Quality Improvement Plan – Narrative
Community Health Centres of Northumberland – 2021-22

1. Overview

The Community Health Centres of Northumberland (CHCN) has been in operation since 2009, delivering primary care, diabetes education, mental health counselling, geriatric assessment services, dental care, and many health promotion and community development activities to the communities within Northumberland County. The primary target populations of CHCN include; the frail elderly, those with mental health and addictions problems, youth at risk, and those living in poverty. We believe that effective primary health care addresses the social determinants of health, including social inclusion, access to shelter, education, income and employment security, food and stable eco-systems. It encompasses primary care, illness prevention and health promotion, using community development toward building healthy public policy in supportive environments. CHCN has actively embraced the principles of Client and Family Centred Care and has dedicated the intake of new patients to those most vulnerable in the community. CHCN is an active member of the Ontario Health Team – Northumberland (OHT-N) and works closely with this new entity to identify and collaborate to improve responses to the health care needs of the community.

The COVID-19 pandemic has certainly influenced the delivery of health care services in the community and in the province of Ontario. CHCN was able to pivot its services quickly in the early months of the pandemic to offer virtual care and to find creative ways to meet the needs of the most vulnerable individuals in the community. The expansion of the Food Security Program is an example of a shift in service delivery that was quickly adapted to ensure that food, as a basic ingredient of wellbeing, was still put into the hands of those who needed it. Over the past year, CHCN has prepared over 7000 meals and provided 3076 households with food. The Diabetes Program opened a Curbside Care Model offering services for those in need of face to face diabetes care or assistance with medical devices and equipment. The CHCN responded to Public Health's requests for assistance in getting vaccines delivered and became a vaccination site for its clients and members of the community, and participated in outreach vaccination clinics for vulnerable populations. Virtual visits occurred via telephone or video conferencing with Doctors, Nurse Practitioners, Counsellors, Dietitians, and other health care professionals. All departments and services provided home visits to those individuals at high risk who were unable to attend in person at the clinic or who were unable to access virtual sessions. Throughout the pandemic the dental program has continued to see clients in need of urgent or time sensitive treatment for dental health. These are just a few examples of how, despite the pandemic, the CHCN and its staff were able to continue to provide vital healthcare services as well as programming to prevent social isolation.

2. **Describe your organizations greatest QI achievements**

The CHCN greatest QIP achievements for 2020-21 was in the area of Primary Care follow-ups after discharge from hospital. This quality improvement initiative has been undertaken over the past several years and our performance has continued to improve consistently over that time. The target set for 2020-21 was 95%, meaning that we would work towards ensuring that 95% of clients who were discharged from hospital would receive a follow-up call and subsequent visit if needed to support their success and self-management of follow up interventions and recommendations to prevent re-hospitalization. Research has demonstrated the individuals who have an opportunity to receive a follow-up with their primary care provider within 7 days of discharge are more successful in remaining stable and do not need to be readmitted within the next 30 days. CHCN is happy to report that we exceeded our target in this regard and were able to have a timely (within 7 days) follow-up with 98% of our clients who were discharged from hospital. The improvements made in our follow-up processes have become fully integrated and this is now a standard we are confident we will be able to maintain. While several of achievements over the past year (see overview section) were not formalized on our QIP, they are never the less something we are proud to report on. The implementation of virtual care options either via phone or video conferencing quickly demonstrated success in our QIP initiative to reduce the amount of time clients needed to wait to get an appointment with their primary care provider. Our goal for keeping the 3rd next available appointment at under 7 days was easily achieved and we ended the QIP 2020-21 year with the 3rd next available appointment standing at 2.5 days. This QIP indicator will remain for our upcoming 2021-22 plan as we endeavor to ensure we can sustain our target once in-person appointments begin to resume.

3. **Collaboration and Integration**

CHCN is a member of the Ontario Health Team – Northumberland (OHT-N). Members of OHT-N include a First Nation, patient and caregiver representatives, two hospitals, one community care agency, one Community Health Centre, 3 Family Health Teams, one child and youth agency, hospice and 58 of the 60 Northumberland family doctors. The OHT-N goal is to initially focus on residents who are vulnerable and living in rural areas and make in improvement in three priority initiatives:

1) Volunteer Peer Support.
2) Community Paramedicine - Remote Patient Monitoring.
3) Rural Outreach Clinics.

4. OHT-N is taking a neighbourhood community approach to improving the coordination of care across health, social and community services. While the target population is NOT limited to frail seniors, it was identified that the # of seniors 75+ living

in rural and small town Northumberland is 3950. This will be an initial focus but as the OHT-N serves scale up to maturity, it is the intention that all residents living in Northumberland County will be better served as a result of these collaborative quality initiatives. The residents utilizing these services will receive integrated care delivery. The following will be measured to indicate the success of OHT-N Initiatives over the coming months. While the pandemic delayed the implementation of the OHT-N plans, we are proud to say that things are now underway. The Rural Outreach Hub in Colborne opened its doors on April 6, 2021 and despite further setbacks by the provincial shut down which was initiated April 8, 2021, is now offering the following services Primary Care, Diabetes Education, Chiropody and Mental Health Counselling. Further services are being added as needs are identified. The Community paramedicine program has been offering services for well over a year now and the Volunteer Peer Support program is slowly but surely gaining momentum with training resuming for volunteers.

5. Client Partnering Relations

The CHCN partners with clients to design and promote its quality improvement initiatives. The Client and Family Advisory Roundtable (CFAR) meets regularly to review plans and documents, provide suggestions, drive initiatives, and help in the design of CHCN services. CHCN consults with the clients involved in programs and services to gain input on changes or opportunities for the spread of successful projects. OHT-N also has an active Client Advisory Group (Experience Partners Council) which works with the Ontario Health Team's members to decide on areas that need addressed in the community and to gain input from the lens of the service user.

6. Workplace Violence Prevention

CHCN updates its policy for Workplace Violence Prevention regularly. An updated version was rolled out in 2019 and was written by an experienced employment lawyer and was reviewed by the management team and Board of Directors. This is up for review again in 2021. Staff, clients and volunteers were all provided with opportunities for input and have received education on their roles, rights and responsibilities for reporting events related to workplace violence and its prevention. CHCN annually conducts workplace assessments to determine the risk for workplace violence (staff surveys, a review of related incidents, a review of complaints, and an environmental scan of the physical plant). There are processes in place for confidentially reporting incidents of violence as well as for investigating and responding to reports. The organization's leaders review quarterly reports of incidents and use this information to improve safety and implement workplace violence prevention activities if necessary. Staff and volunteers receive mandatory training on the prevention of workplace violence

and how to report incidents. New staff, students, and volunteers receive information on this topic at their orientation.

We had zero incidents of workplace violence in 2020 and continue to take a very proactive prevention approach. We promote a Just Culture and a safe environment. The Quality Committee which is made up of front-line staff, management representation, and clients oversees CHCN's commitment and adherence to the Canadian Standards for Psychological Wellbeing in the Workplace. New emphasis will also be placed on ensuring cultural safety, with a review of CHCN processes for creating safe and culturally appropriate space for People of Colour and Indigenous individuals.

7. Alternate level of care

CHCN has target populations which includes the frail elderly. As such many of the programs and services at CHCN are focused on this population and on keeping them well and supported in their home environments. Examples include:

- The geriatric assessment and intervention network (GAIN) which has the capacity to provide (through Home and Community Care nurses embedded inthe team), intensive case management for seniors at high risk for ALC. This in itself, is a type of ALC in the community while people are waiting for Long Term Care beds.
- The Northumberland Collaborative Primary Care Memory Clinic (PCCMC) which is partnership between CHCN and Northumberland Family Health Team, and the Alzheimer's Society provides cognitive assessments to determine current functioning. This is an activity which can lead to early interventions and monitoring of people at risk for ALC and works from a preventative perspective.
- CHCN as part of the OHT-N works to meet the needs of rural seniors by providing services at outreach sites and home visits. The paramedicine program is one of the OHT-N initiatives that helps to support seniors to live in their homes and out of hospital.

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