

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 4, 2024



OVERVIEW

GRCHC focuses on many different aspects of quality across the organization.

We have implemented an advanced access working group this year to further access for clients in primary care utilizing data collected in a CHC survey looking at administrative time utilization, appointment bookings and other data related to scheduling. This data was also used to benchmark internal data on 3rd next available appointments, and utilization of same day appointments. We implemented advanced access appointments across the primary care team and evaluated the utilization of them, which has been a focus for this year's quality improvement initiatives.

In addition we have focused on EDI across the organization with the development of a staff committee who developed a work plan and implemented several staff education and awareness events. We also worked in collaboration with the BBNOHT to host an EDI event for local community organizations.

This year we have found that a majority of programs and services were in person and we expanded the range of programs we offer. Client feedback and input on program led to co-design which guided our program's development especially in the SOS program and outreach services.

Staff feedback was collected through a staff engagement survey. Results were shared with staff setting priorities for improvement and promoting staff retention.

GRCHC launched a Community Wellbeing Survey to learn more

about the community served and results will continue to inform program planning into the next fiscal year.

ACCESS AND FLOW

GRCHC led a primary care benchmarking exercise surveying other CHCs in southern Ontario. The survey looked at many primary care functions including comparisons of administrative time, wait time for appointments, provider types, access to social work and other indicators across Interprofessional primary care. This information was shared back with the SW CHC Managers group. The information collected was used to benchmark administration time and other relevant indicators in our primary care practice, with an intention to outline process and practice measures to improve quality of care.

We implemented an advance access strategy that provided appointments for semi-urgent requests that are booked within a 14 day window including prioritizing individuals recently discharged from hospital. This process was implemented and evaluated during 2023/24, with improvements in client and provider satisfaction with access.

We have implemented home visits to support our memory and geriatric clinics, ensuring timely access to care for individuals experiencing barriers. Our physician complement was expanded to support the addition of home visits.

Training is being provided to our primary care RN, to provide spirometry testing for GRCHC clients. We also partner with Glaxo Smith Kline for monthly spirometry clinics community members who may not be already linked with GRCHC primary care.

Leadership regularly reviews wait times, same-day utilization data, 3rd next available, roster sizes, no-shows and cancellations, as well as internal and external referrals. These metrics will be utilized to drive our 2024/25 primary care work plan as well as the implementation of new expansion in primary care awarded to GRCHC.

ADMINISTRATIVE BURDEN

GRCHC embraces digital health solutions to increase efficiencies and provide more time for patient care. We have implemented e-Referral and referrals through OCEAN in primary care.

A partnership was formed with a local counselling agency to enhance timely access to social work services. We have been working with the primary care team to identify efficiencies in tracking referrals and will be continuing with this process in the new fiscal year.

We have implemented standardized templates and forms/letters in our EMR creating efficiencies within charting processes (e.g. newly expanded IAW program across Brantford, Brant, Haldimand, and Norfolk).

A new Director was hired in November 2023 and he has met with all providers to begin an assessment of administrative time needs. A review of the geriatric clinic process resulted in the retention of additional physician time leading to more timely access to care for individuals on the program's wait list, as well as timelier follow up. We have made adjustments for some providers on an individual needs based approach, and are committed to working with staff to develop further efficiencies. An additional medical secretary was afforded to maximize on the level of administrative support available for our primary care clinicians. Redevelopment of the existing intake process to better streamline administrative work associated within it, will carry into next fiscal year.

EQUITY AND INDIGENOUS HEALTH

In early 2023, Peer Positive Power created a report entitled

"Embedding Ontario Health's Equity, Inclusion, Diversity, and Anti-Racism Framework at Grand River Community Health Centre", utilizing feedback and input from a GRCHC staff survey completed in 2022. An internal Equity, Diversity and Inclusion (EDI) Committee was created based on recommendations from the report. The committee has created a terms of reference and work plan thus far. In addition to this, GRCHC staff have collaborated with, and participated in knowledge exchange opportunities with members of the BBNOHT.

In 2023/24, initiatives designed to increase staff and volunteer knowledge and awareness of EDI, and equity-deserving populations took place. These included staff trainings related to Indigenous History, Culture and Health, trauma-informed care, and engaging people with lived/living experience; and general volunteer training around EDI and stigma reduction.

Furthermore, GRCHC staff and volunteers hosted activities and events for Indigenous Peoples Day, International Overdose Awareness Day, National Day for Truth and Reconciliation, and Black History Month.

Other areas of focus around EDI in 2023/24 involved reviewing and analyzing local demographic data to determine equity-deserving populations in our community. Prioritizing equity-deserving populations was also the focus of several proposals including a Health Canada Substance Use and Addictions Program grant that was submitted in late 2023. This grant aims to increase health-equity for those affected by mental health and addictions with an emphasis on populations, such as Indigenous and the 2S-LGBTQIA+ communities.

PATIENT/CLIENT/RESIDENT EXPERIENCE

GRCHC is committed to learning from the community we serve to improve access and service delivery. Clients/community members that participate in services or programs at GRCHC have the opportunity to provide feedback through a feedback box at reception and an online survey on the GRCHC website. Primary care clients at GRCHC are asked to complete an annual Client Experience Survey to inform our practices within different categories such as wait times, comfort during appointments and satisfaction with services offered.

Delivery of Community Health Team (CHT) programs is informed by participant feedback from multiple avenues such as post-attendee program feedback forms and annual focus groups. These responses are reviewed by the program facilitator and shared with the CHT team during the annual Organizational Team Planning Meeting to improve and adjust existing or new programs.

The co-design of existing programs is being shaped by people with lived experience. The Outreach Station at GRCHC has evolved over the past few years to meet the needs of the community. A public event being held for Outreach Station clients in collaboration with BBNOHT Persons with Lived Experience lead aims to gather meaningful feedback from clients that use the service.

Community wide, GRCHC launched the 2023/24 Community Wellbeing Survey to measure the health and wellbeing of the Brantford and Brant communities using the Canadian Index of Wellbeing measures. The data is compared to previous Wellbeing surveys and brought to the annual CHT Organizational Team Planning Meeting to inform program delivery.

PROVIDER EXPERIENCE

GRCHC implemented a staff engagement survey in January 2024 to learn more about staff experience. This survey was shared with all staff in March 2024 when staff and leadership worked together to identify objectives to improve the workplace culture and experience. Staff recruitment and retention continues to be a priority. We have a thorough staff orientation process in place and have been completing performance reviews with the goal of having all staff 2-year reviews completed. The organization is also working with staff to listen and respond to concerns in a timely way. An example of this is a staff concern expressed regarding our “Commitment to Co-worker” guidelines. This issue was raised in February and this was covered at the March staff meeting. Additionally, the organization is offering opportunities for staff to come together for lunches, learning sessions and training. These opportunities allow staff to build relationships and learn more about each other’s roles.

As GRCHC grows with new roles we offer time at meetings for staff to share information about their role and have developed referral pathways. We have worked with some staff members who wished to expand their scope or skills through education and training. This provides job satisfaction and opportunities for a job change or promotion in the organization. Two examples include a clinician with the COPD program who is pursuing her CRE and the second is our primary care RN who is completing her CDE and spirometry certificate.

Yearly, GRCHC provides a wellness incentive for each staff member. Staff enjoy this incentive as they have the flexibility to utilize the funds provided for their own personal health and wellbeing. Our

social committee plans and executes a monthly wellness activity, as well as a monthly staff wellness draw, prizes include things like yoga mats, movie nights, restaurant gift cards, and others.

Part-time staff were offered paid vacation days, as opposed to lieu of benefits.

SAFETY

GRCHC reviews all patient safety issues/incidents regularly at management team meetings, All Staff meetings, Occupational Health & Safety committee meetings, as well as Programs and Quality Assurance Committee of the Board meetings. Our review includes discussing how we can prevent future issues and/or identifying trends that can be addressed across the organization. One issue identified this year was the need to increase skill sets in order to respond to client overdoses in our public spaces such as washrooms, outreach station or on the health centre property. Installment of metal sharps containers within public space washrooms planned for next fiscal year, in response to incidences of tampering with existing sharps containers in place.

Staff were provided with Overdose Prevention training from Brantford EMS including education and hands-on training with simulated situations. We extended this to our full staff and volunteers to ensure that all personnel in the building would be able to respond.

Mobile clinic vehicles provide infection controlled environments, allowing for clients to receive full scope of primary care in a safe and private setting. Provision of services to our IAW clients have been positively impacted by the utilization of these mobile clinic settings.

GRCHC's COPD program developed a risk management policy identifying safety windows for various types of clinical interventions. This allows for safer points of intervention and regular reports back to their primary care providers.

POPULATION HEALTH APPROACH

GRCHC works in collaboration with multiple community agencies to deliver holistic and inclusive care to Brantford and Brant County's equity-deserving community members. As part of the BBNOHT our strategic plan aligns to meet the unique needs of the priority populations we service including People Experiencing Homelessness, Mental Health & Addictions, and Dementia.

Our Outreach Station provides essential services including on-site shower and laundry appointments for people experiencing homelessness. The Outreach Station also provides snacks, cold weather items, harm reduction supplies, and service navigation. This population is also served through a low-barrier drop-in clinic in partnership with the Brant Community Paramedics which offers wound care, basic medical assessments and STI testing.

Proactive population health is beneficial for community members served that are underserved and experiencing Mental Health and Addictions. GRCHC is a part of the 2024 Brantford- Brant Drug Strategy Plan in collaboration with 14 other community agencies. As part of this collaboration the SOS program was evaluated to determine ways to scale up. Advocacy through service navigation drop in and outreach has expanded to shelters and motels for access to ID support and community resources. Outreach Midwifery program has partnered with community agencies to provide pre- and post-partum holistic care, sexual health and client advocacy for vulnerable populations.

GRCHC partners with multiple agencies to support people living with Dementia. The Memory Clinic hosted in collaboration with the Alzheimer's Society and BCHS provides a comprehensive memory

assessment. This clinic operates weekly at GRCHC to diagnose memory difficulties.

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

Quality Committee Chair or delegate

Executive Director/Administrative Lead

Other leadership as appropriate
