

QUEEN SQUARE FHT – COMMON PLANNING APPROACH

Quick Facts:

- Established 2011
- Brampton, ON
- 2 neighbouring sites
- 1 FHO – 17 MDs
- 3 RNs, 4 NPs, 10 IHPs
- Physician-led Board
- 31,000 rostered patients

Supporting Documents:

[Accountability Management System, Sample](#)

[Policy: Relationships of the Family Health Organization to the Family Health Team](#)

Homepage:

<http://www.queensquarefht.ca>

Summary

Queen Square Family Health Team (QSFHT) believes in sound organizational structure and communication through the use of medical directives, policies, and procedures to support physicians and IHPs in their respective roles. New documents are created through a common planning approach. When expectations and accountabilities are clearly outlined, all clinicians understand their roles and are empowered to act with confidence. Consistency of practice creates trust; trust drives collaboration.

Background

QSFHT is a suburban FHT in Brampton that was established in 2011. It provides primary health care to local residents through a patient roster of 31,000 patients. Care is delivered through 17 physicians, 4 RNs, 3 NPs and 10 IHPs supported by administrative staff. The FHT has a physician-led Board comprised of a selection of seven FHO members.

QSFHT occupies two neighbouring sites separated by a shared parking lot. One site houses all the physicians and the second the FHT clinical staff and administration. Clinical staff and support rotate between locations to avoid siloing between sites. The FHO has maintained its own administrative staff and accounting. There is a cost sharing policy in place to govern shared resources between the FHO/FHT, including an IT system.

Motivation for Change

QSFHT was established in January 2011, but did not begin providing services until September. This presented a window of opportunity to draft and implement founding policies and procedures at inception without the challenge of going against entrenched organization cultural norms. As the FHT grew, the management was able to make iterative changes to fine tune the structure. Leadership believed that creating an environment where staff practiced in a predictable and agreed manner would reinforce fulsome collaboration between the FHT and physicians, and actively made policies to drive this.

The Process

Common Planning Approach

QSFHT has developed a common planning approach supported by a program planning tool, the Accountability Management System, which serves as a template framework to guide the development process of medical directives, programs, procedures, etc, and create standardization across documentation. QSFHT's aim was to create a framework that outlines the structure and process regardless of the task at hand. The Accountability Management System is a web-based tool which incorporates common themes of Goals, Services, Objectives, Outcomes and Indicators. It simplifies and clarifies the development process and reduces the barrier to address gaps in a timely manner, as they are identified. The Accountability Management System is an enabler for collaborative work, so that the different providers are clear on program plans, and there is a common language/reference to facilitate the collaboration.

“The founding concept of our tool is that accountability starts with proper planning and becomes evident through reporting results. This approach encompasses a planning perspective where the rationale is vetted (the WHY) before the details are put together (the HOW), and a planning document is developed to show how the two connect.”

– Heba Sadek, FHT Executive Director

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Program Leadership

To further support efficient development of programs and directives, each program has a Physician Champion and an IHP Lead who are responsible as content experts, to gather input and feedback from their colleagues when drafting new directives/policies/procedures, and submission to the Lead Physician. Once the Physician Champion, IHP Lead and Lead Physician agree that a document is ready, it is brought before the Board.

Success Factors

Medical Directives

Medical directives are important grounding documents for teamwork. Once approved by the Board, the Lead Physician signs, acknowledging the IHPs' scope of practice on behalf of their FHO. Further, each physician signs off on each medical directive.

Program Championing

The ongoing role of the Physician Champion and IHP lead for each clinical program is to ensure that the services delivered are aligned with best practice and meet patients' and physicians' needs. They also promote the program services to colleagues and keep the program content up-to-date and relevant.

Unified Operations

QSFHT believes in that despite being two entities (FHO and FHT), they will act as one team. This is rooted in their organizational value of "effective collaboration and integration" and is reinforced by working under one shared logo and managing a unified outward appearance and operation for clients. Modeling this unified appearance outwards brings it closer to reality internally, as it passively erodes the mentality of 'us and them' towards 'we'.

The Challenges

Board Representation

The original Board included all physicians in the FHO, but they soon learned that not all FHO members shared the interest of being involved in the governance of the FHT. At 17 members, the Board became cumbersome and meeting quorum became a challenge. The Board addressed this by reducing their numbers down to the seven physicians with the keenest interest in participating at the Board level. This has streamlined decision-making and freed the Board to be more lean and agile.

The Benefits

Culture at QSFHT is built on the foundation of structure. Through their planning and framework development approach and the generation grounding documents of practice, QSFHT's aims to achieve the following:

- / Focus project planning energy on obtaining evidence to build the plan
- / Evidence-based products - program/ policy/ medical directive – where the evidence has been vetted and is the foundation of the final product
- / Reference documents that the various disciplines will understand
- / Creation of organizational memory for continuous improvement and succession planning
- / Monitoring, evaluation and measurement of initiative objectives
- / Clear roles, tasks and boundaries
- / Staff performing to full scope of practice
- / Consistency of practice, creating greater trust
- / Effective collaboration and integration of staff and resources
- / Proactive alignment of program services with best practice