

NARRATIVE

Seaway Valley Community Health Centre Inc.

2015/16 Quality Improvement Plan for Ontario Primary Care

Overview

Seaway Valley Community Health Centre (SVCHC) is committed to providing the highest quality care possible for the clients and the community we serve.

SVCHC is a charitable, not-for-profit, community-led and community-governed organization. We provide primary health care, health promotion and community development services to residents of Cornwall (a small urban centre) and the rural area Stormont, Dundas and Glengarry Counties (SDG). The population of our catchment area is just over 111,000.

SVCHC's mission is to support the health and wellbeing of local people and our community, working in an interdisciplinary team and partnership approach. The target populations SVCHC serves include seniors, low income individuals and families, newcomers to Canada and those with long-standing issues accessing a primary care provider. An interdisciplinary team of health and wellness professionals, committed to promoting healthy lifestyles and healthy communities offer a range of community-based services to respond to our community needs and concerns. Our vision is "Working with you for a healthier community" and our values are as follows:

- Anti-oppressive and culturally safe
- Based on the social determinants of health
- Accessible
- Population needs-based
- Community-governed and Grounded in a community development approach
- Inter-professional, integrated and coordinated
- Accountable and efficient.

This year's QIP is aligned with our Strategic Plan and clearly articulates our commitment to creating a positive client experience by providing quality services to our clients and our community. We are currently delivering primary health care services at full panel size, meeting our Multi-Sector Service Agreement (MSAA) targets as established with the Champlain Local Health Integration Network (LHIN) and maintaining a zero-based balanced budget as per Ministry of Health Financial Policy directive. Annually, SVCHC administers a Client Satisfaction Survey to ensure we are attuned to our clients concerns, needs and recommendations for improvements. Additionally, we survey our Staff annually to ensure high job satisfaction and provide opportunities for staff to make recommendations for improvements.

We are committed to providing quality health care and promoting healthy communities by delivering effective primary care. We are accountable to our clients, to the community-led, ten (10) member Board of Directors and to the Champlain LHIN. In 2014-15, SVCHC became informed on the accreditation process with the Canadian Centre for Accreditation and will enter into preparatory work in 2015-16 for the accreditation review.

In March 2014, SVCHC transitioned to Nightingale on Demand (NOD), a new electronic medical record. NOD is a robust and reliable operating IT system which provides Health Maintenance Reports, indicates drug interactions and allergy alerts, is linked OLIS for results of our clients' lab work from other labs and has the capacity to produce data to recall clients for health prevention tests (i.e., mammograms, FOBT, vaccines, Paps). The transition went smoothly and all providers are now (one year later) adept with charting in NOD.

SVCHC continues to focus QIP on the three key priorities identified by the Ministry of Health including accessibility (improving client access to care and services), integration (providing timely follow-up after hospital discharge), and client-centered care (improving the client experience).

Integration & Continuity of Care

As noted above, SVCHC transitioned to Nightingale on Demand (NOD) the new EMR in March 2014. This EMR allows SVCHC to clearly articulate the impact of the full model of care on our clients and the community by providing us with data to monitor and report on health outcomes. The implementation of the new EMR is part of a much larger provincial project, funded by E-Health Ontario and accepted by most Community Health Centres in Ontario. The use of a common EMR will support local, regional and provincial collection and standardization of data and processes. This data is now being used for decision support in quality improvement. Additionally a feature of NOD is the connectivity to OLIS, which has enabled the sharing of lab results from hospitals to our CHC which supports our goal of improving the client's experience and healthier client outcomes.

The nine (9) Executive Directors from the Champlain region continue to meet on a monthly basis in a forum known as the Champlain Community Health Centre Executive Director's Network. We are committed to open communication, collaboration, sharing resources, standardizing policies, procedures and processes, and building regional program models. This regionalized effort is also reflected in our QIPs with common themes related for quality initiatives that ensure continuity of care and smooth transitions (hand-offs) from one health service to the other.

Additionally, SVCHC staff is actively involved and often hosts the local Health Links (known as Health Link Area 2) meetings. We participate on several work groups related to HLA2. Additionally, we are integrated and engaged in our community through several Networks and Committees, (i.e., the Food Security Network, Active Living Programs, Social Development Council, Poverty Reduction Network, Local Immigrant Program Partners, etc.).

SVCHC has several partnership agreements in the form of Memorandums of Understanding (MOU) and Purchase of Service Agreements (POS), with other health care organizations to ensure our clients and community receive high quality, locally accessible, coordinated and non-duplicative, efficient and practical services in our rural area. The following are examples of SVCHC's QIP client-centered, integrated partnerships:

- 1) SVCHC has been working with Cornwall Community Hospital, since December 2012, accepting referral of their admitted patients (who are unattached, have complex conditions and are considered to be high users of the health system) to SVCHC as our fast-tracked primary care clients.

- 2) SVCHC is actively involved on the Health Link Area 2 Governance Committee which has the same principle goal - serving the high risk/high needs health system population.
- 3) SVCHC operates a Healthy Smiles Ontario, oral health program 3 days a week in collaboration with the Eastern Ontario Health Unit (EOHU) for low income children and youth 17 years of age and younger. This partnership has been in existence since the opening of SVCHC in 2012. The EOHU provides the staff and supplies for the program and SVCHC provides the space, equipment, reception and facility infrastructure.
- 4) Additionally, SVCHC and EOHU coordinate our respective Smoke Cessation Programs and share staff, protocols and supplies to deliver an efficient and concerted program to our community. This program also includes the Centre for Addiction and Mental Health as a key partner.
- 5) SVCHC partners with the Champlain Community Care Access Centre (CCAC) for client referrals and care planning for client needs in their homes. Additionally, the Champlain CCAC delivers the Regional Memory Disorder Clinic at SVCHC once a month, where clients with Alzheimer Disease or related dementias and their caregivers are seen by geriatricians and geriatric nurse assessors for assessment, diagnosis and health care planning.
- 6) The Cardiac Rehabilitation Exercise Program will be reinstated and enhanced to four days a week in 2015-2016. SVCHC works collaboratively with the University of Ottawa Heart Institute (UOHI) to deliver the Cardiac Exercise Rehab Program on site using Telemedicine. SVCHC works with the UOHI to customize rehab exercise programs for discharged from the Ottawa Heart Institute. A physiotherapist is available via OTN while the trained SVCHC registered nurse assesses, monitors and coordinates the program and client health outcomes.
- 7) SVCHC offers a Lung Health program in collaboration with Cornwall Community Hospital (CCH) as we second a Registered Respiratory Therapist to SVCHC three days a week to serve our clients. This initiative is part of a greater Regional Lung Health initiative funded by the Champlain LHIN and managed by a sister CHC - Somerset West Community Health Centre as the regional lead agency.
- 8) SVCHC is the host Ontario Telemedicine Network (OTN) Coordination site for the catchment area. Telemedicine is a growing and highly utilized program and SVCHC with two (2) full time registered practical nurses coordinating a variety of virtual service connections including: Tele-nephrology, psychiatry and mental health services, cardiac rehab, diabetes education and counselling, weight management, pre and post op follow-up, children's mental health, health education, infectious diseases, eating disorders, coordination of administrative meetings and conferences, etc. This program is made possible through a collaborative purchase of service agreement with Hawkesbury General Hospital. This initiative fits well with the QIP Accessible initiative as it ensures our local, rural residents have access to tertiary and regional health services close to home, at no cost to the client.
- 9) Falls Prevention and Exercise classes are delivered throughout the City of Cornwall and Stormont, Dundas and Glengarry Counties. This initiative is part of the Regional Falls Prevention and Exercise initiative supported through a purchase of service agreement with Pinecrest Queensway Community Health Centre as the regional lead agency

10) In 2014-2015 SVCHC received LHIN approval and funding to implement a Primary Care Outreach (PCO) Team of Registered Nurse and Community Health Worker to visit vulnerable, at-risk seniors in their homes. The PCO program began in July 2014 and is a program operating in partnership with South-East Ottawa Community Health Center as the regional lead agency

11) St Elizabeth's Health Care Services offers free foot care at SVCHC to low income adults and seniors living in our catchment area. St Elizabeth's provides the service and SVCHC provides the use of the Centre, administrative support and the use of its amenities at no cost.

12) Through an MOU, the Regional Arthritis Society delivers support and counselling to individuals with Arthritis and linked conditions by sending an Occupational Therapist to SVCHC once a month. SVCHC provides the use of the Centre, administrative support and its amenities at no cost.

13) Cornwall Community Hospital's Community Mental Health and Addictions Program delivers Addiction Counselling at SVCHC once a week for area residents. The Addiction's Therapist works in collaboration with the SVCHC Primary Care Team for shared clients. This service operates with a MOU between Cornwall Community Hospital and SVCHC, where CCH provides the staff and SVCHC provides the use of the Centre and all its amenities and administrative support.

14) Recovery Ottawa serves local residents with addiction issues four (4) days a week at SVCHC. The team of physicians and nurses from Recovery Ottawa and Cornwall Community Hospital's Community Mental Health and Addictions Program work collaboratively from SVCHC to deliver this service at no cost to clients. SVCHC coordinates all the telemedicine visits and consults.

15) Walk-In Counseling Clinics are free, single-session counselling services to individuals, couples and families on a first-come, first-served basis held every Thursday from 1:00 to 8:00 p.m. This professional service is delivered through a partnership agreement with several community health and social service agencies with a mandate to provide mental health counseling services. SVCHC is one of several partner organizations involved in this service delivery model who rotate through a schedule to provide services to the community.

An extensive list of innovative and integrated programs and services offered by SVCHC visit are listed on our website at www.seawayvalleychc.ca. These additional programs include: the GLBTQ Support Program, Living with Chronic Conditions, Chronic Disease Pain Management, Exercise and Walking Programs, Smoke Cessation, Nutrition counselling, Social Work, Seniors Wellness Programs, Men in the Kitchen Program, Green Food Box, Baby Food Making courses, Social Drop-In, etc. All programs and services are free and available to families and individuals currently living or working in our catchment area. Particular focus is on vulnerable or disenfranchised individuals and families, seniors, newcomers to Canada and those without a health provider.

As noted above, SVCHC is actively involved in our Health Links Area 2 (HLA2) work with administrative and clinical staff participating on HLA2 Work Groups to develop and later (when approved) implement the HLA2 Business Plan. The further development and alignment of a common EMR would enhance the level of integration of a client information system.

Challenges, Risks & Mitigation Strategies

1) EMR Data Collection: With three local community and rural hospitals submitting referrals and discharge summaries in different Electronic Medical Record (EMR) systems and formats, or by fax (with manual charting), the challenge is to collect comparative data for decision support purposes. SVCHC is expected to provide timely access to primary care appointments post-discharge through coordination with hospitals as an "Integrated" quality dimension, yet all EMR software is different for each organization involved. The risk is SVCHC will not meet the goal identified in previous years or this coming year unless we streamline and reduce the goal to working with only one hospital on a very specific sub-set of information to capture and design a process for collecting and receiving this data. Automated data transfer between organizations remains a challenge and impedes efficiency and data reliability.

2) SVCHC has grown in the past year to 25 staff plus contractors however our mandate and expectations remain the same as all CHCs irrespective of size of budget and staffing complement. With all the legislative requirements, SVCHC staff has several roles and added responsibilities which increases the risk for error and burnout. The mitigation strategies include streamlining processes internally and working with our external partners to share roles and responsibilities for service delivery (as noted above in the Integration and Continuity of Care section) and requesting additional funding from the LHIN for added staff to support horizontal infrastructure growth that we have experienced over the past 5 years.

3) The requirements of the Broader Sector Accountability Act, specifically the lack of new funding for COLA over several years has demoralized staff and decreased the CHC Sector's appeal as an employer of choice. With the CCAC and hospitals paying higher wages it will be increasingly difficult for CHCs to recruit highly qualified individuals, particularly in our rural area. A mitigation strategy is to continue to work with the AOHC on the request to the Ministry to provide base funding increases to the community sector. Additionally, the Champlain Regional CHC ED Network continues to lobby our LHIN and our MPPs for additional funding. If the base funding envelope does not increase soon, services may have to be cut and staff may be laid off to balance the budget.

4) Multiple reporting requirements are another challenge. Streamlining reports to HQO, to AOHC (the provincial association), the Canadian Centre for Accreditation (CCA), the Champlain LHIN as funder and the Ministry would result in greater efficiencies and quality and consistency in reporting. SVCHC must soon start the accreditation process through the Canadian Centre for Accreditation and this will add a great deal of work to all Staff, plus additional reporting requirements.

5) Lack of health care physician specialists available to support the primary care providers with advice for their clients health needs, particularly psychiatry. The risk is one where our providers will refuse to accept new referrals of clients with mental health and addiction issues as they have no support from specialists.

6) A great challenge SVCHC faces is ensuring the necessary threshold number of leadership staff as resources to achieve the various components of the QIP Plan. Critical to the success of our plan is our ability to accept the responsibility for the roll-out of the initiatives, (and their component tasks) given the day-to-day work of all employees. We are very lean in terms of management to support the infrastructure.

Information Management Systems

SVCHC has, since it's opening in 2010, used a fully electronic client record. On February 6, 2014, SVCHC transitioned from Purkinje to Nightingale on Demand (NOD) as the new Information Management System. The implementation of the new EMR is part of a much larger provincial project, funded by E-Health Ontario, managed by the Association of Ontario Health Centres and accepted by most Community Health Centres in Ontario. The EMR project was implemented across the CHC Sector over a two year timeframe provincially. The roll-out and transition to the new EMR was very successful at SVCHC yet staff maintain the new NOD software is more labour intensive (user-unfriendly), not intuitive and not as good a product as other EMR software.

The use of a common EMR supports regional and provincial data collection and standardization of processes. This data assists and will continue to be used to inform our decisions for quality improvement. Additionally a feature of NOD is the connectivity to OLIS, enabling the sharing of lab results which will support our goal of improving the client's experience. SVCHC transitioned to OLIS in December 2014. Automated data transfer between organizations remains a challenge and impedes efficiency and data reliability.

SVCHC uses the NOD data to inform ourselves of the health care needs and trends of our clients and our community prior to making formal requests for funding. We will also use the data for client recalls - when we need to contact out clients to inform them that specific health prevention tests (such as mammograms, paps, vaccines, or their health exam) are due. This will ensure clients receive quality preventative health care and that SVCHC achieves the approved MSAA targets. SVCHC queries information from the NOD to support funding requests to the Ministry, LHIN or others and share this information with our partners to ensure we coordinate to deliver quality services in our community.

In March 2015, SVCHC is purchasing Quadrant - a new Human Resource and Payroll software in order to manage our own in-house payroll, benefits and attendance management. This new software will result in annual operating savings and efficiencies. This software interfaces with Great Plains (installed and implemented in 2013-2014) which will further improve our ability to collect, share and analyze of data and many health care provider use Quadrant and Great Plains software.

Engagement of Clinical Staff & Broader Leadership

SVCHC is engaging with its Staff and Board of Directors (as the broader leadership) in establishing shared quality improvement goals and commitments for the organization in the following ways:

- 1) SVCHC's Strategic Plan for 2014-2017 and the 2015-2016 Operating Plan include the QIP goals of integration, improving access and improving the client experience.
- 2) Quality Improvement is a standing items on each monthly Staff and Board Meeting agenda for input, information sharing and decision making.

- 3) The Executive Committee of the full Board of Directors has the oversight responsibility for regular input, monitoring and decision-making for the QIP.
- 4) The QIP is reviewed and approved by the Board of Directors on a quarterly basis.
- 5) The SVCHC Management Team monitors the QIP through the various initiatives at their monthly meetings.
- 6) The Executive Director prepares and disseminates a monthly Executive Director Report to the Board which is shared with all staff following the Board meeting. This report includes updates on QIP initiatives.
- 7) SVCHC's primary care team is working closely with the Champlain Primary Care Quality Practice Facilitation Program to create efficiencies, improve our practice systems and to improve the patient's experience and outcomes.
- 8) Documentation and reporting of all incidents to the Board and to the Occupational Health and Safety Committee helps to inform on trending of incidents, training required and areas for improvement.
- 9) SVCHC will commence the process of working towards accreditation with the Canadian Centre for Accreditation by December 2016.
- 10) SVCHC is actively involved in all Health Link Area 2 (HLA2) initiatives which have led, to date, to the development and submission of the HLA2 Business Plan to the Ministry of Health.

Patient/Resident/Client Engagement

SVCHC administers an annual Client Satisfaction Survey. Once again, in December 2014, our clients reported a 95% satisfaction rate with services received at SVCHC.

Our clients are surveyed minimally on an annual basis each fall to monitor the client's experience, receive the client's input and suggestions, and to monitor the quality of our services offered. A client "Comment, Suggestions and Complaints" box is available in the reception area and on line on our website. Providers routinely ask their clients if they have questions, concerns, understand the information provided, etc., to improve the client experience. The 2014 Client Satisfaction Survey reported 95.44% of clients felt they feel comfortable and welcome at SVCHC.

Accountability Management

SVCHC's organizational leadership is accountable for achieving the targets set out in QIP through the following mechanisms:

- 1) SVCHC is compliant with the ECFAA, MSAA and CAPS requirements. All monthly and quarterly reports are reviewed and approved at the Management Team level, then at the Board level, then submitted to the LHIN.
- 2) An Annual Report is completed at fiscal year-end which is approved by the Board and submitted to the LHIN and all entities requiring copies annually.
- 3) "QIP" has been added as a standing agenda item on Board and Staff meeting agendas to ensure the targets remain "front and centre" and are closely monitored.
- 4) At minimum a Client Satisfaction Survey is issued each fall to monitor the client experience. A client "Comment, Suggestions and Complaints" box is available in the reception area. Providers regularly and routinely ask their clients if they have questions, concerns, understand the information provided, etc., to improve the client experience. The 2014 Client Satisfaction Survey reported 95.44% of clients felt they feel comfortable and welcome at SVCHC.
- 5) SVCHC reports on MSAA targets to the LHIN quarterly and annually. The expanded, stretch MSAA targets ensure quality improvement targets are specific to improving access, the client experience and integration.
- 6) All incidents are reported in writing on an "Incident Report Form" to the Executive Director, which are then reported to the Board quarterly. All incidents are summarized in an annual summary report called the "Risk Management and Client Safety Summary Report" and is presented to the Board and to the Centre's Occupational Health and Safety Committee for their learning and to implement improvements. The summary report is a reflective report broken down into themes. This Summary Report identifies risks and mitigation strategies for improvement.

Other

The transition to a new Electronic Health Record in 2014 went well, however data quality suffered somewhat as a result of this transition. We expect in 2015-2016 our data will be more valid and reliable. [Annual Report](#)