

2018/19 Quality Improvement Plan for Ontario Primary Care

"Improvement Targets and Initiatives"

Lakehead
Nurse Practitioner-Led Clinic

101-325 S. Archibald Street, Thunder Bay, ON P7E 1G6

AIM		Measure							
Quality dimension	Issue	Measure/Indicator	Type	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification

M = Mandatory (all cells must be completed) P = Priority (complete ONLY the comments cell if you are not working on this indicator) A= Additional (do not select from drop down)

Effective	Coordinating care	Percentage of patients identified as meeting Health Link criteria who are offered access to Health Links approach	A	% / Patients meeting Health Link criteria	In house data collection / most recent 3 month period	91478*	X	1.00	Partnership with Health Links is still in development
	Effective transitions	Percentage of patients who have had a 7-day post hospital discharge follow up. (CHCs, AHACs, NPLCs)	P	% / Discharged patients	See Tech Specs / Last consecutive 12 month period	91478*	100	100.00	We contact every patient for who we receive notification of a hospitalization, and book appointments as necessary.

	Percentage of patients who were discharged in a given period for a condition within selected HBAM Inpatient Grouper (HIGs) and had a non-elective hospital readmission within 30 days of discharge, by primary care practice model.	A	% / Discharged patients with selected HIG conditions	DAD, CAPE, CPDB / April 2016 - March 2017	91478*	X	15.00	This data is held by the Thunder Bay Regional Health Sciences Centre, and we do not have the data to report.
	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.	P	% / Discharged patients	EMR/Chart Review / Last consecutive 12 month period	91478*	X	100.00	Repeat Indicator - all patients are followed up within 7 days.
Wound Care	Percentage of patients with diabetes, age 18 or over, who have had a diabetic foot ulcer risk assessment using a standard, validated tool within the past 12 months	A	% / patients with diabetes, aged 18 or older	EMR/Chart Review / Last consecutive 12 month period	91478*	X	1.00	We are not implementing this practice yet. All Diabetic patients are monitored for this, but we are not recording it specifically yet.

Equitable	Population health - cervical cancer screening	Percentage of Ontario screen-eligible women, 21-69 years old, who completed at least one Pap test in 42-month period.	A	% / PC organization population eligible for screening	CCO-SAR, EMR / Annually	91478*	62	87.00	This was our previous results, so we would like to maintain
	Population health - colorectal cancer screening	Percentage of Ontario screen-eligible individuals, 50-74 years old, who were overdue for colorectal screening in each calendar year	A	% / PC organization population eligible for screening	See Tech Specs / Annually	91478*	53	25.00	Why is this indicator the opposite of others? We track how many patients are up-to-date on the test, as we do with all other indicators.
	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	A	% / patients with diabetes, aged 40 or over	ODD, OHIP-CHDB,RPDB / Annually	91478*	88	88.00	This is an improvement from last year, and we would be happy to maintain this level.

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?	P	% / PC organization population (surveyed sample)	In-house survey / April 2017 - March 2018	91478*	98.54	100.00	These results are great, so 100% is the result we would strive for
Safe	Medication safety	Percentage of patients with medication reconciliation in the past year	A	% / All patients	EMR/Chart Review / Most recent 12 month period	91478*	X	1.00	We do not have a demographic to apply to this measure, so are not using it at this time.

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.	P	% / PC organization population (surveyed sample)	In-house survey / April 2017 - March 2018	91478*	40.68	100.00	This question does not clearly capture if a patient was offered a same-day or next day appointment, but usually when they actually came in - which could be significantly longer than when they were offered. However, keeping our booking times from getting too far out is a continual effort.
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Change				
Planned improvement initiatives (Change Ideas)				
Methods	Process measures	Target for process measure	Comments	

n menu if you are not working on this indicator) C = custom (add any other indicators you are working on)

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
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

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.
1)Duplicate Indicator	Duplicate Indicator	Duplicate Indicator	Duplicate Indicator	Duplicate Indicator
1)Not using this indicator	Not using this indicator	Not using this indicator	Not using this indicator	Not using this indicator

<p>1)Continue to proactively call patients who are due for a PAP test based on tasks input into EMR</p>	<p>Tasks in EMR come due, and patients are called to come have screening done.</p>	<p>Patients who are up to date for PAP tests / Patients in baseline</p>	<p>87%</p>	<p>Currently being done effectively, but slight drop. Could be due to intake of new patients who need to be brought up to date</p>
<p>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.</p>	<p>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</p>	<p>Inverse of: Patients who are up to date for FOBT tests / Patients in baseline</p>	<p>25%</p>	<p>Would be preferable if this indicator was not the inverse of all other screenings (change to those who are up-to-date with screenings, not those who are overdue)</p>
<p>1)Continue practice from this year</p>	<p>Continue practice from this year</p>	<p>Patients with two HBA1C results in the previous twelve months / Patients over 40 years with a diagnosis of diabetes</p>	<p>88</p>	<p>Continue practice from this year</p>

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
1)Not being used	Not being used	Not being used	Not being used	Not being used

<p>1)Expand clinic hours to include two evenings per week (to 8:30 PM instead of 4:30), add Saturday walk-in clinics (10AA - 2PM) and open walk-in access six days per week</p>	<p>We have expanded clinic hours and staff</p>	<p>Tracking number of patients using expanded access</p>	<p>Patients always have an option to be seen same day or next day by coming to the walk-in clinics. We will monitor the survey results to see if this reflects actual access.</p>	
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