

2014/15 Quality Improvement Plan for Ontario Primary Care
"Improvement Targets and Initiatives"



AIM	Measure	Change												
Quality dimension	Objective	Measure/Indicator	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	Planned improvement	Initial Methods	Process measures	Goal for change	Id	Comments
Access	Access to primary care when needed	Percent of patients/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 / TBD	91956*	CB	80	Our target justification is specific to our Nurse Practitioners only.	1)Our team currently offers same day and/or next day appointments, the tracking tool has been developed and we are currently in the	To use best practice guidelines to comprehensively develop a clear definition of 'urgent care' for 'when needed' appointments.	Track number of calls for same day or next day appointments needed (quarterly/2 week sample) Track percentage of those calls that were seen same day or next day.	80% compliance by March 31, 2015		
		Patients will have access to primary health care provider in less than 5 days for non urgent visits.	% / All patients	EMR/Chart Review / 2014-15	91956*	CB	70	According to our current advanced access training, this is a provincial best practice standard to meet.	1)Use the tools provided through wave 3 HQO training for advanced access.	Data will be collected quarterly using a 3 week sample and averaged annually.	Third Next Available is less than 5 days.	70%		
	Reduce ED use by increasing access to primary care	Percent of patients/clients who visited the ED for conditions best managed elsewhere (BME).	% / PC org population visiting ED (for conditions BME)	Ministry of Health Portal / TBD	91956*	CB	60	As a Nurse Practitioner-Led Clinic this data is not currently available. We are working with our own IT and a relationship with local hospitals to meet this target.	2)Engage physicians and develop the relationship with our hospitals to support processes to access this data. Information 3)Provide education as motivation for patients to avoid ED visits when possible 4)Participate in the Oxford Health Links and Hub Model to develop model for risk based prevention to avert acute, emergent cases to	We are currently in the processes of collecting information regarding how to access electronic records from local hospitals. We have just signed on with OLIS, and are investigating other electronic data collection options. We will engage patients in focus groups quarterly. We will include this question to garner feedback from patients about their ED visits Review and analyze ED reports (once they begin to come to the clinic) Participate in the readiness assessment for Oxford Health Links	Number of electronic connections made. Number of patients who say they used the clinic in lieu of ED visit Number of health links developed.	To develop our electronic infrastructure to ensure we the ability to 40% 65%		
Improve access to inter-health professional team	Percent of patients/clients able to see an inter-health provider within two weeks time for non urgent visit.	Days / Mental health/addiction patients	EMR/Chart Review / April 2014-March 2015	91956*	CB	14	The average wait time for mental health and addiction services from other providers in Oxford County is 3-6 months.	2)Set specific quarterly 2 week periods to gather data	Manual internal tracking method will be used for 2 week periods each quarter and averaged annually.	Number of patients able to see inter-health provider within two weeks	85%			
								3)Inter health professionals will receive skills training from internal QIP EMR data team to help understand better ways for efficiency	Number of training sessions that inter-health professionals are provided and attend	Number of inter-health providers that demonstrate uptake of education documented per quarter	100% compliance for education and demonstration of skills			
Integrated	Timely access to primary care appointments post-discharge through coordination with hospital(s).	Percent of patients/clients who saw their primary care provider within 7 days after discharge from hospital for selected conditions (based on CMGs).	% / PC org population discharged from hospital	Ministry of Health Portal / TBD	91956*	CB	50	As a new NP clinic we do not have hospital privileges to determine this, and do not have the ability/relationship established with local	1)Engage physicians and develop the relationship with our hospitals to support processes to access this data. Information	We are currently in the processes of collecting information regarding how to access electronic records from local hospitals. We have just signed on with OLIS, and are investigating other electronic data collection options.	Number of electronic connections made.	To develop our electronic infrastructure to ensure we the ability to		
									Reduce unnecessary hospital readmissions	Percent of a primary care organization's patients/clients who are readmitted to hospital after they have been discharged with a specific condition (based on CMGs).	% / PC org population discharged from hospital	Ministry of Health Portal / TBD	91956*	CB

Patient-centred	Receiving and utilizing feedback regarding patient/client experience with the primary health care organization.	Percent of patients who stated that when they see the doctor or nurse practitioner, they or someone else in the office (always/often) give them an opportunity to ask questions about recommended treatment?	% / PC organization population (surveyed sample)	In-house survey / 2014/2015	91956*	83	90	While the baseline is currently 83% of patients feeling that their practitioner listened to them and answered their questions, the baseline	1) We will engage patients in bi-annual focus groups We will amend and send out patient surveys	Focus group Survey	Number of focus groups Number of patients engaged Number of surveys sent Number of surveys received	80% satisfaction in this area by March 31, 2015		
		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 / 2014/2015	91956*	82	85	While a baseline exists, we feel that there was not a significant sample size to accurately determine the larger patient population experience and	1) We will increase the number of patients who receive our online patient satisfaction survey to all patients who provide email	Our online surveys have the capability to be immediately collected and analyzed ongoing through HR Downloads which provides highly accurate data feedback and management	Number of surveys sent Number of surveys completed and returned	80% patient satisfaction by March 31, 2014		
		Percent of patients who stated that when they see the doctor or nurse practitioner, they or someone else in the office (always/often) spend enough time with them?	% / PC organization population (surveyed sample)	In-house survey / 2014/2015	91956*	CB	80	We are confident that our team can reach 80% or beyond based on current anecdotal feedback and evaluation from patients.	1) Put patients and families on our QIP team. 2) Primary health team will learn skill of checking in and out with patients verbally to ensure they have felt their needs were met during the 3) Include this question on our online survey to go out to every patient household.	Quarterly focus groups. QIP team will include this in chart audits Online survey to be reviewed by QIP team	- number of patients involved in the focus groups - monthly visit (by a staff member) to our waiting area to ask about their experience - share one patient story per quarter with board of directors 100% of staff team will demonstrate this skill as part of each primary health visit Survey to be sent out bi-annually	100% compliance by March 31, 2015 100% compliance by March 31, 2015 50% of patients will complete the online survey by March 31, 2015		
Population health	Reduce influenza rates in older adults by increasing access to the influenza vaccine.	Percent of patient/client population over age 65 that received influenza immunizations.	% / PC organization population aged 65 and older	EMR/Chart Review / TBD	91956*	60.98	60	This is the theoretical best rate onsite as some patients will receive influenza vaccine through promotional sites such as pharmacy, public	1) Improve documentation to inquire if patients have had influenza vaccine off site.	Collect information via question asked by primary provider for sample period during flu season. Review data in EMR immunization section.	Percentage of patients 65 and over who receive their flu shot.	Staff will review 100% of patients 65 and over by March 31, 2015 to determine data.		
		Reduce the incidence of cancer through regular screening.	Percent of eligible patients/clients who are up-to-date in screening for breast cancer.	% / PC organization population eligible for screening	EMR/Chart Review / TBD	91956*	CB	75	Once the appropriate searches are developed for our EMR, this data should be more attainable to identify where gaps may exist.	1) Staff will engage in training and skill development in EMR data collection to create infrastructure to gather	Track staff training sessions Regular QIP team meetings to share information and skills Review and improve searches to obtain reliable data	Number of QIP team meetings Number of staff that demonstrate uptake of skills development Relative searches developed and number of searches successfully run	Infrastructure tracking/reporting mechanism will be developed by March 31, 2015	
			Percent of eligible patients/clients who are up-to-date in screening for colorectal cancer.	% / PC organization population eligible for screening	EMR/Chart Review / TBD	91956*	CB	75	Once appropriate searches are created within the EMR, this target should be attainable to capture reliable data.	1) Staff will engage in training and skill development in EMR data collection to create infrastructure to gather	Track staff training sessions Regular QIP team meetings to share information and skills Review and improve searches to obtain reliable data	Number of QIP team meetings Number of staff that demonstrate uptake of skills development Relative searches developed and number of searches successfully run	Infrastructure tracking/reporting mechanism will be developed by March 31, 2015	
			Percent of eligible patients/clients who are up-to-date in screening for cervical cancer.	% / PC organization population eligible for screening	EMR/Chart Review / TBD	91956*	CB	75	Once appropriate searches are developed within our EMR, this data will be more easily obtainable.	1) Staff will engage in training and skill development in EMR data collection to create infrastructure to gather	Track staff training sessions Regular QIP team meetings to share information and skills Review and improve searches to obtain reliable data	Number of QIP team meetings Number of staff that demonstrate uptake of skills development Relative searches developed and number of searches successfully run	Infrastructure tracking/reporting mechanism will be developed by March 31, 2015	