

**2014/15 Quality Improvement Plan for Ontario Primary Care
"Improvement Targets and Initiatives"**

Quality Dimension	Objective	Measure/Indicator Unit / Popu Source / Pe Organizatio Current perf Target Target justification							Planned improvement initiative Methods Process measures Goal for cha Comments				
		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	91524*	39.4	50	The target of 50% was derived from discussion at the Senior Leadership Team and based on an analysis of the most recent results of the client experience data which indicates that the number of clients reporting they can see a primary health care provider on the same or next day is increasing.	1)Improve communication with our clients and families to increase awareness of and confidence in the options available to them to access same day services as required by: 1. Develop tools to assist clients in understanding the roles of different team members and how to access them 2. Work with primary health care providers, Medical Office Assistants, Administrative staff to determine the best way to distribute/ communicate information 3. Further examine intake process for areas of improvement 4. Reconfirm appointment scheduling practices including ensuring standardized messages for people calling in for appointments, train providers, Medical Office Assistants as required.	Change ideas will be reviewed by the Staff Quality Committee and approved by the Staff Quality Committee. Client experience surveys will continue to be collected on an ongoing basis.	Client Experience information is collected on a ongoing basis. Progress is monitored through the quarterly Balanced Scorecard. Our interim target is to reach 50% of clients reporting same day access by October 2014.	By Dec. 2104 60% of clients will identify that they are able to see a doctor, nurse practitioner or someone in the office on the same or next day when they are sick.	Identification of factors contributing to the lower than anticipated positive response rate was undertaken by the Staff Quality Committee using a Fishbone Diagram.
Access	Access to primary care when needed												

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	Access to primary care when needed	Percent of clients that report they are able to see a counselor the same or next day when needed.	% / All patients	In-house survey	91524*	CB (collecting baseline)	50	The cause and effect analysis of the results of the access to our primary health care providers on the same or next day identified the need to examine measurement of access to other providers. Our Senior Leadership Team suggested that we adopt a similar target.	1)Measure access to counselling services through the inclusion of a question on our client experience survey related to same of next day counselling appointments.	Complete review of existing literature including gathering examples of indicators from other organizations that provide similar services. Mental Health and Addictions team with the assistance from a Masters student will develop criteria for indicator selection and guidelines for how to collect the data. Project will be documented using a PDSA tool.	Indicator will be incorporated into the routine collection of client experience data by July. Ongoing feedback from clients during the administration of the survey. Results will be examined by team in September 2014, if indicator meets selection criteria then indicator will be incorporated into survey, if not then we will revise and do another 2 month trial. Cycle will be repeated as required.	Question will become part of our routine client experience survey by October 2014.	The development of this indicator is part of current examination of the use of emergency departments by our mental health clients.		
	Reduce ED use by increasing access to primary care	Percentage of clients who are aware of after hours on-call service.	% / All patients	In-house survey / 2014/2015	91524*	CB	60	Adopted target of our sister CHC that has been tracking this indicator for several years.	1)CHC clients appropriately access centralized physician on call and after hours services.	a)Develop clinical practice guidelines and protocols for on call physicians. b) Develop education material for clients detailing how and when to access the service c) work with the on call service to establish proper monitoring, tracking indicators. Project to be tracked by the Directors of Primary Health Care on a city wide basis.	Question to be included in client experience survey by May 2014. Tracking mechanisms to be developed and implemented by June 2014. Guidelines to be established by Sept. 2014.	60% of clients will identify that they are aware of after hours on-call service.	Currently on call service provider does not retain data for more than 3 months. Joint Ottawa CHC initiative.		
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	91524*	22	29	Reflects the provincial average.	1)In collaboration with the acute care hospital plan and develop a process to improve communication and coordination with our primary health care providers during the discharge planning process.	Develop consistent message for our clients, asking them to contact us when they are hospitalized. Establish relationship with discharge planners in hospitals. Develop targeted communication for distribution to hospitals.	Establish links with hospitals by September 2014. Development of targeted communication materials by Dec. 2014.	29% of patients/clients will see their primary care provider within 7 days of discharge by January 2015.	Joint project of Ottawa CHCs. Note that there is a data quality issue with this indicator. The Champlain Practice Profile measures both MDs and NPs while the HQO indicator only looks at visits done by MDs. At SWCHC follow up after discharge maybe done by a variety of providers depending on client needs.		

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Patient-centred		Percent of patients/clients that were contacted by a health care provider within 7 days of SWCHC receiving their discharge summary.	% / All patients	EMR/Chart Review / 2014/2015	91524*	CB	50	Target of 50% established by the Director of Primary Health Care based on current experience.	1)Development and measurement of a standardized process to ensure timely follow up once SWCHC has received discharge summary.	Identify current practices used by providers. The Primary Health Care team will using workflow analysis design a standardized process including measurement Providers will be trained on process. Coordinator of Primary Health Care will be responsible for ensuring standard procedures are followed. Ensure clients are aware of procedure for follow up.	Standardized process implemented by Sept. 2014. Initial results to be examined the first of November and revisions made. Results will be monitored through the Balanced Scorecard.	50% of all clients will be connected by a provider 7 days after discharge.	At this time there is no systematic tracking of time taken to follow up on discharge summaries.		
	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	91524*	91	93	This is a slightly revised question from the more general question we are now asking.	1)Continue to ensure high performance through reinforcing the important of clients having the opportunity to ask questions in the orientation of new staff and reviews with existing staff.						
		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	91524*	90	90	Exceeds previous target of 80%.	1)Continue to ensure high performance through reinforcing the important of clients having the involved in treatment decisions through the orientation of new staff and reviews with existing staff.						
		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	91524*	92	92	Freeze target. Target is in keeping with previous surveys.	1)Continue to ensure high performance through reinforcing the importance of spending enough time with clients in the orientation of new staff and reviews with existing staff.						