Let's Make Healthy Change Happen.

2016/17 Quality Improvement Plan for Primary Care organizations in Ontario

Lakehead
Nurse Practitioner-Led Clinic

April 1, 2016

Overview of Our Organization's Quality Improvement Plan

- **Overview:**
- Lakehead NPLC continues to focus on the metrics of quality highlighted by the MOHLTC for primary care: Timely, Effective, Efficient, Patient Experience; along with Equitable (formerly 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 the following week, and booked in for an appointment as needed. Revisions to our patient survey for 2016-2017 focus on patient engagement and involvement in decision-making about their health, with a new online/tablet survey being rolled out. Expectations are for continued stellar results being obtained for a fourth year in a row. Population Health metrics monitor our eligible patients who are up-to-date on influenza vaccination, and screenings for colorectal, and cervical cancers. New this year is a screening for HbA1C levels in diabetic patients over 40. Baselines have been established for these measures with diligent work done by our administrative and reception staff in capturing these stats in our EMR and querying the results.

- **QI Achievements from the Past Year**
  We are proud of the great work done by our Quality Improvement Committee, and all of the clinic staff in implementing the many improvements resulting from this QIP.

  This year, the clinic finalized an online version of our patient satisfaction survey which can be administered via a tablet in our waiting room, or sent by email to be completed by the patient online at their leisure. The metrics are the same as our previous paper-based survey.

  The Registered Nurse continues to conduct follow-up calls with all patients discharged from hospital, and we are booking them with their provider as appropriate. Focus has been drawn to booking consultations with the pharmacist for medication reconciliation for those patients who have been discharged and any changes made to their medications.

  Using our EMR, tasks have been set up to generate reminders for every screening as it comes due for patients. The RPN, admin staff and medical receptionists are proactively calling patients as their screenings are due, to inform them to have the test done at the appropriate service location, or come to the clinic for an appointment if appropriate. This has kept us on top of all cancer screenings for our patients. because of this practice, we

have seen a great increase in % of eligible patients who have had a PAP test or colorectal cancer screen.

Our same day appointments continue to be used more and more, trrending upwards year over year from 100 in the 1st quarter of 2013-2014 to 312 in the 1st quarter of 2015-2016. Our walk-in clinic visits remain steady as well, and we are glad to offer this increased access for our patients, and we continue to work to reduce any wait time to get an appointment.

- **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 providers or 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.

  We continue to improve information sharing with the Thunder Bay Regional Health Sciences Centre, yet face a number of barriers in collecting some of the QIP metrics which require data sharing around re-admissions etc.

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

  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. The QIP Committee regularly monitors ED use, Same-Day and Walk-In Clinic use, time to third-next-available for each provider, and patient satisfaction feedback.

  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 as described above. 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. We continue to look at feasible ways to implement this.

- **Challenge, Risks & Mitigation Strategis: (Included in ‘Other’)**

  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.

Our Improvement Targets and Initiatives

See Attached Excel Spreadsheet

Sign-off

I have reviewed and approved our organization's 2016/2017 Quality Improvement Plan

Trina Diner *Board Chair*	Pam Delgaty, NP *Clinician Lead*	Kyle Jessiman, MHA *Executive Director/Admin. Lead*