

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

September 23, 2020

Lakehead
Nurse Practitioner-Led Clinic

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've maintained a focus on rating our engagement rate with those up-to-date on cancer screenings, and diabetic HBA1C screenings as well as diabetic foot assessments.

We are addressing these areas through a multi-pronged approach aimed at increasing patients' ability to see their provider when they need to (ensuring access to the clinic with evening hours two days per week, plus Saturdays; and walk-in clinics, 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).

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.

We've moved to distributing our patient survey via email, and continue to build our contact list for email communication. This has given patients a deeper opportunity to provide feedback which was done in-clinic, on-the-spot, and is now provided to be completed at their leisure. 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 have been established for new opioid prescriptions, and a metric is being developed for palliative care patients. Diligent work done by our administrative and reception staff, as well as our regional QIMMS, is capturing these stats in our EMR for easy querying of the results.

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

Our tracking of Emergency Department visits by our patients is finally trending downward after several years of implementing our QIP which is great to see. We have had good use of our walk-in clinics this year, again so it is clear that having same-day access to primary care is extremely important for minimizing unnecessary ED visits.

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.

COLLABORATION AND INTEGRATION

We maintain good relationships with all pharmacies in Thunder Bay, diagnostic imaging clinics, and other providers. Our EMR is fully integrated to receive most reports directly into the EMR, along with lab results etc.

Shared foot care services with NorWest Community Health Centres has helped us to increase access to this vital service as well, however we are at our capacity and would need to expand this with another FTE of a foot care nurse.

Continued education sessions with various different providers are something we regularly host at our clinic for ongoing professional development with staff.

PATIENT/CLIENT/RESIDENT PARTNERING AND RELATIONS

Our patient satisfaction survey includes a number of questions on engagement, and measures the patients' 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.

We have a patient representative as a member of our Board of Directors.

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.

ALTERNATE LEVEL OF CARE

We continue to offer a walk-in clinic six days a week and same/next-day appointments. We do this largely to avoid unnecessary Emergency Department visits, which can be an entry point to a person becoming ALC in hospital.

VIRTUAL CARE

At the end of Fiscal 2019-2020 (March) we implemented telephone appointments for all patients. We carried that forward into 2020-2021.

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, 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.

o We have continued 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 - which is another significant barrier. This could be remedied with a patient enrolment process to Nurse Practitioners. If HQO could join with

the Nurse Practitioners Association of Ontario to advocate for this it would be much appreciated.

- 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 on _____

Board Chair

Quality Committee Chair or delegate

Executive Director/Administrative Lead

Other leadership as appropriate
