

Let's Make Healthy
Change Happen.



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



Centretown Community
Health Centre
Centre de santé
communautaire du Centre-ville

3/20/2018

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

In June 2010, the Ontario Government passed the Excellent Care for All Act. Initially this legislation was designed to help support hospitals to further improve the quality and safety of care they provide through tools such as Quality Improvement Plans (QIP). In January 2013, Primary Care Organizations, such as Centretown Community Health Centre (CCHC) were required to develop QIPs as well.

This is CCHC's sixth QIP. It provides a meaningful way for CCHC to clearly articulate its commitment of quality to community, clients, volunteers and staff as well as demonstrate its model of health and well-being. This model is unique to CHCs, focusing on an interprofessional approach and the social determinants of health. CCHC's QIP is focused on creating a positive client experience and delivering high quality services and programs that respond to the changing needs of its community.

CCHC's QIP is aligned with and builds on our Strategic Plan, sectoral (AOHC-led) initiatives, and our regional/provincial reporting requirements (e.g. service accountability agreement with the Champlain LHIN). Within both CCHC's Strategic Plan and the QIP, the concept of quality and providing the most appropriate accessible care, services and support to individuals and communities is an underlying foundation.

In keeping with the previous year, the 2018-19 QIP focuses on effective, client-centred, timely and equitable care. CCHC's strategic plan looks at initiatives to address health equity for marginalized populations, with the notable inclusion of access to quality care for transgender clients, and this year's QIP reflects these priorities.

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

This fiscal year, our **Trans Health Clinic** saw 137 clients and was able to reduce the time that clients had to wait prior to starting hormone initiation to 8.3 days after their initial visit to the Clinic (on average), well below our 2017-18 QI target of 14 days. Prior to the initiation of our TH Clinic, our trans clients typically had to wait 8 to 10 months for access to hormone prescriptions due to the barriers created by our previous treatment guidelines (e.g. mandatory psychological assessments) and lack of dedicated resources.

Upon changing to an Informed Consent model of care and re-orienting services/resources around transgendered clients' needs, wait time efficiencies were achieved. The improvement in access to hormone therapy vastly improves the health and wellbeing of our transgendered clients, as the literature tells us that the relative risk of

past-year suicide ideation is significantly lower (0.52 RR [0.37, 0.75]) among transgendered individuals using hormones to affirm their gender identity compared to those not currently doing so (Bauer et al, 2015) and that the psychological distress scores of transgendered individuals generally improve after commencing hormone therapy (Hughto & Reisner, 2016). In short, the available evidence demonstrates that shorter wait times and increased access may save lives.

By demonstrating the need in our community, our strong rationale, and the significant efficiencies gained with our revised model of care, the Trans Health Clinic (2016-2017 pilot project) was approved for LHIN funding this year to continue operations through to the end of March 2019, with the added goal of increasing the capacity of local health care providers to help clients maintain their hormone therapy and to better meet trans health care needs. To this end, the TH Clinic hosted 13 health professionals or trainees (family physicians, nurse practitioners, family medicine residents, medical students, NP students, registered nurses [RN] and RN students) this year, who trained and/or shadowed in the Clinic to expand their knowledge and skills in delivering trans-specific clinical care.

This improvement reflects our commitment not only to providing equitable health services to our clients, but also to developing the capacity of the regional health system to provide high-quality, client-centred care for all.

Overdose Prevention: With the support of Ottawa Public Health, our Centre developed a new policy for First Aid Administration of Naloxone for an Active Opioid Overdose onsite. Community Support Workers, General Reception Staff, and the Primary Care team were all trained on what to do and how to administer naloxone in the event that someone presents onsite or within sightlines of the Centre with an opioid overdose. Naloxone kits were then stocked at various locations throughout the Centre.

Next year, we aim to become a Centre who is also able to proactively train and distribute kits to clients and their family/friends. In the meantime, our staff provide information on where clients and family members can go to receive a naloxone kit for free.

Mental Health & Addictions: This year, we piloted the Ontario Perception of Care Tool (OPOC), which is a provincial initiative to evaluate mental health & addiction services. Clients from our LESA program (substance misuse & problem gambling recovery group for clients over 55) evaluated their therapeutic interactions with our counsellors using the provincial tool and the report was provided back to CCHC. Findings were generally very positive, but we did note that 24% of clients stated they would not know how to make a complaint if they

needed to. This illustrates a gap between our client rights and responsibilities policy and our current forms/practices, so we are currently reviewing and working to correct this issue as our Centre prepares for its October 2018 CCA accreditation site visit.

Community Diabetes Education Program: This year we revised our internal training and certification program for diabetes educators learning to provide recommendations to physicians on changing clients' diabetes medications. With the numerous new types of medications now available, physicians often turn to trained educators to provide recommendations when their client's blood glucose is not well controlled. Our Glycemia Management training program provides educators with what they need to make well-considered recommendations. Having piloted it for several years, this year we involved all of our certified educators in updating and revising the training process and manual.

This year the Community Diabetes Education Program of Ottawa evaluated our group education program for people with diabetes, which was completely overhauled over the previous two years. One of the recommendations implemented in this fiscal year was to provide increased support for educators to become skilled in best practices in workshop facilitation. Communities of Practice have been created for each of the workshops to allow educators to practice more frequently, observe, support and share strategies with each other.

Regional Diabetes Programs: CCHC has three regional diabetes programs: SCREEN which provides diabetes screening for high risk populations across the Champlain LHIN; Diabetes Central Ottawa, which provides central intake for community-based diabetes education programs in the Ottawa area; and The Champlain Diabetes Chiropody Program, which provides advanced foot care to prevent amputation, in locations across the Champlain LHIN. This year the chiropody program received funding to provide the best practice in foot ulcer care, as recommended by Health Quality Ontario: off-loading of foot ulcers through casting. We have set up casting clinics in two rural sites: Pembroke and Cornwall, at two ends of the LHIN's geography, with back-up clinics in Arnprior and Hawkesbury. This new best practice will allow clients in rural parts of the LHIN to get ulcers healed much more quickly, and should enable the program to see more clients. Prior to this, that service was only available in Ottawa through a hospital-based clinic.

Resident, Patient, Client Engagement

CCHC is focused on creating a positive client experience, and delivering high quality services and programs to respond to the changing needs of its community. Within the QIP, CCHC has maintained high achievement related to client-centred care, scoring over 90% on indicators within our in-house survey on aspects such as: clients having opportunities to ask questions about recommended treatment and being involved in decisions about their care. The annual in-house client satisfaction surveys are also used to inform CCHC's operational plan, including shifts in programming.

This year, we gave clients the option to request client survey results once they became available. As an initial step towards a more fulsome client engagement process, we will be inviting those clients who have requested results and appear invested in the Centre's performance to come in for a sharing session to give richer feedback on what they expect from the Centre and how we can best mobilize to meet those expectations in the near future. This feedback will help inform our next strategic and operational plans for 2018, as well as future QIPs.

In preparation for our next strategic plan we have reviewed local and client data, and performed several community consultations. A series of guided discussions took place between July and September 2016 involving approximately 220 individuals. This involved asking clients and community members about what we do to support them and their family, what issues they face, and what we could do better and how we could be more welcoming. We also engage our clients with key consultations on health service planning, such as Trans Health services, Health Links, and Patients First consultations.

Finally, the composition of our board of directors and board committees, such as our Quality Improvement Action Team, includes community residents, some of whom use our centre's services and provide valuable feedback on our programs. We have over 300 volunteers who are residents of our community, many of whom also use our services.

Collaboration and Integration

The Ottawa area CHCs have a longstanding history of collaborating with each other and with other community partners for service delivery. We participate in forums to support and promote the ongoing improved coordination of services for marginalized populations.

Refugee health: CCHC continues to work with other organizations including Ottawa Public Health (OPH), CHCs in the Ottawa area and the LHIN on immigrant health issues. The YMCA Family Shelter, the largest family shelter in Ottawa, resides in Centretown CHC's catchment and is the temporary lodging site for many refugees. CCHC collaborated with OPH to begin vaccination clinics onsite at the YMCA Family Shelter. This initiative significantly reduces barriers to access for people living in the shelter who require up to date vaccinations as per the Ontario schedule for school and work. CCHC also organized a Growing Healthy Clinic onsite at the YMCA and supported it with free childcare, snacks and interpretation. The clinic assesses the growth and development of children age 0-6 years old who may not be developing as expected or whose parents/legal guardians have questions or concerns. The screening services offered by various Ottawa health organizations include behavioral, speech and language, literacy, global development, dental health, nutrition and immunizations. CCHC also embarked on an initiative with Ottawa Newcomer Health Centre (ONHC) for refugee claimants newly arrived at the YMCA family shelter. The partnership entails clients triaged by CCHC's outreach nurse and booked at ONHC for the first visit of their initial medical assessment, unless certain health circumstances or complexities require them to be directly referred to CCHC. The purpose of this initiative is to provide more timely access to refugees newly arriving at the YMCA, and improve access for the diverse populations accessing CCHC's primary care drop-in clinic available to those who are homeless and/or uninsured.

Lung Health Central Intake: CCHC has hosted a central intake service for the 7 community-based diabetes education programs in the Ottawa area since 2014. This year we expanded that service to provide central intake for the community-based lung health services in all of Champlain, specifically their services for people with Chronic Obstructive Pulmonary Disease. These programs have capacity to see more clients because physicians tend to refer to the hospital-based programs. The community-based programs are available in Community Health Centres and Family Health Teams in local communities around the Champlain LHIN. Through having a single phone, fax, website and referral form, the Champlain Lung Health Network hopes to promote more referrals into the community programs.

Champlain Regional Planning for Trans, Intersex, Two-spirit and Gender Diverse Health Services:

Centretown CHC participates on the Champlain Regional Table for Health Planning for people who are Trans, Intersex, Two-spirit and Gender Diverse. The table received funding this year for a health system planner and to support the ongoing work of the regional table. In parallel to this, Rainbow Health Ontario (RHO) and CCHC partnered to hire staff from Dec 2017-March 2018 to support building primary care capacity in the region for hormone starts and surgery assessments. This work is part of CCHC's commitment to transition from a specialized Trans Health clinic to integrating it as part of primary care practices across the region. RHO re-

allocated its internal resources to hire staff for this one-time project, who would be managed by RHO and located at CCHC. In addition, CHEO and Sick Kids Hospital are working with RHO to apply for ministry funding to plan for the future of gender diverse health services. Demand from parents and youth is increasing significantly at both hospitals and there is a need to stabilize (augment resources to address acute demand) and then shift resources to focus on building capacity once stabilized.

Other examples include:

- Participation as a local/regional CHC representative on various standing and ad-hoc committees and network tables, including work with Children’s Hospital of Eastern Ontario, The Ottawa Hospital, Ottawa Local Immigration Partnership, Alliance to End Homelessness Ottawa, Ottawa Children & Youth Mental Health Services and Champlain, Regional Geriatric Advisory Committee.
- Participation with Health Links 5 at the Steering Committee level and at an operational level.
- Representation on the Vulnerable Seniors Partnership, which focuses on role clarification, systems gaps and improving referral processes across sectors including CHCs, home support services, acute care hospitals, Ottawa Public Health, and geriatric specialty services.
- Working with community partners including Inner City Health, The Ottawa Hospital Hepatitis C program, shelters, day programs, mental health and addictions agencies, harm reduction service providers, and other CHCs for integrated services for clients who are homeless/unstably housed.
- Participation on the City of Ottawa planning advisory committee for the transformation of Early Years Child and Family services in Ontario, and also in consultations and on the steering committee for THRIVE, integrated health service planning for children and youth in the Champlain region.
- All 6 Ottawa CHCs are currently collaborating on the development of the next shared strategic plan, set to begin in 2018. Four of these Ottawa CHCs, including CCHC, continue to work together on objectives from our current shared strategic plan (since 2012). One such objective is improved access to Trans* Health Services.
- CCHC has volunteered to be an ‘early adopter’ community-based viewing site for ConnectingOntario, a province-wide e-health initiative that will promote further integration among health care providers via the sharing of our clients’ electronic medical records.

Engagement of Clinicians, Leadership & Staff

Engagement of Staff in Centre-wide Planning: The shared quality improvement goals and commitments are informed through consultations with clinical staff and the leadership team. For example, following the collection of staff survey results in Spring 2017, each program team was debriefed on their team's results and feedback was solicited on ways to improve areas of weaker performance. Staff then had an opportunity to collectively vote on the highest-priority change ideas. Top-voted suggestions were rolled into the 2017-2018 operational plan, resulting in (1) the hiring of a new HR staff coordinator to better meet staff's needs, (2) a new communications strategy to share significant changes impacting staff across the centre and (3) improved approach to performance management and professional development, among other significant initiatives.

Interdisciplinary front-line staff also play a key role in informing the identification, planning and implementation of quality initiatives/change ideas within their various programs, which typically always have 1-2 significant improvement initiatives underway. Management is solicited every year on initiatives that could be included in the QIP as a custom quality indicator. This input is then filtered through the Quality Improvement Action Team (QIAT), which is a Board subcommittee comprised of clients, staff, management and board members who oversee the development of the annual QIP as part of its governance mandate related to overseeing QI and the operational performance of the Centre. The QIAT considers management input but also Client Experience Survey results, Staff Survey results, ED reports, Strategic Directions and other inputs prior to determining which quality indicators to propose to the Board for approval. Regular updates on QIP progress occur at staff, QIAT, and board meetings.

Example of Interdisciplinary Team Engagement in Program Planning: A half-day planning session was held with nurses, medical reception, family physicians, nurse practitioners and community support workers to look at our health service delivery model for homeless/unstably housed priority population clients. The increase in refugee claimants' access to our Urban Outreach clinic has led to an observed decrease in CCHC's street involved homeless/rooming house populations accessing the clinic. The purpose of the planning session was to achieve consensus on CCHC's vision and guiding principles for our priority population clients, identify what success looks like for serving these clients, and deliberate various options to best serve priority population clients who are in/connected to our catchment in a way that is sustainable. The team had a very positive and productive planning session, whereby the foundations were set for the model we want to deliver, which will involve a more prominent role for Community Support Workers in triaging clients to CCHC's various clinics based on their capacities and needs as well as tightening coordination by implementing approaches such as case conferencing

and coordinated care plans.

Engagement of Staff in Staff Training Program: This year the Community Diabetes Education Program of Ottawa revised our internal training and certification program for diabetes educators learning to provide recommendations to physicians on changing clients' diabetes medications. With the numerous new types of medications now available, physicians often turn to trained educators to provide recommendations when their client's blood glucose is not well controlled. Our Glycemia Management training program provides educators with what they need to make well-considered recommendations. Having piloted it for several years, this year we involved all of our certified educators in updating and revising the training process and manual.

Population Health and Equity Considerations

Vital 8 Indicators for Mental Health and Wellbeing: As part of its work to align CHCs towards a performance management framework that reflects our model's approach and better reflects our strengths in comprehensive primary care AND community health promotion, the AOHC's Performance Management Committee developed the 'Vital 8 Indicators for Mental Health and Wellbeing' and requested that member centres begin collecting these indicators from clients regularly. CCHC's 2017-2018 Client Experience Survey was amended to collect 3 new indicators and the remaining 5 will be collected in our EMR system upon client intake/registration. By collecting these indicators, we hope to provide the Association with the data to better communicate our value to the system in preventing morbidity and mortality by increasing health equity and improving our clients' sense of community belonging.

Always Feeling Welcome and Comfortable in Our Centre: One of the amended questions in the Client Experience Survey was around whether clients always felt comfortable and welcome when they visited the Centre (yes/no). By asking clients to self-identify as members of various sub-groups elsewhere on the survey, we were able to cross-tabulate results by sub-group, which revealed that we do exceptionally well (>90% agreement) in creating a welcoming space for most sub-groups (i.e. francophone, First Nations, Métis & Inuit, seniors, individuals with disabilities, LGBTQ2S, newcomers) but that we could improve slightly in being a safe space for homeless or temporarily housed clients (83% agreement, $n=6$) as well as transgendered/non-binary clients (83% agreement, $n=12$). This demonstrates that while we have made great strides in providing more equitable access to high quality care for trans populations, we still have room to improve in terms of ensuring that our staff and our physical space feel consistently welcoming and signal a greater openness towards gender diversity.

French Language Services: CCHC received its official FLS designation in July through a communiqué from the ministry after many years of groundwork. A celebration of this achievement was held on September 29th alongside our Minister of Francophone Affairs, as well as with our partners, staff and board members. This designation holds us accountable for providing high-quality care in both official languages, as well as having a human resources plan that ensures a high degree of bilingual capacity within the Centre. Our most recent Client Experience Survey results reveal that 94% of Francophone clients reported being able to access services in their preferred official language, 94% of Francophone clients were greeted bilingually upon entering our Centre and that there was 100% satisfaction with our French language services among clients who accessed them. Reports of client(s) not being able to access French language services are being followed up on to determine what transpired and to inform our FLS HR Plan.

Access to the Right Level of Care - Addressing ALC

While our organization is not directly involved in specific ALC initiatives, we actively participate in discussions and collaborations related to client discharge from hospital and/or transition to another care environment. Through our work on the Vulnerable Seniors Partnership (VSP) and as a site with a Primary Care Outreach (for Seniors) team we are regularly abreast of the ALC challenges facing the Champlain region and work at both a systems level and client level to support our seniors requiring or facing transitions between different sectors of health care.

At the client level our primary care team, especially our Seniors Outreach team consisting of nurses and community health workers, coordinates with various partners such as discharge planners at the hospital, CCAC, homecare services, caregivers and other providers to ensure there are safe discharge/transfer plans that appropriately consider individuals' health needs and social situation.

Opioid Prescribing for the Treatment of Pain and Opioid Use Disorder

Our centre is familiar with Ontario's Narcotic Strategy established by the Ministry of Health and Long Term Care (MOHLTC), which includes the Narcotics Safety and Awareness Act that emphasizes the practitioner's responsibility when prescribing. Other governing and regulatory bodies have similarly issued strategies and/or policies to guide their constituents for increased vigilance related to these drugs. Our centre employs primary care nurse practitioners and family physicians who are able to prescribe narcotics and controlled substances within their scope of practice, as appropriate. CCHC requires that staff adhere to the standards set forth by their

respective colleges for best and safe practice of care. For instance, we are aware of the updated Prescribing Drugs policy released this fall by the College of Physicians and Surgeons of Ontario (CPSO) to reflect the release of the 2017 Canadian Guideline for Opioids for Chronic Non-Cancer Pain, as well as other information tools for patients and providers. Our centre uses treatment agreements as a tool to mitigate risk when clients are prescribed narcotics or controlled substances. Our providers also have access to Ontario's Drug Profile Viewer.

As a community health centre, our staff have extensive experience working with clients with mental health and addictions, and we embrace a harm reduction approach. As stated previously, we have implemented protocols and training to enable naloxone to be administered onsite in the event of an opioid overdose onsite, and we aim to become a distribution site of naloxone kits as well. We have also partnered with Rideauwood Addiction & Family Service agency to host a Rapid Access to Opiate/Opioid Counsellor onsite for two days per week from January to end of March 2018. Access to opioid counselling at CCHC will decrease barriers for clients who use our Harm Reduction (SITE) office and increase our capacity to wrap services around clients wishing to decrease the impact of opioid use on their well-being. CCHC also hired two part-time Harm Reduction Peer Workers as part of a successful one-time funding application spearheaded by another local CHC to provide supports and services to clients in our catchment area who use drugs. This pilot will run from January to end of March with the goal of exploring sustainable funding. Finally, our centre continues to work together with local partners to support the roll out of Supervised Injection Services in downtown Ottawa.

Workplace Violence Prevention

CCHC complies with all legislated requirements related to staff safety and workplace violence, and has strong policies and protocols in place to address workplace violence prevention. For example, all new staff are required to take a Non-Violent Crisis Intervention training (full-day) to learn how to properly de-escalate clients in crisis, and existing staff are required to re-certify via refresher (half-day) trainings every 2 years. These are offered in-house at no cost to staff. Any violent or potentially violent occurrence at our Centre results in an incident report, and all incident reports are collated by our Executive Coordinator, who produces an Incidents, Accidents and Complaints Report for our Quality Committee (QIAT) and Board to review on an annual basis.

CCHC also has a Joint Occupational Health and Safety committee (JOHSC) with joint membership from employees and management to review workplace safety matters. Occupational Health and Safety is furthermore one of the areas of focus in the staff survey. (Workplace violence was not cited as an area of

concern in our latest round of staff surveys or in the follow-up program team consultations that took place in Q3 2017.)

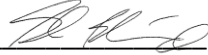


Contact Information

To learn more about our QIP, please feel free to contact Alex Mayer (Health Analyst), staff liaison on our Quality Improvement Action Team (QIAT), at amayer@centretownchc.org.

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 
Quality Committee Chair or delegate 
Executive Director / Administrative Lead 
Other leadership as appropriate _____