

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 31, 2023

OVERVIEW

The Quality Improvement Plan for 2023/24 is focused on improving the immunization status of multiple age groups across the lifespan. Four age groups have been identified for quality improvement initiatives of immunization status: 18 months childhood immunizations, 7 years childhood immunizations, 65-70 Shingrix and 65 and over Pneumovax.

With the announcement of publicly funded Shingrix, TW FHT completed a pilot quality project to offer this vaccine to adults age 65-70 in 2022/23. The nursing team participated in the pilot project, guiding the workflow and feedback for improvement throughout the duration of the pilot. The pilot was a success in terms of not only vaccinating eligible patients but also updating documentation for those who received vaccination at other health care locations. The success of this pilot project has led to three other immunization projects for 2023/24. We will be using a similar model for the 65 and over to offer Pneumovax in 2023/24. As well as examining the model to adapt for the two childhood immunization groups.

The TW FHT introduced a new diabetes flowsheet in 2022/23 for clinicians to use during diabetes focused patient care visits. One of the features of in the flowsheet is to provide patients with a summary of the visit, including the goals and plans discussed during the visit. We will be focusing on improving our use of the diabetic foot assessment tools which are imbedded in the flowsheet in 2023/24.

The QIP also includes plans to continue patient involvement as much as they want to be in decisions about their care.

The TW FHT QIP aligns with the TW FHT 2023-2028 Strategic Plan, UHN's Primary Care Strategy and Accreditation Canada's Primary Care standards.

PATIENT/CLIENT/RESIDENT ENGAGEMENT AND PARTNERING

There are a multitude of patient engagement and partnering activities at the TW FHT. These range from having patient engagement and experience metrics in each of our programs that are reported on our Service Plan (i.e. # of co-created Care Plans for diabetic visits to patient satisfaction surveys after support through our intensive counselling program).

We have ongoing patient experience surveys, quarterly dashboard results are shared with the TW FHT Executive Committee and the Board. These results inform many of our improvement activities. The TW FHT has a Patient Experience Committee with diverse representation. They have created a Patient Engagement Framework (modelled on the HQO framework, UHN declaration of values and aligned with the Primary Care Accreditation Standards). For 2023/24, we will be focusing on ensuring that all existing programs and services incorporate patient engagement measures and promote a move to co-design. Moving forward, all new programs and services will have patient co-design as a mandatory feature. We are also going to be working with the UHN Patient Partner program to have 10-12 TW FHT patients who are representative of our patient population to be recruited and trained.

PROVIDER EXPERIENCE

The Covid pandemic has increased staff burnout – from the constantly shifting changes in the healthcare environment, increased anxiety from patients as well as the myriad of ways that the TW FHT shifted to support our population (from running the covid testing centres, mobile testing for schools/ high need areas, vaccination teams in the first phase of ALC facilities to vaccine pop-up, vaccination clinics at the TW FHT clinics to hosting respiratory assessment clinics on site). All staff, regulated and un regulated have experienced exhaustion and periodic burnout related to this. The ways that we have supported is by overall maintaining staffing levels, being very flexible with time off when requested, adjusting hours of work, flexibility in remote work and having relief coverage when possible. We have a site physician wellness lead who works together with the hospital physician wellness lead to identify and address issues of workplace burnout. UHN as an organization also has a myriad of resources for staff.

WORKPLACE VIOLENCE PREVENTION

Workplace violence is a priority for the TW FHT. All staff have completed mandatory e-learning (including emergency codes, Workplace Violence, Domestic Violence and Harassment in the Workplace, health and safety awareness, code silver/active shooter, code of workplace ethics, accessibility)

We follow UHN's Fostering Respect in the Workplace Policy and Violence & Domestic Violence in the Workplace policies. There are supports in place through UHN Occupational Health and protocols for security alerts when a unique situation/ individual is identified. Both sites have site workplace violence risk assessments that are reviewed for compliance. For both sites, all clinic rooms have panic alarms and badge access locks for staff safety.

Over the last few years of the pandemic, our staff (both administrative and clinical) have experienced a marked increase in aggressive patient behaviours (mostly verbal). Our administrative staff are all completing the Mental Health First Aid course and UHN patient relations will be holding another learning session with the team to build skills on in-appropriate patient behavior.

There is a Behavioural Safety Alert feature in our EMR where all staff can identify both the behavior, mitigating factors as well as de-escalation techniques for individual patients. A short term goal is to refresh the team's knowledge and practice with this policy.

PATIENT SAFETY

Safety has been a strong focus for many years at the TW FHT. All members of the team complete Safety elearnings which review Safety Behaviours and Error Prevention Tools. Leadership has competed programs about leading a safety culture.

Both sites hold a daily safety huddle 10 minutes prior to clinic

opening where all team members working that morning identify any safety issues (looking back/looking forward) as any key operational updates for the day. A summary is then emailed out to the full team daily.

The Toronto Western Hospital Family Health Team has a Safety Committee that meets on a monthly basis. The committee is comprised of members from many backgrounds including leadership, education, administrative (reception), nursing, MDs, pharmacy, IT specialists, and social work.

Patient safety incidents are submitted online through the UHN incident reporting system and flow back to management at the TW FHT. The incidents are investigated by leadership (with feedback given to individuals involved) and anonymized details are brought to the Safety Committee on a regular basis to help identify themes and opportunities for system improvements. Learning points from incidents are shared back to the team in many ways including emails, at many meetings, during rounds (twice yearly) etc.

The Safety Committee used incidents to inform a process to choose a major safety project for our team. This project, called "Keeping the FHT Medication List Up-To Date," started in January 2022; it has grown into a project that involves the efforts of the entire team, including patients, to improve the accuracy of patient medication lists. This project was recognized by the CPSO as a QI initiative for MDs, and at TAHSN – a city wide partnership of academic hospitals that comprises over 400 members.

Several years ago, the Safety Committee also used incidents to drive improvements in the way vaccines were stored and

administrated. This has drastically reduced vaccine-related errors.

HEALTH EQUITY

TWFHT recognizes that we have unmet needs when it comes to identifying and better serving marginalized populations within our practices. To this end, in 2021 we named a physician and non-physician co-lead of Equity, Diversity, and Inclusion to provide us with leadership and guidance in this domain. They established an interdisciplinary Social Accountability and EDI Committee for our family health team in 2022. Among the goals of this committee is to support identification of the social demographics of our patient practices, quality improvement initiatives, and program development/evaluation.

Goals for 2023:

Training and education for staff: all staff (including all disciplines and status) will complete an 8 hour Anti-Oppression Training program offered by Urban Alliance on Race Relations (summer) and bystander training (90 min).

Identification of patient population: implement standardized method for collecting sociodemographic data about our patients (June, 2023) which will guide future QI initiatives and identify groups of patients who may have unmet needs.

The EDI committee is also reviewing and making recommendations to Terms of References and policies to ensure that there is an equity perspective.

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
