

2016/17 Quality Improvement Plan for Ontario Primary Care
 "Improvement Targets and Initiatives"



AIM		Measure							Change					
Quality dimension	Objective	Measure/Indicator	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Goal for change ideas	Comments	
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 within five years, or a colonoscopy within the past 10 years	% / PC organization population eligible for screening	See Tech Specs / Annually	91956*	CB	CB	Given new parameters, our team will be working to create a baseline in the 2016/17 QIP.	1)Our clinic will increase the number of FOBT kits provided to patients between 50-74 years of age who are eligible for screening this year.	Access to FOBT kits will be easy and patient friendly. RPN's, NP's and reception staff will provide FOBT kits to eligible patients.	Number of FOBT kits distributed.	60% of eligible patients will be provided FOBT kits.	It may be difficult to include barium enema in this indicator as this screening is becoming obsolete. As our clinic has only been open for 5 years, we may not have historical patient records, or reliable patient recall as per previous cancer screening.	
									2)Quarterly reminders via telephone contact will be provided to eligible patients.	RPN will update search parameters to meet QIP measure and run list of eligible patients quarterly and make reminder calls.	Number of patients identified Number of patients called Number of patients screened	100% of patients due for FOBT will be contacted and informed of testing. 55% of patients contacted will have screening completed.		
									3)In March 2017 our team will host an awareness campaign to increase education and reminder to support increased patient awareness.	Chronic Disease Management RPN will develop and facilitate innovative information campaign.	Number of days campaign runs	Health promotion campaign will be run for 31 days in March.		

	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	91956*	82	85.00	It is felt that our clinic has saturated current screening specific to this indicator, but given that our goal is to take on new patients, there is room to increase the percent of eligible patients screened.	1)We will develop an appropriate and comfortable health promotion campaign to increase education and awareness of cervical cancer and importance of screening. 2)NPs are alerting patients due for Pap screening when they are in for appointment for other things. A quarterly report of women 21-69 will be generated to identify those who are due for a screening appointment.	Chronic Disease Coordinator will work with our team to develop something that will be appropriate to promote in our waiting area as well as our women's health examination room. RPN will run a quarterly report of women 21-69 to identify those who are due for a Pap smear. Those women identified will be contacted by reception and booked in for their appointment.	Number of days the campaign runs. Number of women contacted. Number of women who are screened.	Keeping in line with provincial health education weeks (Oct 17 - 21), we will build on this campaign and utilize provincial resources to facilitate a campaign to improve the rate of cancer screening. Our current performance for this measure is 82% where our target last year was 75%. Goal will be to remain between 75% and 85%	As we begin to re-open registration we will ensure that this information is part of intake for eligible patients.
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 12 months	% / All patients with diabetes	Ontario Diabetes Database, OHIP / Annually	91956*	CB	CB	We will be creating a baseline as this is a new measure.	1)Our team will develop EMR search to narrow the detail in which we can capture this data.	RPN will develop standardized EMR search	Number of patients over the age of 40 years who have diabetes Number of patients with two or more HbA1C tests Number of tests per patient within 12 month period	Determine current number and collect a baseline	

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	91956*	CB	CB	We will be creating a baseline as parameters in this year's QIP have changed to include all patients.	1)The INPLC will continue to be innovative in health promotion for seasonal flu shots.	Chronic Disease Prevention Coordinator will run a health promotion campaign in waiting area, and work with NP's and other clinical staff to promote discussion and reminders.	Health promotion campaign will run for 30 days in November.	50% of patients registered will receive a flu shot onsite.	Our team has identified that there are numerous other places where patients can receive their flu shot, even within our own building. In addition, we work with our local Public Health to ensure patients with small children know when and where they can access the new nasal spray vaccination. Thus, while our own percentages may not increase, we are confident that our patients are receiving the vaccination.
								2)All patients entering the clinic will be asked if they have had their flu shot either onsite or offsite.	Between November 1 and January 31, reception staff will ask all patients upon arrival and note this in the patient file.	Number of days between November 1 and January 31 when patients were asked.	100% of operational days where patients were asked.	

<p>Reduce hospital readmission rate for primary care patient population</p>	<p>Percentage of acute hospital inpatients discharged with selected HIGs 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.</p>	<p>% / PC org population discharged from hospital</p>	<p>DAD, CAPE, CPDB / April 2014 – March 2015</p>	<p>91956*</p>	<p>CB</p>	<p>0.00</p>	<p>The Ingersoll Nurse Practitioner-Led Clinic is currently in the process of investigating the option of adopting the Hospital Report Manager through Clinical Connect. We are in the very beginning stages to determine this as an option given that NP's do not roster patients and admissions are not connected to an OHIP billing number.</p>	<p>1) Investigate available programs that would work with NP's to collect this data.</p>	<p>Our IT and RPN will investigate options by setting up meetings with representatives to learn more about their tools and processes related to data collection.</p>	<p>We will measure this by the number of options reviewed and the number of face to face contacts our team has for information gathering.</p>	<p>100% of options appropriate, eligible programs will be reviewed. At least 2 face to face meetings will take place to determine best options.</p>	
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Efficient	Decrease Emergency Department visits for conditions best managed elsewhere (BME)	Percentage of patients or clients who visited the emergency department (ED) for conditions "best managed elsewhere" (BME)	% / PC org population visiting ED (for conditions BME)	DAD, CAPE, CPDB / April 2014 – March 2015	91956*	CB	0.00	Our clinic does not currently have access to this information. Most recently the local Schedule 1 hospital is no longer providing this information to any local family physicians indicating they will no longer be mailing out copies (WGH memo February 9, 2016: Access to Woodstock Hospital Health Records. The memo does not refer to NP's, which speaks to the difficulty in meeting this target.	1)Any reports that are received by our clinic following a patient ED visit will be forwarded RPN for follow up.	RPN will ensure contact any patients in which we receive hospital reports.	Number of reports received from ED at local Schedule 1 hospital. Number of calls made to the patients in which we have received reports.	100% of patients we are aware of having visited the ED for issues BME's will be contacted for an appt.	This is a very difficult measure for NP clinics to meet due to registering vs. rostering patients.
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 someone else in the office give you an opportunity to ask questions about recommended treatment?"	% / PC organization population (surveyed sample)	In-house survey / April 2015 - March 2016	91956*	96.15	100.00	Our team goal is to maintain current performance.	1)Increase the number of surveys provided to, and completed by, patients.	We will continue to utilize the OCEAN tablet. RPN will extract and analyze this data to share and review at QIP and staff meetings.	Number of surveys completed.	200 surveys will be completed this year.	

	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) 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 2015 - March 2016	91956*	96.1	96.50	Our target goal is to maintain current performance.	1)We will engage patients in a broader sense by asking them about groups and programs that would support them in self management care and treatment.	Our counsellor and Chronic Disease Prevention Coordinator will create and distribute questionnaires to patients to inquire about interest in a range of programs and groups.	Number surveys distributed. Number of surveys completed. Number of groups facilitated annually.	1 new group will be facilitated quarterly based on patient feedback.
									2)To increase knowledge about health values and beliefs held by our patients that may be outside of the medical model in order to engage in positive wellness discussions that are meaningful and informative to our patients.	NP Lead will plan and direct professional development sessions and or activities. NP's will be encouraged to seek out opportunities for professional development that is directly related to this topic.	Number of professional development sessions/activities provided. Number of NP's that attend the professional development sessions/activities.	NP's and RPN's will attend 4 professional development sessions on this topic.
	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 someone else in the office spend enough time with you?"	% / PC organization population (surveyed sample)	In-house survey / April 2015 - March 2016	91956*	98.72	98.72	Our target is to maintain current performance.	1)Increase the number of surveys distributed to patients.	Reception will continue to utilize our new OCEAN tablet to distribute surveys to patients.	Number of surveys distributed. Number of surveys completed.	200 surveys will be completed in the upcoming 2016/17 year.

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	91956*	CB	CB	The Ingersoll NPLC does not receive discharge reports or plans from hospitals on a routine basis and a limited number are received within the seven day post-discharge period.	1)The Ingersoll NPLC continues to make every attempt to work with local hospitals to plan improvements.	The Ingersoll NPLC Clinical Lead will engage with the Oxford Health Links.	Number of Health Link meetings.	Clinical Lead will attend 50% of annual Health Link meetings.	The Ingersoll NPLC does not receive discharge reports or plans from hospitals on a routine basis and a limited number are received within the seven (7) day post-discharge period.
	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 health problem, how many days did it take from when you first tried to see your doctor or nurse practitioner to when you actually SAW him/her or someone else in their office?"	% / PC organization population (surveyed sample)	In-house survey / Apr 2015 – Mar 2016 (or most recent 12-month period available)	91956*	98.72	98.72	Our team collects this data according to advanced access practices which determine same day/next availability. Our clinic does not rely on survey results for this indicator.	1)Increase the number of surveys distributed to patients.	Reception will continue to utilize our new OCEAN tablet to distribute surveys to patients.	Number of surveys distributed. Number of surveys completed.	200 surveys will be completed in the upcoming 2016/17 year.	We will continue to collect both patient perception information as per QIP survey to compare with our reception based tracking of same day/next day appointments for urgent issues.