

2017/18 Quality Improvement Plan for Ontario Primary Care

"Improvement Targets and Initiatives"

South East Grey CHC 55 Victoria Avenue, P.O. Box 360, Markdale, ON N0C 1H0

AIM		Measure							Change				
Quality dimension	Issue	Measure/Indicator	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments
Effective	Effective transitions	Percent of patients/clients who see their primary care provider within 7 days after discharge	% / Discharged patients with selected HIG conditions	CIHI DAD / April 2015 - March 2016	92013*	95	95.00	Stretch Target	1) Reinforce a service guarantee with local referring hospitals.	Service guarantee with referring hospitals implemented. Hospitals call SEGCHC upon discharge of patient from the ER. Call leads to immediate action by SEGCHC to book patient into an appointment within 24 hours.	Hospitals begin to refer and follow the protocol. Patients see NP or MD within 24 hours of discharge from a hospital. Reduce number of readmissions.	95% of patient seen within 24 hours of discharge.	Change management training required for hospital staff.
		Percentage of patients for whom discharge notification was received who were followed up	% / Discharged patients	In house data collection / Last consecutive 12 month period.	92013*	95	95.00	Stretch Target	1) Reinforce a service guarantee with local referring hospitals.	Service guarantee with referring hospitals implemented. Hospitals call SEGCHC upon discharge of patient from the ER. Call leads to immediate action by SEGCHC to book patient into an appointment within 24 hours.	Hospitals begin to refer and follow the protocol. Patients see NP or MD within 24 hours of discharge from a hospital. Reduce number of readmissions.	95% of patients seen within 24 hours of discharge.	Change management training required for hospital staff.
	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	92013*	80.25	80.00	Maintain current level of screening.	1) Ensure that females older than 20 and younger than 70 receive a cervical cancer screening at least every three years.	Nursing staff to continue running a men's and women's wellness program. Nursing staff to pull data extraction to identify patients and have nursing call these patients. Offer examinations at each location.	Monitor each step carefully using project management methodology. Use PMP to update targets and tactics.	81% of all females >20 and <70 receive a cervical cancer screening at least every three	
	Population health - diabetes	Percentage of patients with diabetes, aged 40 or over, with two or more glycosylated	% / patients with diabetes, aged 40 or over	ODD, OHIP-CHDB, RPDB / Annually	92013*	97.75	95.00	Maintain current level of screening.	1) Target eligible patients 40 years or older that have diabetes. Run specific vaccination clinics.	Establish a Diabetes Management Program as an element of a Chronic Disease Management Program. Establishing a care process for managing patients with diabetes including bloodwork and referral to diabetic educator. Use data extractions to identify patients and	Monitor each step carefully to ensure project management methodology. Use PMP to update targets and tactics.	95% of patients with diabetes, aged 40 and over, with two or more glycosylated	
Efficient	Maintain Current Cost/Patient Ratio	Total Budget divided by total rostered patients.	Dollars / All patients	Ministry of Health Portal / April 1, 2017 - March 31, 2018	92013*	657.65	99.00	We want to remain in the 95th percentile without placing too much stress	1) Improve or maintain our current budget to patient cost ratio.	Use database extracts to identify patients. Use OHRS data. Ensure that each MD and NP have full complement of patients.	Ensure SAMI is accurate. Chart audits to ensure appropriate diagnosis which may affect panel size.	Maintain current status in 99th percentile.	
		Total Budget divided by total visits.	Dollars / All patients	Ministry of Health Portal / 2017/2018	92013*	93.15	99.00	We want to remain in the 95th percentile without putting too much	1) Improve or maintain the current patient visit numbers for the organization.	Use database extracts to identify targeted patients. Use OHRS data to identify waste.	Reduce missed visits. Increase physician and nurse practitioner visits per hour. Use PMP as a means to reinforce targets and to identify tactics.	Maintain current status	
Equitable	Increase primary care services to marginalized populations, specifically	Primary care services to the Mennonite and Amish population have increased.	% / Clients	EMR/Chart Review / 2017/2018	92013*	500	500.00	We are in the midst of conducting research to measure the	1) Improve primary care services to marginalized people. Target Mennonite patients.	Use database data extraction and municipal census data to identify potential patients. Establish basic benchmarks or targets.	Offer primary care services at each locality, offer outreach in Mennonite communities	Use research assistant to identify quantifiable measures that will	While we do not yet have an equity indicator, we are addressing equity by offering
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	% / PC organization population (surveyed sample)	In-house survey / April 2016 - March 2017	92013*	99	98.00	We want to maintain current performance without placing too much stress on the organization.	1) Ensure MDs and NPs clearly articulate all treatment plan options and provide an opportunity for patient input. 2) Create a mandatory field in charting process to ensure patients are involved in treatment and care	Group training led by NP clinical supervisor. Staff engagement. Performance management plans reflect goals. Provide training to clinical staff on patient involvement in treatment plans. Specific part of charting called services provided were practitioner has to select a box indicating the client was involved in their treatment plan.	Training completed, PMP goals improving. Approval rating on client satisfaction survey and chart audits.	97%+ approval rating as measured annually through patient survey. 97%+ Approval rating on patient survey.	
		Person experience: Opportunity to ask questions	Percent of respondents who responded positively to the question: "When you see your	% / PC organization population (surveyed sample)	In-house survey / April 2016 - March 2017	92013*	98.5	97.00	Maintain current performance	1) Ensure MDs and NPs understand the importance of engaging patients in their respective care plans.	Group training led by NP clinical supervisor. Staff engagement. Performance management plans reflect goals. Provide training to clinical staff on involving patients in recommended treatment.	Training has been completed and the measure improved MD/NP behaviour in this area.	97% approval rating as measured annually through our patient survey.

		doctor or nurse practitioner, how often do they or someone else in the office give you an							2)Create a mandatory field in charting process to ensure patients are given opportunity to ask questions.	Specific part of charting called services provided were practitioner has to select a box indicating the client was involved in their treatment plan.	Approval rating on client satisfaction survey and chart audits.	97%+ approval rating on patient survey.	
	Person experience: Primary care providers spending enough time with patients.	Percent of patients who responded positively to the question: "When you see your doctor or	% / PC organization population (surveyed sample)	In-house survey / April 2016 - March 2017	92013*	98.8	99.00	Maintain current performance.	1)MDs and NPs spend appropriate amount of time with patients.	Group training led by NP clinical supervisor. Staff engagement.	Training completed. Performance management plans reflect goals. Number of patients responding positively increase.	99% approval rating as measured annually through the patient survey.	
Safe	Medication safety	Percentage of patients with medication reconciliation in the past year	% / All patients	In house data collection / Most recent 12 month period	92013*	0	0.00	Information not currently available.	1)Our primary care providers will continue do a medication reconciliation every three months and chart this on the patient	We will ensure this is happening through chart audits.	This process will be measured through chart audits however this information is not tracked as a percentage.	n/a	n/a
Timely	Timely access to care/services	Percentage of patients and clients able to see a doctor or nurse practitioner on the same day or	% / PC organization population (surveyed sample)	In-house survey / April 2016 - March 2017	92013*	95	95.00	Maintain current performance.	1)increase number of same day visits for urgent care.	Build upon current urgent care practices. Educate reception about patient needs vs. reality. Improve internal processes. Educate patients of availability of same day appointments.	Training completed. Improved access in terms of operating hours. Reduce ER visits for SEGCHC patients. Open up more available appointments for same day and urgent care visits.	99% Approval rating and reduction in ER visits by 20%.	