

Quality Improvement Plan (QIP)

# Narrative for Health Care Organizations in Ontario

December 10, 2024

## OVERVIEW

TVFHT continues to focus on quality patient care and improvement in care delivery. Over the past two years we have been focused on the evaluation, redesign, and implementation of a core services model that supports intentional direction of our resources in the areas where we can provide the most support. In making this strategic shift TVFHT is positioned to not only maximize the effectiveness of our HHR resources, it also creates significant capacity within our team which will support a shift to increased access to team based care.

In the past 1-2 years the heavy lifting of planning and development of both core service design has been completed and TVFHT has transitioned into an implementation phase of this work. In this phase we anticipate the realization of the increased capacity and as such, we are working towards a pilot collaborative NP MRP model in tandem. This will be of significant focus for our organization in the 2024/25 fiscal year, with planned expansion in subsequent years.

Lastly, TVFHT strives towards a centralized organizational model which will be a priority in fiscal 2024/25. Starting with our London based locations, we are seeking to design space that will accommodate our broader London based clinical and administrative teams. By centralizing we will be able to leverage the strength of pooled resources to expand our hours of service, timeliness of care, and overall access to team based care offerings.

## ACCESS AND FLOW

In 2025/25 the TVFHT will increase our focus on optimizing full scope of our HHR (Health Human Resources) and expand access to nursing services through medical directives, expansion of our existing hospital discharge programming, and the increased scope of our registered nursing team. Through this initiative we will be able to expand same day access to patients, particularly to those experiencing acute episodic issues that can be treated by the registered nursing team. The NP MRP pilot initiative is focused on attaching people without a provider to an NP who works in an inter-professional primary care team. The identification of these patients will be facilitated through connectivity with community partners, including our local hospitals, OHTs, and Healthcare Connect. Additionally, the TVFHT is currently working with our local hospital to attach stable psychiatric patients without a provider to a NP and our inter-professional primary care team, decreasing the burden on the hospital's psychiatric unit, who currently required to provide those unattached patient with primary care services and ongoing mental health support. This goal of this collaboration is to expand access to psychiatric services in our local hospital, by decreasing the need for this specialized service to provide ongoing primary care. Lastly, the TVFHT will expand our hours of operation and provide patients with after-hours services, and we will continue to expand access to healthcare education and self-management group programming.

## ADMINISTRATIVE BURDEN

In 2023 the TVFHT introduced Ocean e-referrals, and in 2024/25 we are focused on expanding the use of the Ocean platform to include, self check-in kiosks, increased use of Ocean email for healthcare questionnaires and evidence based screeners in advance of an appointment, and the self-booking platform to minimize the burden on our administrative support team members, and increased convenience for patients. Additionally, the TVFHT is working on the implementation of a new VOIP telephone system with a single telephone number, which will be supported by a centralized and pooled team of team administrators (TA), and allow for calls to roll-over to the first available TA; resulting in increased access to live answer personnel and a decrease in the need to call patients back when they have left a message. Lastly, in 2024/25 the TVFHT will add skilled patient care assistants to our NP MRP pilot site to decrease the administrative burden on our provider team, allowing the NPs to increase the patient facing time. This role will provide direct administrative and clinical support to the NP team, and navigational services to the patients.

## EQUITY AND INDIGENOUS HEALTH

The TVFHT will continue to support our Health Equity Committee and implement recommendations focused on providing equitable and culturally sensitive services. In 2024/25 the TVFHT will continue to focus on prioritizing new and existing employees completion of Indigenous Cultural Safety Training, Mental Health First Aid, Health Equity Training, Cultural Sensitivity Training, Rainbow Health Training, and Applied Skills Intervention Skills (ASIST) training.

Additionally, we will continue to leverage VOYCE translation services to provide patients with immediate access to a translator through the virtual VOYCE platform, which can provide access to translation services in more than 50 languages, including American Sign Language.

Lastly, the TVFHT participating in a community response effort to provide primary healthcare services to London's most vulnerable population, the unhoused.

## PATIENT/CLIENT/RESIDENT EXPERIENCE

TVFHT continues to work on the build out of patient engagement through collaborative work with our community and OHT partners. At present we have an actively engaged working group developing front line engagement opportunities as well as working in partnership with our OHT PCCPC to establish a cohesive governance,

TVFHT continues to collect approx. 1000 patient experience surveys a year which offers patients the opportunity to provide feedback on; involvement in decisions about their own care, offered care delivery mode vs preferred care delivery mode, access times, etc. TVFHT reviews this feedback monthly at our leadership meeting, where we make decisions about any follow up that needs to take place as a result of this information. Additionally, via this patient experience survey we offer patient's the opportunity to leave their contact info if they wish for us to follow up with them and/or they are open to us reaching out to them for further information gathering.

We have expanded our group programming offerings, increasing the number of groups being run quarterly, as well as opening up access to the broader community. As part of our group programming process we conduct pre and post programming surveys which support facilitators in determining patient outcomes as a result of groups, as well as areas for improvement.

## PROVIDER EXPERIENCE

TVFHT understands how challenging the climate is for providers at present. Through the use of an internal Employee engagement council as well as our annual assessment of employee satisfaction, TVFHT attempts to gain information on how to make day to day job functions more streamlined, how to further support employees in managing workloads, and allow an opportunity for constructive employee feedback to guide needed change.

TVFHT recognizes that supporting the provider experience extends beyond day to day job functions and therefore focuses on employee general wellness through our Wellness committee, staff social engagements, participation in community events through volunteering, virtual mindfulness sessions supported by wellness committee.

In addition to the items noted above, TVFHT also supports a comprehensive leave entitlement strategy that encourages work life balance. This plan includes, vacation and discretionary time, as well as a short term buildable leave bank. As well, TVFHT supports a comprehensive health and dental benefit plan.

## SAFETY

Patient safety is a top priority for TVFHT. TVFHT leverages the use of a formal incident reporting process to both document and appropriately manage incidents of potential patient risk, among other things. Although extremely rare, these incidents have formal follow up protocol that ensures complete evaluation and management of the risk, as well as leveraging these as learning opportunities.

Dedicated operational resources to implement annual risk assessment process that engages all employees and identifies, and assesses risk in areas of patient safety, operations, communication and workplace violence and harassment. Outcomes of annual risk assessment is shared with the board and employee of the TVFHT, along with strategies to mitigate and/or avoid identified risks. The TVFHT is focused on creating a culture of safe reporting, with a focus on learning and corrective measures. HR processes ensure timely follow-up for all employee and patient safety incidents.

## POPULATION HEALTH APPROACH

Starting 2017 Thames Valley Family Health Team (TVFHT) has envisioned that Communities in Elgin, London-Middlesex, and Oxford will be healthier as the highest level commitment of our organization. In our most recent strategic plan this vision took on a more concrete meaning since our collaboration with Ontario Health Team partners is founded in population health. TVFHT is committed to expanding access to team based primary care, within existing resources, in collaboration with OHTs and Primary Care Network Partners.

In the last three years TVFHT population health focus has enabled collaboration with CHC and NPLC partners to establish and sustain Trans Health Services, Access to Preventative Care for people without a primary care provider, opening of TVFHT Group Programs to all Primary Care Network providers and general public, recognition as the Primary Care, Standard of Care Partner to the London Health & Homelessness System of Care, and partner in two successful Expansion of Access Expressions of Interest with 3 CHCs and 2 FHT collaborators. Population health focused strategy helps us to look outward and be a partner on which a transforming system can rely.

## CONTACT INFORMATION/DESIGNATED LEAD

Jill Strong  
Director, Operations  
jill.strong@thamesvalleyfht.ca

## OTHER

In addition to QI as it relates to healthcare delivery and patient outcomes, TVFHT is focused on system level QI specifically related to organizational resource sharing within the communities we serve. This includes supporting other agencies by providing back office support (finance, HR, operations) to reduce redundancy in the system and create cost savings. As well as facilitating practice management for physician clinics which allows physician partners to focus on clinical care delivery by having TVFHT support functions like; HR and H&S.

## 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 **April 8, 2024**

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**Kellie Scott**, Board Chair

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**Jamie Wickett**, Quality Committee Chair or delegate

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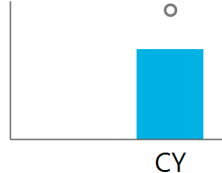
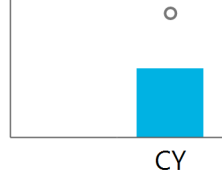
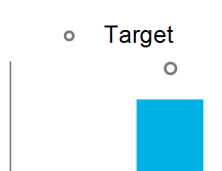
**Mike McMahon**, Executive Director/Administrative Lead

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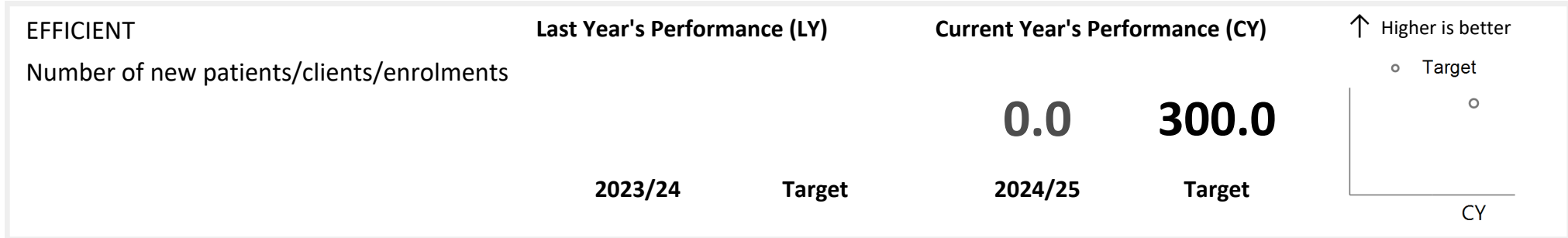
**Jill Strong**, Other leadership as appropriate

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## ACCESS AND FLOW

	Last Year's Performance (LY)		Current Year's Performance (CY)		
<b>TIMELY</b> Patient/client perception of timely access to care: percentage of patients/clients who report that the last time they were sick or had a health problem, they got an appointment on the date they wanted	2023/24	Target	2024/25	Target	↑ Higher is better ○ Target 
<b>TIMELY</b> Percentage of patients referred for rapid access appointment who are seen within 14 days. Rapid access appointments are preliminary appointments offered to patients that allow clinicians to determine the specifics of the needs of patients referred for FHT services.	2023/24	Target	2024/25	Target	○ Target 
<b>TIMELY</b> Percentage of affiliate physician rostered patients who were discharged from hospital and received post discharge follow up within 7 days.	2023/24	Target	2024/25	Target	○ Target 





**EQUITY**

EQUITABLE Completion of sociodemographic data collection	Last Year's Performance (LY)		Current Year's Performance (CY)		↑ Higher is better ○ Target
	2023/24	Target	2024/25	Target	
			<b>CB</b>	<b>CB</b>	

**Collaborators:** Noojimo Health

EQUITABLE Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education	Last Year's Performance (LY)		Current Year's Performance (CY)		↑ Higher is better ○ Target
	2023/24	Target	2024/25	Target	
			<b>82.0</b>	<b>100.0</b>	

## EXPERIENCE

## PATIENT-CENTRED

Percent of patients who stated that when they see the doctor or nurse practitioner, they or someone else in the office (always/often) involve them as much as they want to be in decisions about their care and treatment

## Last Year's Performance (LY)

**93.0**      **95.0**

2023/24

Target

## Current Year's Performance (CY)

**95.7**      **100.0**

2024/25

Target

↑ Higher is better

○ Target



## PATIENT-CENTRED

Do patients/clients feel comfortable and welcome at their primary care office?

## Last Year's Performance (LY)

2023/24

Target

## Current Year's Performance (CY)

**CB**

2024/25

**CB**

Target

↑ Higher is better

○ Target





## Access and Flow

### Measure - Dimension: Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Number of new patients/clients/enrolments	O	Number / PC patients/clients	EMR/Chart Review / Most recent consecutive 12-month period	0.00	300.00	As we complete the planning phase of a collaborative NP MRP pilot project, we anticipate implementation to begin sometime in Q2. With the allocation of 3 NPs at the pilot location we are anticipating the addition of 100 new patients per NP between implementation and the end of Q4.	

### Change Ideas

Change Idea #1 Transitioning from the planning phase into an implementation phase of collaborative NP MRP model. In doing so by end of Q2, aiming to enroll a total of 300 patients across 3 NPs by year end.

Methods	Process measures	Target for process measure	Comments
This will be supported and overseen by the current project lead.	Moved to implementation by end of Q2.	50% of target enrollment completed by end of Q3.	

**Measure - Dimension: Timely**

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Patient/client perception of timely access to care: percentage of patients/clients who report that the last time they were sick or had a health problem, they got an appointment on the date they wanted	O	% / PC organization population (surveyed sample)	In-house survey / Most recent consecutive 12-month period	52.00	75.00	Our goal is to provide patients with access to services that is suitable with their needs. However, recognizing limitations to some evening and weekend services, there is recognition in the target that reaching 100% is not achievable at present.	

**Change Ideas**

**Change Idea #1** Continue to expand our rapid access model beyond mental health services by expanding the scope of nursing services. In doing so, creating increased capacity within the nursing team for same day next day appropriate care.

Methods	Process measures	Target for process measure	Comments
Expanded scope of the RPN and RN role creating capacity within the broader nursing and NP team.	Completion of expanded scope of nursing services.	All TVFHT RNs and RPNs trained to work to full capacity.	

**Measure - Dimension: Timely**

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of patients referred for rapid access appointment who are seen within 14 days. Rapid access appointments are preliminary appointments offered to patients that allow clinicians to determine the specifics of the needs of patients referred for FHT services.	C	% / All patients  All TVFHT patients recommended a rapid access appointment	In house data, InterRAI survey, NHCAHPS survey / 2024-2025	50.00	90.00	A target of 90% allows for a portion of the patient population who may be offered an appointment within the 14 day window but chose to take an appointment at a later time due to personal needs. In future we will look at ways to track appointment offering vs appointment booked at which time this number will be moved to 100%.	

**Change Ideas**

Change Idea #1 Further expand the role of nursing in TVFHTs rapid access model such that there is increased capacity to support increased capacity for additional rapid access appointments.

Methods	Process measures	Target for process measure	Comments
Expanded scope for nursing across TVFHT.	Ensuring all nursing services team members are working to full scope.	All members of nursing services team are working to full scope.	

**Measure - Dimension: Timely**

Indicator #8	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of affiliate physician rostered patients who were discharged from hospital and received post discharge follow up within 7 days.	C	% / Discharged patients	In house data collection / 2024-2025	72.00	95.00	Some variation in patient willingness to be seen for follow up will impact TVFHT's ability to reach 100%. As well as turnover in staffing, etc.	

**Change Ideas**

Change Idea #1 Expand access to discharge information from all partnering hospitals for which TVFHT patients are served.

Methods	Process measures	Target for process measure	Comments
Through DSA agreements with partnering hospitals we will be able to expand discharge information sharing for the purposes of follow up.	Completed DSA agreements with all partnering hospitals.	All partnering hospitals have a signed DSA.	



## Equity

### Measure - Dimension: Equitable

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Completion of sociodemographic data collection	O	% / Patients  Indigenous patients rostered to TVFHT affiliated physicians	EMR/Chart Review / Most recent consecutive 12-month period	CB	CB	At present we do not collect information on those patients TVFHT serves who identify as First Nations, Inuk/Inuit or Métis. Collecting this information would assist TVFHT in providing services more effectively, as well as making referrals to community that could provide much needed support.	Noojimo Health

### Change Ideas

Change Idea #1 Initiate the use of scripting developed with the support of our partners at Noojimo Health and our affiliated Ontario Health Teams, to collect this sociodemographic info.

Methods	Process measures	Target for process measure	Comments
As noted above, leveraging our front line administrators and clinicians to collect this information through the use of pre developed scripting.	Collection of this data within the EMR.	Undefined - collecting baseline.	

## Measure - Dimension: Equitable

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education	O	% / Staff All employees	Local data collection / Most recent consecutive 12-month period	81.97	100.00	DEI is a primary component in our health equity strategic direction. As such, we emphasize this priority by ensuring all employees, existing and new, are provided with related training.	

## Change Ideas

Change Idea #1 Continue to embed DEI training within our onboarding and ongoing training schedules.

Methods	Process measures	Target for process measure	Comments
Mandate training for newly onboarded employees.	Delivery of training to all newly onboarded employees.	All new employees trained.	

## Experience

### Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percent of patients who stated that when they see the doctor or nurse practitioner, they or someone else in the office (always/often) involve them as much as they want to be in decisions about their care and treatment	O	% / PC organization population (surveyed sample)  All TVFHT patients	In-house survey / Most recent consecutive 12-month period	95.65	100.00	Patient engagement in care decisions remains a priority for our organization. TVFHT strives to ensure all patients are involved in decision making around their care and this is why the target our target is 100%.	

### Change Ideas

Change Idea #1 1) Ensuring patients are offered their preferred method of being seen (in person, telephone, virtual visit). 2) Including patients in care plan (i.e. medication and treatment choices). 3) Therapeutic Alliance measurement in mental health care. This measures alignment on goals, tasks to achieve goals and therapeutic relationship, which ensures patient involvement in their care.

Methods	Process measures	Target for process measure	Comments
1) Ensuring patients are offered their preferred method of being seen (in person, telephone, virtual visit). 2) Including patients in care plan (i.e. medication and treatment choices). 3) Therapeutic Alliance measurement in mental health care. This measures alignment on goals, tasks to achieve goals and therapeutic relationship, which ensures patient involvement in their care.	This will be measured through improvement in our reported score via our patient experience survey.	Increased number of patient experience surveys received in fiscal year.	Total Surveys Initiated: 1150

## Measure - Dimension: Patient-centred

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Do patients/clients feel comfortable and welcome at their primary care office?	O	% / PC organization population (surveyed sample)  All patients of TVFHT	In-house survey / Most recent consecutive 12-month period	CB	CB	This is a new indicator for TVFHT. Implementation of a validated question(s) in our patient experience survey will be required in order to collect.	

## Change Ideas

Change Idea #1 Embedding a validated question within our patient experience survey in order to collect baseline information.

Methods	Process measures	Target for process measure	Comments
As noted above, this will be done via our PES.	The inclusion of this question within our PES and subsequent related feedback being received from completed surveys.	Related responses included in 15% of all patient experience surveys for the fiscal year.	