

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

City Centre Health Care 1400 Windsor Avenue, Windsor, ON N8X 3L9

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	92227*	54.65	80.00	Once we have clean data, providers are committed to implementing the change ideas therefore we believe we can hit this stretch target.	1) Establish accurate baseline of eligible clients who are in need of colon cancer screening	Run the NOD report to determine the number of clients who have had colon cancer screening and how many have not had their colon cancer screening	# of clients who are eligible for colon cancer screening	100% of eligible clients identified through the NOD report by August 2016	
									2) Re-calling eligible clients for follow up appointment	RPN's will review completed reports and identify and schedule clients in need of colon cancer screening	Percent of eligible clients who have completed their colon cancer screening	80% of eligible clients completing colon cancer screening by December 2016	
	Improve rate of HbA1C testing for diabetics	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	92227*	59.94	80.00		1) Establish accurate baseline of eligible clients who are in need of cervical cancer screening	Run the NOD report to determine the number of clients who have had cervical cancer screening and how many have not had cervical cancer screening	# of clients who are eligible for cervical cancer screening	100% of eligible clients identified through the NOD report by August 2016	
									2) Re-calling eligible clients for follow up appointment	RPN's will review completed reports and identify and schedule clients in need of cervical cancer screening	Percent of eligible clients who have completed their cervical cancer screening	80% of eligible clients completing cervical cancer screening by December 2016	
		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	92227*	CB		will be using the provincially developed query to establish a baseline	1) Identify base line for HbA1C	Data Miner Reports. Build a Hemoglobin A1C report for clients with diabetes	Number of clients with HbA1C result in NOD, and determine if information is being recorded correctly. Ensure all providers have this information coming electronically, and if not manually input the information into NOD	Collecting baseline	Ensure all providers are inputting information in the same place in NOD in order to extract valid reports.

									2)Determine the clients who have not received a requisition for the HbA1C test	Recall the clients and provide a follow up appointment and offer a requisition for the HbA1C test	% of diabetic clients who have not received a requisition in the previous six months	90% reduction in the number of clients who have not received a requisition by December 2016	
Equitable	Other	Add other measure by clicking on "Add New Measure"	Other / Other	Other / other	92227*	CB			1)Stratify service data by demographic characteristics for 50 of our diabetic patients and look at CCHC practice across providers	Random selection of 50 of our diabetic patients Develop demographic characteristics and stratify the data	50 patients have their data analyzed and examined by the quality team	100% of data is reviewed and further steps will be identified for the next study	This describes our process for developing a baseline
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	92227*	91.53	95.00		1)Align our surveys with HQO wording	Quality team to develop patient experience surveys using the questions provided by HQO.	Number of surveys completed per month with appropriate questions	All survey responses are reflected in new questions	CHC will ensure questions on the survey aligns with HQO questions
									2)Engage client in meetings	Test change idea by holding meetings with patients to get their perspective	Number of meetings with clients completed	5 meetings held by March 31, 2016	
									3)Improve survey accessibility	Provide a survey ballot box in the main reception area for clients to access all year	# of completed surveys	10 completed surveys per month by December 2016	
	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	92227*	91.38	95.00		1)Involve patients as partners in their own care	Create and implement patient care plan, that can be given to patients at the end of visit, to assist them in addressing care needs while away from office	Number of care plans provided to patients, and number of care plans returned and discussed with providers	90% of all CHC diabetic clients taking charge of their health by completing care plan and returning them upon each visit	

	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	92227*	88.14	90.00	The QI team will monitor our future performance to ensure we maintain the high current performance we now have. Given the limited time the QI team monitor this but primarily work on other QI priorities	1)On-going monitoring of performance as we are currently at target	Review data from Client Experience surveys	Surveys are reviewed	100 percent of surveys are reviewed and monitored	
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	92227*	38.9	75.00	We are currently working with the hospital to identify CCHC clients who have been discharged in order to provide more timely follow up	1)Meet with hospital to identify better processes for discharged clients	Hospital to develop a folder to identify clients who have been discharged and who belong to the CHC. CCHC to access the folder of discharged clients and follow up by telephone and/or arrange appointment as appropriate	Number of CHC clients who are included in the hospital discharge folder Number of CHC clients who are followed up compared to the number of clients who are included in the hospital discharge folder	100% of CHC clients who have been discharged, and who have been listed in the folder by December 2016	
	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	% / PC organization population (surveyed sample)	In-house survey / Apr 2015 – Mar 2016 (or most recent 12-month period available)	92227*	38.3	50.00		1)Continue to test and refine same day clinic	Same day clinic data shared on a monthly basis with all providers. We will monitor unused supply	Third next available, unused supply	Third next available is less than 2 days, and unused supply should be zero	

		him/her or someone else in their office?"							2)Creation of six walk in clinics, five days a week	Daily tracking of clinic usage by provider including time of day accessed Walk In clinic survey evaluation	# of clients who are accessing the walk in clinic on a daily basis	70% of clients reporting on the client experience survey that they can access primary care when needed	
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