

2018/19 Quality Improvement Plan for Ontario Primary Care

"Improvement Targets and Initiatives"



De Dwa Da Dehs Nyes Aboriginal Health Centre 200-678 Main Street East, Hamilton, ON L8M 1K2

AIM		Measure							Change					
Quality dimension	Issue	Measure/Indicator	Type	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments
Effective	Coordinating care	Percentage of patients identified as meeting Health Link criteria who are offered access to	A	% / Patients meeting Health Link criteria	In house data collection / most recent 3 month period	92212*	CB	CB	At this time we do not collect this data but can add as a reporting	1)N/A	N/A	N/A	N/A	At this time we do not collect this data but can add as a reporting indicator on NOD
	Effective transitions	Percentage of patients who have had a 7-day post hospital discharge follow up. (CHCs,	P	% / Discharged patients	See Tech Specs / Last consecutive 12 month period	92212*	47	47.30	DAHC has received the 2017 Practice Profile Report (covering the	1)Empowering patients to notify De dwa da dehs nye>s Aboriginal Health Centre of discharge from hospital.	When patients call to schedule an appointment, reception staff ask if the appointment is in follow up to a discharge from hospital. Clinicians remind patients that if they were in hospital that they should notify the health centre for follow up. In addition, a reminder will	An increase in the number of patients seeing their primary care provider within 7 days after discharge from hospital for selected conditions.	Patients have access to primary care appointments post-discharge through	
		Percentage of patients who were discharged in a given period for a condition within selected	A	% / Discharged patients with selected HIG conditions	DAD, CAPE, CPDB / April 2016 - March 2017	92212*	7.3	6.94	DAHC has received the 2017 Practice Profile Report (covering the	1)Empowering patients to notify De dwa da dehs nye>s Aboriginal Health Centre of discharge from hospital.	When patients call to schedule an appointment, reception staff ask if the appointment is in follow up to a discharge from hospital. Clinicians remind patients that if they were in hospital that they should notify the health centre for follow up. In addition, a reminder will	An reduction in the percentage of patients who are readmitted to hospitals for select HIGs.	There is seamless primary care service/support to our patients.	
	Wound Care	Percentage of patients with diabetes, age 18 or over, who have had a diabetic foot ulcer	A	% / patients with diabetes, aged 18 or older	EMR/Chart Review / Last consecutive 12 month period	92212*	CB	CB	We are looking at ENCODES used to see if we can pull this data.	1)N/A	N/A	N/A	N/A	We are looking at ENCODES used to see if we can pull this data
Efficient	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	C	Count / All patients	EMR/Chart Review / 2017-18	92212*	431	698.00	At the end of Q3 of 2017-18 we are below meeting the performance	1)Make referrals/access to the organizational basket of services more transparent and user friendly.	Staff have utilized the EMR to record in the internal referrals between programs offered at De dwa da dehs nye>s.	Quarterly reporting on the number of referrals made through the new EMR.	There is quick and efficient hand-off of patients amongst departments.	
	Decrease Emergency Department visits for conditions best managed elsewhere (BME)	Percentage of patients or clients who visited the emergency department (ED) for	C	% / PC org population visiting ED (for conditions BME)	ICIS Report / 2015-2017	92212*	12.1	11.50	At the end of Q3 of the 2017-18 fiscal year we are close to meeting this	1)Explore opportunities for evening and weekend access to primary care services.	We are piloting monthly weekend primary care clinics in Hamilton.	Reducing the percentage of patients from access the accessing Emergency Departments for conditions best managed elsewhere.	Identify patients and their corresponding issues and direct them to the	
Equitable	Population health - cervical cancer screening	Percentage of Ontario screen-eligible women, 21-69 years old, who completed at least	A	% / PC organization population eligible for screening	CCO-SAR, EMR / Annually	92212*	60.83	63.87	Although we did not meet this target we have kept this target the same for this	1)Continue to utilize the data mining component of the new EMR to identify eligible patients and to offer to provide the service to	Through the utilization of our EMR we were able to identify patients who were eligible for the screening and were contacted to schedule the appointment.	Reports from our EMR will be utilized to identify patients eligible for the screening.	The incidence of cervical cancer is reduced in our patients through regular screening.	
	Population health - colorectal cancer screening	Percentage of Ontario screen-eligible individuals, 50-74 years old, who were overdue for	A	% / PC organization population eligible for screening	See Tech Specs / Annually	92212*	CB	CB	We use a different indicator to report on	1)N/A	N/A	N/A	N/A	We report this indicator differently
		Percentage of screen eligible patients aged 50 to 74 years who had a FOBT within the past two years,	C	% / PC organization population eligible for screening	EMR/Chart Review / 2017-18	92212*	48.64	51.07	We exceeded the target for this indicator in 2017-18; therefore, we	1)Continue to utilize the data mining component of the new EMR to identify eligible patients to offer to provide the screening to	Through the utilization of our EMR we were able to continue to identify patients who were eligible for the screening and were contacted to schedule the appointment.	Reports from our EMR will be utilized to identify patients eligible for the screening.	To reduce the incidence of cancer in eligible patients through regular screening.	
	Population health - diabetes	Percentage of patients with diabetes, aged 40 or over, with two or more glycated	A	% / patients with diabetes, aged 40 or over	ODD, OHIP-CHDB,RPDB / Annually	92212*	75.86	79.65	This is only the third year collecting this information. By the third quarter	1)Continue to utilize the data mining component of the new EMR to identify eligible patients to offer to provide the service to them.	Through the utilization of our EMR we were able to continue to identify patients who were eligible for the screening and were contacted to schedule the appointment.	Reports from our EMR will be utilized to identify patients eligible for the screening.	To identify and support patients who are at risk or have diabetes to control blood sugar	
	Improve seasonal immunization rates	Percentage of people/patients over 65 who report having a seasonal flu shot in the past year	C	% / PC organization population eligible for screening	EMR/Chart Review / 2017-18	92212*	40.94	42.98	We exceeded the target for this indicator at the end of Q3 in 2017-18	1)Continue to utilize the data mining component of the new EMR to identify eligible patients to offer to provide the service to them.	Through the utilization of our Electronic Medical Record (EMR) we were able to identify patients who were eligible for the vaccine and were contacted to schedule the appointment.	Reports from our EMR will be utilized to identify patients eligible for the vaccine.	To reduce the incidence of influenza in people/patients over the age of 65.	

M = Mandatory (all cells must be completed) P = Priority (complete ONLY the comments cell if you are not working on this indicator) A= Additional (do not select from drop down menu if you are not working on this indicator) C = custom (add any other indicators you are working on)

									therefore, we are projecting a 5% increase in this indicator for 2018-19.	2)Discussions with patients at regular appointments to offer the flu shot or to identify if the flu shot has been received elsewhere.	Clinicians (Physicians and Nurse Practitioners) offer patients the flu shot at appointments during the flu season. If the patient has received a flu shot elsewhere it is noted in the EMR.	Conversations with patients regarding the benefits of flu shots and offering the vaccine at scheduled appointments.	To reduce the incidence of influenza in people/patients over the age of 65.	
	Outreach to the community	Health equity allows people the opportunity to reach their full health potential and receive	C	Count / All patients	EMR/Chart Review / 2017-18	92212*	4453	8000.00	We had an aggressive target in 2017-18 for the Healthy Living	1)In 2016-17 the Healthy Living Department engaged members of the community through programs and services such as camps,	To have over 8000 persons attending our wellness and healthy lifestyle programs.	QQuarterly reporting on the number of program participants registered within the new EMR.	To increase access and attendance to Wellness and Healthy Lifestyle programs.	
	Population health - breast cancer screening	Percent of eligible patients/clients who are up-to-date in screening for breast cancer.	C	% / PC organization population eligible for screening	EMR/Chart Review / 2017-18	92212*	46.26	53.00	We did not meet this target as of the Q3 in the 2017-18 fiscal year; therefore,	1)Continue to use EMR to identify eligible patients. To continue to include discussions about breast screening in patient	Clinicians continue to engage eligible patients in discussions about benefits of screening and encourage them to be screened. Try to identify barriers to participation on screening.	Through the utilization of our Electronic Medical Record (EMR) we were able to identify patients who were eligible for the screening and were contacted to schedule the appointment.	To reduce the incidence of breast cancer in eligible patients through regular screening.	
Patient-centred	Person experience	Percent of patients who stated that when they see the doctor or nurse practitioner, they or	P	% / PC organization population (surveyed sample)	In-house survey / April 2017 - March 2018	92212*	100	100.00	We achieved this target in 2017-18 and we will continue to strive for 100%	1)To make paper/electronic surveys available to our patients at each visit in the waiting rooms.	Paper/Electronic surveys available to our patients when they are in the waiting rooms.	Annual reporting on Patient Experience Satisfaction Survey.	Patient satisfaction with their involvement in decision making.	
	Improve Patient Experience: Opportunity to ask questions	Percent of respondents who responded positively to the question: "When you see your	C	% / PC organization population (surveyed sample)	In-house survey / 2017-18	92212*	100	100.00	We achieved 99% for this indicator in 2017/18 and we will continue to	1)To make paper/electronic surveys available to our patients at each visit in the waiting rooms.	Paper/Electronic surveys available to our patients when they are in the waiting rooms.	Annual Reporting on Patient Experience Survey	Patient understands their treatment options and treatment.	
	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	C	% / PC organization population (surveyed sample)	In-house survey / 2017-18	92212*	99.5	100.00	To gauge patient's perception of the amount of time spent with	1)Patients are satisfied with the amount of time that the clinician spends with them during their appointment.	To make paper surveys available to our patients.	To equip departments with satisfaction surveys.	To ensure patient satisfaction.	
Safe	Medication safety	Percentage of patients with medication reconciliation in the past year	A	% / All patients	EMR/Chart Review / Most recent 12 month period	92212*	CB	CB	We are looking at the ENCODES to see if we can pull this data	1)N/A	N/A	N/A	N/A	We are looking at the ENCODES to see if we can pull this data.
Timely	Timely access to care/services	Percentage of patients and clients able to see a doctor or nurse practitioner on the same day or	P	% / PC organization population (surveyed sample)	In-house survey / April 2017 - March 2018	92212*	37	44.00	To ensure timely access to primary care services.	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.	Patient satisfaction with access to same day appointments.	
	Improve timely access to primary care when needed	To reduce the number of no show appointments in order to provide greater access to primary care services for those who are requesting appointments.	C	% / All patients	EMR/Chart Review / 2017-18	92212*	23	12.00	We achieved 17.33% last year with a 12% target so we have kept the target the same.	1)Make sure that all of the available booking slots are efficiently and effectively used. 2)Better understand the reasons behind "chronic" no shows. Implement strategies to meet needs.	Reminder calls will continue to be made the day prior to the appointment. All open appointments are filled. Pilot extended hours within budget and resources.	Quarterly reporting and monitoring of the "no show" rate by the Quality Committee. Quarterly reporting of strategies implemented to address the "no show" rate by the Management Team.	DAHC understands the root causes of "no shows" for our patients. Patients report increase satisfaction with their access to care.	