

Let's Make Healthy
Change Happen.



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

McMaster Family Health Team

DEPARTMENT OF FAMILY MEDICINE

4/01/2019

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.

ontario.ca/excellentcare

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).

As in previous years, we will continue to focus on sustainable models of care and prioritize programs that involve our multidisciplinary team, that are relevant for 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. Our monthly Clinicians meetings are used to provide updates on the planning and implementation of QI initiatives, and a bi-annual allied-health staff summit is held to plan QI and measurement work specific to FHT programming. We also work closely with our patients through our Patient Advisory Committee and with a variety of feedback tools to ensure a high level of patient centred care and a high-quality working environment.

Our QI efforts rely heavily on the quality of our data, and we will continue to place emphasis on ensuring that our electronic environment supports accurate and standardized data entry, making improvements to OSCAR where necessary. We encourage a high level of data quality and provide physicians with Data Discipline Scorecards that reflect varying levels of data quality, and that identify key areas of care while providing opportunities for enhancements in patient care and outcomes. Periodic focus on key scorecard indicators has encouraged improvements in data entry and quality. Our efforts to simplify the process for adding standardized disease registry terms to patients' records has been successful as we have seen a significant increase in appropriate disease identification and tagging for our patients. To enhance EMR data quality even further, we are engaged in back-coding patients' disease registries where possible. The MFHT is the first FHT in LHIN4 to participate in Integrated Decision Support (IDS), contributing data that follows patients throughout the health care system and better connecting health information across the continuum of care.

We will continue to address population health and equity through various initiatives in our clinics as well as ongoing work and program development with community partners. Continued work with our Patient Advisory Committee (PAC) will focus on patient use of outside services (including use of Urgent Care and Emergency Rooms) and ensuring that patients are aware of our after-hours clinics.

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

This year the MFHT became the first FHT to contribute patient-level data that is available to hospitals, CCAC and multiple LHINs through the online data warehouse - Integrated Decision Support (IDS). We partnered with Hamilton Health Sciences (HHS) to define a minimum data-set, develop a standard specification for the submission of FHT primary care data and develop a process for loading standard FHT data submission files into IDS. This partnership has allowed us to retrieve information on health service usage and track individual de-identified patients, following their journey of care throughout the health care system.

Through IDS we now have access to more complete information for our patients using a variety of reports, analytical views and dashboards. Our FHT dataset focuses on four key categories of information that date back to 2012:

1. Patient Level Information (e.g. place of residence, age, roster status, etc.)
2. Patient Events (e.g. date & time, physician of visit, etc.)
3. Services Provided Information (intervention and diagnostic information)
4. Historical Disease Registry (all-time disease list for each patient)

Through the use of IDS we have identified several opportunities for facilitating QI using patient-level and aggregate-level data including:

- Identification of in-patient mental health admissions for development of social work counseling programs
- Regular update of patient charts in OSCAR EMR to maintain data completeness and accuracy (e.g. updates for deceased patients' status and disease registries)
- Use of CTAS 4/5 data to develop targeted communication and education for patients regarding appropriate use of the emergency department (ED)
- Identification of hospitalizations for ambulatory care sensitive (ACS) conditions and development of appropriate clinical programs
- Identification of patients discharged from hospitals with specific diagnoses for targeted follow-up
- Identification of patients discharged from hospitals to facilitate timely clinic follow-up and to prevent re-admissions

Our IDS collaboration has facilitated a connection that makes a person's health information available in one place while tracking usage across the continuum of care.

Patient/client/resident partnering and relations

The MFHT Patient Advisory Committee (PAC) is aimed at bringing patient voice into our decision-making, program development and overall focus on patient centred care. In 2018/2019 the PAC successfully developed a Code of Conduct (Patient Rights and Responsibilities) for our clinics, as well as a communication plan and resources to guide the implementation of the Code of Conduct. In 2019/2020 the PAC focus is on patient use of outside services (including use of Urgent Care and Emergency Rooms) and ensuring that patients are aware of our after-hours clinics and our accessibility to ensure the right care by the right provider at the right time.

We continue to receive high ratings from our patient experience surveys and will continue to request patient feedback on a semi-annual basis. Our patients have identified electronic mail (email) as a viable and convenient means of communication with them, and we are working through the process of collecting email addresses and ensuring a signed email consent form is available in all charts for patients wishing to be emailed by our clinics.

We will continue to provide a patient services venue specifically for patients to connect with us at any time regarding questions, concerns and ideas. Services are available via our websites, email connection, by telephone, in person, and via social media.

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.

In 2018/2019 the Patient Advisory Committee (PAC) focused on developing a Code of Conduct (Patient Rights and Responsibilities) for our clinics, and a communication plan and resources to guide the implementation of the Code of Conduct. A Code of Conduct also exists for both staff and physicians. Upon enrolling in the clinics patients are informed about the expectations. Mediation is set up when there is a concern, in person and in writing.

Contact Information

Jill Berridge

Clinic Director
McMaster Family Practice
coExecutive Director
McMaster Family Health Team

David Braley Health Sciences Centre
100 Main Street West, 3rd Floor
Hamilton, ON L8P 1H6
T: 905 525 9140 x28934
C: 519 771 3608
F: 905 528 3899
E: berridj@mcmaster.ca; berridge@hhsc.ca

Other

Sign-off

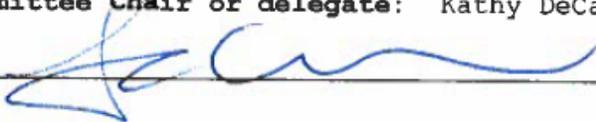
It is recommended that the following individuals review and sign-off on your organization's Quality Improvement Plan (where applicable):

I have reviewed and approved our organization's Quality Improvement Plan

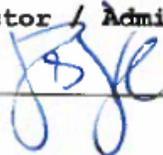
Board Chair: David Price


_____ (signature)

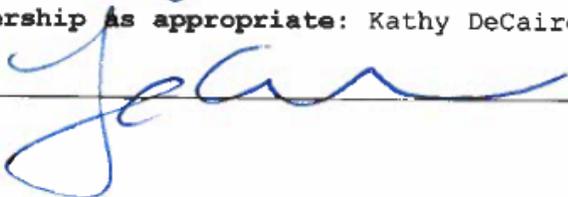
Quality Committee Chair or delegate: Kathy DeCaire


_____ (signature)

Executive Director / Administrative Lead: Jill Berridge


_____ (signature)

Other leadership as appropriate: Kathy DeCaire - Co-Executive Director


_____ (signature)