

## Quality Improvement Plan 2021-22

Four Quality Improvement Initiatives were identified for the 2021-22 Quality Improvement Plan. These were based on a) discussions with teams and clients, b) the Primary Health Care improvement priorities described by Health Quality Ontario, c) the Community Health Centre of Northumberland’s commitment to better understand the prevalence of health equity issues that exist within its client population, d) issues that emerged during the COVID-19 pandemic.

Quality Dimension		Previous Target	Current Performance	Current Target	Comments of QIP Indicator
<b>Timely</b>	The # of days to the 3 <sup>rd</sup> next available appointment with a fulltime primary health care provider	CB	2.5 days	<7 days	Primary Health Care Priorities identified by HQO describe timely access as a key area for improvement. Service recipients want to see their health care providers as soon as possible when they are sick and research shows that timely access improves health outcomes and reduces hospital visits that are not necessary. A standard method used in the health care system to measure the availability of appointments is the number of days to the 3 <sup>rd</sup> next available appointment. CHCN decided to use this measurement as a way to track how long clients typically wait to get an appointment with their doctor or nurse practitioner. In taking an initial baseline count, in order to set a realistic target, it was determined that on average clients are currently (as of March 31 <sup>st</sup> 2021) able to get an appointment in 2.5 days. However, prior to COVID-19 we believe this number was much longer. Contributing factors to the current success are a) the virtual appointment process which reduces physical client flow through the clinic and b) the demand for certain services has shifted. Therefore, while we are already below our set target we

					realize that things may change significantly as clients begin to return to some face to face visits. Our hope is to implement new processes which will support us to maintain an availability of less than 7 days wait to the 3 <sup>rd</sup> next available appointment.
Quality Dimension		Previous Target	Current Performance	Current Target	Comments of QIP Indicator
Safe	% of non-palliative patients newly dispensed an opioid prescribed by any provider in the health care system within a 6-	CB	2%	1%	Primary Health Care Priorities identified by HQO describe safe opioid prescribing practices as a key area for improvement. Research shows that a reduction in new prescriptions for opioids in non-palliative patients has a significant role to play in the reduction in opioid dependency and pain reduction outcomes over the long-term. The current Ontario rate for new opioid prescriptions is 8.7%. CHCN prescribers are well below this average but still feel there are improvement and reductions that can be made in order to support their clients to understand the risks and find safer pain management strategies to fit their needs. We have therefore set a target of 1%.

	month reporting period.				
<b>Quality Dimension</b>		<b>Previous Target</b>	<b>Current Performance</b>	<b>Current Target</b>	<b>Comments of QIP Indicator</b>

<b>Equitable Health Care</b>	% of clients where an identified issue of poverty has been addressed	CB	7%	12%	<p>In our last QIP we worked to increase the number of providers documenting on their interventions to assist clients facing poverty. This could include prescribing alternative medications that are covered by health plans, making referrals to free or reduced cost services, supporting client to obtain food or transportation, doing outreach at areas closer to client's homes, etc. Understanding the issues that create barriers to equitable health care is a key priority for the CHCN. In this regard our next step in our quality improvement plan to better understand and address these issues is to now begin to screen for and address this issue more regularly. The Ontario data on poverty states that 12% of adults living in Ontario live in poverty. Since the CHCN targets this population for the delivery of its services we feel it is safe to assume that at least 12% of our clients face poverty issues. Currently only 7% have this as a documented issue in their health record. Our aim is increase the number of clients for whom we have asked about this issue and addressed it as much as possible in relation to their care. We have set a target of 12% based on our assumptions stated above. The statistics we gather may be well beyond that as we begin to track and understand more about who we are serving. This data can be used to advocate for health equity support.</p>
<b>Quality Dimension</b>		<b>Previous Target</b>	<b>Current Performance</b>	<b>Current Target</b>	<b>Comments of QIP Indicator</b>

Effective	% of clients for whom we have an email address	CB	27%	50%	<p>During the pandemic it became very clear that communication with clients outside of face to face encounters in the clinic is a key factor in supporting them to gain access to health care in the current environment. This includes changes in services, available resources, knowledge on how to contact us, and information on COVID-19 related issues, assessments, and vaccine availability, and on our Safety and Quality Improvement activities. Prior to COVID -19 we had very few email addresses for our clients and so were unable to communicate with them electronically. In this new virtual and digital era it became very evident that a major quality improvement task needed at this time is the collection of this demographic information in order to enable another avenue for improved communications. In running current data we note that we have email addresses for 27% of the clients who have accessed services at the CHCN. We would like to improve this over the next year to reach a target of at least 50%.</p>
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