

2016/17 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 (Change Ideas)	Methods	Process measures	Goal for change ideas	Comments
Effective	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	92212*	26	30.00	The data being collected is from our EMR and not based on laboratory data. We continue to monitor this indicator quarterly through our Management Committee.	1)The data being collected is from our EMR and not based on laboratory data. We continue to monitor this indicator quarterly through our Management Committee.	To utilize the data mining component of the new EMR to identify eligible patients to offer to provide the service to them.	Identify through the Business Implementation Reporting Tool (BIRT) and Nightingale on Demand eligible patients for colorectal cancer screening and encourage those patients 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.
		Percentage of women aged 21 to 69 who had a Papanicolaou (Pap) smear within the past three years	% / PC organization population eligible for screening	See Tech Specs / Annually	92212*	23	30.00	The data being collected is from our EMR and not based on laboratory data. We continue to monitor this indicator quarterly through our Management Committee.	1)To utilize the data mining component of the new EMR to identify eligible patients to offer to provide the service to them.	Identify through the Business Implementation Reporting Tool (BIRT) and Nightingale on Demand eligible patients for pap tests and encourage those patients to come in and begin the screening process.	Quarterly reporting on the number of people who have had pap tests.	To reduce the incidence of cervical 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 / 2015-16	92212*	38	40.00	The data being collected is from our EMR and not based on laboratory data. We continue to monitor this indicator quarterly through our Management Committee.	1)To utilize the data mining component of the new EMR to identify eligible patients to offer to provide the service to them. Clinic staff would contact eligible patients to offer to provide the service to them.	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 in eligible patients, through regular screening.	
	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	92212*	54	57.00	This is a new indicator to our QIP. The data being collected is from our EMR and not based on laboratory data. We continue to monitor this indicator quarterly through our Management Committee.	1)To utilize the data mining component of the new EMR to identify eligible patients to offer to provide the service to them.	Identify through the Business Implementation Reporting Tool (BIRT) and Nightingale on Demand the number of patients that have received two or more HbA1C tests within the year to ensure that they are being monitored for pre-diabetes or diabetest.	Quarterly reporting on the number of people who have had two or more HbA1C tests in the past year.	To identify and support patients who are at risk or have diabetes to control blood sugar levels.	
	Improve seasonal immunization rates	Percentage of people/patients who report having a seasonal flu shot in the past year	% / PC organization population eligible for screening	EMR/Chart Review / Annually	92212*	31	36.00	The data being collected is from our EMR and not based on laboratory data. In 2015-16 Flu Shot Clinics were offered in both clinic locations of the DAHC. We have noted a decrease in the number of flu shots receive by those 65+ this year. With pharmacies now offering free flu shot clinics, it is difficult to capture the true number of patients that are receiving the flu shot. Patients must self disclose to staff if they received their flu shot.	1)To utilize the data mining component of the new EMR to identify older adults who would benefit from the influenza vaccine. Clinic staff would contact eligible patients to offer to provide the service to them.	Continue to host Flu Shot Clinics in our offices	Inquired with patients to identify if they have received their flu shot at another location.	To reduce influenza rates in older adults.	
Efficient	Reduce hospital readmission rate for primary care patient population	Percentage of acute hospital inpatients discharged with selected HIGs that are readmitted to any acute inpatient hospital for non-elective patient care within 30 days of the discharge for index admission, by primary care practice model.	% / PC org population discharged from hospital	DAD, CAPE, CPDB / April 2014 – March 2015	92212*	8	7.50	This indicator is based on the the preliminary Practice Profile that was completed by the AOHC and ICES in October 2015. The Practice Profile analysed our data from April 1, 2012 to March 31, 2014. During this period we transitioned our Electronic Medical Record from Practice Solutions to Nightingale on demand. As a result we only had a sampling of data to be included in the calculation. A refresh of the profile is currently under way and will provide us with a better understanding of the current base for this indicator.	1)We have access to Clinical Connect and staff will be reviewing discharge data to identify patients who require follow up	We continue to encourage patients to follow up directly with the DAHC following discharge for follow up Care.	We are working with the hospitals to identify partnerships to provide better transitions for our clients.	To provide seamless primary care service/support to our patients	
	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	92212*	12.5	12.00	This indicator is based on the the preliminary Practice Profile that was completed by the AOHC and ICES in October 2015. The Practice Profile analysed our data from April 1, 2012 to March 31, 2014. During this period we transitioned our Electronic Medical Record from Practice Solutions to Nightingale on demand. As a result we only had a sampling of data to be included in the calculation. A refresh of the profile is currently under way and will provide us with a better understanding of the current base for this indicator.	1)We have access to Clinical Connect and staff will be reviewing discharge data to identify patients who require follow up	We continue to encourage patients to follow up directly with the DAHC following discharge for follow up Care.	We are working with the hospitals to identify partnerships to provide better transitions for our clients.	Identify patients and their corresponding issues.	
Equitable	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 / All patients	EMR/Chart Review / 2016-17	92212*	415	436.00	Training was provided to clinical staff on how to complete internal referrals through the EMR. Staff were encouraged to refer patients/participants within the organization for other programs and services	1)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.	
	Other	Add other measure by clicking on "Add New Measure"	Other / Other	Other / other	92212*	0	0.00	N/A	1)N/A	N/A	N/A	N/A	

		Health equity allows people the opportunity to reach their full health potential and receive high-quality care that is fair and appropriate to them and their needs, no matter where they live, what they have or who they are	Counts / Mental Health / Addiction patients	EMR/Chart Review / 2015-16	92212*	6999	8000.00	In 2015-16 the Health Promotions have engaged members of the community through programs and services such as camps, healthy living programs, and diabetes education sessions. By Q3 of 2015-16, we have exceeded our target by 5999 participants. This number is monitored quarterly by our Quality Committee. All of the	1)In 2015-16 the Health Promotions have engaged members of the community through programs and services such as camps, healthy living programs, and diabetes education sessions. By Q3 of 2015-16, we have exceeded our target by 5999 participants.	To have over 8000 persons attending our wellness and healthy lifestyle programs.	Quarterly reporting on the number of program participants registered within the new EMR	To increase access to Wellness and Healthy Lifestyle programs.
Patient Experience	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 about recommended treatment?"	% / PC organization population (surveyed sample)	In-house survey / April 2015 - March 2016	92212*	96	100.00	The Patient Experience Feedback Survey was revised this year to better capture this indicator. This new format, allows respondents to directly answer this question.	1)To make paper/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.
	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	92212*	96	100.00	The Patient Experience Feedback Survey was revised this year to better capture this indicator. This new format, allows respondents to directly answer this question.	1)To make paper/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
	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	92212*	97	100.00	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 100% satisfaction rate is achievable in 2015-16. The new format of the survey has resulted in a 14% increase in satisfaction from the previous year.	1)To make paper/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.
Timely	Improve 7 day post hospital discharge follow-up rate for selected conditions	Percent of patients/clients who see their primary care provider within 7 days after discharge from hospital for selected conditions.	% / PC org population discharged from hospital	DAD, CIHI / April 2014 – March 2015	92212*	32.1	33.00	This indicator is based on the the preliminary Practice Profile that was completed by the AOHC and ICES in October 2015. The Practice Profile analysed our data from April 1, 2012 to March 31, 2014. During this period we transitioned our Electronic Medical Record from Practice Solutions to Nightingale on demand. As a result we only had a sampling of data to be included in the calculation. A refresh of the profile is currently under way and will provide us with a better understanding of the current base for this indicator.	1)We have access to Clinical Connect and staff will be reviewing discharge data to identify patients who require follow up	We continue to encourage patients to follow up directly with the DAHC following discharge for follow up Care.	We are working with the hospitals to identify partnerships to provide better transitions for our clients.	To provide access to primary care appointments post-discharge through coordination with hospitals.
	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)	92212*	35	40.00	The Patient Experience Feedback Survey was revised this year to better capture this indicator. In previous years we have not specifically requested feedback on the availability of appointments within the same or next day.	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
		Currently, patient "no shows" are an issue. We have implemented some measures over the past year (2015-16) that have improved our no-show rate; however, we still have an average of 19% per quarter.	Counts / All patients	EMR/Chart Review / 2015-16	92212*	19	12.00	In 2015-16 we continued with our focused efforts to 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. This past year we have seen a 2% reduction in this indicator. In 2016-17 our goal is to reduce the number of "No Show Appointments to 12% from 19%.	1)Clinicians are following up with No-Show patients by telephone.	Calling the patients to confirm their appointment the day before	Quarterly reporting on no-show rate	To reduce the no-show rate to 12%