

Let's Make Healthy
Change Happen.



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

Algoma Nurse Practitioner-Led Clinic 2017/2018

Algoma
Nurse Practitioner-Led Clinic

3/29/2017

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 Algoma Nurse Practitioner-Led Clinic continues to work on developing an organizational culture of quality improvement. With a small team, the Algoma NPLC has worked on developing strategies to maximize capacity and resources internally to gather reliable data that is both relevant and helpful to our primary care services and programs. This will assist us with short and long term planning and decision making to improve the quality of patient care we provide.

The Algoma NPLC board of directors focused on a new Strategic Plan that included updating our vision and mission statements. This renewed source of direction and priorities provided guidance for our 17/18 QIP and organizational development. The Algoma NPLC is committed to providing timely, patient-centered, innovative, excellent primary care to our patients and community. We were founded on the values of collaboration, respect/integrity, honesty/trust, compassion and diversity and we continue to embed these throughout all aspects of the services we provide.

Recognizing our growth and development as a new health care organization, our strategic priorities for the next 3 years are:

- 1) Recruit and retain the best and brightest talent
- 2) Proactively foster relationships
- 3) Strengthen leadership and governance, and
- 4) Grow our patient-centered approach to care

Our overall quality goals for 17/18 are to continue to learn about quality improvement and create a strong, deep knowledge among our team and team culture; these align well with our strategic directions. We also want to continue to build our skills in quality improvement initiatives and change activities.

QI Achievements From the Past Year

Our quality improvement achievements from the past year centered around building our capacity and understanding of our EMR functionality. We were able to gather baseline data and build systems to streamline data gathering and monitoring for our indicators. With our focus being at the system level, our targets were not all attained, but we feel confident in our reporting abilities and implementing more systems to monitor patient results and preventive care strategies this coming year.

We would like to highlight the 16/17 indicator "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?" - we ended the year with a performance measure of 94% of patients surveyed responding "always" or "often"; this was also above our target of 89%. We are very happy with this result and will strive to maintain this performance, however we know for 17/18 we would like to increase the sample size of patients surveyed for this indicator, ensuring we have a representative sample group and also ensure we can maintain this high-level of performance.

Population Health

Our patient population includes individuals across the life span and is a good representation of our community demographics. Our population breaks down by age into the following categories:

- 0-19: 19%
- 20-44: 39%
- 45-64: 29%

65-84: 12%

85+: 2%

With a higher proportion of those 45 and over, we have developed chronic disease self-management (CDSM) programs for a few years with many patients participating, including community members who are not registered to our clinic.

For 17/18, we will be expanding the CDSM program to include sessions specifically for those suffering with chronic pain. We see many patients for pain management and we are excited to offer this empowering self-management program.

In the NE LHIN, we have a higher percentage of smokers which we see in our patient population as well. Our registered nurse has been a leader in offering smoking cessation services to our patients and expanded that program to incorporate the STOP Nicotine replacement therapy (NRT) program. This program offers free NRT for patients who register in the smoking cessation program. We have also involved our Registered Social Worker and Pharmacist in this healthy-living program.

Equity

Incorporating an equity lens into our organizational culture and patient-centredness had been a QIP goal for our clinic in 16/17. We have 47% males and 53% females with 0.1% identifying as "unknown" or gender neutral. This is a success for our clinic as we have worked hard to be known as an inclusive, diverse and welcoming organization for all individuals, including our LGBTQ population. Our clinicians have been involved in advocacy groups and planning groups with our local community college where we tend to see a higher proportion of patients in this demographic.

Our community also has a francophone population that often expresses the need for services in french, but given our community is not an official bilingual city, this has been a gap. We now have a fluent nurse practitioner and we will be advertising to our community and patients who may require or prefer their healthcare services in their first language.

Our clinic will continue to focus on building and incorporating equity into our practices and patient services, along with decision-making for 17/18.

Integration and Continuity of Care

The Algoma NPLC is a collaborative, interdisciplinary team-based model of care delivery that incorporates nurse practitioners, registered nurses, registered practical nurses, social worker, pharmacist, consulting physicians and administrative staff. Integrated care is delivered by all members of our team founded on providing timely, patient-centred, innovative, excellent primary care. Patients can see any of the providers on our team; the use of a common electronic medical record (EMR) facilitates continuity of care and shared care planning.

The Algoma NPLC works in collaboration with many health care partners. Through referral and case conferencing with those in patients' circle of care, integration with the wider health care sector is achieved. Services are provided to patients who need assistance with navigating the health care system by many of our team members including the social worker and registered practical nurses.

The Sault Ste. Marie Health Link began it's pilot stage in 16/17; Algoma NPLC was a partner in this endeavour by participating in the steering committee, staff training and also with identifying registered patients who qualified for the program. The business case for our local health link program is now in the approval phase and we look forward to continuing our partnership to improve care coordination for our identified patients.

In addition, patients can access care through their primary care provider, but also have the opportunity to access services through our extended hours/evening clinics. Mental health services, nursing services and primary care services are all available in these extended hours to improve access for our patients.

Access to the Right Level of Care - Addressing ALC Issues

The Algoma NPLC endeavours to assist with ALC issues by providing access and continuity of care to our registered patients. Although we face challenges different from other primary care organizations because our patients are not rostered through the OHIP system, we have worked with our local hospital to receive ER discharge information.

We attempt to educate our patient population on access and utilization of the health care system, and through both extended hours and same day/next day appointment booking, we hope to avoid any unnecessary hospital admissions for our patients. That being said, there is a lot for us to learn as a primary care organization on how we can assist with ALC issues and also system improvements that are required to ensure continuity and proper information flow is achieved for our patients.

Engagement of Clinicians, Leadership & Staff

Historically, the QIP has been developed through staff engagement at team meetings, staff surveys and direct dialogue with the leadership team. The Board has been engaged at a governance level through it's Quality Committee and provided updates at their regular meetings throughout the year.

For 17/18, the Algoma NPLC will be developing a QIP committee that will include staff, clinicians and leadership members as suggested in the Health Quality Ontario, QIP checklist document. This will formalize our QIP monitoring and implementation while identifying roles for committee members to build engagement from clinicians, staff and patients. This will also provide a new, dedicated, shared voice for the QIP and quality culture for our organization.

Resident, Patient, Client Engagement

We share our QIP with our patients by posting a copy of it in our Welcome Area and highlights in our newsletter. For 17/18 we will post it on our clinic website for easier access for our patients and community members.

We have sought patient engagement and feedback through surveys by utilizing tablets that the patient can use to complete it in the clinic and also by posting it on our clinic website. For 17/18 we would like to expand our patient engagement tools to include a focus group.

Staff Safety & Workplace Violence


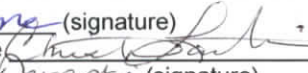
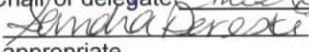
The Algoma NPLC has always made staff safety and workplace violence a priority. Through our Health and Safety program and policies we ensure staff are aware that their safety is our utmost priority and this has helped to grow a culture of safety in our organization. We complete regular staff training on safety topics, including all mandatory safety training. We have also implemented a personal alarm system that all staff are required to wear and utilize should they need assistance at any time. Our workplace violence policy also includes a domestic violence policy to ensure staff are able to feel safe at work at all times. Staff feedback is vital to

the success of our workplace safety program and our workplace violence and safety survey is completed regularly.

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)
Administrative Lead  (signature)
Other leadership as appropriate _____ (signature)