

Excellent Care for All

Quality Improvement Plans (QIP): Progress Report for 2017/18 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 2017/18	Org Id	Current Performance as stated on QIP2017/18	Target as stated on QIP 2017/18	Current Performance 2018	Comments
1	Percent of clients who have completed the Measuring Health Equity demographic questionnaire as per the TC-LHIN specifications. (%; Clients; 2017-2018; EMR/Chart Review)	92231	48.00	65.00	44.00	Unfortunately, despite significant efforts, our performance decreased from last year. Given the specifications that the client has to be seen in the given year the performance is not cumulative year over year and therefore has an impact on the data submitted.

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 2017/18)	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?
Train additional administrative staff to be able to collect and input Health Equity Demographic data for existing primary care clients	Yes	Additional staff were trained. The challenge continues to be how to incorporate the questionnaire into our busy reception/front desk workflow with ongoing clients.
Expand implementation of Measuring Health Equity to additional health promotion programs	Yes	The Health Promotion team was able to implement the questionnaire in a number of programs.

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2	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 2016 - March 2017; In-house survey)	92231	91.00	91.00	87.42	FHC's results are consistently high in this area.

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Increase the sample size of clients surveyed so the ideas and opportunities to improve coming out of the survey have impact	Yes	We were able to achieve our 6% sampling target.

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3	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 2015 - March 2016; CIHI DAD)	92231	43.20	50.00	40.50	This data should be interpreted with caution as the numerator is between 6-19 and/or the denominator is less than 99.

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FHC will continue to work with Health Links, Sub-Region tables, hospital partners and CCAC to improve discharge planning and communication	Yes	FHC's Health Services Director is very active in the East Sub Region, Michael Garron Hospital's Community Advisory Committee and has established a Home and Community Care (former CCAC) liaison at FHC to assist with transitions in care.
Initiate a client education initiative at FHC to ensure clients are aware of when they should schedule an appointment post hospital discharge	Yes	A client education pamphlet has been created to help educate clients on when to call their primary care facility after being discharged from the hospital.

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4	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); April 2016 - March 2017; In-house survey)	92231	38.61	45.00	36.68	Overall our 3NA measure decreased (improved) by 16% from 17.2 days to 14.4 days. In addition, 75% of clients said the last time they were sick or concerned about their health they were able to get an appointment on the date they wanted. The self-reported same or next day indicator remains a challenge for FHC and we will continue to work on it next year.

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Implement 'same day' appointments in every shift of MDs and NPs schedule	Yes	The implementation of same day and urgent appointments was a major success in the past year.
Implement consistent post vacation planning for MDs and NPs schedule using Advanced Access principles	Yes	All MDs and NPs now have a consistent follow-up and urgent day after they return from vacation. We also tested the post vacation model by HQO of opening up a day at a time (post vacation) for appointments. This had some successes and challenges and we will be exploring more in the next QIP.
Establish target for Third Next Available (3NA) for each MD and NP practice	No	This was left up to individual practices. Some practices did set 3NA targets others set goals to implement different change ideas.

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5	Percentage of patients with medication reconciliation in the past year (%; All patients; Most recent 12 month period; EMR/Chart Review)	92231	CB	CB	4.00	This baseline data does not accurately reflect the work being done.

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Understand how we currently reconcile medication and document this work	Yes	In reviewing our data it became clear that while our clinicians do medication reconciliation regularly they do not consistently record this work.
Develop a standard protocol for medication reconciliation	No	We are still in discussions with our team about the best way to move forward with this work. We will be continuing in the next QIP.

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6	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	54.46	60.00	60.50	Our cancer screening recording processes continue to be refined and are demonstrating success.

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Address data issues both internally and at a sector wide level	Yes	Although there are still concerns around how colonoscopy and sigmoidoscopy are recorded year over year in our EMR.
On a quarterly basis pull lists of clients who are overdue for colorectal cancer screening so providers can offer this service.	Yes	This was done with a small subset of our clinicians and will be expanded next year.

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7	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	63.42	70.00	78.69	Our cancer screening recording processes continue to be refined and are demonstrating success.

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Address data issues both internally and at a sector wide level	Yes	We were successful at addressing data issues as they were minor with this indicator.
On a quarterly basis pull lists of clients who are overdue for cervical cancer screening so providers can offer this service.	Yes	All MDs and NPs received a quarterly list of clients who needed a pap. We also worked with TPH to offer pap clinics.