

Let's Make Healthy
Change Happen.



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

Davenport-Perth



Neighbourhood and Community Health Centre

3/12/2019

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 Health Quality Ontario (if required) in the format described herein.

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Overview

Davenport-Perth Neighbourhood and Community Health Centre (DPNCHC) is a multi-service agency located in the west end of Toronto. For over 30 years we have provided high quality primary care and health promotion activities to our community. DPNCHC's Quality Improvement Plan (QIP) details the organization's efforts to develop, monitor and improve upon the activities that enhance the quality of the services provided.

Describe your organization's greatest QI achievement from the past year

Davenport-Perth Neighbourhood and Community Health Centre has had great success with our QI initiatives last year. We continued to work with the West-End Quality Improvement Collaboration (WEQI). This is a partnership of 5 Community Health Centres in Toronto, established in 2017, with the goal of increasing the efficiency and effectiveness of service delivery by working alongside one another on quality indicators. This year's main QI work has been to increase our panel size while improving timely access to care. DPNCHC has made improvements by taking an in-depth look at each of the primary care provider's practices, making improvements, then spreading the learning to the rest of the team. To date, we have completed the review of two provider's practices, a Medical Doctor and a Nurse Practitioner. The collected data illustrates the positive impact of our work. Our agency's panel size has grown to 79% (at end of third quarter) of full capacity, and wait time to third next available appointment has dropped by 50% across the team. This QI project will remain a focus of our 2019-2020 QIP.

Finally, we have also been able make continued improvements to our cancer screening processes and rates. At the end of the third quarter all of our cancer screening rates were above the Toronto Central Local Health Integration Network and provincial Community Health Centre rates:

- Colorectal cancer screening rate: 82% with a mean of 67% over 10 data points
- Cervical cancer screening rate: 83% with a mean of 79% over 10 data points
- Breast cancer screening rate: 81% with a mean of 77% over 10 data points

We are committed to sustaining our high cancer screening results and as such, have included this in our 2019-2020 QIP.

Patient/client/resident partnering and relations

The majority of DPNCHCs Board of Directors is composed of community members, with currently seven out of twelve directors living within our catchment area. The QIP is vetted through a Board Quality Committee, and currently one of the members of this committee is a community member.

We also seek client feedback through our client satisfaction survey. This year, clients have continued to express high levels of satisfaction with their experiences in the clinic. Below is a summary of satisfaction ratings in four categories (% of respondents who answered good, very good, or excellent to the quality of service experience questions):

- Contacting us: 93%

- Arriving and waiting at the office/clinic: 91%
- Your appointment: 85%
- Your overall experience with your most recent visit: 85%

Workplace violence prevention

DPNCHC has a framework of policies and protocols that support a workplace that is safe and free from violence. Each new staff person receives an orientation to relevant policies and protocols. The organization conducts periodic safety drills on emergency evacuation and lockdown procedures and conducts monthly occupational health and safety inspections. We continue to train all staff on conflict de-escalation. Additionally, to imbed this knowledge, we practice these skills through peer lead quarterly role plays based on recent incidents. These role plays allow staff to practice conflict de-escalating skills on a regular basis. This has resulted in more staff with the skills to de-escalate violent behaviour and has led to a safer workplace. Finally, all incident reports are reviewed by Senior Management and/or the Health and Safety Committee and any risk issues are identified for action. Serious incidents are escalated to the board immediately. A summary report of all incidents is reviewed annually by the Board of Directors.


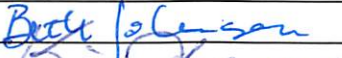


Contact Information

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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

Board Chair		Helder Marco (signature)
Quality Committee Chair or delegate		Beth Johnson (signature)
Executive Director/Administrative Lead		Kim Fraser (signature)
Other leadership as appropriate		Tammy Decarie (signature)