaranteed 1.5 hours admin time daily for paperwork and forms. Providers have a half day admin once weekly for paperwork and catch up. This built-in "safeguarded" time for charting, which is an essential requirement, but also ensures that providers can spend the focused time necessary in patient assessment, treatment and care. The SEGCHC leverages the tech specifications available through our PS Suites, including standardized referrals, including internal referrals to team member specialities.

The SEGCHC trialed the online appointment booking software OCEAN through a one-time funding pilot that was made available at the tail-end of the pandemic. There were early successes seen with increased access, appointment reminders and confidential email options. The SEGCHC was unable to spread this success clinic-wide as the funding stream ceased.

EQUITY AND INDIGENOUS HEALTH

The SEGCHC has imbedded health equity as one of the foundational pillars in our 4 year Strategic Plan. The SEGCHC has an internal working committee HEAT (Health Equity Action Team) that looks to use sociodemographic data, engage with priority populations, assess gaps and challenges and co-design programs and services that address the inequities that exist in health among our most vulnerable and marginalized communities.

The SEGCHC has supported 75 team members in completing the San'yas Indigenous Cultural Safety Training. Many team members opted to take the advanced Core Mental Health ICS and the 'Enhanced Ontario ICS'. As training spaces are no longer offered through Ontario Health, the SEGCHC is exploring training opportunities through the Indigenous Primary Care Council. The SEGCHC is a founding member of the Moving Health Equity Forward in Grey Bruce Committee, which has championed oral health and the health equity tool for provider-use (wheel and interactive online with videos).

In 2024/25, all staff will attend a course entitled Equity, Diversity and Inclusion. We will begin mining the sociodemographic data that we receive to identify gaps in access to care and work with our community to build programming to suit.



PATIENT/CLIENT/RESIDENT EXPERIENCE

The SEGCHC is led by a community-governed Board of Directors. The Board of Director is cross-representative and includes users of the CHC services and has historically included persons with lived and living experience.

The SEGCHC conducts patient/client satisfaction surveys on a rolling basis. This decision was made due to low on-site clinic numbers during to the pandemic. By surveying a smaller number of clients more frequently, rather than a large number enmasse once yearly, the SEGCHC was able to course correct and look at continuous quality improvement ideas through smaller tests of change, thereby responding to the immediate need.

The SEGCHC has worked hard to engage clients through community

needs assessments, feedback and evaluation and codesign of programs and services. Many clients, who are users of the system feel encouraged to participate in different aspects of the CHC and often become volunteers. These volunteers offer first-hand knowledge around current issues, barriers and challenges that lie both within and outside of their unique experience. Early feedback from users, has been that our volunteers with lived and living experience have offered real, genuine support around resources and system navigation. Volunteers have likewise reported high satisfaction with their participatory involvement with health centre operations and "truly helping others".

Through the newly-funded Substance Use and Addictions Program (SUAP), the SEGCHC has engaged with clients who are users of the service in a peer-advisor role. The peer advisors co-design and test parts of the program pathway and delivery, review policies and procedures and offer peer support to clients.

Lastly, internal quality improvement project "socio-demographic information collaborative", involved client feedback at each step of designing the process. Clients provided feedback around length of time to complete, readability, providing a succinct preamble, including a glossary for terms around gender and sexual orientation and other FAQs. The co-design elements of this project gained the SEGCHC provincial notoriety and the project was presented at the conference: Building Equitable Integrated Healthcare in Richmond Hill, June 2023. The SEGCHC continues to meet quarterly to review data with a quality improvement coach and recommendations are made around next steps.

PROVIDER EXPERIENCE

Similar to our partners across all sectors in healthcare, the SEGCHC has experienced unprecedented human resource challenges.

The SEGCHC conducts a staff satisfaction survey every two years and upon receiving feedback, the leadership team reviews results and organizes responses into themes. These themes create a workplan which is reviewed with all staff and as an entire organization, solutions are generated and tested.

The SEGCHC has maintained flexibility in provider schedules, post-pandemic. Providers work 3 days in clinic and 2 days virtual. Providers are also offered adequate administration time to complete charting and other non-client facing duties. Providers have remarked that the safeguarded 'admin time' allows them to be 'in the moment' and focus entirely on clients for the duration of the appointment, which results in a comprehensive, rich, quality experience for clients, but also providers.

The SEGCHC ensures to optimize staff to the full scope of practice, including the expanded scope of RN-EC, RPNs, RDs and pharmacists.

SAFETY

The SEGCHC has a joint health and safety committee made up of representation from all departments and sites, including management and our corporate risk lead. Incident reporting requirements are reviewed annually by all-staff. Each reported incident follows the same reporting pathway, with response and persons involved depending on severity of incident. Each incident is elevated to manager and Executive Director as a part of the overall response and investigation. Incidents are reviewed at the Joint Health & Safety Committee for any additional structural or environmental improvements. Lastly, incidents are reviewed at the Quality Committee of the Board through a lens of quality improvement. Any changes or improvements that impact overall process or client experience are widely communicated via: social media, newsletter, posters or memos, Monday Message, meeting minutes etc.

The JHSC will review the recommended resource: Patient Safety and Incident Management Toolkit from Healthcare Excellence Canada

POPULATION HEALTH APPROACH

An important premise of the SEGCHC service delivery model, is to involve community partners and stakeholders in an integrated approach to meeting client needs. At our Erskine location in Dundalk, we can offer wrap-around services which include Legal Aid, Skills Upgrading, CMHA, Ontario Works, AA and Al-Anon, Rapid Access to Addiction Medicine (RAAM), Settlement Services, English Classes (Low German Mennonite), YMCA Employment Services, SEGSS Life Directions (Developmental Services) and CMHA. The SEGCHC has onsite partners such as Alzheimer Society, who

supports the Memory Clinic, Memory Cafe, Minds in Motion and social recreation activities; VON, who supports Sit and Get Fit, Bereavement Support Groups etc. The SEGCHC offers 2 free health and fitness programming in each of our locations, as well as outreach into smaller, rural communities. Some of these classes include: Yoga, Chair Yoga, Tai Chi, Indoor Walking, Urban Pole Walking, Zumba, Pickleball, Seated Chair Fitness and a FREE, accessible, community gym. Other services include clothing exchange, frozen meal program, good food box, food pantry, kids summer lunch program, shower program, seniors dental and healthy smiles (onsite) and check in and chat. The SEGCHC was a stand-out organization, leading the community volunteer income tax program with over 1 million dollars returned to the community members in the form of benefits.

One of the promising practices that will continue on into 2024-25 is the Social Prescribing Project, which often begins with providers identifying a non-clinical need and providing a social prescription, connecting individuals to one of the many programs and services that is offered. Providers will often use the poverty screening tool, asking "are you having difficulty making ends meet?" or eco-social prescribing "how are you managing in this heat wave?" "how are you managing with the recent snow fall/cold?". Many of our clients lack running water and reside in make-shift trailers on the back of property. Providers can connect individuals with heaters/fans or an indoor area to get relief.

CONTACT INFORMATION/DESIGNATED LEAD

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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

Board Chair

Quality Committee Chair or delegate

Executive Director/Administrative Lead

Other leadership as appropriate
