

Let's Make Healthy
Change Happen.



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



FAMILY MEDICINE
McMaster Family Health Team

4/23/2020

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

This QIP is focused on the McMaster Family Health Team (MFHT), which consists of the Stonechurch Family Health Centre (SFHC), McMaster Family Practice (MFP), and the Maternity Centre of Hamilton (MCH).

While we will continue to support the core themes of timely and efficient transitions, service excellence, and safe and effective care, we will focus on sustainable models of care and prioritize indicators that involve our multidisciplinary team and that are meaningful and relevant to our FHT setting and resources and that provide improvements to patient care. As an academic FHT the annual transition of medical residents offers opportunities for learning, for engaging in quality improvement (QI) and for ensuring that our clinic programs meet patients' needs. When possible, we will use opportunities to refine our QIP objectives and work with patients and staff to ensure a continued high level of patient care and high-quality working environment.

As an active partner in the local approved Hamilton Health Team (HHT), we are committed to strengthening community partnerships and leveraging collective resources to ensure sustainable and integrated care to residents of the Hamilton community, with special emphasis this year on our populations of focus.

Data quality plays a key role in the success of our quality improvement (QI) efforts, and we will continue to place emphasis on ensuring that our electronic environment (OSCAR EMR) supports accurate and standardized data entry. Additionally, to address our HHT priorities, we will explore and implement where appropriate, secure digital solutions that enhance care coordination, delivery and patient experience.

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

A large QI focus for the MFHT was improved communication with our patients, specifically regarding two-way communication and violence in the workplace processes. Working with our Patient Advisory Committee, MFHT created a communication tool to assist patients, families, clinic staff and healthcare providers in understanding how we hope to engage with one another. Patients provided invaluable insight into what their expectations were, and what language resonated with them in such communications. An equal number of staff and clinicians from the FHT brought their perspective to the table.

The result of this collaboration is a unique communication strategy that outlines what a successful relationship looks like, who to contact when things do not go as expected, and what challenges may lead us to ending our care relationship. In providing the tool in a variety of formats (brochure, poster, slides, website, social media) we use it as a conversation starter with new patients, a clarification tool for current patients, and as a basis for re-framing our relationships when expectations are challenged.

Further to this, an extension of our Violence in the Workplace policy was created providing clear steps for patients and clinicians/staff to understand the varying levels of escalation that may lead to termination of a care relationship. The implementation of these new processes and policies took place in early 2019.

After the successful launch of these new communication tools and processes we received the highest rating to date in patient satisfaction survey results. The most recent results obtained at the end of 2019 show 100% satisfaction with care from healthcare providers in five standard categories as well as an average of 99% in four areas related to communication and appointment booking. We feel this success is in part due to the QI initiative focusing on improved communication.

Other areas of increased satisfaction include:

- Wait-time between appointment booking and visit
- Wait-time during appointments
- Appointment preparation

Specific comments from patients further support this:

"Clinic gets better and better"

"Wonderful health clinic. Philosophy is woven through all interactions from front desk, nurse, doctor"

"All visits are exceptional with respect to addressing concerns"

Collaboration and integration

In recent years many of our groups, program and individual services have been made available to all rostered and non-rostered patients of the FHT, and to the broader community in Hamilton. We have worked with our primary care partners to establish cross referring systems for unique programs each organization may provide in hopes of minimizing duplication of programming and the best efficiency of Allied Health and Nursing resources in the city.

Partnerships with key community stakeholders are always evolving. We currently have over 30 city partners engaged in a variety of different ways. This may include taking on their orphaned patients, providing specific programs of care, our referrals to them or partnered programming.

Hamilton Health Team (HHT)

The most impactful partnership in the past year includes our participation in the initial Hamilton Health Team (HHT) to change the provision of healthcare in the City and surrounding areas. Breaking down barriers to better continuum of health and improving social determinants are key goals of this work for the community at large.

Vision

A healthier community that provides an equitable and seamless continuum of care that actively improves population health and meets the individual needs of our community. A population that is:

- Healthier, with lower rates of chronic illness;
- Activated, informed, and empowered to navigate the system; and
- Treated equitably

Priority Populations

The HHT has identified the following populations as the year-1 focus:

- Adults with mental health and addiction concerns
- Children and youth with mental health and addiction concerns
- Older adults with multiple chronic conditions

Year-1 Goals

- Reduce frequency of ED visits for care that could be provided in the community by establishing a mobile, multi-sector transition team for high users transitioning from hospital
- Reduce 30-day inpatient readmission rates through more effective transition planning and connecting/reconnecting patients to wrap-around services from home and community care providers
- Increase the percentage of patients who had a virtual encounter in the last 12 months through our targeted expansion and improvement of successful digital platforms that offer virtual care
- Improve the rate of post-discharge follow up by primary care within 7-days of discharge by working with the transition teams at our hospitals, and aided by the embedding of LHIN care coordinators in primary care

Other partnerships of note for the MFHT

- The first primary care practice (non CHC) in Hamilton to embed Home and Community Care Coordinators into our practice.
- Indigenous Populations engagement: We are committed to the truth and reconciliation efforts in our FHT. Over the past year, every clinician and staff member has been sponsored to spend a day at the Woodlands Cultural Centre in Brantford, ON to learn more about the history of and way forward with our Indigenous community. This work and education will be ongoing with a second wave of purposeful engagement with our physicians and staff this coming year. We hope by fostering such understanding and collaborating with Six Nations our care of and relationships with these populations will be improved.
- Public Health co-location of clinics at the downtown site with ongoing collaboration for program such as sexual health clinics and smoking cessation partnerships. Regular opportunities to meet with PH and MFHT staff made available (co lead by leadership from both organizations). We represent primary care and participate in meetings held by Public Health regarding service planning for the community, this has included concussions and dental health for seniors, emergency planning, breastfeeding initiatives etc.

We are committed to serving all individuals at the MFHT. This includes regular educational opportunities to better understand how to provide care in an equitable way. In recent years all staff and clinicians working at the FHT have been provided with Diversity training, Allies in Action training and the Indigenous educational initiative described above.

Patient/client/resident partnering and relations

The MFHT Patient Advisory Committee continue to work to ensure collaboration in how we provide service. In 2019 the focus of this group turned to unnecessary emergency room usage and outside use of walk-in clinics by our rostered population. Once again, new tools were created in partnership with our patients to provide further education as to the best use of healthcare resources when they have a concern. Examples of these new resources include changing the language on our voicemail systems, creating magnets to promote our after hours and weekend clinics and tweaking our new patient orientation information to ensure patients understand why we are the best resource to reach out to with any non-urgent healthcare needs.

The MFHT clinics now have a nursing triage line that supports clinical questions our patients may have to streamline efficient communication and how to best meet their healthcare needs. Patient speak directly to a nurse, and if they are already engaged with another patient, their voicemails are returned the same day.

Several of our Patient Advisory Committee members have been invited to represent the MFHT at the Hamilton Health Team tables to ensure the voice of primary care patients is included in all decision making and development of this new initiative.

Workplace violence prevention

The MFHT is comprised of staff employed by either McMaster University or Hamilton Health Sciences and as such, both organizations have extensive policies in place regarding workplace violence and harassment issues. Managers and supervisors are trained to follow these policies and provide the relevant interventions and supports when issues arise.

Monthly Health and Safety Meetings take place, as well, staff are provided with a “health and safety tip of the month” in staff meetings. The Health and Safety Boards in staff areas are updated regularly with relevant policies and staff complete mandatory online and paper code reviews annually.

Further to this, as outlined above, the MFHT also created a specific process and a policy around patient interactions and concerns. A communication plan and resources to guide codes of conduct have been implemented. Upon enrolling in the clinics, patients are informed about the expectations.

Alternate level of care

Over the past year, we worked in partnership with our local hospitals and the Hamilton FHT to transition a group of ventilated patients out of long-term residency in hospital to a community setting operated by AbleLiving/Thrive. The first three of an anticipated six patients have successfully transferred. Their primary care is being managed through a Hamilton FHT nurse practitioner working in collaboration with one of our physicians. Thus far, the process has gone well.

Other activities in our organization indirectly contributing to ALC and are areas of focus:

- Providing team-based support to palliative patients in their homes
- 7-day post-hospital discharge follow-up aimed at preventing hospital readmission
- IDS data contribution and analysis for interventions that keep patients out of the hospital

Digital Health

In alignment with targets outlined in the Ontario Health Teams Digital Health Playbook, our goal is be leaders in Virtual Care, by achieving a target of converting 2 – 5% of in-person clinical encounters to virtual care encounters (phone, secure messaging or video visit) for eligible patients.

The MFHT currently offers phone appointments as well as secure messaging via the KindredPHR platform to all patients. We are also rolling out video virtual care for our patients utilizing WELL Health's VirtualClinic+ platform and are planning further offerings of integrated patient engagement tools that includes virtual care, patient self -booking, patient reminders and electronic surveys.

The MFHT is a leader in piloting new digital health initiatives. We continue to provide primary care data to Clinical Connect and IDS, and have recently rolled out contextual access to Clinical Connect via ONEID. All the MFHT physicians and nurse practitioners have access to and utilize eConsults and the plan is to roll out eReferral in partnership with the HFHT in 2020.

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

Board Chair David Price

_____ (signature)

Quality Committee Chair or delegate Kathy DeCaire

_____ (signature)

Co-Executive Director Jill Berridge

_____ (signature)

Co-Executive Director Barbara Flaherty

_____ (signature)