

2020/21 Quality Improvement Plan for Ontario Primary Care
"Improvement Targets and Initiatives"



AIM		Measure							Change			
Issue	Quality dimension	Measure/Indicator	Unit / Population	Source / Period	Current			External Collaborators	Planned improvement initiatives (Change Ideas)			
					performance	Target	Target justification		Methods	Process measures	Target for process measure	
Theme III: 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.	% / Female Patients aged 23-69	EMR/Chart Review / April 1- March 31 / 2020/21	55.7	60.70	Target developed based on reconciliation of EMR charts to CCO/SAR screening rates and rolling out to 11/31 physicians (i.e. to practices with physician representation on the UGFHT Quality Committee) in 2020/21.		1)CCO/SAR reports reconciled with EMR for participating practices.	Office Managers trained to run reports by QIDDS. QIDDS & IT/EMR specialist will support practices to run and reconcile the reports.	Number of participating practices running reports.	3 of 3 participating practices running reports (complete by September 2020).
									2)Data reconciled in EMR among participating practices	Individual offices will reconcile reports. QIDDS and IT/EMR specialist will support. Data will be pulled by IT/EMR specialist and analyzed by program manager.	Number of participating practices with data reconciled	3 of 3 participating practices have data reconciled (complete by December 2020)
									3)Develop process with office managers within participating practices to flag or notify patients who require screening.	Quality committee indicator leads and Programs/quality manager will work with practice Office managers to develop a process to notify patients.	Number of participating practices with process for notifying patients developed.	3 of 3 participating practices have a process developed (complete by March 2021)
		Rate of missed rotavirus vaccinations for consenting practices and patients	% / Vaccinations in patients > 10 months and < 22 months (excluding antivax and pediatrician vaccinated patients)	EMR/Chart Review / 2020/21	17.6	15.00	Target set based on a 15% improvement on the number of missed opportunities for rotavirus vaccination.		1)Develop a proactive tool in the EMR to flag patients due for rotavirus vaccinations and role out to participating practices.	QIDDS & IT/EMR specialist will develop proactive tool that can be used to identify patients who are due for rotavirus vaccine. IT/EMR specialist and program manager will educate offices on how to use the tool to identify patients due for rotavirus vaccine.	Tool developed and spread to participating practices.	3 of 3 participating practices have tool available in EMR (complete by June 2020).
							2)Participating offices use EMR tool to identify and notify patients due for rotavirus vaccinations for consenting practices	IT/EMR Specialist will train offices on how to use tool. Offices use tool to acquire list of patients due for rotavirus. Offices contact patients who are due.	Number of participating practices with process for notifying patients due for rotavirus vaccine developed and implemented	3 of 3 participating practices are contacting patients due for rotavirus (complete by Sept 2020)		
Equity	Equitable	Next available in-person mental health appointment	Days / Mental health patients	In house data collection / 2020/21	61	61.00	Target based on current wait times and proposed changes in mental health system to improve appropriate referrals, patient and provider satisfaction. Referrals to FHT mental health therapy increased by 32% (239 additional referrals) over the past 2 yrs and demand is not anticipated to decrease.	Canadian Mental Health Association Waterloo Wellington	1)Implement new model where FHT target patients (mild to moderate complexity) are seen for 6 to 8 visits.	Update Mental Health referral letter and intake assessment to include duration of treatment. Educate physicians through Medical Staff updates regarding expectations for therapy duration at FHT.	Number of clinicians who self-report that they informed client of 6-8 session model during intake assessment, for appropriate clients.	All mental health therapists informing patients of therapy model (complete by April 2020).
									2)Timely Intake Assessments	As appropriate, therapists pre-book intake assessment time slots into their calendar for the next year.	Mental health therapists have at least 11 months of intake assessment time slots scheduled in their calendars.	All mental health therapists have at least 11 months of intake assessments time slots scheduled in their calendars (complete by
									3)Develop EMR tool to provide mental health therapists with active client lists to better understand caseloads.	QIDDS and IT/EMR Specialist will develop EMR tool to capture active client lists.	EMR tool developed and utilized by mental health therapists.	EMR tool developed and utilized to better understand wait times, patient and clinician experience (complete by November 2020).
									4)Collaborate with community partners to improve patients' access to appropriate mental health services.	Programs/quality manager and mental health team to participate in monthly meetings with community outreach team, CMHA and the FHT.	FHT, outreach team and CMHA know how to access services for clients that are inappropriately referred to them or need more service.	Process developed for when agencies receive an inappropriate referral to access the right service (complete by March 2021).