

Let's Make Healthy
Change Happen.



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

FY 2019-20

Due: 31 Mar 2019



Kingston Community
Health Centres

Centres de santé
communautaire de Kingston

2/13/2019

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.ca/excellentcare

Overview *(see Glossary for explanation)*

Kingston Community Health Centres (KCHC) is a multi-service, multi-site Community Health Centre with two locations in Kingston (north end and downtown) and a third in Napanee along with unofficial sites in Deseronto and at the Lennox & Addington County General Hospital.

Once again, where applicable, our targets in this QIP are aligned with the population health targets and preventative care commitments that are established in our MSAA contract with our LHIN. KCHC did well this fiscal year; meeting or exceeding the MSAA and QIP targets for FY 2018-19. KCHC continues to support the integration of service with our partners through participation in both the Kingston Health Links and leading the Rural Frontenac Lennon & Addington Health Link (amalgamation of Salmon River HL and Rural Kingston HL in 2018).

At KCHC, the Clinical Committee meets to guide and implement KCHC's quality improvement initiatives, including those arising from the HQO Primary Care QIP each year. For FY 2018-19, the Quality Committee was folded into the Leadership Team (LT) as a Standing Item on the agenda. The LT meets biweekly to review and discuss the issues of import at KCHC and to commit time to planning and outcomes of KCHC's QI initiatives. Historically, the HQO QIP has had a primary care focus which is why the Clinical Committee takes point on generating the QIP each year.

This FY, KCHC began the process of drafting a new Strategic Plan. A consultant was found and hired in the fall of 2018 and immediately rolled out a plan to collect feedback and input from staff, clients and partners and to build the Strat Plan with that background info. It is expected to be approved by our Board of Directors in March 2019. Each quarter, the KCHC Strategic Plan is reviewed and each area of focus has its status reported to the Leadership Team (LT) and then to the Board. All programs at KCHC continue to work toward alignment with our Strategic Plan across the organization's operational plan, program operational plans, and individual work plans. The results of the individual and program work plans are rolled up under the different directors' portfolios in order to be presented quarterly to the LT and then to the Board using a colour-coded matrix as a dashboard style at-a-glance assessment of how we are proceeding toward our Strat Plan objectives and commitments.

Describe your organization's greatest QI achievement from the past year (see Glossary for explanation)

Earlier identification of COPD through the use of the Canadian Lung Health Test

Background:

As we all know, smoking tobacco is incredibly dangerous to a person's health and well-being and when used as designed it has a 67% mortality rate. The single best thing anyone can do to improve their health is to stop smoking.

<https://bmcmmedicine.biomedcentral.com/articles/10.1186/s12916-015-0281-z>

Because of our passionate support for Smoking Cessation we offer appointments for both internal (Ongoing Primary Care) and external clients. For the past 6 years, KCHC has partnered with the Centre for Addiction and Mental Health (CAMH) to provide access to the STOP (Smoking Treatment for Ontario Patients) study. KCHC regularly refers about 400 clients a year to the STOP study enabling them to receive Nicotine Replacement Therapy (NRT) at no cost to them because cost has been and continues to be a barrier to our client base for accessing this medication.

<https://www.nicotinedependenceclinic.com/English/Pages/Home.aspx>

5 COPD Screening Questions from The Lung Association

In January 2018 it was decided to augment the early Smoking Cessation visits by adding the Canadian Lung Health Test. It's a simple 5-question screening for COPD (Chronic Obstructive Pulmonary Disease), and if any positive responses are recorded in the EMR, those clients are then referred on to a Pulmonary Function Test (like Spirometry).

Canadian Lung Health Test:

1. Do you cough regularly?
2. Do you cough up phlegm regularly?
3. Do even simple chores make you short of breath?
4. Do you wheeze when you exert yourself, or at night?
5. Do you get frequent colds that persist longer than those of other people you know?

At the end of year one, 17 different staff members have tested 260 unique clients 323 times with roughly 100 clients responding positively to at least 1 question and were, therefore, referred on to a PFT.

In addition to our commitment to "ask often" about smoking cessation (QIP Work Plan #7), KCHC has added this initiative as well (#8) where we have a target of 50% of clients enrolled in STOP will have the Canadian Lung Health test recorded in their chart every 12 months.

COPD Questions Asked by Provider

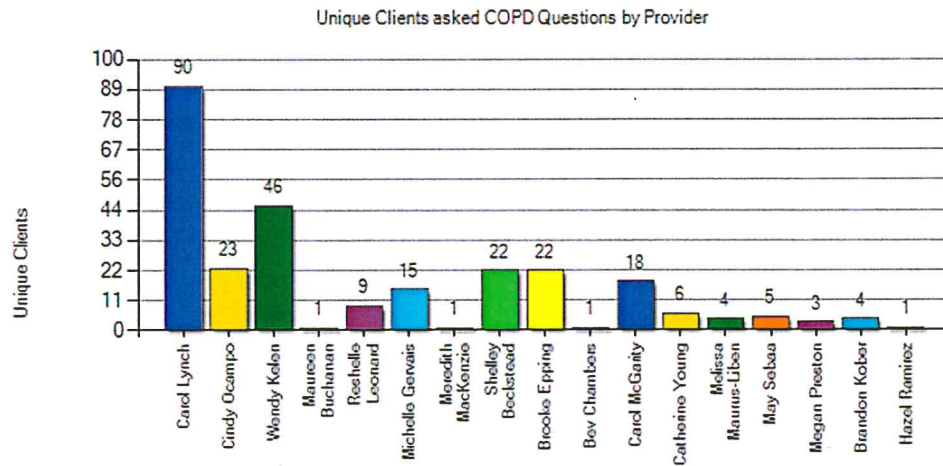
From: 2018-01-01

To: 2018-12-31

Total Unique Clients: 260

KCH - COPD

Total Encounters: 323



Patient/client/resident partnering and relations *(see Glossary for explanation)*

As in previous years, KCHC has client advisory groups for the various programs and sites. Some are formal groups that meet quarterly like the Indigenous Health Council and others are more fluid and serve as a “focus group” both options provide a process for clients to offer input into service programming at our different sites.

Over the winter of 2018-19, 340 KCHC clients provided feedback on the Annual KCHC Client Survey and these results will provide context for the furtherance of the QIP and other client-centric initiatives. Additionally, the staff hear stories and comments from their clients, the clients’ caregivers, medical residents, various students, and volunteers. These learnings are brought forward on a regular basis in the context of looking for improvements in both the formal QIP and in on-going quality improvement activities within the clinic teams.

As mentioned above, KCHC is drafting a new multi-year Strategic Plan. Surveys, interviews and focus groups were formed in order to solicit feedback from clients, partners and community members which will be used to inform the goals and objectives of the Strategic Plan. We expect it to be complete and signed by our Board in Mar 2019.

Workplace violence prevention *(see Glossary for explanation)*

- KCHC has 2 committees that meet regularly to support and protect our staff. They are:
 - Personnel Committee (meets 2-4 times a year as needed)
 - Occupational Health and Safety (OHS) Committee (meets quarterly)

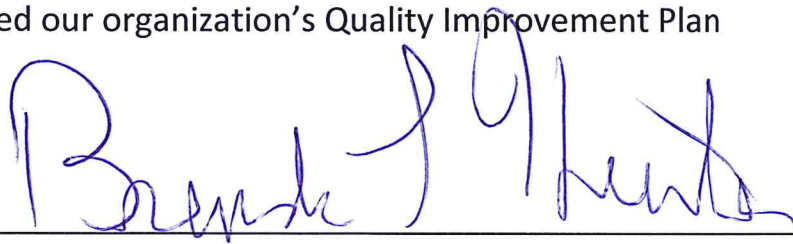
Both committees have managers and staff from all 3 sites in order to standardize KCHC's policies and procedures. OHS committee members walk through each site every month to survey all staff for safety issues or concerns and to complete a safety checklist of the site.

- OHS presents an annual summary of incidents to the Board of Directors and then to all staff
- The Senior Leadership team regularly informs staff of issues or concerns that might affect staff safety.
- It is included as part of our new staff Orientation day.
- All front-line staff members have individually identified wearable panic buttons that are continuously monitored. This year KCHC has added fixed location panic buttons to client-care rooms and shifted to audible alarms at our Weller location.
- Each year scheduled and surprise drills are conducted for building lockdown and fire evacuation.
- Emergency event instructions are posted on the back of every office door as well as in many conspicuous places. Additionally each section at all 3 sites has an attendance sheet to be used to call the roll in order to determine who (if any) are missing or at least unaccounted for.

Sign-off for KCHC FY 2019-20 QIP


I have reviewed and approved our organization's Quality Improvement Plan

Board Chair (Brenda Hunter)



(signature)

Quality Committee Chair (Dr. Meredith MacKenzie)



(signature)

Chief Executive Officer (Mike Bell)



(signature)

31 / 03 / 2019

Date (dd/mm/yyyy)

GLOSSARY – QIP FY 2019-20

Overview

Include a brief description of your organization and an introduction to your organization's Quality Improvement Plan (QIP). Imagine you are telling a member of the public about your organization – some key facts, what you do, who your clients are, and your focus of care. Include a description of how you work to improve care for any specific under-served populations you might serve.

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

Provide a story about a specific quality improvement achievement that your organization is proud of. Try to think of this as a "bright spot" that can be shared with other organizations. The story should include results from the improvement initiative (for example, data demonstrating the impact of your project or program). The purpose of this section is to demonstrate what is possible and inspire teams within your organization to continue to do more in the year ahead. Suggestion: Upload graphs or photos of your results here. This year, we are particularly interested in achievements that focus on any of the following priority areas:

- Access and transitions – for example, stories related to helping people receive the right care in the right place at the right time
- Mental health and addictions
- Opioids

Suggestion: For inspiration, visit Quorum to read about other organizations' greatest quality improvement achievements.

Patient/client/resident partnering and relations

Briefly outline how you partnered with patients/clients/residents in your quality improvement initiatives this year, including in the development of this QIP. Can you identify examples where their input has had an impact on your quality improvement initiatives? For example, have patients/clients/residents helped to choose areas of focus for your QIP, contributed change ideas, or co-designed/co-delivered quality improvement activities? Have you identified any broader impacts on staff, the patients/clients/residents who were engaged, or those being served by your organization?

Workplace violence prevention

Is workplace violence a strategic priority for your organization? (yes/no).

If yes, describe how it is a priority – for example, is it included in your strategic plan, do you report on it to your board, or have you made significant investments to improve in this area?