

Excellent Care for All

Quality Improvement Plans (QIP): Progress Report for the 2015/16 QIP

The Progress Report is a tool that will help organizations make linkages between change ideas and improvement, and gain insight into how their change ideas might be refined in the future. The new Progress Report is mostly automated, so very little data entry is required, freeing up time for reflection and quality improvement activities.

Health Quality Ontario (HQO) will use the updated Progress Reports to share effective change initiatives, spread successful change ideas, and inform robust curriculum for future educational sessions.

ID	Measure/Indicator from 2015/16	Org Id	Current Performance as stated on QIP2015/16	Target as stated on QIP 2015/16	Current Performance 2016	Comments
1	{Percent of eligible patients/clients who are up-to-date in screening for breast cancer.} (%; PC organization population eligible for screening; n/a; EMR/Chart Review)	92317	67.30	70.00	68.00	We will continue to strive to meet our target.

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Change Ideas from Last Years QIP (QIP 2015/16)	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?
Breast cancer screening telephone reminder.	Yes	We noticed that when patients are called with their reminder that they've already had the screening done. This prompts reception to track down the report and input it into the EMR. Telephone reminders were helpful and most patients were appreciative of the reminder.
Add survey question to determine if patients feel that reminder calls are helpful	No	This survey question was not included this year as we tried to focus some of our questions on programming and the survey became too long.

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2	{Percent of eligible patients/clients who are up-to-date in screening for cervical cancer.} (%; PC organization population eligible for screening; n/a; EMR/Chart Review)	92317	73.60	75.00	73.00	We will continue to strive to meet our target.

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Telephone reminder calls.	Yes	Telephone call reminders were made and we found they were helpful to schedule patients for their pap tests as our female population is high. It was helpful to have a script of how to explain why the patient is receiving a call so that they understand the reason for the reminder.
Add survey question to determine if patients feel that reminder calls are helpful	No	This was not asked on the survey this year. The survey focused on programming and it would have been too long to add questions regarding reminder calls for preventative screening.

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3	{Percent of eligible patients/clients who are up-to-date in screening for colorectal cancer.} (%; PC organization population eligible for screening; n/a; EMR/Chart Review)	92317	74.30	75.00	75.00	Our callback processes for colorectal cancer screening has helped to improve our rate and meet our target this year.

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Telephone reminder calls every three months for eligible patients.	Yes	Telephone reminders were helpful but we found that patients were more resistant to get this screening test done. They had many questions that callers had to be prepared to answer (when do I have to do it? Can I pick up my kit later? etc). However, this reinforces that a reminder is important.
Add survey question to determine if patients feel that reminder calls are helpful	No	This was not asked on the survey this year. The survey focused on programming and it would have been too long to add questions regarding reminder calls for preventative screening.

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4	{Percent of patient/client population over age 65 that received influenza immunizations.} (%; PC organization population aged 65 and older; na; EMR/Chart Review)	92317	54.00	60.00	66.00	We have increased our performance this year by notifying high risk patients about getting the vaccine through phone call notifications and offering the vaccine to patients at every visit.

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Flu vaccine notification to all eligible patients.	Yes	Patients 65 and over were called with a flu vaccine notification. Patients were all called over a 3 hour time period with good success.
Add survey question to determine if patients feel that reminder calls are helpful	No	We could not accommodate this question on the survey this year.

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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? (%; PC organization population (surveyed sample); April 1 2014 - March 31 2015; In-house survey)	92317	91.40	80.00	96.00	We continue improve this performance measure as a result of educating patients about our extended hours. With our fourth doctor we are open on a 4th evening which increases our urgent care availability. Patients are educated about the extended hours by reception, the providers, our website an on promotional materials.

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Additional question to augment the original survey question.	Yes	We surveyed patients to find out whether providers gave patients the opportunity to ask questions during their visit. 92% responded positively (always/often) to this question.

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6	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); April 1 2014 - March 31 2015; In-house survey)	92317	90.29	80.00	96.00	96% stated "always". We strive to book patients appropriately based on the description of their needs that day. Patients reported that the typical appointment time with their doctor was 5-10 minutes (20%) and 15 minutes or more (80%).

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Additional question to understand if patients believe providers are taking enough time with them	Yes	96% of patients reported that providers always spend enough time with them in the office.
Additional question on survey to measure wait times.	Yes	This question was asked on the 2015/2016 survey. The majority of patients (88%) reported waiting 10 minutes or less. Less than 5 minutes = 40% 5-10 minutes = 48% 10-20 minutes = 8% More than 20 minutes = 4%

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7	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; April 1 2013 - March 31 2014; Ministry of Health Portal)	92317	28.00	35.00	28.00	We continue to face barriers to communication with local hospitals for discharge notes, often unaware patients had been admitted or discharged. However, 28% is still above TC LHIN average, and we continue to strive towards 35%.

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HRM implementation	No	Changed EMR providers, and current provider merged with another provider, therefore, we were unable to complete HRM implementation in a timely fashion. We will work on HRM implementation for 2016.
Identify and contact 80% of patients from one of the closest hospitals via a twice a week hospital EMR search.	No	The search results yielded very low numbers, and we could not show a significant time/benefit ratio, therefore the practice was abandoned.
Add code for patients who refuse/decline to come in for an appointment within the 7 day time frame, but continue using unique tracking code for patients seen within 7 days post discharge to monitor the number of patients seen over time.	No	Unable to complete due to EMR migration.

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8	Percent of patients/clients who responded positively to the question: "The last time you were sick or were concerned you had a health problem, how many days did it take from when you first tried to see your doctor or nurse practitioner to when you actually SAW him/her or someone else in their office?" (%; PC organization population (surveyed sample); April 1 2014 - March 31 2015; In-house survey)	92317	77.17	80.00	75.00	75% of patient stated they were able to get a same or next day appointment when they were sick. However, in another question, patients responded that 82% were offered an appointment same or next day. This could be due to the wording of the question or that patients are declining the appointment offered and coming in on a later date.

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Notification of FHT clinical availability for patients who frequent walk-in clinics (or other clinics) during FHT hours of operation. Discuss with those patients the availability of same and next day appointments.	Yes	Same and next day availability of appointments has been discussed with all patients when they try and book an appointment. Initially we encountered some difficulties with the new scheduling but patients have become more accustomed to the system. When we get notified of a patient using a walk-in clinic during our office hours we contact the patient to understand why they went to the WIC and then reinforced our hours of operation.

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9	Percent of patients/clients who visited the ED for conditions best managed elsewhere (BME). (%; PC org population visiting ED (for conditions BME); April 1 2013 - March 31 2014; Ministry of Health Portal)	92317	0.56	0.50	0.82	We now have additional physicians and IHP hours, therefore, we hope to see a reduction in ED visits BME as we are now open more often and for longer hours, and have additional providers to see patients.

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Patient who utilize the ED will be contacted by the FHT to come in for an appointment and to discuss conditions BME and the availability of the FHT practitioners and hours of operation.	Yes	We contact patients who have visited the ED for any reason. We do not use a tool during follow-up discussions with patients. We follow up on ED reports that we receive but we are unable to track the number of hospital reports that are not received. We are working with a CCAC Care Coordinator and with the CHRIS System to give us more insight into patients who have been in hospital.
Distribution of educational materials regarding the availability and usage of FHT after hours, as well as what to do for emergencies, when to use urgent care, and numerous telephone assistance options (i.e. motherrisk) for additional info.	Yes	All new patients are given a brochure called "Healthcare Resources: a guide to helping you find the health care you need for emergencies or when the FHT is closed." It is also on display for all patients who enter the FHT. The brochure emphasizes our hours and why we ask patients to refrain from using walk-in clinics if the FHT is open. It gives information on TeleHealth, Poison Control, MotherRisk, Urgent Care Clinics and Emergency Departments in the area.

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10	Percent of respondents who responded positively to the question: "When you see your doctor or nurse practitioner, how often do they or someone else in the office give you an opportunity to ask questions about recommended treatment?" (%; PC organization population (surveyed sample); April 2015 - March 2016 ; In-house survey)	92317	89.42	80.00	90.32	We will continue to strive to exceed expectations.

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Offer survey in other languages	No	The survey was only offered in English.
Offer more ways to complete survey	Yes	The survey was available online through our website, Facebook and Health Myself. It was also available in paper-format at the front desk.
Offer entry ballot in draw to win a prize for completing survey.	No	We were unable to obtain a prize for the survey. We also ran into an obstacle with offering a prize while also ensuring the survey remained anonymous.

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11	Percentage of acute hospital inpatients discharged with selected CMGs that are readmitted to any acute inpatient hospital for non-elective patient care within 30 days of the discharge for index admission, by primary care practice model. (%; PC org population discharged from hospital; April 1 2013 - March 31 2014; Ministry of Health Portal)	92317	X	27.00	24.00	We are in line with other Toronto Central agency performance, and we surpassed our target for the year. We continue to strive to improve these rates.

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Creating resources pamphlets for selected CMGs for patients to access to help them monitor themselves and understand where to go for care.	Yes	We have created some presentations and pamphlets for some conditions, including COPD and diabetes. These are offered to most patients via the RN or their MRP. All new patients are given a brochure called "Healthcare Resources: a guide to helping you find the health care you need for emergencies or when the FHT is closed." It is also on display for all patients who enter the FHT. The brochure emphasizes our hours and why we ask patients to refrain from using walk-in clinics if the FHT is open. It gives information on TeleHealth, Poison Control, MotherRisk, Urgent Care Clinics and Emergency Departments in the area.

