Ontario Health
Quality

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

August 19, 2020

Windsor Essex Community Health Centre
Centre de santé communautaire de Windsor Essex
weCHC
Healthcare for You
Des soins de santé pour vous

OVERVIEW

weCHC provides multidisciplinary healthcare services, including primary care services with health promotion programs, illness prevention programs and community development initiatives. weCHC services its clients through six primary locations, satellite offices and mobile units. Each location has targeted programming and is grounded in the organization's vision, mission and strategic plan to support the community's health and well-being. weCHC staff and leadership understand challenges faced by clients in accessing health care services. The team at weCHC works collaboratively with community partners to develop programs and services to eliminate barriers and challenges in care access. Improving health outcomes for individuals, families, and communities is the primary goal of each member of the organization.

weCHC's QIP will focus on HQO's priority indicators for CHC's. We will continue to conduct in-house surveys to collect feedback from our clients on timely access and their involvement in the decisions about their care. In addition, we will continue to measure our follow-up with post-hospital discharges for the conditions identified and study the non-palliative care clients who are newly prescribed opioids. Lastly, we look forward in working with the Alliance for Healthier Communities on improving the assessment of palliative care needs of our clients.

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

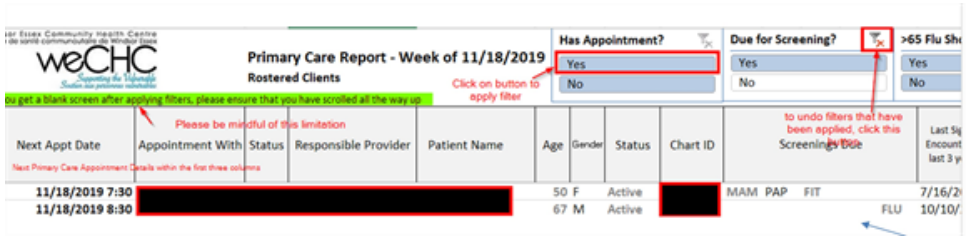
A quality improvement achievement that we would like to share is related to our use of data to provide the right care at the right time. One of the areas of improvement over the last year focused on identifying clients who were due or overdue for Colorectal, Cervical Cancer and Breast Cancer screening so that we could offer appropriate testing.

Our Data Management team worked with the providers to understand what data they would need in order to improve the overall MSAA indicators for our clients. A monthly Primary Care Report was designed and tested with a small group of our providers. The report was then introduced to the providers through education sessions. Providers are able to refer to the report in planning their client visits to ensure we are offering appropriate Cancer Screenings as required (see Image 1).

A quarterly report is shared with the Leadership team so that progress can be monitored and adjustments made as necessary. We are able to monitor the indicators and improvement by site (see Image 2)and organization wide (see Image 3).

Since the implementation of the Primary Care Report, we have seen a 4-5% improvement in the MSAA indicators.

The emphasis on the cancer screenings has inspired our providers to participate in our Regional Cancer Program FIT and Breast Cancer Awareness campaigns as well. One of our teams succeeded in winning the best SpirFIT and Breast Cancer Awareness contest.



weCHC MSAA Report (2019-2020 Q3)

Organization Summary

Indicator Category: MSAA	CENTRE			
	%	+/-	Numerator	Denominator
1. Influenza Vaccination Rate	59.13%	8.15%	586	991
2. Breast Cancer Screening Rate	72.31%	5.24%	752	1040
3. Cervical Cancer Screening Rate (PAP)	67.83%	4.87%	1,889	2,785
4. Inter-Professional Diabetes Care Rate	90.88%	-0.47%	827	910
5. Colorectal Cancer Screening Rate	67.50%	4.08%	1,520	2,252

Site	Occupation	Influenza Vaccination Rate				Breast Cancer Screening Rate				Cervical Cancer Screening Rate (PAP)				Inter-Professional Diabetes Care Rate				Colorectal Cancer Screening Rate			
		N	D	%	+/-	N	D	%	+/-	N	D	%	+/-	N	D	%	+/-	N	D	%	+/-
Leam	Nurse Practitioner	16	24	**67%**	67%	29	30	**97%**	5%	79	84	**94%**	2%	22	22	**100%**	8%	56	58	**97%**	3%
Leam	Nurse Practitioner	70	72	**97%**	46%	66	66	**100%**	9%	242	242	**100%**	10%	68	71	**96%**	-1%	119	119	**100%**	3%
Leam	Nurse Practitioner	57	68	**84%**	24%	67	67	**100%**	3%	181	196	**92%**	4%	70	73	**96%**	0%	140	142	**99%**	0%
Leam	Nurse Practitioner	26	52	**50%**	-1%	47	61	**77%**	-4%	125	151	**83%**	-6%	45	48	**94%**	2%	89	116	**77%**	1%
Leam	Nurse Practitioner	26	52	50%	-1%	47	61	77%	-4%	125	151	83%	-6%	45	48	94%	2%	89	116	77%	1%
Leam	Nurse Practitioner	0	0	0%	0%	0	0	0%	0%	0	0	0%	0%	0	0	0%	0%	0	0	0%	0%
Leam	Nurse Practitioner	37	55	**67%**	-2%	39	51	**76%**	4%	148	188	**79%**	-1%	29	31	**94%**	4%	87	100	**87%**	0%
Leam	Nurse Practitioner	37	55	67%	-2%	39	51	76%	4%	148	188	79%	-1%	29	31	94%	4%	87	100	87%	0%
Leam	Nurse Practitioner	0	0	0%	0%	0	0	0%	0%	0	0	0%	0%	0	0	0%	0%	0	0	0%	0%
	Site Total/Rate	206	271	**76%**	24%	248	275	**90%**	3%	775	861	**90%**	3%	234	245	**96%**	1%	491	535	**92%**	1%

COLLABORATION AND INTEGRATION

weCHC is working with several other organizations to improve the integration and continuity of care of our clients across the health system. Some of those partnerships/relationships include the following:

•Participating in our Regional Cancer Program Committees and events/awareness campaigns. Our Providers are connected to the most up-to-date research and practices.

•A weCHC Addiction Support Worker is located on-site at one of our local hospitals to assist with client transitions. In addition we have partnerships with the South West Detention Centre and a local Youth Centre.

•We work closely with the local Family Health Teams and Nurse Practitioner-Led Clinic to avoid duplication and to provide support to any gaps in the system. We are exploring how we support one another in providing Addiction Support Groups and Dietitian consults.

•We work closely with the Windsor Essex County Health Unit to avoid the duplication of services within our community. We refer clients to their Seniors Dental Program and Smoking Cessation Programs.

•This year we launched weCHC on Wheels in our community. weCHC on Wheels is a 38 foot Mobile Clinic that will provide primary care and system navigation to people in the downtown core and in Essex County. Nature Fresh Farms became the first greenhouse to offer the weCHC mobile clinic health and personal support services to its employees. The weCHC Mobile Clinic treats illness or injury but can also serve as a family doctor for Nature Fresh Farms' local and foreign employees seeking proactive health care.

PATIENT/CLIENT/RESIDENT PARTNERING AND RELATIONS

One of the areas of focus that we included in last year's QIP and will continue to study this year is on timely access for our clients. We have routinely surveyed our clients on this indicator and have sought their feedback during client visits. In addition, we have monitored client complaints related to this issue. Organizational data also reflects wait times for service.

At some of our locations we have altered our hours to better serve the needs of the clients. We have examined the appointment cancellations at our locations and are experimenting with altering scheduled appointments to walk-in hours for identified populations. As well, we are trialing advance access at a few of our locations in order to provide support for acute care needs. We hypothesize that this will help to reduce Emergency Room visits for some of our clients.

The launch of our Mobile Unit has given us the ability to bring primary care and system navigation to some of the populations that have had challenges accessing health services. We will continue to monitor the usage of the Mobile Unit and its impact on reducing visits to our local Emergency Rooms.

As we experiment with the above changes, we will seek feedback from our clients, staff and partnering organizations.

WORKPLACE VIOLENCE PREVENTION

One of the key priority areas in our strategic plan is People. Within this priority, we focus on increasing the capacity and capability of staff to deliver care. In the area of workplace violence prevention we strive to increase the capability of our staff by providing training in nonviolent crisis intervention and safety.
Incidents are documented and reported to our Board of Directors. Action plans are implemented to mitigate safety concerns.
We have had risk assessments conducted by local experts on both our Mobile Unit and downtown location. Based on feedback, we have made process changes in the areas of security and safety.
Our Health and Safety committee is proactive in addressing the needs of staff and clients within the organization.

ALTERNATE LEVEL OF CARE

As an organization that delivers primary care, one of the ways that we are affecting Alternate level of care is by partnering with a few of the local Retirement and Rest Homes to provide services. By providing primary care in the homes, we are able to address ongoing and acute needs of these clients. This in turn, prevents unnecessary visits to the Emergency Department.
Two of our sites have on-site Clinical Care Coordinators from the Ontario Health Home and Community Care Program. The Clinical Care Coordinators are able to visit complex clients in their homes and determine a plan of action for addressing the client's needs. This assists in keeping clients in their homes with the appropriate services in place.

VIRTUAL CARE

Virtual care is an area that we will be revitalizing over the next year. Areas that we will be exploring are the following:
•Providing e-consultations through Ontario Telemedicine Network
•Exploring digital platforms for meetings
•Expanding the use of online resources for our clients (Big White Wall, Bounce Back)
•Considering a self-scheduling module to align with our electronic medical record
•Considering the use of technology that would allow for automatic texts/calls, and self-registration for clients seeking care
In building a virtual care plan for our organization, we will need to consider affordability in order to remain fiscally responsible.

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 **March 10, 2020**

Kathryn Hengl, Board Chair

Helen Bolton, Quality Committee Chair or delegate

Rita Taillefer, Executive Director/Administrative Lead

Sarah Sasso, Other leadership as appropriate
