2018/19 Quality Improvement Plan Progress Report

East End Community Health Centre

ID	Measure/Indicator from 2018/19	Performance as stated on QIP2018/19	Target as stated on QIP 2018/19	Current Performance 2019	Comments	Change Ideas from Last Years QIP (QIP 2018/19)	Was this change idea implemented as intended? (Y/N button)	Lessons Learned: (Some Questions to Consider) What was your experience with this indicator? What were your key learnings? Did the change ideas make an impact? What advice would you give to others?
1	# of clients who are living in poverty that have had the Benefits Assessment Tool administered. (Number; Clients; 2018/2019; EMR/Chart Review)	160	200	273	Although we made some progress in this area, this work was held back due to the delay with our collaborators, the Upstream Lab at St. Michael's Hospital Sparks research project. We plan to continue with this work next year.	Increase awareness of income support services to our client population	Yes	Poster board created to increase awareness of service and benefits of assessment tool. Question added to intake form to identify clients in need.
						Increase support to clients to increase their income, reduce their debt and improve their financial literacy	Yes	Anecdotally, community health workers are reporting that the tool prompted people to apply for additional funds. As well, staff are now more knowledgeable about income benefits available for clients. We were unable to measure the exact amount of increase in income clients experienced.
						Participate in a 3-month pilot project with The Upstream Lab at St. Michael's Hospital	Yes	In process. Now that the survey has been finalized, training for clinicians, receptionists and Community Health Workers (CHW) will occur in April and survey administration will begin.
						Ongoing professional development for CHW regarding financial security	Yes	Community Health Workers participated in training from Prosper Canada. As well, we created opportunities for our resident CHW experts to share their expertise during team meetings.
2	# of clients who were directly and appropriately referred to physiotherapy (PT) (Number; Clients with MSK conditions; Last consecutive 12 month period; In house data collection)	CB	CB	62	Clients saw a PT more quickly than if they had to see a clinician first for the referral. These 62 clients were diverted from having to be seen by clinical team member. The appointments were then freed up so the clinical team could see other clients more quickly. As well, these clients would likely have been seen by both a clinician and a PT so duplication was reduced.	Educate clinical providers and reception regarding the criteria for a direct referral to physiotherapy	Yes	Process reviewed twice during year with reception and clinical staff.
						Develop manual process to capture information regarding direct referrals for physiotherapy.	Yes	Created an appointment type in EMR so data management coordinator can run report on number of appointments booked. This process was developed and used on a monthly basis.
						Create one urgent appointment per day for PTs and assess for correct supply and demand of urgent appointments.	Yes	Originally created 5 appointments perweek but switched to three times per week, for more efficient use of provider time. It is a balance between reserving appointments for urgent needs with making sure all appointments get used each day. We feel 3 urgent appointments per week leads to fewer unused appointments.
3	% of clients who responded positively to "were you able to get an appointment on the day that you needed one"	80%	80%	85%	We believe this is a much better measure than "able to see doctor or nurse practitioner on the same day or next day, when needed" as clients do not always want appointment same day or next day.	Continue to monitor response rate on a monthly basis	Yes	Based on survey results, we are very pleased with client satisfaction as to being able to access an appointment when they need one.
4	% of dietitian clients who were referred to psycho-educational health promotion group	CB	CB	77%	For past several months our performance has been 100%!	Develop process to track # of clients who have been referred to groups	Yes	Originally, the tracking process was problematic for those clients who were already participating in a group, but we resolved this issue.
						Discuss ways to improve participation in groups	Yes	Dietitians gave clients program flyers plus the name and extension of staff they were referring to. They scheduled appointments around group times in order to bring clients to groups.
5	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?	95.71%	95.71%	95%	Monthly surveys show we continue to excel in this area. This is likely due to our client centered approach and the length of appointments that allow for discussion.	Continue to monitor response rate on a monthly basis	Yes	The community health centre (CHC) model of care, which provides salaries for primary care providers rather than fee for service, when combined with a philosophy of empowering marginalized populations, ensures providers are able to spend quality time with patients and involve them in decision making.
6	Percentage of clients 75 years or older who are on 8 or more medications that have had a medication reconciliation within the past 12 months. (%; clients 75 and older on 8 or more medications.; Most recent 12 month period; EMR/Chart Review)	31%	36%	70%	We stuck with this indicator even though we struggled with it last year and are very pleased with our progress this year.	Generate report of clients who are 75 years or older and on 8 or more medications	Yes	We needed to decide on whether over-the-counter medications, medications only taken when necessary and herbal remedies were to be included in the 8 or more medication count.
						Referral to dispensing community pharmacist or in-house pharmacist	Yes	After an initial period, we realized that working with an in-house pharmacist was more effective since community pharmacist may not have an accurate record of what medication the client is actually taking.
						Review medical reconciliation process with in-house pharmacist	Yes	Age limitation of 75 years and older meant many clients were hard to reach for consultation due to mobility issues. As well, many required their care givers to be present due to cognitive issues or dementia.
						Develop process to update internal EMR with external medical reconciliation	Yes	Created a process where clinicians could add Medication Reconciliation Done to procedures in EMR if Meds Check comes from pharmacy to clinician.

7	Percentage of clients who have been diagnosed with COPD who have seen a Respiratory Therapist or Respirologist within the past 12 months. (%; Clients with a diagnosis of COPD; Last consecutive 12 month period; EMR/Chart Review)	CB	CB	34%	Initially there were inadequate respiratory therapist (RT) resources available. However, in the last two months additional year-end funding allowed for extra RT staffing which increased rates of clients who were able to access an RT.	Create a process to identify and refer clients with COPD to our in-house Respiratory Therapist (RT) who have not seen a Respirologist or a Respiratory Therapist in the past 12 months	Yes	A process was developed to enable tracking, in the EMR, of COPD clients who were referred to RT or were being seen by a Respirologist.
						Scheduling RT follow-up appointments	Yes	Once we had an increase in available RTs, we were able to increase rate of appointments by having one receptionist assigned to contact clients who needed an annual COPD appointments, using a script developed by the RT to explain the purpose and benefits of the appointment. As well, RT called a few days before to confirm appointments and answer any questions client might have about the appointment.
						Flagging clients who are seeing a respirologist so that they are removed from the list of clients needing to see respiratory therapist	Yes	Primary care providers and RT were instructed to use specific code in EMR to designate a client who is being followed by a respirologist. RT recommended that all clients with COPD see an RT even if they are seeing a respirologist. However, until additional resources are secured this will not be feasible after this year.
8	Percentage of clients with diabetes, age 40 or over, who have had a diabetic foot ulcer risk assessment using a standard, validated tool within the past 12 months. (%; patients with diabetes, aged 40 or over; Last consecutive 12 month period; EMR/Chart Review)	66%	71%	71%	Flagging system developed and we are fine-tuning our reporting system.	Continue to refine administrative process	Yes	This year a process to flag upcoming appointments for clients needing foot exam was developed.
						Flagging diabetic clients who are getting blood work to also have a 60 second foot exam done	Yes	The process to flag clients is very time-consuming and has to be done continually. It may be preferable to use alerts. We will wait until we transition to a new EMR to decide on preferred method.
						Creating annual recalls for diabetic foot exams with chiropodist	Yes	A recall system was also developed to allow us to call clients to book an diabetic foot exam before it became overdue. The recall system has helped with clients seeing a chiropodist.
9	Percentage of patients and clients able to see a doctor or nurse practitioner on the same day or next day, when needed.	54%	58%	54%	Still puzzled as to why 85% of clients are satisfied as to when they can get an appointment but only 54% are able to see an MD or NP same day/next day. Monthly data also doesn't seem to correlate with availability of staffing. Plan to conduct a focus group in the spring.	Continue to monitor Client Experience Survey responses	Yes	Unsure as to why results fluctuate and they do not match with staff availability. Will conduct a focus group to delve deeper.
						Use of survey tablet	Yes	Stopped using tablet as surveys were more often unfinished and due to some technology challenges.
						Reminder phone calls for clients with pre-booked appointments for follow up	Yes	Reminder phone calls reduces no show rates and results in freeing up appointments for same day requests when clients indicate they will not be able to attend their appointments.
						Direct referral to physiotherapy (PT)	Yes	Clients are now booking directly with physiotherapist. Some clients still want to see their MD/NP after the PT appointment. Also, created medical directive so PT can order xrays as appropriate.
						Chiropody Medical Directives	Yes	Various chiropody directives were created to expand scope of practice of chiropodist. reducing the number of clients needing to be seen by MD/NP. This frees up appointments for other clients to see MD/NP.
						Review current NP triage system	Yes	Streamlined process to ensure everyone was using triage in a consistent manner. Triage is a useful process for addressing needs of clients who do not need to be seen in person.
						Improve availability of appointments for same day or next day by improving post-vacation appointment availability	Yes	First day back after vacations providers have time in schedule to contact clients by phone and see clients in urgent need of an appointment.
						Evaluate whether a continuity of care report can be created. The monthly client surveys and their satisfaction with appointment availability doesn't seem to match our staff availability. We speculate that when we have locum staffing clients are less satisfied with availability of appointments even if they get an appointment same day or next day if it isn't with their regular provider.	No	A continuity of care report was created. However, due to staff changes from retirements and maternity leaves the utilization of this report has been delayed. We feel conducting a focus group may provide more insights into this issue.
						Create more same day appointments on Mondays	Yes	Added two urgent spots for each MD on Mondays which was beneficial.
						Explore role an RN could have on clinical team and determine if funds would be available.	Yes	Funding for RN required LHIN approval. Then recruitment challenges let to a delay in hiring until 4th quarter. We will need to continue to carve out a role for the RN.

10	Percentage of patients who have had a 7-day post-hospital discharge follow up for selected conditions.	48%	53%	56%	Last two months the rate has been 100%. The sample size is small but we continue to work on stream-lining the process which involves a manual tracking process.	Further refine current manual process.	Yes	Complex process that involves a clinical assistant reviewing all clinician inboxes first thing in the morning and then sending a request to reception to book appointment with client when inpatient discharge summary is received for client with one of select conditions. However, if provider signs off summary first the clinical assistant is not able to see the discharge summary and so it may be missed. A dedicated person, with a back-up, to do a daily check before providers start their work day is going to be tested going forward.
						Continue to work with St. Michael's Hospital to ensure timely access to discharge summaries.	Yes	St. Michael's Hospital is now sending discharge summaries for inpatient clients. However, client care could be improved if hospital were to change policies and also provide discharge summaries for ED visits and connect with primary care MD/NP while client is in hospital, to communicate with providers who know client best.
11	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.	CB	CB	44%	We will continue to track this indicator next year. We have recently developed an improved process that we believe will lead to improved outcomes. In the past few months the percentages have improved.	Adapt current manual process to include all discharges from hospital regardless of reason for visit.	Yes	We had clinical assistants use a similar process as above. This past month and into next year we plan to try having an administrative staff check for inpatient discharge summaries first thing in the morning and refer any clients to triage for follow-up appointments if provider is not working that day. Providers will look at reason for discharge and then determine who is the best person to connect with client and whether a phone call or in- person appointment would be best.