East End 2019-2020 Quality Improvement Plan

Measure/Indicator	Planned improvement initiatives (Change Ideas)	Methods	Performance in 2017/18	2018-19 Target	Current Performance 2018-19	Target 2019-20
Health Quality Ontario						
1. Percentage of those hospital discharges (any condition) where timely (within 48 hours) notification was received, for which follow-up was done (by any mode, any clinician) within 7 days of discharge.	1) Refine current manual process.	1a) Clinical Secretary or Clinical Assistant reviews discharge summaries daily and sends to triage for appointment if provider not scheduled to work that day. Triage nurse reviews discharge summary and determines whether the client requires a telephone or in person appointment and which team member would be best, including pharmacist, Community Health Workers etc.	CB	CB	55.30%	60%
		1b) Clinical Secretary or Clinical Assistant reviews discharge summaries daily and adds names of clients to providers' schedule "7 day post discharge follow-up required". Provider reviews the discharge summary and determines whether the client requires a telephone or in person appointment and which team member would be best, including pharmacist, Community Health Workers etc.				
		1c) Redesign our current manual tracking tool to more effectively capture follow up visits.				
2. Percentage of clients who respond to the CES questions "The last time you were sick or were concerned you had a health problem, how often were you able to see your doctor or nurse practitioner to when you actually SAW him/her or someone else in their office the same day or next day"?	1) Monitor Client Experience Survey responses and share results with staff	1a) Collect CES monthly and generate a report. Share results with QI committee and staff to discuss strategies for improvement and review progress being made.	55.30%	58.00%	55.3% (panel size has increased by about 10%)	55% (panel size is increasing)
	2) Maximize use of non NP/MD staff when appropriate	2a) Encourage continued use of appointments with allied health professionals instead of with MD/NP				
		2b) Develop and optimize role of RN, including developing medical directives as required.				
	3) Schedule admin days post vacation to allow providers to address urgent client issues when they return	3a) Clinical secretary to schedule post vacation admin time when vacations are approved.				
	4) Use triage system to address as many issues as appropriate with clients over the phone minimizing the need for appointments.	4a) Clinical secretary schedules triage time for NP/RN 2-3 times per day.				
		4b) Ensure that triage time continues to be used to free up appointment times.				
	5) Highlight question In standardized survey used to determine if clients are seen by a provider in one to two days.	5a) Underline or highlight section of question in the Client Experience Survey which indicates that client may be seen by their provider "or someone else in their office" in order to remind clients they could respond positively to this question even if they did not see their primary provider.				
		5b) Engage clients in a focus group to provide insight into how clients are understanding this question, given that 85% say they can get an appointment when they need one, and then to discuss any strategies they might suggest.				
3. Percentage of patients and clients who were always or often involved in the care decisions when they saw their doctor or nurse practitioner	1) Continue to monitor response rate on a monthly basis	1a) Generate monthly report regarding survey responses. Share with QI committee and clinicians at least annually and as needed.	95%	95.71%	95.40%	95%
4. The percentage of non-palliative patients newly dispensed an opioid within a 6-month reporting period prescribed by any provider in the health care system within a 6 month period.	1) Determine if an inhouse report can be developed to monitor opioid use or whether we will need to rely on the Practice Profiles that are issued annually but the data is outdated by the time we receive it.	1a) Explore with DMC groups, PMC etc.. To see if an inhouse report can be built that can monitor opioid use. Given that opioids may be prescribed in hospital and by specialist this may not be possible.	n/a	n/a	CB	i) Appropriate # of clients on opioids. ii) Other options to reduce pain will be explored with clients. iii) Staff well educated on proper dosing and tapering off clients of opioids.
	2) Staff provide clients with education on opioid risks, benefits, and alternatives ways of managing pain such as physio, mindfulness etc.	2a) Create and use a template in EMR to document the client interaction and education provided.				
	3) Clients on long term opioid use will be asked to sign a opioid contract.	3a) Clients will have signed opioid contract and routine screening will be done.				
	4) Consultation with in-house pharmacist for clients using opiates long term when appropriate.	4a) When appropriate, clinician consults with pharmacist to determine if all pharmacological options have been explored.				
5. Portion of primary care patients with a progressive, life-threatening illness who have had their palliative care needs identified early through a comprehensive and holistic assessment.	1) Provide training for staff on palliative care identification, assessment and management.	1a) Identify best training opportunities such as Michael Garron Hospital, Pallium Canada LEAP course and in-house expertise, McMaster CME; and participate in training.	n/a	n/a	n/a	CB
	2) Provide practice opportunities in a training environment to help clinicians speak with clients about end of life.	2a) Conduct in-house training for staff to practice talking about end of life.				
	3) Determine how to monitor identification, assessment and management system of the needs of clients and their families	3a) Work with DMC and Alliance to determine how to flag client charts				

Community Health Centre Indicators						
6. Percentage of active individuals who had an encounter with the CHC within the most recent 1-year period and who responded to at least one of the following four socio-demographic data questions: racial/ethnic group, disability, gender identity, or sexual orientation	1) Flag clients coming in for appointments that are due to have socio-demographic data updated every 3 years	1a) Create list of clients who don't have updated sociodemographic information. Clients with an upcoming appointment who are on the due list are flagged in appointment schedule. Receptionist asks client to complete the socio-demo form when they arrive for their appointment and requests support for client to complete form when needed. Office staff enter in completed socio-demo forms and identifies any fields in the form that were not completed. These clients are flagged again in upcoming appointments.	87.19%	n/a	87.89%	85%
7. Percentage of recommended clients who received or were offered a Pap test in the most recent 3-year period, statified by income and stratified by racial/ethnic group	1) Collect socio-economics/demographic data to facilitate stratification of cervical cancer screening rates.	1a) We currently stratify cervical cancer screening rates by racial/ethnic group. However, we will now institute a CHC standardized way of anaylzing this information that will allow us to compare results and share strategies.	n/a	n/a	n/a	CB
		1b) We currently stratify cervical cancer screening rates by below and above poverty. However, we will now institute a CHC standardized way of anaylzing this information that will allow us to compare results and share strategies. Income levels will be broken down into 5 levels to allow for refinement of analysis.	n/a	n/a	n/a	CB
8. Percentage of clients who report feeling comfortable and welcome at the CHC	1) Monitor results and share Client Experience Survey results with staff	1a) Surveys administered monthly. Results shared with staff annually or more often if indicator results drop.	n/a	n/a	99.10%	95%
9. Percentage of clients who report that their primary care provider always or often involves them in decisions about their care.	1) Monitor results and share Client Experience Survey results with staff	1a) Surveys administered monthly. Results shared with staff annually or more often if indicator results drop.	95%	95.71%	95.05%	95%
10. Percentage of clients who report that the last time they were sick or had a health problem, they got an appointment on the date they wanted.	1) Monitor results and compare with peers. Need to balance increasing panel size with timely access to care.	1a) Surveys administered monthly. As we expand panel size we will need to continue to monitor this closely. Results shared with staff annually or more often if indicator results drop.	80%	80%	86%	80% (expanding panel size)