

Quality Improvement Plan (QIP)

# Narrative for Health Care Organizations in Ontario

March 28, 2025



## OVERVIEW

The Rideau St Lawrence Family Health Team (RSLFHT) has expanded its' foot print to provide a team-based model of care to primary care partners of the Russell FHO. This growth expands access to over 47,000 patients within our geography. Expanding beyond our borders is a catalyst to see through a larger population health lens while supporting necessary collaboration to provide local health delivery solutions to local communities. The collaborative work being done with Great River OHT and other team based primary care providers in the region have created opportunities to work together to create accessibility to available resources and strengthen evidence based care, research and overall FHT programs. The building of an extensive network, access to new technology, and resources are necessary to support increased accessibility to the local communities so care can be given in the right place at the right time. Rideau St Lawrence RSLFHT is actively involved in the Great River OHT supported Primary Care Network, this provides a greater lens to focus the region and work collectively on top issues affecting population health.

The goal of the RSFHT is to support a stronger sustainable primary care delivery system with in the geography. The RSLFHT continues to strengthen and tailor its programing to take on the proactive role in supporting patients in their journey to managed self care, and increase accessibility within the region. Successful implementation will offer sustainability to primary care physician(s) by reducing demands, creating efficiencies and improving patient care outcomes.

## ACCESS AND FLOW

Our current RSLFHT model of integrated/shared care within primary care clinics is an example of how the primary care sector has come together and can demonstrate optimizing system capacity, timely access to care, patient flow, and improve outcomes. Increased patient access is demonstrated through organic RSLFHT programs, and the collaborate ICP expansion which supports attachment and accessibility to patients that would not be available otherwise.

The RSLFHT has expanded available programs and has worked hard to source and network with external resources with the intention of collaborating to address service delivery gaps as identified in local communities, ie outreach psychiatry programs.

The inclusion of the Russell FHO will increase accessibility to patients by offering a Primary Care Practitioner who can support same day and next day visits for patients, resulting in reductions in ER visits. Regularly scheduled diabetes visits, well baby clinics, cancer screening support and the promotion of vaccines will support capacity of the primary care physicians and improve patient outcomes.

Administrative burdens can be reduced and redirect patient care by streamlining administrative work through the leveraging of technology and its implementation in clinics. Great River OHT has been very instrumental in supporting physician offices in with implementation and highlighting various government sponsored programs.

## EQUITY AND INDIGENOUS HEALTH

RSLFHT supports an inclusive, diverse workplace culture. Staff are trained on diversity, equity and inclusion annually to promote a barrier free, culturally accepted healthcare space and workplace.

Criteria of eligibility in programs and services are based on clinical eligibility, and age specific targets as a focus for inclusion.

Staff are provided the opportunity to expand educational learning to become culturally sensitive and design programs and services without barriers for all.

AODA policies are in place and actively promoted.

## PATIENT/CLIENT/RESIDENT EXPERIENCE

Patient experience survey results, and feedback are incorporated into daily practices. This information provides a focus for continuous staff learning and quality improvement activities. This information is utilized in program evaluation and service delivery. Trending allows for the addition or removal of programs and optimizes staff allocation.

Associate medical clinics; feedback from associate clinics is taken seriously. Input is elicited to support future program development and services. Relationships with local clinics and staff integration is the catalyst to a positive patient experience. The team works seamlessly to support positive patient outcomes. Our collective moto must bein sync... nothing about us... without us!!

## PROVIDER EXPERIENCE

Positive provider experience remains a key indicator for successful retainment of competent, qualified staff. The RSLFHT supports a positive culture and supports IHP staff in daily operations.

Opportunities to optimize staff in their full scope of practice is explored and promoted. The staff experience is promoted through to annual events where staff are brought together to promote both relationship and team building efforts. With staff deployed in multiple sites its important to develop positive workplaces and provide an opportunity to mesh with clinic staff.

Staff are supported in continuing education and encouraged to bring new learning back to the team for dissemination. Empowering staff promotes autonomy and independent thinking. Promoting a work life balance supports retainment within the workforce, especially with young children.

Quality of work life is necessary to keep staff engaged and interested in future program development. Team building is promoted and exercised as a way to build a positive provider experience.

Disparities in wage and salaries in the healthcare sector creates barriers to recruitment and retainment of qualified, competent staff.

## SAFETY

Managing risk and avoiding harm applies to both patients and professional caregivers and is a pivotal part of our strategic plan. The RSLFHT works hard to develop healthy relationships with the (9) clinics that RSLFHT staff populate. Relationships are fostered on respect, trust, collaboration and support a positive culture of safety. Staff are educated to health and safety, privacy practices and policies that support their safety and well being. Evidence based practices support clinical best practice in the delivery of care to patients.

Risk management is applied to all aspects of the organization.

## PALLIATIVE CARE

At this time the RSLFHT does not provide community based palliative care. RSLFHT staff are located within primary care clinics and function as a hybrid model. At this time IHP capacity does not support extension into community palliative care programs.

## POPULATION HEALTH MANAGEMENT

The RSLFHT continues to evolve with a better understanding of population health and the over arching impact on communities. Global resource allocation is distributed based on highlighted areas of need. With the RSLFHT services spanning across a large geography it showcases the need to understand population health needs from both a local and regional lens.

Working with the Great River OHT and regional partner team based models has supported a greater understanding of health needs, collectively we engage to build a sustainable regional focused primary care system. It allows primary care providers to look beyond individual organizations and system plan with a great emphasis on the overall health needs of the populations served.

An example of this is understanding the region and the rate of unattached patients to primary care providers. This impacts every aspect of healthcare system and highlights the geography where the biggest gaps exist. Collectively the system moves forward to send necessary resources to the most underserved area.

Focusing on the most prevalent chronic disease impacting patients in our region (ie diabetes) allows the focus to be on delivery systems, programs or lack there of and allows for meaningful collective planning to address these needs.

The FHT currently has RN support in all nine (9) Primary care clinical sites supporting diabetes management, and is involved in a QI initiative with the Winchester District Memorial Hospital research department.

## ADMINISTRATIVE BURDEN

The RSLFHT supports the use of custom forms in Telus EMR that can be exported to different sites and utilized by all FHT staff. This provides standardization of data collection and supports uniform program standardized documentation and reduce variability of patient data.

The RSLFHT works in nine (9) different EMR's one per clinic site. Each site supports different technology to conduct business. The sites with advanced technology supporting patient flow and access stand out and efficiencies are noted.

Patient portals and online booking have been implemented in some sites with great success. The RSLFHT uses the Ocean platform to create efficiencies in patient screening and communication through the secured messaging application.

AI scribe is also being used in some offices, this creates efficiencies in practitioners time allowing it to be yielded back.

The Great River OHT (GROHT) has been very instrumental in making clinics aware of funded technology that supports efficiencies with sites. The RSLFHT has been involved in exploring applications such as the EB2 toolbar to support care of chronic diseases however implementation of technology is at the clinics discretion. The RSLFHT uses Ocean, PS Suites, Accurro and connectivity to the sites remotely supports virtual work as required.

## CONTACT INFORMATION/DESIGNATED LEAD

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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  
Apr 01 2025

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*Dr. Vikas Bhagirath*

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Board Chair

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*Donna Derouchie*

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Quality Committee Chair or delegate

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Donna Derouchie

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Executive Director/Administrative Lead

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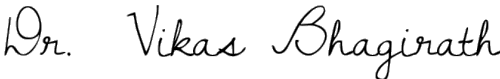
Other leadership as appropriate

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## Document Details

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<b>File Name</b>	narrative_export (8).pdf
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<b>Fingerprint</b>	0012de5b7db19bb8dd322fbd6c9151fa
<b>Status</b>	Completed

## Document History

<b>Document Created</b>	Document Created by Samantha Biickert (samantha.biickert@rslfht.ca) Fingerprint: 77df36ab22dedd86271046102cd47feb	Apr 01 2025 04:28PM UTC
<b>Document Sent</b>	Document Sent to Dr. Vikas Bhagirath (vkbhagirath@hotmail.com)	Apr 01 2025 04:28PM UTC
<b>Document Viewed</b>	Document Viewed by Dr. Vikas Bhagirath (vkbhagirath@hotmail.com) IP: 104.47.58.254	Apr 01 2025 05:00PM UTC
<b>Document Viewed</b>	Document Viewed by Dr. Vikas Bhagirath (vkbhagirath@hotmail.com) IP: 162.222.57.18	Apr 01 2025 05:00PM UTC
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