

Quality Improvement Plan (QIP)

# Narrative for Health Care Organizations in Ontario

March 9, 2023



## OVERVIEW

Rainbow Valley Community Health Centre (RVCHC) is located in the Ottawa Valley in the village of Killaloe, Ontario which has a population of approximately 600 people. Partly due to its remote location and small size, RVCHC is the only Community Health Centre to be administered by a hospital, St. Francis Memorial Hospital.

Our small team is made up of part time staff including two Physicians, two Nurse Practitioners, three part-time Registered Nurses, two administrative staff along with one full time Social Worker.

Our goal at RVCHC is to provide good quality care in a safe environment where the client feels welcomed, respected, has opportunity for dialogue and feels involved in care decisions.

RVCHC rostered client count of 1020 is comprised of a high index of seniors. 67% of clients are over the age of 50 compared to the Ontario CHC average of 41.3%. Of those, 34.3% are over the age of 65 with the ON CHC average at 20%. Even though the age demographic is higher than average, the client complexity (SAMI) has remained constant over the past five years and is slightly below the Ontario average of 1.68% at 1.61%.

The integrated RVCHC/St. Francis Memorial Hospital Strategic Plan (SFMH) focuses on four priority areas – Quality of Care, System Integration, Strength in People and Financial Performance.

### Quality of Care

Achieving and maintaining MSAA targets continues to be a high priority. Work continues to ensure client services are enhanced due

to appropriate data collection opportunities for practitioner efficiencies (ex: cancer and pap screenings). RVCHC is participating in Health Quality's Primary Care Reporting Quality Indicators to better equate services and compare achievement of targets across the Champlain CHC region.

#### System Integration

Participation continues on the Primary Care Network of the Ottawa Valley Ontario Health Team. The catchment area covered includes a broad and diverse set of communities in and around the Ottawa Valley. The area stretches from Renfrew to Deep River, and includes the communities of Calabogie, Barry's Bay, Eganville, Cobden, Pembroke, and Petawawa, as well as those along Highway 60 to South Algonquin Township.

RVCHC also has a unique partnership within the Madawaska Communities Circle of Health (MCCH) to enhance partnerships and relationships with community-based partners. The MCCH, which includes hospital, long-term care, hospice, community health and support services, Home and Community Care Support Services (HCCSS), addictions treatment services, paramedic services, as well as many other health organizations, holds a collaborative mandate to enhance and support health of all residents in the Madawaska Valley. To date the MCCH is represented by more than 20 agencies including Algonquins of Pikwakanagan Family Health Team & community and home support services. MCCH also has patient and family representatives.

#### Strength in People

We continue to work with a recruitment/retention focus to meet funded positions through innovative Health Human Resources

approaches including partnership with SFMH to create shared full time opportunities. Continue to work with SFMH to provide a venue for professional staff to access continuing education and practice expertise through such opportunities as Medical Grand Rounds and Emergency Room experience for nurse practitioners.

#### Financial Performance

RVCHC continues to be accountable for financial stability while advocating for funding to provide basic services that align with the CHC Model of Care including health promotion/prevention and community development. These services are critical components of a functional care package that supports facilitated self-management for those with chronic illnesses and recurring hospital visits.

RVCHC, through its linkage with SFMH, partners and participates in a regional ethics committee, multi-partner IDEA committee, shares Human Resources, Administration policies and support services such as Information Technology, maintenance, Finance and Payroll.

RVCHC Executive Director is a member of the Board for the Killaloe Community Resource Centre, to ensure cooperative planning and aligned strategies. RVCHC is a member of the Alliance for Healthier Communities, and the Executive Director regularly attends the regional meetings. In addition, the unique integrated employment relationship between the Manager of Health Services RVCHC and SFMH has allowed for increased access to the Manager of Health Services 5 days a week instead of the funded four days per month resulting in increased and timely flow of communication.

## **PATIENT/CLIENT/RESIDENT ENGAGEMENT AND PARTNERING**

RVCHC uses internal processes as client feedback, complaints processes, MSAA indicators and team meetings to identify quality improvement opportunities. In addition, The Quality Improvement Plan (QIP) is based on priorities identified by the Continuous Quality Improvement Committee (CQI) of the Board, Administration and Ottawa Valley Ontario Health Team. The QIP is a tool to affirm and map the commitment of the Board of Directors and all staff in the continuous pursuit of positive clinical outcomes, positive patient experiences and positive staff work life.

Through the partnership with the hospital, RVCHC clients are members of the shared Patient and Family Advisory Council (PFAC) which review and endorse our QIP annually.

RVCHC follows a Just Culture philosophy. This emphasizes implementing evidence-based practices, learning from error and providing constructive feedback rather than blame and punishment. Disclosure does not imply assignment or acceptance of fault. Reporting an incident is an important part of professional accountability and leadership is tasked to support patients, families, physicians and staff to understand what contributed to the incident, identify action to prevent recurrence, share lessons learned (education) and to reduce harm. Conversations with patients, families, physicians and other care team members are critical to the process. A summary of all incident reports and recommendations are brought to the Board CQI Committee, Medical Advisory Committee (MAC) and Management Team on a quarterly basis.

## **PROVIDER EXPERIENCE**

The RVCHC team has continued to solidify over the past year.

Team dynamics play a huge role in keeping the CHC a positive environment. Instead of morning and afternoon coffee breaks, the team instead takes a longer lunch and every day they take a walk outside and then eat lunch together.

In person team meetings with a virtual option for part-time staff continue to be held monthly and all team members contribute agenda items. The team member who adds the agenda item, speaks to it and often takes responsibility for it which promotes ownership, autonomy and positive outcomes.

Informal one on one conversations with staff to “check in” give them opportunity to pass along concerns and easy access to the manager through text allows easy and fast access day and night.

Gifts such as hats, pens and treat baskets were purchased in recognition of their dedication and appreciated by staff. Staff have 24hr access to a confidential and free Employee Assistance Program and Human Resource policies such as Banked Time, Sick Time, Emergency Leave, Vacation etc. are available.

RVCHC, as part of the larger SFMH organization has Strength in People as one of its four strategic quadrants. Within that quadrant are the following:

- Ensure a healthy and safe workplace and
- Improve staff engagement.
- Demonstrate and support Just Culture, innovation, learning and continues quality improvement

We will continue to assess, engage and encourage our staff to bring forward any issues of concern.

## WORKPLACE VIOLENCE PREVENTION

Preventing Violence in the workplace is always a priority. Violence in the workplace presents a risk to the well-being of staff, physicians and clients. RVCHC strives to create a positive environment with mutual respect and effective communication.

In response to Bill 168 (Act to Amend the Occupational Health and Safety Act with respect to violence and harassment in the workplace and other matters), RVCHC, through its partnership with SFMH has updated its violence and harassment policies and programs, employing reporting and incident investigation procedures, emergency response procedure for a violent event and a process to deal with incidents, complaints and threats of violence.

Staff have received non-violent crisis intervention training, which includes Gentle Persuasion Approaches (GPA) training and general education on the new policies, procedures and protocols.

In addition, RVCHC will be implementing a panic alarm system in the new year and has changed all office door locks to ensure quick and easy access to offices in the event of an incident.

## PATIENT SAFETY

The organizational Quality Improvement Plan for 2023/2024 continues to focus on patient safety and RVCHC is committed to providing an atmosphere of quality healthcare and safety for our staff and clients.

Patient Safety is one of the quadrants that make up our Quality Framework.

- Access
- Appropriate (effective and efficient)
- Safety
- Satisfaction

The Patient Safety Culture features:

- Acknowledgement of the high risk and error-prone nature of health care activities.
- A blame free environment where individuals are able to report errors and close calls without fear of reprimand or punishment.
- An expectation of collaboration to seek solutions and create action plans.
- A willingness on the part of the organization to divert resources for addressing safety concerns.

There are detailed policies on incident and near miss reporting. It is the responsibility of each staff member who has knowledge of an adverse event, critical incident, unsafe condition or near miss (including medication and equipment errors) to report them in a timely manner and through the appropriate channels in order to provide an opportunity for early recognition, mitigation of negative patient outcomes and prevent risk of reoccurrence.

RVCHC follows a Just Culture philosophy. This emphasizes implementing evidence-based practices, learning from error and providing constructive feedback rather than blame and punishment. Disclosure does not imply assignment or acceptance of fault. Reporting an incident is an important part of professional accountability and leadership is tasked to support patients, families,

physicians and staff to understand what contributed to the incident, identify action to prevent recurrence, share lessons learned (education) and to reduce harm. Conversations with patients, families, physicians and other care team members are critical to the process.

## HEALTH EQUITY

RVCHC partners and participates in a multi-partner IDEA committee.

Members of this committee include the Executive Director (Chair), Manager, RN, NP and Social Worker. This committee helps the local MCCH strive for a diverse and inclusive culture where staff, patients and the community feel welcome, respected, safe and valued in our environment. The focus of the committee is to support the experience of the following:

- Ensuring our staff are comfortable contributing their unique skills and talents to deliver measurable results.
- Our clients are treated with respect, sensitivity and dignity, confident in their care experience and receiving the highest possible quality of care.
- Our population that we serve – ensuring that they see our CHC as a safe place to access care and address their health needs.

Health equity refers to the study of causes of differences in the quality of health and healthcare across different populations. RVCHC embraces the opportunity to ensure quality of healthcare across different populations.

Staff have had access to Indigenous Culture training education session to increase awareness, education on hormones for Transgendered persons, and education for seniors with dementia.

The main quality improvement initiative for 2023/2024 is to support the role in the Ottawa Valley Ontario Health Team. This will be accomplished by focusing on those with mental health and addictions.

Some initiatives at RVCHC to improve inclusion, diversity, equity and accessibility are:

- Establishment of an IDEA committee. A PFAC member is embedded on this committee.
- RVCHC continues to recruit and engage employees to increase awareness and expand the committee participation and reach.
- Weekly communiques highlights notable days of all cultures for staff education and information.
- Posters are created throughout the year to raise awareness on notable dates of all cultures.
- RVCHC is committed to providing an inclusive, barrier free work environment

The IDEA committee also provides a cultural event calendar in our weekly communique and recognizes events throughout the year, such as Black History Month and the National Day for Truth and Reconciliation. In addition to training on accessibility for staff, and training on pronouns and gender diversity, RVCHC also provides indigenous cultural safety training, and provides safe space for smudging and culturally important practices.

Patients are also able to self-identify their Sociodemographic information upon rostering including their own gender and pronoun preferences.

RVCHC, along with other CHC's collect sociodemographic data through its EMR to better understand clients needs. In addition, the Practice Profile identifies data such as Client Age Cohorts, Newcomer Clients and Client Income. This allows us to understand our RVCHC clients on average are over the age of 50 and are greatly below the average neighbourhood income.

## CONTACT INFORMATION

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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

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Board Chair

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Quality Committee Chair or delegate

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Executive Director/Administrative Lead

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Other leadership as appropriate

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Theme I: Timely and Efficient Transitions | Timely | **Additional Indicator**

Indicator #4	Last Year		This Year	
	Performance (2022/23)	Target (2022/23)	Performance (2023/24)	Target (2023/24)
Percentage of screen eligible female patients aged 52 to 69 years who had a mammogram within the past two years. (Rainbow Valley CHC)	43.90	55	46	--

Change Idea #1 ☒ Implemented ☐ Not Implemented

Ensure team understand the importance or the MSAA toolbar

**Target for process measure**

- Increase rate by 5% by end of year

**Lessons Learned**

We continue to discuss and review indicators at monthly team meetings. RVCHC is still seeing a significant difference (8.7%) between the BIRT and J-Reports for this indicator. Work is ongoing to resolve the issue.

**Comment**

We have created a pop up message within the EMR to remind practitioners to complete the MSAA indicators. Also tracking against Ontario Health Team results



Indicator #2	Last Year		This Year	
	Performance (2022/23)	Target (2022/23)	Performance (2023/24)	Target (2023/24)
Percentage of female patients aged 23 to 69 years who had a Pap test within the previous three years. (Rainbow Valley CHC)	65.50	68	68.10	--

Change Idea #1 ☒ Implemented ☐ Not Implemented

Continued to education providers on the importance of completing the MSAA data correctly.

**Target for process measure**

- See an increase of greater than 2% in the next CHC Practice Profile report

**Lessons Learned**

Continue to address this at monthly team meetings. Provide new physicians with specific training.

**Comment**

We have created a pop up message within the EMR to remind practitioners to complete the MSAA indicators. Also comparing against Ontario Health Team results.

Last Year

This Year

**Indicator #5**

Percentage of screen eligible patients aged 52 to 74 years who had a FOBT/FIT within the past two years, other investigations (i.e., flexible sigmoidoscopy) or colonoscopy within the past 10 years. (Rainbow Valley CHC)

**60.60**Performance  
(2022/23)**63**Target  
(2022/23)**70.30**Performance  
(2023/24)**--**Target  
(2023/24)**Change Idea #1** ☒ Implemented ☐ Not Implemented

Ensure all patients who are eligible for screening are advised of testing.

**Target for process measure**

- increase of 3% by end of year

**Lessons Learned**

Administration staff continue to print reports of clients who are due for testing and call to schedule.

**Comment**

We have created a pop up message within the EMR to remind practitioners to complete the MSAA indicators. Also tracking against Ontario Health Team indicator

**Theme II: Service Excellence | Patient-centred | Priority Indicator**

	Last Year		This Year	
<b>Indicator #1</b>				
Percent of patients who stated that when they see the doctor or nurse practitioner, they or someone else in the office (always/often) involve them as much as they want to be in decisions about their care and treatment (Rainbow Valley CHC)	<b>94.12</b>	<b>95</b>	<b>91.80</b>	<b>91.90</b>
	Performance (2022/23)	Target (2022/23)	Performance (2023/24)	Target (2023/24)

**Change Idea #1** ☒ Implemented ☐ Not Implemented

We would like to ensure the current performance level is sustainable before increasing the target. The performance is already at a high level.

**Target for process measure**

- The annual client satisfaction survey is reviewed by clients, staff and Board of Directors

**Lessons Learned**

Continue to offer patients enough time with their practitioners and offer both in-person and virtual appointments.

**Theme III: Safe and Effective Care | Safe | Priority Indicator**

	Last Year		This Year	
<b>Indicator #3</b>				
Percentage of non-palliative patients newly dispensed an opioid prescribed by any provider in the health care system. (Rainbow Valley CHC)	<b>4.30</b>	<b>4.30</b>	<b>4.20</b>	<b>4.10</b>
	Performance (2022/23)	Target (2022/23)	Performance (2023/24)	Target (2023/24)

**Change Idea #1** ☒ Implemented ☐ Not Implemented

Plan to remain at this target

**Target for process measure**

- Ontario Average is 4.5%. Rainbow valley is exceeding the Ontario average with 4.3%

**Lessons Learned**

With a change of practitioner, we have seen new opioid starts declining

**Comment**

Giving new practitioners the opportunity to discuss opioid issues within the circle of care (safe space) have provided support for decision making.

## Theme II: Service Excellence

### Measure Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percent of patients who stated that when they see the doctor or nurse practitioner, they or someone else in the office (always/often) involve them as much as they want to be in decisions about their care and treatment	P	% / PC organization population (surveyed sample)	In-house survey / April 2022 - March 2023	91.80	91.90	Continue to trend in the 90% percentile.	

### Change Ideas

Change Idea #1 Sustain the high satisfaction rates despite changes in practitioners

Methods	Process measures	Target for process measure	Comments
continue to allow appropriate time for appointments with opportunity to pre-book multiple appointments at once.	Annual client satisfaction survey	Remain in the 90 percentile	Total Surveys Initiated: 61

## Theme III: Safe and Effective Care

### Measure Dimension: Safe

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of non-palliative patients newly dispensed an opioid prescribed by any provider in the health care system.	P	% / Patients	CAPE, CIHI, OHIP, RPDB, NMS / 6 month period ending Mar 31, 2022	4.20	4.10	Ontario CHC average	

### Change Ideas

Change Idea #1 Work to meet the Ontario average

Methods	Process measures	Target for process measure	Comments
Education to staff and patients on long-term opioid use	Community Practice Profile Report	Meet or exceed the Ontario CHC average of 4.1	Rainbow Valley CHC has met this target and reduced the incidents of new opioid use from 8.1 in 2019 to 4.2 in 2022.

## Equity

### Measure Dimension: Equitable

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Thinking about the MAIN health care provider you spoke with during the visit, on a scale of poor to excellent, how would you rate this person on the following.... They treated you with dignity and respect	C	% / Clients	In-house survey / Dec 1, 2022 - Feb 28, 2023	98.00	90.00	Results from the Primary Care Client Satisfaction Survey including Good, Very Good and Excellent.	

### Change Ideas

Change Idea #1 Continue to ensure the current performance level is sustainable.

Methods	Process measures	Target for process measure	Comments
Provide staff with opportunities to receive education on Diversity, Equity, Inclusion and Accessibility.	Annual Client satisfaction survey	Remain in the 90 percentile	