

## Primary Care Quality Improvement Plan: East End Community Health Centre 2016/2017

Red = HQO Mandatory Indicator

Blue = Centre Identified Indicator

AIM		MEASURE		CHANGE
Indicator	Objective	Measure/Indicator	Target Performance	Planned Improvement Initiatives (Change Ideas)
EFFECTIVE	Improve rate of cancer screening.	Percentage of patients aged 50-74 who HAD a fecal occult blood test within past two years, sigmoidoscopy or barium enema within five years, or a colonoscopy within the past 10 years. (indicators in red are mandatory).	70%	We will need to work with our DMC and our provincial association to determine how we can track this information internally so that it is reflecting more current data. Current performance is extracted from the 2014 Practice Profile Data which we received in December 2015. Because this data is old, and is provided infrequently, it is difficult for us to measure whether our change ideas are making an impact. Having said that, we are able to capture all colorectal cancer screening that has been OFFERED on a more consistent and frequent basis, which is our MSAA indicator.
	Improve rate of cancer screening.	Percentage of patients aged 50-74 who have been OFFERED a fecal occult blood test within past two years, sigmoidoscopy or barium enema within five years, or a colonoscopy within the past 10 years.	84%	Monthly report of clients needing screening generated and provided to provider for follow-up.

AIM		MEASURE		CHANGE
Indicator	Objective	Measure/Indicator	Target Performance	Planned Improvement Initiatives (Change Ideas)
	Improve rate of cancer screening.	Percentage of female primary care clients between the ages of 50 and 74 who received or were offered Breast Cancer Screening in last 2 years (new LHIN Specs).	82% but with population to 74 years of age (new LHIN specs)	Monthly report of clients needing screening generated and provided to provider for follow-up.
				Community Health Workers to create a display in the reception area for Breast Cancer Awareness Month (BCAM). Information re. BCAM to be included on digital media and on website.
	Improve rate of cancer screening.	Percentage of women aged 21 to 69 who had a Papanicolaou (Pap) smear within the past three years.	85%	Monthly report of clients needing screening generated and provided to provider for follow-up.
	Improve rate of HbA1C testing for diabetics	Percentage of clients with diabetes, aged 40 or over, with two or more glycated hemoglobin (HbA1C) tests within the past 12 months.	Collecting baseline	Monthly report generated and provided to provider for follow-up.
				Identify strategies to improve rates of clients who have been diagnosed with diabetes, and have had less than 2 tests within the past 12 months.
	Improve rate of foot exams for diabetics.	Percentage of clients with diabetes, aged 40 or over, who have had a foot exam within the past 12 months.	Collecting baseline	Monthly report generated and provided to provider for follow-up.
				Identify strategies to improve rates of clients with diabetes, aged 40 or over, who have had a foot exam within the past 12 months.

AIM		MEASURE		CHANGE
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	Improve seasonal Immunization rates	% clients over 65 who have received or were offered an influenza vaccine in the previous year and have been seen by an MD or NP in the past 3 years . (LHIN Specs).	50%	Report generated identifying which eligible clients require influenza vaccine.
				Community Health Workers to create a display in the reception area during Flu Season. Information re. Flu Season to be included on digital media and on website.
EFFICIENCY	Improve communication with specialists	Install ONE Mail to allow clinicians to share confidential client information with other clinicians, such as specialists.	Collecting baseline	We will work to have ONE MAIL installed to provide confidential email access to our clinicians.
EQUITABLE	Improve response rate of socio-demographic form	Percentage of clients who have responded to the socio-demographic form	Collecting baseline	Generate daily reports identifying which clients need a socio-demographic form.
	Improve cancer screening rates	Percentage of clients aged 21 to 69 who had a Papanicolaou (Pap) smear within the past three year, who have identified themselves as LGBTQ.	Collecting baseline	Work with DMC to create a report that looks at cervical cancer screening to determine if pap rates are equivalent in the LGBTQ community that we serve.

AIM		MEASURE		CHANGE
Indicator	Objective	Measure/Indicator	Target Performance	Planned Improvement Initiatives (Change Ideas)
PATIENT EXPERIENCE	Improve Patient Experience: Opportunity to ask questions	Percent of respondents who responded positively ("always, often") to the question: "When you see your doctor or nurse practitioner, how often do they or someone else in the office give you an opportunity to ask questions about recommended treatment?"	87.0%	Continue to administer these questions as part of the Client Satisfaction Survey (CSS) monthly.
	Improve Patient Experience: Patient involvement in decisions about care	Percent of patients who stated that when they see the doctor or nurse practitioner, they or someone else in the office (always/often) involve you as much as you want to be in decisions about your care and treatment ?	93.0%	Continue to administer these questions as part of the Client Satisfaction Survey (CSS) monthly.
	Improve Patient Experience: Primary care providers spending enough time with patients	Percent of patients who responded positively ("always and often") to the question: "When you see your doctor or nurse practitioner, how often do they or someone else in the office spend enough time with you?"	95.0%	Continue to administer these questions as part of the Client Satisfaction Survey (CSS) monthly.
TIMELY	Improve 7 day post hospital discharge follow-up rate for selected conditions	Percent of patients/clients who see their primary care provider within 7 days after discharge from hospital for selected conditions.	46.20%	Review internal process for booking clients after discharge from hospital.

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Indicator	Objective	Measure/Indicator	Target Performance	Planned Improvement Initiatives (Change Ideas)
	Improve timely access to primary care when needed	Percent of patients/clients who responded positively (yes) to the question: "The last time you were sick or were concerned you had a health problem, how many days did it take from when you first tried to see your doctor or nurse practitioner to when you actually SAW him/her or someone else in their office?"	50%	Continue opportunities for clients to be involved in QI initiatives that will improve access to primary care.
				Explore using technology to improve office efficiencies that could enhance client access.
				Regular meetings with staff to discuss change ideas.