

2015/16 Quality Improvement Plan for Ontario Primary Care  
 "Improvement Targets and Initiatives"



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| AIM               |  | Measure  |  |  |                 |                     |        |  | Change  |   |  |   |  |
|-------------------|--|--|--|--|-----------------|---------------------|--------|--|---|---|--|---|--|
| Quality dimension | Objective  | Measure/Indicator  | Unit / Population                                      | Source / Period                        | Organization Id | Current performance | Target | Target justification   | Planned improvement initiatives ( Methods)  |   | Process measures   | Goal for change ide; Comments   |  |
| 0                 | Access to primary care when needed   | Percent of patients/clients able to see a doctor or nurse practitioner on the same day or next day, when needed.   | % / PC organization population (surveyed sample)       | In-house survey /EMR Reporting 2015-16 | 92212*          | 88                  | 95     | In 2014-15 patient satisfaction surveys were conducted of our Primary Care Clients in both clinics. The average of those identified that they are satisfied that they had a reasonable wait time for an appointment for this indicator is 88%. We believe that a 95% satisfaction rate is achievable in 2015-16.   | 1)Keeping one appointment time open each day, at each site, to support patients when needed.              | Filling the open appointment on a first come, first serve basis.                    | Measuring how many days the open appointment is through consistent coding across both sites in the EMR.                                | Increasing access to care for same day appointments                                     |  |
|                   | Reduce ED use by increasing access to primary care   | Percent of patients/clients who visited the ED for conditions best managed elsewhere (BME).  | % / PC org population visiting ED (for conditions BME) | Ministry of Health Portal / TBD        | 92212*          | CB                  | 5      | In 2014-15 we spent the year training staff on the EMR and by the end of 2014-15 all staff will have had the training to access the EMR in a unified manor. Policies have been put in place to streamline data effectively. The product has continuously evolved and staff have identified coding issues in our EMR to capture this data. We are working internally to identify a way for this information to be tracked in our EMR. In addition, we have no electronic data sharing capability with hospitals as of yet. This is planned as part of the integration of our new technology within the 2015-16 fiscal year.   | 1)Join Clinical Connect so that we have access in a timely fashion to a list of our patients visiting ED. | Join Clinical Connect   | Until we receive access to ClinicalConnect, we will continue to count the number of patients that have accessed ED for conditions BME. | Identify patients and their corresponding issues.                                       |  |
|                   | Decrease the number of "No Show" patients in the Primary Health Care Clinic                      | Currently, patient "no shows" are an issue. We have implemented some measures over the past year (2014 - 2015) that have improved our no-show rate, however, we still have an average of 21% no shows per day. | Counts / N/a   | EMR/Chart Review / 2015-16             | 92212*          | 21                  | 12     | In 2014-15 we focused on increasing access to care and reducing the number of "No Show" patients to appointments. Strategies have been put in place to reduce the number of no-shows and staff are continuing to review best practices to assist in lowering this indicator. In 2015-16 our goal is to reduce the number of "No Show   | 1)Improve the patient no-show rate  | Calling the patients to confirm their appointment the day before                    | Quarterly reporting on no-show rate  | To reduce the no-show rate to 12%   |  |
| Integrated        | Timely access to primary care appointments post-discharge through coordination with hospital(s). | Percent of patients/clients who saw their primary care provider within 7 days after discharge from hospital for selected conditions (based on CMGs).   | % / PC org population discharged from hospital         | Ministry of Health Portal / TBD        | 92212*          | CB                  | 10     | In 2014-15 we spent the year training staff on the EMR and by the end of 2014-15 all staff will have had the training to access the EMR in a unified manor. Policies have been put in place to streamline data effectively. The product has continuously evolved and staff have identified coding issues in our EMR to capture this data. We are working internally to identify a way for this information to be tracked in our EMR. In addition, we have no electronic data sharing capability with hospitals as of yet. This is planned as part of the integration of our new technology within the 2015-16 fiscal year. As well, by joining Clinical Connect we will have access to this information. | 1)Join Clinical Connect to identify patients who are discharged from hospital                             | Join Clinical Connect   | Measure Quarterly the number of patients having access post-discharge through coordination with hospitals.                             | To provide access to primary care appointments post-discharge through coordination with |  |
|                   | Reduce unnecessary hospital readmissions   | Percent of a primary care organization's patients/clients who are readmitted to hospital after they have been discharged with a specific condition (based on CMGs).  | % / PC org population discharged from hospital         | Ministry of Health Portal / TBD        | 92212*          | CB                  | 10     | In 2014-15 we spent the year training staff on the EMR and by the end of 2014-15 all staff will have had the training to access the EMR in a unified manor. Policies have been put in place to streamline data effectively. The product has continuously evolved and staff have identified coding issues in our EMR to capture this data. We are working internally to identify a way for this information to be tracked in our EMR. In addition, we have no electronic data sharing capability with hospitals as of yet. This is planned as part of the integration of our new technology within the 2015-16 fiscal year. As well, by joining Clinical Connect we will have access to this information. | 1)Join Clinical connect to identify patients/clients who are readmitted to hospital                       | Join Clinical connect   | Quarterly reporting of the number of patients who are readmitted to hospital   | To provide seamless primary care service/support to our patients                        |  |
|                   | An internal program referral process will be in place across the organization                    | The new EMR will allow for internal referrals within the organization to be completed and reported on within the patient electronic medical record   | Counts / N/a   | EMR/Chart Review / 2015-16             | 92212*          | 115 (Q3)            | 200    | In 2014-15 we spent the year training staff on the EMR and by the end of 2014-15 all staff will have had the training to access the EMR in a unified manor. Policies have been put in place to streamline data effectively. Based on the information gathered in 2014-15, a target of 200 has been identified.   | To make referrals/access to the organizational basket of services more transparent and user friendly.     | Internal referrals will be made between organizational departments through the EMR. | Quarterly reporting on the number of referrals made through the new EMR.   | To ensure quick and efficient hand-off of patients amongst departments.                 |  |

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| Quality dimension | Objective   | Measure/Indicator  | Unit / Population   | Source / Period                                       | Organization Id        | Current performance | Target | Target justification  | Planned improvement initiatives ( Methods)   |   | Process measures  | Goal for change id: Comments   |   |
| Patient-centred   | Receiving and utilizing feedback regarding patient/client experience with the primary health care organization. | Percent of patients who stated that when they see the doctor or nurse practitioner, they or someone else in the office (always/often) give them an opportunity to ask questions about recommended treatment?               | % / PC organization population (surveyed sample)  | In-house survey / 2014/2015                           | 92212*                 | 88                  | 95     | In 2014-15 patient satisfaction surveys were conducted of our Primary Care Clients in both clinics. The average of those identified that they are satisfied that they had a reasonable wait time for an appointment for this indicator is 88%. We believe that a 95% satisfaction rate is achievable in 2015-16.  | 1) To make electronic surveys available to our patients.   | To equip tablets and computers on-site with satisfaction surveys.   | Quarterly reporting on patient satisfaction.  | To ensure patient satisfaction.  |   |
|                   |   | 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 / 2014/2015                           | 92212*                 | 83                  | 90     | In 2014-15 patient satisfaction surveys were conducted of our Primary Care Clients in both clinics. The average of those identified that they are satisfied that they had a reasonable wait time for an appointment for this indicator is 83%. We believe that a 90% satisfaction rate is achievable in 2015-16.  | 1) To make electronic surveys available to our patients.   | To equip tablets and computers on-site with patient satisfaction surveys  | Quarterly reporting on patient satisfaction.  | To ensure patient satisfaction   |   |
|                   |   | Percent of patients who stated that when they see the doctor or nurse practitioner, they or someone else in the office (always/often) spend enough time with them?   | % / PC organization population (surveyed sample)  | In-house survey / 2014/2015                           | 92212*                 | 92                  | 98     | In 2014-15 patient satisfaction surveys were conducted of our Primary Care Clients in both clinics in April 2014 and January 2015. The average of those identified that they are satisfied that they had a reasonable wait time for an appointment for this indicator is 92%. We believe that a 98% satisfaction rate is achievable in 2015-16.   | 1) To make electronic surveys available to patients.   | To equip tablets and computers on-site with satisfaction surveys.   | Quarterly reporting on patient satisfaction.  | To ensure patient satisfaction.  |   |
| Population health | Reduce influenza rates in older adults by increasing access to the influenza vaccine.                           | Percent of patient/client population over age 65 that received influenza immunizations.  | % / PC organization population aged 65 and older  | EMR/Chart Review / TBD                                | 92212*                 | 47                  | 57     | In 2014-15 we spent the year training staff on the EMR and by the end of 2014-15 all staff will have had the training to access the EMR in a unified manor. Policies have been put in place to streamline data effectively. Based on 2014-15 performance, a target of 57% is thought to be achievable.  | 1) To utilize the data mining component of the new EMR to identify older adults who would benefit from the influenza vaccine.  | Identify and encourage older adults to come in to receive the influenza vaccine.  | Quarterly reporting on older adults who have received the influenza vaccine.                      | To reduce influenza rates in older adults.   |   |
|                   |   | Reduce the incidence of cancer through regular screening.  | Percent of eligible patients/clients who are up-to-date in screening for breast cancer. | % / PC organization population eligible for screening | EMR/Chart Review / TBD | 92212*              | 24     | 35  | In 2014-15 we spent the year training staff on the EMR and by the end of 2014-15 all staff will have had the training to access the EMR in a unified manor. Policies have been put in place to streamline data effectively. Based on 2014-15 performance, a target of 35% is thought to be achievable. | 1) To utilize the data mining component of the new EMR to identify those who are in need of breast cancer screening.      | Identify and encourage those at risk of breast cancer to come in and begin the screening process. | Quarterly reporting on the number of people (predominantly women) who have accessed breast cancer screening. | To reduce the incidence of cancer, through regular screening. |
|                   | To increase access to Wellness and Healthy Lifestyle programs.  | Percent of eligible patients/clients who are up-to-date in screening for colorectal cancer.  | % / PC organization population eligible for screening                                   | EMR/Chart Review / TBD                                | 92212*                 | 20                  | 30     | In 2014-15 we spent the year training staff on the EMR and by the end of 2014-15 all staff will have had the training to access the EMR in a unified manor. Policies have been put in place to streamline data effectively. Based on 2014-15 performance, a target of 30% is thought to be achievable.  | 1) To utilize the data mining component of the new EMR to identify those who are in need of screening for colorectal cancer.   | Identify and encourage those who are eligible for colorectal cancer screening to come in and begin the screening process. | Quarterly reporting on the number of people who have accessed colorectal screening.               | To reduce the incidence of cancer in eligible patients through regular screening                             |   |
|                   |   | Percent of eligible patients/clients who are up-to-date in screening for cervical cancer.  | % / PC organization population eligible for screening                                   | EMR/Chart Review / TBD                                | 92212*                 | 17                  | 27     | In 2014-15 we spent the year training staff on the EMR and by the end of 2014-15 all staff will have had the training to access the EMR in a unified manor. Policies have been put in place to streamline data effectively. Based on 2014-15 performance, a target of 27% is thought to be achievable.  | 1) To utilize the data mining component of the new EMR to identify those who are in need of screening for cervical cancer.   | Identify and encourage women to come in for regular pap tests.  | Quarterly reporting on the number of people who have had pap tests.                               | To reduce the incidence of cervical cancer through regular screening.  |   |
|                   |   | To broadly engage 1000 individuals in Wellness and Healthy Lifestyle programs.   | Counts / N/a  | EMR / 2014-2015                                       | 92212*                 | 1000                | 1500   | In 2014-15 we spent the year training staff on the EMR and by the end of 2014-15 all staff will have had the training to access the EMR in a unified manor. Policies have been put in place to streamline data effectively. In the past, we used to simply do Head Counts. With the implementation of the EMR, the participants in the Wellness and Healthy Lifestyles programs will be able to be tracked electronically in order to inform their primary healthcare practitioner of their activities within our Health Promotion activities. ie. smoking cessation, walking club, etc. Based on 2014-15 Performance and indicator of 2000 | 1) To have over 2000 persons attending our wellness and healthy lifestyle programs.  | To have 2000 participants recorded in the new EMR as attending health promotion programs.                                 | Quarterly reporting on the number of program participants registered within the new EMR           | To increase access to Wellness and Healthy Lifestyle programs.   |   |