



Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 05, 2021



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

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 2021-22 fiscal year and describes quality improvement achievements from the past year and plans for improvement in the next. CHIGAMIK's 2021-22 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 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.

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

Over the past year, Chigamik has focused on a number of different Quality Improvement Initiatives. One particular area of improvement worth highlighting would be Chigamik's success in increasing the rate of completion of Glycated Hemoglobin (A1C) testing for Chigamik Primary Care clients living with Diabetes. Glycated hemoglobin (A1C) is a valuable indicator of glycemic treatment effectiveness, and the information obtained from this testing supports clinical decision making and supports client self-management. Monitoring of A1C is consistent with best practice evidence for diabetes care and management and is a valuable clinical tool for the organization of diabetes care, monitoring and managing evidence-based targets for glycemic control for prevention of diabetes-related complications. Over the past year, Chigamik has increased the rate of completion of at least 2 A1C tests within a rolling 12-month period from a starting point of 46% to a current 64% (a 39% improvement from baseline across all

primary care clients with a documented diagnosis of Diabetes). Team efforts to provide timely identification of clients, client education and client outreach to coordinate and support completion of monitoring, regular reporting and proactive generation of client lists to identify clients due or coming due for testing have been instrumental in improvements to date. Efforts continue to further improve completion of this clinically significant test for glycemic monitoring in the year ahead with an emphasis on earlier identification of clients for the purpose of nurse-led outreach to support routine completion of this important test consistent with the most current clinical practice guidelines. This will include optimizing use of our new EMR to enhance clinician practice reminders and client call-back practices.

COLLABORATION AND INTEGRATION

In this community we have a history of QIP collaboration through the Health Link initiative over the past five years. This QIP collaborative effort is carrying over into our Expression of Interest for an OHT in North Simcoe as many of the same partners involved in Health Link are now core members of the North Simcoe Ontario Health Team. The Core group is CSC Chigamik CHC (Co-Chair), Georgian Bay General Hospital (Co-Chair), Wendat Community Services, North Simcoe Family Health Team.

In 2017/18 several partners from the North Simcoe sub-region undertook their first collaborative QIP. There were representatives from primary care, Mental Health and Addictions, LTC, HCC and Palliative Care. The work was focused on improving access,

transitions in care and reduction of 30-day readmission rates for the Chronic Obstructive Pulmonary Disease (COPD) patient population. This collaboration saw a 3.22% reduction in the number of COPD readmission within 30 days of discharge from Q1 to Q4.

GBGH has a commitment to provide summaries to primary care physicians within 48 hours of discharge. This collaborative work continues into our OHT application and whether or not we are selected as an OHT site. Health Link navigators receive e-notification of emergency department visits and hospitalizations of patients three times per week for timely follow-up. More than 12 GBGH team members and 13 members of the Collaborative QIP group have completed the IDEAS QI Training.

In preparation for our OHT Self-Assessment, the leadership of the planning table organizations have held a sub-region value stream mapping session to identify the Year 1 patient population for the North Simcoe OHT. The focused target population for Year 1 will be complex, frail seniors aged 65+ or 55+ if Indigenous, within North Simcoe (12,000+ people). Complex, frail seniors will be identified using the Canadian Study on Health & Aging (CSHA) Fragility Score as part of the NSFHT Community Seniors Care Program intake criteria (Appendix G) and the Canadian Index of Well Being Tool.

Other specific quality measures will be identified once we have confirmation of our OHT status as it is our understanding that there will be some direction from MOH as to some of those indicators. We are also utilizing many HQO best practice quality standards such as those for Older Adults with Greater Needs and/or with Chronic Conditions.

PATIENT/CLIENT/RESIDENT PARTNERING AND RELATIONS

Chigamik engaged with community representatives in the development, refinement and approval of our QIP through our Board Quality Committee and Board of directors, the membership of each being representative of members of the populations serviced by Chigamik.

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 (2) 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.

VIRTUAL CARE

Through the OHT process there has been a large focus in the area of digital health and how OHT leaders are working to improve the

care of clients through virtual/digital advancements. Our largest digital advancement in the last fiscal year has been the successful implementation on our new Electronic Medical Record (EMR), PS Suites. This new EMR allows us with much more powerful tools and capacity to serve our clients, from integrated custom forms to health card validation. Through implementing a new EMR this also gave us the opportunity to train all of our staff on how to use the EMR to its full capacity. This has led to an increase in telephone encounter tracking with our clients. This shows us a more complete scope of the work that is being done to support our clients.

Through implementing our new EMR this has also allowed us to implement additional digital tools to improve the care we provide to our clients. The two main tools we have implemented/are in the process of implementing are (1) PrescriberIT and (2) OCEAN. PrescriberIT is an EMR integrated program that allows our clinicians to communicate directly with local pharmacies who also use the software. This greatly increases the speed at which prescription renewals and questions can be responded to without having to leave the EMR, leading to a smoother workflow for clinicians and a quicker process for the client. OCEAN is also an EMR integrated program that uses tablets in our lobby to allow clients to swipe their health card to be "checked in" as arrived for their appointment while also validating their health card. We are also able to prompt the client to update any demographic or sociodemographic questions, surveys, or custom forms. Through this process we are able to ensure up to date information for our clients in a timely manner.

We also continue to offer clients the ability to virtually attend appointments with specialists via the use of the Ontario

Telemedicine Network (OTN). We offer the ability to have virtual appointments with a Naturopath that provides services to rostered Chigamik clients free of charge. We also implemented PrescriberIT for delivering prescriptions, as well as using Ocean tablet to update demographic data of clients.

CONTACT INFORMATION

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OTHER

In May of 2019 we transitioned to our new Electronic Medical Record system PS Suites.

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 2021-03-11



Board Chair



Quality Committee Chair or delegate



Executive Director/Administrative Lead

Other leadership as appropriate

Excellent Care for All

Quality Improvement Plans (QIP): Progress Report for 2020/2021 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 2020/21	Org Id	Current Performance as stated on QIP2020/21	Target as stated on QIP 2020/21	Current Performance 2021	Comments
1	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 2019 – May 2020; In-house survey)	91566	66.00	90.00	88.00	

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 2020/21)	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?
Ensure the Client Experience Survey is implemented appropriately.	No	Historically we have had issues with getting a large uptake in the completion of our Client Experience Survey. These issues continued this past year. In Q1 of 2020/2021 we will be implementing OCEAN tablets in our lobby that will ask clients to swipe their health cards and update demographic information, complete forms etc. This software will also allow us to prompt clients to anonymously fill out our Client Experience Survey from the device. We believe that this will have a large impact on the number of responses that we get on our surveys moving forward.
Review client compliments and complaints related to involvement in decisions about their care and treatment	Yes	Increased use of collaborative case conferences as a strategy to enhance client involvement in decisions about care and treatment.

ID	Measure/Indicator from 2020/21	Org Id	Current Performance as stated on QIP2020/21	Target as stated on QIP 2020/21	Current Performance 2021	Comments
2	Percentage of non-palliative patients newly dispensed an opioid prescribed by any provider in the health care system within a 6-month reporting period. (%; Patients; Six months reporting period ending at the most recent data point; CAPE, CIHI, OHIP, RPDB, NMS)	91566	6.80	6.00	7.00	

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Change Ideas from Last Years QIP (QIP 2020/21)	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?
Develop and implement No process for easy report-retrieval of clients with 6+ months of controlled substance use.	No	We went live with our new EMR in May 2019 and have been working through completing chart and medication clean ups on our rostered clients. For this next fiscal year, we will be focusing on running reports specific to controlled substances. It is also important to note that this indicator is pulling any new opioid prescription for a Chigamik CHC client by any provider, not specifically Chigamik CHC providers. Therefore, our ability to positively impact this indicator is limited.
Providers to conduct medication review of clients charts with 6+ months of controlled substance use.	Yes	We went live with our new EMR in May 2019 and have been working through completing chart and medication clean ups on our rostered clients. For this next fiscal year, we will be focusing on running reports specific to controlled substances. It is also important to note that this indicator is pulling any new opioid prescription for a Chigamik CHC client by any provider, not specifically Chigamik CHC providers. Therefore, our ability to positively impact this indicator is limited.

ID	Measure/Indicator from 2020/21	Org Id	Current Performance as stated on QIP2020/21	Target as stated on QIP 2020/21	Current Performance 2021	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 2019 - May 2020; In-house survey)	91566	80.00	70.00	83.00	

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Change Ideas from Last Years QIP (QIP 2020/21)	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?
Further refinement to the scheduling model to enhance same day next day access to primary care provider when needed	Yes	This was done through several revisions of our scheduling model we have achieved a balance in same day/next day and pre-booked appointment availability as well as access in extended hours. This seems to be working very well to provide access to primary care appointments within a timeline that clients are satisfied with.
Revise scheduling practices for clients with high rate of no-show appointments to decrease impact on availability of Primary Care Providers to offer same day next day appointments	Yes	Scheduling refinements and medical office assistant workflows have contributed to a decrease in the impact that frequent no-show clients have had on overall availability of same day/next day appointment access.
Increase access to Primary Care Providers in extended access periods.	Yes	We have added one additional primary care provider offering services in extended hours. Moving forward into our next facility we will further extend access in extended hours by offering an additional evening.

ID	Measure/Indicator from 2020/21	Org Id	Current Performance as stated on QIP2020/21	Target as stated on QIP 2020/21	Current Performance 2021	Comments
4	Percentage of patients with diabetes that have had a Diabetic foot ulcer risk assessment (%; patients with diabetes, aged 18 or older; Last consecutive 12-month period; EMR/Chart Review)	91566	CB	CB	16.00	

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Change Ideas from Last Years QIP (QIP 2020/21)	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?
Rostered clients with diabetes will have a foot examination to identify risk for ulcers and lower-extremity amputation by a health care provider at least annually.	Yes	Training has been conducted with all appropriate staff regarding best practices in screening for loss of protective sensation and prevention of diabetic foot ulcers. Education has been provided regarding effective use of new EMR system to accurately capture date of last completion.

ID	Measure/Indicator from 2020/21	Org Id	Current Performance as stated on QIP2020/21	Target as stated on QIP 2020/21	Current Performance 2021	Comments
5	Percentage of patients with diabetes up to date with glycated hemoglobin (HbA1C) tests (%; patients with diabetes, aged 40 or over; Last consecutive 12-month period; EMR/Chart Review)	91566	63.00	60.00	58.00	

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Change Ideas from Last Years QIP (QIP 2020/21)	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.	Yes	Our new Electronic Medical Record allows us to set up reminders to users when clients are over 40 years of age and have diabetes that they need to be scheduled to complete their HbA1C test. Reports have also been created for nursing staff to ensure that we are managing our diabetic clients in the most appropriate way.

2021/22 Quality Improvement Plan for Ontario Primary Care "Improvement Targets and Initiatives"

CSC Chigamik CHC Inc. 287 Bayshore Dr, Midland, ON, L4R3H3

AIM		Measure								
Issue	Quality dimension	Measure/Indicator	Type	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	External Collaborators
M = Mandatory (all cells must be completed) P = Priority (complete ONLY the comments cell if you are not working on this indicator) C = custom (add any other indicators you are working on)										
Theme I: Timely and Efficient Transitions	Timely	Percentage of patients and clients able to see a doctor or nurse practitioner on the same day or next day, when needed.	P	% / PC organization population (surveyed sample)	In-house survey / April 2020 - March 2021	91566*	83	70.00	With increase in the number of virtual care compared to previous years we believe 70% is an appropriate	
Theme II: Service Excellence	Patient-centred	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	P	% / PC organization population (surveyed sample)	In-house survey / April 2020 - March 2021	91566*	88	90.00	We are continuing with several innovative ideas around in-person and virtual practice and believe that we will be able	
Theme III: Safe and Effective Care	Effective	Percent of diabetic clients that have been screened using the Diabetic foot	C	% / % / patients with diabetes, aged 18 or older	EMR/Chart Review / Last consecutive 12 month period	91566*	16	50.00	Through continuing to implement these change ideas a target	
		Percentage of clients with diabetes who have up to date Glycated	C	% / % / patients with diabetes, aged 40 or over	EMR/Chart Review / Last consecutive 12 month period	91566*	64	70.00	By the end of fiscal year 2020-21 we aim to be having 70% of	
	Safe	Percentage of non-palliative patients newly dispensed an opioid prescribed by any provider in the health care system within a 6-month reporting period.	P	% / Patients	CAPE, CIHI, OHIP, RPDB, NMS / 6 month period ending Mar 31, 2019	91566*	7	6.00	Moderate target allows time for data collection process to be developed and implemented, then some action.	
Virtual Care	Service Delivery	Percentage of care provided virtually	C	% / Rostered and Non-Rostered	EMR/Chart Review / 12 month period	91566*	50	CB	We are currently collecting baseline on this indicator as we continue to evaluate the	

Change				
Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments
1) Further optimize scheduling practices for clients	Monitor un-used appointments and distribution of primary care availability between full time and locum providers. Enable client self-booking functionality of PSSuite to allow clients decide on a time for appointment and go ahead with	Done/Not Done	25% decrease in unused appointments	We anticipate this change idea will lead to a decrease in the number
2) Increase access to Primary Care Providers in extended access periods.	Following the transition into our new physical site (Waypoint Chigamik Community Health Hub) we will extend Primary Care service hours offered per week	% increase in extended hours services offered by Primary Care	50% increase by end of Q4	
1) Ensure the Client Experience Survey is implemented appropriately. To include virtual care	Over the past three years a plan was developed to ensure good data collection and sampling throughout the year. This year, we will continue to adopt the plan accordingly and have a biannual connection with clients by telephone	Number of clients who complete the survey.	10% of our client population	Greater focus this year on proper data collection; next year,
2) Staff training and professional development related to effective communication and	Complete training session with all staff	% of Full time/Part time staff who have participated in training	80% or greater	
1) Rostered clients with diabetes will have a foot examination to identify risk for ulcers and lower-extremity	Provide education to appropriate staff on Diabetes Canada best practice guidelines related to assessment of risk factors for diabetic foot ulcers and lower-extremity amputation and implement a process to ensure	Number of clients screened using the Inlow 60 second diabetic foot assessment tool	50% of all clients with diabetes over the age of 18 will have	The ability to track this tool is new to our new EMR therefore we
1) Nurse to review all eligible medical records to ensure clients are coming in twice a year for HbA1C testing.	A Quarterly report of eligible clients will be shared with a delegated staff member to complete a medical record review. All clients with missed tests will be contacted to schedule a HbA1c test, as required.	done/not done report on a quarterly basis	100% of monthly reports will be generated and acted upon in a 12 month period	It is our belief that pro-actively identifying clients who are
1) Develop and implement process for easy report-retrieval of clients with 6+ months of controlled substance	Develop an easy report template to be retrieved on a quarterly basis and shared with providers to encourage controlled substance use medication review.	done/not done	Quarterly Report Implemented by Q2 of 2019-20	This indicator will be monitored internally but as we only
2) Providers to conduct medication review of clients charts with 6+ months of controlled substance use.	Physicians and Nurse Practitioners will identify qualifying clients as prescription requests are received. Clients will be called to come for appointments to review medications and where appropriate begin the tapering process.	Percentage of clients with 6+ months of controlled substance use with completed medication review.	By end of 2020-21, 30% of clients with 6+ months of controlled	
1) Further improve virtual care delivery approach using PSSuite, Ocean and PrescribEIT.	Upon completion of care delivery, clients will be asked to answer questions about their experience. We hope to use this data to inform health care delivery as of 2021-22.	Number of clients who receive virtual care and are asked to complete a short survey about their experience.	About 50% of our clients who have accessed virtual care services in the last 12 months will be asked to give their	