Let's Make Healthy Change Happen.

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

Lakehead
Nurse Practitioner-Led Clinic

3/7/2017

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.

Overview

Lakehead NPLC continues to focus on the metrics of quality highlighted by the MOHLTC for primary care: Timely, Effective, Efficient, Patient Experience; along with Equitable (formerly Access, Integration, and Patient-Centeredness; along with Population Health). We are addressing these areas through a multi-pronged approach aimed at increasing patients' ability to see their provider when they need to, and giving them more opportunities to provide feedback, while coordinating care as much as possible between other health organizations where the patients may be receiving health care service, and having screenings done. Access to same-day and next-day appointments is available through a twice-weekly walk-in clinic for LNPLC patients and an availability of same-day appointment bookings, every day. We have made significant headway in receiving notification from the Thunder Bay Regional Health Sciences Centre (TBRHSC) of when patients present at the ED, and with receiving notification of admission/discharge from hospital. This improved again this year with the introduction of electronic data sharing pilot project for ED presentation and admissions. We commit to follow-up with these patients as soon as possible after this encounter, as appropriate. All patients discharged from hospital are telephoned by the clinic RN the following week, and booked in for an appointment as needed. Revisions to our patient survey for 2016-2017 focus on patient engagement and involvement in decision-making about their health, with an online/tablet survey having been rolled out. Expectations are for continued stellar results being obtained for a fifth year in a row. Population Health metrics monitor our eligible patients who are up-to-date on screenings for colorectal and cervical cancers. New this year is a screening for HbA1C levels in diabetic patients over 40. Baselines have been established for these measures with diligent work done by our administrative and reception staff in capturing these stats in our EMR and querying the results.

QI Achievements From the Past Year

We are proud of the great work done by our Quality Improvement Committee, and all of the clinic staff in implementing the many improvements resulting from this QIP.

This year, the clinic finalized began collecting survey data using an online version of our patient satisfaction survey which is administered via a tablet in our waiting room. The metrics are the same as our previous paper-based survey.

The Registered Nurse continues to conduct follow-up calls with all patients discharged from hospital, and we are booking them with their provider as appropriate. Focus has been drawn to booking consultations with the pharmacist for medication reconciliation for those patients who have been discharged and any changes made to their medications.
We are happy to be piloting a data transmission project with TBRHSC which not sends admission and ED presentation data, real-time into our EMR for NPs to review. This is going well and is a great evolution of data sharing.

Using our EMR, tasks have been set up to generate reminders for every screening as it comes due for patients. The RPN, admin staff and medical receptionists are proactively calling

patients as their screenings are due, to inform them to have the test done at the appropriate service location, or come to the clinic for an appointment if appropriate. This has kept us on top of all cancer screenings for our patients.

Our same day appointments continue to be used more and more, trending upwards year over year from 100 in the 1st quarter of 2013-2014 to 312 in the 1st quarter of 2015-2016. Our walk-in clinic visits remain steady as well, and we are glad to offer this increased access for our patients, and we continue to work to reduce any wait time to get an appointment.

Population Health

Our clinic serves patients across the lifespan, so the demographics are wide. Patients in this LHIN reportedly have higher rates of chronic conditions like diabetes, COPD, as well as higher rates of smoking, alcohol use, and overweight populations. However, our clinic does not target any specific population in accepting patients, so it woudl be representative of our region. Our programming to date has focused on these illnesses.

We do, however, spend abundant efforts on tracking and reporting on colorectal and cervical cancer screening rates, and now HbA1C screenings for diabetic patients.

We have facilitated a number of immunization clinics for flu shots, childhood immunizations, and shingles vaccinations for eligible patients.

Our clinic is the largest referral source for OTN Telehomecare program in the city, and we continue to provide our NPs with regular reports on emergency department use by their patients so that they can address any who are accessing the ED inappropriately. We are also receiving automatic notification of ED presentation and hospital admission, which is a great step in sharing this important info.

Equity

We do not specifically target any groups, but our community support initiatives have been aimed to target more marginalized areas of the city. We do partner in some shared services with NorWest CHCs in Thunder Bay, which does more focused targeting of vulnerable populations.

Integration and Continuity of Care

Continuity of care across sectors can be largely driven by a positive and accommodating primary care experience. Our clinic continues to focus on reduction of unnecessary Emergency Department visits, and hospital readmissions, and minimizing the use of outside walk-in clinics for conditions best managed elsewhere. Our clinic offers two walk-in clinics per week, and has expanded same-day appointment access. By seeing their regular provider when needed, patients are able to experience greater continuity of care and avoid repeating their health concerns to multiple providers or organizations. The potential for miscommunication of pertinent health information between organizations is also reduced.

This QIP aims to further focus on increasing integration and information sharing with other health organizations. Our patient satisfaction survey collects data on how patients feel the clinic assisted them in coordinating care across the health care system with pharmacies, labs, and specialists, with excellent results.

We continue to improve information sharing with the Thunder Bay Regional Health Sciences Centre, yet face a number of barriers in collecting some of the QIP metrics which require data sharing around re-admissions etc. We are glad to see the elimination of the flu-shot data which was difficult to collect when given at other settings.

Access to the Right Level of Care - Addressing ALC Issues

Diversion from the Emergency Department for patients who do not actually require emergency services is very important. Aside from manually producing lists of patients who present to the ED every month to the lead NP, and in turn to each primary care provider, we can address individual patients who are high users, or inappropriate presentations for emergency services when they could be best managed elsewhere.

We have produced a fridge magnet which is given out to patients that highlights our walk-in clinics held twice per week, and the same-day appointment availability. This is in effort to encourage patients to access the clinic first before defaulting to the ED. We also provide Ontario Telehealth number to patients.

There is more that needs to be done, but it is beyond our organization's role. For example, a second stream needs to be established in the emergency department which is staffed by salaried providers, for non-emergency procedures. For example, patients are directed to return to the ED for regular IV antibiotics administration. This is not appropriate to be dealt with in the ED, but the lack of another avenue results in this being used. It is a terrible waste of resources when fee-for-service bills are created for non-emergency presentations. A salaried model to address these 'urgent care' patients would be very beneficial in terms of costs, and patient experience.

Engagement of Clinicians, Leadership & Staff

This QIP is subject to approval by the Lakehead NPLC Board of Directors, and to quarterly review and evaluation by a Quality Improvement Committee, established in March 2013. The Quality Improvement Committee is represented by a member from each of the Board, the executive committee, and of the clinic staff (+ alternate for each). Quarterly updates are made to the Board of Directors, and any necessary steps are taken to ensure that quality care, patient safety, and privacy are considered as overarching decision criteria. The QIP Committee regularly monitors ED use, Same-Day and Walk-In Clinic use, time to third-next-available for each provider, patient satisfaction feedback, and population health screening stats.

Clinical staff and administration staff are engaged in all operational changes in order to reach our QIP goals, and other modifications as recommended by the Quality Improvement Committee as described above. Updates in data collection, administration of patient surveys, and re-focused patient education are things that we continually discuss among the entire clinic staff. Our Board of Directors is familiar with the challenges faced by the clinic, as described above. The Board helps to direct advocacy initiatives to help mitigate these challenges.

Resident, Patient, Client Engagement

Our patient satisfaction survey includes a number of questions on engagement, and understanding of the plan of care and treatment options. "Please rate how well your clinician involved/engaged you in healthcare and treatment decisions to the level you would like?" obtains excellent feedback, and feedback on program development and delivery is also collected from program participants. The idea of having a patient engagement group has been discussed and tabled with the clinical staff as well as the Board of Directors, but has not yet been implemented. We continue to look at feasible ways to implement this.

Staff Safety & Workplace Violence

In the past, Ontario Ministry of Labour was on site to perform a health & safety audit. From that process, we implemented a workplace violence & harassment policy and training. We also have standard Occupational Health & Safety policies that all staff and students review upon working with our organization.
We have a Health & Safety committee made up of staff members who conduct regular walk-throughs of the clinic to identify any risks that need to be addressed.

Contact Information

Kyle Jessiman, MHA, HBComm
Clinic Administrator
Lakehead Nurse Practitioner-Led Clinic
101 - 325 Archibald St. S
Thunder Bay, ON P7E 1G6
T: (807) 475-9595
F: (807) 475-9797
kyle.jessiman@lnplc.ca
http://www.lnplc.com/

Other

Challenge, Risks & Mitigation Strategies:
As we now have access to admit/discharge logs through Meditech, our principal challenge from previous years has been mitigated, and no longer exists. The next step is to continue advocacy for receiving this information automatically, rather than by conducting a manual search every week. This year, we have begun a pilot project with TBRHSC to receive this info automatically. Another great step forward.

It is a challenge to get an accurate reflection of the access provided for same-day and next-day appointments. It is understood that our survey question asking if a patient "waited longer than expected to see their provider", is subjective, the existing question to capture if the patient was seen on the same-day or next-day is worded in a confusing way. Ninety-one percent of respondents claim not to have waited longer than expected for an appointment. The survey question for this metric does not account for patients who were offered same or next day, but chose to take a later appointment due to their own availability. We hope that this is cleared up with either better wording, or a new metric to accurately reflect the access we're providing.

Further, while same-day appointment slots have been reserved, there is a noted challenge in maintaining a third-next-available appointment within our target of two weeks when there are staffing shortages. During a provider's leave, those covering the extra patient load will need more time for this coverage which may create a barrier to maintaining this criteria. While this is a minimal risk, it is still acknowledged. This year, the MOHLTC has recognized the need for relief HR funding in NPLC budgets, and we've been able to reallocate some funds to bring in a relief provider to mitigate this. So far the results have been good, with all but one provider under target for third next available appointment. While no new money is provided, we will work to find 'Relief' funding within our existing funding when the need arises this year.

An ongoing challenge continues to be in capturing accurate screening rates for the metrics under 'Population Health'. While we perform and order many of these procedures with our patients at their clinic appointments, Cancer Care Ontario does not provide a Screening Activity Report to Nurse Practitioners at NPLCs as the patients are not 'rostered' in an enrollment model through OHIP. This is a significant barrier to continuity of care and follow-up for our patients, and we will strongly advocate for change in this structure this year.

In addition, having an official 'roster' of patients, linked to the primary care provider (NP in our case) will eliminate the patient attrition we experience due to Health Care Connect's lack of integration with NPLCs. Currently, patients of our clinic who had signed up with Health Care Connect continue to be contacted by the service, with the expectation that they must 'find a doctor'. This structure fails to recognize the NPs as the patients' primary care provider, and undermines the access and excellent care provided at our clinics. Again, having patients enrolled and connected to the NP will alleviate this.

A final note on having a 'roster' – While we've made notable improvements in the information flow with the Thunder Bay Regional Health Sciences Centre, capturing patients admitted and discharged from the hospital, there are still instances when we are unaware that a patient has presented at, or is currently admitted to the hospital. If a patient fails to inform the hospital of their NP primary care provider, or if the hospital fails to capture this info, it is not passed on to the responsible NP. Hopefully, enrolled patients would have the primary care provider linked through their OHIP number, and this information would flow directly through these channels without being missed. Patients have the right to this type of continuity and follow-up. Their most responsible provider must have knowledge of what is going on. This will be one of our primary points of advocacy with the MOHLTC and our member associations this year.

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
CEO/Executive Director/Admin. Lead _______________________ (signature)
Other leadership as appropriate _______________________ (signature)