

**2016/2017 Quality Improvement Plan for Ontario Primary Care
"Improvement Targets and Initiatives"
Prince Edward Family Health Team**

MEASURE							CHANGE					
OBJECTIVE	MEASURE / INDICATOR	UNIT / POPULATION	SOURCE / PERIOD	ORG ID	CURRENT PERFORMANCE	TARGET PERFORMANCE	TARGET JUSTIFICATION	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	92302	51.8	57	Based on D2D 3.0 (63.9%), Cancer Care Ontario (58.5%), SELHIN (56.1%), increased current performance by 10%	#1) Provide all providers with an EMR inquiry they can use to find their patients that require screening.	EMR	% providers using the EMR inquiry to find their patients requiring screening.	50%	
								#2) Develop a process for tasking charts requiring colorectal cancer screening.	work with primary care providers to develop a process for tasking charts requiring colorectal cancer screening	% offices using tasking for required colorectal cancer screening	50%	
Improve rate of cancer screening.	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	92302	54.3	60	Based on D2D 3.0 average (69.2%), increased current performance by 10%	#1) Provide all providers with an EMR inquiry they can use to find their patients that require screening.	EMR	% providers using the EMR inquiry to find their patients requiring screening.	50%	

								#2) Develop a process for tasking charts requiring cervical cancer screening	work with primary care providers to develop a process for tasking charts requiring cervical cancer screening	% offices using tasking for required cervical cancer screening	50%	
Improve rate of HbA1C testing for diabetics	Percentage of patients with diabetes, aged 40 or over, with two or more glyated hemoglobin (HbA1C) tests within the past 12 months	% / All patients with diabetes	Ontario Diabetes Database, OHIP / Annually	92302	2	85	Currently HbA1C data is not being pulled accurately from our new EMR. 85% of patients had HBA1C test in the last 6 months when last measured in our old EMR a year ago.	#1) Provide all providers with an EMR inquiry they can use to find their patients that require HbA1C testing.	EMR	% providers using the EMR inquiry to find their patients that require HbA1C testing.	50%	
								#2) Develop a process for tasking charts requiring HbA1C testing	working with primary care providers to develop a process for tasking charts requiring HbA1C testing	% offices using tasking for required HbA1C testing	50%	
								#3) Develop and spread consistent way to document diabetes	Collaborate with PEFHT Diabetes Education Program	N/A	N/A	
								#4) Accurate data for patients with diabetes, aged 40 or over, with two or more HbA1C tests within the past 12 months.	work with EMR vendor	% patients with a documented HbA1C in the past year	85%	This goal was set based on the team performance when last measured in our old EMR.

Improve seasonal Immunization rates	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	92302	17.1	17.1	keeping with same target as differences in provider opinions on influenza immunizations limits the teams ability to improve this measure.	#1) Provide all providers with an EMR inquiry they can use to find their patients that require immunization.	EMR	% providers using the EMR inquiry to find their patients requiring immunization.	80%	
								#2) Increase # patients over age 65 that received influenza immunizations	EMR	% patients over age 65 that received influenza immunizations	50%	
								#3) Develop a process for tasking charts requiring influenza immunization	work with primary care providers to develop a process for tasking charts requiring influenza immunization	% offices using tasking for required influenza immunization	50%	
Reduce hospital readmission rate for primary care patient population	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	92302	13	11.7	Health Data Branch Web Portal (2014/2015) shows current performance 13%, decrease by 10%	#1) Track patients readmitted within 30 days to QHC Picton with selected HIGs	EMR inquiry and manual chart review	% patients readmitted within 30 days to QHC Picton with selected HIGs	10%	
								#2) Track PEFHT Hospital @ Home patients readmitted to QHC Picton within 30 days of discharge from H@H program.	EMR inquiry & manual chart review	% PEFHT Hospital @ Home patients readmitted to QHC Picton within 30 days of discharge from H@H program.	20%	

								#3) Track PEFHT Collaborative Care patients readmitted to QHC Picton within 30 days of CCP being initiated	EMR inquiry and manual chart review	% PEFHT Collaborative Care patients readmitted to QHC Picton within 30 days of CCP being initiated	10%	
								#4) Track patients seen in PEFHT COPD Program with a COPD Action Plan documented in the EMR	EMR inquiry	% patients seen in PEFHT COPD Program with a COPD Action Plan documented in the EMR	50%	

EFFICIENT

Decrease Emergency Department visits for conditions best managed elsewhere (BME)	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	92302	0	0	No plan to set a target for this measure as our ED is used outside of office hours per our FHO agreement.	#1) No plan to set a target for this measure as our ED is used outside of office hours per our FHO agreement.	No plan to set a target for this measure as our ED is used outside of office hours per our FHO agreement.	No plan to set a target for this measure as our ED is used outside of office hours per our FHO agreement.	No plan to set a target for this measure as our ED is used outside of office hours per our FHO agreement.	No plan to set a target for this measure as our ED is used outside of office hours per our FHO agreement.
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EQUITABLE

Other	Add other measure by clicking on "Add New Measure"	Other / Other	Other / other	92302				#1)				The Equitable dimension is under discussion at the QI table as care is provided for both rostered and non-rostered patients.
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PATIENT EXPERIENCE

Improve Patient Experience: Opportunity to ask questions	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)	In-house survey / April 2015 - March 2016	92302	92.27	92.27	PEFHT current performance is above average, plan is to maintain.	#1) Conduct surveys in all PCP offices during the 16/17 year	survey	% of offices participating	100%	
								#2) Report survey results back to PCP offices	collect and report	% offices receiving their results	100%	
Improve Patient Experience: Patient involvement in decisions about care	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 2015 - March 2016	92302	91.44	91.44	PEFHT current performance is above average, plan is to maintain.	#1) Conduct surveys in all PCP offices during the 16/17 year	survey	% office participating	100%	
								#2) Report survey results back to PCP offices	collect and report	% offices receiving their results	100%	
								#3) Improve documentation of Patient Goals in the EMR for Collaborative Care patients	EMR	% Collaborative Care patients with patient goals documented in the EMR	50%	

Improve Patient Experience: Primary care providers spending enough time with patients	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)	In-house survey / April 2015 - March 2016	92302	91.07	91.07	PEFHT current performance is above average, plan is to maintain.	#1) Conduct the survey in all PCP offices during the 16/17 year	survey	% offices participating	100%	
								#2) Report survey results back to PCP offices	collect and report	% offices receiving their results	100%	

TIMELY

Improve 7 day post hospital discharge follow-up rate for selected conditions	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	92302	48	52.8	Health Data Branch Web Portal (2014/2015) shows current performance 48%, increase by 10%. (This data does not include patients seen by nurse practitioners)	#1) Track patients seen within 7 days of acute discharge from QHC Picton for selected conditions	EMR inquiry and manual chart review	% patients who see their primary care provider within 7 days after discharge from QHC Picton for selected conditions	50%	
								#2) Track PEFHT Heart Function patients seen within 7 days of acute discharge from QHC Picton	EMR inquiry and manual chart review	% PEFHT Heart Function patients seen within 7 days after discharge from QHC Picton	50%	

Improve timely access to primary care when needed	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 practitioner to when you actually SAW him/her or someone else in their office?"	% / PC organization population (surveyed sample)	In-house survey / Apr 2015 – Mar 2016 (or most recent 12-month period available)	92302	59.35	65	Based on Ontario average (44.3%), SELHIN average (39.5%) and D2D average (54%), PEFHT is above average, increase by 10%.	#1) Conduct survey in all PCP offices during the 16/17 year	survey	% offices participating	100%	
								#2) Report survey results back to PCP offices	collect and report	% offices receiving their results	100%	
								#3) Monitor 3rd next available appointment time for PCP	EMR	# days (high, low, average); % offices with 3rd next available < 2 days	< 2 days; 60%	
								#4) Monitor 3rd next available appointment time for PEFHT programs	EMR	# days (high, low, average)	Collect Baseline	Discussion will be needed as most PEFHT programs are not daily. Future plan - consider adding access question to all program surveys.
