

Quality Improvement Plan (QIP)

# Narrative for Health Care Organizations in Ontario

April 9, 2024



## OVERVIEW

The Listowel-Wingham and Area Family Health Team (LWAFHT), located in Southwestern Ontario, serves the communities of Listowel, Wingham, Lucknow and Teeswater. Our teams of Physicians, Nurse Practitioners, Nurses and allied health professionals serve a population of approximately 27,000 patients. We are committed to providing care that reflects our vision, mission and values;

### Vision

A healthy empowered rural community

### Mission

We provide compassionate quality healthcare to our communities in a timely, accessible and equitable manner.

### Values

Compassionate

Inclusive

Respectful

Patient-Centred

Professional

Integrity

Each year we use our Quality Improvement Plan (QIP) to drive and monitor improvements in priority areas identified by our QI Committee, our staff, patients and Board of Directors. Our QIP is developed in alignment with the priorities of the Huron Perth and Area OHT (HPA OHT), where we are active members.

Our 2024/25 Quality Improvement Plan, much like our 2023/24

Quality Improvement Plan, is aligned with our fellow primary care organizations across Huron and Perth Counties. Our priority areas for the 2024/25 fall under the dimensions Access and Flow, Experience and Equitable care.

Under the Access and Flow dimension, we will focus on improving access to primary care services for patients in our area who do not have a family physician, also known as "unrostered" patients. While some programs require the oversight of a family physician, others require this oversight to a much lesser degree and can be supported by nurse practitioners, nurses and other allied health professionals. Across Huron and Perth counties, all primary care organizations are committed to reviewing their programs and identifying programs that could be made available to unrostered patients and taking the steps needed to pilot the process over the 2024/25 year.

Next, in an effort to both understand and improve the patient experience, we will continue to conduct an aligned patient experience survey across all primary care organizations in Huron and Perth. Aligning our surveys allows us to compare our performance, share successes and together work towards improving the experience of our patients, not just within our organization but across our OHT.

Lastly, our ability to provide equitable care can be much improved if health care providers have the sociodemographic information they need within the electronic medical record (EMR). Our primary care organizations will be making updates in our EMRs that will allow for documentation and communication of important patient sociodemographic data currently difficult to document which will

support the provision of equitable care.

## **ACCESS AND FLOW**

Currently across Huron and Perth Counties, it is estimated that there are over 20,000 patients who do not have a family doctor. Without access to primary care services, patients in need of routine care often are left with no choice than to go to their local emergency department for chronic disease management and prescription renewals, for example. Over the 2024/25 year, we plan to identify opportunities for patients with no family doctor to be supported within our programs which would lessen the burden placed on our local emergency departments and improve access to primary care services across Huron and Perth.

## ADMINISTRATIVE BURDEN

The amount of administrative burden on clinicians and the interprofessional team plays a direct role in both the provider experience and access for patients. Reducing the administrative burden can improve both of these factors. There are a number of systems we have gained access to over the last number of years that have been aimed at improving this. Platforms like eReferral, eConsult and Clinical Connect are all available to clinicians and can improve the way they communicate with specialists and their ability to access patient information. We also have access within our EMR to the Ontario Laboratories Information System (OLIS) as well as the Digital Health Drug Repository (DHDR) allowing clinicians to "pull" lab and pharmacy information into the EMR when it is not available to them. We are connected with the Hospital Report Manager (HRM) interface which significantly reduces the number of faxes received by our organization. We offer online appointment booking as well as automated appointment reminders and continue to work to spread this within our organization. Most currently we are piloting Autoscribe which uses artificial intelligence to develop clinical notes during an appointment, significantly reducing the amount of time needed by clinicians to document an encounter. Within our OHT, another project is underway piloting Hypercare, a secure platform for clinicians to text and communicate about patients. We are also members of our OHT Digital Advisory Group which supports digital health across our OHT.

## EQUITY AND INDIGENOUS HEALTH

Within our organization we strive to support patients to achieve their healthcare goals and reach their fullest health potential. We understand that health equities related to social and environmental factors play a large role in patients' abilities to achieve their optimal level of health. Creating a culture and system where health equity is integrated into program planning, and service design with our partners is priority both locally as well as with our broader system. We are proud to have strong connections with system partners who we collaborate with to support patients who may be impacted by barriers to them achieving their health care goals.

## PATIENT/CLIENT/RESIDENT EXPERIENCE

Patient engagement is a critical element in Quality Improvement. As an organization we are committed to making the experience of our patients as positive as possible and consider them to be important members of their own health care team. We were happy to be able to relaunch our patient experience surveys in 2023/24 which had been put on hold for a number of years due to the COVID-19 pandemic. We are also very fortunate to have patient representation on our OHT committees that provide important feedback and perspective on the quality improvement work taking place across our region. We look forward to continuing to have the patient voice and perspective in our quality improvement work in 2024/25.

## PROVIDER EXPERIENCE

Our organization, consisting of highly skilled professionals takes great pride in the primary care services that we provide to our communities. Avoiding staff burnout, ensuring that our staff feel supported and that our organization is a great place, to work is a priority with our strategic plan. In the 2023/24 year we hosted two half-day offsite staff meetings. Strengths, opportunities, was well as how we, as an organization support work-life balance was discussed, which did result in policy changes within our organization. We will continue to keep the conversation going and encourage all members of our organization to identify ways to improve their provider experience.

## SAFETY

Patient safety is a priority within our organization. Our organization participated in its first Accreditation Survey in 2021, which was a joint survey with partnering organizations from multiple sectors within Huron and Perth Counties. Through that process, we participated in a number of exercises aimed at improving patient safety which also contributed to strengthening our patient safety culture. These include (but are not limited to) reorganizing our medication room, reviewing policies and processes related to medication management, identifying tools within our EMR to improve safety as well as the implementation of a Safety Incident Management policy. We continue to utilize Accreditation Canada's Accreditation Standards to guide our patient safety work, with our next on-site survey scheduled for the spring of 2024.

## POPULATION HEALTH APPROACH

The Huron Perth and Area OHT has brought together organizations from different sectors within Huron and Perth counties to work together to serve our shared populations. Using population health data, the OHT has been able to identify priority groups and plan programs and services to support them. An example of this is a regional program that supports patients with congestive heart failure using specialist and family health team resources together.

## CONTACT INFORMATION/DESIGNATED LEAD

If you have questions, concerns or ideas related to the 2024/25 LWAFHT QIP, please feel free to contact Lindsay McGee, Director of Clinical Programs at: [lindsay.mcgee@lwafht.ca](mailto:lindsay.mcgee@lwafht.ca)

## 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 **March 28, 2024**

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**Lindsay Beharry**, Board Chair

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**Dr. Jeff Dietrich**, Quality Committee Chair or delegate

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**Robin Spence-Haffner**, Executive Director/Administrative Lead

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**Lindsay McGee**, Other leadership as appropriate

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