

2017/18 Quality Improvement Plan for Ontario Primary Care
 "Improvement Targets and Initiatives"

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AIM		Measure						Change				
Quality dimension	Issue	Measure/Indicator	Unit / Population	Source / Period	Current performance		Target justification	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments
					Current performance	Target						
Effective	Effective transitions	Percent of patients/clients who see their primary care provider within 7 days after discharge from hospital for selected conditions.	% / Discharged patients with selected HIG conditions	CIHI DAD / April 2015 - March 2016	CB	CB	We do not have a seamless protocol for being notified of admissions and discharges of our patients from hospital. Therefore we would like to work on collecting baseline data and work with our hospital for developing the best means of collecting this data. Ideally, the Ministry will implement a change to allow NPLC patients to be "rostered" to NP's and then our patients will be formally recognized throughout the system.	1)Continue to advocate with Ministry of Health to make necessary changes to OHIP system so that NPLC patients can be properly identified and attached. 2)Work with local hospital to implement a protocol to ensure discharge notice is received by NPLC for all registered patients who are admitted to SAH. 3)Continue to educate patients of the NPLC to communicate their registered status to all health service centres and providers, especially when attending SAH and/or being admitted.	Attending meetings when available to voice concerns and solutions; continue to support NPLC rostering working group. Brainstorm possible solutions and present/advocate with SAH for implementation. At a minimum, utilize a similar system for ER discharge notification for all departments in SAH. Provide patients with information via direct communication, signage, website and newsletter.	N/A Number of discharge notices received per month from SAH for NPLC patients The number of education materials used related to this topic	All NPLC patients will be rostered through the OHIP system by December 31, 2017 A protocol will be implemented to notify NPLC of at least 60% of patients admitted to SAH by December, 31 2017 The clinic will highlight this important patient education topic 4 times, through different means, by December 31, 2017	
	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	% / patients with diabetes, aged 40 or over	ODD, OHIP-CHDB,RPDB / Annually	45	60.00	Our 16/17 performance was our first year of tracking this measure; we will continue to work on improving our process and change ideas to increase our performance. Note: we tracked all Diabetic patients and our performance was 48%, we will continue to track all DM patients in 17/18 and use the same target of 60% for this indicator.					
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?	% / PC organization population (surveyed sample)	In-house survey / April 2016 - March 2017	94.05	100.00		1)We want to increase the number of patients surveyed to ensure we are getting an appropriate sample size.	Utilize different and creative methods to receive patient responses including our website, collect manual responses and continue to utilize tablets for patients on site.	Number of patients completing the survey per quarter	50% of patients seen in each quarter will complete the 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	CB	CB	This is our first year implementing this indicator.	1)Utilize NPLC pharmacist to develop an understanding and implementation plan for this measure in 17/18	Utilizing the HQO recommended guideline document, develop of plan for identifying priority groups to begin implementation of medication reconciliations.	Number of medication reconciliations completed per month	Collect baseline for a reasonable target	
								2)Present initial protocol and plan for implementation to team to engage all clinicians and keep team informed	Presentation at team meeting	All clinicians will be in attendance at meeting and able to engage in useful dialogue to build med reconciliation process	Team presentation will be made by July 2017	
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.	% / PC organization population (surveyed sample)	In-house survey / April 2016 - March 2017	31.67	65.00	We would like to improve our current performance by 100%	1)Increase the number of patients surveyed to gather a larger sample size of patients responding to this measure	Utilize different and creative methods to receive patient responses including our website, collect manual responses and continue to utilize tablets for patients on site.	Number of patients completing the survey in the quarter	50% of patients seen in the quarter will respond to the survey	
								2)Continue to use a "carved-out" method for scheduling clinicians.	Same day/next day appointments are available on each providers schedule and booked appropriately and if the patient requests it.	Number of same day/next day appointments available each week	Minimum of 5 same day/next day appointments available per clinician working each week	This change idea should ensure appointments are available for patients within 1-3 days of calling, and therefore improve response rate for patients being able to be seen when requested.
	Access to mental health programs and services	Percentage of patients accessing mental health services from NPLC and the length of time (in days) waiting for initial appointment	Days / Clients	In house data collection / 17/18	CB	CB	We would like to determine the percentage of registered patients utilizing our mental health services and ensure the length of time for initial visits with a mental health counselor are reasonable.	1)Select small set of indicators to produce initial data reports and begin analysis of mental health services at the NPLC.	Utilize EMR and in house data collection methods to collect initial data related to mental health services.	Number of indicators identified to assist with evaluating mental health services	3-4 indicators will be identified that will continue to be tracked throughout 17/18 and analyze mental health services.	

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