2019/20 Quality Improvement Plan for Ontario Primary Care

"Improvement Targets and Initiatives"

Upper Grand Family Health Team

AIM		Measure								Change				
Issue	Quality dimension	Measure/Indicator	Type	Unit / Population	Source / Period	Current performance	Target	Target justification	External Collaborators	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments
M = Mandatory (all cells must be completed) P = Priority (complete ONLY the comments cell if you are not working on this indicator) C = custom (add any other indicators you are working on)														
Service Excellence	Patient-centred	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 2018 - March 2020	94.65	95.00	Our current performance is very high and we continue to strive for high performance.		1)Assess patient experience as it relates to involvement in decision making	Distribute surveys to physician practices via tablet, with goal of having 15 surveys completed per week.	Number of Surveys Completed	690 surveys completed	Data will be collected from In-house survey April 2018- March 2020
Safe and Effective Care	Effective	Percentage of eligible* female patients aged 23 to 69 years who had a Papanicolaou (Pap) smear within the previous three years.	C	% / Female Patients aged 23-69	EMR/Chart Review / April 1-March 31	50	69.70	Target set to CCO-SAR rate. Reaching this target would suggest data is reliable in EMR.		1)Improve capacity for CCO-SAR EMR reconciliations.	Ensure all Prev Care Forms are up to date	Update Prev Care Forms to New Version in all EMRs	5/5 EMRs updated to new form	
										2)Improve capacity for CCO-SAR EMR reconciliations.	Train office managers to reconcile CCO-SAR to EMR data.	Two Office Managers trained and running reports per quarter	7/7 Office Managers trained	
										3)Improve prev care screening rates for cervical cancer.	Develop process with Office Managers to flag or notify patients who require screening	Process Developed	Process Developed & Implemented	
		Percentage of eligible* patients aged 52 to 74 years with a fecal occult blood test (FOBT) within past two years, other investigations within 5 years or a colonoscopy within the past 10 years.	C	% / Patients aged 52-74	EMR/Chart Review / April 1 - March 31	53	66.90	Target set to CCO-SAR rate. Reaching this target would suggest data is reliable in EMR.		1)Improve capacity for CCO-SAR EMR reconciliations.	Ensure all Prev Care Forms are up to date	Update Prev Care Forms to New Version in all EMRs	5/5 EMRs updated to new form	
										2)Improve capacity for CCO-SAR EMR reconciliations.	Train office managers to reconcile CCO-SAR to EMR data.	Two Office Managers trained and running reports per quarter	7/7 Office managers trained	
										3)Improve prev care screening rates for colorectal cancer.	Develop process with Office Managers to flag or notify patients who require screening	Process Developed	Process Developed & Implemented	
		Percentage of patients 30-42 months (inclusive) who have received all of the ministry supplied immunizations as recommended by the National Advisory Committee on Immunization (NACI)	C	% / Patients 30-42 months old	EMR/Chart Review / Data collected quarterly	71.6	75.00	Focus will be on Rotavirus; Baseline data collection (Aug 2016) suggests 15% of missing immunizations are Rotavirus vaccine. Target set based on 72 kids missing rotovirus but having another vaccine (those that we can affect). Based on 70% being notified and 50% of these coming in for vaccination. NOTE: We will not see change in this indicator until Jan 2022 when these children we are targeting will be 30 months olds as rotavirus will be distributed at 2,4 and 6 months of age.		1)Improve rotovirus immunization rates	Develop system to flag patients due for rotovirus vaccination and to inform care givers	Develop EMR tool to flag patients due for rotavirus vaccinations	Tool will be developed in April of Q1	
										2)Improve rotovirus immunization rates	Develop system to flag patients due for rotovirus vaccination and to inform care givers	Offices use tool to identify and notify patients due for rotovirus vaccinations	1 office to pilot tool in Q1, tool will be spread to 2 practices/quarter Q2-Q3 (total 7 practices utilizing tool by end of Q3)	
										3)Improve Rrtavirus immunization rates	Develop system to flag patients due for rotavirus vaccination and to inform care givers	Percent of those identified as due for rotavirus vaccinations who are notified	70% of those overdue will be notified in Q4	

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		Proportion of patients who meet the criteria for diagnosis of Chronic Kidney Disease who are coded in the EMR.	C	% / All patients	EMR/Chart Review / data collected quarterly	28	66.00	represents the percentage of the target population served by 20 physicians		1)Improve identification of chronic kidney disease.	Run search for all physicians to identify patients who meet criteria for CKD (eGFR less than 60) and those at risk of CKD (ACR greater than 3)	Identify patients who are not coded but meet criteria for CKD (eGFR <60) for all physician practices	20 physician practices will have searches run and presented	
										2)Improve identification of chronic kidney disease.	Run search for all physicans to identify patients who meet criteria for CKD (eGFR less than 60) and those at risk of CKD (ACR greater than 3)	Create reminders for repeat blood work as per guidelines for those w ACR > 3	Reminder will be developed and presented for implementation to 20 physicians	
										3)Improve documentation of chronic kidney disease.	Code patients who meet criteria for CKD; eGFR < 60	2 physician lists coded per month	Coding of CKD will be complete for total of 20 physicians (Annual)	Target accounts for physicians not using EMR and approximately 70% up take of initiative
Equity	Equitable	Next available Mental Health Appointment	C	Days / Patients referred for mental health services (13 years+)	UGFHT Portal / Data collected monthly	85	42.00	Goal is to have patients seen within 6 weeks of calling for appointment. Unsure of attainability but this is felt to be a more appropriate wait time for level 1/2	Centre Wellington Community Foundation, Canadian Mental Health Association (CMHA) Waterloo Wellington, Family Counselling Support Services Guelph	1)Improve timely access to mental services for FHO patients	Implement new model, with intake assessment	Time to first contact (intake assessment)	14 days (from when client calls to book appointment)	
										2)Suicide screening using intake assessment for all new clients	Screen for suicidal risk in intake assessment	% of intake forms completed for clients	100% of intakes are screened for suicide	
										3)Improve capacity for Mental Health Team to provide brief intervention therapy where clinically appropriate.	Mental Health Therapists trained to provide Brief Intervention Narrative Therapy	6/6 Mental Health Therapists will receive training	Training will be offered in Q1	
										4)Suicide Awareness and Prevention	Collaborate with Centre Wellington Community Foundation to offer Safe Talk Workshops locally	Offer 2 Safe Talk Seminars in Centre Wellington in FY 2019	# of Safe talk Seminars Offered	