Let's Make Healthy Change Happen.

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

Lakehead
Nurse Practitioner-Led Clinic

3/27/2019

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.

Ontario

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 (expanding access to the clinic with more hours and walk-in clinics, now six days per week), and giving them more opportunities to provide feedback (paper-based and electronic surveys, email communication, social media), while coordinating care as much as possible between other health organizations where the patients may be receiving health care service, and having screenings done (efficient data sharing of lab results, hospital and emergency room reports).

We have expanded our clinic staff and hours of operation, so access to same-day and next-day appointments is available through a walk-in clinic for LNPLC patients six days per week, and an availability of same-day appointment bookings, every day.

Communication with the Thunder Bay Regional Health Sciences Centre remains open, so that emergency department, and admissions/discharge data is available for our patients and we can follow-up as necessary. 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 2018-2019 have made it more succinct, focusing on patient engagement and involvement in decision-making about their health, with an online/tablet survey having been rolled out in 2017. We consolidated our survey from four pages to one page, still collecting all of the QIP metrics, but dropping extra data that was redundant. Expectations are for continued stellar results being obtained for a seventh year in a row.

Population Health metrics have remained consistent, yet have not improved in rate, after achieving high results in the past. We are accepting many more patients, so as we get them up to date on screening, we anticipate that these will return to their targets. Baseline results are being established for new opioid prescriptions and a metric is being developed for palliative care patients. Diligent work done by our administrative and reception staff is capturing these stats in our EMR for easy querying of the results.

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

We are in the process of accepting 1,600 additional patients over this year and next year, having accepted 800 during 2018-2019.

The increase in access to walk-in clinics due to our clinic expansion, funded by the MOHLTC has seen a 70% increase in walk-in clinic access. This, paired with no increase in number of patients accessing ED, even with a 20% increase in patients is a good result.

We hope to continue providing access, and discouraging unnecessary emergency department visits. Continued expansion is something we will be seeking in the near future, as Thunder Bay continues to have a shortage of primary care providers. We are ready to help alleviate this issue.

Patient/client/resident partnering and relations

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. There is also a comments section for additional feedback.

We monitor our email and Facebook site which receives feedback as well, and respond to any messages arriving that way. Directly calling or contacting the clinic is also done by patients, and we respond that way as well.

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.

Workplace violence prevention

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.

Additional Policies include an Workplace Violence and Harassment Prevention Protocol, encompassing the individual policies and procedures related to a safe environment. We have an Anti-Abuse protocol which all staff are familiar with.

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

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Other

Challenge, Risks & Feedback:

- While we appreciate the consolidation of a number of metrics that are not useful for us to track:
  - Patients offered access to Health Link Approach
  - 30-day readmission to hospital (cannot track from our data)
  - Medical Reconciliations (unspecified patient demographic)
- The removal of screening metrics after one year on inclusion is frustrating to the QIP process. We spend a lot of time and effort to set up monitoring methods and tracking for things like diabetic foot screenings and cancer screenings. We set up practices to proactively call all patients who fall into this demographic, and carry out this process to track the results for the QIP. Then the following year, the metric is dropped from those for which we are requested to provide data.
  - We will continue to monitor these screening rates internally, as we believe they are important metrics, although the data are not provided to Nurse Practitioners from Cancer Care Ontario
  - If metrics are questionable to be included long-term, we would like to see more analysis and justification of including them before they are included and then promptly removed.

- Screening rates appear to have declined, which may be due to the intake of 800 new patients, who have not been screened immediately. We are hopeful that these rates will rise again once we have accepted all new patients next 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 enrolment 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 again this year, with no change seen in the past with the same request.
o Please advocate for all primary care patients to be 'enrolled' to their primary care provider, and not solely to physicians.

- 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. Physicians who are sending reports back to the NPs at our clinic are also uninformed about the primary care provider role that the NPs are providing for the patients, and this shows that further education is required for these physicians.

- The survey question "The last time you were sick or were concerned you had a health problem, how many days did it take from when you first tried to see your Nurse Practitioner to when you actually saw her or someone else in their office?" does not reflect when a patient is offered an appointment the same day or next day, but chooses not to take it, then books out farther. We hold a walk-in clinic six days per week, so there are no instances when a patient cannot be seen in this timely manner.
o Please consider a more accurate metric to track this data.

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 _____ (signature)

Quality Committee Chair or delegate _____ (signature)

Executive Director/Administrative Lead _____ (signature)

Other leadership as appropriate _____ (signature)