

# 2016/17 Quality Improvement Plan for Ontario Primary Care

## "Improvement Targets and Initiatives"

Lakehead  
Nurse Practitioner-Led Clinic

Lakehead 101-325 S. Archibald Street, Thunder Bay, ON P7E 1G6

AIM		Measure							Change					
Quality dimension	Objective	Measure/Indicator	Unit / Population	Source / Period	Org Id	Current performance	Target	Target justification	Priority level	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Goal for change ideas	Comments
Effective	Improve rate of cancer screening.	Percentage of patients aged 50-74 who had a fecal occult blood test within past two years, sigmoidoscopy or barium enema within five years, or a colonoscopy within the past 10 years	% / PC organization population eligible for screening	See Tech Specs / Annually	91478*	64	75.00	FOBT kits distributed to all eligible patients proactively along with requisition. All patient has to do is collect sample at home and send for results. Some patients refuse to be screened.		1)Encourage more uptake on self-performed FOBT	FOBT kits distributed to all eligible patients proactively along with requisition. All patient has to do is collect sample at home and send for results.	Queries in Accuro EMR by patient demographic and indication of FOBT results	Continue advocacy of regular screening - patient education in clinic	pts 50 to 74, base = 1118
										2)Track and report percentage of applicable patients with FOBT results	Tasks created for all patients to proactively indicate when screenings are due - pts contacted as needed.	Procedure codes indicating screening has been completed	Continue advocacy of regular screening - patient education in clinic	pts 50 to 74, base = 1118

	Percentage of women aged 21 to 69 who had a Papanicolaou (Pap) smear within the past three years	% / PC organization population eligible for screening	See Tech Specs / Annually	91478*	87	88.00	Up-to-date screening can prevent undetected cancer. Some patients refuse to be screened.		1)Track and report percentage of applicable patients with PAP results	Tasks created for all patients to proactively indicate when screenings are due - pts contacted as needed.	Queries in Accuro EMR by patient demographic and indication of PAP results - Procedure codes indicating screening has been completed	Continue advocacy of regular screening - patient education in clinic	Females 21 to 69, base = 947
<b>Improve rate of HbA1C testing for diabetics</b>	Percentage of patients with diabetes, aged 40 or over, with two or more glycated hemoglobin (HbA1C) tests within the past 12 months	% / All patients with diabetes	Ontario Diabetes Database, OHIP / Annually	91478*	CB	75.00	Regular monitoring of HbA1C for diabetic patients over 40 can help prevent exacerbations in their illness.		1)Track and report percentage of applicable patients with two HbA1C lab results within the past year.	Identify and run query for applicable patients to establish how many have up-to-date test results, and then create tasks to keep regular screening notifications and relay this to patients.	Queries in Accuro EMR by patient demographics and indication of two HbA1C results	Continue advocacy of regular screening - patient education in clinic	pts 40 and over with Diabetes diagnosis, base - 324

<b>Improve seasonal Immunization rates</b>	Percentage of people/patients who report having a seasonal flu shot in the past year	% / PC organization population eligible for screening	EMR/Chart Review / Annually	91478*	42	42.00	This metric is not the same as last year. By changing this metric from 65 and older, to all patients, the target has been lowered substantially, as this is not expected to be given to every patient. Especially considering the flu shots administered elsewhere in the health care system (pharmacies, or other)		1)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.	Procedure codes in Accuro - we are unable to track external flu shots given, unless specifically indicated by patient. We ask the patients, but this is not giving reliable results.	Continue seasonal flu vaccine clinics, and offering flu vaccines on demand. Attempt to capture immunizations administered outside clinic.	Would help if MOHLTC or OLIS captured this data and provided it across health care system, as it is not feasible to consistently capture externally-administered flu shot rates.
<b>Reduce hospital readmission rate for primary care patient population</b>	Percentage of acute hospital inpatients discharged with selected HIGs that are readmitted to any acute inpatient hospital for non-elective patient care within 30 days of the discharge for index admission, by primary care practice model.	% / PC org population discharged from hospital	DAD, CAPE, CPDB / April 2014 – March 2015	91478*	X	15.00	Reducing unnecessary readmissions minimizes hospital-acquired infections, reduces health system costs, improves continuity of care by following patient at their primary care setting		1)This information is collected by the Thunder Bay Regional Health Sciences Centre, and it is redundant and inefficient for us to track this manually. We follow up with all patients who are discharged from hospital, but cannot track re-admissions as we only get analog data from TBRHSC regarding our patients discharges.	Need to be informed of how to obtain this data from another source	Will match with our patients discharge records	Obtain this data from TBRHSC or MOHLTC	

<b>Efficient</b>	<b>Decrease Emergency Department visits for conditions best managed elsewhere (BME)</b>	Percentage of patients or clients who visited the emergency department (ED) for conditions "best managed elsewhere" (BME)	% / PC org population visiting ED (for conditions BME)	DAD, CAPE, CPDB / April 2014 – March 2015	91478*	X	15.00	No access to MOHLTC portal to outline this info. We receive reports of patients presenting at ED, but have to manually analyze data. Our walk-in clinics diverted 155 ED visits, 260 external walk-in visits Reducing ED visits minimizes hospital-acquired infections, reduces health system costs, improves continuity of care.		1)Provide all NPs with monthly reports of patient ER use, have them re-look at list to identify which could have been best managed elsewhere.	Number of patients who presented to ED for a condition best managed elsewhere compared to total ED patients	List generated through Accuro EMR by ED presentation: captured when ER report is received form TBRHSC	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.
<b>Equitable</b>	<b>Other</b>	Add other measure by clicking on "Add New Measure"	Other / Other	Other / other	91478*	X	0.00	All Primary Health Care should be equitable. In terms of care delivery, and recruitment and retention across the health system.		1)Monitor Social Determinants of Health as per our affiliation with Association of Ontario Health Centres.	ICES Data	ICES Data and patient deomographics	Contribute to community development to improve social determinants of health for our patients and community.	To be addressed
<b>Patient Experience</b>	<b>Improve Patient Experience: Opportunity to ask questions</b>	Percent of respondents who responded positively to the question: "When you see your doctor or nurse	% / PC organization population (surveyed sample)	In-house survey / April 2015 - March 2016	91478*	100	100.00	Opportunity to ask questions should be consistent in every appointment		1)Developed updated survey to include all relevant questions and proper wording - targeting 300 pts in-clinic (10% of pt. load)	Administer post-appointment survey to capture data	Collated survey responses	Administer updated patient survey - 50 responses per provider	320 in-clinic surveys administered last year

		practitioner, how often do they or someone else in the office give you an opportunity to ask questions about recommended treatment?"								2)Acquired tablet and completed launch of online survey so that patients can more-easily complete, and we can more easily obtain results as compared to paper-based survey.	Tablet is pre-loaded to online survey, patients will be given tablet to complete in waiting room, or referred to access online.	Survey monkey-generated results	Administer survey to get results for all providers	320 total in-clinic and online surveys administered
	<b>Improve Patient Experience: Patient involvement in decisions</b>	Percent of patients who stated that when they see the doctor or nurse practitioner, they or someone else in the office	% / PC organization population (surveyed sample)	In-house survey / April 2015 - March 2016	91478*	97	100.00	Patient engagement should be consistent for every appointment, and care plan		1)Developed updated survey to include all relevant questions and proper wording - targeting 300 pts in-clinic (10% of pt. load)	Administer post-appointment survey to capture data	Collated survey responses	Administer updated patient survey - 50 responses per provider	320 in-clinic surveys administered last year
	<b>Improve Patient Experience: Primary care providers spending</b>	Percent of patients who responded positively to the question: "When you see your doctor or nurse practitioner,	% / PC organization population (surveyed sample)	In-house survey / April 2015 - March 2016	91478*	99	100.00	All appointments should be thorough and give the patient enough time to deal with presented issue, within scheduled appointment slots		1)Developed updated survey to include all relevant questions and proper wording - targeting 300 pts in-clinic (10% of pt. load)	Administer post-appointment survey to capture data	Collated survey results	Administer updated patient survey - 50 responses per provider	320 in-clinic surveys administered last year
<b>Timely</b>	<b>Improve 7 day post hospital discharge follow-up rate for selected conditions</b>	Percent of patients/clients who see their primary care provider within 7 days after discharge from hospital for selected conditions.	% / PC org population discharged from hospital	DAD, CIHI / April 2014 – March 2015	91478*	100	100.00	Reducing unnecessary readmissions minimizes hospital-acquired infections, reduces health system costs, improves continuity of care by following patient at their primary care setting		1)RN makes 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.	Conducted on 100% of discharged patients throughout year

									2)List of admitted/discharge patients reviewed from entire year - duplicates identified if readmitted for same concern and CMG.	This data should be provided by Thunder Bay Regional Health Sciences Centre. Otherwise it will be a manual review of reports which is not feasible.	Number of patients who were readmitted within 30 days for given CMGs	Decrease readmissions	Cannot obtain this info without data sharing from TBRHSC
									3)Book Medication review appointment with pharmacist for any patients who's medications were altered during hospital stay	During follow-up call, RN will advise applicable patients to schedule appointment with pharmacist	Help to reduce medication errors and increase patient education	Book applicable patients with pharmacist	To begin in 2016-2017
<b>Improve timely access to primary care when needed</b>	Percent of patients/clients who responded positively to the question: "The last time you were sick or were concerned you had a health problem, how many days did it take from when you first tried to see your doctor or nurse	% / PC organization population (surveyed sample)	In-house survey / Apr 2015 – Mar 2016 (or most recent 12-month period available)	91478*	85	100.00	Language of survey question is still not conducive to collect accurate data - too confusing for patients to understand it in the same way we are asking. - Justification is to reduce unnecessary ED visits, external walk-in use - Improve continuity		1)Meet more same-day/next-day appointment requests	Continue to populate daily same-day appointment bookings with all providers Pt. education	Survey responses, analysis of same-day and walk-in useage	100% of same-day/next-day appointment requests met by end of fiscal 2016/2017	Currently: Walk-in twice weekly (Mon,Fri PM), same-day bookings each day throughout week

		practitioner to when you actually SAW him/her or someone else in their office?"						of care for clinic patients - Improve clinical outcomes and lower total health care system costs		2)Reduce time to third next available appointment for all providers	Increase availability of appointments in the short-term	Time to third next available appointment - monthly report from Accuro EMR scheduler	3rd next available appointment (not including same-day slots) is within 10 days	Seen improvement with the hiring of part-time NP coverage during vacation times
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