

Quality Improvement Plan (QIP)

# Narrative for Health Care Organizations in Ontario

March 15, 2024

*Southlake Academic*  
*Family Health Team*



## OVERVIEW

Our Southlake Academic Family Health Team (SAFHT), established in 2007, has been proudly providing care to approximately 25,000 patients living in York Region, Simcoe County and surrounding areas. As healthcare professionals within a Family Health team, our foremost commitment is to provide quality care to our patients. Continuously improving our care delivery processes not only enhances patient outcomes but also fosters a culture of excellence within our organization. SAFHT has been fortunate enough to also develop a quality improvement culture within our whole organization where we have team members' and physicians' involvement across all sites in developing, implementing, and tracking our quality improvement initiatives. This is evident as we conducted our second annual quality improvement (QI) retreat earlier this year. At our annual QI retreats, our whole team reflects on our Quality Improvement Plan (QIP) accomplishments last year as well as work collaboratively in forming QI initiatives we would like to work on this year.

Together as a whole organization, we were able to achieve many successful quality improvement initiatives this past year, some include: increasing the number of electronic consents on patients' charts to increase utilization of timely electronic patient-provider communication; providing our affiliated physicians quarterly practice insight reports (which includes access related metrics such as provider supply, demand, no show rates, online appointment usage, etc...); implementation of a healthcare provider "FHT Program Navigation" PS EMR toolbar where providers are aware of all the FHT programs and services and how to properly refer to each program; implementation of an urgent care booking EMR "pop-up" guideline window to reduce the number of inappropriate bookings

within our urgent care clinics; achieving our QIP target of >60% of our patients successfully screened for breast cancer; 100% of the patients in our weight management group would recommend the group to others and felt they were able to apply the skills and strategies from the program into their lives; implementation of a standardized cognitive impairment custom form in our EMR; and, creation of 2SLGBTQIA+ resources for healthcare providers within our team to assist in supporting the 2SLGBTQIA+ patient population.

This year, SAFHT's QIP will combine the continuation of some QI goals we have been working on over the past year as well as new goals that were expressed in our QI retreat earlier this year. Some new QI goals this year include: improving access to our office via our telephone call centre; standardization of a preventative screening EMR tool for our providers; and improving health outcomes for our congestive heart failure patient population. By prioritizing access and flow, safety, equity and patient/provider experience quality dimensions within our QIP, we can drive meaningful improvements in care delivery within the SAFHT. Through our collective efforts and commitment to quality care, we will continue to elevate the standard of care and positively impact the health and well-being of our patients and community.

## **ACCESS AND FLOW**

Ensuring timely access to care has long been a central quality indicator for our organization, and its significance remains paramount today. Notably, the percentage of patients able to see a doctor or nurse practitioner on the same day or next day has surged by over 40% since 2019, with continuous incremental improvements observed each year.

At our annual quality improvement retreat last year, physicians from all sites emphasized the importance of accessing data related to practice accessibility. In response, our team developed a comprehensive report providing insights into provider access. The report features key access-related metrics such as practice supply and demand, panel sizes, third next available appointments, no-show rates, online appointment usage, and outside usage. Additionally, these reports included updates on FHT programs, upcoming clinics (e.g., flu and pap clinics), new community initiatives, and EMR tools. This initiative led to the cleanup of over 200 inactive charts within the EMR system, facilitated standardized comparison of access metrics among peers, and streamlined management of patients seeking care outside our organization. Serving as a benchmark for access-related metrics, the report prompted providers to consider practice modifications aligned with advanced access methodology, generating positive reception and eagerness among providers to utilize the data and analytics for enhancing patient access.

In a new development this year, our team conducted a root analysis of inappropriate bookings in the urgent care clinic. Feedback from our quality improvement retreat and qualitative consultations highlighted an increase in such incidents. Our Nursing Lead and Quality Improvement Physician Lead conducted a meticulous analysis of urgent clinics spanning three months to identify potential root causes. Additionally, our Nursing Lead collaborated with the call center to compile a comprehensive list of conditions and scenarios prompting urgent care appointments. Utilizing this data, refined urgent care triaging guidelines were developed by our Nursing Lead, Medical Director, and Quality Improvement Physician

Lead, aiming to enhance triage efficiency across all sites. This urgent care triage guide has been integrated directly into the EMR interface to automatically “pop-up” when any user books an appointment in the urgent care clinic. While this initiative is still in its early stages and awaiting evaluation of impact, it underscores our commitment to aligning with Ontario Health’s vision of enhanced access within the healthcare system by mitigating avoidable emergency department visits and promoting continuity of care.

Our satellite site actively participated in Ontario Health’s Online Appointment Booking (OAB) initiative, collaborating with the Northern York South Simcoe OHT (formerly known as Southlake Community OHT). Last year, we concentrated our efforts on promoting and increasing awareness of OAB using various mediums such as posters, handouts, and email communications. Moving forward, our team is committed to advancing this initiative by expanding booking availabilities and enhancing functionality on the online booking platform in the upcoming year.

## **ADMINISTRATIVE BURDEN**

During our annual quality improvement retreat last year, the significance of enhancing clinical efficiency by reducing administrative burden resonated strongly among clinicians from all sites. A recent survey led by our Quality Improvement Manager revealed that 45% of providers encountered difficulties when referring to FHT programs and services. The primary culprits behind these challenges were the cumbersome manual processes of coordinating with various coordinators, ambiguity surrounding new or discontinued programs, and inconsistent communication regarding program updates. In response, our team dedicated

efforts to developing a "FHT Program Navigation" PS EMR toolbar, aimed at automating, streamlining, and centralizing referrals to FHT programs and services. Following the implementation of the FHT Program Navigation tool, 85% of providers reported its instrumental role in reducing administrative time, with 25% demonstrating increased awareness of FHT Programs and Services. In addition to refining internal referral workflows, our team actively contributed to the Northern York South Simcoe OHT e-referral initiative, aimed at enhancing processes for community referrals. Over the past year, we successfully onboarded over 60 users to the Ocean MD e-referral platform and actively engaged in OHT working groups to integrate primary care into the global e-referral system within our OHT network.

Furthermore, our interdisciplinary team identified obstacles in providing electronic communications to patients, stemming from inconsistent documentation of electronic consent within the EMR system. While various modes of collecting consent for electronic communication, such as our online patient portal, self-check-in kiosk, and paper copies at reception, were available, discrepancies and contradictions in documentation were observed. To ensure uniformity, our team meticulously updated over 3000 patient charts with a new digital tracking mechanism for electronic communication consent. Over the past year, we have updated over 6,700 patient charts with the latest electronic consent form. This concerted effort has significantly reduced unnecessary communication with patients, helped promote more digital messaging and alleviated the backlog of administrative tasks.

## EQUITY AND INDIGENOUS HEALTH

SAFHT joins interdisciplinary healthcare providers from across the province who champion inclusive, affirming and safer care for 2SLGBTQIA+ individuals and their families. Despite our best efforts to strive for inclusivity, we respectfully acknowledge that the language used in these resources may not reflect the perspectives of all care recipients and providers and may evolve over time. SAFHT recognizes that change needs to occur at multiple levels within our organization and our healthcare system to achieve inclusivity and equity. As an organization, we are committed to learning and taking intentional action to shape a more inclusive healthcare system for all Ontarians, one that recognizes and celebrates 2SLGBTQIA+ people in all their diversity.

Our organization is also committed to creating an inclusive space for patients from the 2SLGBTQIA+ population. One initiative this year at SAHFT was updating 2SLGBTQIA+ resources in our EMR and address book, including a one-page list of resources and educational materials handouts for all healthcare providers to access. These resources reflect on and take actionable steps towards improving the quality and cultural safety of the care we provide, with the goal of better understanding and meeting the needs of 2SLGBTQIA+ individuals, parents and families.

## PATIENT/CLIENT/RESIDENT EXPERIENCE

This year, we collected experience information via a quality improvement retreat. With participation from physicians, interdisciplinary health team members, residents, administrative staff, and representatives from satellite sites, we were able to ask open ended questions to collect information about what is at the forefront of everyone's minds. We provided time for passionate

discussions in small groups and sharing of opinions with the larger FHT team. Evaluation of the event shows that participants appreciated the opportunity for their ideas to be shared. We summarized this information and constructed our quality improvement plan for next year accordingly. In addition, patient experience data is collected via patient experience survey. Our patient experience survey data empowers patients to articulate their experiences and involvement in their care decisions. This valuable feedback is integral to our quality improvement interventions, guiding our efforts to enhance patient satisfaction and care delivery. Additionally, we utilize some of this data to establish objective metrics, such as perceived wait times on the phone, further refining our processes and ensuring optimal service delivery.

This year marked the successful launch of our weight management program across all sites. Feedback from our patients emphasized the program's value in providing a holistic approach to weight loss, incorporating a multidisciplinary team. According to our patients, effective weight management should encompass mental health strategies, medical nutrition therapy options, exercise education, family therapy, pharmacy consultation, and specialist referrals on a case-by-case basis. This program serves as a blueprint for future program development, reminding us the importance of patient co-design. Our evaluation survey revealed promising outcomes, with all participants reporting their ability to apply new tools, skills, and strategies to address problematic eating behaviors.



## PROVIDER EXPERIENCE

Amidst unprecedented human resources challenges in the healthcare sector, SAFHT remains committed to supporting and empowering our dedicated staff through various commitments within our capacities as a primary care healthcare organization year after year. At the SAFHT, we administer yearly staff and affiliated physician satisfaction surveys. This survey has been administered approximately every year since 2018. These survey results are reviewed by the Board of Directors and presented to the whole organization. Our organization then works collaboratively with the Board, physicians and staff on satisfaction commitments over the next year. In our most recent staff satisfaction survey, 86% of those responded stated they would likely remain with our team in the next year; 65% of those responded feel highly valued at our organization; 59% of those responded feel highly satisfied at our

organization; 67% of those responded feel our organization exhibits high teamwork; and 98% of those responded felt they have been kept informed of all our FHT's improvement/changes over the last year. Though many staff noted many positive changes over the past year such as team work, program and services implementation and improved communication within our team, our top reoccurring theme for improvement is compensation increases. Unfortunately, the compensation of the Ministry of Health funded rates in Family Health Teams are significantly below the market rates. Ontario's community health sector is facing a health human resources crisis caused by the growing wage gap between community health care workers and health care workers in other areas and sectors. Our SAFHT understands that satisfaction should not solely be based on compensation and thus, SAFHT is also committed to address other factors that contribute to improved staff satisfaction. Some commitments include: cultivating a positive workplace culture where we prioritize creating a supportive and inclusive workplace culture where every team member feels valued and respected; regular office communication channels to foster transparency and promote open dialogue amongst staff and leadership; allotment of professional development opportunities for staff to enhance engagement and expand their scope of practice; we offer flexible work arrangements, including remote/in-office hybrid work options, flexible scheduling, and part-time opportunities; our organization is committed to a culture of continuous learning and improvement, where feedback from staff is valued and acted upon; we conduct assessments of staff competencies and skills to identify opportunities for expanded roles and additional training; and, inter-professional collaboration and team-based care models are promoted to leverage the expertise of all healthcare professionals and improve patient outcomes. Our SAFHT is committed to



ensuring the well-being and satisfaction of not just our valued staff members, affiliated physicians, and learners but also our patients. Together, our team will continue to work overcome these human resources challenges so we can continue to deliver exceptional care to our patients and community.

## **SAFETY**

Our organization previously experienced significant successes in promoting patient safety awareness and engagement internally with our Doing It Better rounds. These sessions provided formalized, collaborative education on the process of significant event analysis to all members of our clinical and administrative team including members of our satellite sites. Surveyed participants expressed an increasing degree of comfort sharing their opinions in these rounds, facilitating the building of a culture of safety. Since pausing these sessions during the COVID-19 pandemic, we continue to work towards a timeline to re-initiating them. During this time, staff have been encouraged to continuously reflect on potential safety concerns in their work, including those unique to a hybrid environment of in-office and virtual care. Repeated reminders to the team have been issued to bring forth safety incidents, which also helps to build an incident repository in preparation for resuming these rounds in the near future.

As part of our work towards safe and effective care, we standardized our approach towards identifying and documenting cognitive impairment in patient records. This helped to improve recognition of these patients who may be at increased risk for errors due to challenges with communication and complex medical needs. A standardized workflow for identifying and initiating management of patients with cognitive impairment was introduced and recently promoted for internal use. At a recent QI retreat, this tool spawned newfound interest in a program focused on optimizing elder care in our organization.

## **POPULATION HEALTH APPROACH**

Our organization recognizes the importance of population health-

based approaches in promoting wellness, preventing disease, and addressing the diverse needs of our community. Through partnership and participation within our Northern York South Simcoe Ontario Health Team (NYSSOHT), we are committed to delivering proactive services that enhance the health and well-being of our community patients. One approach to care for the unique needs of our community that our SAFHT has been involved in is an OHT submission of the Expression of Interest (EOI) for the Interprofessional Primary Care Team to increase access to care for our marginalized, underserved and unattached patients. In collaboration with ten other health organizations, our submitted OHT EOI was recently approved by Ontario Health to provide services to the unattached, marginalized and people experiencing homelessness in the Georgina and Northern York Region through a multi-faceted approach that includes the establishment of a primary care clinic, virtual services, and a mobile clinic. The primary care clinic will aim to cater the unattached patient population. The team will offer preventive care, primary care, and connect patients with essential social services, ultimately improving health outcomes for the unattached population in Keswick/ Georgina. Through virtual services, this service delivery model will expand healthcare accessibility. Patients will have the convenience of receiving quality care from the comfort of their own homes. This approach is particularly advantageous for individuals facing transportation challenges or residing in underserved locations. They will be able to easily connect with healthcare professionals and receive timely care. Lastly, through a mobile clinic, this will address the healthcare needs of individuals experiencing homelessness, including those living in shelters. The mobile clinic will bring vital services directly to this vulnerable populations with unique needs, ensuring they receive timely primary care, harm reduction treatment, and access

to additional social services. By reaching out to individuals in their specific locations, we can overcome barriers such as limited mobility and lack of consistent access to traditional healthcare facilities. Overall, our EOI provides equitable access to healthcare, improves patient experiences, ensure efficient workflows, effective collaboration, and contributes to the overall health and vitality of the community.





## CONTACT INFORMATION/DESIGNATED LEAD

For QIP inquiries, please contact:

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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 on  
**March 15, 2024**

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**Dr. Gail Firestone**, Board Chair

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**Dr. Qin Yuan (Alis) Xu**, Quality Committee Chair or delegate

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**Mary Nguyen**, Executive Director/Administrative Lead

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**Peter Nguyen**, Other leadership as appropriate

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