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

5/22/2014

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 HQO (if required) in the format described herein.

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Overview

Anishnawbe Health Toronto is an accredited Community Health Centre with three locations in the core of Central Toronto. It is committed to meeting the needs of the First Nations, Inuit and Metis population of the Greater Toronto area. This will document the details of our 2014/15 Quality Improvement Plan. The Board of Directors, Management and staff are committed to quality improvement to enhance better access, integration and client centered care.

Anishnawbe Health Toronto provides client centered care through an mulch-disciplinary team approach including health promotion, education, advocacy and community development. AHT's Mission is to improve, support and promote the health and well-being of Aboriginal people in spirit, mind, emotion and body, and does so through the multi-disciplinary team approach.

Our strategic plan priorities for 2013-2017 are resources and operations, maintaining and improving holistic health care ensuring health promotion and disease prevention, honoring family, strengthening partnerships and outreach and knowledge sharing, research and evaluation. Our Strategic plan aligns with TC LIHNS performance indicators and health link priorities. We continue to continue to strenghten system coolaboration through partnerships to improve accesibilty to programs and services that address health care and the social determinats of health.

Integration & Continuity of Care

Anishnawbe Health Toronto identified in 2013 QIP challenges with coordination of discharge planning with area hospitals to better provide access to timely post-discharge care and follow up. Our previous EMR data base was inefficient and challenging to electronically extract data. Queries such as clients discharged from hospital and being referred back to us as primary care providers was not obtainable.

With the initiation of our new EMR, Nightingale on Demand, as well as developing and strengthening partnerships with St, Micheal's hospital we hope to be better able to collaborate and track clients care post discharge as well as recidivism.

As a member of our Mid Toronto West Health Link, we are collaborating and partnering with hospitals, CCAC, E Health and other key agencies and systems to address better client care with primary health teams and physicians as well as reduce ER visits and wait times.

Challenges, Risks & Mitigation Strategies

We are challenged in our available resources to maintain and manage our quality improvement plan. The In October 2013 we transitioned to a new EMR, Nightingale on Demand. As it has only been a few months since that time, staff are still learning the intricacies of the new database. There continue to be several issues with the system and capturing data needed to monitor quality and performance. The data-miner function within the system still is not functioning properly and so data collection is not as robust or accurate as it could be. We continue to have several databases for various program reporting and as
the information is not centralized and accessible in one database it is resource heavy. Until we have a system in place to capture and track, we are cautious to proceed to initiate Staff buy-in engage in quality improvement strategies. Further to this is the time and resources needed to be committed to this process on an on-going basis.

**Information Management Systems**

Nightingale on demand, the EMR system is utilized to populate and extract data for reports to the Board of Directors and management, and staff. These reports track funder required targets and benchmarks and other indicator to measure success. We also use the EMR for yearly chart audits for quality of care and best practice monitoring.

WE have a central server to back up archived data which is accessible for data reporting. Due to issues external to our agencies control, i.e. external provider for EMR, there continues to be challenges with capturing some data from NOD.

A client satisfaction survey is conducted every 18 months, with the latest survey completed September 2013. The results of this survey inform of quality of service from a clients perspective and inform program planning and accessibility to services. Group and individual feedback is collected daily from clients in various programs within AHT to also assess quality of service and changes made to programming based on this feedback.

We also have experienced challenges with an aging infrastructure, in that there has been 2 major roof leaks that closed the facility for one day and reduced access to direct client service and our database for several days, due to server malfunction from water leak.

**Engagement of Clinical Staff & Broader Leadership**

We are in the process of establishing a Quality Improvement committee. The committee will engage in developing an internal quality improvement plan and activities. The committee membership will include governance, management and front line staff. This will ensure that governance, management and staff regularly track, monitor, report and share in the quality initiative.

**Accountability Management**

QIP will be reviewed monthly at QIP committee meetings, as well as twice yearly by the Board of Directors to evaluate targets being met and progress made.

**Internal QI note**
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

Board Chair Jauques Huot  
Clinician Lead Jane Harrison  
Executive Director / Administrative Lead Joe Hester

Instructions: Enter the person’s name. Once the QIP is complete, please export the QIP from Navigator, and have each participant sign on the line. Organizations are not required to submit the signed QIP to HQO. Upon submission of the QIP, organizations will be asked to confirm that they have signed their QIP.