

Let's Make Healthy
Change Happen.



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



3/30/2016

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.

ontario.ca/excellentcare

Overview

The mission of De dwa da dehs nye>s Aboriginal Health Centre is to improve the wellness of Indigenous individuals and of the Indigenous 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 Indigenous 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 Indigenous 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.

QI Achievements From the Past Year

During the summer of 2015, the Mental Health Team suspended admission to the programs in order to put in place policies and procedures specific to the work of the Mental Health Team. A new referral process was implemented with the focus being placed on self-referrals to the program. As well, a new intake screening process was implemented to ensure that new clients are receiving the right care in the right place at the right time. New patients were accepted as of October 1, 2015. By November, there was no one on the Mental Health Waiting List. This indicator is monitored quarterly on the Centre's Balanced Scorecard.

Throughout 2015-16, the Primary Care Clinics have been understaffed and as a result Wait Lists were implemented for service. Internal staff resources were adjusted to allow for appropriate coverage in both clinics. In December, the Hamilton Clinic began taking on new patients. It is anticipated that by the end of the 2015-16 fiscal year, the Brantford Clinic will begin taking on new patients. The outstanding physician .2 FTE vacancy was filled in January 2016. A Wait List policy with an accompanying Decision Tree has been developed for Primary Care Services to provide direction to Managers and staff for a consistent method of optimizing access to services for clients.

The Quality policy for the Centre has also been under review in 2015/16 and is a work in progress for the Quality Committee in 2016/17. The aim is to have the policy reflect an Indigenous focus on health.

The model of care is also being reviewed. The intent is that the model reflects the coexistence of traditional healing practices and western medicine at the Centre. The model also incorporates the principles from applicable articles from the United Nations Declaration for the Treatment of Indigenous Peoples and recommendations from the Truth and Reconciliation Commission as they relate to health. The goal is that the model is universally used within the Centre by all programs and services and becomes a foundation for service delivery and all quality initiatives.

The Quality Committee also reviewed and refined the indicators on the Balanced Scorecard to improve how the information was presented and interpreted.

Integration & 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. These service providers include Corrections Services, Children's Aid Society to name a few.

During the spring of 2015, the Aboriginal Health Centre conducted a series of Community Engagement Sessions. At the sessions we asked participants to identify the enablers and barriers to individual health, family health and community health. In addition, we asked participants to identify their vision for the future. As well, children were given the opportunity to provide feedback either by survey or by drawing pictures related to each topic. This information will be used in Capital Planning and to inform quality initiatives in each Department.

Between June 19-21,2015 the Centre participated in A National Aboriginal Solidarity Day events in Hamilton and Brantford. At these sessions, community members were encouraged to answer a survey. The questions were the same as used during the spring community engagement sessions. 184 surveys were received from participants ranging throughout the age spectrum. This event created the opportunity for the Centre to connect with members of the community. Information will contribute to focusing our efforts to provide culturally appropriate services and programs that meet the needs of our community.

The Aboriginal Health Centre has focused on the utilization of the Centre's Electronic Medical Record (EMR) to track the internal and external referrals. With staff education the number of referrals continues to rise at both sites and is an indicator monitored on a quarterly basis on the Balanced Scorecard

Through the EMR the Aboriginal Health Centre is able to track the No Show rate. Although the rate remains higher than our identified target (12%), we persist in implementing different strategies to reduce the No Show rate.

Lastly, the Health Promotions Department has been utilizing the EMR to track its participants. This practice was introduced late in the 2014-15 fiscal year. As a result, the Health Promotions staff is better able to track the impact of programming on Indigenous Communities in Hamilton and Brantford. This data will also form the baseline other quality indicators.

Engagement of Leadership, Clinicians and Staff

The Board of Directors are beginning a Strategic Planning Process in the fall of 2015 and future sessions are scheduled for early spring 2016. At the upcoming sessions the Board will finalize the Strategic Plan for 2016-19. Following the finalized report, the Quality Committee will use the Strategic Plan to work on identifying some culturally appropriate indicators for the Health Centre to be tracking.

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, Program Managers, a Community Member with skills and knowledge in Continuous Quality Improvement. Staff input is represented by the

Management Team in attendance. The Committee monitors the Centre's performance through review of the quality indicators on our Balanced Scorecard

as well as the MSSA indicators. Compliance with regulatory requirements such as Occupational Health and Safety training are also monitored by the Committee and all of this information is summarized for submission to the Board.

The Management Team discusses quality improvement opportunities with staff at staff meetings and individual team 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.

Patient/Resident/Client Engagement

In December 2015, a Patient Satisfaction Survey was undertaken in the Primary Care Clinics. The survey provided respondents with the opportunity to identify areas where we are doing well and opportunities for improvement. The results of the survey were very positive. The responses also specifically provided feedback on some of our Improvement Targets and Initiatives. For example for the question about whether health care providers include the client in decisions about treatment/care, 14% of respondents rated this as good, 28% very good and 54% excellent. The Quality Committee reviewed the results of this survey. Feedback obtained from all sources helps to determine how well we are doing on existing indicators and helps to inform 2016-17 quality improvement activities. Responses also inform Capital Planning and future space and resources needs of our clients. The results were summarized and presented to the Board.

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 we are making strides in obtaining quality data. It is anticipated that we will be adding Business Intelligence Reporting Tool (BIRT) on to our EMR and as a result will simplify the data mining process so that information from the EMR will be readily available.

Summary

2015/16 has been a year of forward momentum for the quality initiatives of the Centre. We are looking forward to developing our model of care and to exploring how we can take a leadership role in developing EMR outcome measures that address the unique issues of our Indigenous clients. Resource challenges remain however the ongoing support and commitment of all staff is what enables us to set and exceed our targets and to adjust those targets to sustain our gains.

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



Pat Mandy
Board Chair



Lina Rinaldi
Quality Committee Chair



Constance McKnight
Executive Director