

# 2018/19 Quality Improvement Plan for Ontario Primary Care

## Improvement Targets and Initiatives

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AIM		Measure						Change					
Quality dimension	Issue	Measure/Indicator	Type	Unit / Population	Source / Period	Current performance	Target	Target justification	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments
Equitable	Population health - cervical cancer screening	Percentage of Ontario screen-eligible women, 21-69 years old, who completed at least one Pap test in 42-month period.	A	% / PC organization population eligible for screening	CCO-SAR, EMR / Annually	69	70.00	Continuing to attempt to achieve target from 2017/18 QIP	1)Continue EMR data clean up with CCO-SAR/EMR Comparisons. 2)Improve capacity for CCO-SAR/EMR comparisons.	Complete CCO-SAR/EMR comparisons for a sub-set of physicians to correct documentation. Train office managers to be able to perform CCO-SAR Comparisons on an ongoing basis.	Number of CCO-SAR comparisons completed. Number of office managers who are trained.	Perform comparison with 4 physicians. All office managers trained.	
	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) within the past 10 years or a colonoscopy within the past 10 years.	C	% / PC organization population eligible for screening	CCO-SAR, EMR / Annually	65.3	66.40	Continuing to attempt to achieve target from 2017/18 QIP	1)Continue EMR data clean up with CCO-SAR/EMR Comparisons. 2)Improve capacity for CCO-SAR/EMR comparisons.	Complete CCO-SAR/EMR comparisons for a sub-set of physicians to correct documentation. Train office managers to be able to perform CCO-SAR Comparisons on an ongoing basis.	Number of CCO-SAR comparisons completed. Number of office managers who are trained.	Perform comparison with 4 physicians. All office managers trained.	
	Chronic Kidney Disease Care	Screening, identifying and documenting Chronic Kidney Disease for patients who meet the outlined criteria.	C	% / PC organization population eligible for screening	EMR/Chart Review / Annually	CB	CB	We anticipate that CKD is an under-documented condition. The need is to increase awareness and identification of CKD with all providers.	1)Improve awareness and screening of chronic kidney disease.	Collect the number of currently coded patients with chronic kidney disease (CKD), identify patients who are not coded but are at risk of CKD, screen at risk patients for CKD, document/code identified CKD patients in the EMR.	Number of practices with baseline data collected and reviewed.	Increase awareness and screening in two practices per quarter.	
									2)Improve documentation of chronic kidney disease.	Better utilize tools such as the eHealth Centre of Excellence QBIC Chronic Kidney Disease (CKD) custom form for screening and management.	Number of QBIC custom forms inserted quarterly.	Number of QBIC custom forms increasing	
Patient Centered	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?	P	% / PC organization population (surveyed sample)	In-house survey / April 2017 - March 2018	CB	88.50	Calculated average of D2D 5.0 target (85.9%) and average provincial performance (91%) on this measure. We feel this is a reasonable and achievable target.	1)Assess patient experience as it relates to involvement in decision making.	Distribute surveys through various mediums such as paper, tablets and website link.	The number of surveys completed.	1000 surveys completed	
Safe	Medication safety	Percentage of patients with medication reconciliation in the past year	A	% / All patients	EMR/Chart Review / Most recent 12 month period	1.6	25.00	Still in pilot phase of utilizing documentation tool. Success of this indicator depends on use of Med Rec Toolbar and appropriate documentation. We anticipate that the results will not be reflective of actual medication reconciliation due to imperfect data. Target is low to account for roll out and uptake of tool.	1)Implement documentation of medication reconciliation in patients taking > 4 medications and seen within the last year.	Spread tool for documenting medication reconciliation (Med Rec Toolbar).	Number of providers using Med Rec Toolbar.	ALL MDs, NPs and RPhs utilizing Med Rec Toolbar.	

M = Mandatory (all cells must be completed) P = Priority (complete ONLY the comments cell if you are not working on this indicator) A= Additional (do not select from drop down menu if you are not working on this indicator) C = custom (add any other indicators you are working on)