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	91505*	49.06	49	As per the Measuring UP 2013 Primary Care Report, currently 48.3% of those surveyed in the Central LHIN reported that they are able to see their primary care provider the same or next day when they were sick. We would like to maintain the target of 49% which is in alignment with the Central LHIN data. Our goal is to sustain timely access to primary care when needed. To achieve this access, we would like to continue to monitor the Third Next Available Appointment (TNA) of 0-3 days to ensure access to medical care. We would like to maintain our TNA target of 71%. We feel that measuring the same or next day access is in contradiction to evidence that supports TNA as 0-3 days as target timeframe for client access to care.	1)Sustain and continue to expand the Registered Practical Nurse (RPN) working to full scope of practice.	1. RPN will continue to provide normal lab result feedback to clients when requested by clients. 2. RPN will continue to perform medical procedures within scope of practice or upon medical order, ie. suture removal, dressing changes, immunization. etc; 3. RPN to explore training for female pelvic examination.	1. RPN will track number of clients calling in for result feedback on quarterly basis. 2. Track number of RPN encounters for ordered/delegated medical procedures on quarterly basis. 3. RPN received training and track number of low risk pelvic examinations completed (normal history, preventive screenings).	1. We will continue to educate our clients about "no news is good news" message about test results. However, as this request is client driven, the RPN will provide this service when asked. Our current statistics indicate that on average she responds to up to five telephone calls on a quarterly basis. Our goal is to keep the number of these phone calls at five or less per quarter. The lower the number of these requests indicates that clients are understanding the process for obtaining their normal test results. 2. RPN will have at least 400 medical procedure encounters per quarter. 3. Aim for RPN to complete the female pelvic examination training by Fall 2015. Target for implementation of this new undertaking will be at least one examination per month upon order of primary care provider.	3. The logistical mapping of the RPN performing the female pelvic exam will be dependent upon exam room availability; client receptivity. At this time, the primary care providers are receptive to exploring implementation of this model.
									2)Sustain increased access to medical appointments by continuing to decrease the length of appointment, where appropriate and feasible.	1. Continue to schedule 15 minute episodic visits for identified specific client conditions. 2. Continue with one MD scheduled with 20 minute regular appointments to enhance number of appointments per week. 3. Providers will continue with telephone contact for issues requiring follow up (abnormal results, prescription renewals, client requests for health advice or health education, etc) to reduce need for face to face encounters.	1. Continue to track the number of 15 minute appointments scheduled per week per provider. 2. Determine the number of appointments above baseline of "56" per week for the one MD. 3. 30 minutes of time blocked off for telephone follow up per day per provider.	1. At least 3, 15 minute visits are booked appropriately per week. 2. Sustain the 18, 20 minute extra appointments per week for one provider (MD) 3. MD/NPs are each able to contact at least 96 (2 calls x 4 days x 4 weeks x 3 months) clients by telephone during each quarter (30 minute telephone call time per day) to reduce the number of face to face encounters.	The success of telephone call time is greatly dependent upon the provider's ability to contact the client and whether the client is able to speak to the provider.

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	91505*	43	85	The Ontario's Community Health Centres Practice Profile Report for GTA (2013-2014) indicates that the 7 day PC Visit after Discharge (%) for VCHC was 43%. This surpasses the Ontario average of 29.5%. With the implementation of the Hospital Report Manager, we will aim to increase this level of follow up to 85%.	1) Operationalize Hospital Report Manager (HRM) to facilitate notification of client admission and discharge from hospital to ensure 7 day follow up with primary care provider after discharge. Continue to participate on Health Link governance and operations subcommittees to ensure VCHC is actively engaged in establishing efficient processes for care coordination for VCHC primary care clients post discharge.	1. IT infrastructure in place to implement HRM. 2. Primary care providers trained in use of HRM. 3. Develop internal procedures and processes (who, when, how) for booking follow up appointment for client within 7 days post discharge. 4. Attend Health Link subcommittee meetings as called to provide primary care perspective and enhance ease of care coordination process post discharge.	1 & 2. Success in this measure will be dependent upon the implementation of the Hospital Report Manager. Track number of MD/NPs trained on HRM. 3. Written procedures/process mapping developed for booking follow up appointment within 7 days post discharge. 4. Track number of recently discharged VCHC clients being enrolled and followed by Health Link Case Manager. Track number of new referrals from Health Link for primary care services.	1 & 2. Six primary Care Providers will be trained on HRM by end of July 2015. 3. Procedure mapping for booking post discharge appointment will be completed by the end of July 2015. 4. Collect baseline number of clients being enrolled and followed by Health Link Case Manager and possible new referrals.	VCHC was originally identified as a key stakeholder in providing referrals to Health Link and accepting new clients with high needs referred by Health Link. With the participation on the Health Link working committees, it has become apparent that Health Link enrollment via VCHC primary care does not meet Health Link intake targets. As such, the Health Link intake focus has shifted to hospital identification of high need clients for Health Link referral. With this change, VCHC representation on Health Link committees has become more an advisory capacity rather than facilitating direct post discharge follow up of our clients. VCHC will then be focusing on the HRM to identify and facilitate timely access to primary care appointments for our clients post hospital discharge.
									2)Provide education to primary care providers, medical secretaries, clients and caregivers regarding the importance of a primary care follow up visit within 7 days post discharge from hospital for those VCHC clients with selected conditions .	1. Primary care providers and medical secretarial team will be provided with a list of selected conditions warranting 7 days post discharge follow up appointment. 2. Primary care providers will inform VCHC clients with selected conditions that it is advised that they book a follow up appointment with provider within 7 days of hospital discharge.	1. Number of Primary Care Providers and Medical secretaries informed about selected conditions. 2. List of clients with selected conditions will be generated from the EMR NOD and provided to their primary care providers who will inform them of the follow up process. Develop data collection process for providers to track the number of clients informed of this follow up process	1. By end of July 2015, all primary care providers and medical secretaries will be aware of selected conditions. 2. 100% of clients with selected conditions will be included on a primary care provider list for education about post hospital discharge follow up. By August 2015, will have a developed consistent key messaging strategy for clients that providers will use to educate clients as they are present for appointments. A tracking system will be in place for number of clients informed.	Access to all clients with selected conditions may be limited by barriers to accessing VCHC clinical setting ie. homebound, transfer to facility or family member out of our district.
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 someone else in the office (always/often) give them an opportunity to ask questions about recommended treatment?	% / PC organization population (surveyed sample)	In-house survey / April 1 2014 - March 31 2015	91505*	92.98	90	Calculation done by Survey tab above indicated that 92.98% of clients are always/often given an opportunity to ask questions about their treatment. However, when survey data is reviewed, 53 clients responded to always/often being given this opportunity. This translates to 90%. As such, a target of 90% will be our goal to maintain. Last year's QIP was set at 86% which we met. Our 90% goal surpasses Central LHIN's current performance of 80.6% and Ontario's performance of 83.3% (Measuring Up 2014 HQO report)	1) Utilize interpretation services to ensure that clients have the opportunity to ask questions about their recommended treatment in their own language.	1. Provider to notify medical secretary when interpretation services are needed via telephone or in person. 2. Medical secretary responsible for interpretation services will garner verbal feedback from clients and service providers about experience with interpreter.	1. Track number of requests for interpretation. 2. Track feedback from clients and service providers re quality of service; feedback is given to interpretation company on quality of service provided with the understanding that when the service has been unsatisfactory that they will take action to resolve the issue.	1. 100% of client and/or service provider requests for interpretation services will be met within timeframe required. 2. 80% of client feedback received re interpreter services. 100% of service provider feedback received.	The use of interpretation services is an additional method for VCHC to ensure that clients are given an opportunity to ask questions about recommended treatment in their preferred language.
									2) Continue to survey a random selection of clients about this dimension on a monthly basis.	1. Survey 15 random clients per month. On quarterly basis, summary findings of survey will be reported to Quality Improvement Committee for monitoring purposes and identification of future improvement strategies.	1. The number of surveys completed by clients on a quarterly basis. Track percentage of client feedback whether they feel that they are always/often given the opportunity to ask questions about recommended treatment.	90% of clients will indicate they are always/often given the opportunity to ask questions about recommended treatment.	The target percentage identified will be within a corridor of +/- 10% (e.g. 80-100%).

		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?	% / PC organization population (surveyed sample)	In-house survey / April 1 2014 - March 31 2015	91505*	92.98	90	Calculation done by Survey tab above indicated that 92.98% of clients are always/often involved in decision making about their care. However, when survey data is reviewed, 53 clients responded to always/often being involved in decision making. This translates to 90%. As such, a target of 90% will be our goal to maintain. Last year's QIP was set at 79% which we surpassed. The 90% goal surpasses Central LHIN's current performance of 82.3% and Ontario's performance of 85% (Measuring Up 2014 HQO report)	1) Continue to survey a random selection of clients about this dimension on a monthly basis.	1. Survey 15 random clients per month. On quarterly basis, summary findings of survey will be reported to Quality Improvement Committee for monitoring purposes and identification of future improvement strategies.	1. The number of surveys completed by clients on a quarterly basis. Track percentage of client feedback whether they feel that they are always/often involved in decisions about their care and treatment.	90% of clients will indicate they are always/often involved in the decision making about their own care/treatment.	The target percentage identified will be within a corridor of +/- 10% (e.g. 80-100%).
		Percent of patients who stated that when they see the doctor or nurse practitioner, they or someone else in the office (always/often) spend enough time with them?	% / PC organization population (surveyed sample)	In-house survey / April 1 2014 - March 31 2015	91505*	91.07	90	Calculation done by Survey tab above indicated that 91.07% of clients indicate that the MD/NP always/often spend enough time with them. This is consistent with survey data reviewed. As such, a target of 90% will be our goal to maintain. We are anticipating changes in primary care staff which may have an impact on achieving this target. Last year's QIP was set at 89% which we surpassed. The 90% goal surpasses Central LHIN's current performance of 79.9% and Ontario's performance of 82% (Measuring Up 2014 HQO report	1) Continue to survey a random selection of clients about this dimension on a monthly basis	1. Survey 15 random clients per month. On quarterly basis, summary findings of survey will be reported to Quality Improvement Committee for monitoring purposes and identification of future improvement strategies.	1. The number of surveys completed by clients on a quarterly basis. Track percentage of client feedback indicating the MD/NP always or often spend enough time with them during their visit.	90% of clients will indicate that the MD/NP always/often spends enough time with them during their visit.	The target percentage identified will be within a corridor of +/- 10% (e.g. 80-100%). As we are striving to maintain our TNA 0-3 days, it may be challenging to meet this 90% level of satisfaction from our clients.
									2) To continue to monitor Cycle Time and Red Zone to ensure that providers spend enough time with clients during their visit.	1. Annual cycle time data collection with all primary care providers. 2. Calculation of red zone time will be then be derived and shared with providers to ensure meeting HQO targets.	1. Cycle time forms will be distributed by medical secretaires for one week per year per provider. 2. Red zone calculations will be derived by medical secretaries upon collation of cycle time data and shared with primary care providers.	1. Cycle time less than 60 minutes per visit. 2. Red zone time more than 50% per visit. (HQO targets)	It is anticipated that due to upcoming primary care staff changes there may be challenges meeting targeted cycle and red zone times.