

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 21, 2023

OVERVIEW

The Beamsville Medical Centre Family Health Team (BMCFHT) is dedicated to providing exceptional, interdisciplinary, well-rounded care and is committed to collaborating with other services and organizations to better serve our patients and community. Our team is constantly striving to improve and grow as a team.

Despite the unprecedented challenges presented by the pandemic, we have continued to be guided by outstanding patient and provider experience, health system integration, and organizational capacity and performance, over the last 3 years. The BMCFHT's collaborative response to the pandemic strengthened our organization's community partnerships and established a collective voice for primary care within our organization.

The onset of the COVID-19 pandemic necessitated a rapid shift to new ways of providing safe, effective care for the BMCFHT's patients, and some of those changes are here to stay. Our main concern continues to be the safety and well-being of our patients and staff.

A priority this past year was the BMCFHT's commitment to participate as a community partner in the Greater Hamilton Health Network (GHHN). The BMCFHT continues to focus on strengthening relationships with the GHHN primary care community, social agencies, hospitals, and public health in an effort to expand programming to rostered and non-rostered BMCFHT patients.

Another priority included the continued expansion of digital health projects such as online booking, secure messaging, dictation services, and other tools embedded in the electronic medical record

to bring more efficient and effective care to patients and improved work-life balance for clinicians. This was achieved this past year through our community partnership with GHHN.

The implementation of the green initiative program at the clinic has been a tremendous success, not only for our staff but for the patients as well.

In collaboration with McMaster and other universities, we continue to have residents, medical students, and nurse practitioner students learning and providing care to our patients. Our allied health professionals include social workers, a dietitian, a diabetic educator, a pharmacist, a hypertension nurse, a chiropractor, and a nurse practitioner who have continued to collaborate to serve the needs of our patients both in-person and virtually.

Our Quality Improvement Plan (QIP) continues to help us achieve our mission and realize our vision as we focus on supporting the province's Quality Agenda including improved access through measuring supply and demand, measuring our client's experience concerning getting service the same day or next day, as well as obtaining client feedback on access.

Client experience guides our service delivery and program development. To this end, client experience and service responsiveness will continue to be monitored and reviewed using client feedback. Lastly, quality is one of our overarching strategic priorities. Related objectives and indicators are closely monitored by both our Administrative Staff and the Board of Directors.

Our Family Health Team continues to provide high-level integration

and continuity of care to our patient population. All physicians fully participate in hospital care and are the responsible physician for our patients (when admitted to our local hospital, the West Lincoln Memorial Hospital). We thus provide ongoing care and follow-up when our patients are admitted to the hospital and discharged, often doing house calls once discharged from the hospital (if required).

The BMCFHT quality initiatives focusing on health promotion/prevention continue to make positive strides. For example, the BMCFHT's Research Assistant monitors monthly data regarding individuals eligible, but yet to receive, preventative cancer screening. The Research Assistant then uses those lists to offer screening thereby increasing screening rates. This has proven to be very effective and is complemented by performance results of 82.8% of female patients aged 23-69 years who had a pap test within the previous three years (EMR data April 2021-March 2022). Early data collected for April 1, 2022, to March 31, 2023, from the EMR, suggests that 82.9% of patients eligible are up to date with screening.

The BMCFHT looks forward to continuing to grow and develop, and we are grateful to have support and guidance from Health Quality Ontario on our quality journey.

PATIENT/CLIENT/RESIDENT ENGAGEMENT AND PARTNERING

The BMCFHT continues to develop quality programs and services in-person and virtually that are responsive to the changing needs of our patients and community. Patient engagement is essential to these outcomes.

The BMCFHT has been conducting client engagement surveys since we began providing services in 2006. Valuable client feedback has helped guide our programs and services design and delivery. This information is shared with the patients, staff, and our Board of Directors.

The Board of Directors (the 9 physicians) are given their personal performance measures every 3 months where they are compared to other physicians at the Family Health Team (FHT) as well as provincial and national averages for certain metrics. Making them aware of their performance allows for ongoing improvement. They are made aware of how our FHT measures up to other primary care groups for certain benchmarks where available (percentage of patients seen within 7 days of hospital discharge to name one).

The BMCFHT is fully computerized which enhances the quality of care we can provide our patients. Every 3 months, searches are run to evaluate how our FHT is doing in certain conditions (diabetes, hypertension) and we compare our statistics to provincial/national averages to see what areas we can improve in.

Our Allied Health Professionals (AHP) delivered four (4) community workshops at the local community centre, which was a tremendous success, and we anticipate increasing them to six (6) over the next fiscal year. Our AHP team continued with the STOP program for smoking cessation, nutrition challenges, cholesterol & diabetic education, walk across Canada, as well as the hypertension management program.

Our mental health social workers continued to collaborate with

other mental health workers in the community and have begun to set up quarterly in-person meetings, monthly impromptu groups, and chats to better support one another and allow for more continuity of care within the mental health realm in Niagara. The mental health and addictions support one-time funding made it possible to provide resources, learning tools, strategies, and greater access to mental health & addiction services within our clinic and community. We look forward to this continued support and collaboration going forward.

Finally, we feel transparency in our organization shows our commitment to quality improvement. To see our statistics, please visit <http://www.beamsvillefht.com/information-2/clinic-statistics>.

PROVIDER EXPERIENCE

The BMCFHT continued to evolve with policies and procedures in the clinic for staff and patients as per public health guidelines. While virtual care became a key tool for our Physicians, Nurse Practitioners, & Allied Health Professionals, in-person patient care continued throughout the pandemic. Patients were encouraged to book in-person appointments, although we continued to offer virtual visits (online or by phone). The staff returned to the clinic but the BMCFHT continued to offer a hybrid model of working from home and in the clinic when required.

In the clinic, COVID-19 policies continue to be in place. Staff self-screening is still being completed upon arrival at our clinic. Cleaning procedures are also followed according to public health and MOH guidelines. Masks continue to be mandatory for all staff and patients entering the clinic, along with asking screening questions for each patient/person entering the clinic. We have increased the

waiting area capacity.

The clinic continues to be divided into two levels. The upper level is for wellness visits and the lower level is for illness visits. The BMCFHT continues to use this safe method of health care delivery presently. All necessary precautions were and are taken (including but not limited to appropriate personal protective equipment worn) to ensure ongoing patient care while protecting staff and vulnerable patients. Level 1 "the wellness clinic" was and is used for well-baby, prenatal, injection clinic, preventative care visits, and lab appointments for patients who were and are screened negative. Level 2 "illness clinic" was and is used for any patient requiring an assessment to rule out any disease including COVID-19. COVID-19 Swabbing was and is done on this level if deemed necessary by the physician or nurse practitioner.

The BMCFHT continues to offer vaccine and flu clinics to all patients. Our Family Health Team continues to provide high-level integration and continuity of care to our patient population. All physicians fully participate in hospital care and are the responsible physician for our patients (when admitted to our local hospital, the West Lincoln Memorial Hospital). We thus provide ongoing care and follow-up when our patients are admitted to the hospital and discharged, often doing house calls once discharged from the hospital (if required).

The BMCFHT has maintained high-quality patient care and has delivered it in a safe manner. This is demonstrated by our achieving our highest percentages for cancer screening (breast, cervical & colon cancer) compared to other years, despite the pandemic.

Over the course of the year, our practitioners have continued to work collaboratively to deliver the highest quality of care to our patients and community.

WORKPLACE VIOLENCE PREVENTION

The BMCFHT has a clear goal - violence and harassment are not part of the job at our FHT. We have put several strategies in place to work towards this outcome.

The BMCFHT's Human Resource policies have been reviewed and revised to incorporate/strengthen policies/procedures and practices related to workplace violence and harassment.

The Workplace Violence Prevention policy is reviewed annually focusing on new harassment and workplace violence legislation. We have equipped our staff with panic buttons and educated them in appropriate use.

Education on policies regarding abusive or violent patient encounters are reviewed with staff annually.

The BMCFHT's Joint Health and Safety Committee meets quarterly to ensure policies are being enforced and safety policies are followed. The Committee also reviews incident reports regularly looking for trends and potential areas of risk and improvement.

Other safety precautions at the BMCFHT include training when working with hazardous materials (WHMIS training). MDS fact sheets on these materials are in 2 areas in the clinic for easy access to all practitioners who handle these products routinely. We annually practice emergency fire drills at the annual meeting and staff are reminded that the Policy and Procedure Manual outlines

instructions to follow for each staff area/person.

All of the policies generated in the office are reviewed by the Board of Directors and signed off by them. The Executive Director and Lead Physician are responsible for updating any policies and presenting them to the Board as well as making sure all employees review and sign off on all the policies on a yearly basis.

PATIENT SAFETY

The Beamsville Medical Centre Family Health Team is constantly implementing quality and safety initiatives to improve the patient experience. We continually monitor our services to provide our communities with access to safe, quality care in a patient and family-focused environment.

The physicians of the BMCFHT continue to receive primary care practice reports which outline opioid prescribing habits compared to other physicians in our LHIN and the province. Physicians are encouraged to review these reports and consider reducing opioid prescriptions based on the reports. Patients are often screened at the time of prescription renewal and only dispensed through in-person appointments. Patients are often referred to consider non-narcotic treatment for chronic pain including referral to pain clinics for nerve blocks. Physicians continue to follow the 2017 Canadian Guideline for Opioids for Chronic Non-Cancer Pain.

To further support patient safety, we are introducing a new indicator, 'what percentage of the FHT's non-palliative patients have had at least one high-dose opioid >90 Morphine Equivalents (MEQ) daily within the last 6 months?' The physicians will receive quarterly primary care practice (PCP) reports, to help improve our percentage by collecting baseline numbers. MEQ will be noted in patient charts to remind physicians if the MEQ is greater than >90. Our goal is to use this data to help reduce the number of patients with an MEQ > 90 and match the LHIN's average of 0.7. It will take approximately two years to see if we have achieved our target, as PCP reports are one year behind.

HEALTH EQUITY

Equitable access to care is core to the BMCFHT's mission and mandate. All of BMCFHT services incorporate a focus on removing service barriers. We do this in multiple ways, having same-day appointments for individuals who have difficulty booking appointments, having a French-speaking physician on staff who helps provide services for non-English speaking clients, providing home visits when needed, ensuring timely access to care including offering groups when appropriate to enhance access and ensuring individuals get the support they require as soon as possible.

Family Health Teams (FHT) believe there is a fundamental link between Health Equity and the availability of health promotion and community capacity-building initiatives to address gaps where health equity is compromised.

One of the FHT's core functions is identifying areas where health equity is compromised and developing corresponding health promotion and community capacity-building initiatives to help minimize/eliminate identified gaps.

In light of this, the BMCFHT is introducing a new quality indicator this year to further support health equity, "Percentage of screening eligible trans patients up-to-date with Papanicolaou (Pap) test". Physicians will be encouraged to ensure that trans patients aged 21-69 who require cervical cancer screening are up to date with this metric.

The BMCFHT physicians continue to provide services to local migrant agricultural workers that are not associated with our FHT. Migrant agricultural workers can experience many issues related to chronic and infectious diseases, mental health, and occupational

and environmental health. The BMCFHT collaboratively works with Quest Community Health Centre to help service migrant farm workers on Thursday evenings at St Alban's Anglican Church in Lincoln. Having evening appointments allows this patient population to access primary health care that otherwise wouldn't be available.

CONTACT INFORMATION

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OTHER

The Beamsville Medical Centre FHT provides quality care and diversified care through the collective abilities of all its physicians, nurses, the allied health professionals, and staff.

Thank you for this opportunity to both reflect and report on our progress over the past year as well as share information regarding our plans for the future.

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 21, 2023**

Bernhard Volz, Board Chair

Bernhard Volz, Quality Committee Chair or delegate

Trudy Schroeder, Executive Director/Administrative Lead

Bernhard Volz, Other leadership as appropriate
