**Quality Improvement Plan (QIP)**

# Narrative for Health Care Organizations in Ontario

February 12, 2024

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

Ontario Health

## OVERVIEW

This year's quality initiatives will be based on quality improvement indicators endorsed by the Alliance for Healthier Communities and the optional interprofessional primary care indicators for Ontario Health. The indicators focus on access of care, equity education, and the client experience.

Quality reporting is embedded in the organization's quality and safety and the health equity and inclusivity strategic priorities. The focus is on ensuring that care delivery meets provincial and professional standards and that we are striving to design client interactions from the perspective of the clients.

## ACCESS AND FLOW

In an effort to have our clients avoid unnecessary emergency room visits and potential hospitalizations we have added advance access appointments at all of our primary care locations. By the end of the second quarter, we had offered over 750 client initiated same day and next day appointments for acute and subacute client concerns. In the third quarter we were able to repurpose an additional part-time nurse practitioner to offer advance access appointments three days a week. In our client survey, 75% of the participants indicated that they were able to get an appointment on the day that they had wanted. We expect to see further improvement over the next year. We will continue to monitor advance access visits in our QIP reports.

## ADMINISTRATIVE BURDEN

We introduced a new EMR approximately 3 years ago. We continue to provide ongoing education to staff on standardized workflows. The capability of e-referral to specialists was introduced over this past year and this has assisted in reducing the administrative burden on our providers. Multiple forms are available in the EMR and we continue to add forms/tools as they become available from the different organizations. We have customized toolbars in the EMR to assist with the tracking of preventative screenings and immunizations and to reduce the providers time in searching through the medical record for key information.
In the near future we hope to implement text reminders for primary care clients to help reduce the number of missed appointments and follow-ups required by the providers.

## EQUITY AND INDIGENOUS HEALTH

Equity, diversity and inclusion are weaved throughout the mission, vision and values of our organization. The organization is undergoing several surveys and assessments to help inform our EDI plan moving forward.
We will be completing the health equity charter self-assessment tool from the Alliance for Healthier communities to identify future opportunities for advancing our organization. We have representation on the Ontario Health Team's diversity, equity and inclusion working group and look forward to participating in a community environmental assessment. Internally, we have an equity, inclusion and diversity workplan that is driving some educational offerings for staff e.g.2SLGBTQ Foundations online course. We have also completed an internal survey to provide information on our current staff demographics. We have created a health equity data report that provides us with insights related to client outcomes and preventative care as it pertains to health inequities. This report allows us to look at varying outcomes cut across various social determinants of health. We will be developing client education materials/sessions to address some of the gaps noted. We will also be participating in an Alliance project that involves updating our sociodemographic registration questions to include some additional health equity questions.

## PATIENT/CLIENT/RESIDENT EXPERIENCE

We have acted on the common improvement themes provided in our 2022/23 client experience survey. We are working on a deep dive into the intake and scheduling of our social work clients. Education sessions were provided to counsellors on how to manage referrals in the EMR in order to reflect the most accurate client wait times. The client intake process has been reviewed and enhanced to allow for more timely scheduling of clients for their initial appointments. In turn, this has reduced the counselling wait times for our primary care clients. We continue to monitor our optimization and access in primary care to ensure that our client data is up to date to allow for new intakes. Lastly, we have added additional provider resource to provide same day access to avert emergency room visits.

## PROVIDER EXPERIENCE

We have an active employee engagement committee that meets monthly to provide feedback on key initiatives and to address the areas for improvement identified in our staff survey. The following events were planned by the committee in an effort to bring staff together for celebrations:

- Summer picnic
- Christmas party
- Family ice skating events
- Detroit Tiger family day

Staff engagement survey results are debriefed, and actions are taken to improve the workplace. For example, clinical rounds for the providers were implemented to provide a venue for sharing latest information and best practices. An additional wellness day off was provided to all staff with a focus on supporting employee health and wellbeing. This time off is for staff to recharge, self-reflection, to explore a new skill (e.g. stillness, pickleball, learning a new language), work toward personal practices for wellbeing (yoga, mindfulness, meditation, Pilates), spirituality practices, celebrating their culture, learning more about other cultures and building appreciation for inclusivity, diversity and equity, or spending time with those who inspire and motivate them to thrive.

## SAFETY

Patient safety incidents are managed through our incident process. Incidents are reported and investigated by staff and management to identify the root cause of the issue and to understand how we can prevent such an occurrence from happening in the future.

A few examples of learnings over the past year are the following:

-We were experiencing an increase in situations at the sites related to the need to clean up client's body fluids in washrooms and waiting rooms. To provide a timely response, standardized spill kits were mounted at each site with the proper cleaning supplies and protective equipment to manage the situations.

-We noted during one of our policy updates that the anaphylaxis kits were not being checked routinely for replenishment of supplies and expired medication. We implemented a standardized process for checking as part of the monthly safety audit to ensure that kits were complete.

## POPULATION HEALTH APPROACH

Our chronic disease management program offers educational sessions to the community to assist clients in living well with their conditions. Examples of programs/workshops offered include Master your health chronic disease/pain/diabetes; Diabetes healthy feet and you; Powerful tools for caregivers and getting the most from your healthcare appointment. The falls prevention team offers education to raise the awareness of the dangers of falls and to help our community stay safe.
We have multiple proactive services that focus on promoting health and preventing disease. We offer nutrition workshops to help clients meet their nutritional needs on a budget. The Hepatitis team offers outreach to help raise awareness of and to reduce the risk of contacting the hepatitis C virus. We have services specific to addictions, eating disorders and africentric mental health care specific to the challenges of black youth and their families.
We also collaborate with community partners to address public health needs and initiatives, such as: vaccination programs, agricultural worker programs and the Youth Hub.
We continue to work with our Ontario Health team to design public health-based approaches to address needs within the community.

## 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

Justine Taylor

Quality Committee Chair or delegate

Nicole Dziamarski

Executive Director/Administrative Lead
Rita Taillefer, ED

Other leadership as appropriate

Sarah Sasso