

2019/20 Quality Improvement Plan for Ontario Primary Care - "Improvement Targets and Initiatives"

AIM	Measure										Change				
Issue	Quality dimension	Measure/Indicator	Type	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	External Collaborators	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments
Theme I: Timely and Efficient Transitions	Efficient	Percentage of patients who have had a 7-day post hospital discharge follow up for selected	P	% / Discharged patients	See Tech Specs / Last consecutive 12-month period.	92242*	CB				1)				We will continue to focus on the 7 day post hospital discharge follow up indicator.
		Percentage of those hospital discharges (any condition) where timely (within 48 hours) notification	P	% / Discharged patients	EMR/Chart Review / Last consecutive 12-month period.	92242*	25.2	26.00	This target remains based on external factors, mainly receiving timely		1)For proper care transition, we receive regular discharge reports from the local hospital. We have an established process where	We receive data from the data in our EMR that is extrapolated from BIRT, our data software.	Data is from the 2017 Practice Profile as the 2018 Practice Profile is not yet available.	We will strive to increase from previous year.	External factors outside of SVCHC control affect this indicator; for example, we rely
	Timely	Percentage of patients and clients able to see a doctor or nurse practitioner on the same day or	P	% / PC organization population (surveyed sample)	In-house survey / April 2018 - March 2019	92242*	CB	59.42	Our 2018/19 survey indicates the following: 88.37 % indicated they		1)Clients will continue to be triaged appropriate by the primary health care team relevant to scope. SVCHC maintains urgent access for	Our Client Satisfaction Survey asks clients this question and it is reviewed by the Management team.	Our Client Satisfaction Survey asks clients this question. Ongoing effective communication among the interdisciplinary team also ensure that client needs are addressed appropriately.	Of note, as per HQO report of Champlain region, 36.2% of people 16 and older were	
Theme II: Service Excellence	Patient-centred	Percent of patients who stated that when they see the doctor or nurse practitioner, they or	P	% / PC organization population (surveyed sample)	In-house survey / April 2018 - March 2019	92242*	CB	95.00	Further break down of details can be found on our Client Satisfaction		1)Ongoing training to health care team about client-centred care. Some of the team have been trained in "Strengths-based care" and	We will continue to track trainings pertinent to this indicator. We will continue to meet weekly at our "Bridges" (interdisciplinary table to review complex situations) using a strength based approach. We will continue to monitor this via our annual Client	% of clients indicates they "always/often" feel involved will continue to be monitored annually.	Note that per HQO, Champlain region overall indicates that 87% of people respond	
		Client feeling comfortable and welcome at CHC. Calculates the percentage of clients	C	% / Clients	In-house survey / April 1 2019- March 31 2020	92242*	99	99.00	Client Satisfaction Survey for Current Performance		1)We will continue to monitor this indicator via our Client Satisfaction Survey. We will continue to ask this question of our	Question will be asked on our Client Satisfaction Survey and on our program surveys.	percentages of people who feel comfortable and welcome	Maintain our score of 99%.	
		Client perception of timely access to care. Calculates the percentage of clients who report that the	C	% / Clients	In-house survey / April 1 2019 - March 31, 2020	92242*	88	90.00	Based on our Client satisfaction survey 2018/2019.		1)This question will be maintained in our Client Satisfaction Survey.	The Health Promoter will maintain question in our Client Satisfaction Survey for fall 2019/2020.	The Health Promoter and Management team will review the results.	88% of our clients received an appointment on the day they wanted in 2018 as	
Theme III: Safe and Effective Care	Safe	Percentage of non-palliative patients newly dispensed an opioid within a 6-month reporting period prescribed by any provider in the health care system within a 6-month reporting period.	P	% / Patients	CAPE, CIHI, OHIP, RPDB, NMS / Six months reporting period ending at the most recent data point	92242*					1)				We do not have access to this data at this time. We will consider doing a baseline
											2)				We do not have data at this time. We will consider doing a custom indicator on this
Equity	Equitable	Cervical cancer screening rate stratified by income and stratified by racial/ethnic group.	C	% / PC organization population eligible for screening	BIRT. Data will be pulled centrally by RDSS twice/year and disseminated to	92242*	CB	CB	Numerator stratified by income: \$0-\$19 999/\$20 000-\$29 999/\$30 000.		1)We will review the data received in order to determine how different populations may have different results. We will	Establish review process at Quality Committee.	% of clients stratified by income and racial/ethnic group	Collecting baseline this year.	
		Completion of sociodemographic data collection. This indicator calculates the percentage of	C	Number / 13 ages and older who responded to one or more of the four specified	BIRT Data Repository / April 1 2019 - March 31 2020	92242*	CB	CB	Inclusion: Active individual clients, 13 years and older, who had encounter in		1)SVCHC already has a practice of collection thorough sociodemographic information. SVCHC has a new Electronic Medical	Continue to train staff on methods to ensure we receive as much sociodemographic information as possible. One method could include "We ask because we care" in order to ensure clients understand why they are being asked these questions.	Collecting baseline this year to measure against for future. Depending on when data is pulled this year, there may be opportunity to track within the year.	Completion of "We ask because we care" presentation to staff.	