

2016/17 Quality Improvement Plan for Ontario Primary Care

"Improvement Targets and Initiatives"

Health Zone P.O. Box 25087, London, ON N6C 6A8

AIM		Measure						
Quality dimension	Objective	Measure/Indicator	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification
Effective	Improve rate of cancer screening.	Percentage of patients aged 50-74 who had a fecal occult blood test within past two years, sigmoidoscopy or barium enema	% / PC organization population eligible for screening	See Tech Specs / Annually	92327*	CB	50.00	This is not a test that clients comply with and we cannot force it upon them
		Percentage of women aged 21 to 69 who had a Papanicolaou (Pap) smear within the past three years	% / PC organization population eligible for screening	See Tech Specs / Annually	92327*	41.5	50.00	As clients are transient it is very difficult to get them to take the exam
	Improve rate of HbA1C testing for diabetics	Percentage of patients with diabetes, aged 40 or over, with two or more glycated hemoglobin (HbA1C) tests within the past	% / All patients with diabetes	Ontario Diabetes Database, OHIP / Annually	92327*	CB	50.00	This is a new goal which will require an EMR search to be populated in NOD. This is part of our goal
	Improve seasonal immunization rates	Percentage of people/patients who report having a seasonal flu shot in the past year	% / PC organization population eligible for screening	EMR/Chart Review / Annually	92327*	15.6	50.00	Because of poor match between the strain circulating and vaccine provide - clients hesitant to get the
Equitable	Other	Add other measure by clicking on "Add New Measure"	Other / Other	Other / other	92327*	CB	0.00	We will be extracting data from our EMR system of refugees. We have only agreed to take on a small percentage of refugees and we have a highly volatile changing population

Patient Experience	Improve Patient Experience: Opportunity to ask questions	Percent of respondents who responded positively to the question: "When you see your doctor or nurse practitioner, how often do they or they or someone else in the office (always/often)?"	% / PC organization population (surveyed sample)	In-house survey / April 2015 - March 2016	92327*	80.95	90.00	Clients response have exceeded expectations
	Improve Patient Experience: Patient involvement in decisions about care	Percent of patients who stated that when they see the doctor or nurse practitioner, they or someone else in the office (always/often)?"	% / PC organization population (surveyed sample)	In-house survey / April 2015 - March 2016	92327*	80.95	90.00	Have exceeded target. Providers continue to strive to improve
	Improve Patient Experience: Primary care providers spending enough time with patients	Percent of patients who responded positively to the question: "When you see your doctor or nurse practitioner, how often do they or they or someone else in the office (always/often)?"	% / PC organization population (surveyed sample)	In-house survey / April 2015 - March 2016	92327*	CB	50.00	Provides strive to improve on clients experience
Timely	Improve 7 day post hospital discharge follow-up rate for selected conditions	Percent of patients/clients who see their primary care provider within 7 days after discharge from hospital for selected conditions	% / PC org population discharged from hospital	DAD, CIHI / April 2014 – March 2015	92327*	CB	50.00	In the process of enrolling all providers into clinical connect. This will assist with being able to pull the
	Improve timely access to primary care when needed	Percent of patients/clients who responded positively to the question: "The last time you were sick or were concerned you had a	% / PC organization population (surveyed sample)	In-house survey / Apr 2015 – Mar 2016 (or most recent 12-month period available)	92327*	55.88	75.00	Continue to encourage clients to accept the first available appointment instead of declining

Change				
Planned improvement initiatives (Change Ideas)	Methods	Process measures	Goal for change ideas	Comments
1)NP's will use EMR to note that the FOBT has been ordered or declined	EMR data	A program search has been made available to use by the AOHC and can be run annually or at intervals	50% compliant with offered test	Deal with a very transient population and follow-up's are challenging
1)Offering the PAP to shelter clients where the facilities are conducive to allow this	The PAP was added to the MSAA indicators as offered/declined and we can now pull data on this	Program search is now possible on EMR	To increase acceptance of PAP screening	With the influx of the Syrian refugees this is going to be difficult as it goes against their cultural beliefs
1)To run more group programming	Dietician to create PDG's in EMR and track	Clients stats to be evaluated quarterly	An increase of 20% by end of the year	
1)We will continue to offer flu clinics to all fixed and outreach sites. We will advertise the availability of shots in the waiting room and ask clients to inform us if the shot has been	After hours availability offered as well as various locations	Data pulled from EMR	To increase the number of clients receiving the flu shot	This will be challenging as the vaccine did not match with the flu strain in the past two years.
1)Participated in Syrian settlement program by offering Primary Care service. Run workshops to educate the new immigrants on Canadian nutrition and infant feeding	Data to be extracted from EMR	Attendance at clinic and small group programs	The same principles will be applied as new immigrants arrive.	Once the Syrian refugees are reallocated, the need for this programming may no longer be needed.
2)Offer after hour services	To extend/flex current hours	Number of clients encountered that use these services	To be able to meet client needs	A staff of 12 over 3 sites makes it difficult to sustain this type of service and ensure staff safety

3)Partner with local community agencies to provide health care services and education to clients that experience difficulties with access.	Collect data from EMR	Provide group sessions and individual counselling as required	Provide better services and educate our community	Client needs change on a continual basis
1)We will ask MOA's to allow more time for specified clients, allowing for better discussion	Use EMR to flag clients requiring longer appts	Use client satisfaction surveys to see if response rate is above 70%	Increase satisfaction above 75%	
1)Clients surveys to be collected quarterly	Calculation of survey samples received	In house surveys	90% compliance on going	Difficult to assess for pediatric populations
1)Use EMR to alert MOA when clients require more time in appts for language/comprehension or health teaching issues	Staff utilize alert box in EMR to acknowledge client needs	MOA's report being alerted to personal needs of clients	95% will report sufficient time appointments	
1)View Clinical Connect reports daily	Use of EMR	Run reports from NOD	To increase by 20% by next year	
1)To enhance same day access	Improved survey questionnaire to reflect hours and delay over weekend. To include when the first available apt offered if it was accepted or not	In house surveys. EMR data extraction on "same day appts"	Satisfaction with access	