

Let's Make Healthy
Change Happen.



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

North Muskoka
Nurse Practitioner-Led Clinic

3/22/2018

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

The North Muskoka Nurse Practitioner Led Clinic [NPLC] in Huntsville provides team-based primary care to people and families of all ages. As a community-governed, non-profit organization, the NPLC is strongly person-centred and empowers staff and clients to work together to achieve optimal health and wellness. The NPLC has four strategic pillars: Our Clients, Our Team, Our Model, and Our Community. Quality and innovation are included in all strategic priorities.

Clients of the NPLC do not have access to local primary care prior to enrollment; each now has the benefit of continuous and lifelong primary health care service by a team of providers. In our six years of operation, the NPLC has never turned away a client due to complexity and is incredibly proud that despite high client needs and clinic growth, the NPLC has maintained exceptional quality and same day access.

Successes for our 2017/18 QIP are many. We've maintained excellent satisfaction while offering client appointments on the day of choice. NPLC cancer screening rates have increased and the number of clients having at least two annual A1C readings for diabetes has increased. We have implemented medication reconciliation for complex clients and have refined data collection and analysis to understand cross sector/hospital use. The NPLC continues to work with several community organizations and providers to develop and offer programs and services, aimed at improving health and wellness.

The NPLC is exceptionally proud of the innovative and high quality care provided; we are pleased to present our plan for ongoing quality improvement.

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

Primary care is well aligned to focus on chronic disease management and reduction of illness which positively impacts hospital utilization. With an overarching goal of helping people stay healthy at home, the clinic adopted a process for medication reconciliation this year.

Focusing on effective QI and change management, our team worked together to define the issue, goal, and target population. We supported a change leader to review evidence, processes and implementation options. We worked as a small group initially to trial several choices, refining our procedure and documentation as we proceeded. After several trials, the learning and recommendations were brought to the team for spread.

For the next year, the NPLC aims to complete a cross-sector, medication reconciliation for adults over age 65 with five or more medications who have had a recent hospital discharge. The goal is to identify and correct any errors in documentation, ordering, availability or administration of medications to prevent readmission to hospital. To determine effect of the change, the clinic needed to define a process for documenting the procedure but also methods of accurately capturing the number of admitted and discharged clients to any Ontario hospital. This has been a multi-step change process, however through this work, the clinic is now in a position to understand, not only the number of reconciliations, but also the effect of this work on the clients and the health care system as a whole.

For completed medication reconciliations this year, more than 80% of clients were identified as having an error despite any recent hospital and/or home and community care reconciliation. For our primary care team, this highlights the importance of

reconciliation and the need to complete this task frequently, accurately, and regularly.

Over the next year the NPLC will continue to refine the process and further implement medication reconciliation, particularly for clients at high risk for adverse events or readmission. We will be able to concurrently and accurately track hospital admissions and discharge and compare this data to determine larger scale effect.

Resident, Patient, Client Engagement

The Quality Improvement Plan is completed with input from many sources, most importantly our clients through structured/formalized surveys, unstructured/informal verbal feedback as well as through electronic means, including website reviews, emails and social media. The NPLC also benefits from the client's perspective on the NPLC Board of Directors.

This year, paper-based quality-experience surveys were received from 11% of clients who used primary care service in 2017/18. Satisfaction in the quality of care continues to be overwhelmingly positive. Comments shared this year include:

- "I have never been so satisfied with care."
- "The care is already above AND BEYOND any expectations I may have had!"
- "Since becoming a patient at the North Muskoka Nurse Practitioner-Led Clinic my health and quality of life has improved more than I ever imagined. I really value this clinic and the staff that work there (who always show such care for my wellbeing.) Thank-you for restoring my trust in Health Care and for being such an amazing resource to the community."
- "I have had wonderful health care at North Muskoka Nurse Practitioner Clinic. Would like to make sure there are enough practitioners there so that the personal approach continues"
- "The care I receive from my NP far exceeds the care I have had from any of my previous physicians. They work with my specialists and provide excellent patient centred care. My health concerns are always a priority and if they are unsure of something, they will find out. Best decision of my many years of living with a chronic illness was to have a NP as my primary care provider."
- "I've never before received such a high level of care. Your clinic is unmatched in the services and care you provide your patients. Each and every encounter I've had with your team has been extremely positive. Thank you for all you do!!"

Collaboration and Integration

The North Muskoka NPLC fundamentally recognizes that people with the most complex needs require coordinated services and team-based care the most. As the NPLC client base continues to grow, many of the community's most vulnerable and complex individuals are now linked to our service.

Within the NPLC, clients can access a Nurse Practitioner, Registered Nurse, Social Worker, Dietician and Family Physician as needed. Close teamwork and common EHR

documenting facilitate this care. As primary care is one component in a much larger system, we continue to focus on the importance of large scale client care planning and program alignment.

This year, the North Muskoka NPLC continued to work with the Muskoka Health Link, Muskoka and Area Health System Transformation network and the North Simcoe Muskoka LHIN to connect with several local health services and community care providers. These networks are used to support client navigation and care coordination, while utilizing local opportunities for improved health and wellness.

New this year was the move towards "imbedding" a LHIN Home and Community Care Coordinator within our NPLC. Although in early phase of development, our clinic has supported this development by participating in LHIN wide planning, working with our subLHIN for review, supporting in-house change management, developing-on-the-ground connections, providing physical work space and arranging ad hoc and ongoing team based meetings for complex client review. Over the next year, the NPLC plans to continue to develop this working relationship while ensuring alignment with LHIN and subLHIN recommendations. We will explore opportunities for bilateral access to patient level electronic data to improve workflow; there may be an opportunity to align our work for Medication Reconciliation and this will also be explored.

As with prior years, the link with our local hospital (Muskoka Algonquin Health Care) has been critical in ensuring smooth transitions for complex clients from hospital to home. We continue to receive admission, discharge, and diagnostic records in real time through HRM, allowing clinicians to follow up with clients requiring support. Our completed follow up visits post hospital discharge by primary care NPs continued to increase this year; we continue to work on team-based strategies to ensure timely and appropriate follow up in the most efficient way possible.

Outside of direct client visits, the NPLC advocates for excellent health care by continuing our work with the Muskoka Mental Health Therapists' Network, North Simcoe Muskoka Self-Management Coalition, Muskoka Senior's Planning Council, Elder Abuse Network Muskoka, Cancer Care Ontario, Muskoka Breastfeeding Coalition, Association of Ontario Health Centres, Association of Ontario Social Workers, Nurse Practitioner's Association of Ontario and many other important and forward-focused committees. Each of these groups enrich our team's ability to understand the complex system that clients are navigating and the opportunities to simplifying client transitions and improve care.

We are excited to be continuing our work in facilitating positive change across Muskoka and provincially.

Engagement of Clinicians, Leadership & Staff

As a small organization free from multiple levels of management, all members of the NPLC team interact with clients on a regular basis, seeking their input regarding their needs and care plan development. All members of the team have provided input into both the analysis of quality indicators and quality improvement plan with the focus on high-quality, patient centred care. Every team member is involved daily in the provision of high-quality care to clients and the feedback from clinicians and staff guide plan development. It is this ongoing, day to day engagement and focus on quality by all team members that has contributed to our continued success and that makes the big difference to clients.

For the past several years, the NPLC has been an active participant in several local change initiatives. Through these inter-sectoral groups, the needs of our community members are better understood; opportunities for system and client level improvements are explored. Involvement has highlighted our clinic's role in high quality care provision and innovative local change. Input from these groups, particularly surrounding the importance of access to primary care has guided the ongoing work of the NPLC.

Population Health and Equity Considerations

The district of Muskoka has an overall higher proportion of low income families, a high degree of unemployed/seasonal employment, a high proportion of those requiring social assistance, and overall low health status including higher than average tobacco abuse and chronic disease burden. The permanent population of Muskoka, which is targeted and served by the clinic, is overall a complex cohort. With a central location and model that supports holistic assessments and care, a great number of the clinic clients fit the Health Links criteria for complexity, struggling to manage chronic illness in the face of challenging social determinants of health.

Perhaps most speaking to our commitment to equity is the fact that the NPLC does not screen patients or turn clients away due to complexity of their health needs. This philosophy presents a certain challenge in and of itself; many clinic clients fit the criteria for heavy system use, requiring longer and more frequent appointments. Our supply and demand must be closely monitored and new intakes have been slowed as the clinic manages care of the complex client base. The clinic must focus on quality and improved health to achieve the overall vision.

To better understand the unique needs of our client base, the NPLC received an ICES Practice Profile in 2016. Through this review, we were able to quantify what we already understood on the ground; our client base is at least 20% more complex than the average family practice. Understanding this complexity, we have worked together and with community partners to develop and run collaborative targeted programs aimed at addressing the social determinants of health. To fully support clients from all backgrounds, the clinic has developed a number of formats and strategies, including support groups, longer appointment lengths, cross sector care plan development, close working relationships with community partners, flexibility in how and where visits are offered (i.e. at home, at school), support for community programs through space sharing and joint program offering with community and social services.

Understanding the critical role that poverty plays in overall health, the clinic continued this year to work with the YMCA to offer the "Getting Ahead" poverty reduction program. In a structured 12-week format, open to any community member, the program uses open dialogue, education, grass-roots solution development, linkages, partnerships and resources to help clients move out of poverty. In addition, we offered a joint program of Mindfulness Yoga open to community members suffering from chronic pain, trauma and mood challenges. The clinic also continued to offer the very successful "Food and Mood" program, developed a "Love Your Mind" condensed Dialectal Behavioural Therapy Program, and will be locally implementing "Healthy You"; a 12-week group program focused on healthy living which will be open to all interested participants.

Access to the Right Level of Care - Addressing ALC

An ALC admission begins with a hospital admission. Primary care is well positioned to focus on access and relationship development through the lifespan, addressing and supporting networks to reduce ALC admissions over time.

To understand the NPLC impact on the hospital sector, cross-sector data analysis is required. Currently, NPs lack access to provincial reports that are available to other teams and providers. Therefore, the NPLC has been required to develop, refine and audit in-house data reviews and trends, particularly as they relate to hospital use. This year, data review was expanded to include provincial hospital information through HRM; we now feel confident that our 2017/18 hospital admission and discharge numbers accurately reflect the movement of our clients and we can use this information for our baseline to evaluate QI initiatives. We continue to work in several sectors to maximize IT opportunities for improving information and client care.

This year, despite a growing client base, the total number of ER visits for NPLC clients remained very low and did not increase. Notable is that the total number of hospital admissions that resulted from an ER visit reduced by 20% this year. This positive trend has several potential contributors and impacts; we will continue to monitor admission and discharge rates through the next fiscal year.

Opioid Prescribing for the Treatment of Pain and Opioid Use Disorder

2017/18 was the first year that our Nurse Practitioners, who are the Most Responsible Providers for clients, could independently prescribe controlled substances. Preparing for this change, the clinic implemented evidence-based policies and procedures, using HQO standards and the Canadian Guidelines for Safe and Effective Use of Opioids as guides. Following these standards, when opioids are determined to be appropriate, primary care NPs prescribe in an evidence-based manner that maximizes safety and team-based support.

With Nurse Practitioners working directly with their clients for controlled substance, several people have successfully de-prescribing opioids, a process that is slow and labour intensive. Several others have had a dose reduction. Frequent contact and longer appointments have been useful strategies in this regard.

At this time, Nurse Practitioners cannot access centralized databases for controlled substance use. This is a significant risk that requires attention; with the NPLC implementing safe practices, the collateral information the data base provides would be of great value.

In addition to in-house changes, the clinic continues to work with community service agencies, including Addiction's Outreach, Community Mental Health Association and the Ontario Addiction Treatment Centres. We offer trauma and mental health counseling on-site, aligning our services with those offered by other providers and teams. We have NPs interested in learning more about opioid antagonist therapies and we will support education in this regard over the next year. We are working with other NPLCs and the NPAO to examine opportunities to spread best practice across the province and look forward to this ongoing work in 2017/18.

Workplace Violence Prevention

Effective Sept 8, 2016, the North Muskoka NPLC adopted a revised anti-violence, harassment and sexual harassment policy to comply with the changes to Bill 168 and Bill 132. As an organization committed to building and preserving a safe, productive and healthy work environment, the clinic does not condone and will not tolerate any acts of violence, harassment, or bullying against or by any NPLC employee.

Our clinic's strategic plan includes three priority areas of focus under the pillar of "Our Team". The clinic will maintain and grow our supportive team culture, will prioritize staff wellness, and will invest in our professional development and lifelong learning. These strategic pillars support a safe and positive work environment free from violence and harassment.

Contact Information

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Other

The North Muskoka NPLC is a team of highly energized professionals with a mutual goal of providing high quality, client centred care to "Improve Health and Wellness Together". As a team, we are very proud of our accomplishments and are dedicated to continue the important work of providing high quality primary care within our community.

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 _____ (signature)
Quality Committee Chair or delegate _____ (signature)
Executive Director / Administrative Lead _____ (signature)
Other leadership as appropriate _____ (signature)