

									3)Skill development and support for staff bi-weekly at clinical staff meetings will be implemented	Regular discussion	Number of clinical staff meetings Number of NP's in attendance at each meeting	20 clinical staff meetings annually	
	Reduce ED use by increasing access to primary care	Percent of patients/clients who visited the ED for conditions best managed elsewhere (BME).	% / PC org population visiting ED (for conditions BME)	Ministry of Health Portal / April 1 2013 - March 31 2014	91956*	CB	10	While our clinic does not regularly receive ED reports or have access to hospital admissions through ED, we have decided not to delete this measure, but to keep it and look at collecting a baseline to determine if increased patient education would show change in this area.	1)Reports received following a patient ED visit will be forwarded to RPN for follow up. 2)INPLC team will develop and implement patient education promotion of same and next day appointment availability, extended hours and team encouragement for all registered patients to contact clinic before attending ED for conditions BME	RPN's will create a tracking list to include patient number, reason for ED visit, and follow up provided to patient for education and support. Posters, community network tv in waiting area, telephone messages, and verbal education in appointments, over the phone follow up by RPN for patients who frequent ED for conditions BME.	Number of ED visits reviewed each week by RPN quality team. Number of calls made to patients where ED visit was for condition best managed elsewhere. Number of staff who demonstrate participation in promotion of education. Number of patients who identify through survey an uptake of education.	80% of patients who visited the ED for conditions BME will be contacted. 100% compliance by March 31, 2016	
Integrated	Timely access to primary care appointments post-discharge through coordination with hospital(s).	Percent of patients/clients who saw their primary care provider within 7 days after discharge from hospital for selected conditions (based on CMGs).	% / PC org population discharged from hospital	Ministry of Health Portal / April 1 2013 - March 31 2014	91956*	CB	100	Based on the number of discharge reports our clinic receives there is no reason that we cannot follow up on all discharge reports.	1)Work with local hospital and physicians to initiate process in which we will receive all discharge reports of our own patients. 2)Work with NPAO to establish process to roster patients to individual NP's within the NPLC entity. 3)NP will determine post discharge patients who qualify under CMG's to be contacted. Medical receptionists will contact these patients via telephone to book a f/u appointment for these patients within 7 days.	We will set up one meeting per hospital (3 meetings) throughout the year between hospital and NP lead. Continue to develop via monthly NPAO teleconferences for NPLC's. Medical receptionists will track number of discharge reports received and number of contacts made to appropriate patients within 7 days of discharge.	3 meetings in total in 2015/16 Attend 100% of the NPLC - NPAO teleconferences. Number of discharge reports. Number of calls made. Number of appointments made within 7 days either with our primary team or appropriate specialist.	75% of discharge reports begin coming to clinic following patient discharge. 100% attendance up to March 31, 2015 100% compliance by March 31, 2016.	The key word in this measure is the number of discharge reports 'received' as our clinic does not always receive discharge reports.

	Reduce unnecessary hospital readmissions	Percentage of acute hospital inpatients discharged with selected CMGs that are readmitted to any acute inpatient hospital for non-elective patient care within 30 days of the discharge for index admission, by primary care practice model.	% / PC org population discharged from hospital	Ministry of Health Portal / April 1 2013 - March 31 2014	91956*	CB	0	N/A	1)Currently, NP's do not have admitting privileges.	N/A	N/A	N/A	
	Reduce emergency response service calls and ED visits for patients at acutely elevated risk through voluntary integration with multi-disciplinary providers in Oxford County	Percent of acutely elevated risk situations reviewed by multi-disciplinary voluntary integration to avert emergency service involvement, including ED visits	% / Clients	In-house survey / January 1, 2015 - December 31, 2016	91956*	CB	50	A provincial web based data collection option will be available in 2015/16 and it is our hope to access this to accurately track this indicator.	1)Currently we are engaged in a pilot project under our Oxford Health Link and with local emergency response agencies and services to identify situations of acutely elevated risk - typically the top 5% of ED users.	Excel document will track 106 risk factors to determine acutely elevated risk.	Number of situations heard weekly by collaborative team.	Community Services Coordinator facilitates 50 situation tables annually.	37 situations responded to since November 18, 2014. Our team will be collecting accurate baseline over 2015/16.
Patient-centred	Receiving and utilizing feedback regarding patient/client experience with the primary health care organization.	Percent of patients who stated that when they see the doctor or nurse practitioner, they or someone else in the office (always/often) give them an opportunity to ask questions about recommended treatment?	% / PC organization population (surveyed sample)	In-house survey / April 1 2014 - March 31 2015	91956*	100	100	This is the highest quality indicator when patients feel they are part of their treatment plan and health care overall. The absolute target should always be 100.00	1)Continued use of professional development and staff resources to foster clinical staff ability to engage and motivate patients to be involved in their treatment planning care	Number of staff in-service to continue education	In-services will happen quarterly and staff will evaluate	4 in-services annually	
									2)Patient surveys to indicate satisfaction in this area	Surveys as provided by QIP	Number of patient surveys (100)	100% compliance by December 31, 2015	
		Percent of patients who stated that when they see the doctor or nurse practitioner, they or someone else in the office (always/often) involve them as much as they want to be in decisions about their care and treatment?	% / PC organization population (surveyed sample)	In-house survey / April 1 2014 - March 31 2015	91956*	100	100	Shared decision making in patient care assures patient motivation in following treatment plans and moving toward self-management. Again, our team believes that this is grass roots patient centred care and therefore will maintain the absolute target goal of 100%.	1)Formal skill development for staff related specifically to 'teach back' techniques to best support patients 2)Staff will be provided reminder intervention specific to non-violent crisis intervention to support learning in active listening, situation assessment and de-escalating conflict	Staff pre and post surveys to assess improved understanding and confidence in using formal 'teach back' techniques Staff will complete a pre and post survey to measure skills and confidence	2 education sessions in the year will be provided as an in-service to inter-health team Number of staff participating in training	1 education session will be offered bi-annually One training session to be offered with 100% compliance by December 31, 2015	This is a full day certification training session offered to all staff (PMAB)

		Percent of patients who stated that when they see the doctor or nurse practitioner, they or someone else in the office (always/often) spend enough time with them?	% / PC organization population (surveyed sample)	In-house survey / April 1 2014 - March 31 2015	91956*	100	100	This is another important part of patient-centred care. While our team will strive to maintain the highest possible target, we will also begin to review and monitor incidents where providers are spending too much time and attempt to create balance.	1)We will provide reminder intervention with clinical staff where there will be regular schedule review to determine concerns, discrepancies and opportunities to create balance and efficiencies in schedules.	Medical receptionist meets for 15 minutes weekly with each NP provider to review their individual schedule for the upcoming week.	Number of meetings with each NP will be equal 45 meetings annually per NP	85% compliance by March 31/2016	
									2)Clinical staff will develop a process by which they will improve internal, patient-centred consultations on a regular basis.	Develop a custom form within EMR to track regularity of consultations, discussion and report/chart reviews and referrals	Custom form will be complete and ready for use in first quarter Use of custom form for all practitioners will begin first quarter	Track number of documented patient consultations	As a clinical team, we have recognized that we have been doing this work well in verbal form, but that the risk management and quality improvement is in capturing the consultations in written form
									3)As we continue to register patients, we will continue to support continuity of care by matching patients with the same provider for each visit	EMR recognition that an NP has been 'assigned' as the primary provider matched to the patient	Number of patients registered Continuity reporting used through EMR	100% of our patients are registered to a specific NP as their primary health care provider	
									4)Skill development among NP's to improve communication skills and time management within each appointment.	NP's will be engaged in professional development initiatives throughout the year.	Number of professional development sessions annually.	100% compliance by March 31, 2016	

Population health	Reduce influenza rates in older adults by increasing access to the influenza vaccine.	Percent of patient/client population over age 65 that received influenza immunizations.	% / PC organization population aged 65 and older	EMR/Chart Review / na	91956*	46	50	This target is set at only 50.00 as we understand that our collaborative partnership with the onsite pharmacy, local public health and nearby senior centre ensures that an actual higher percentage of our patients are receiving immunization, but just not receiving it at our clinic.	1)We will ask each individual over the age of 65 that did not receive their flu vaccine at our clinic, if they have had it at an alternative site.	We will run regular searches and reports to gather data and percentage of patients who have received flu vaccine onsite.	Percentage of patient who receive their flu shot onsite. Number of patient who state they have received their flu shot at an alternate site. Number of posters/signage posted in clinic high traffic areas.	Promotion will begin in September 2015 November 1 - January 1, 100% patients over the age of 65 who are registered to our clinic will be asked (phone or in person) if they have received the flu vaccine at an alternate location.	2014 media regarding strain of flu vaccine directly impacted the number of patients who wanted immunization. Our clinic had several refusals as a result. Our data is also impacted as we have an onsite pharmacy that offers the flu vaccine during their extended hours and on weekends. The Ingersoll NPLC also has many patients who attend the nearby senior centre where they can get the flu vaccine.
									2)We will increase the promotion of the importance of immunization.	Nurse practitioners and nurses will ask all patients they see during flu season (Nov 1-January 31) about immunization and discuss with patients the importance of the influence vaccine.	We will include an EMR search where number of patients with whom the influenza prevention and immunization was discussed can be tracked.	85% of patients seen during November 1 through January 31	
									3)We will increase our visual promotion within the clinic by 25%.	Current promotional tools (posters) will be increased, and in addition our team will develop a community network psa for clinic waiting room television system.	Number of patients who state they have received their influence vaccine. Number of patient contacts specific to influenza information, education and vaccination.	100% compliance by January 31.	
Reduce Cancer mortality through regular screening.	Percent of eligible patients/clients who are up-to-date in screening for breast cancer.	% / PC organization population eligible for screening	EMR/Chart Review / n/a	91956*	46	65	An approximate 20% increase in this area is appropriate.	1)Change information process to update records re: patients who are eligible and may have had screening where we did not have access to results.	Develop ongoing list of eligible patients and call quarterly to inquire.	Track number of patients who meet eligibility. Call 100% of patients on the list quarterly.	Monthly compliance 100%	This particular change idea does not address eligibility due to high risk patients, but strictly the provincial standard related to age and gender	
								2)Skill development with NP's and RPN's to increase incidents of discussion and engagement with patients regarding their reminder within EMR and follow up of screening	Bi-annually our team will run search specific to EMR reminder interventions related to breast cancer screening	Percentage of appointments when need for breast cancer screening is addressed for eligible patients	75% compliance by December 31, 2015		

									3)Health promotion communication campaign re: importance of breast cancer screening	Active participation in breast cancer awareness month (October) Monthly staff and patient awareness initiatives Order materials to provide patients (stickers, ribbons, posters)	Number of health promotion strategies per year	1 larger scale campaign in October 2015 1 smaller scale initiative using waiting area community network (tv)	
	Percent of eligible patients/clients who are up-to-date in screening for colorectal cancer.	% / PC organization population eligible for screening	EMR/Chart Review / n/a	91956*	37	55	An approximate 20% increase in this indicator is appropriate.	1)Increase the number of FOBT kits provided to eligible patients	Medical directive will be developed to ensure that RPN's are able to distribute to all eligible patients based on reminders	Number of kits distributed	75% of eligible patients receive an FOBT kit for screening		
								2)Quarterly reminders via telephone contact will be provided to patients who are eligible for screening	RPN will search and create list of eligible patients, determining who has not had screening and contact each patient for reminder	Number of patients called quarterly	100% of eligible patients will be contacted quarterly		
								3)March 2016 our team will host an awareness campaign to increase education and reminder to support increased patient awareness and screening.	Health promotion initiative on community network in waiting area.	One major health promotion campaign in March 2016.	All patients will have the opportunity to view the health promotion campaign.		
	Percent of eligible patients/clients who are up-to-date in screening for cervical cancer.	% / PC organization population eligible for screening	EMR/Chart Review / n/a	91956*	64	75	Our current performance is good, and we feel that a 75% target is most appropriate at this time.	1)Develop and implement a health promotion campaign to increase education and awareness of the importance of cervical cancer screening.	Track number of female patients who identify that their knowledge of cancer screening (specifically cervical cancer) was improved as a result of the health promotion campaign.	Implement one large campaign annually (January 2016) Survey female patients	50% of female patient population		
								2)Change information processes to ensure reminders are inserted into EMR to contact all patients who are eligible for cervical cancer screening and regular pap tests annually.	Reception staff will call patients directly with reminder. Eligible patients will be reminded by primary care provider if/when in for appointment.	100% of eligible female patients will be contacted.	100% by January 31, 2016		