

Let's Make Healthy
Change Happen.



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



**PARKDALE
QUEEN WEST**
Community
Health Centre

3/29/2018

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.

Overview

Parkdale Queen West Community Health Centre (PQWCHC) resides in both the mid-west and west LHIN sub regions. PQWCHC has three separate locations: 1229 Queen Street West, 168 Bathurst Street, and 27 Roncesvalles Avenue. We currently serve a total of 13 800 clients between the 3 sites (access to panel calculation, Q3 2017/18). The Quality Improvement Plan (QIP) for 2018/2019 is aligned with organizational aims and priorities of the newly established organization (formed from two CHCs as of April 1, 2017) as well as with its recently updated strategic plan (2018-2020).

The overall objective of our QIP is to seek improvement in the following areas (which are measured and outlined in our QIP Workplan):

1. Timely access to care.
2. Equitable access to care.
3. Client experience and satisfaction.

This year our quality improvement planning continues to be supported by our participation in the West-End QI Collaborative, a joint initiative of five CHCs located in the Toronto West-End. With this collaborative, we will continue to work on data standardization; namely, the development of a common understanding of definitions and calculations used for specific target data sets that support comparative analysis between the collaborative members and identified QI projects. The West-End QI Collaborative continues to develop best practice within CHC settings in order to improve our performance related to the key MSAA indicators, including timely access to primary care, and screening for cancer.

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

Parkdale Queen West Community Health Centre, as a newly integrated entity, engaged our primary care teams at both Queen West and Parkdale sites in order to align and ensure that our cancer screening (breast, colorectal and cervical) processes, data collection, and documentation processes in our EMR were standardized across sites. Since both Parkdale and Queen West had participated in the West End QI Collaborative Kaizen event in June of 2016 (prior to integration), both sites had a very similar and well-established cancer screening process. In preparation for the 2016 Kaizen, staffs from different disciplines were trained on the principles of quality improvement, tools and methodologies, so well-established QI teams exist at each respective site. The primary care teams at each site have spent the last year refining (through PDSA learnings) the cancer screening process and continue to address and improve data quality through the regular dissemination of provider-specific eligible client reports to the clinical teams. The team also put in place some control and balancing measures to ensure that we continue to improve our screening rates.

Continued participation in the West-End QI collaborative has allowed the QI teams at Parkdale Queen West to improve their skills base and to feel comfortable taking on other QI initiatives. The teams at both sites have recently received health equity data and over the next year will begin to further improve cancer screening rates in client populations who are under screened. The primary care team will work closely with the health promotion team to devise a plan and targeted approach to reach these under screened populations. Some outreach has already begun, whereby PQWCHC outreach providers have begun to offer some of the screening offsite in order to ensure those populations get access to screening.

This past year, one of our sites also began to improve access to care by engaging providers who have a high no-show rate, and a high 'third next available' (TNA) rate. This project is still underway, with plans to spread it to the other site, as well as to share the learnings with other providers who are also

demonstrating access issues with their practice. The goal is to improve access by adjusting a provider's schedule to reflect a hybrid of traditional appointment slots and incorporate some of the best practice guidelines for advanced access and same day access appointment slots, informed by their practice profile and their supply and demand data.

PQWCHC has continued working on improving access to primary care by ensuring our nurses are working to full scope of their practice. As a result, the nurses actively participate in cancer screening activities, flu and well-baby immunizations, smoking cessation counselling, as well as piloted a triage system to provide additional access to primary care services. This allowed us to improve our capacity of same day consults by phone or in-person delivered by nurses. The learnings from this initiative will be spread across our sites, as this has been very beneficial to client satisfaction. We are also reviewing our advanced access model, how it has been utilized and how it can be improved.

Additionally, PQWCHC integrated health promoters within the primary care teams to develop intentional strategies to reach the community to promote the necessity and benefits of cancer screening, immunization and other prevention activities. These interventions resulted in a significant increase in client participation.

PQWCHC's Access program, counselling services for people with mental health and substance use issues, continued growing this year, while maintaining the same standards (intake within 48 hours including, rapid assessment by a counsellor and referral to ongoing counselling, as needed). This year, similar services were made available for clients referred by solo practitioners through the SPiN program (Solo Practitioners in Need) that was led by the Mid-West Toronto Health Link. One of the goals for integration is improved access to counselling services across all three of the PQWCHC sites.

Resident, Patient, Client Engagement

Client engagement continues to be a key component of our QI efforts throughout the year. Feedback from clients is regularly solicited by using a variety of methods (e.g., Advisory groups, client surveys, on-going interaction with staff/management, etc.).

Client advisory groups with seniors, women, and people with mental health and substance use issues help to inform our program and service delivery. Annual client experience surveys look at indicators beyond clinical care, to determine clients' overall experience with programs and services, and to plan the development of future programs accordingly. Clients are also engaged in addressing emerging issues, including the use of the physical space outside of our buildings.

During the exploratory phase of our CHC integration, client consultation and engagement was an integral component of the process. Client feedback and suggestions were solicited by a variety of methods including client surveys, town hall meetings, individual interviews and focus group discussions. We will continue utilizing the same approach in client engagement as we move forward in our second year as an integrated organization.

Collaboration and Integration

We have been actively involved in the Mid-West and West Toronto Sub-Region planning collaboratives and we look forward to being a fully engaged partner in the care planning and delivery of services in our respective Sub-Regions. We will continue our work in developing coordinated care plans (CCP) for clients with complex needs.

Each site has identified staff members who will lead the CCP development for 2018-2019 in collaboration with external partners, including community and home service providers, hospitals, and community support agencies.

PQWCHC is currently participating in the TC LHIN Mid-West QI Improvement Project: Primary Care Attachment in Kensington/Chinatown. The local collaborative in each sub-region worked together to identify areas of high need based on population health outcomes and qualitative feedback. The area of focus for Mid-West is low urgency ED use and primary care attachment in Kensington/Chinatown. Large numbers of young women (ages 20-24) in Kensington/Chinatown have low primary care attachment and are using emergency departments for issues that could be addressed by primary care or community care, resulting in more expensive care and longer wait times. The goal of the QI project is to increase primary care attachment for 50 women ages 20-24 in the Kensington/Chinatown neighbourhood by June 2018 as measured by new enrolments at the local CHC and FHTs.

In order to support continuity of care, PQWCHC works closely with the local hospitals (St. Joseph's Health Centre, UHN-Western site and St. Michael's Hospital) to improve discharge planning, and scheduling follow-up appointments with primary care providers. We receive regular reports on ER utilization, in order to identify clients with who make repeat visits to the ER. We analyze the reports and ensure pro-active and appropriate follow-up is in place.

The SPiN (Solo-Practitioners in Need) program, initially led by the Mid-West Toronto Health Link, supports solo physicians in the community who have a client base that would benefit from access to allied health services. Both sites have been actively involved in the program offering support such as foot care, counselling and case management services, Diabetes education, physiotherapy, and nutritional services to clients who may not able to access services elsewhere. This work will be enhanced through our participation in sub-regional planning and delivery.

Providers across disciplines have been engaged in providing services in different locations across both communities (drop-in centres, supportive housing, community support agencies, etc.). These initiatives provide much needed access to primary care and support services to vulnerable clients who may not otherwise receive appropriate and timely care when needed. For the upcoming year, our focus will be to evaluate our existing partnerships in order to optimize care delivery to the most vulnerable population groups.

PQWCHC continues to take an integrated approach in the delivery of Hepatitis C services (education, treatment and follow-up) in collaboration with South Riverdale CHC. As a result of this collaboration, access to Hepatitis C treatment has improved significantly and will be sustained through the strengthening of the partnership.

The PQWCHC Executive Director continues to co-chair the TCLHIN Health Equity table and was asked to join the HQO Health Equity Advisory. This enables the Centre to inform local and system planning to advance improvement in outcomes for populations experiencing health inequality while building system changes to sustain improvement.

PQWCHC will be gaining access to the ConnectingOntario portal in March 2018. Access to this eHealth information portal will provide clinicians timely patient information to help to improve and inform care, especially for the populations that PQWCHC serves.

Engagement of Clinicians, Leadership & Staff

Staff at all levels of our organization are actively engaged in the development and implementation of our QI activities, which are aligned with our strategic priorities.

Our QI teams are comprised of professionals representing all program areas, including administrative, clinical, and population health who meet on a regular basis to review plans and guide the implementation. The teams received training on QI tools and methodologies through participation in the West End QI collaborative. They regularly participate in developing process maps to identify gaps and develop change ideas to improve workflow.

Additionally, staff at both sites engage in regular case conferences and meetings to review and discuss ongoing initiatives. At these meetings, clinical dashboards showing service utilization per provider, cancer screening rates and other MSAA indicators, are presented and discussed to determine improvement strategies.

The leadership team provides quarterly updates to relevant parties involved including all staff, community partners and the Board of Directors. The Board of Directors has a Quality and Performance Standing Committee that will continue to provide oversight to quality planning and to approve the annual QIP submission.

Population Health and Equity Considerations

PQWCHC serves a diverse group of populations, with a focus on groups who face barriers to care and services. Approximately 30-40% of clients are low income (with reported family income of \$20,000 or less). At the Parkdale site, almost 25% of clients are newcomers; 25% of clients have mental health or substance use issues, with many of these clients homeless or under-housed. In addition, PQWCHC delivers care to a large number of Indigenous clients and offers culturally specific programming to enable access to primary care and psycho-social supports. This work is done in collaboration with other agencies serving Indigenous clients.

We have continued to improve our work with our clients and other marginalized communities (including mental health and substance use) through the utilization of the Access (mental health) program, having a case manager position embedded in the primary care teams, and an increase of support for our harm reduction program through an integrated team across both sites. Furthermore, the Queen West site opened its supervised consumption service (SCS) in March 2018. This service will support and address the needs of substance users in the downtown west end of Toronto. The PQWCHC is currently planning to open an Overdose Prevention Site (OPS) service at the Parkdale site, which had a significant increase in overdose prevention programming this past year.

PQWCHC clients have higher rates of smoking and COPD than the Toronto Central LHIN average. The Parkdale site implemented the Ottawa Model for Smoking Cessation in 2017 in order to provide additional supports for clients who would like to reduce or quit smoking. The response from clients has been good and the team will continue to offer this program in 2018. The Queen West site has been offering the CAMH STOP smoking cessation program to clients. The recently introduced quality improvement initiative, 'Mood management initiative', will help health care providers identify and address depressive symptoms with new participants of the STOP Program, thereby allowing us to address both mood and substance use in these clients.

The Parkdale Queen West neighbourhoods have one of the highest proportion of seniors living alone in the West Toronto sub region. We will continue our work providing clinical home visits to these populations, as well as expand our work and

outreach services with boarding homes in the neighbourhood. In addition, there is one Health Promoter position focused on senior populations who will be sharing knowledge and expertise across sites.

As part of our ongoing commitment to equity, we will continue to ensure collection of accurate socio-demographic data to inform our program and service planning.

PQWCHC has been working on enhancing access to primary care services and social supports for vulnerable women in the community and will continue to do so. For example, we run a weekly group for women who are precariously housed, involved in sex work, and/or have experienced interpersonal violence. These groups are well-attended and create pathways to primary care, health education, and counselling through an inter-disciplinary staffing model.

In 2017, we partnered with Evergreen Youth Services, Toronto Public Health, and Toronto Urban Health Dental Clinic to deliver a program of free dental care for low-income adults. This program is funded by GreenShield Canada, and is meeting a large need in the community; at the point of applying for the funding, we had 700 individuals on a waiting list for free dental care. We hope to expand the learning from this program.

In 2016, PQWCHC offered in-house Indigenous cultural competency training for all staff, delivered by the Ontario Federation of Indigenous Friendship Centres. In 2017, staff attended the LHIN-sponsored Indigenous cultural safety trainings in Core Health and Core Mental Health. The Queen West site currently operates the Niiwin Wendaanimak (Four Winds) Indigenous Health and Wellness Program which incorporates Indigenous healing approaches to improve the stability, health and well-being of homeless and under-housed Indigenous peoples. Services are in the process of being expanded to the Parkdale site. PQWCHC continues to host the Annual Indigenous Health Fair.

We will continue growing our capacity to deliver care to transgender clients via continuous trans health training for our providers, referring clients for gender re-assignment surgery and providing support to complete relevant forms. We will continue building our partnership with Rainbow Health Ontario, engaging with them in system-wide advocacy to improve health care services delivered to transgendered clients across the health care system.

Our focus on supporting immigrants and newcomers, including uninsured clients and refugees, will continue this year. PQWCHC will continue to develop an improved on-boarding process for this client base in order to meet their unique clinical and social needs. We will continue strengthening relationships with local hospitals in order to improve referral and care pathways to acute and tertiary care for uninsured clients. PQWCHC offers client-related materials in other languages, including the client satisfaction survey and registration forms, with a plan to expand this work in the upcoming year. We have also embedded a case manager within the primary care teams who addresses issues of income and housing insecurity, legal issues, immigration issues, supports with system navigation, and advocacy for non-insured clients.

As part of our QI workplan for 2018-19, we will continue to focus our efforts on analyzing cancer screening rates for our lowest-income populations. As mentioned earlier in this narrative, the primary care teams have begun to stratify our clients' health equity data in order to improve cancer screening rates on those clients who are trending unscreened.

We anticipate the development of special programming to facilitate this screening. We will enlist the support of our in-house Health Promoters, peers and Toronto Public Health to develop creative methods of engaging these groups.

Access to the Right Level of Care - Addressing ALC

Parkdale Queen West CHC is committed to doing its part in ensuring that the appropriate level of care is available to clients receiving care in all sectors across the health care system.

Both sites offer individual home visits on a regular basis to clients who are unable to access services at our sites. Home visit services are not limited to physicians but are also delivered by different disciplines including RNs, NPs, Social Workers, Harm Reduction workers and the Diabetes Team.

We also continue to engage with various providers to develop Coordinated Care Plans to ensure appropriate care is delivered at the right time at the right place for clients with complex needs.

Opioid Prescribing for the Treatment of Pain and Opioid Use Disorder

The Queen West site, in preparation for the Supervised Consumption Service (SCS) has developed client service pathways so that clients who are accessing the SCS service and have a need for other CHC services (primary care, dental or counselling) have timely and efficient access to support and care services.

In anticipation of an increased need with the opening of SCS and OPS services, and in response to the opioid crisis, clinicians at PQWCHC have begun to increase capacity to provide Suboxone therapy to clients wishing to decrease their opioid use. Clinicians are currently using best practice guidelines and engaging other health system professionals in order to structure a program that will support our clients and their unique needs.

Additionally, clinicians at PQWCHC receive quarterly reports indicating which patients under their care are being prescribed opioid medications. Clinicians review their patients' care plans and indicate in the electronic medical record (EMR) the specifics of each individual's care plan. This supports and enables continuity of care for clients in the event that they are seen by another practitioner unfamiliar with their care at our clinic. This also affords each clinician the time to reflect on each individual's care plan to make sure that the client is receiving all options available to them.

Up until November of 2017, Parkdale Queen West CHC had been leading the provision of coordinated access to Physiotherapy (PT) services in partnership with Stonegate CHC and Village FHT to improve access to a physiotherapist to clients in our communities. Recently, as part of Ontario's Strategy to Prevent Opioid Addictions and Overdose, we received new funding and are able to secure a full time physiotherapist to be situated at the Queen West site (Parkdale has had a PT position for several years). Increased access to a PT, at the Queen West site, will improve the health and lives of the clients and communities we serve. The service will be up and running by April 1, 2018. Our PT services will have a focus on the management and treatment of chronic pain in our client populations.

The Toronto Western Hospital (TWH) Rapid Access Addiction Medicine (RAAM) clinic opened in Jan of 2018 and PQWCHC has reached out to establish a formal/informal referral process for clients expressing the need and who want timely access to addiction medicine. The TWH RAAM clinic will refer clients who are unattached to primary care and are within our priority population and catchment area to PQWCHC.

Workplace Violence Prevention

At Parkdale Queen West CHC, the safety of staff, students and volunteers is of utmost importance. We have several mechanisms in place to ensure our programs and services are delivered in a safe environment, such as:

- Joint occupational health and safety committee which meets regularly to identify any potential risks or issues and conducts safety inspections.
- Panic buttons in all individual offices and some common spaces.
- Policies and procedures in place for addressing violent and aggressive behaviour.
- Policies and procedures in place for staff working off-site and after hours.
- Incident reporting protocols, including documentation of incidents and case conferences with affected individuals.
- Client service restriction protocols, including service/time restrictions for serious incidents.
- Health and safety training including training on violence in the workplace, for all new staff and students.
- Crisis response/de-escalation training for all staff on a bi-annual basis.

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 _____ (signature)
Quality Committee Chair or delegate _____ (signature)
Executive Director / Administrative Lead _____ (signature)
Other leadership as appropriate _____ (signature)