

2017/18 Quality Improvement Plan for Ontario Primary Care
 "Improvement Targets and Initiatives"

Upper Grand

Family Health Team

Upper Grand FHT 753 Tower Street South, Fergus, ON N1M 2R2

AIM		Measure						Change					
Quality dimension	Issue	Measure/Indicator	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments
Effective	Effective transitions	Percentage of patients for whom discharge notification was received who were followed up within 7 days of discharge, by phone or in-person visit, with any clinician.	% / Discharged patients	In house data collection / Last consecutive 12 month period.	91449*	CB	CB	We will collect baseline data and ensure data quality in order to set our target in Q2 2017/18.	1)Leverage our organization's commitment to a collaborative QIP (cQIP) among the members of the Rural Wellington Health Advisory group (Rural WHA) to decrease the rates of avoidable readmissions among home care patients in our collective sub-region.	By continuing to collaborate with our acute care and CCAC partners, ensure that 100% of eligible patients discharged from hospital are followed by CCAC care coordinators.	Percentage of UGFHT physicians who are attached to a CCAC care coordinator.	100%	
	Population health - cervical 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	91449*	67	70.00	Aiming to exceed performance of our provincial comparators while keeping our target	1)Perform EMR data cleanup to reflect actual performance on indicator.	Complete CCO SAR/EMR comparison for a sub-set of physicians to correct documentation.	Number of CCO SAR/EMR comparisons completed.	Comparisons performed for 3 new physicians.	
	Population health - colorectal cancer screening	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)	% / PC organization population eligible for screening	See Tech Specs / Annually	91449*	63.2	66.40	Aiming to improve current performance by 5%.	1)Perform EMR data cleanup to better reflect actual performance on indicator.	Complete CCO SAR/EMR comparison for a sub-set of physicians to correct documentation.	Number of CCO SAR/EMR comparisons completed.	Comparison performed for 3 new physicians.	
Patient-centred	Person experience	Revised method for collecting patient satisfaction data is developed and implemented.	Number / FHT patients with recorded e-mail addresses	In house data collection / 2017.18	91449*	CB	CB	Will be establishing a new method of disseminating survey and collecting data so new target will need to be	1)Establishing a method for efficiently and reliably collecting patient satisfaction data in a format that facilitates improvement of the services that the UGFHT provides to its patients.	Updating current patient survey to include items that will enable population-based program planning for the FHT and distributing electronically to patients.	Percentage of patients with e-mail addresses on file to whom revised patient satisfaction survey is distributed.	50%	
Safe	Medication safety	Percentage of patients with medication reconciliation in the past year	% / All patients	In house data collection / Most recent 12 month period	91449*	CB	CB	Will collect baseline data in Q1 to inform future target setting.	1)To identify a method of reliably defining a population for this indicator and for documenting medication reconciliation to facilitate data collection that will enable related future improvement initiatives.	Defining relevant numerator and denominator.	Method for collecting data developed and implemented (Y/N).	Method developed and implemented before the end of Q4 2017/18.	