

Let's Make Healthy
Change Happen.



2014/15 Quality Improvement Plan for Primary Care organizations in Ontario

*Lakehead
Nurse Practitioner-Led Clinic*

April 1, 2014

Overview of Our Organization's Quality Improvement Plan

- **Overview:**

Lakehead NPLC continues to focus on the three metrics of quality highlighted by the MOHLTC for primary care: **Access, Integration, and Patient-Centeredness**. We are addressing these areas through a multi-pronged approach aimed at increasing patients' ability to see their provider when they need to, and giving them more opportunities to provide feedback, while coordinating care as much as possible between other health organizations where the patients may be receiving health care service. Access to same-day and next-day appointments is available through a twice-weekly walk-in clinic for LNPLC patients and an increased availability of same-day appointment bookings, every day. We have made significant headway in receiving notification from the Thunder Bay Regional Health Sciences Centre (TBRHSC) of when patients present at the ED, and initial steps with receiving notification of admission/discharge from hospital. We commit to follow-up with these patients as soon as possible after this encounter, as appropriate. Revisions to our patient survey for 2014-2015 have focused on patient engagement and involvement in decision-making about their health. New for 2014-2015 is the **Population Health** metrics, monitoring our eligible patients who are up-to-date on influenza vaccination, and screenings for breast, colorectal, and cervical cancers. Baselines will be established for these measures this year.

- **Focus:**

Objectives for providing:

- **Access** to primary care when needed: use same-day appointment bookings; reduce time to third-next-available appointment for all providers; minimization of emergency department visits for conditions best managed elsewhere. Giving patients the opportunity to see a provider when needed will reduce long wait-times, minimize inappropriate use of acute health settings, and allow providers to focus on current needs with their patients.
- **Integration** with other care organizations: Timely access to primary care appointments post discharge from hospital; reduce unnecessary hospital readmissions. By receiving information from TBRHSC we are able to identify patients who can be educated on the appropriateness of ER use, and ensure continuity of care by quickly following up with patients admitted to hospital. Patients are asked for feedback on our coordination of their care with other health organizations.
- **Patient-centred** focus: Receive and utilize feedback regarding patient engagement, opportunity to ask questions, having enough time; receive feedback from program participants. By continuing and expanding our patient satisfaction survey, we are better able to respond to the needs of patients of the clinic and ensure that we are providing care that they can understand, and that is congruent with their values and life needs.

- **Integration and continuity of care:**

Continuity of care across sectors can be largely driven by a positive and accommodating primary care experience. Our clinic continues to focus on reduction of unnecessary Emergency Department visits, and hospital readmissions, and minimizing the use of outside walk-in clinics for conditions best managed elsewhere. Our clinic offers two walk-in clinics per week, and has expanded same-day appointment access. By seeing their regular provider when needed, patients are able to experience greater continuity of care and avoid repeating their health concerns to multiple organizations. The potential for miscommunication of pertinent health information between organizations is also reduced.

This QIP aims to further focus on increasing integration and information sharing with other health organizations. Our patient satisfaction survey collects data on how patients feel the clinic assisted them in coordinating care across the health care system with pharmacies, labs, and specialists.

- **Challenges and risks:**

As we now have access to admit/discharge logs through Meditech, our principal challenge from last year has been mitigated, and no longer exists. The next step is to continue advocacy for receiving this information automatically, rather than a manual search every week.

The principal challenge this year will be capturing accurate screening rates for the metrics under 'Population Health'. While we perform, and order many of these procedures with our patients at their clinic appointments, many have the procedures done outside of the clinic, and we are not receiving notification of all of these. This includes flu vaccines administered at external pharmacies, mammograms performed by Ontario Breast Screening, which are not reported to the clinic, etc.

Further, while same-day appointment slots have been reserved, there is a noted challenge in maintaining a third-next-available appointment within two weeks when there are staffing shortages. During a provider's leave, those covering the extra patient load will need more time for this coverage which may create a barrier to maintaining this criteria. While this is a minimal risk, it is still acknowledged.

- **Information Management Systems**

Our Accuro EMR is a cornerstone of the clinic's operations for patient scheduling, providing care, communication, and for organizing information. The EMR allows the clinic to pre-populate the providers' schedules with designated same-day appointment slots to allow for improved access. The charting and recording procedures that the providers follow ensures that statistics can be generated and data can be queried to generate demographic reports. Because we receive and input all documents electronically, lists of patients presenting at the ED can be generated to allow for analysis and targeted education. We also use the EMR to determine third-next-available appointment times and consider how to make the

most efficient use of clinic hours.

Through the Physician Office Integration system with TBRHSC, our NPs are able to receive electronic reports for hospital procedures, and Accuro provides access to the Ontario Lab Information System should reports need to be looked up for other procedures. NPs have access to Meditech at the TBRHSC to access additional information about our patients who are seen at the hospital, which includes admission/discharge info as of Feb. 2014.

- **Engagement of Clinical Staff & Broader Leadership**

Clinical staff and administration staff are engaged in all operational changes in order to reach our QIP goals, and other modifications as recommended by the Quality Improvement Committee. Updates in data collection, administration of patient surveys, and re-focused patient education are things that we continually discuss among the entire clinic staff.

- **Accountability management:**

This QIP is subject to approval by the Lakehead NPLC Board of Directors, and to quarterly review and evaluation by a Quality Improvement Committee, established in March 2013. The Quality Improvement Committee is represented by a member from each of the Board, the executive committee, and of the clinic staff (+ alternate for each). Quarterly updates are made to the Board of Directors, and any necessary steps are taken to ensure that quality care, patient safety, and privacy are considered as overarching decision criteria.

Our Improvement Targets and Initiatives

See Attached Excel Spreadsheet

Sign-off

I have reviewed and approved our organization's 2014/2015 Quality Improvement Plan

Dr. Lynne Thibeault
Board Chair

Pam Delgaty, NP
Clinician Lead

Kyle Jessiman, MHA
Executive Director/Admin. Lead

- **Other (Not part of QIP Navigator Categories)**

- **Practice/community profile:**

Our EMR allows for review and analysis of trends in demographics and, to some extent, acuity of patients at the clinic. Additionally, the clinic participates in several external networks, including: monthly teleconferences with the other NPLCs in Ontario, facilitated by the Nurse Practitioner's Association of Ontario. We also receive regional reports from the North West LHIN which identifies health concerns in this catchment area. The clinic has representation on the Thunder Bay Physician Recruitment and Retention Council which meets monthly to identify and discuss opportunities for providing access to adequate health human resources. The clinic is a member of the Association of Ontario Health Centres and participates in teleconferences with that network as well. We are able to for a united voice for advocacy for fair remuneration for our staff, and to address other barriers to clinic operations.

- **Chronic disease management and prevention:**

Chronic Disease Management (CDM) is one of the principal objectives of the Lakehead NPLC and we continue to offer regular CDM programs throughout the year. A six-week session based on the CCAC-structured program is offered twice per year. The clinic hosts Diabetes education sessions monthly, in partnership with Diabetes Health Thunder Bay, and a more intensive Diabetes program for newly-diagnosed patients. The clinic also hosts regular cancer-screening clinics with partners such as TBRHSC, Ontario Breast Screening, Cancer Care Ontario etc. These CDM programs focus on patient education and prevention which remains a focus for the clinic. A version of our updated patient survey is also being offered to program participants to evaluate the effectiveness of programs at the clinic, and ensure that we are offering programs consistent with the evolving needs of our patients