Let's Make Healthy Change Happen.

2015/16 Quality Improvement Plan for Primary Care organizations in Ontario

Lakehead
Nurse Practitioner-Led Clinic

April 1, 2015

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; along with Population Health. 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 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. All patients discharged from hospital are telephoned by the clinic RN and booked in for an appointment as needed. Revisions to our patient survey for 2014-2015 focused on patient engagement and involvement in decision-making about their health, with stellar results obtained for a third year in a row. Population Health metrics monitor our eligible patients who are up-to-date on influenza vaccination, and screenings for breast, colorectal, and cervical cancers. Baselines have been established for these measures this year with diligent work done by our administrative and reception staff in capturing these stats in our EMR and querying the results.

- **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 our patient satisfaction survey in 2014-2015, and providing ongoing opportunities for comments and feedback, 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. Given the results of the last three years, the Quality Improvement Committee has decided to administer the formal survey bi-annually, while continuing the collection of comments and feedback forms, along with program evaluation.

- **Population Health**: Ensure screenings are up-to-date for patients elligible for breast, cervical, colorectal cancers, and that senior patients are receiving influenza vaccinations. While this currently has to be input and tracked manually, we are optimistic that the MOHLTC will implement the needed steps to have this information flow directly from Cancer Care Ontario to the Primary Care Provider. We are inputting 'tasks' in the EMR to remind providers when these screenings are due, and calling patients to remind them to have these done. Queries are run through the patient demographics, using diagnostic and treatment codes to obtain our most accurate results. Blitzes are organized throughout the year if many patients need to be booked to have screenings done, and flu clinics are run for a number of days each fall to allow ample opportunity for patients to receive this service.

- **Integration & 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.

- **Challenge, Risks & Mitigation Strategis:**

  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 by conducting a manual search every week.

  The principal challenge this year continues to be found in 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. Cancer Care Ontario does not provide a Screening Activity Report to Nurse Practitioners at NPLCs as the patients are not

'rostered' in an enrollment model through OHIP. This is a significant barrier to continuity of care and follow-up for our patients, and we will strongly advocate for change in this structure this year.

In addition, having an official 'roster' of patients, linked to the primary care provider (NP in our case) will eliminate the patient attrition we experience due to Health Care Connect's lack of integration with NPLCs. Currently, patients of our clinic who had signed up with Health Care Connect continue to be contacted by the service, with the expectation that they must 'find a doctor'. This structure fails to recognize the NPs as the patients' primary care provider, and undermines the access and excellent care provided at our clinics. Again, having patients enrolled and connected to the NP will alleviate this.

A final note on having a 'roster' – While we've made notable improvements in the information flow with the Thunder Bay Regional Health Sciences Centre, capturing patients admitted and discharged from the hospital, there are still instances when we are unaware that a patient has presented at, or is currently admitted to the hospital. If a patient fails to inform the hospital of their NP primary care provider, or if the hospital fails to capture this info, it is not passed on to the responsible NP. Hopefully, enrolled patients would have the primary care provider linked through their OHIP number, and this information would flow directly through these channels without being missed. Patients have the right to this type of continuity and follow-up. Their most responsible provider must have knowledge of what is going on. This will be one of our primary points of advocacy with the MOHLTC and our member associations this year.

Further, while same-day appointment slots have been reserved, there is a noted challenge in maintaining a third-next-available appointment within our target of 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. Until this upcoming year, the MOHLTC had not recognized the need for relief HR funding in NPLC budgets. This has been modified for 2015-2016. While no new money is provided, we will work to find 'Relief' funding within our existing funding when the need arises this year.

- **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 (see Accountability Management section). Updates in data collection, administration of patient surveys, and re-focused patient education are things that we continually discuss among the entire clinic staff. Our Board of Directors is familiar with the challenges faced by the clinic, as described above. The Board helps to direct advocacy initiatives to help mitigate these challenges.

- **Patient/Resident/Client Engagement**

  Our patient satisfaction survey includes a number of questions on engagement, and understanding of the plan of care and treatment options. "Please rate how well your clinician involved/engaged you in healthcare and treatment decisions to the level you would like?" obtains excellent feedback, and feedback on program development and delivery is also collected from program participants. The idea of having a patient engagement group has been discussed and tabled with the clinical staff as well as the Board of Directors, but has not yet been implemented.

- **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 2015/2016 Quality Improvement Plan

Dr. Lynne Thibeault	Pam Delgaty, NP	Kyle Jessiman, MHA
Board Chair	*Clinician Lead*	*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 form a united voice for advocacy for fair remuneration for our staff, and to address other barriers to clinic operations. Lakehead NPLC is represented on the CCAC Telehomecare steering committee and is the largest individual referrer to this program. We are also participants in the Thunder Bay Regional Health Sciences Centre "5-partners" strategy development sessions.

- **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 in individual appointments and via programs throughout the year. A six-week session based on the CCAC-structured program was offered twice per year. Our program development is now evolving to offer more structured health and wellness programs, specific to the population needs in our area. The clinic hosts Diabetes education sessions monthly, in partnership with Diabetes Health Thunder Bay, and a more intensive Diabetes program for exercise began this year, and was open to the public! A Caregiver Support program is also being offered twice per year, is also open to the public and has been very well received. 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, as well as being an opportunity for training outside IHPs in these screenings. 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