

Let's Make Healthy
Change Happen.



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

Timmins



Family Health Team
Équipe de Santé Familiale

3/25/2019

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

Incorporated in 2006, and governed by a volunteer Board of Directors, the Timmins FHT (TFHT) is a mixed provider/community led primary care organization that provides team based programs and services. Operating from 7 sites across the City of Timmins, the TFHT serves 25,500 enrolled and 7,000 non-enrolled patients in Timmins and area. Associated with the TFHT are 35 physicians from the White Pines Family Health Network, 35 FHT staff (27.5 FTE's) and an additional 30 physician-employed staff members. Services are provided to patients in both official languages and we serve a significant indigenous population.

The TFHT values a culture of quality improvement and most recently has designated responsibility for the role of QI Clinical Site Lead to 4 existing staff members, representing our 4 larger clinical sites. All are either RNs or NPs. These individuals will be responsible for the implementation of practice change within their primary care teams. Needed change will be determined through recommendations made by the TFHT Quality Management & Program Committee, as a result of indicator performance data review. These individuals will work closely with our QIDSS and will function as a quality implementation team.

The TFHT collaborates with many health and social services partners. Through our work in building effective collaborative relationships, the TFHT has been influential in the development of other services in Timmins that are now integrated with our primary care team. These include a Specialized Geriatric Clinic, Memory Clinic, Integrated Palliative Care Team, Timmins Hospice Centre, Rapid Action Addictions Medicine Clinic, Musculoskeletal clinic and Minor Surgery Clinic.

The TFHT is an academic site for the training of medical students, medical residents, NP, RN & RPN students, dietitian students and clinical psychology students. Maintaining a learning environment is a foundational value of the TFHT and recently our Board of Directors has made the decision to change our name to the Timmins Academic Family Health Team/Equipe de Sante Familiale Academique de Timmins. We are looking forward to building collaboration relationships further with NOSM, as well as other universities and colleges.

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

The TFHT has demonstrated the greatest improvement this year in its approach to discharge follow-up. The TFHT's internal indicator (EMR based) demonstrated a performance increase from 42.5% to 47.6%. For the external indicator (based on MOHLTC data), performance increased from 72% to 74%. This performance is above the NE LHIN average of 36% and 54% respectively, based on the same definitions. Due to the inclusion of e-notifications within our new process, we expect that this momentum will continue into 2019-2020. Effectively, we follow-up sooner on more patients than we did previously. We have built the process and documentation on which we will add our new standard clinical approach in the next fiscal year. This should further reduce our readmission rate of 15% which declined by 3 percentage points compared to last year.

Patient/client/resident partnering and relations

The Timmins FHT values the feedback provided by patients on the patient experience surveys. It is identified on each survey, which office the patient is associated with so that their scores and comments can be collated and developed into a site report. This report is then distributed to the primary care team site team. Feedback from staff has been that they appreciate receiving this report and feel that they are better informed about the patient's experience with the services provided at their site. In addition, through the development of our new strategic plan, feedback was solicited from both patients and community stakeholders in this process. This feedback directly informed our new strategic directions and

provided validation on areas where we perceived we were doing well, and verification about areas for improvement. Feedback surveys have been used also to gain feedback from group sessions. This feedback is reviewed by the group session presenter and utilized to improve or amend the content and structure of sessions offered.

Workplace violence prevention

Through the Occupational Health & Safety Committee all employee safety policies and procedures have been revised this year including a policy on preventing workplace violence that includes a process for submission of a complaint. Safety procedures are discussed with staff as some offices are located in the city's downtown core. Action has been taken at the After Hours clinic to ensure that patients do not enter the clinic when only the student staff member is there. Clinic doors open to patients when the primary care provider arrives.

All staff incident reports are reviewed by the Occupational Health & Safety committee which has both worker and management representation, recommendations for change are made and the report is reviewed and signed off by the Executive Director.

A personal alarm system is used in the After Hours clinic to alert the police, in the event that a team member is in danger. Telephone alert systems are in place in some offices that will alert all staff to a safety concern with a patient. Response procedures are practiced by running mock events and evaluating response to each.

Notices for patients have been posted at clinical sites that educate about expected patient behavior. Respectful appropriate behavior is highlighted as well as the consequences, in the event that a patient does not comply with this.

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Other

The TFHT actively seeks the opportunity to become involved with primary care advocacy. Through the development of innovative programs, we have been successful in building integrated teams that deliver community care effectively and efficiently. We are very fortunate to have a supportive Board of Directors and to have access to the vast knowledge and skills of our clinicians and staff. We look forward to new opportunities in 2019-2020 and to expand our primary care team in the future!

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)