

Excellent Care for All

Quality Improvement Plans (QIP): Progress Report for 2016/17 QIP

The Progress Report is a tool that will help organizations make linkages between change ideas and improvement, and gain insight into how their change ideas might be refined in the future. The new Progress Report is mostly automated, so very little data entry is required, freeing up time for reflection and quality improvement activities.

Health Quality Ontario (HQO) will use the updated Progress Reports to share effective change initiatives, spread successful change ideas, and inform robust curriculum for future educational sessions.

ID	Measure/Indicator from 2016/17	Org Id	Current Performance as stated on QIP2016/17	Target as stated on QIP 2016/17	Current Performance 2017	Comments
1	Percent of clients who have completed the Measuring Health Equity demographic questions as per TC LHIN and HQO best practice. (%; All clients who have had an appointment (group or one-on-one) within the year.; 2016-7; EMR/Chart Review)	92231	34.90	50.00	48.00	The definition for this indicator changed during this year as advised by Mt Sinai Hospital on behalf of the TC-LHIN. As such, we only included clients who had a one-on-one appointment within the year in the denominator.

Realizing that the QIP is a living document and the change ideas may fluctuate as you test and implement throughout the year, we want you to reflect on which change ideas had an impact and which ones you were able to adopt, adapt or abandon. This learning will help build capacity across the province.

Change Ideas from Last Years QIP (QIP 2016/17)	Was this change idea implemented as intended? (Y/N button)	Lessons Learned: (Some Questions to Consider) What was your experience with this indicator? What were your key learnings? Did the change ideas make an impact? What advice would you give to others?
Currently FHC collects this demographic information with new and ongoing primary care clients, diabetes clients, chiropody clients and social work clients. We will be expanding to collect this information for our health promotion group clients.	Yes	

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2	Percent of patients who responded positively to the question: "When you see your doctor or nurse practitioner, how often do they or someone else in the office spend enough time with you?" (%; PC organization population (surveyed sample); April 2015 - March 2016 ; In-house survey)	92231	91.00	93.00	89.97	Maintained excellent result

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Increase the percentage of clients surveyed. In 2015-6 FHC surveyed 4% of active clients which was 9% of clients who were seen (both one-on-one and group appointments) over the year.	Yes	

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3	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); April 2015 - March 2016 ; In-house survey)	92231	91.00	93.00	91.00	Maintained excellent result

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4	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; April 2014 – March 2015; CIHI DAD)	92231	26.30	28.00	43.20	This data is from our CHC Practice Profile which will be updated and re-released shortly as there were some data issues. This may mean a change in this result.

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FHC will continue to work with Health Links and hospital partners to improve discharge planning and communication in order to facilitate a primary care appointment within 7 days of discharge for selected conditions.	Yes	
Initiate a client education initiative at FHC to ensure clients are aware of when they should schedule an appointment post hospital discharge.	No	FHC is in the planing phase of this change idea. We plan to implement next fiscal.

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5	Percent of respondents who responded positively to the question: "When you see your doctor or nurse practitioner, how often do they or someone else in the office give you an opportunity to ask questions about recommended treatment?" (%; PC organization population (surveyed sample); April 2015 - March 2016 ; In-house survey)	92231	88.00	90.00	80.52	Small decrease - will dig into data and explore

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Increase the percentage of clients surveyed. In 2015-6 FHC surveyed 4% of active clients which was 9% of clients who were seen (both one-on-one and group appointments) over the year.	Yes	

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6	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); Apr 2015 – Mar 2016 (or most recent 12-month period available); In-house survey)	92231	31.00	40.00	38.61	Increase from last year - aim to continue increasing access in subsequent year

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Use 3NA target to drive changes in specific providers practice.	Yes	Implemented Advanced Access principles including huddles, same day access and active appointment management strategies.
Use 3NA data to drive changes in scheduling of providers and clients across FHC.	Yes	Implemented Advanced Access principles including huddles, same day access and active appointment management strategies.
Improve phone triage process at FHC.	Yes	Developed a phone triage decision tree led by front line reception and nursing staff.

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7	Percentage of patients with diabetes, aged 40 or over, with two or more glyated hemoglobin (HbA1C) tests within the past 12 months (%; patients with diabetes, aged 40 or over; Annually; ODD, OHIP-CHDB,RPDB)	92231	CB	CB	63.00	Uncovered challenges with our EMR and meaningful ways of recording and monitoring this information.

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Understand the challenges and opportunities to offering, recording and ensuring HbA1C tests are completed by patients with diabetes.	Yes	

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8	Percentage of screen eligible patients aged 50 to 74 years who had a FOBT within the past two years, other investigations (i.e., flexible sigmoidoscopy) within the past 10 years or a colonoscopy within the past 10 years. (%; PC organization population eligible for screening; Annually; See Tech Specs)	92231	58.00	64.00	54.46	Data issues have been identified at a sector level regarding the extraction of BIRT data for this indicator.

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Improve provider recording practices to increase accuracy of data entry.	Yes	Developed a data entry tip sheet for providers.
Work with our partners to ensure health promotion materials are available to clients around the importance of cancer screening.	Yes	Worked with Toronto Public Health to promote cancer screening including ethnocultural and language specific resources. Hosted a health education information both in October 2017.

ID	Measure/Indicator from 2016/17	Org Id	Current Performance as stated on QIP2016/17	Target as stated on QIP 2016/17	Current Performance 2017	Comments
9	Percentage of women aged 21 to 69 who had a Papanicolaou (Pap) smear within the past three years (%; PC organization population eligible for screening; Annually; See Tech Specs)	92231	63.00	69.00	63.42	Data issues have been identified at a sector level regarding the extraction of BIRT data for this indicator.

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Improve provider recording practices to increase accuracy of data entry.	Yes	Developed a staff tip sheet for documenting
Work with our partners to ensure health promotion materials are available to clients around the importance of cancer screening.	Yes	Worked with Toronto Public Health to promote cancer screening including ethnocultural and language specific resources. Hosted a health education information both in March 2017

