

Let's Make Healthy  
Change Happen.



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



Centre de santé communautaire  
**CHIGAMIK**  
Community Health Centre

3/26/2019

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 centre de santé communautaire Chigamik Community Health Centre is a non-profit, community-governed, primary health care organization located in Midland, Ontario. This unique centre serves the Indigenous and Francophone communities of the entire North Simcoe and Muskoka LHIN and the Anglophone community of Midland, Penetanguishene, Tay, and Tiny. Chigamik provides a combination of primary care, allied health services, health promotion programs, traditional Indigenous medicine and culturally relevant community development initiatives which are holistic, and offered in French and English.

This document provides an overview of the CHIGAMIK Quality Improvement Plan (QIP) for the 2019-20 fiscal year and describes quality improvement achievements from the past year and plans for improvement in the next. CHIGAMIK's 2019-20 plan focuses on safe, effective, efficient, equitable client centred care. Within the last year changes have been implemented to drive a new and robust QIP that focuses on industry best practices of care in the areas of diabetes and Opioids.

Our upcoming QIP includes indicators which match our strategic plan goals and priorities identified by Health Quality Ontario. The QIP priorities include:

- Developing thorough interdisciplinary assessments and care plans for clients with living with diabetes
- Addressing the opioid crisis through practice analysis and change
- Ongoing measurement of client satisfaction and engagement

The details of the change ideas to be implemented can be found in our concurrently submitted work plan.

The upcoming QIP has maintained a clinical focus and includes new indicators for our other services and programs. Community Health Centres (CHCs) work within a model that allows wrap around care for clients. We have a strong focus on the mitigation of the influences of social determinants of health on clients' lives. This work is achieved by providing services and programs which address health inequities both in the local community, and systemically.

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

In the past year we have had two main areas of strong improvement:

1) Client Satisfaction (as shown through feedback on our Client Satisfaction Survey):

- When asked "when you see the doctor or nurse practitioner, do they or someone else in the office involve them as much as they want to be in decisions about their care and treatment?" 91% of our clients answered always/often. This was a large increase from 80% in last fiscal year. This was done by hard work from staff to ensure our clients are at the center of everything we do here

2) Same Day/Next Day:

When asked "are you able to see a doctor or nurse practitioner on the same day or next day, when needed?" 56% of our clients answered always/often. This was a large increase from 27% in last fiscal year. This was largely due to implementing our same day/next day bookings. This change has been received positively by Chigamik's clients. During the implementation of this change we were cognizant that some appointments require future booking and have therefore carved out time each day for each provider to have advanced bookings that allow us to meet the specific needs in special circumstances. During the upcoming year, the client satisfaction survey

will be used as a tool to measure satisfaction among our clients ensuring that this booking strategy meets the needs of all Chigamik clients.

### Patient/client/resident partnering and relations

In the past year, client satisfaction surveys were completed by approximately 5% of Chigamik clients. This was largely a result of the inclusion of a biannual phone blitz to facilitate the completion of the survey by a random sampling of clients. The results of the survey have been analyzed and findings have contributed to this QIP and informed the indicator whose action item ensures clients are included in decision making related to their care. Current initiatives include: same day/next day availability for clients to be seen in a timely manner; and a review of all client complaints to ensure any emerging trends are handled quickly and efficiently.

A significant effort to engage our clients and the community at large through a membership campaign has resulted in the addition of members this year. Membership brings with it special privileges including eligibility to vote at the annual general meeting. Additionally, members who are passionate about the work done at Chigamik can transition into board roles as informed participants.

### Workplace violence prevention

At CHIGAMIK we ensure staff feel safe in their work environment and are free from workplace violence in a number of ways:

- All new staff must complete a thorough Workplace Health and Safety orientation upon hire that includes the following: WHIMIS, emergency exit procedures, accessibility standards, rights and responsibilities, hazards in the workplace, privacy and confidentiality, use of personal protective equipment and reporting accidents and injuries. Furthermore new employees are provided with a tour of the space to observe the locations of exits, first aid supplies, the defibrillator, alarms, health and safety board with all required information as per the OHSA, and fire extinguishers.
- We conduct annual staff training on workplace violence and harassment with corresponding quiz and policy review
- All staff are fitted for masks every (3) years to be worn in the event of an outbreak
- Most staff are trained in First Aid/CPR
- We have a Business Continuity Plan in place in the event of an external disaster
- Every 2 years we conduct a confidential staff survey regarding workplace violence and harassment evaluating perceived staff safety
- Every 2 years all staff take part in Crisis Intervention Training with a focus on crisis intervention, communication and self defense.
- Staff are offered ergonomic assessments of their work space by our physiotherapist to ensure a safe and comfortable work environment
- Every office where clients are seen include a panic button in case of emergency. When the panic button is activated a silent alarm will notify reception and police of the office location.
- We have a policy and procedure to cover employees who conduct home visits to ensure their safety and security. This policy covers our in/out board at reception, work cell phones, and a buddy system.
- Incident reports are reviewed on a bimonthly basis by the Health and Safety Committee where appropriate changes to processes and policies are initiated to mitigate the impact of future incidents.

## Contact Information

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## Other

CHIGAMIK CHC currently utilizes Nightingale on Demand (NOD) as its information management system. NOD is the primary method for collecting data related to our client populations. For the 2018-2019 fiscal year NOD continues to be the main resource for the collection of data associated with quality improvement. For example, information related to the CHC's supply and demand, provider activity, and client demographics, is collected solely through NOD.

During the 2016-17 year, NOD was purchased by TELUS. TELUS software platform called PS SUITES is currently being rolled out to the CHC's under the Alliance for Healthier Communities. Chigamik is currently completing data validation and staff training. We have a Go Live date set for May 13th 2019. At that time PS SUITES will then be the main resource for the collection of data associated with quality improvement.

## 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)

## Excellent Care for All

### Quality Improvement Plans (QIP): Progress Report for 2018/19 QIP

The Progress Report is a tool that will help organizations make linkages between change ideas and improvement, and gain insight into how their change ideas might be refined in the future. The new Progress Report is mostly automated, so very little data entry is required, freeing up time for reflection and quality improvement activities.

Health Quality Ontario (HQO) will use the updated Progress Reports to share effective change initiatives, spread successful change ideas, and inform robust curriculum for future educational sessions.

ID	Measure/Indicator from 2018/19	Org Id	Current Performance as stated on QIP2018/19	Target as stated on QIP 2018/19	Current Performance 2019	Comments
1	Percentage of non-rostered clients (community members) who provide self-reported socio-demographic and equity-related data. ( Count; All patients; Fiscal Year; In-house survey)	91566	CB	CB	CB	This indicator relied on the early implementation of our new Electronic Medical Records (EMR) system which unfortunately will not be coming into effect until Q1 2019-20. We were unable to collect this data accurately and reliably for 2018-19.
Change Ideas from Last Years QIP (QIP 2018/19)		Was this change idea implemented as intended? (Y/N button)		Lessons Learned: (Some Questions to Consider) What was your experience with this indicator? What were your key learnings? Did the change ideas make an impact? What advice would you give to others?		
Improve socio-demographic data collection methods with non-rostered clients (community members), specifically equity-based indicators.		Yes		We are currently in the process of implementing a new Electronic Medical Records (EMR) software. With the new EMR we will be able to get clients to swipe their Health Card and be prompted to update their socio-demographic as well as demographic information. At this point in time with our current EMR the focus is on cleaning up our data as well as asking clients when then are in for an appointment. We have also included additional socio-demographic questions to the consent/intake form for clients that are participating in group programming.		

ID	Measure/Indicator from 2018/19	Org Id	Current Performance as stated on QIP2018/19	Target as stated on QIP 2018/19	Current Performance 2019	Comments
2	Percent of patients who stated 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? (%; PC organization population (surveyed sample); April 2017 - March 2018; In-house survey)	91566	79.71	88.00	90.74	The improvement in this indicator this past year was great and something we are very proud of. We are continuing to track this indicator in the 2019/2020 QIP with an even greater target.

Change Ideas from Last Years QIP (QIP 2018/19)	Was this change idea implemented as intended? (Y/N button)	Lessons Learned: (Some Questions to Consider) What was your experience with this indicator? What were your key learnings? Did the change ideas make an impact? What advice would you give to others?
Review our Client/Provider Complaint Process	Yes	We reviewed and made changes to our Client/Provider Complaint process and ensured that all clients were aware of how to make a complaint
Dedicated Primary Care client satisfaction survey collection twice yearly, winter and summer	Yes	We had a nursing student assist us with calling clients to get them to complete the survey. This upcoming year we will continue with strategies aims at increasing the uptake of our client satisfaction survey

ID	Measure/Indicator from 2018/19	Org Id	Current Performance as stated on QIP2018/19	Target as stated on QIP 2018/19	Current Performance 2019	Comments
3	Percentage of patients and clients able to see a doctor or nurse practitioner on the same day or next day, when needed. (%; PC organization population (surveyed sample); April 2018 - March 2019; In-house survey)	91566	27.42	50.00	56.25	This was an extremely successful indicator this past year.

Change Ideas from Last Years QIP (QIP 2018/19)	Was this change idea implemented as intended? (Y/N button)	Lessons Learned: (Some Questions to Consider) What was your experience with this indicator? What were your key learnings? Did the change ideas make an impact? What advice would you give to others?
Pilot a same-day appointment model.	Yes	We implemented a same day/next day scheduling system where each provider maintains 1 day of pre-booked appointments with all remaining appointments only booking same day/next day. This has been very successful and we will continue with this strategy.
Efficient appointment re-booking strategy	Yes	We decided that all clinical appointments will be booked by the front reception staff so they could ensure the re-booking was done properly to follow our same day/next day booking policy.

ID	Measure/Indicator from 2018/19	Org Id	Current Performance as stated on QIP2018/19	Target as stated on QIP 2018/19	Current Performance 2019	Comments
4	Percentage of patients identified as meeting Health Link criteria who are offered access to Health Links approach ( %; Patients meeting Health Link criteria; most recent 3 month period; In house data collection )	91566	CB	CB	CB	This indicator relied on the early implementation of our new Electronic Medical Records (EMR) system which unfortunately will not be coming into effect until Q1 2019-20. We were unable to collect this data accurately and reliably for 2018-19.

Change Ideas from Last Years QIP (QIP 2018/19)	Was this change idea implemented as intended? (Y/N button)	Lessons Learned: (Some Questions to Consider) What was your experience with this indicator? What were your key learnings? Did the change ideas make an impact? What advice would you give to others?
Joint effort with Health Links to No develop a communication tool between Health Links and referring care providers.		We are currently in the process of implementing a new Electronic Medical Records (EMR) software. With the new EMR we will have increased reporting capacity to better identify clients who meet the Health Links Criteria.



ID	Measure/Indicator from 2018/19	Org Id	Current Performance as stated on QIP2018/19	Target as stated on QIP 2018/19	Current Performance 2019	Comments
5	Percentage of patients with diabetes, age 18 or over, who have had a diabetic foot ulcer risk assessment using a standard, validated tool within the past 12 months ( %; patients with diabetes, aged 18 or older; Last consecutive 12 month period; EMR/Chart Review)	91566	CB	CB	CB	This indicator relied on the early implementation of our new Electronic Medical Records (EMR) system which unfortunately will not be coming into effect until Q1 2019-20. We were unable to collect this data accurately and reliably for 2018-19. For 2019-20, this remains a priority. We have adapted the indicator to better reflect best practices in diabetic foot ulcer care.

Realizing that the QIP is a living document and the change ideas may fluctuate as you test and implement throughout the year, we want you to reflect on which change ideas had an impact and which ones you were able to adopt, adapt or abandon. This learning will help build capacity across the province.

Change Ideas from Last Years QIP (QIP 2018/19)	Was this change idea implemented as intended? (Y/N button)	Lessons Learned: (Some Questions to Consider) What was your experience with this indicator? What were your key learnings? Did the change ideas make an impact? What advice would you give to others?
Clients with diabetes, who are identified at risk of developing foot ulcers, are assessed by a trained foot care nurse using the monofilament test.	No	Unfortunately this indicator did not take a priority in the past year as we were unable to implement this change idea. We have set a higher priority for this indicator in the coming year. With our new EMR we will also have increased capacity to monitor our clients with diabetes.

ID	Measure/Indicator from 2018/19	Org Id	Current Performance as stated on QIP2018/19	Target as stated on QIP 2018/19	Current Performance 2019	Comments
6	Percentage of patients with diabetes, aged 40 or over, with two or more glycated hemoglobin (HbA1C) tests within the past 12 months (%; patients with diabetes, aged 40 or over; Annually; ODD, OHIP-CHDB,RPDB)	91566	57.70	80.00	46.50	Over the first two quarters, we were tracking well on this indicator. Unfortunately as priorities shifted we lost focus of this indicator and did not meet our target. In this upcoming year this is a high priority for Chigamik Community Health Centre. We are currently in the process of implementing a new Electronic Medical Records (EMR) software. Once this is implemented in Q1 of 2019 we will have the ability to create more detailed reports to ensure a we are contacting our diabetic clients at a minimum of twice a year to provide the best care and preventative health measures.

Change Ideas from Last Years QIP (QIP 2018/19)	Was this change idea implemented as intended? (Y/N button)	Lessons Learned: (Some Questions to Consider) What was your experience with this indicator? What were your key learnings? Did the change ideas make an impact? What advice would you give to others?
Nurse to review all eligible medical records to ensure clients are coming in twice a year for HbA1C testing.	No	Unfortunately over the past fiscal this indicator became a lesser priority with a large focus going towards our MSAA indicators. Now that our MSAA indicators are exceeding all of our LHIN set targets this next fiscal year will focus attention towards this indicator.

ID	Measure/Indicator from 2018/19	Org Id	Current Performance as stated on QIP2018/19	Target as stated on QIP 2018/19	Current Performance 2019	Comments
7	Percentage of patients with medication reconciliation in the past year ( %; All patients; Most recent 12 month period; EMR/Chart Review)	91566	CB	CB	CB	This indicator relied on the early implementation of our new Electronic Medical Records (EMR) system which unfortunately will not be coming into effect until Q1 2019-20. We were unable to collect this data accurately and reliably for 2018-19. For 2019-20, this remains a priority. We have adapted the indicator to better reflect the provincial priority: new opioid prescriptions for non-palliative clients.

Change Ideas from Last Years QIP (QIP 2018/19)	Was this change idea implemented as intended? (Y/N button)	Lessons Learned: (Some Questions to Consider) What was your experience with this indicator? What were your key learnings? Did the change ideas make an impact? What advice would you give to others?
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Develop and implement process for easy report-retrieval of clients with 6+ months of controlled substance use.

Providers to conduct medication review of clients charts with 6+ months of controlled substance use.





