

Excellent Care for All

Quality Improvement Plans (QIP): Progress Report for 2017/18 QIP

The Progress Report is a tool that will help organizations make linkages between change ideas and improvement, and gain insight into how their change ideas might be refined in the future. The new Progress Report is mostly automated, so very little data entry is required, freeing up time for reflection and quality improvement activities.

Health Quality Ontario (HQO) will use the updated Progress Reports to share effective change initiatives, spread successful change ideas, and inform robust curriculum for future educational sessions.

ID	Measure/Indicator from 2017/18	Org Id	Current Performance as stated on QIP2017/18	Target as stated on QIP 2017/18	Current Performance 2018	Comments
1	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); April 2016 - March 2017; In-house survey)	92227	85.00	90.00	86.00	CCHC patients have been rating this question over 85% since the 2015/2016 QIP. Quality improvement measures include the facilitation of patient focus groups and the development of patient communication cards. We believe our changes have worked and continue to review and learn from patient involvement.
2	Percent of patients/clients who see their primary care provider within 7 days after discharge from hospital for selected conditions. (%; Discharged patients with selected HIG conditions; April 2015 - March 2016; CIHI DAD)	92227	27.60	30.40	CB	
3	Percentage of Ontario screen-eligible individuals, 50-74 years old, who were overdue for colorectal screening in each calendar year (%; PC organization population eligible for screening; Annually; See Tech Specs)	92227	47.01	62.00	31.00	The health promoter has been working very effectively with the CHC team to follow up and contact patients who were overdue for colorectal screening.

4	Percentage of Ontario screen-eligible women, 21-69 years old, who completed at least one Pap test in 42-month period. (%; PC organization population eligible for screening; Annually; CCO-SAR, EMR)	92227	70.62	73.00	73.00	Health promotion campaigns designed to increase awareness of the importance of PAP screening and testing were a positive change initiative.
5	Percentage of patients and clients able to see a doctor or nurse practitioner on the same day or next day, when needed. (%; PC organization population (surveyed sample); April 2016 - March 2017; In-house survey)	92227	30.68	95.60	18.18	We included a question on our patient survey that asked "Did you get an appointment on the date you wanted?" 71% of patients answered yes to this question. Same day or next day appointments may not be the only question asked in order to understand provider access.
6	Percentage of patients with diabetes, aged 40 or over, with two or more glycated hemoglobin (HbA1C) tests within the past 12 months (%; patients with diabetes, aged 40 or over; Annually; ODD, OHIP-CHDB,RPDB)	92227	59.00	63.00	52.00	Select an AIC point of care instrument which would benefit patients with diabetes by facilitating clinician decision making that results in significant glycemic improvements.
7	Percentage of patients with medication reconciliation in the past year (%; All patients; Most recent 12 month period; EMR/Chart Review)	92227	80.00	90.00	86.00	
8	Percentage of screen eligible patients aged 50 to 74 years who had a FOBT within the past two years, other investigations (i.e., flexible sigmoidoscopy) within the past 10 years or a colonoscopy within the past 10 years. (%; PC organization population eligible for screening; Annually; See Tech Specs)	92227	56.98	62.00	65.00	

9	Percentage of those hospital discharges (any condition) where timely (within 48 hours) notification was received, for which follow-up was done (by any mode, any clinician) within 7 days of discharge. (%; Discharged patients ; Last consecutive 12 month period.; EMR/Chart Review)	92227	CB	CB	CB
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Hospital discharge communication and patient information formally began this past November. We anticipate performance results for next year's QIP.