

Health Quality Ontario 2015-16 Quality Improvement Plan - Narrative

Overview

The mission of De dwa da dehs nye>s Aboriginal Health Centre is to improve the wellness of Aboriginal individuals and of the Aboriginal Community by providing services which respect people as individuals with a distinctive cultural identity and distinctive values and beliefs.

"De dwa da dehs nye>s" embodies the concept of "we're taking care of each other amongst ourselves."

De dwa da dehs nye>s Aboriginal Health Centre provides Aboriginal people with access to *culturally appropriate* health care programs and services. The Health Centre focuses on holistic preventive and primary health care that includes a Primary Care Team (Physicians and Nurse Practitioners), Traditional Healing, Mental Health and Addictions Services, Patient Navigation, Seniors' Medical Transportation, Advocacy, Homelessness, and Health Promotion, and Education Services. The Health Centre serves all Aboriginal people, regardless of status and offers assistance to outside service organizations to provide care in a culturally appropriate way. The Health Centre has two sites, one in Hamilton and a second in Brantford, with satellite offices in both communities. In addition, the Health Centre provides mental health services in the Niagara Region.

Integration and Continuity of Care

Our Quality Improvement Plan promotes integration of service/support and facilitates continuity of care of all patients within the Primary Health Care Clinic. To facilitate the continuity of care, De dwa da dehs nye>s works with external health service providers on a case by case basis to provide optimal patient care.

On June 20-21, 2014 the Centre hosted A National Aboriginal Solidarity Day. 135 surveys were received from participants ranging in age from 16-65+. This event created the opportunity for the Centre to connect with members of the community. Participants were asked to describe memorable experiences in the community, share their awareness of the Centre's programs and services, and to provide input into programming opportunities for the Centre. This information was collated and will contribute to focusing our efforts to provide culturally appropriate services and programs that meet the needs of our community.

The 2015 - 2016 Quality Improvement Plan includes completion of an internal referral process across the organization using our new Electronic Medical Record (EMR). This referral process is being revised to be fully implemented through our EMR for both internal and external referrals. This process will support staff to better track their patients through our system and will enable us to monitor and utilize statistical information on this indicator.

In addition, the EMR will help to track the improvements made with our no show rate.

The way that this information is being captured in the EMR by staff is being reviewed to ensure that it is collected in a consistent manner.

Lastly, the Health Promotions Department is enrolling and tracking its participants through the EMR. This practice was introduced late in the 2014-15 fiscal year. Health Promotions staff will be better able to track the impact of programming on Aboriginal Communities in Hamilton and Brantford. This data will form the baseline for this and other quality indicators.

A new EMR is being utilized across the sector. In 2014-15, all Program staff was trained in the use of the new EMR to ensure consistent data entry. Policies and procedures have been developed to support staff with the implementation of the new EMR. The product (EMR program) is continuously evolving and staff have played an active role in identifying coding issues and are working with IT Support to identify solutions.

Challenges, Risks and Mitigation Strategies

As the new EMR implementation progresses, one of our greatest challenges continues to be the lack of funding to support data collection and analysis. Staff/Practitioners have overcome several hurdles related to implementing the new EMR and ongoing training continues. However, we recognize that we are not yet consistently and effectively documenting in a way that allows us to fully use the new EMR's capabilities. The data entry and collection processes are becoming more refined and we are more confident in the accuracy of the data that we are collecting. With additional financial resources we are confident that we are on the path to being able to efficiently and effectively use this valuable data to achieve Best Clinical Practices for our clients.

Without the ability to efficiently record data and subsequently to mine the relevant data in a timely manner, the risk is that the data gathered is incomplete, outdated and has limited relevance and value to quality improvement initiatives. The risk is also that internal and external comparisons using the Centre's outcome data are flawed and compromise the ability of the Board and Management to use this data to advocate for the Centre.

To mitigate this risk, we are supporting Staff/Practitioners by making the recording process, as efficient as possible to facilitate compliance with data entry. We are also prioritizing the data to be collected so that we can be confident in its accuracy without overwhelming the new Operations Manager as she transitions into her new role.

Information Management System

There have been a number of challenges with the transition to the new EMR including process issues as well as issues with the program itself. We are addressing these challenges in collaboration with our Staff/Practitioners. We are becoming more confident in the consistency and accuracy of data entry by all Staff/Practitioners. We have hired an Operations Manager who is responsible for overseeing the quality initiatives of the Centre. However, we still a Data Management Coordinator to lead the process of data extraction and analysis.

We are fortunate to have .2 FTE support for IT issues from North Hamilton Community Health Centre. However, as Information Management increasingly continues to become an integral and essential part of the Centre's operations this .2 FTE is not enough to support the IT infrastructure, staff education and training, and to mine data.

Engagement of Clinical Staff and Broader Leadership

The Board of Directors has led the development of a Strategic Plan 2012-2015 which, among other data and information, has formed the foundation for annual Quality Plans. The Board will meet in 2015/16 to review and revise the Strategic Plan. The Board has also identified the need to formalize governance and operating policy statements related to the Centre's continuous quality improvement activities. This work will be completed by the Quality Committee in 2015/16

The Board of Directors has a standing Quality Committee that meets quarterly and reports to the Board. This Committee includes: two Board Members, the Executive Director, the Operations Manager, two Program Managers, a Community Member with skills and knowledge in Continuous Quality Improvement, and two patients (one from each of our sites - Brantford and Hamilton). Staff input is represented by the two Program Managers. The Committee monitors the organization's performance through review of the quality indicators on our Balanced Scorecard. This information is submitted to the Board.

The Management Team also discusses quality improvement with staff within Departments at staff meetings. Across the organization, Program Managers discuss issues that could cross departments where collaboration would be useful.

The representation on the Committee helps to facilitate two way communication around quality issues and initiatives and helps to ensure that there is understanding by staff, Management, the Committee and the Board related to the priority objectives selected for the annual Quality Improvement Plan.

Accountability Management

At De dwa da dehs nye>s Aboriginal Health Centre, Continuous Quality Improvement is viewed as a team exercise that includes the Board, Quality Committee, Management and Staff. The Board is accountable and responsible for the submission of an annual Quality Plan.

The Quality Committee is accountable and responsible for providing oversight for a comprehensive Quality Plan that evaluates and monitors processes for maintaining and achieving quality within all aspects of the Centre to ensure a high standard of culturally relevant client care and consumer satisfaction.

Achievement of annual quality improvement outcomes and targets documented in the annual Quality Plan are tied to Executive Director compensation, The Executive Director is accountable and responsible for providing leadership by supporting staff ensuring that outcomes and targets in the Quality Plan can be met.

The Management Team is accountable and responsible for reviewing monthly updates on the department/organization's performance related to quality improvement indicators to ensure that targets are being met.

Together, as a team, we identify what is needed, manageable, and leads to quality culturally relevant processes/service for our clients and for the community.

Other

De dwa da dehs nye>s Aboriginal Health Centre is growing at a rapid pace. Although we are in our infancy related to having data and information to support our quality improvement efforts and we have days when we feel that the task is overwhelming, we believe that the new EMR will, in time, prove to be one of the best investments that the organization and Ministry of Health and Long Term Care could make to support achieving best practice for those we serve.

Internal QI Note

The ongoing training, development and support of staff related to the efficient and effective use of the EMR will be integrated into Centre operations to ensure a consistent and unified approach to data entry.

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