

Ministère de la Santé et des Soins de longue durée



Assistant Deputy Minister Negotiations and Accountability Management Division

Sous-ministre adjointe Division des négociations et de la gestion de la responsabilisation

OCMS #3968IT-2013-497

5th Floor, Hepburn Block Queen's Park Toronto ON M7A 1R3 Édifice Hepburn, 5° étage Queen's Park Toronto ON M7A 1R3

Telephone: 416 212-7012 Facsimile: 416 327-5186

Téléphone: 416 212-7012 Télécopieur: 416 327-5186

MAY 0 1 2013

Memorandum To:

Ontario's Family Health Teams, Community Health Centres, Aboriginal Health Access Centres, and Nurse Practitioner-Led Clinics

From:

Susan Fitzpatrick

Assistant Deputy Minister

Negotiations & Accountability Management Division

Ministry of Health & Long-Term Care

RE:

Primary care Quality Improvement Plans: Off to a great start

Ontario's Action Plan for Health Care highlights a focus on quality in primary care. An essential element of Ontario's health care transformation agenda is the introduction of Quality Improvement Plans (QIPs) to the primary health care sector. The QIPs are an opportunity for organizations to express their commitment to a health care system that is patient/client-centred, focused on accountability, and committed to improving the quality of care Ontarians receive. We are very happy to announce that Ontario's Family Health Teams (FHTs), Community Health Centres (CHCs), Aboriginal Health Access Centres (AHACs), and Nurse Practitioner-Led Clinics (NPLCs) have now developed QIPs and have submitted them to Health Quality Ontario (HQO).

A first glance at the QIPs indicates a high degree of engagement and an impressive focus on access, integration and patient experience. We are excited by the way QIPs have been integrated into the existing strategic plans and mission/vision/values of the primary care organizations, and the evident involvement of not just clinical and administrative leadership, but also of the boards that govern these organizations.

We are also very encouraged to see how many primary care organizations have committed to working with their partners in other sectors, using the LHIN as a strong communication vehicle, to improve transitions of care for patients as they travel through the health system.

"The [QIP] initiates a dialogue with key health care partners... to improve the outcomes of all patients, with particular attention on the target population as identified in the HealthLinks collaborative Business Plan. The QIP also aligns with the FHT's new Strategic Plan, which places the patient as a key pillar or center for providing excellence in care and service delivery"

"The quality improvement goal... is focused on patient continuity of care between the hospital and CHC sectors. We have already had initial discussions with the other CHCs in South West LHIN with the LHIN at the table. We have agreed to work together over the coming year to start discussions with our hospital partners in the LHIN."

- excerpt from a FHT's QIP

- excerpt from a CHC's QIP

The sector-wide focus on patient/client-centred care is also evident in the QIPs, as is a general commitment and value for standardized data. We have seen a number of organizations who plan to revise existing surveys or are committed to implementing surveys for the first time, using questions that match the standardized questions provided in the guidance materials. The dedication from the participating organizations in supporting standardized ways of gathering information has been tremendous.

"Clients, non-clients and community service providers will be surveyed to measure knowledge of and satisfaction with services, and identify areas for improvement. Guidance will also be sought from Elders to ensure the organization is respectful of the Anishnawbe culture in its operations and delivery of services"

- excerpt from an AHAC's QIP

As implementation of the QIPs matures, the importance of gathering and using data will become increasingly important. Many organizations have already obtained access to the Health Data Branch Portal to support the development of their QIPs. However, we understand that several FHTs and other groups with rostered patients have not yet accessed the site. It is not too late to access this data, as it will help with future planning and implementation of QIPs going forward. Please visit https://hsimi.on.ca/hdbportal/user/register to create an account for your organization. For CHCs, AHACs and NPLCs who are members of the Association of Ontario Health Centre (AOHC) much of this data will be provided in the ICES Practice Profile. These groups should contact their RDSS for more information.

We acknowledge the **tight timelines** and relatively small window of time that was provided to develop the QIPs, and are **extremely impressed by the quality** of the plans that have been submitted.

"We are in the preliminary stages of developing the very first QIP for our organization, so we understand that this attempt may not be the most robust, comprehensive plan you will encounter, however it got the ball rolling. It got the team thinking strategically, emphasizing the importance of having a plan in place..."

"In achieving the outcomes and indicators for both our strategic and quality improvement plans-our role and value within the evolving health care system is enhanced."

- excerpt from an NPLC's QIP

- excerpt from a FHT's QIP

In parallel, a governance training program has been provided to the boards of these primary care organizations. The demand for this program has been tremendous, and is a testament to the degree of enthusiasm for this quality program.

Next steps:

HQO will be reviewing the QIPs and developing a high-level summary report that will support primary care organizations in implementing the QIP.

This has been a collaborative effort and we want to thank all of the primary care organizations, associations and agencies that have been part of this exciting step forward, continuing to improve the care of patients in Ontario. The development and submission of QIPs was the first step of an ongoing quality journey. Now that a plan has been developed, organizations can focus on implementation and tracking performance. For example, identifying a reporting lead, ongoing tracking of performance, regular meetings with the board (and quality committee), and feedback from HQO can all support effective implementation of the QIPs. We look forward to following the progress of this initiative as it moves forward.

I want to thank you all for your ongoing commitment to quality and look forward to our continued collaboration.

Sincerely,

Susan Fitzpatrick

Assistant Deputy Minister

Negotiations and Accountability Management Division

Encl.

c: Melissa Farrell, Director, Primary Health Care Branch Miin Alikhan, Director, Health Quality Branch David Clarke, Director, Negotiations Branch