

# Primary Care Quality Improvement Plan

## Lakehead Nurse Practitioner-Led Clinic

2015/16

AIM		MEASURE				CHANGE				
Quality dimension	Objective	Measure/Indicator	Current performance	Target for 2015/16	Target justification	Planned improvement initiatives (Change Ideas)	Methods and process measures	Goal for change ideas (2015/16)	Comments	
Access	Access to primary care, when needed	<b>Timely access to primary care, when needed:</b> Percent of patients/clients able to see a nurse practitioner on the same day or next day, when needed	<ul style="list-style-type: none"> <li>- 94% did not wait longer than expected for an appointment (form survey results)</li> <li>- 742 same-day encounters</li> <li>- 873 walk-in encounters</li> </ul>	90%	<ul style="list-style-type: none"> <li>- Reduce unnecessary ED visits, external walk-in use</li> <li>- Improve continuity of care for clinic patients</li> <li>- Improve clinical outcomes and lower total health care system costs</li> </ul>	1) Implement Advanced access principles	Time to third next available appointment	Distributing fridge magnets with same-day and walk-in availability info.	Current measurements meet target of 10 days, with 2 exceptions at a maximum of 20 days	
						2) Meet more same-day/next-day appointment requests	Implement daily same-day appointment bookings with all providers - Pt. education	100% of same-day/next-day appointment requests met by end of fiscal 2016/2017	Currently: Walk-in twice weekly (Mon,Fri PM), same-day bookings each day throughout week	
						3) Collect Patient access concerns	Implement access feedback questions in next patient survey	Patient access concerns addressed	Collected in survey results	
						4) Reduce time to Thrid Next Available 30 minute appointment for all providers	- Implement 1 hour of same-day appointments per day for each provider - Use Accuro EMR data for reviewing third next available trends	Provide monthly report on 3rd next available	Current performance: Maximum of 20 days Target: < 2 weeks (10 days)	
	Reduce ED use by increasing access to primary care	Per cent of patients who visited the ED for conditions best managed elsewhere	No access to MOHLTC portal to outline this info. We receive reports of patients presenting at ED, but have to manually analyze data. Our walk-in clinics diverted 186 ED visits, 331 external walk-in visits	15%	Reducing ED visits minimizes hospital-acquired infections, reduces health system costs, improves continuity of care	Provide all NPs with monthly reports of patient ER use	Number of patients who presented to ED for a condition best managed elsewhere	<ul style="list-style-type: none"> <li>- Reduce number of repeat visitors</li> <li>- Educate patients who are presenting at ED for non emergent issues</li> </ul>	<ul style="list-style-type: none"> <li>Educate patients on walk-in and same-day availability at LNPLC</li> <li>- Repeat ER users will be targetted with education letter and fridge magnet with walk-in/same-day info.</li> </ul>	

Quality dimension	Objective	Measure/Indicator	Current performance	Target for 2015/16	Target justification	Planned improvement initiatives (Change Ideas)	Methods and process measures	Goal for change ideas (2015/16)	Comments
Integrated	Timely access to primary care appointments post-discharge through coordination with hospital(s).	<b>Primary care visits post discharge*</b> : Percent of patients/clients who see their primary care provider within 7 days after discharge from hospital for selected conditions	100% post-discharge - contacted by phone and appointment made if required.	90% 100% F/U Use Meditech weekly - RN F/U	- Follow-up with patients after hospital discharge to ensure engagement in care plan and continued health education - Improve continuity of care out of hospital - Reduce unnecessary re-admissions	Measure admission/discharge follow-ups manually via weekly Meditech results	- Provide NPs with hospital records as received, as well as monthly reports of ER patients - RN to be given weekly Meditech admit/discharge records and follow-up with patients. NPs to check as required. - % of patients followed up from admit/discharge log.	Continue to contact TBRHSC and partners - Receive all admission/discharge summaries automatically (via POI) by end of fiscal 2016/2017	- Participating in TBRHSC POI - Already receiving ER reports as of Nov. 2012 - Requested Admission/discharge reports Feb 2013 - RN to F/U from Meditech admit/discharge results
	Reduce unnecessary hospital readmissions	Percent of LNPLC patientss who are readmitted to hospital after they have been discharged with a specific condition (based on CMGs)	10%	15%	Reducing unnecessary readmissions minimizes hospital-acquired infections, reduces health system costs, improves continuity of care by following patient at their primary care setting	RN to begin follow-up calls and appointment bookings with patients on admit/discharge log obtained from Meditech.  List of admitted/discharge patients reviewed from entire year - duplicates identified if readmitted for same concern and CMG.	- Admit/discharge log accessed by Lead NP on a weekly basis - provided to RN and NPs, as appropriate for follow-up - % patients followed-up from admit/discharge log	- Educate patients on appropriate settings to access health care - In-clinic patient education, and education during RN follow-up post discharge.	Began receiving this info Feb. 2014
Patient-centred	Receiving and utilizing feedback regarding patient/client experience with the primary health care organization.	<b>Patient/client engagement:</b> Please rate how well your clinician involved/engaged you in healthcare and treatment decisions to the level you would like?	237 outstanding (75 %) , 71 good (27 %), 8 adequate (2%), 0 poor (0%), 4 N/A (0%)	100% Outstanding/Good - (98% 2014/15)	Patient engagement = increased likelihood of following care plan	1) Developed updated survey to include all relevant questions and proper wording - targeting 300 pts in-clinic (10% of pt. load)  2) Increase survey responses	Currently measuring	Administer updated patient survey - 50 responses per provider	320 in-clinic surveys administered

Quality dimension	Objective	Measure/Indicator	Current performance	Target for 2015/16	Target justification	Planned improvement initiatives (Change Ideas)	Methods and process measures	Goal for change ideas (2015/16)	Comments
		<p><b>Opportunity to ask questions:</b> Were you given the opportunity to ask questions about your health, recommended treatment, or other aspects of the appointment?</p> <p>Were your questions answered to your satisfaction? - If no please explain how you would have felt that they were better answered</p>	100% Yes  100% Questions answered to satisfaction	100% on both questions	- Patient education and health teaching should address all of patient questions and concerns - Health literacy and clarity of explanations is paramount.	see above	Currently Measuring	Encourage providers to ask patients for their questions	Implemented two improvements based on patient feedback
		<b>Having enough time:</b> Did you feel that your clinician's examination was thorough and that enough time was spent with you for the nature of your visit?	306 Fully Thorough (96%), 12 Somewhat thorough (4%), 2 Somewhat brief (1%), 0 Too brief (0%)	100% Fully Thorough	Thorough appointments = opportunity for clearer understanding and engagement, ensuring all health concerns are addressed in the appropriate setting	see above	Currently Measuring		
	Receive feedback from program participants	Percent positive feedback through administration of satisfaction surveys for all programs	Caregiver 1 - 90% 'excellent' Caregiver 2 - 96% 'excellent' CDM - 100% 'excellent'	100	Program evaluation and patient engagement	Administer feedback survey for all program participants	- Administer survey at all program final sessions - Usefulness, and positive experiences for clients	Revise survey with relevant questions for programs	
Population Health	Reduce Influenza rates in older adults by increasing access to the influenza vaccine	Percent of patient/client population over age 65 that have received influenza immunizations.	30% of 551 recorded by LNPLC	60%	HQO-recommended metric - Reach higher number of seniors who may be affected	Capture numbers of patients who received influenza vaccine outside of our clinic, therefore not necessarily captured in Accuro stats.	Queries in Accuro EMR by patient demographic and indication of flu vaccine administered.	Continue seasonal flu vaccine clinics, and offering flu vaccines on demand. Attempt to capture immunizations administered outside clinic.	pts over 65, base = 551
4/1/2015	Reduce the incidence of cancer through regular screening	Percent of eligible patients who are up-to-date in screening for breast cancer	71% of 543	75%	Regular screening = reduced late diagnosis &	Track and report percentage of applicable patients with mammogram results	Queries in Accuro EMR by patient demographic and	Continue advocacy of regular screening, patient education in	Females 50-69, base = 543

Quality dimension	Objective	Measure/Indicator	Current performance	Target for 2015/16	Target justification	Planned improvement initiatives (Change Ideas)	Methods and process measures	Goal for change ideas (2015/16)	Comments
through regular screening	Percent of eligible patients who are up-to-date in screening for colorectal cancer	Percent of eligible patients who are up-to-date in screening for cervical cancer	47% of 1090	75%	Regular screening = reduced late diagnosis & potential mitigation	1) Track and report percentage of applicable patients with FOBT results 2) FOBT kits distributed to all eligible patients proactively along with requisition. All patient has to do is collect sample at home and send for results.	1) Tasks created for all patients to proactively indicate when screenings are due - pts contacted as needed. 2) Queries in Accuro EMR by patient demographic and indication of FOBT results	Demographic and indication of mammogram results	Continue advocacy of regular screening patient education in clinic

\* data will be available on the Health Data Branch Portal for organizations with rostered patients