

2017/18 Quality Improvement Plan for Ontario Primary Care

"Improvement Targets and Initiatives"



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AIM		Measure						
Quality dimension	Issue	Measure/Indicator	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification
Effective	Effective transitions	Percent of patients/clients who see their primary care provider within 7 days after discharge from hospital for selected conditions.	% / Discharged patients with selected HIG conditions	CIHI DAD / April 2015 - March 2016	92225*	38.35	40.00	Data quality issues identified. Maintain target from previous years. Target aligned with provincial average.
Equitable	Increase cancer screening rates among vulnerable populations	Percentage of lowest income clients (<\$15,000/annually) who are screened for cervical, breast, and colorectal cancers	% / Primary Care clients	EMR/Chart Review / 2017-18	92225*	CB	CB	Collecting baseline data

Patient-centred	Person experience	Percent of patients who stated that when they see the doctor or nurse practitioner, they or someone else in the office (always/often) involve them as much as they want to be in decisions about their care and treatment?	% / PC organization population (surveyed sample)	In-house survey / April 2016 - March 2017	92225*	86.91	90.00	Increase in target by 3%
Timely	Timely access to care/services	Percentage of patients and clients able to see a doctor or nurse practitioner on the same day or next day, when needed.	% / PC organization population (surveyed sample)	In-house survey / April 2016 - March 2017	92225*	35.34	35.34	Maintain current performance taking into account different service delivery models at the two sites.

Change				
Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments
1)Ensure clients are booked within 7 days of receiving discharge summary	Develop workflow to facilitate communication between providers and medical secretaries when discharge summaries are received	Workflow is developed and tested	Workflow is tested for one quarter for all providers	
2)Strengthen relationship with local hospitals to improve discharge planning/communication	Continue to strengthen partnership with hospitals in the West and Mid-West sub-regions	# of notifications received from hospitals regarding clients to be discharged	5% increase in discharge summaries received from local hospitals	
3)Educate clients on importance of follow-up with primary care providers post-discharge	Cross-organization, inter-disciplinary, communications strategy	# of communications pieces developed and implemented # of disciplines represented in developing and implementing communications strategy	3 communications pieces developed and implemented a minimum of 3 disciplines	
1)Improve collection of sociodemographic information at intake and with existing clients	Staff education on importance of complete demographic information collection Update workflows of receptionists and medical secretaries to include collection of sociodemographic information for new and existing clients	staff educational sessions updated workflows Staff training on updated workflow	2 sessions 2 updated workflows (site -specific) 2 staff training (site-specific)	
2)Quarterly data analysis of cancer screening rates of lowest-income primary care clients	Data extraction by income quintile Multi-disciplinary data analysis sessions	Reports created # of disciplines represented in interpreting data	8 reports created (2 per site, per quarter) >2 disciplines represented (e.g.	

3)Health promotion-led cancer screening awareness with clinical clients with focus on lowest income clients	Cross-site working group formed to plan educational sessions or engagement Educational sessions or engagement delivered	Working group formed # of educational sessions or engagements delivered # of lowest-income, eligible, clients engaged in educational sessions or engagements	>6 educational sessions delivered 20% of lowest income, eligible, populations are	
1)Improve communication with noninsured clients about the services available to them and limitations to services	Create and distribute information sheet for noninsured clients Create and formalize intake process for noninsured clients	Information sheet created and distributed Intake workflow documented and evaluated % of noninsured clients going through formalized intake process	1 information sheet Intake workflow tailored to each site 50% of noninsured clients	
2)Engage clinicians and clients for feedback on how to improve collaborative decision making around care.	Clinician feedback on main areas of concern for clients Time-limited post-appointment client survey of client involvement	% of clinicians engaged # of areas of concern identified # of clients surveyed	50% of clinicians are engaged >5 areas of concern identified 50 clients at each site are	
3)Create a series of FAQ documents based on the most frequent questions/concerns identified by clients and	Create documents	# of documents created on discrete themes	5 documents created	
1)Reduce no-show rates	Collect no-show data monthly for each provider type. Compile list of clients who regularly no-show and analyze underlying reasons for no-shows with providers. Develop a common template to be used with clients for no-show analysis, including common reasons.	# of no-show lists pulled # of completed templates	12 no-show lists, per site 25% of clients who regularly no-show are interviewed	
2)Analyze MD/NP supply and demand data for select providers	Create supply/demand tool and manually collect supply and demand data for four to six weeks.	Tool created and tested Supply and demand data is analyzed	1 tool A minimum of 3 provider schedules at each site is tested and analyzed.	
3)Implement and analyze role of case manager within primary care teams	Explore the role and function of a case manager embedded within primary care. Survey providers to determine efficiency of workload post-implementation of case manager	Case manager role established and piloted # of clients seen by case manager during pilot stage (1 year) Survey of providers created and analyzed	-1 case manager per site -50 clients seen by each case manager for each quarter -80% of	