

# 2019/20 Quality Improvement Plan for Ontario Primary Care "Improvement Targets and Initiatives"

Chatham-Kent Community Health Centres 150 Richmond St. Chatham, ON N7M 1N9

AIM		Measure								Change					
Issue	Quality dimension	Measure/Indicator	Type	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	External Collaborators	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments
M = Mandatory (all cells must be completed) P = Priority (complete ONLY the comments cell if you are not working on this indicator) C = custom (add any other indicators you are working on)															
Theme I: Timely and Efficient Transitions	Efficient	Percentage of patients who have had a 7-day post hospital discharge follow up for selected conditions. (CHCs, AHACs, NPLCs)	P	% / Discharged patients	See Tech Specs / Last consecutive 12-month period.	91562*	49%	54.00	Feel a 10% target is achievable on this indicator		1) Refine hospital admission process	1) MD/NP to send task to HL nurse when client admitted to hospital with identified diagnosis- pneumonia, COPD, CHF, diabetes, Stroke, GI Disease, Cardiac conditions, PCP requested f/u. 2) Nsg to utilize SHIP and add admitted client to a watch list for notification when discharged.	% of tasks sent to nurses following admission notifications	75% of admit notifications will generate a task for HL nurse to follow up.	
											2) Refine hospital discharge protocol	1) HL nurse to receive task when client discharged from hospital. 2) Nurse will review LACE tool for all clients being discharged from hospital. Clients who score 10 or more will be offered case management services and their MD/NP will be notified of their score. 3) Nsg or clerical will arrange a follow-up visit within 7 days with the nurse and provided concurrently (if able). 4) Nsg to see clients for 7 day hospital f/u visit- complete med reconciliation, health assessment and community linkages (as needed) and provide an update to PCP 5) PCP to follow up after in person or by phone. 6) Nsg/clerical will ensure appointment type- 7 day hospital f/u- "diagnosis" is captured appropriately for data collection purposes.	% of clients who are contacted for a primary care appointment following discharge.	85% of clients will be contacted to arrange an appointments for clients within 7 days of their hospital discharge.	
	Timely	Percentage of patients and clients able to see a doctor or nurse practitioner on the same day or next day, when needed.	P	% / PC organization population (surveyed sample)	In-house survey / April 2018 - March 2019	91562*	66.79	73.00	Increase of approx. 10% from current performance		1) 1) Increase survey responses to ensure accurate client representation in the data.	1. Survey quarterly. 2. Keep surveys simple, asking 1-2 new questions each month. Maximize the use of social media and website to bring survey data in. 3. Give ballots to enter in a draw as incentive for completing survey. 4. Trial new survey response techniques- attaching to the medication appt card, insentivizing providers to distribute surveys.	# of surveys collected each quarter	10% of panel size will be received in surveys by January 2020.	
Theme II: Service Excellence	Patient-centred	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?	P	% / PC organization population (surveyed sample)	In-house survey / April 2018 - March 2019	91562*	88.54	93.00	Increase of approx. 5% seems realistic and achievable		1) 1) Increase survey responses to ensure accurate client representation in the data.	1) Survey continuously throughout the year. Keep surveys simple, asking 1 or 2 new questions each month. Maximize the use of social media and website to bring survey data in. Give ballots to enter in a draw as incentive for completing survey. 2) Trial new survey response techniques- attaching to the medication appt card, insentivizing providers to distribute surveys.	# of surveys collected each quarter.	10% of panel size will be received in surveys by January 2020.	
											2) Educate clients to ask question and remind staff to ask for patient input.	1) Continue waiting room TV messaging, signage in exam rooms, and social media posts to encourage client involvement.	% of waiting rooms with TV messaging. % of exam rooms with signage. # of reaches in social media.	100% of waiting rooms will continue with messaging. 100% of exam rooms	

		% of clients who indicate they were able to get an apt at a convenient time for them	C	% / All patients	In-house survey / April 1, 2018- December 31, 2018	91562*	93.6	95.00	Already performing well on this indicator however want to continue to strive for improvement.		1)Increase survey responses to ensure accurate client representation in the data.	1)Survey continuously throughout the year. Keep surveys simple, asking 1 or 2 new questions each month. Maximize the use of social media and website to bring survey data in. Give ballots to enter in a draw as incentive for completing survey. 2) Trial new survey response techniques- attaching to the medication appt card, incentivizing providers to distribute surveys	# of surveys collected each quarter	10% of panel size will be received in surveys by January 2020	
		% of clients who indicated they feel comfortable and welcome at the CHC	C	% / All patients	In-house survey / April 1, 2018- December 31, 2018	91562*	98.65	99.00	Already performing well on this indicator however want to continue to strive for improvement		1)Increase survey responses to ensure accurate client representation in the data.	1)Survey continuously throughout the year. Keep surveys simple, asking 1 or 2 new questions each month. Maximize the use of social media and website to bring survey data in. Give ballots to enter in a draw as incentive for completing survey. 2) Trial new survey response techniques- attaching to the medication appt card, incentivizing providers to distribute surveys.	# of surveys collected each quarter	10% of panel size will be received in surveys by January 2020	
Theme III: Safe and Effective Care	Effective	Proportion of primary care patients with a progressive, life-threatening illness who have had their palliative care needs identified early through a comprehensive and holistic assessment.	P	Proportion / at-risk cohort	Local data collection / Most recent 6 month period	91562*	CB	CB	Collecting Baseline	Thamesview FHT, Chatham-Kent FHT, Chatham-Kent Health Alliance, Copper Terrace, Fairfield Park	1)Standardize method of identifying palliative clients in EMR	Leverage IT to develop consistent way of identifying palliative care clients in EMR	% of palliative care clients correctly identified in EMR	100% of palliative clients will be identified in EMR	
											1)Implement use of screening tool to identify palliative clients	Determine which palliative care screening tool would be most appropriate within our organization/client population Identify group or characteristics of clients to be screened and frequency of screening	% of identified group of clients to be screened that had screening completed	75% of identified group of clients will have documented palliative care screener	
											2)Implement use of standardized assessment tool for palliative care clients	Determine which palliative care needs assessment tool would be most appropriate within our organization/client population	% of identified palliative clients that have a needs assessment completed	75% of clients identified as benefiting from palliative care will have a	
											4)Provide resources and education on screening tools	Provide education to all providers and nurses on planned group to be screened, screeners and assessment tools	% of nurses and providers trained on standardized screening and assessment tools	100% of providers and nurses will receive training on identification, assessment	
											5)Educate primary care team on Palliative Care Supports and referral process	Link with LHIN HCC to provide education to Providers on community supports for palliative care and referral	% of providers who attend education on supports for palliative care and processes	100% of providers will receive education on community supports for	
		% of clients eligible and receiving cervical cancer screening stratified by income and racial/ethnic group	C	% / Clients eligible for cervical cancer screening	EMR/Chart Review / April 1, 2019- March 31, 2020	91562*	CB	CB	Collecting Baseline		1)Increase number of clients with completed sociodemographic information on EMR	1)Reissue survey to clients who are missing the sociodemographic data in their EMR 2) Clerical to review chart on client arrival and update data that is missing. 3) All employees to review sociodemographic at each encounter and follow up with client to update. 4) Clients are asked every 3 years to identify if there are any changes	% of clients who have sociodemographic data completed	40% of all EMRs will have all sociodemographic data completed.(Approx 59% increase	
		% of clients with diabetes, age 18 or over, who have had a diabetic foot ulcer risk assessment using a standard, validated tool within the past 12 months.	C	% / Clients with diabetes, aged 18 years or older	EMR/Chart Review / April 1, 2019- March 31, 2020	91562*	15	22.50	Now have multiple individuals trained therefore 50% increase appears achievable		1)Educate RPN, RN, Chiropracist, CDE, MD/NP to administer Inlow's 60 Second Diabetic Foot Screen and use the NOD template for documentation.	1) Provide individual training sessions with RNs, RPNs, and Dietician to ensure competency in In lows foot screener. 2)IT to pull data for diabetic clients receiving footcare and provide list to nursing to ensure they are aware of the need to screen	% of foot care staff who receive training.	100% of foot care staff will receive training on the Inlow's tool.	

		Client data organized by sociodemographic status	C	% / All patients	EMR/Chart Review / April 1, 2019- March 31, 2019	91562*	CB	CB	Collecting Baseline		1)Increase number of clients with completed sociodemographic information on EMR	1) Reissue survey to clients who are missing sociodemographic data on their EMR 2) Clerical to review chart on client arrival and update data that is missing. 3) All employees to review sociodemographic at each encounter and follow up with client to update. 4) Clients are asked every 3 years to identify if their are any changes	% of client's EMRs who have sociodemographic data completed	40% of all EMRs will have all sociodemographic data completed.(Approx 59% increase	
	Safe	Percentage of non-palliative patients newly dispensed an opioid within a 6-month reporting period prescribed by any provider in the health care system within a 6-month reporting period.	P	% / Patients	CAPE, CIHI, OHIP, RPDB, NMS / Six months reporting period ending at the most recent data point	91562*	6	5.00	Target aligns with provincial average from My Practice Report		1)Develop standardized data reporting and collection method.	Leverage IT to develop standard method of reporting and collecting current data within EMR.	IT will be able to access current data from EMR	Quarterly reports will be generated on this initiative	
											2)Provide resources for providers on standards of managing acute/chronic pain	HQO Resource- Opioid Prescribing for Acute/Chronic Pain to be made available in clinical resource. Education to be provided at provider meeting	% of providers who received information regarding Opioid prescribing standards.	100% of providers receive resource information regarding opioid prescribing	
											3)Ensure provider awareness of clients being prescribed opioids within their panel	IT to generate list quarterly of clients/provider who are being prescribed opioids- new or existing for providers to review.	Quarterly reports generated for providers	Quarterly reports will be generated for all providers in 209/2020	
											4)Standardize use of Opioid Risk tools and Opioid Contracts for high risk individuals and refine policies to support	1)Work with IT to have opioid risk assessment tool and contract available in the EMR for easy access and use by providers 2)Develop Opioid prescribing policy for providers including use of these standardized tools	% of clients being prescribed opioids who had a risk assessment and subsequent opioid contract developed	80% of clients being prescribed an opioid for chronic non-cancer pain have a	