WORKPLAN

South Georgian Bay Community Health Centres

2016/17 Quality Improvement Plan for Ontario Primary Care

Status: **SUBMITTED**

To enter data in the Workplan, click on the cell or the "Add" button. In the Measure/Indicator column, the indicators that appear in red font are the priority indicators.

Organization: View All

ID	AIM	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												
1	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	91570	95.00	95.00	Current performance is 95%. The plan this year is to maintain this level	#1) Current performance is 95%. The plan is to maintain this level	We will maintain this level by continue to provide RN support for data management as well as offering preventative screening clinics and PAP smear clinics	# of eligible clients between 50-74 who had a fecal occult blood test within the past two years, sigmoidoscopy or barium enema within five years, or a colonoscopy within 10 years	To maintain the level of screening	Current performance 95%. Plan is to maintain this level
2	Improve rate of cancer screening.	Percentage of women aged 21 to 69 who had a Papanicolaou	% / PC organization population eligible for screening	See Tech Specs / Annually	91570				#1)				Current performance is 90%. The plan this year is to

		(Pap) smear within the past three years											maintain this level
3	Improve rate of HbA1C testing for diabetics	Percentage of patients with diabetes, aged 40 or over, with two or more glycated hemoglobin (HbA1C) tests within the past 12 months	% / All patients with diabetes	Ontario Diabetes Database, OHIP / Annually	91570	CB	CB	This is an indicator that our organization has not yet tracked. Before setting a target, we need to first gauge our current performance level.	#1) Collect baseline data for HbA1c testing compliance with HbA1C standards	Utilize the reminder report system within the EMR to collect the baseline data. Review the data with PHC staff and support staff.	Number of data reports completed and analyzed by staff.	To have quarterly data report and a baseline of compliance by June 30, 2016	
									#2) Develop an effective recall system for tracking of HbA1c testing compliance in all diabetic patients over the age of 40	Utilize the reminder report system in the EMR to track HbA1c compliance. Export the data from the reminder reports to an excel spreadsheet based diabetic registry. Have staff recall clients who are overdue for A1c screening	Number of clients recalled for HbA1c testing	Create a recall system by Sept 30, 2016	

Indicators 2

EFFICIENT

6	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	91570	CB	CB	This is a new indicator for the CHC. Baseline data must be collected	#1) Collect data from the local hospital on patients visiting the ED for conditions best managed elsewhere	Develop a system to receive ED reports from the local hospital. Participate in the South Georgian Bay Health Link	Number of ED reports received from the hospital	To have a system in place to receive ED reports from the local hospital by June 30, 2016	ED reports are paper based and are not distributed through the EMR/HRM which makes receiving the reports from the hospital more difficult
									#2) Collect baseline data of ED visits	Obtain and analyze the data obtained on ED reports with a focus on "reason for visit." Obtain data from the MOHLTC portal.	# of CHC clients seen at ED, # of reasons for Ed visits, # of visits to ED on average in health link	Obtain and analyze data from the local ED in order to have a baseline by Dec 31, 2016	ED reports are paper based which makes obtaining

										Analyze data received from SGB Health Link.			them and ensuring we have obtained them all, more difficult

Indicators 0

EQUITABLE

7	Other	Add other measure by clicking on "Add New Measure"	Other / Other	Other / other	91570	CB	CB	This is a new indicator for the SGBCHC. We must first establish baseline data before setting a target	#1) Collect socio-demographic information for every registered client of the CHC	Continue to incorporate a socio-demographic form in the new intake package for new registrants of the CHC. Have staff explain the importance/reasons for collecting this information to improve compliance with filling out the form. Create a search within the EMR to identify current clients who do not have a socio-demographic form on file	# of CHC clients with documented socio-demographic information in their medical chart	The goal for this change idea is to collect as much socio-demographic information as possible to ensure equity across the CHC, to consider when developing new programs and services, and to contribute in the process of gaining a SAMI score.	

Indicators 0

PATIENT EXPERIENCE

8	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	% / PC organization population (surveyed sample)	In-house survey / April 2015 - March 2016	91570	CB	CB	Technical difficulties with the iPad the survey was offered on made it difficult to offer the in-house satisfaction survey this fiscal. In-house satisfaction surveys were re-implemented in January	#1) Continue to consistently offer the client satisfaction survey in order to collect baseline data	Offer the survey by means of an Ipad centrally located in the CHC. Educate the staff about the importance of the client satisfaction survey and the reason for completing it. Encourage staff to remind clients to complete the survey.	# of client satisfaction surveys completed within the year, # of positive responses 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?"	to collect baseline data from the client satisfaction survey	Started offering surveys again January 2016. The goal this year will be to continue collecting baseline data

		about recommended treatment?"					2016. We are now collecting baseline data							
9	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	91570	CB	CB	Technical difficulties with the iPad the survey was offered on made it difficult to offer the in-house satisfaction survey this fiscal. In-house satisfaction surveys were re-implemented in January 2016. We are now collecting baseline data	#1) Continue to consistently offer the client satisfaction survey in order to collect baseline data	Continue to consistently offer the client satisfaction survey in order to collect baseline data	# of client satisfaction surveys completed, % of clients 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"	to collect baseline data from the client satisfaction survey	Started offering surveys again January 2016. The goal this year will be to continue collecting baseline data
10	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	91570	CB	CB	Technical difficulties with the iPad the survey was offered on made it difficult to offer the in-house satisfaction survey this fiscal. In-house satisfaction surveys were re-implemented in January 2016. We are now collecting baseline data	#1) Continue to consistently offer the client satisfaction survey in order to collect baseline data	Offer the survey by means of an Ipad centrally located in the CHC. Educate the staff about the importance of the client satisfaction survey and the reason for completing it. Encourage staff to remind clients to complete the survey.	# of client satisfaction surveys completed, % of clients 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?"	to collect baseline data from the client satisfaction survey	Started offering surveys again January 2016. The goal this year will be to continue collecting baseline data

Indicators 0

TIMELY

11	Improve 7 day post	Percent of patients/clients	% / PC org population	DAD, CIHI / April	91570	CB	CB	We have been unable to collect	#1) Improve availability of timely	Improve partnership and communication	# of admission and discharge reports	To establish a system to ensure all	There has been a problem identified

	hospital discharge follow-up rate for selected conditions	who see their primary care provider within 7 days after discharge from hospital for selected conditions.	discharged from hospital	2014 – March 2015				this data due to inability to collect admission/discharge information from the local hospital	information from the local hospital	with the local hospital. Ensure all providers are registered for HRM through Ontario MD. Educate our clients about the importance of stating who their PHCP is upon admission at the hospital. Participate the initiatives of the South Georgian Bay Health Link.	received from the hospital, # of admission and discharges of CHC clients as per MOH portal	admission and discharge reports are received in a timely manner by Sept 30, 2016	by the local hospital where clients of the CHC do not identify our providers as their PHCP. This often means the CHC providers do not get a copy of the admission/discharge reports.
12	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)	91570	CB	CB	Technical difficulties with the iPad the survey was offered on made it difficult to offer the in-house satisfaction survey this fiscal. In-house satisfaction surveys were re-implemented in January 2016. We are now collecting baseline data	#1) Continue to consistently offer the client satisfaction survey in order to collect baseline data	Offer the survey by means of an Ipad centrally located in the CHC. Educate the staff about the importance of the client satisfaction survey and the reason for completing it. Encourage staff to remind clients to complete the survey.	# of client satisfaction surveys completed, % of 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 form when you first tried to see your doctor or nurse practitioner to when you actually SAW him/her or someone else in their office?"	to collect baseline data from the client satisfaction survey	Started offering surveys again January 2016. The goal this year will be to continue collecting baseline data

Indicators 0

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