

# Primary Care Quality Improvement Plan

# Lakehead Nurse Practitioner-Led Clinic

2013/14

| AIM               |  | MEASURE   |                            |   |  | CHANGE  |   |   |   |
|-------------------|--|---|----------------------------|---|--|---|---|---|---|
| Quality dimension | Objective  | Measure/Indicator   | Current performance        | Target for 2013/14  | Target justification   | Planned improvement initiatives (Change Ideas)                      | Methods and process measures  | Goal for change ideas (2013/14)   | Comments  |
| Access            | Access to primary care, when needed  | <b>Timely access to primary care, when needed:</b> Percent of patients/clients able to see a nurse practitioner on the same day or next day, when needed                        | Baseline to be established | Improvement on Baseline   | - Reduce unnecessary ED visits, external walk-in use<br>- Improve continuity of care for clinic patients<br>- Improve clinical outcomes and lower total health care system costs | 1) Implement Advanced access principles                             | Time to third next available appointment  | 3rd Next Available < 2 weeks  | Baseline measurement currently at a maximum of 17 days  |
|                   |  |   |                            |   |  | 2) Meet more same-day/next-day appointment requests                 | Implement daily same-day appointment bookings with all providers  | 100% of same-day/next-day appointment requests met by end of fiscal 2013/2014                                 | Currently: Walk-in twice weekly (Mon, Fri PM), same-day bookings on Wednesday PM  |
|                   |  |   |                            |   |  | 3) Collect Patient access concerns                                  | Implement access feedback questions in next patient survey  | Patient access concerns addressed   | Developing updated survey   |
|                   | Reduce time to Third Next available  | Third next available 30 minute appointment for all providers  | Maximum of 17 days         | < 2 weeks   | Advanced Access  | Implement 1 hour of same-day appointments per day for each provider | Use Accuro EMR data for third next available data   | Provide monthly report on 3rd next available  |   |
| Integrated        | Timely access to primary care appointments post-discharge through coordination with hospital(s). | <b>Primary care visits post discharge*:</b> Percent of patients/clients who see their primary care provider within 7 days after discharge from hospital for selected conditions | Baseline to be established | Begin receiving consistent reports on LNPLC patients admitted to hospital | Follow-up with patients after hospital discharge to ensure engagement in care plan and continued health education<br><br>Improve continuity of care out of hospital              | Measure admission/discharge follow-ups                              | - Contact TBRHSC - request receipt of admissions/discharge reports.<br>- Provide NPs with hospital records as received, as well as monthly reports of hospital/ER patients<br>- NPs to check Meditech records | Receive all admission/discharge reports by end of fiscal 2013/2014  | - Participating in TBRHSC POI<br>- Already receiving ER reports as of Nov. 2012<br>- Requested Admission/discharge reports Feb 2013 |
|                   | Minimization of Emergency Department visits for conditions best managed elsewhere                | Per cent of patients who visited the ED for conditions best managed elsewhere   | Baseline to be established | Improvement on Baseline   | Reducing ED visits minimizes hospital-acquired infections, reduces health system costs, improves continuity of care  | Provide all NPS with monthly reports of patient ER use              | Number of patients who presented to ED for a condition best managed elsewhere   | - Reduce number of repeat visitors<br><br>- Educate patients who are presenting at ED for non emergent issues | Educate patients on walk-in and same-day availability at LNPLC  |

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|                   | Enhance channels of receiving information   | Number of admission/discharge/ED visits reported to LNPLC  | TBRHSC POI, OLIS, ED reports                                  | Hospital admission data through TBRHSC or ICES   | Provide ability to easily identify patients admitted to hospital and follow-up             | Work with TBRHSC to facilitate this information sharing; apply for membership with AOHC to access ICES data | Number of admission/discharge/ED visits reported to LNPLC | - Receive admissions and discharge reports directly from hospitals<br>- Education sessions at TBRHSC admissions regarding NP practice? | Currently member of TBPRRC<br><br>Health Link currently being developed<br><br>Requested increased communication from TBRHSC for receiving admission/discharge reports consistently |
| Patient-centred   | Receiving and utilizing feedback regarding patient/client experience with the primary health care organization. | <b>Patient/client engagement:</b> How often are you involved to the extent that you want to be in decisions related to your care?                                    | 27 outstanding (66%) , 11 good (27%), 1 poor (2%), 2 N/A (5%) | 98% Outstanding/Good (rephrase question)         | Patient engagement = increased likelihood of following care plan                           | 1) Develop updated survey to include all relevant questions and proper wording                              | Currently measuring                                       | Administer updated patient survey - 50 responses per provider  | Mail out, in-clinic, online versions of survey will be available  |
|                   |   | <b>Opportunity to ask questions:</b> When you see your doctor or nurse practitioner, how often do they or someone else in the office encourage you to ask questions? | 98% Yes questions answered to satisfaction                    | Rephrase survey question - aim for 100% 'always' | Patient education and health teaching should address all of patient questions and concerns | 2) Increase survey responses  | Targetted mail-out, in-clinic, online versions            | Reach 10% of patients (320, ~50/provider)  | Patient Satisfaction results published in Annual Report   |
|                   |   | <b>Having enough time:</b> When you see your doctor or nurse practitioner, how often do they or someone else in the office spend enough time with you?               | 98% Yes   | 100%   | Thorough appointments = opportunity for clearer understanding and engagement               | see above   | Currently Measuring                                       |  |   |
|                   | Receive feedback from program participants  | Percent positive feedback through administration of satisfaction surveys for all programs  | Baseline to be established                                    | Improvement on Baseline                          | Program evaluation and patient engagement  | Administer feedback survey for all program participants   | Administer survey at all program final sessions           | Revise survey with relevant questions for programs   |   |

\* data will be available on the Health Data Branch Portal for organizations with rostered patients