

Let's Make Healthy  
Change Happen.



## Quality Improvement Plan (QIP) Narrative for Health Care Organizations in Ontario



Anishinabek Family Care

4/20/2016

This document is intended to provide health care organizations in Ontario with guidance as to how they can develop a Quality Improvement Plan. While much effort and care has gone into preparing this document, this document should not be relied on as legal advice and organizations should consult with their legal, governance and other relevant advisors as appropriate in preparing their quality improvement plans. Furthermore, organizations are free to design their own public quality improvement plans using alternative formats and contents, provided that they submit a version of their quality improvement plan to Health Quality Ontario (if required) in the format described herein.

[ontario.ca/excellentcare](http://ontario.ca/excellentcare)

## Overview

The Dilico Family Health Team promotes healing and well-being of the Anishinabek people using an integrated holistic approach in a way that honours values, culture and traditions. The FHT works closely with all Dilico Anishinabek Family Care Services including Child Welfare, Health, and Mental Health & Addictions by providing primary care and mental health services to clients.

With a full compliment of primary care providers the Dilico FHT will continue to actively recruit new patients with a goal of reaching a total roster size of 3,800 patients by the end of fiscal 2016/2017. The FHT will continue to evaluate staff requirements, clinic programs and initiatives and revise as necessary to meet the changing needs of our patient population. The FHT will apply for ARI through this years Annual Budget Submission for added fiscal flexibility in order to focus on disease prevention and health promotion while collaborating with local and regional health care partners.

## QI Achievements From the Past Year

The Dilico FHT has been able to achieve a number of goals in the past year. Some goals which were achieved from the 2015/2016 QIP are as follows:

One goal as outlined previously has been to increase access to primary care by recruiting a full compliment of staff. Faced with various recruitment challenges in the past, the Dilico FHT has recently been able to recruit a full compliment of staff. By doing so the FHT has also been able to re-open the new-patient application process, allowing individuals who are unattached to a primary care provider an opportunity to apply to be a new patient of the group.

One mutual goal between Dilico Anishinabek Family Care and the Dilico FHT was to increase access to care for all clients, particularly those who are faced with challenges travelling to our Main Location on Fort William First Nation. Access to the First Nation is limited to highway only due to a bridge closure in October of 2013. As a means of increasing access to primary care services the FHT has been provided with viable clinic space at an Agency operated in-city location. This has provided patients who are faced with challenges travelling to the First Nation equal access to care.

The FHT has been able to successfully implement a new EMR. Transitioning from P&P Data Systems to Telus Practice Solutions posed some challenges, however the FHT has had an opportunity to work closely with an in-house EMR Specialist who has been able to provide technical support to users. Data extraction continues to be a challenge - however our QIDSS has been able to provide support and useful tools which are currently being piloted in conjunction with other statistical tracking methods. Custom Forms implementation has been a beneficial tool for tracking stats which can be modified annually as Ministry Indicators change. The FHT has also been able to synchronize with various labs systems which has allowed for efficient interpretation of lab results and timely follow-up, if required.

## Integration & Continuity of Care

The Dilico FHT has partnered with a number of in-house Dilico Anishinabek Family Care Services which include Child Welfare, Health and Mental Health & Addictions. The FHT provides primary and acute/episodic care to a number of children who are in care with the Agency, as well as primary and acute/episodic care to clients of our Mental Health & Addictions programs. The FHT also facilitates urgent and time sensitive appointments for children who are involved in child welfare

investigations. The FHT serves as the primary care provider for a number of patients who access other Dilico Health Services which include Community and Personal Support, Home and Community Care along with clients of the Dilico Diabetes Education and Chronic Disease Management Program.

The FHT continues to partner with the Northern Ontario School of Medicine and Lakehead University by serving as a host for a variety of Integrated Community Placements. Since the FHT is located on Fort William First Nation students are able to fulfill community specific requirements at the FHT. The FHT hosts medical residents, medical students, nurse practitioner students as well as nursing students for placement annually. The Dilico FHT serves a variety of patients who present with a variety of complex, chronic and acute conditions which provides students with relevant exposure to providing care in Northwestern Ontario.

The Dilico FHT works collaboratively with the Denis Franklin Cromarty High School in Thunder Bay along with the June Steve Lundrum Centre and Dilico Anishinabek Family Care to provide vaccinations and immunizations to students, clients, patients and staff. Annual flu immunizations have been provided by the Dilico FHT which decreases the number of clients who present as patients with flu-like symptoms.

The Dilico FHT continues to partner with local pharmaceutical representatives to host various lunch and learn opportunities for primary care providers. This provides primary care providers at the Dilico FHT with advanced education and knowledge on best practices and new/advances treatment options for a number of chronic/acute conditions.

## **Engagement of Leadership, Clinicians and Staff**

Engagement of leadership clinicians and staff at the Dilico FHT occurs through QIP Committee meetings. The committee is made up of medical staff, administrative staff and patients who are able to identify issues and target solutions. By working together, the Dilico FHT is able to adjust focus and tailor programs and services to meet the ever-changing needs of the communities and populations we serve. Our QIP Committee meets quarterly to identify new programs, initiatives and services and provide direction on proposed goals and initiatives. As a Community Led FHT the Board of Directors is engaged through quarterly meetings to provide direction on proposed goals and initiatives.

## **Patient/Resident/Client Engagement**

Engagement of patients and clients at the Dilico FHT occurs through QIP Committee meetings and direct patient-provider interactions at appointments. Our patients feel comfortable providing feedback and suggestions to improve efficiency. By working together, the Dilico FHT is able to adjust focus and tailor programs and services to meet the ever-changing needs of the communities and populations we serve. Our QIP Committee meets quarterly to identify new programs, initiatives and services and provide direction on proposed goals and initiatives.

## **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

Board Chair Wilfred King  
Quality Committee Chair or delegate Nathanial Izzo

Executive Director / Administrative Lead Darcia Borg

CEO/Executive Director/Admin. Lead \_\_\_\_\_ (signature)

Other leadership as appropriate \_\_\_\_\_ (signature)