

2019/20 Quality Improvement Plan for Ontario Primary Care

"Improvement Targets and Initiatives"

*Lakehead
Nurse Practitioner-Led Clinic*

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AIM		Measure								
Issue	Quality dimension	Measure/Indicator	Type	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	External Collaborators
Theme I: Timely and Efficient Transitions	Efficient (7-Day Follow-up post-discharge from Hospital)	Percentage of patients who have had a 7-day post hospital discharge follow up for selected conditions. (CHCs, AHACs, NPLCs)	P	% / Discharged patients	See Tech Specs / Last consecutive 12-month period.	91478*	100	100.00	All patients should be followed up post-discharge from hospital.	

M = Mandatory (all cells must be completed) P = Priority (complete ONLY the comments cell if you are not working on this indicator) C = custom (add any other indicators you are working c

	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	Duplicate Indicator	
Timely (Same-Day/Next-Day Access)	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 2018 - March 2019	91478*	58.75	100.00	Based on the survey question, it is unlikely to achieve 100%, so we include the additional question asking patients if they waited longer than expected.	

Theme II: Service Excellence	Patient-centred (Involved in care and treatment plan)	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 2018 - March 2019	91478*	97.85	100.00	We would like to see all patients rate the top on this measure	
Theme III: Safe and Effective Care	Effective (Palliative Care)	Proportion of primary care patients with a progressive, life-threatening illness who have had their palliative care needs identified early through a comprehensive and holistic assessment.	P	Proportion / at-risk cohort	Local data collection / Most recent 6 month period	91478*	CB	100.00	100% of patients identified with palliative care needs should have a documented assessment of their palliative care needs in their EMR	

	Safe (Opioid Prescriptions)	Percentage of non-palliative patients newly dispensed an opioid within a 6-month reporting period prescribed by any provider in the health care system within a 6-month reporting period.	P	% / Patients	CAPE, CIHI, OHIP, RPDB, NMS / Six months reporting period ending at the most recent data point	91478*	CB	2.00	Newly initiated opioid prescriptions are extremely rare, and essentially all opioid prescriptions are carried over from new patients that were prescribed by a previous provider. We anticipate a low volume of new initiations	
Equity	Equitable (Screenings)	Percentage of Ontario screen-eligible individuals, 50-74 years old, who were overdue for colorectal screening in each calendar year	C	% / PC organization population eligible for screening	EMR/Chart Review / Annually	91478*	58	25.00	We'd like to see most patients up to date with this screening. 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.	

		Percentage of Ontario screen-eligible women, 21-69 years old, who completed at least one Pap test in 42-month period.	C	% / PC organization population eligible for screening	EMR/Chart Review / Annually	91478*	63	87.00	This was a historic result that we would like to maintain	
		Percentage of patients with diabetes, aged 40 or over, with two or more glycated hemoglobin (HbA1C) tests within the past 12 months	C	% / patients with diabetes, aged 40 or over	EMR/Chart Review / Annually	91478*	62	88.00	We would like to maintain the current level of performance	

Change				
Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments

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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
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1)Duplicate Indicator	Duplicate Indicator	Duplicate Indicator	Duplicate Indicator	Duplicate Indicator
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	We have expanded clinic hours and staff	Tracking number of patients using expanded access	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.	Have seen a great increase in walk-in access. However, survey question is still not able to capture actual access offered to patients, but is based on their subjective opinion of when the appointment was booked, which may be different than earlier appointment offered that was not a time that they wanted.

2)Additional Survey Question "If you scheduled an appointment, did you have to wait longer than expected to get an appointment date?"	Included in Patient Satisfaction Survey	Patient Satisfaction Survey	The results of the survey are 90% positive	This question yields a 90% response rate of "No"
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)Align palliative care definition and documentation processes to clearly and consistently identify clients with a progressive, life-threatening illness	Establish definition for palliative status using evidence based prognostic indicators; determine clinic process for identifying and documenting palliative status	Percentage of palliative clients who have documented status on their chart	This is being developed	At this time, palliative definition and documentation of status is inconsistent which limits data access and analysis. Palliative patients are referred to community palliative care team

<p>1)Standardized approach to safe prescribing which includes use of: 1)risk assessment tool, 2) pain assessment tool, 3)treatment agreement</p>	<p>Clinical Director to oversee effective use of risk-mitigation tools</p>	<p>All newly-initiated opioid prescriptions to have the three tools completed with patient</p>	<p>100% of patients who have newly been prescribed opioids will have the necessary assessments and treatment agreements scanned to their chart</p>	<p>New indicator</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>We would like to see this rate low, set goal at 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 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>We would like to see this rate reach our historic results 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)Continue to track all diabetic patients over 40, and query their charts via EMR to ensure that two HbA1C results have been obtained in the fiscal 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>We would like to see our performance continue to reach the current level of 88%</p>	<p>Continue practice from this year</p>