



*Thames Valley*  
**Family Health Team**

# **Quality Improvement Leadership Team: Giving a Voice to Everyone**

AFHTO Conference 2015

Thames Valley Family Health Team

Natalie Clark (Program Administrator)

Jill Strong (QIDSS)

October 28<sup>th</sup>, 2015

# Presenter Disclosure

- Presenters:
  - Natalie Clark, Program Administrator
  - Jill Strong, QIDSS
- Relationship with commercial interest:
  - None



# Who is in the Audience?

- Board Members
- Executive Directors
- Managers
- Staff Members

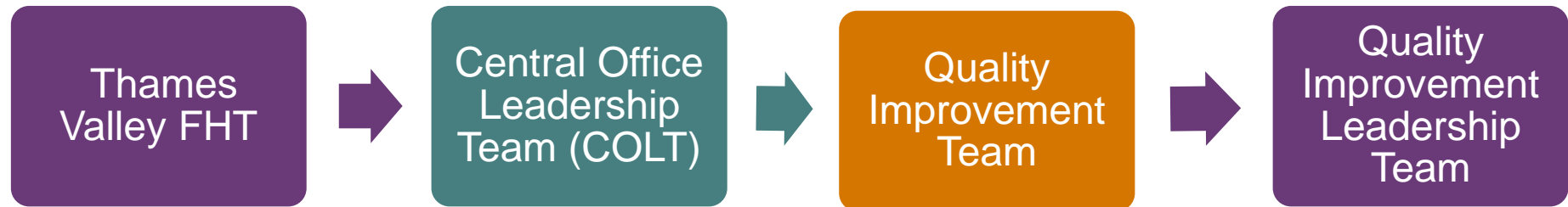


# Objectives

- Describe the implementation process of QuILT
- Discover the benefits of bringing together a passionate group of individuals whose main objective is to improve the quality of care for patients
- Learn why TVFHT believes that this group is integral to its operations
- Share our early successes and accomplishments



# Outline

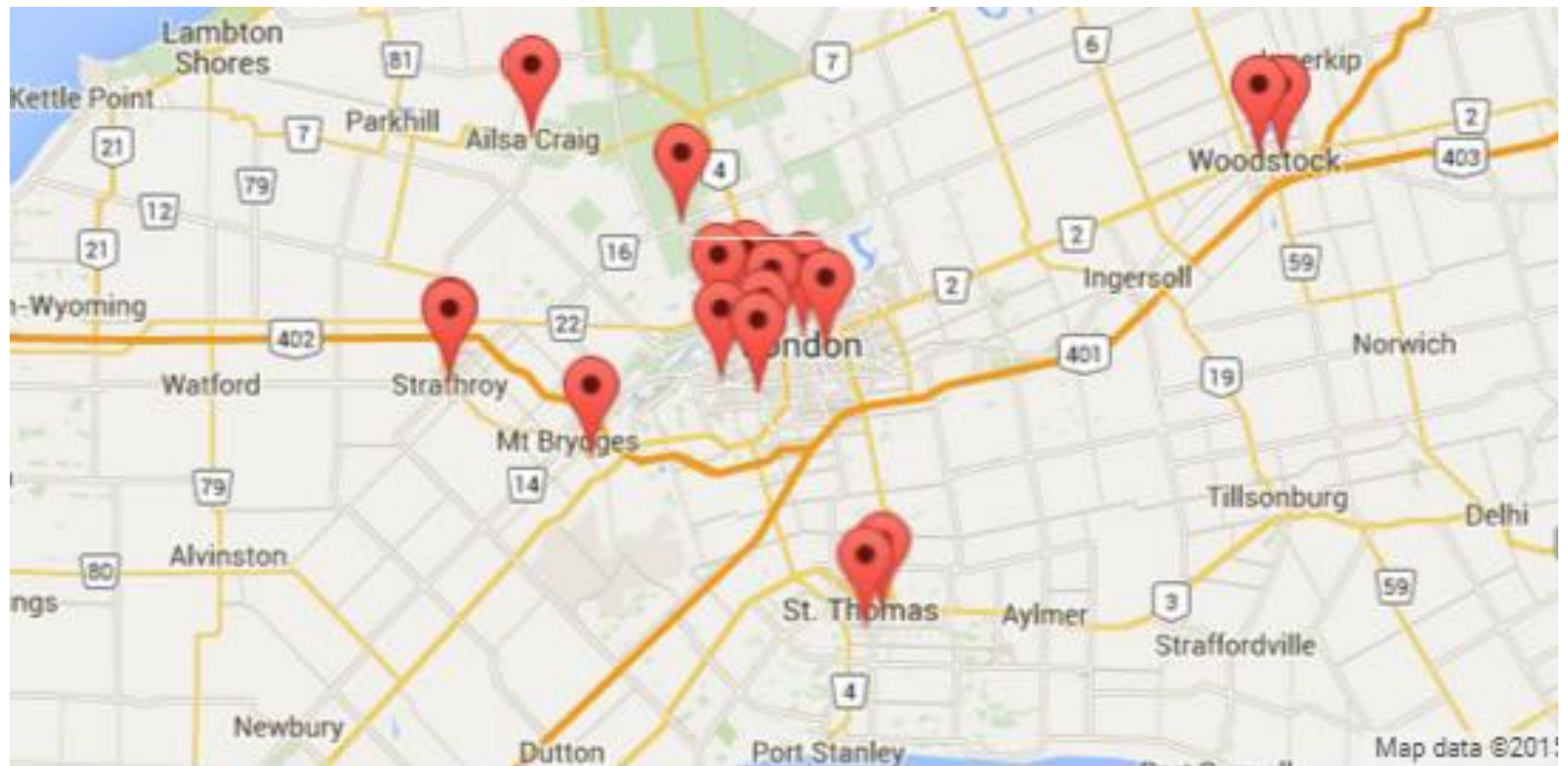


# Thames Valley FHT

- One of the largest FHTs in Ontario.
- More than 110 physicians
- 18 sites
- Over 120 Staff Members
- Over 155,000 patients.

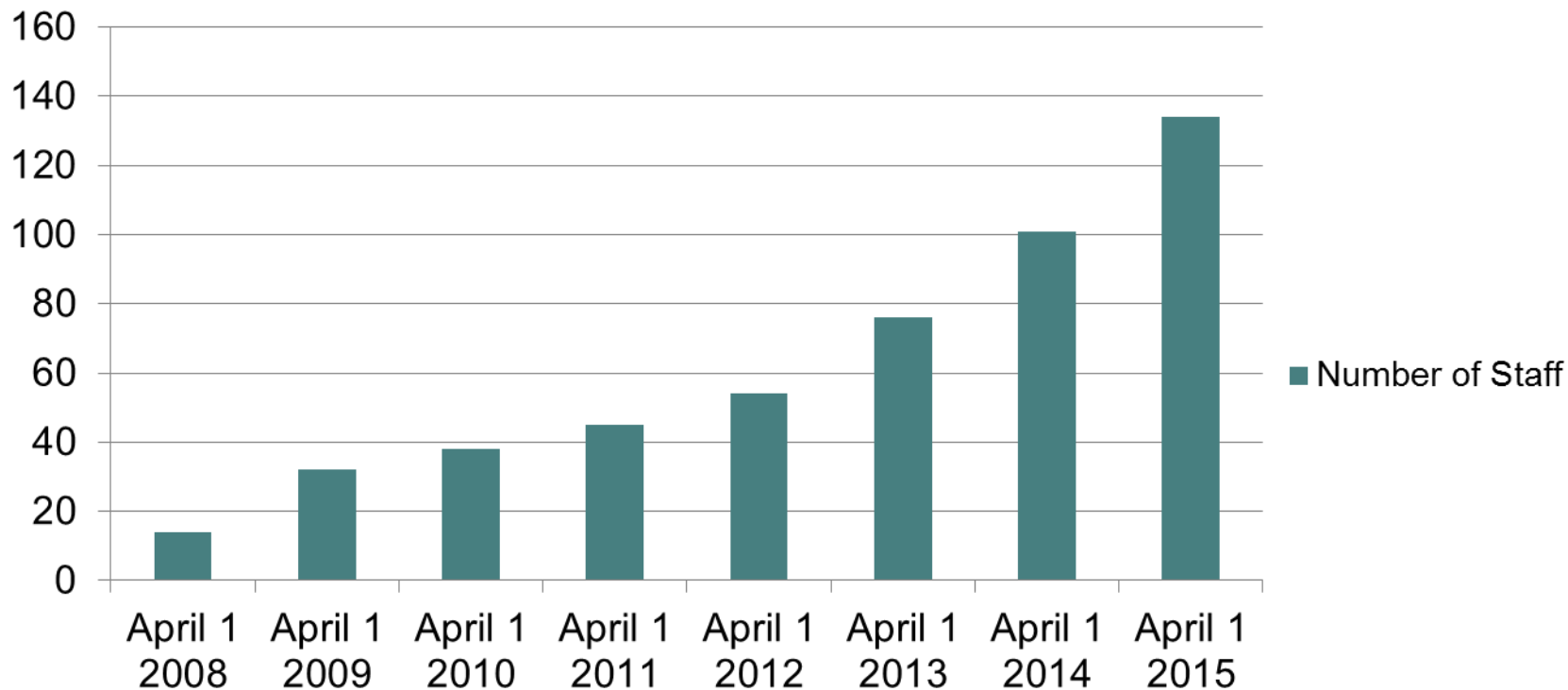


# Our Geographical Area



# Organizational Background

## Overview of Staff Numbers





# COLT- What is it?

- *Consists of:*
  - Direction of Operations and Quality
  - Organizational Effectiveness Lead
  - Site Coordinators
  - Professional Practice Leaders
- *How it works?*
  - Meet once per month
  - Provides feedback/recommendations on FHT-wide operational issues
  - Assists in the implementation of FHT-wide initiatives



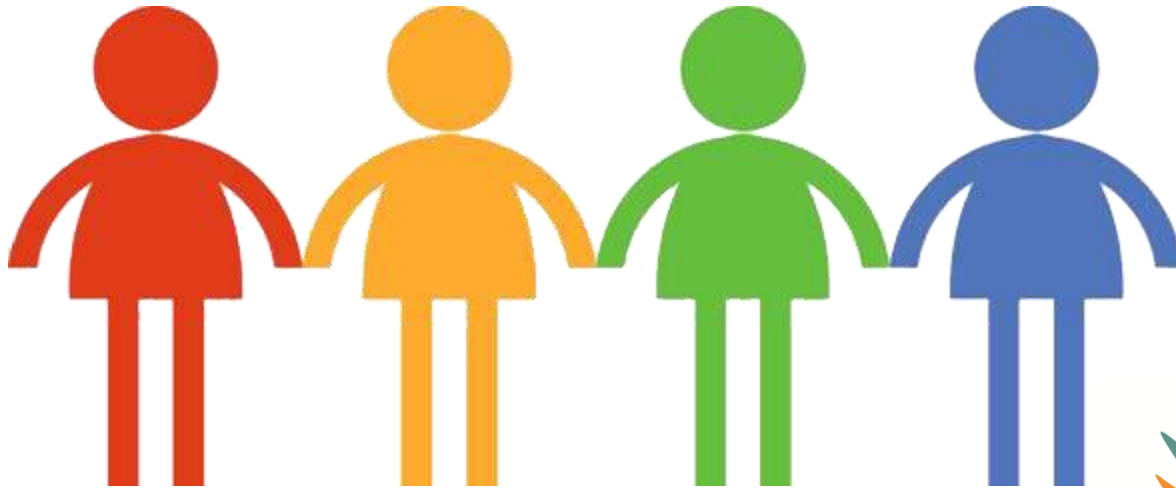
# COLT- What's Missing

- Direction and ideas only come from individuals in supervisory roles
- Input from front-line staff
- Lack of communication to broader organization



# QI Team

Thames Valley's Quality Improvement Team works with physicians and staff throughout our organization to improve our processes, meet needs, and ultimately provide improved quality patient care.



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## *The Quality Improvement Team includes:*

- Director, Operations & Quality
- Administrative Assistant
- Quality Improvement Decision Support Specialist
- Program Administrator
- Data Analyst



# QI Team Gaps...

- Centralized focus
- Lack of input from IHP's, physicians, patients
- Disconnect between QI Team and sites



# Quality Improvement Leadership Team

- So what exactly is QuILT?
- Who is involved?
- Gaps filled
- Accomplishments
- Year one goals



# QuILT: What is it?

- *Purpose:*
  - Work to better understand responsibilities to the MOHLTC and HQO
  - Create plans and processes to meet responsibilities
  - Reporting to the organization as a whole, as well as the Board
- *How it differs from COLT?*
  - Minimal representation from management
  - Front-line staff representation
  - Ideas are brought to the committee by the broader organization



# How it Works?

- Quarterly meetings
- Set goals, both short- and long-term
- Define frameworks for achieving goals
- Allocate work
- Set deadlines
- Use action plan to monitor the process of work
- Collaboration between meetings as necessary





# Membership

- Expression of interest invitation
- Includes one representative from each of the organization's interdisciplinary team
  - Physician Lead, QIDSS, Director, Program Admin, Site Coordinator, RD, Pharmacist, NP, RN, SW, OT/RT, and Team Assistant



# Gaps Filled

- Hearing the voice of front-line staff and their colleagues
- Communication to broader organization through networking meetings



# Accomplishments

- Approved 'Terms of Reference'
- Establish purpose of QuILT
- Set year one goals
- Acquired representation from all IHP disciplines



# Goals for Year One

- Develop User Guides for each EMR
- Establish program committees to standardize outcome measures
- Standardize tools and targets for related programs and committees
- Data standardization: clean up and design 'limitations' in EMR systems
- Gain/include input from patient population



# What Our Members Have to Say!



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# Questions?

