

2016/17 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
Effective	Improve rate of cancer screening.	Percentage of patients aged 50-74 who had a fecal occult blood test within past two years, sigmoidoscopy or barium enema within five years, or a colonoscopy within the past 10 years	% / PC organization population eligible for screening	See Tech Specs / Annually	92317*	68	70.00	Our callback process is working and ongoing efforts and additional clerical staff may help increase uptake.	1)Continue telephone reminder calls to eligible patients every 3 months	EMR report of eligible patients created and reception to call and offer appt. Tips for reception to discuss benefits of screening.
									2)Add survey question asking "Do you feel reminder phone calls for screening and preventative health care options are helpful?"	Add question to patient satisfaction survey.
		Percentage of women aged 21 to 69 who had a Papanicolaou (Pap) smear within the past three years	% / PC organization population eligible for screening	See Tech Specs / Annually	92317*	73	75.00	Our callback process is working and ongoing efforts and additional clerical staff may help increase uptake.	1)Continue telephone reminder calls to eligible patients every 3 months	EMR report of eligible patients created and reception to call and offer appt. Tips for reception to discuss benefits of screening.
									2)Add survey question asking "Do you feel reminder phone calls for screening and preventative health care options are helpful?"	Add question to patient satisfaction survey.

	Percent of patients/clients who are up-to-date in screening for breast cancer	% / PC organization population eligible for screening	EMR/Chart Review / 2016-2017	92317*	68	70.00	Continue to strive to meet increased target of 70%	1)Continue telephone reminder calls to eligible patients every 3 months 2)Add survey question asking "Do you feel reminder phone calls for screening and preventative health care options are	EMR report of eligible patients created and reception to call and offer appt. Tips for reception to discuss benefits of screening. Add question to patient satisfaction survey.
Improve rate of HbA1C testing for diabetics	Percentage of patients with diabetes, aged 40 or over, with two or more glycated hemoglobin (HbA1C) tests within the past 12 months	% / All patients with diabetes	Ontario Diabetes Database, OHIP / Annually	92317*	49.3	52.00	Currently we are unsure of provincial or TC averages, therefore, we are aiming for a modest improvement until next year when more information and direction is available.	1)collect additional data on our patient population	Create report to measure this indicator this year.
Improve seasonal Immunization rates	Percentage of people/patients who report having a seasonal flu shot in the past year	% / PC organization population eligible for screening	EMR/Chart Review / Annually	92317*	66	70.00	Striving towards an increased uptake via QIP change ideas	1)Ask 100% of eligible patients who come into clinic for physician appt if they are interested in having a flu shot, and/or advising them to speak with their physician about the flu shot. 2)Post notification of flu shot availability and benefit in clinic and on secure email posting 3)Continue flu vaccine notification for all eligible patients.	Upon delivery of the flu shots, all patients will be asked about flu shot by at least one member of team (reception, RN, or MD) until the end of February. Post notification in clinic and via Health Myself (for those patients signed up) Targeted patient population will be contacted by telephone to offer influenza vaccine when it becomes available. Refusals documented. Reminder call midway through season will occur.

								4)Add survey question to determine if patients feel that reminder calls are helpful.	Add question to satisfaction survey if reminder calls are helpful.
Reduce hospital readmission rate for primary care patient population	Percentage of acute hospital inpatients discharged with selected HIGs 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	DAD, CAPE, CPDB / April 2014 – March 2015	92317*	24	20.00	With 12 of 50 patients readmitted, our performance can be improved from the high end of Toronto Central performance, to 20 %, which is mid range. As we continue to roster more	1)Continue to provide all new patients with our brochure of our hours, that we offer same and next day appointments, as well as how to use other resources such as urgent care and EDs.	Monitor accuracy of pamphlet and have reception distribute to all new patients, and even rostered patients should they feel necessary.
Enhance 60 day quit rate of smoking cessation participants	Patients participating in smoking cessation program with 60 day quit status	% / All patients	EMR/Chart Review / 2016-2017	92317*	50	55.00	Of the current participants in the smoking cessation program, 50%	1)RN has achieved smoking cessation certification and will be assisting the clinical pharmacist in providing this program.	RN will be given time to work with patients on smoking cessation,
Tobacco Use documented for all patients	Patients with documented/updated smoking status.	% / PC organization population (surveyed sample)	EMR/Chart Review / 2016-2017	92317*	27	45.00	All clinicians on board to improve Ask rate, so significant increase possible.	1)Improved documentation of smoking status by re-instating the use of the Intake Form to effectively capture the Ask 2)Following new timing for asking patients about their smoking status at every visit instead of following the 3, 6 and 12 month schedule	All relevant IHPs and all physicians to Ask patients about smoking status utilizing intake form. Intake form to be updated to make completing it easier. Patients to be asked about smoking status at every visit, not at specific intervals.

Efficient	Decrease Emergency Department visits for conditions best managed elsewhere (BME)	Percentage of patients or clients who visited the emergency department (ED) for conditions "best managed elsewhere" (BME)	% / PC org population visiting ED (for conditions BME)	DAD, CAPE, CPDB / April 2014 – March 2015	92317*	0.56	0.50	2014-2014 data was reported last year. 5 of the 900 eligible patients in this category visited the ED for conditions BME. 0.50% is the Toronto Central average, which we continue to strive to meet.	1)Patients who utilize the ED will be contacted by the FHT to come in for an appointment to discuss condition, management, and the availability of physicians and hours of operation.	ED discharge notifications will be utilized when they are made available. Reception will contact those patients to come in for a visit with their physician and be given a reminder about our hours of operation and same/next day appointments.
Patient Experience	Improve Patient Experience: Opportunity to ask questions	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)	In-house survey / April 2015 - March 2016	92317*	90.32	92.00	According to Fig. 4.6A in the QIP Guidance Document for 2016/17, our current performance is above the TC LHIN average, and the province average. We continue to strive for exemplary performance of this measure, while also realizing there will always be	1)Continue additional survey question: I leave the office understanding my health concerns: Always, Often, Sometimes, Rarely, Never, N/A	Additional question on survey.

							some room for improvement.	2)Continue administering survey question "I leave the office understanding my medications/treatment: Always, Often, Sometimes, Rarely, Never, N/A."	Ask this question on future patient surveys.
Improve Patient Experience: Patient involvement in decisions about care	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 2015 - March 2016	92317*	93.55	94.00	As per Figure 4.4 in the QIP Guidance Document, we are performing above the provincial average.	1)Addition question on survey asks if patient feels their provider listens to them.	Survey question: "My provider listens to me: always, often, sometimes, rarely, never, N/A/don't know."

Improve Patient Experience: Primary care providers spending enough time with patients	Percent of patients who responded positively to the question: "When you see your doctor or nurse practitioner, how often do they or someone else in the office spend enough time with you?"	% / PC organization population (surveyed sample)	In-house survey / April 2015 - March 2016	92317*	96.77	97.00	We continue to perform above the TC LHIN average. However, as we take on more patients we need to maintain this performance, and will strive for a small increase in performance over time.	1)Continue to ask patients via survey questions how long typical appointment with their physician is.	Survey questions "My typical appointment with my physician is:5 minutes, 10 min, 15 mins, 20 mins, 30 mins"
								2)Continue to ask if appointment times with OTHER providers (IHPs) are: too short, just right, too long, or N/A/ Don't know.	Ask survey questions about appointment times with IHPs.

									3)Continue survey question "How long after your appointment time do you normally wait to be seen by your provider? Less than 5 minutes, 5-10 minutes, 10-20 minutes, More than 20 minutes."	Measure responses via survey.
Timely	Improve 7 day post hospital discharge follow-up rate for selected conditions	Percent of patients/clients who see their primary care provider within 7 days after discharge from hospital for selected conditions.	% / PC org population discharged from hospital	DAD, CIHI / April 2014 – March 2015	92317*	28	30.00	One of the highest performing groups in Toronto Central according to the Health Information Data Branch is at 33%. Given that there is little to no EMR integration with the the hospitals closest to us (NOTE: there is no community hospital in our	1)When a discharge note is received, the patient will be contacted the same or next day to book an appointment for follow-up within the 7 day time frame.	Patients will be contacted via phone and/or Health Myself and offered an appointment.

								neighbourhood) we rely on discharge reports from the hospitals, often faxed in. There are times when we are unaware that a patient has been in hospital if we have not received a discharge note. As improvements to communication are being initiated via Health Links, our performance should improve.	2)Implement HRM to increase communication pathways and identify patients discharged from hospital.	Work with our service provider to implement HRM
Improve timely access to primary care when needed	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	% / PC organization population (surveyed sample)	In-house survey / Apr 2015 – Mar 2016 (or most recent 12-month period available)	92317*	75	80.00	Current performance is above the provincial average and we continue to offer same and next day appointments.	1)Survey question:The last time you were sick or concerned you had a health problem, you were OFFERED an appointment (same day, next day, 2-5 days, 6-10 days, More than 10 days	Add question to survey	

Process measures	Goal for change ideas	Comments
Percent of eligible patients that are up to date with screening, and compare to previous year.	Increase uptake with reminder calls and offers of same/next day appts.	We are still accepting many new patients and therefore do not have previous history verification, or have not yet been screened.
Survey results showing "yes" or "no" answer to the question will help determine if calls are useful.	Expect that 50% of patients will find calls helpful.	Current survey was quite long and did not add the question for 2015, and focused on what programs would be helpful to patients instead.
Percent of eligible patients that are up to date with screening, and compare to previous year.	Increase uptake with reminder calls and offers of same/next day appts.	
Survey results showing "yes" or "no" answer to the question will help determine if calls are useful.	Expect that 50% of patients will find calls helpful	

Percent of eligible patients that are up to date with screening, and compare to previous year.	Increase uptake from 68% to 70% with reminder calls and offers of same/next day appts.	
Survey results showing "yes" or "no" answer to the question will help determine if calls are useful.	Expect that 50% of patients will find calls helpful.	
Compare the current performance to last year.	Obtain data and compare to current rate as we just created new report to extract this data.	Unable to differentiate those patients followed by endocrinologists. In addition, some results are sent via paper, therefore are not captured in the flow sheets in our own EMR. Record keeping this way will impact the data extracted.
Rate of eligible patients who receive or refuse flu shot will be tracked, and rate compared to previous year.	We expect to increase uptake from, 66% to 70% of eligible population.	
Increase visibility of flu shot availability and increase uptake from 56% to 60%	60 % of eligible patients will have flu shot	Flu vaccine orders are not always filled to full amount and are based on inventory received.
Rate of eligible patients who receive influenza vaccine will be tracked. Rate will be compared to previous year.	Improve uptake to 70%	

Survey results to show if patients find reminder calls helpful based on responses.	Expectation that 50% of patients will find reminder calls helpful.	
Compare readmission rates from previous year	Give to 100% of new patients	We believe that more than 50 patients were admitted and discharged, however, we are unable to confirm the number given current resources.
Percentage of patients participating in smoking cessation program that reach 60 day quit status.	55% of participating patients in smoking cessation program should reach 60	
Percent of eligible patients with a documented smoking status recorded.	Improve Ask rate to document smoking status for all patients (14yrs+) with a	
Percent of patients with documented smoking status	Improve Ask rate to document smoking status for all patients (14yrs+) with a	

<p>Rate of patients who utilize ED for conditions BME as per health data branch information.</p>	<p>All patients who we know visited ED for conditions BME will be contacted.</p>	<p>We receive monthly ED usage reports from St. Joe's via a Health Link initiative. However, this is only one hospital out of many our patients utilize, so there is no community hospital in our neighborhood or catchment area. There is also no way to ensure we receive ED notifications from other hospitals at this time.</p>
<p>Percent of patients that respond Always or Often. Expectation of 92% of patients respond positively.</p>	<p>Current performance is 90.11% responded Always or Often. We strive to improve this rate.</p>	<p>This idea gives us insight into our patients' understanding of their health concerns. If providers are allowing opportunities for questions or clarifications, this survey question should reflect that.</p>

Percent of patients that respond positively to survey question. .	Current performance is 93.33% of respondents answered Always or Often. We strive to maintain this performance.	IF patients are given opportunities to ask questions, the response to that question should also reflect that.
Percent of respondent answering Always or Often.	Current performance is 93.11% with the remaining 6.9% answering N/A/don't know.	Patients response on feeling they are being heard an indicate if communication needs are in need of improvement. If a patient is being listened to, there is a greater chance of them being involved in their care to the degree they see suitable.

<p>Response rates will give us perspective as to how long patients think their appointments are. We will review how long patients believe their appointments with physicians are. Compare this to the percentage of patients who respond always or often to question if someone spends enough time with them.</p>	<p>Most appointments are booked for 10 minutes, so we can review how long patients view their appointments. This can be compared to the questions on if patients believe that someone has spent enough time with them.</p>	<p>Current performance shows highest response rates are 41.94% say appointments are 15 minutes, and 25.81% say 20 minutes. That total is %67.75. Another 19.35% say their appointment is 10 minutes. This can compare to the 93.55% of patients that responded that someone in the office always or often spends enough time with them.</p>
<p>Response numbers too be measured.</p>	<p>currently 50% of respondents stated N/A / Don't Know, however, 43.33% stated they appointment length of IHPs was "Just Right".</p>	<p>This allows us not only too look at the appointment times and booking procedures for phsycians, but also with IHPs.</p>

<p>Distribute survey, and review response rates.</p>	<p>Currently 41.94% responded less than 5 minutes, and 48.39% responded 5-10 minutes. Spending enough time with patients also means ensuring we are working on time and are available for the entirety of their appointment.</p>	<p>We strive to ensure patients feel their time is respected, and that appointment times and booking process is well-managed. Spending enough times relies on time management, so understanding how patients view wait times and time in office is important.</p>
<p>Performance will be evaluated by comparing previous years' data.</p>	<p>Contact 90% of patients for whom we receive a discharge note.</p>	<p>Explanation of why the 7 day follow up period is beneficial to the patients' health. Ability to contact patients based on discharge notes means we rely on hospitals providing timely and legible notes.</p>

<p>Reception to check HRM reports once daily for reports of discharged patients. Reception to then contact patient to book appointment within 7 day time frame.</p>	<p>Contact 90% of patients identified by HRM.</p>	<p>Delays with our service provider have resulted in HRM not being implemented as of the time of this report.</p>
<p>Percent that answer always or often, compare over years.</p>	<p>We expect that this will coincide with the original survey question and more than 75% will answer same or next day.</p>	<p>Current performance is 79.31%, indicating that same and next day appointments are offered almost 80% of the time.</p>