

Primary Care Quality Improvement Plan

Lakehead Nurse Practitioner-Led Clinic

2014/15

| AIM | | MEASURE | | | | CHANGE | | | |
|-------------------|--|--|---|--------------------|--|--|--|---|---|
| Quality dimension | Objective | Measure/Indicator | Current performance | Target for 2014/15 | Target justification | Planned improvement initiatives (Change Ideas) | Methods and process measures | Goal for change ideas (2014/15) | Comments |
| Access | Access to primary care, when needed | Timely access to primary care, when needed: Percent of patients/clients able to see a nurse practitioner on the same day or next day, when needed | Baseline to be established - Mine patient survey results | 90% | - Reduce unnecessary ED visits, external walk-in use - Improve continuity of care for clinic patients - Improve clinical outcomes and lower total health care system costs | 1) Implement Advanced access principles | Time to third next available appointment | Distributing fridge magnets with same-day and walk-in availability | 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 - Pt. education | 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 |
| | | | | | | 4) Reduce time to Thrid Next Available 30 minute appointment for all providers | - 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 | Current performance: Maximum of 17 days Target: < 2 weeks |
| | Reduce ED use by increasing access to primary care | Per cent of patients who visited the ED for conditions best managed elsewhere | Baseline to be established NPs to rate ED reports by appropriateness of visit | 15% | Reducing ED visits minimizes hospital-acquired infections, reduces health system costs, improves continuity of care | Provide all NsS 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 - Educate patients who are presenting at ED for non emergent issues | Educate patients on walk-in and same-day availability at LNPLC - Repeat ER users will be targetted with education letter and fridge magnet with walk-in/same-day info. |

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| Integrated | Timely access to primary care appointments post-discharge through coordination with hospital(s). | Primary care visits post discharge* : Percent of patients/clients who see their primary care provider within 7 days after discharge from hospital for selected conditions | Baseline to be established - allowed access to TBRHSC report as of Feb. 1 2014 via Meditech | 90% 100% F/U Use Meditech weekly - RN F/U 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 - Improve continuity of care out of hospital - Reduce unnecessary re-admissions | Measure admission/discharge follow-ups manually via weekly Meditech results | - Provide NPs with hospital records as received, as well as monthly reports of ER patients - RN to be given weekly Meditech admit/discharge records and follow-up with patients. NPs to check as required. - % of patients followed up from admit/discharge log. | Continue to contact TBRHSC and partners - Receive all admission/discharge summaries automatically (via POI) by end of fiscal 2014/2015 | - Participating in TBRHSC POI - Already receiving ER reports as of Nov. 2012 - Requested Admission/discharge reports Feb 2013 - RN to F/U from Meditech admit/discharge results |
| | Reduce unnecessary hospital readmissions | Percent of LNPLC patients who are readmitted to hospital after they have been discharged with a specific condition (based on CMGs) | Baseline to be established via Meditech reports | 15% | Reducing unnecessary readmissions minimizes hospital-acquired infections, reduces health system costs, improves continuity of care by following patient at their primary care setting | RN to begin follow-up calls and appointment bookings with patients on admit/discharge log obtained from Meditech. | - Admit/discharge log accessed by Lead NP on a weekly basis - provided to RN and NPs, as appropriate for follow-up - % patients followed-up from admit/discharge log | - Educate patients on appropriate settings to access health care - In-clinic patient education, and education during RN follow-up post discharge. | Began receiving this info Feb. 2014 |
| Patient-centred | Receiving and utilizing feedback regarding patient/client experience with the primary health care organization. | Patient/client engagement: Please rate how well your clinician involved/engaged you in healthcare and treatment decisions to the level you would like? | 71 outstanding (73 %), 26 good (27 %), 0 poor (0%),0 N/A (0%) | 100% Outstanding/Good - meeting target | Patient engagement = increased likelihood of following care plan | 1) Developed updated survey to include all relevant questions and proper wording - targetting 300 pts in-clinic | Currently measuring | Administer updated patient survey - 50 responses per provider | Mail out, in-clinic, online versions of survey will be available |
| | | | | | | 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 |

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| | | Opportunity to ask questions: Were you given the opportunity to ask questions about your health, recommended treatment, or other aspects of the appointment? Were your questions answered to your satisfaction? - If no please explain how you would have felt that they were better answered | 100% Yes 97% Questions answered to satisfaction | 100% on both questions | - Patient education and health teaching should address all of patient questions and concerns - Health literacy and clarity of explanations is paramount. | see above | Currently Measuring | Encourage providers to ask patients for their questions | Implemented two improvements based on patient feedback |
| | | Having enough time: Did you feel that your clinician's examination was thorough and that enough time was spent with you for the nature of your visit? | 93 Fully Thorough (91%), 7 Somewhat thorough (7%), 2 Somewhat brief (2%), 0 Too brief (0%) | 100% Fully Thorough | Thorough appointments = opportunity for clearer understanding and engagement, ensuring all health concerns are addressed in the appropriate setting | 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 - Usefulness, and positive experiences for clients | Revise survey with relevant questions for programs | |
| Population Health | Reduce Influenza rates in older adults by increasing access to the influenza vaccine | Percent of patient/client population over age 65 that have received influenza immunizations. | 32% of 632 recorded by LNPLC | 60% | HQO-recommended metric - Reach higher number of seniors who may be affected | Capture numbers of patients who received influenza vaccine outside of our clinic, therefore not necessarily captured in Accuro stats. | Queries in Accuro EMR by patient demographic and indication of flu vaccine administered. | Continue seasonal flu vaccine clinics, and offering flu vaccines on demand. Attempt to capture immunizations administered outside clinic. | pts over 65, base = 632 |
| | Reduce the incidence of cancer through regular | Percent of eligible patients who are up-to-date in screening for breast cancer | Baseline to be established | 75% | Regular screening = reduced late diagnosis & | Track and report percentage of applicable patients with mammogram results | Queries in Accuro EMR by patient demographic and | Continue advocacy of regular screening in patient education in | Females 50-69, base = 527 |

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| | through regular screening | | | | diagnosis & potential mitigation | results | demographic and indication of mammogram results | patient education in clinic | |
| | | Percent of eligible patients who are up-to-date in screening for colorectal cancer | Baseline to be established | 75% | Regular screening = reduced late diagnosis & potential mitigation | Track and report percentage of applicable patients with FOBT results | Queries in Accuro EMR by patient demographic and indication of FOBT results | Continue advocacy of regular screening patient education in clinic | pts 50 and over, base = 1434 |
| | | Percent of eligible patients who are up-to-date in screening for cervical cancer | Baseline to be established | 75% | Regular screening = reduced late diagnosis & potential mitigation | Track and report percentage of applicable patients with PAP results | Queries in Accuro EMR by patient demographic and indication of PAP results | Continue advocacy of regular screening patient education in clinic | Females 18-70, base = 1245 |

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