

2019/20 Quality Improvement Plan for Ontario Primary Care
 "Improvement Targets and Initiatives"

South East Grey CHC 55 Victoria Avenue

AIM	Measure										Change				
Issue	Quality dimension	Measure/Indicator	Unit / Type Population	Source / Period	Organization Id	Current performance	Target	Target justification	External Collaborators	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments	
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 on)															
Theme I: Timely and Efficient Transitions	Efficient	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.	92013*				1)				There is no consistent notification of admissions, discharges or deaths in hospital. We are not currently receiving discharge summaries in a consistent or reliable manner and therefore, not able to produce reliable data. We have dedicated resources to extracting this data, however as we began to perform chart reviews on the client visits and data we had, it became clear that the information we were working to collect, was only reflective of what we had been made aware of, and therefore impossible to measure what we didn't know. There are approximately 10+ rural hospitals in our geographic area. If, and when, discharge summaries are received, they could be days or weeks later (similar to death in hospital), and they go directly to the provider. There is no reliable way to track this number that will add value. We will commit to working through the Transitions between Hospital and Home document (Health Links and Clinical Reference Group) around change ideas that we can work on closer with hospital (ie-making primary care appointment follow-up appointment in hospital as a part of discharge planning).	
	Timely	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	92013*	61	65.00	We are attempting to increase from our performance last year. We are confident that with the efforts made, we will continue to see an improvement. There are now three (3) protected spots in each provider's schedule dedicated to clients requesting same day. Clients are aware that they may not always see their own provider. There is also an additional provider who will dedicate 3.0 hours each day for urgent care. There will be continued and increased effort with consistent messaging and communication. We anticipate some challenges with the recent onboarding of +3-4,000 new clients. As an additional change idea, we included information on same-day appointments in the onboarding/meet & greet information that is signed by the client. This offers an additional tracking measure to ensure the client was made aware, and that the provider fully explained this service.	1)Based on feedback from all staff and clients, the change idea is that each Physician and Nurse Practitioner will allot 3 appointment times daily to urgent care/same day referrals. 2)Addition of 1 practitioner daily who will commit 3.0 hours for same-day/urgent care referrals. Build schedule. 3)Clients who are on-boarding will be made aware that they can access urgent care. At Meet & Greet, clients sign a consent form that includes a paragraph outlining urgent and same day services-they sign off that they are aware.	There are 3 safeguarded spots in each provider's schedule. All providers, and reception are aware of these spots and will provide consistent messaging to clients when they call in for an appointment. Clients are made aware that they may not always be able to see their own provider in this instance. Assign 1 practitioner (rotating) each day to same-day/urgent care referrals. Build schedule.	The safeguarded spots in each provider's schedule will be consistently filled with same-day/urgent care clients. Urgent Care referrals will be consistently utilized and full.	When asked, 65% of patients and clients will indicate that they are able to see a doctor or nurse practitioner on the same day or next day, when needed. The target for this process measure is that the allotted spots will be consistently utilized for same-day/urgent care. We will evaluate the utility of this change idea on a regular and	Target is 100% of all clients on boarded will sign consent that includes communication on same-day/urgent care availability.	Clients are aware that they may not always see their own provider. We anticipate some challenges with the recent onboarding of +3-4,000 new clients.
Theme II: Service Excellence	Patient-centred	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	92013*	93	93.00	We are a high performing organization with a target exceeding the provincial and South West LHN average. As we have almost doubled in panel size in the past quarter, our main objective for this QIP is to bring our new clients on board, acclimatize newly hired staff with the CHC philosophy and maintain the efforts and target we have worked so hard to achieve.		1)Continue to build trust with former clients. Build trusting relationship with new clients. Continue to schedule and provide clients with appropriate time required-schedule more time if discussing difficult information or decisions. Continue to utilize teach-back, motivational interviewing, and promote self-management support to offer clients a prepared, proactive practice team. Continue to offer chronic disease self-management program to empower clients to be informed, activated patients. Practitioners to elicit feedback via teach back methods. Practitioners to elicit feedback-as outlined in HQO evidence-informed practices. Ask patients if they feel involved to the extent they want to be in decisions related to their care. If they don't, find out what more we can do. In-house survey to be delivered in wait room and by phone.	Number of patients surveyed in-house annually through client satisfaction survey.	93% of patients state 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.	We have in-house support via our Allied Health Services Manager/Quality Improvement Lead who is a Master Trainer for Stanford Chronic Disease Management Program and co-led the Self-Management Support project for NWLHN. The SEGCHC supports the Chronic Care Model (CCM) as an organizational approach to caring for people with chronic disease in a primary care setting.	
Theme III: Safe and Effective Care	Effective	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	92013*	CB		The SEGCHC will establish an in-house Palliative Care Resource Team that will conduct home visits and primary care support to clients in their home. Through partnership with the Grey Bruce Palliative Care Network, we will begin to apprise our team of the available assessments and collect baseline data on referrals. Currently the decision to refer is a result of the discussion between client, family and provider.	1)Establish an in-house Palliative Care Resource Team that works to identify and support clients at the clinic and conducts home visits in conjunction with Grey Bruce Palliative Care Team/Network.	Palliative Care Resource Team to review Palliative Care Toolkit, Quality Standards for Palliative Care and E Health Palliative Care toolkit (Health Quality Ontario/Ontario Palliative Care Network). Palliative Care Resource Team to track home-visits for baseline measure.	Through conversation with health care provider, # of clients who identify as wanting palliative care support and receive a referral to Grey Bruce Palliative Care Team.	Palliative Care Resource Team to be established by June 2019. Collect baseline data through partnership with GB Palliative Care Team.	SEGCHC Palliative Care Resource Team to partner and support referrals to Grey Bruce Palliative Care Team through home visits, monitoring and support for client and family.	
	Safe	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, RPOB, NMS / Six months reporting period ending at the most recent data point	92013*	CB	CB	Physicians/Nurse Practitioners to investigate "My practice". The SEGCHC currently has instituted internal checks and balances around narcotic/opioid prescriptions and there are newly developed resources, and programs such as the Low Back Pain Program that are undergoing a soft-launch and PDSAs for quality control prior to a full launch. We are committed to responsible prescribing and have worked to include our local pharmacy as well.	1)				We will bring the "My practice Reports" portal back to the Physicians and Nurse Practitioners for review. Will strive to collect a baseline measure.	