

# 2017/18 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						
Quality dimension	Issue	Measure/Indicator	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification
Effective	Effective transitions	Percent of patients/clients who see their primary care provider within 7 days after discharge	% / Discharged patients with selected HIG conditions	CIHI DAD / April 2015 - March 2016	92212*	31	33.00	We are still collecting baseline data for this indicator. At the end of the
		Percentage of acute hospital inpatients discharged with selected HIGs that are readmitted to any	% / Discharged patients with selected HIG conditions	CIHI DAD / April 2015 - March 2016	92212*	8	7.50	We have not adjusted this indicator in the 2017-18 QIP as we are awaiting
	Population health - cervical cancer 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*	60	63.00	We had a significant increase in this indicator in 2016-17; therefore, we
	Population health - colorectal cancer screening	Percentage of screen eligible patients aged 50 to 74 years who had a FOBT within the past two years, other	% / PC organization population eligible for screening	See Tech Specs / Annually	92212*	38	40.00	We exceeded the target for this indicator in 2016-17; therefore, we are projecting a
	Population health - diabetes	Percentage of patients with diabetes, aged 40 or over, with two or more glycated	% / patients with diabetes, aged 40 or over	ODD, OHIP-CHDB,RPDB / Annually	92212*	58	61.00	This is only the second year collecting this information. By the third quarter
	Improve seasonal immunization rates	Percentage of people/patients over 65 who report having a seasonal flu shot in the past year	% / PC organization population eligible for screening	CCO-SAR, EMR / 2016-17	92212*	35	36.75	We were close to meeting this indicator at the end of Q3 in 2016-17;

								therefore, we are projecting a 5% increase in this indicator for 2017-18.
	<b>Population health - breast cancer screening</b>	Percent of eligible patients/clients who are up-to-date in screening for breast cancer.	% / PC organization population eligible for screening	CCO-SAR, EMR / 2016-17	92212*	51	53.00	We exceeded the target for this indicator in 2016-17; therefore, we are projecting a
<b>Efficient</b>	<b>An internal program referral process will be in place across the organization</b>	The new EMR will allow for internal referrals within the organization to be completed and	Counts / All patients	EMR/Chart Review / 2016-17	92212*	664	698.00	We have exceeded our 2016-17 target as of the end of the third quarter
	<b>Decrease Emergency Department visits for conditions best managed elsewhere (BME)</b>	Percentage of patients or clients who visited the emergency department (ED) for	% / PC org population visiting ED (for conditions BME)	ICIS / 2016-17	92212*	12.5	12.00	We are still waiting for the release of the Practice Profile for the
<b>Equitable</b>	<b>Outreach to the community</b>	Health equity allows people the opportunity to reach their full health potential and receive	Counts / Health Promotions	EMR/Chart Review / 2016-17	92212*	5884	8000.00	We had an aggressive target in 2016-17 for the Healthy Living
<b>Patient-centred</b>	<b>Person experience</b>	Percent of patients who stated that when they see the doctor or nurse practitioner, they or someone else	% / PC organization population (surveyed sample)	In-house survey / April 2016 - March 2017	92212*	94	100.00	To gauge the patients involvement in their health care journey.
	<b>Improve Patient Experience: Opportunity to ask questions</b>	Percent of respondents who responded positively to the question: "When you see your	% / PC organization population (surveyed sample)	In-house survey / 2016-17	92212*	99	100.00	To gauge patient's perception of their involvement in
	<b>Improve Patient Experience: Primary care providers spending enough time with patients</b>	Percent of patients who responded positively to the question: "When you see your doctor or	% / PC organization population (surveyed sample)	In-house survey / 2016-17	92212*	95	100.00	To gauge patient's perception of the amount of time spent with

Timely	Timely access to care/services	Percentage of patients and clients able to see a doctor or nurse practitioner on the same day or	% / PC organization population (surveyed sample)	In-house survey / April 2016 - March 2017	92212*	41.76	44.00	To ensure timely access to primary care services.
	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.	% / All patients	EMR/Chart Review / 2016-17	92212*	17.33	12.00	De dwa da dehs nye>s Aboriginal Health Centre's Quality Committee has internally set a target of 12% for no shows.

Change				
Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments
1)Empowering Patients to notify De dwa da dehs nye>s Aboriginal Health Centre of discharge from hospital.	When patients are calling to schedule an appointment, our reception staff are asking if the appointment is in follow up to a discharge from hospital. As well, clinicians are reminding patients that if they were in hospital that they should notify the health centre for follow up.	An increase in the number of patients seeing their primary care provider within 7 days after discharge from hospital for selected conditions.	To provide access to primary care appointments post-discharge through coordination with	
1)Empowering Patients to notify De dwa da dehs nye>s Aboriginal Health Centre of discharge from hospital.	When patients are calling to schedule an appointment, our reception staff are asking if the appointment is in follow up to a discharge from hospital. As well, clinicians are reminding patients that if they were in hospital that they should notify the health centre for follow up.	An reduction in the percentage of patients who are readmitted to hospitals for select HIGs.	To provide seamless primary care service/support to our patients.	
1)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 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 cervical cancer through regular screening.	
1)To utilize the data mining component of the new EMR to identify eligible patients to offer to provide the screening to them.	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.	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	
1)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 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	
1)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.	

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) will offer patients the flu shot at appointments during the flu season. If the patient has received a flu shot elsewhere it will be noted in the patient file.	Conversations with patients regarding the benefits of flu shots and offering the vaccine at scheduled appointments.	Reduce the number of patients/participants over 65 contracting the flu.	
1)To utilize the data mining component of the new EMR to identify eligible patients to offer to provide the screening to them.	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.	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	
1)To make referrals/access to the organizational basket of services more transparent and user friendly.	Staff have utilized the Electronic Medical Record 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.	To ensure quick and efficient hand-off of patients amongst departments.	
1)We are exploring 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 Emergency Departments for conditions best managed elsewhere.	Identify patients and their corresponding issues.	
1)In 2016-17 the Healthy Living Department hasengaged members of the community through programs and services such	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.	
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	
1)To gauge patient's opportunity to ask questions about recommended treatment.	To make paper/electronic surveys available to our patients.	To equip tablets and computers on-site with satisfaction surveys.	To ensure patient satisfaction.	
1)Patients are satisfied with the amount of time that the clinician spends with them during their appointment.	To make paper/electronic surveys available to our patients.	To equip tablets and computers on-site with satisfaction surveys.	To ensure patient satisfaction.	

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	
1) In 2016-17 we continued with our focused efforts to increasing access to care and reducing the number of "No Show" patients to	Reminder calls will be made the day prior to the appointment.	Clinic Administrative staff place reminder calls to all primary care patients the day prior to their appointment.	To reduce the no-show rate to 12%.	
2) Reducing the No Show Rate by meeting the needs of the patients.	In Primary Care, the DAHC piloted a process to assist a Chronic No Show Client who has acknowledged their difficulty keeping scheduled appointments, to have the client attend in clinic on a walk-in basis. This has been successful for this client and the client has not missed a	To determine if revising the way appointments are made for some patients may result in a reduction of the No Show rate.	To reduce the no-show rate to 12%.	