

2017/18 Quality Improvement Plan for Ontario Primary Care

"Improvement Targets and Initiatives"



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AIM		Measure								Change				
Quality dimension	Issue	Measure/Indicator	Unit / Population	Source / Period	Organization Id	Current performance		Priority level	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments	
						Target	Target justification							
Effective	Coordinating care	Percentage of patients identified as meeting Health Link criteria who are offered access to Health Links approach	% / Patients meeting Health Link criteria	In house data collection / Most recent 3 month period	91478*	CB	0.00	Health Links has not been a productive referral stream for our clinic in Thudner Bay up to this point. This indicator may not be follow-ed up on with the same diligence as others.	1)Improve Health Link referral practice	Run list of patients who meet Health Link criteria	Number of patients who have been referred to Health Links / Number of patients who meet Health Link criteria	This list has been provided to NPs and patients who are appropriate for referral are identified	So far, not an effective program for our patients as determined by the primary care providers	

Effective transitions	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	CIHI DAD / April 2015 - March 2016	91478*	100	100.00	List of patients discharged from hospital is generated each week by the lead NP, then the RN calls all patients to follow-up. Those who require an appointment are booked as appropriate.		1)List of patients discharged from hospital is generated each week by the lead NP, then the RN calls all patients to follow-up. Those who require an appointment are booked as appropriate.	This is currently being done effectively	This is currently being done effectively	This is currently being done effectively	This is currently being done effectively
	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.	% / Discharged patients with selected HIG conditions	CIHI DAD / April 2015 - March 2016	91478*	X	15.00	This indicator is collected by the Thunder Bay Regional Health Sciences Centre, and is not efficient for us to try to capture as well.		1)Get this info from TBRHSC	unknown	TBRHSC readmission rates	15	TBRHSC tracks, but it's burdensome for us to duplicate this work by manually tracking.
	Percentage of patients for whom discharge notification was received who were followed up within 7 days of discharge, by phone or in-person visit, with any clinician.	% / Discharged patients	In house data collection / Last consecutive 12 month period.	91478*	100	100.00	List of patients discharged from hospital is generated each week by the lead NP, then the RN calls all patients to follow-up. Those who require an appointment are booked as appropriate.		1)List of patients discharged from hospital is generated each week by the lead NP, then the RN calls all patients to follow-up. Those who require an appointment are booked as appropriate.	This is currently being done effectively	This is currently being done effectively	This is currently being done effectively	This is currently being done effectively

Population health - cervical cancer screening	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	91478*	83.3	87.00	This was our performance previously, so we would like to maintain		1)Continue to proactively call patients who are due for a PAP test based on tasks input into EMR	Tasks in EMR come due, and patients are called to come have screening done.	Patients who are up to date for PAP tests / Patients in baseline	87%	Currently being done effectively, but slight drop. Could be due to intake of new patients who need to be brought up to date
Population health - colorectal cancer screening	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	See Tech Specs / Annually	91478*	56.8	75.00	What we'd like to see		1)Reminder tasks for FOBTs due have been moved from administrative staff to clinical staff for more streamlined info sharing with the primary care providers.	Patients are identified as being due for FOBT or colorectal cancer screening intervention by RPN through tasks in EMR by date. When patient is due, RPN relays this to NP before appointment, and NP follows up with patient as appropriate	Same indicator as previous	75%	N/A

	Population health - diabetes	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	ODD, OHIP-CHDB,RPDB / Annually	91478*	77	77.00	Current Performance is better than 75% which would be our target, so we want to maintain this better result		1)Use point of care test apparatus provided by LHIN for on-site HbA1C tests when appropriate	Still awaiting receipt of apparatus from LHIN	# of patients with two HbA1C tests / # of patients in baseline demographic	77%	Good rate for our first year capturing this. The machine from the LHIN would increase this.
Patient-centred	Person experience	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 2016 - March 2017	91478*	98.48	100.00	This should be applicable for every appointment		1)Continue advocating for this with providers. Survey results are good, but 100% would be better	Currently being done effectively	Currently being done effectively	Currently being done effectively	Currently being done effectively
Safe	Medication safety	Percentage of patients with medication reconciliation in the past year	% / All patients	In house data collection / Most recent 12 month period	91478*	CB	50.00	We are informed that this indicator is under development. Our clinic will determine the proper demographics and HIGs that are appropriate for this indicator		1)Investigate methods of doing more broad MedRec	Possibly use a software developed for this process	Number of med recs completed	Identify what is the baseline client population that we need to focus on	Will review throughout year

Timely	Timely access to care/services	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)	In-house survey / April 2016 - March 2017	91478*	45.08	100.00	This question is not fully understandable, because if a patient is offered an appointment within one or two days, they may not be available to come to the clinic then, so will book an appointment a week out, thereby skewing the fact that they were offered a same-day or next-day appointment. 91% of patients replied that they did not wait longer than expected to get an appointment. Also just learned that the Canadian average for this indicator is 45%		1)Better method to measure this	Unsure	Data from survey is not accurate of our practice of same-day and next-day appointments. 91% of patients report not having to wait longer than expected, survey question is not clear.	More representative of actual rate of same-day and next day appointment availability.	Time to third-next available is under target for 85% of providers
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