Excellent Care for All

Quality Improvement Plans (QIP): Progress Report for 2017/18 QIP

The Progress Report is a tool that will help organizations make linkages between change ideas and improvement, and gain insight into how their change ideas might be refined in the future. The new Progress Report is mostly automated, so very little data entry is required, freeing up time for reflection and quality improvement activities.

Health Quality Ontario (HQO) will use the updated Progress Reports to share effective change initiatives, spread successful change ideas, and inform robust curriculum for future educational sessions.

ID	Measure/Indicator from 2017/18	Org Id	Current Performance as stated on QIP2017/18	Target as stated on QIP 2017/18	Current Performance 2018	Comments
1	% of patients surveyed who responded “Yes” to the question: ““The last time you were sick or were concerned you had a health problem, did you get the appointment on the date you wanted?” (%; PC organization population (surveyed sample); April 1, 2017 - March 31, 2018; In-house survey)	92309	78.60	80.00	80.75	

Change Ideas from Last Years QIP (QIP 2017/18)	Was this change idea implemented as intended? (Y/N button)	Lessons Learned: (Some Questions to Consider) What was your experience with this indicator? What were your key learnings? Did the change ideas make an impact? What advice would you give to others?
Develop new appointment strategies to address both access and follow-up.	Yes	Same/Next day appointments were revised from daily WTR clinics to each clinician providing daily same day appointments for own patients, RNECs seeing all clinic patients. Seeing own physician/nurse practitioner for urgent care, meant less follow-up appointments with own provider for same/related issues. Worked well for practices with balanced supply and demand, highlighted practices that may require better supply/demand balance.
Improve patient experience through access primary care when needed.	Yes	Patients saw own provider for same day care, which provided more consistent care in relation to the urgent and on-going issues. Less frustrating for both patient and provider.

ID	Measure/Indicator from 2017/18	Org Id	Current Performance as stated on QIP2017/18	Target as stated on QIP 2017/18	Current Performance 2018	Comments
2	Percent of eligible patients/clients who are up-to-date in screening for breast cancer using Cancer Care Ontario letters. (%; PC organization population eligible for screening; 2017-18; CCO-SAR, EMR)	92309	60.80	70.00	62.80	

Change Ideas from Last Years QIP (QIP 2017/18)	Was this change idea implemented as intended? (Y/N button)	Lessons Learned: (Some Questions to Consider) What was your experience with this indicator? What were your key learnings? Did the change ideas make an impact? What advice would you give to others?
Contact overdue patients	Yes	Overdue patients were identified and either called or invited to be screen during scheduled appointments.
Better utilize data/EMR	Yes	Working with an OntarioMD Practice Enhancement Consultant, a Preventive Care toolbar was implemented to display patient’s last screening date, to assist clinicians during scheduled appointments. Further work includes using reminder reports effectively.

ID	Measure/Indicator from 2017/18	Org Id	Current Performance as stated on QIP2017/18	Target as stated on QIP 2017/18	Current Performance 2018	Comments
3	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); April 2016 - March 2017; In-house survey)	92309	90.02	90.02	92.60	

Change Ideas from Last Years QIP (QIP 2017/18)	Was this change idea implemented as intended? (Y/N button)	Lessons Learned: (Some Questions to Consider) What was your experience with this indicator? What were your key learnings? Did the change ideas make an impact? What advice would you give to others?
Continue to offer high quality health care	Yes	
Continue to measure patient satisfaction	Yes	The patient survey needs to be streamlined and questions need to be reordered to deal with survey drop-out rates (i.e. put most important questions first). Asking the patient to identify clinician/clinic will help focus areas of improvement.

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4	Percent of patients/clients who see their primary care provider within 7 days after discharge from hospital for selected conditions. (%; Discharged patients with selected HIG conditions; April 2015 - March 2016; CIHI DAD)	92309	57.00	60.00	57.00	

Change Ideas from Last Years QIP (QIP 2017/18)	Was this change idea implemented as intended? (Y/N button)	Lessons Learned: (Some Questions to Consider) What was your experience with this indicator? What were your key learnings? Did the change ideas make an impact? What advice would you give to others?
Continue with the system, CMH to continue to fax discharges, weekly EMR searches for other hospital discharges	Yes	As HRM allows direct download of hospital discharge, physicians decide appropriate follow-up on institutions other than CMH, hence searches no longer necessary. CMH faxes office the day after discharge, prior or coinciding with the discharge report.
Continue pilot project for nurse phone triage for post discharge pts.	Yes	Expansion of the pilot project to all clinicians was suspended when CMH announced that it will use PODS as we wished to incorporate PODS into our protocol. However, as implementation was not immediate, we will proceed with expanding our nurse phone triage pilot project to all our providers. When CMH PODS is fully functional, we will adapt our protocol accordingly.

ID	Measure/Indicator from 2017/18	Org Id	Current Performance as stated on QIP2017/18	Target as stated on QIP 2017/18	Current Performance 2018	Comments
5	Percentage of Ontario screen-eligible individuals, 50-74 years old, who were overdue for colorectal screening in each calendar year (%; PC organization population eligible for screening; Annually; See Tech Specs)	92309	46.80	40.00	38.00	

Change Ideas from Last Years QIP (QIP 2017/18)	Was this change idea implemented as intended? (Y/N button)	Lessons Learned: (Some Questions to Consider) What was your experience with this indicator? What were your key learnings? Did the change ideas make an impact? What advice would you give to others?
Contact overdue patients	Yes	Overdue patients were identified and either called or invited to be screen during scheduled appointments.
Better utilize data/EMR	Yes	Working with an OntarioMD Practice Enhancement Consultant, a Preventive Care toolbar displays patient's last screening date, to assist clinicians during scheduled appointments. Further work includes identifying colonoscopies in chart and using reminder reports effectively.

ID	Measure/Indicator from 2017/18	Org Id	Current Performance as stated on QIP2017/18	Target as stated on QIP 2017/18	Current Performance 2018	Comments
6	Percentage of Ontario screen-eligible women, 21-69 years old, who completed at least one Pap test in 42-month period. (%; PC organization population eligible for screening; Annually; CCO-SAR, EMR)	92309	60.80	70.00	62.30	

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Contact overdue patients	Yes	Overdue patients were identified and either called or invited to be screen during scheduled appointments.
Better utilize data/EMR	Yes	Working with an OntarioMD Practice Enhancement Consultant, a Preventive Care toolbar was implemented to display patient's last screening date, to assist clinicians during scheduled appointments. Further work includes using reminder reports effectively.

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7	Percentage of patients and clients able to see a doctor or nurse practitioner on the same day or next day, when needed. (%; PC organization population (surveyed sample); April 2016 - March 2017; In-house survey)	92309	33.33	50.00	63.50	

Realizing that the QIP is a living document and the change ideas may fluctuate as you test and implement throughout the year, we want you to reflect on which change ideas had an impact and which ones you were able to adopt, adapt or abandon. This learning will help build capacity across the province.

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Develop new appointment strategies to address both access and follow-up.	Yes	Note, we reworded the question to ""The last time you were sick or were concerned you had a health problem, were you offered a same or next day appointment", as same/next day appointments are not always appropriate for our patient population. Same/Next day appointments were revised from daily Wait-Time Reduction (WTR) clinics, (MDs and RNECs seeing all clinic patients for one urgent issue) to each clinician providing daily same day appointments for own patients, RNECs seeing all clinic patients. Seeing own physician/nurse practitioner for urgent care, means less follow-up appointments with own provider for same/related issues. Worked well for practices with balanced supply and demand, highlighted practices that may require better supply/demand balance.
Improve patient experience through access primary care when needed.	Yes	Patients saw own provider for same day care, which provided more consistent care in relation to the urgent and on-going issues. Less frustrating for both patient and provider.

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8	Percentage of patients with diabetes, aged 40 or over, with two or more glycated hemoglobin (HbA1C) tests within the past 12 months (%; patients with diabetes, aged 40 or over; Annually; ODD, OHIP-CHDB,RPDB)	92309	86.00	90.00	61.30	

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Create an electronic diabetic registry	No	We have recently started working with an OntarioMD Practice Enhancement Consultant, to identify our diabetic patients by IC-9 codes. Better identification of diabetics will lead to better follow-up. We suspect the current performance rate may be due to data issues in our emr, which we will address with OntarioMD Practice Enhancement Consultant.
Create Process for recall and reminder system	No	We have recently started working with an OntarioMD Practice Enhancement Consultant, to identify our diabetic patients by IC-9 codes. Better identification of diabetics will lead to better follow-up. We suspect the current performance rate may be due to data issues in our emr, which we will address with OntarioMD Practice Enhancement Consultant.

ID	Measure/Indicator from 2017/18	Org Id	Current Performance as stated on QIP2017/18	Target as stated on QIP 2017/18	Current Performance 2018	Comments
9	Percentage of those hospital discharges (any condition) where timely (within 48 hours) notification was received, for which follow-up was done (by any mode, any clinician) within 7 days of discharge. (%; Discharged patients ; Last consecutive 12 month period.; EMR/Chart Review)	92309	CB	75.00	CB	

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Continue with the system, CMH to continue to fax discharges, weekly EMR searches for other hospital discharges	Yes	As HRM allows direct download of hospital discharge, physicians decide appropriate follow-up on institutions other than CMH, hence searches no longer necessary. CMH faxes office the day after discharge, prior or coinciding with the discharge report.
Continue pilot project for nurse phone triage for post discharge pts.	Yes	Expansion of the pilot project to all clinicians was suspended when CMH announced that it will use PODS as we wished to incorporate PODS into our protocol. However, as implementation was not immediate, we will proceed with expanding our nurse phone triage pilot project to all our providers. When CMH PODS is fully functional, we will adapt our protocol accordingly.
Track appointments with any provider	No	As we did not develop an emr tool to tracking our follow-up appointments, we are only able to use the HDM data to report. We did manually track discharges from CMH. Of the 415 discharges from April 1, 2017 – Feb 28, 2018, 306 (74%) required action by our team (the others were transfers to other facilities, including LTC & hospices and deaths). Of the 306, 126 or 41% had future appointments booked, whether booked as part of other follow-up or in response to the hospital discharge. 171 or 56% required further follow-up, 41 (24%) were referred to the nurse triage pilot study, 130 (76%) were referred to the family physician. We are developing an emr tracking system.