

2020/21 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)	C	% Discharged patients	Clinical data from Q1-Q3 last fiscal	91562*	45%	50%	10% increase from average across Q1-Q3			1) Develop and implement accurate and standardized data collection process	1) Complete a process review of current data collection processes. 2) Provide education to employees involved on scheduling and completing hospital discharge process visits to ensure that data is being inputted properly to accurately reflect in our data.	1) Employees will be able to describe method for capturing hospital discharge follow up visit data and standardized method of inputting this data is in place by June 30, 2022	100% of hospital discharge follow up visits will be captured correctly within the EMR for data accuracy.	
												2) Refine and re-implement hospital discharge nurse follow up process	1) Complete a process review and re-development of hospital discharge nurse follow up process. 2) Provide education to impacted staff on updated hospital discharge nurse follow up process.	1) An updated hospital discharge nurse follow up process will be developed and implemented by June 30, 2022. 2) 100% of impacted staff will receive education on hospital discharge nurse follow up process by September 30, 2022	100% of clients that meet the criteria will receive follow up according to the hospital discharge nurse follow up process by Dec 31, 2022.	
	Efficient	Percentage of clients receiving care/services through the use of digital tools	C	% / PC organization population			91562	CB	CB	CB			1) Increase the number of client emails on file in order to facilitate the use of digital tools.	1) Develop an internal promotional campaign to increase the number of clients emails collected and stored within their medical record	1) We will see an increase in emails on file by Sept 30, 2022	CB
												2) Decrease barriers to digital services by providing access to clients in need through the development of the device lending program	1) Develop and implement a device lending program to facilitate lending of 100 smart phones to clients in need. 2) Evaluate the program on a quarterly basis to understand barriers and benefits of this service.	1) The number of clients supported with loaned digital devices will increase by Sept 30, 2022	CB	
												3) Expand online booking options for programs and services	1) Explore online booking expansion options. 2) Provide education and support to team members who are offering online booking options for programs and/or services. 3) Develop and implement a promotional strategy to increase client use of online booking.	1) Options for expansion of online booking will be explored and utilized when appropriate- ongoing. 2) 100% of team members will receive education and support to facilitate online booking. 3) The number of clients utilizing online booking services will increase by September 30, 2022	CB	
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 client satisfaction surveys- April-Dec 2021/23	91562*	90.75% (Average across 3 Quarters in 2021/22)	92%	1% increase from average across last fiscal.	DHT		Develop process and method for tracking client involvement in development of plan of care	1) Utilize RNAO BPG to develop method for tracking client involvement in development of plan of care. 2) Provide education to impacted staff on process change to track involvement in development of plan of care	1) Process will be established and utilized to document development and involvement in plan of care by March 31, 2023. 2) Impacted staff will receive education on process change by March 31, 2023	100% of impacted staff will be able to describe the process for documenting involvement in case.	
												Provide education for health care providers on empowerment, communication and share decision making	1. Utilize RNAO BPG to provide education to health care providers on empowerment, communication and shared-decision making.	Education will be provided to health care providers by March 31, 2023	100% of health care providers will complete training on empowerment, communication and shared decision making	
Theme III: Safe and Effective Care	Effective	% of eligible clients that have received preventative care services	P	Proportion / at-risk cohort	MSAA Data	91562*	Cervical Cancer Screening- 70%	80%		cQIP		Develop standard method of inputting MSAA data into EMR to ensure data accuracy	1. Develop standard method of inputting preventative care data into EMR to ensure data accuracy. 2. Provide education to staff on standardized process	Employees will demonstrate understanding of how to input preventative care data into EMR to ensure adequate data accuracy by September 30, 2022.	100% of the preventative care data will be inputted correctly within the EMR by Dec 31, 2022	

							Colorectal Cancer Screening 69%	75%	Targets set by OH within our MSA Agreement		Refine process for MSA Agreement to ensure all clients are notified of preventative care services that they are due for.	Develop standard method of identifying and notifying eligible clients that they are due for preventative care services. 2. Provide education to staff on standardized processes	A standardized approach to identifying and notifying eligible clients about preventative care will be implemented by Oct 31, 2022	100% of clinical employees will be able to describe the standardized process for identifying and notifying eligible clients about preventative care services by Oct 31, 2022.	
						Breast Cancer Screening Rate- 72%	80%								
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	Internal data from Q1-Q3	0	3%	2.85%	5% decrease from average		1) Develop a structure for team based case reviews for complex cases including those on high doses of opioids involving multi-disciplinary team members to help in the behaviour change approach. 2) Provide educational opportunities on opioid prescribing practices to help support providers in managing clients with chronic non-palliative pain.	1) Develop the internal process for interprofessional team based case reviews. 2) Provide education to the team about process of team based case reviews.	There will be an internal process for team based case reviews for complex cases by September 2022	100% of employees will be able to describe the process to initiate and complete team based case reviews for complex cases by Sept 2022.		
											1) Seek out educational opportunities to continue to enhance providers skills in opioid prescribing practices. 2) Providers who receive education to disseminate knowledge to the rest of the team for overall learning.	% of staff receiving additional education on opioid prescribing practices.	100% of providers receive resource information regarding opioid prescribing		