

Primary Care Quality Improvement Plan: East End Community Health Centre 2017/2018

AIM		MEASURE		
Indicator	Objective	Measure/Indicator	Target Performance	Planned improvement initiatives (Methods)
Effective	Improve Effective Transitions	Percentage of clinical clients with selected conditions who were followed up within 7 days from receipt of discharge notification, by phone or in-person visit, with any clinician	Collecting Baseline	Since we are not able to do this in an automated way, we will need to do this manually. We will train clinical assistants to review inboxes to look for discharge summary reports. They will check if client was discharged for particular conditions and if so alert provider and schedule client for follow up visit. The major roadblock is that we don't always receive notice that our clients are in hospital so we are not able to follow up within 7 days.
				Discuss issue with SMH. Count number of discharge summaries received by SMH.
				Count # of discharge summaries received.
	Improve Rate of Cancer Screening	Explore a way to electronically measure whether cancer screening has been DONE or DECLINED as now we include both of these in "offered".	Collecting Baseline	Discuss at clinical meeting the value of being able to identify clients from a health equity lens who have had cancer screening procedure versus just knowing which clients have been offered cancer screening. Try to determine if there is a way to capture information without adding more work for providers. As we explore possible change to our EMR determine if other EMR would facilitate this data collection more easily.
	Improve Rate of Breast 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 (LHIN Specs)	90%	Report generated monthly and distributed to the clinical assistants. Clinical assistant checks on-line to see whether client has had a mammogram elsewhere. If the results are found online, these are entered into client's chart. If the client is overdue, clinical assistant calls client, provides education by phone as to importance of test and then, if client is willing, books an appointment to explain procedure and/or client is booked for a mammogram. If client isn't interested in having the screening the clinical provider is sent a note so they can follow up directly with the client.
				Importance of breast cancer screening material is displayed on our digital sign in waiting room.
	Improve Rate of Cervical Cancer Screening	Percentage of female primary care clients between the ages of 21 and 69 who have received or were OFFERED a Pap test in last 3 years (LHIN Specs)	93%	Monthly report generated and distributed to CAs identifying which clients need cervical cancer screening. CA trained on how to check for results available on-line to see whether client has had a pap test done elsewhere. If results are available they are downloaded into chart and clinical provider informed. If the client is overdue, CA forwards note to reception to book client for appointment and notifies clinical provider.
				Importance of cervical cancer screening material to be displayed on our digital sign in waiting room.
	Improve Rate of Colon Cancer Screening	Percentage of primary care clients between the ages of 50 and 74 who received or were OFFERED a fecal occult blood test in the previous 2 years, a colonoscopy in the last ten (10) years, sigmoidoscopy within the last five (5) years or a double contrast barium enema within the last five (5) years. (LHIN Specs)	90%	Report generated and distributed to the clinical assistants monthly. Clinical assistant checks on-line to see whether client has completed an FOBT or colonoscopy in past 10 years, sigmoidoscopy or double contrast barium enema within past 5 years. If the results are found online, these are entered into client record. If the client is overdue, clinical assistant calls client, provides education by phone as to importance of test and then books an appointment to explain procedure to client if they are willing. If client isn't interested the clinical provider is sent a note so they can follow up directly with the client.
Importance of colon cancer screening material is displayed on our digital sign in waiting room.				

Red = HQO Mandatory Indicator

Blue = Centre Identified Indicator

Black = Centre-Specific Indicator

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Equitable	Improving Income for Clients Living in Poverty	Develop an income security tool to administer by client support workers clients living in poverty to determine if they are collecting all the social benefits that they are entitled to receive.	Collecting Baseline	Refine the tool to ensure it meets our objectives and fits with our workflow. Report developed by DMC. CHWs to discuss effectiveness of tool once it's been created and refined it as needed.
	Improve Collection of Social Demographic Information	Percentage of clinical clients who have had an appointment in past 12 months and who have provided us with their socio-demographic information	84%	Receptionists will be reminded to ensure clients who do not speak English receive the form in the appropriate language. Manually count # of forms completed in a different language. For clients where literacy or vision is an issue, the receptionist will reminded to ask a CHW to support client in completing the form.
Patient-Centred	Improve Patient Experience	Percentage 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?	96%	Generate monthly report regarding survey responses and share with QI committee quarterly or semi-annually. If we see a decline, we will share results with staff and discuss strategies for improvement, otherwise we will continue to share results with staff annually.
Safe	Improve Medical Safety	Percentage of clinical patients with medication reconciliation in the past year who were 75 years and older, and on at least 8 or more medications	Collecting Baseline	Clarify with nurse practitioners and physicians the difference between medication reviews and medication reconciliation and how these will be coded in EMR for extraction. Pharmacist to meet with team to discuss best practices for medication reconciliation. List is generated identifying clients over age of 75 who are on 8 or more medications. Clinicians will prioritize list and forward to pharmacist. Pharmacist will make arrangements with clients to review all of their medications they are on and whether they are taking them as prescribed. De-prescribing recommendations will also be provided to clinicians during the review. Chart will be updated. When a discrepancy is found, the pharmacist will be forwarded the new medication list to appropriate pharmacy, as appropriate. DMC to create a monthly report. Provide report to Pharmacist starting in Q3.

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Timely	Improve 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	50%	Review mix of same day spots compared to pre-booked appointments, by provider and provider type for schedules Monday to Friday. Review Saturday schedules to see if more same day spots can be carved out. More same day spots or urgent appointments will be added to increase availability of same day appointments.
				Ask physicians to review shared care model with clients, so clients can be seen for acute episodic illnesses with NP. Educate new clients on intake of role of nurse practitioners.
				Ask clients to sign up for "my results" so they can log in and view lab results, rather than calling for an appointment to find out results.
				Clinical team to agree to the amount of time to be booked for various forms completion and create a chart for receptionists so that appropriate amount of time is booked for forms and indicate when the forms can be completed by other staff. Ensure that CHWs are recruited to support completion of forms whenever possible.
				Generate monthly report regarding survey responses and share with QI committee. Share results with staff and discuss strategies for improvement. We will continue to monitor the impact that increasing panel size is having on wait times for both urgent and non-urgent appointments. Given that 81.0% of clients responded "yes" that they were able to get an appointment on the day that they needed one, we are less concerned with the low % of clients getting same day or next day appointments. We assume that if they are satisfied than the appointment triage system we have for providing priority same day appointments for those with urgent issues seems to be working.
	Improve Timely Access to Care/Services	Number of clients referred to e-Consult	Collecting Baseline	Generate monthly reports.
				Investigating what reports can be generated from e-Consult that will help us evaluate the effective of e-Consult process. We'd like to evaluate if possible: how often we are using the service, how quickly are clients are being seen and how satisfied are we with the service. Clinicians to receive training and booster training sessions from DMC in Q1.
				Clinical QI Members to develop Satisfaction Survey. Circulate Satisfaction Survey to clinical team. QI Committee to review results of survey to determine level of satisfaction with e-Consults.
	Improve Timely Access to Care/Services	Percentage of clients who responded positively to "were you able to get an appointment on the day that you needed one"	82.00%	Generate monthly report regarding survey responses and compare responses with the % of clients able to get an appointment same day or next day. Share with QI committee. Share results with staff and discuss strategies for improvement. We will continue to monitor the impact that increasing panel size is having on wait times for both urgent and non-urgent appointments.

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