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

Kingston

Family Health Team

3/21/2018

FINAL SUBMISSION

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

The Kingston Family Health Team's (KFHT) 2018/19 Quality Improvement Plan (QIP) outlines the Team's commitment to providing excellent primary care to patients while aligning with Ministry of Health and South East Local Health Integration Network regional priorities.

KFHT serves approximately 31,000 patients, has four locations across the Kingston region and includes twenty-one family physicians plus interdisciplinary health professionals including nurse practitioners, a physician assistant, registered nurses, social workers and a dietitian.

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

The strategic planning process initiated by the Board of Directors and senior management began in 2017. The first step was to organize a team wide "Summit" which was held January 2017. The Summit included participation from physicians, and employees from all five sites. The goal of the Summit was to engage everyone to contribute ideas to improve the quality of patient care. Several key elements were identified as priority.

Elements of the 2017-2020 Strategic Plan

1. Improved Communication
2. Improved Organizational Operating/Development
3. Improved use of Resources
4. Improved Access

These key elements were used as the basis to create the 2017-2020 Team Strategic plan and inform future logic models, operating plans and QIP's.

In the past year, KFHT added one additional social worker to the Team and have developed a Team Central Intake process. This has increased the efficiency of our Teams internal referral process for mental health by providing one central contact for all mental health, referral, triaging, initial patient contact, scheduling and tracking for internal measurement.

We have implemented strategies to streamline the counselling criteria, and number of follow up sessions as well as reorganizing our delivery of group programs within the Team. These include:

- Re-assessment of progress for mental health patients every 6 visits to determine appropriate next steps in treatment (continued counseling, outside referral or discharge)
- Increasing the duration between visits for patients with long term counselling or multiple visits
- Reinforcing patient accountability by the introduction of written communication triggered by appointment no-shows.
- Consistent scheduled group programs
- Increasing the number of initial spots available per program
- Increasing the pool of IHPs available for group facilitation

Resident, Patient, Client Engagement

Our QI Committee includes one patient who attends all meetings and who contributes directly to the development of the QI Plan.

As part of our new Strategic Plan "Improved Communication" was identified as a key element. We will be looking at ways to improve patient awareness of the services provided by our Team and community by providing real-time communication to patients which outlines our programs and services, after hours clinics and community

resources and obtaining regular feedback from patients as part of our Quality Improvement Plan.

As a further step in the QI process we are looking at the feasibility of conducting patient focus groups during 2018-19. We are considering using a professional consultant to facilitate these groups in order to achieve optimal participation from representatives from all sectors of our patient population.

Collaboration and Integration

The Kingston Health Link (KHL) has made progress in identifying patients with four or more active chronic conditions, initiating Coordinated Care Plans (CCPs) and reducing the number of inpatient, emergency department (ED) and urgent care visits at two local hospitals for complex patients. The Executive Director of KFHT is a member of the Administrative Leads Committee and one RN is a member of the Communities of Practice Group. KFHT continues to participate in the KHL initiative and has integrated a 0.5 registered nurse to assist with the CCP process.

The 15 Family Health Teams in the SE LHIN continue to collaborate and share learnings around various quality improvement project topics. In 2017/18 there was a joint effort to reduce the number of patients visiting local emergency departments for conditions best managed elsewhere. The Quality Improvement Decision Support Specialists across the SE LHIN analyzed hospital utilization data to identify patients with frequent high utilization patterns.

The teams reviewed regional data, shared learning and have jointly determined root cause(s). Moving forward all teams have agreed to investigate the need/opportunity to offer COPD programming in the next year. The next phase will be to participate in initiatives with partnering organizations on the development of improved programs across the region. Patients and partners including local hospitals will be engaged as the initiative evolves.

Our team is a member of the AFHTO Telus PS Community of Practice. This is a collaborative working group consisting of PSS users across Ontario, representation from AFHTO and senior management from Telus PSS group. We are also an active member of the Ottawa Model Smoking Cessation (OMSC) Program, and the Centre for Addiction and Mental Health (CAMH) Smoking Treatment for Ontario Patients (STOP) Program.

A new collaboration was established during 2017-18. Dr. Rebecca Woolnough, MD FRCPC, has been providing pediatrics services from our 105-797 Princess St location.

Engagement of Clinicians, Leadership & Staff

The QI Committee, consisting of interdisciplinary team members and physicians meet a minimum of bi-monthly. QI Committee members are responsible for keeping their site informed about QI initiatives. A quarterly performance report is shared with all Team members.

Quality continues to be a standing item on the monthly Board agenda. Updates from a representative of the QI Committee are provided.

In an effort to build a culture of QI, "Town Hall" site visits were conducted by the lead physician and Executive Director. The focus of the 1st round of visits held in Q2 of 2017-18 was to provide a forum to allow the Executive Director, the lead physician and the Board Member site representative to give an update on current events and to allow staff & physicians at the site to ask questions and voice their quality improvement ideas. Presentations were made by our newly

restructured mental health team outlining planned improvements and the central intake process.

Population Health and Equity Considerations

KFHT is a partner of the Kingston Health Links (KHL). KHL is targeting patients with four or more chronic conditions, hospital utilization and have an overlay of social determinants of health i.e. difficulty accessing transportation or food insecurity. Patients who are identified and referred to the Health Links Coordinator will receive a Coordinated Care Plan. KHL has included in this process a poverty screening tool, where patients are asked the validated question "do you have trouble making ends meet at the end of the month?" This has assisted in identifying patients who benefit from a referral to a Community Services Worker (CSW) who can help them navigate community and social supports and services such as ODSP, food banks, legal clinics, or access to affordable housing to name a few. The CSW is accessible to all patients of the team as well.

Our team will be shifting our focus for the upcoming year to improving Patient Access with an emphasis on effectively identifying patients with mental health issues, follow up management of mental health patients and adopting the approach to following the HOQ Quality Standards, Major Depression Care for Adults and Adolescents.

Access to the Right Level of Care - Addressing ALC

NA

Opioid Prescribing for the Treatment of Pain and Opioid Use Disorder

The KFHT will be adopting the Regional Opioid Strategy as well as the three Quality Standards from Health Quality Ontario on new opioid starts, opioids in chronic pain and opioid use disorder to help inform and guide clinical practice to insure safe and effective pain management and appropriate use of these medications in our patients.

Workplace Violence Prevention

The KFHT has developed a formal and comprehensive workplace violence policy and a two-part training program mandatory for all team staff.

Contact Information

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Other

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 Colin Wilson _____ (signature)
Quality Committee Chair or delegate Dave Pinkerton _____ (signature)
Executive Director / Administrative Lead Peggy Kelly _____ (signature)
Other leadership as appropriate Laura Cassidy, QIDSS _____ (signature)