

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

August 4, 2020

OVERVIEW

The Rideau St. Lawrence Family Health Team (RSLFHT) is a newly developed (2018-2019) virtual inter-professional health team providing a range of primary health care and health promotion services. The team of nine (9)FTE staff work in collaboration with 23+ physicians across eight (8) sites to protect, preserve and promote the health and well being of all patients and communities across North Dundas, South Dundas and South Stormont.

The Board driven vision, mission and values of the organization are the catalyst in which the virtual model is built. Program and service development is based on a patient-centric needs approach inclusive of Chronic Disease Management, Health Prevention and Promotion, Mental Health, Acute-Episodic Care, Seniors Care, and the Prescription and Description of opioids and narcotics.

The newly recruited RSLFH Team took form during the period of January-through April 2020.

With the onset of COVID-19, a response plan was created and activated, IHP's were deployed to assist with patient care across the sites.

The development of the infrastructure continued, and the vision of a central hub was realized to provide a stable support network/location for the team to grow. Necessary technology was executed to allow staff access to devices and site specific EMR's to provide patient care remotely. Evolving workflow processes and extensive internal communications have supported the team to provide vehicles necessary to connect with patients.

A skill-based Board of Directors is actively involved in Strategic Planning, Organizational Committee development and Quality Improvement processes. Board members will participate in a self evaluation annually: and (new members) be offered educational opportunities through available external resources.

Ongoing Quality Improvement strategies have been woven into the newly formed infrastructure to ensure the creation of a stable, sustainable model. Program and Service development has continued during this unprecedented time and staff have been provided time to develop necessary networks and explore opportunities for collaboration with other resources within each clinical and geographic area.

Program/service models have been mapped out and are in the final stages of development. These deliverables have been developed using a collaborative model and based on assessed needs of the patient population.



DESCRIBE YOUR ORGANIZATION'S GREATEST QI ACHIEVEMENT FROM THE PAST YEAR

Our most impressive Quality Improvement achievement can be summarized as follows: as a newly developed team we were able to rapidly come together with a common vision, create a stable infrastructure, onboard technology to improve virtual access to patients, offer a COVID-19 response plan and deployed staff, establish a repertoire of strong networks and resources, and actively demonstrate collaboration with community services. We are moving three deliverables forward to testing phase.

We have tested various aspects of our virtual model (technology) and modified internal workflows to create a synergy with 8 geographically/ operationally different receiving sites - minimizing hardship on our partners. This is a testament to the commitment of the team and of our partner sites.

COLLABORATION AND INTEGRATION

Based on the program Schedule A the Rideau St Lawrence Family Health Team (RSLFHT) has collaborated and integrated with community providers to build program and services driven by geographic, population health and direct patient needs. Gaps in services/resources have been identified and have been prioritized based on a needs assessment survey and site feedback.

Due to COVID -19 public consultation was not possible at this time, this represents a temporary gap in community and patient engagement and commitment to remedy post COVID. Commitment to move the RSLFHT forward with robust program /service development are based on Primary Care Provider input and

site feedback.

The Family Health Team's Inter-professional Healthcare Providers (IHP) have actively engaged in networking within their respective professional fields, the community, and across the Champlain FHT's to create program and service deliverables. The RSLFHT will continually search for opportunities to expand community, professional and provincial networks.

Priorities of the RSLFHT are based on the foundation of avoiding a duplication of services, identify and action gaps in services, to promote and enhance existing services, improve accessibility and to support for patients along the continuum of care. Creating efficiencies and appropriate allocation of resources will allow for the building of capacity for patients within the catchment area.

Collaborations include, local health care professionals, hospital, community, private and corporate resources.

To demonstrate this principal the RSLFHT are piloting a Standardized Regional Diabetic Program that promotes reliable, accessible, evidence based care for all diabetic patients across the geographic areas of North Dundas, South Dundas and South Stormont.

PATIENT/CLIENT/RESIDENT PARTNERING AND RELATIONS

The RSLFHT have developed partnerships with the 8 sites across the three (3) catchment areas. This collaboration/integration will improve direct patient services and community outcomes.

Developed linkages with Municipal Councils in three (3) townships- this will facilitate community integration and provide a venue for future public consultations.

Established Partnership with Ontario Health Digital Services (one ID, one mail direct, clinical viewer, and Ontario e-consult program).

Developed a Regional Diabetes program in collaboration with Winchester District Memorial Hospital, Seaway Valley CHC, eight (8) partner sites. The program is in its final stages of development and ready for pilot in two (2) sites.

The RSLFHT inter-professional healthcare providers, and the Executive Director have demonstrated a commitment to collaborate with local resource groups and supportive networks ie. Champlain ED FHT. The Champlain LHIN FHT ED group has 23 +FHTs/ ED's coming together Q2 weeks to discuss pertinent issues and challenges. It is a very supportive forum that readily shares resources/programs/ processes and collectively supports the outcomes of patients in the Champlain LHIN.

The development of accountability management practices to ensure all operational and business processes are clean, well documented and demonstrate effectiveness.

Ongoing Partnership with Seaway Valley CHC – sharing physical space and internal services at 547 St Lawrence Street. Collaboration and referrals to a Registered Dietitian and mobile outreach team.

The RSLFHT are eager to participate in the Champlain LHIN wide

patient experience survey using Ocean technology and tablet application.

Invaluable partnership with the Champlain Family Health Team - QIIDS team who are an excellent resource for all FHT's in the Champlain LHIN.



WORKPLACE VIOLENCE PREVENTION

RSLFHT has drafted an Occupational Health and Safety Manual to ensure that we are in compliance with the current Ministry of Labor standards. Policies will be reviewed annually and updated as changes are required.

Active membership to HR downloads which provides training, webinars, videos and up to date changes to all legislation. Staff have direct access and supports the obligation of the employer to maintain mandatory provincial training and education for all. Staff are assigned regular updates and online educational opportunities, these are tracked and records for validation are easily accessible.

Staff have received training in Occupational Health & Safety and associated policies -workplace violence prevention through the orientation process and annually.

Executive Director is certified in Occupational Health & Safety with hazard specific healthcare training.

Staff are educated in their reporting requirements under the health and safety act. Policies support the reporting requirements and responsibility of staff in the promotion of a safe work environment. All incidence or near misses are logged, and preventative/restorative action taken as required.

Incidents shall be reported as per legislative requirements and to the Board of Directors on a quarterly basis through a balanced scorecard approach.



VIRTUAL CARE

Developed a coordinated Central referral process using already existing Cognisant MD's Ocean e-referral platform within each site. Partnership with Champlain e-referral/ Cognizant MD's Ocean e-referral platform/ E-Health center of Excellence (System Coordinated Access Network (HINP)). This is the first internal profile developed within the province allowing for a private internal referral process directly accessible to the 8 respect sites.

Benefits

- This allows all patient information to remain within the site EMR-reducing the risk of patient privacy breaches.
- Ocean E- referral currently being used by sites (utilization of existing technology)

- Patients can be emailed appointments directly eliminating any additional administrative burden.
- RSLFHT can track and extrapolate data for outcome measurement and process/program evaluation.
- Adapts to each site preventing any changes to current practices.
- Patients are contacted through the home site where referral was originated decreasing needless confusion.
- No cost to the RSLFHT as this development is coordinated and facilitated through the province (existing program).
- This internal referral mechanism is the first in the province to be developed and can be scale-able to large organizations futuristically. i.e. Ontario Health Teams.
- A BR Case study will be created and shared for other providers to reference. This is a collaborative effort between E-Health Center of Excellence and RSLFHT.

Use of virtual technology as a primary means to communicate during COVID-19. Team was deployed and able to communicate with patients. Maintaining open communication is essential during this time.



CONTACT INFORMATION

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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 on _____

Board Chair

Quality Committee Chair or delegate

Executive Director/Administrative Lead

Other leadership as appropriate
