

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 7, 2024



OVERVIEW

Rainbow Valley Community Health Centre (RVCHC) is in the Ottawa Valley in the village of Killaloe, Ontario which has a population of approximately 600 people. RVCHC is the smallest CHC in Ontario and located in an area identified by the Ministry of Health as Rural and Remote. Partly due to its remote location and small size, RVCHC is the only Community Health Centre in Ontario to be administered by a hospital, St. Francis Memorial Hospital (SFMH).

The team is comprised of part time staff including two Physicians, two Nurse Practitioners, three Registered Nurses, four administrative staff along with one full time Social Worker totaling 5.6 FTE.

RVCHC rostered client count of 1109 is comprised of a high index of seniors. 68.7% of clients are over the age of 50 compared to the Ontario CHC average of 41%. Of those, 36.3% are over the age of 65 with the ON CHC average at 19.7%. Even though the age demographic is higher than average, the client complexity (SAMI) has remained constant over the past five years and is slightly below the Ontario average of 1.67% at 1.61%.

Our goal at RVCHC is to provide good quality care in a safe and respectful environment where the client feels welcomed and respected, has opportunity for dialogue and feels involved in care decisions.

RVCHC uses internal processes such as client feedback, complaints processes, MSAA indicators and team meetings to identify quality improvement opportunities. In addition, The Quality Improvement Plan (QIP) is based on priorities identified by the Continuous Quality

Improvement Committee (CQI) of the Board, Administration and Ottawa Valley Ontario Health Team. The QIP is a tool to affirm and map the commitment of the Board of Directors and all staff in the continuous pursuit of positive clinical outcomes, positive patient experiences and positive staff work life.

Through the partnership with SFMH, RVCHC clients are members of the shared Patient and Family Advisory Council (PFAC) which review and endorse our QIP annually.

The integrated RVCHC/SFMH strategic Plan focuses on four priority areas – Quality of Care, System Integration, Strength in People and Financial Performance.

ACCESS AND FLOW

RVCHC is a member of the Ottawa Valley Ontario Health Team (OVOHT) and has representation on the Primary Care Team, DEI, Human Resources and Communications committees. Through this membership, RVCHC is part of the OVOHT Collaborative Quality Improvement Plan in indicators such as:

- Number of primary care teams and community organizations who utilize digital tools to support attached and unattached patients and clients to access the right care at the right time.
- Percentage of enrolled patients with access to a team-based approach to primary health care through an interprofessional team of health care providers working together in various structures to meet the primary needs of the OVOHT community.
- Percentage of screen-eligible people who are up to date with colorectal tests.
- Percentage of screen-eligible people who are up to date with mammograms.

- Percentage of screen-eligible people who are up to date with Pap tests.

This year, RVCHC partnered with CHEO, Kids Come First, Public Health and ConnectWell CHC to put on a series of immunization clinics for children who were behind in receiving immunizations. Despite a lengthy and challenging lead in, the clinics were successful and are being reviewed for continuation.

RVCHC is also represented within the Madawaska Communities Circle of Health (MCCH) which enhances partnerships and relationships with community-based partners. The MCCH which includes hospital, long-term care, hospice, community health and support services, Champlain LHIN HCC, addictions treatment services, paramedic services, as well as many other health organizations, holds a collaborative mandate to enhance and support health of all residents in the Madawaska Valley. To date the MCCH is represented by more than 20 agencies including Algonquin's of Pikwakanagan FHT and community and home support services.

MCCH also has patient and family representatives.

RVCHC, through its linkage with SFMH, partners and participates in a regional ethics committee, multi-partner IDEA committee, shares Human Resources, Administration policies and support services such as Information Technology, maintenance, Finance and Payroll.

The RVCHC Executive Director is a member of the Board for the Killaloe Community Resource Centre, to ensure cooperative planning and aligned strategies.

RVCHC is a member of the Alliance for Healthier Communities, and the Executive Director regularly attends the regional meetings.

ADMINISTRATIVE BURDEN

RVCHC works to utilize all options to reduce administrative burden and direct funds to patient care. Patient records have been fully electronic for more than 10 years and referrals are now processed through OCEAN. After local hospitals and tertiary care hospitals transitioned to EPIC as their EMR, RVCHC became a “EPIC Care” client to download patient results at EPIC locations.

As reported in the most recent Alliance for Healthier Communities Ontario CHC Benchmarking report (2023-2034), RVCHC is at the lowest percentile for:

- Lowest Management and Operational Support (MOS)
- Cost per unique Individuals Served by the Organization
- Cost per Service Provider Interaction
- Combined cost per service provider Interaction & Service Provider Group Interaction

These low costs are largely due to the unique administration arrangement between RVCHC and its partner organization SFMH. An example of the integrated employment relationship positively impacting administrative burden: the Manager of Health Services position at RVCHC is funded for four days per month. This greatly restricted the timely flow of communication and quality, so instead there is a combined/joint position within SFMH which has allowed for increased access to the Manager of Health Services 5 days a week by staff and clients.

EQUITY AND INDIGENOUS HEALTH

RVCHC staff are members of the multi-organization IDEA (inclusion, diversity, equity, and accessibility) committee to support health equity. The committee promotes health equity and fosters inclusivity and belonging. This committee provides a cultural event calendar in our biweekly staff communique and recognizes events throughout the year, such as Black History Month, Pride Month and the National Day for Truth and Reconciliation.

In addition to training on accessibility for all staff, and training on pronouns and gender diversity, all RVCHC staff participated in indigenous cultural safety training (Kairos Blanket Exercise) through the Mashkiwizii Manido Foundation, and training on Mitigating Unconscious Bias and Walking the Talk.

RVCHC has been collecting Sociodemographic Information but will shortly be implementing the new more comprehensive Alliance for Healthier Communities Health Equity forms for collection of Sociodemographic Information such as language, identity, cultural background, racial group, disability, gender, orientation, income, financial pressures, physical health, mental health, education, housing, transportation, connectivity, employment status and religious affiliations. This data will help us better understand patients and the unique needs they may have and help them to access targeted care leading to better experiences and outcomes.

As noted earlier, RVCHC also participates in a number of regional healthcare EDI and accessibility committees to share best practices.

PATIENT/CLIENT/RESIDENT EXPERIENCE

Thank you cards are shared and displayed for all staff.

RVCHC clients are members of the Joint Patient and Family Advisory Council (PFAC). The (PFAC) continues to help improve decision-making processes, patient experience, and patient safety. PFAC members strongly advocate for clients and their care needs and provide valuable insight and observations on many pertinent topics including our signage, physical comforts of the building, masking etc.

RVCHC utilizes the Health Quality Ontario Patient Primacy Care Experience survey annually. Patients are given time to complete before their appointments. Results are shared with staff, administration, Continuous Quality Committee, and Board of Directors.

PROVIDER EXPERIENCE

Team dynamics play a huge role in keeping the CHC a positive environment. Instead of coffee breaks, the team takes a longer lunch and every day they first take a walk outside and then eat lunch together. This year, informal off-hour events were introduced including kayaking, pottery, hiking, curling and Christmas planter decorating.

Virtual and in-person team meetings continued to be held monthly and everyone contributes agenda items. The team member who adds the agenda item speaks to it and often takes responsibility for it which promotes ownership and positive outcomes. Informal one on one conversations with staff to “check in” give them opportunity to pass along concerns.

RVCHC continues to work with a recruitment/retention focus to meet funded positions through innovative approaches including partnership with SFMH to create shared NP full time opportunities.

Staff have 24hr access to a confidential and free Employee Assistance Program and Human Resource policies such as Banked Time, Sick Time, Emergency Leave, Vacation etc. are available.

RVCHC, as part of the larger SFMH organization has Strength in People as one of its four strategic quadrants. Within that quadrant are the following: Ensure a healthy and safe workplace and Improve staff engagement. We will continue to assess, engage, and encourage our staff to bring forward any issues of concern.

SAFETY

Staff are trained in the donning and doffing of Personal Protective Equipment and measured for N95 masks.

All staff are required to participate in mandatory Crisis Prevention and Intervention training and yearly refreshers are provided for front line staff.

Client and Staff safety is a standing agenda item at monthly team meetings. Any occurrences are reviewed in detail.

Building security has been reviewed by the team and Codes Silver, Black, White, and Purple policies are in place.

RVCHC is inspected by the Occupational Health and Safety coordinator and recommendations developed to increase safety for staff and clients.

A panic alarm system was installed this past year. Each staff area has a dedicated panic alarm along with a central button that automatically dials 911.

POPULATION HEALTH APPROACH

As part of every client intake, Socio-demographic and health data is collected. As directed by the Alliance for Healthier Communities, new and extensive data will be collected for all clients including language, mother tongue, nationality, cultural background, racial group, Disability, requests of support, gender identity, sexual identity/orientation, income and financial stability, community belonging, physical health, mental health, education, housing situation and needs, food security, medication security, transportation issues, connectivity, support systems, employment and religious or spiritual affiliation.

Client experience surveys are conducted yearly with questions on overall health.

Through the Ottawa Valley Ontario Health Team, extensive data on the population of the OHT was collected and shared with members to better inform organizations on key metrics relating to population health to help understand the (changing) nature of the population we serve. Themes included: Age, Gender, sexual orientation, Marital status, Employment, Education, Income, Indigenous, Francophone, other languages, Newcomers to Canada, Visible minorities, Religion (e.g., Mennonite), military families, People with disabilities, People with MH/SU conditions. This information focused on trends, not comparisons to other places. Most data is for Renfrew County and District Health Unit geography but some was for smaller sub-areas.

This initiative will work to enhance and harmonize collection of patient/client demographics to support equitable care and planning, equity analysis using available health service data (e.g., by gender, age, neighborhood income). The data will also feed into the workplan: "Data review and summary of services accessed by equity-seeking groups to determine who is (and isn't) accessing services.

CONTACT INFORMATION/DESIGNATED LEAD

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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 on

Board Chair

Quality Committee Chair or delegate

Executive Director/Administrative Lead

Other leadership as appropriate

Equity | Equitable | Custom Indicator

| | Last Year | | This Year | |
|--|--------------------------|---------------------|--------------------------|---------------------|
| Indicator #3 | 98 | 90 | 89.01 | NA |
| Thinking about the MAIN health care provider you spoke with during the visit, on a scale of poor to excellent, how would you rate this person on the following.... They treated you with dignity and respect (Rainbow Valley CHC) | Performance (2023/24) | Target (2023/24) | Performance (2024/25) | Target (2024/25) |

Change Idea #1 Implemented Not Implemented

Continue to ensure the current performance level is sustainable.

Process measure

- Annual Client satisfaction survey

Target for process measure

- Remain in the 90 percentile

Lessons Learned

It is important to share the results of surveys with all staff as everyone is equally responsible for these outcomes.

Comment

results will be shared with the team

Experience | Patient-centred | Priority Indicator

| | Last Year | | This Year | |
|--|--------------------------|---------------------|--------------------------|---------------------|
| Indicator #1 | 91.80 | 91.90 | 82.02 | 83 |
| 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 (Rainbow Valley CHC) | Performance (2023/24) | Target (2023/24) | Performance (2024/25) | Target (2024/25) |

Change Idea #1 Implemented Not Implemented

Sustain the high satisfaction rates despite changes in practitioners

Process measure

- Annual client satisfaction survey

Target for process measure

- Remain in the 90 percentile

Lessons Learned

Ensure practitioners ask patients if there is anything else they would like to discuss before the end of appointment.

Comment

Talk about this more at our monthly team meetings.

Safety | Safe | Priority Indicator

| | Last Year | | This Year | |
|--|-----------------------|------------------|-----------------------|------------------|
| Indicator #2 | 4.20 | 4.10 | 4.20 | NA |
| Percentage of non-palliative patients newly dispensed an opioid prescribed by any provider in the health care system. (Rainbow Valley CHC) | Performance (2023/24) | Target (2023/24) | Performance (2024/25) | Target (2024/25) |

Change Idea #1 Implemented Not Implemented

Work to meet the Ontario average

Process measure

- Community Practice Profile Report

Target for process measure

- Meet or exceed the Ontario CHC average of 4.1

Lessons Learned

Encourage physicians to join up for the My Practice Profile.

Comment

No new data received since last years submission (which included up to March 31, 2022)

Access and Flow

Measure - Dimension: Timely

| Indicator #3 | Type | Unit / Population | Source / Period | Current Performance | Target | Target Justification | External Collaborators |
|---|------|------------------------------|--|---------------------|---------|--|------------------------|
| Number of new patients/clients/enrolments | O | Number / PC patients/clients | EMR/Chart Review / Most recent consecutive 12-month period | 1109.00 | 1200.00 | Increased target by 8.02% in 2023. Working to reach suggested roster count for our CHC of 1200 | |

Change Ideas

Change Idea #1 Increase rostered client count

| Methods | Process measures | Target for process measure | Comments |
|--|--|---|---|
| Stabilize and maintain Nurse Practitioner staffing levels. Over the past year we have had reduced NP hours due to recruiting difficulties. | Rostered client count is reported and reviewed monthly | Increase rostered client count by 8% over the next year | Maintaining full compliment of staff is directly related to this target. Any reduction of staff (NP and Physician) will have a negative result on outcomes. |

Measure - Dimension: Timely

| Indicator #4 | Type | Unit / Population | Source / Period | Current Performance | Target | Target Justification | External Collaborators |
|---|------|--|---|---------------------|--------|---|------------------------|
| Timely access to a primary care provider (patient perception) | C | % / Survey respondents survey respondents | In-house survey / November, December, January | 82.00 | 85.00 | suggested as target corridor. However this is a new sector-wide indicator so data is not yet available for all centres. | |

Change Ideas

Change Idea #1 Increase Supply of Visits - continue to recruit to fill vacancies - reduce bad backlog. Investigate Group Visits/Shared Appointments

| Methods | Process measures | Target for process measure | Comments |
|---|---|-----------------------------------|--|
| Before automatically rescheduling patients, question whether follow-up is really needed. Consider extending the visit interval instead. | Keep track of the number of patients who fail to keep their appointments and record on the Demand, Supply, Activity and No Shows worksheet. | Reduce No Show appointments by 5% | No show appointments represent lost productivity and resources |

Equity

Measure - Dimension: Equitable

| Indicator #1 | Type | Unit / Population | Source / Period | Current Performance | Target | Target Justification | External Collaborators |
|---|------|------------------------------------|--|---------------------|--------|---|------------------------|
| Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education | O | % / Staff Executives of the CHC | Local data collection / Most recent consecutive 12-month period | 100.00 | 100.00 | All Executives of the CHC should receive training | |

Change Ideas

Change Idea #1 Provide training to front line staff

| Methods | Process measures | Target for process measure | Comments |
|---|--|--|--|
| Utilize resources and opportunities through the Local Ottawa Valley Ontario Health Team (OVOHT) | number of staff receiving DEI training | 80% of all staff participate in DEI training | Partnership with the OVOHT will enable staff to access a resource library and participate in training without the burden of travel expenses or presenter fees. |

Experience

Measure - Dimension: Patient-centred

| Indicator #2 | Type | Unit / Population | Source / Period | Current Performance | Target | Target Justification | External Collaborators |
|---|------|--|---|---------------------|--------|--|------------------------|
| 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 | O | % / PC organization population (surveyed sample) | In-house survey / Most recent consecutive 12-month period | 82.02 | 83.00 | CHC Average over the past 8 years for "excellent" was 74%. Feel this is a fair target. | |

Change Ideas

Change Idea #1 Ensure practitioners encourage patients to ask questions

| Methods | Process measures | Target for process measure | Comments |
|---|--|--|--|
| Implement The SHARE Approach - Essential Steps of Shared Decision making Introduce Patient Decision Aides | Organisations should actively promote shared decision making to people who use their services, for example, offering people training, and using posters or other media (such as appointment letters or websites) to prompt people to ask questions such as: What are my options? | Increase in positive response on next years client satisfaction survey | Total Surveys Initiated: 89 should actively promote shared decision making to clients who use our services, for example, offering staff training, and using posters or other media to prompt clients to ask questions |