

2015/16 Quality Improvement Plan for Ontario Primary Care "Improvement Targets and Initiatives"

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AIM		Measure							Change				
Quality dimension	Objective	Measure/Indicator	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Goal for change ideas	Comments
Access	Access to primary care when needed	Percent of patients/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 1 2014 - March 31 2015	91564*	0.53	0.55	We do not have benchmark data available at this time and await provincial markers.	1)Continue to do twice yearly client surveys 2)Continue to review impact of EMR on supply through TNA 3)Engagement of staff in QI learning through IDEAS workshops to ensure knowledge exchange and uptake and adoption of 4)Tracking same day appts as well as Urgent Care Clinic (UCC) usage 5)Tracking same day appts as well as Urgent Care Clinic (UCC) usage 6)Achieve and maintain 100% panel size	1.surveys distributed to clients twice a year- fall and spring at both locations- 2. Survey results reviewed by CHC management and staff twice yearly with previous survey data for comparison and identification of areas improvement. Review with IT to develop efficient Admin staff gather weekly TNA and provide to management and providers, graphic representation is available for review and comparison. Enroll staff from teams (admin, primary care)to local IDEAS workshops when available Reception will divert people to same day appt if available using same day status in scheduler. If no same day apptment available may suggest UCC Data is gathered monthly for both UCC and same day appts. Reception will divert people to same day appt if available using same day status in scheduler. If no same day apptment available may suggest UCC Data is gathered monthly for both UCC and same day appts. using SAMI score- 1.58 panel size is 98% Quarterly data on existing panel to ensure trending to 100%- reviewed by CHC management and primary care teams regularly	% of clients surveyed TNA (Third Next Available appt)weekly # of staff attending IDEAS workshops or other QI initiatives # of same day appts monthly # of rostered clients seen in UCC # of non rostered clients seen in UCC. Client satisfaction survey report. # of same day appts monthly # of rostered clients seen in UCC # of non rostered clients seen in UCC. Client satisfaction survey report.	15% of total clients surveyed on an annual basis All survey information will be collated TNA of less than 1 week 20% of multidisciplinary staff attend 2 day workshop 55% of clients report having same day or next day access. 55% of clients report having same day or next day access. Achieve panel of 6298 based on current SAMI and panel size.	 TNA is variable due to predominance of part time providers There has been difficulty registering primary care team to the Currently UCC is 1 hour daily at both sites. We provide UCC access to both Currently UCC is 1 hour daily at both sites. We provide UCC access to both SAMI score TBD there is a discrepancy between how data is extracted
	Reduce ED use by increasing access to primary care	Percent of patients/clients who visited the ED for conditions best managed elsewhere (BME).	% / PC org population visiting ED (for conditions BME)	Ministry of Health Portal / April 1 2013 - March 31 2014	91564*	X	0.19	Data presented for practice profile has been incorrect for Whitewater Bromley- and numbers not adequate for interpretation. Will review	1)Develop tracking tool to identify inappropriate ED usage and followup with those clients with education and information. 2)Communicate with education and information on appropriate use of ED	Management and nursing to develop ED usage tool Review regularly all ED reports to identify those CHC clients with conditions that could be best managed elsewhere. Admin team will provide reports to nursing team for review. CTAS 4 and 5 or those conditions Communicate directly to identified clients who have accessed ED for issues BME with written or verbal. We will explore options in EMR for tracking.	# clients identified in house with conditions identified as "best managed elsewhere" # communication clients for those clients with issues BME	Tool developed with in one year and utilized by staff at both locations to 100% of identified clinics receive education and information	Previous provincial data was inaccurate as a baseline. New data when
Integrated	Timely access to primary care appointments post-discharge through coordination with hospital(s).	Percent of patients/clients who saw their primary care provider within 7 days after discharge from hospital for selected conditions (based on CMGs).	% / PC org population discharged from hospital	Ministry of Health Portal / April 1 2013 - March 31 2014	91564*	X	0.3	The data that was collected for the CHC Practice profile was found to be flawed from an extraction issue at Whitewater Bromley. The data set was less than 5 and new data will need to be utilized for a new practice profile- we do	1)Utilization of EMR to facilitate communication from hospital. 2)Leveraging Health Links participation to improve communication with local hospitals as needed for reports. 3)Expand partnership with Community Paramedics to do home visit if required post discharge with OTN connection to primary care.	ongoing monitoring/audit of HRM (Hospital Reports Manager)for timely access to discharge reports- Participation in local HL provides opportunity to communicate directly on reporting or other issues . Both sites are involved with a total of 4 Health Links involving hospitals that CHC clients access. Those CHC clients who have been identified as complex and identify client need, refer to paramedics for assessment and utilize monitoring equipment as needed by paramedics.	# of HRM discharge reports arriving less than 7 days post discharge # of changes achieved through health link participation for conditions identified as specific health issues on discharge. # of referrals to paramedics for Home visit post discharge monthly	over 80% of reports received in less than 7 days over 75% of clients seen within 7 days of discharge. 95% of clients identified by primary care provider, CCAC rapid response	Both sites have been early adopters of HRM and reports are audited and all Health Links are at various levels of roll out for identification of
	Reduce unnecessary hospital readmissions	Percentage of acute hospital inpatients discharged with selected CMGs that are readmitted to	% / PC org population discharged from hospital	Ministry of Health Portal / April 1 2013 - March 31 2014	91564*	X	0.1	Provincial data has been identified as flawed and we will need to	1)Change ideas will be the same as other indicators involving hospital and community partners	same as other indicators	CHC practice profile	10%	

Patient-centred	Receiving and utilizing feedback regarding patient/client experience with the primary health care organization.	Percent of patients who stated that when they see the doctor or nurse practitioner, they or	% / PC organization population (surveyed sample)	In-house survey / April 1 2014 - March 31 2015	91564*	0.9	0.92	LRHCS has improved performance in the last year; will compare	1)Comparison of ongoing client survey data with staff	As discussed in previous indicator	% of clients surveyed	92%	
		Percent of patients who stated that when they see the doctor or nurse practitioner, they or	% / PC organization population (surveyed sample)	In-house survey / April 1 2014 - March 31 2015	91564*	0.91	0.92	LRHCS will benchmark with provincial CHC when data is available	1)Develop engagement strategies by provide toolkit for "Patients as Partners" to all	One Primary Care group working with QI practice facilitator will explore use of engagement tool and share information with all primary care providers	# of clients surveyed	92%	
		Percent of patients who stated that when they see the doctor or nurse practitioner, they or	% / PC organization population (surveyed sample)	In-house survey / April 1 2014 - March 31 2015	91564*	0.91	0.92	LRHCS will benchmark when provincial CHC data becomes	1)Same as indicator 6	1 primary care working group with QI practice facilitator will explore use of engagement tool and exchange knowledge with all Primary care providers	# clinics surveyed	92%	
Population health	Reduce influenza rates in older adults by increasing access to the influenza vaccine.	Percent of patient/client population over age 65 that received influenza	% / PC organization population aged 65 and older	EMR/Chart Review / na	91564*	0.28	0.3	The data we currently collect is on high risk clients, not just over 65- there is	1)Review options for EMR encountering	Review data for clients over 65- education to providers for immunization enquiry and encounter	# of clients over 65 receiving flu vaccine	12% for overall influenza immunization according to MSAA -	this indicator is currently under review- the data available is not representative of
	Reduce Cancer mortality through regular screening.	Percent of eligible patients/clients who are up-to-date in screening for breast cancer.	% / PC organization population eligible for screening	EMR/Chart Review / n/a	91564*	0.65	0.55	MSAA agreement 2015-16 with Champlain LHIN	1)continue to monitor EMR	EMR data collected quarterly by Data coordinator and shared at provider meetings and to Board members with monthly reports	quarterly MSAA review with management and providers	55%	
		Percent of eligible patients/clients who are up-to-date in screening for colorectal cancer.	% / PC organization population eligible for screening	EMR/Chart Review / n/a	91564*	0.52	0.5	MSAA agreement with Champlain LHIN 2015 -16	1)same as other Population Health Performance indicators- EMR monitoring	EMR data collected quarterly and shared with primary care team and Board members	quarterly MSAA review % of colorectal screens done/offered	50%	
	Percent of eligible patients/clients who are up-to-date in screening for cervical cancer.	% / PC organization population eligible for screening	EMR/Chart Review / n/a	91564*	0.74	0.68	MSAA agreement 2015-16 Champlain LHIN	1)Same as above indicators	quarterly data for MSAA by	quarterly MSAA review % of eligible pap tests done	67%		