

2018/19 Quality Improvement Plan for Ontario Primary Care

"Improvement Targets and Initiatives"



South Riverdale CHC 955 Queen Street East, Toronto, ON M4M 3P3

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
Effective	Effective transitions	Percentage of patients who have had a 7-day post hospital discharge follow up. (CHCs, AHACs, NPLCs)	P	% / Discharged patients	See Tech Specs / Last consecutive 12 month period	91439*	46.9	52.00	Performance data is for FY 16/17 and represents a small sample group, so have been advised to interpret with caution.	1) Work with local hospitals to coordinate discharge planning (with a focus on follow-up for clients who are marginally housed/clinically complex.)	Develop workflow for managing post hospital discharge and continue to review current workflow.	Collect baseline numbers on the following: - number of calls received from discharge planners from hospital to primary provider of clinic nurse; - number of follow up calls/appointments/home visits made for clients 7 days post hospital discharge; - number of clients who refuse post-discharge follow-up appointment; and, - in new EMR, update encounter details form for post hospital discharge follow up.	For clients, when reports are received in a timely manner, 55% will have a 7 day post hospital discharge follow up contact (phone, appointment or home visit.)
		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.	P	% / Discharged patients	EMR/Chart Review / Last consecutive 12 month period	91439*	CB	CB	Collecting baseline	1) SRCHC will try and collect baseline data on the number of hospital discharge reports received (using standardized naming protocol for discharge summaries), will track date client discharged, date report received by SRCHC. - Key challenge, this process will not capture when clients report they have been discharged from hospital and no report was received or when there are excessive delays). We will also explore if we can create reports with new EMR data analytics tool.	-Standardized naming protocol for discharge summaries, manual tracking of sampling of discharge reports to track when client discharged, from what hospital, and date SRCHC receives report. Develop encountering template for post discharge follow-up calls.	Number of reports received from specific hospitals, date client discharged, date report received by SRCHC, number of days between discharge and receiving report and number of encounters post discharge follow up.	Collecting baseline
	Wound Care	Percentage of patients with diabetes, age 18 or over, who have had a diabetic foot ulcer risk assessment using a standard, validated tool within the past 12 months	A	% / patients with diabetes, aged 18 or older	EMR/Chart Review / Last consecutive 12 month period	91439*	CB	CB	SRCHC is transferring to a new EMR May 2018. WE will develop encountering templates and data queries to allow us to pull data for this indicator.	1) Workflow and protocols developed for Diabetic foot care and assessments developed by DECNET Team. Training for all new DECNET nurses and advanced training, standardize documentation, for clients assessed at moderate risk on Diabetic Foot Screen, referral to Foot Care Treatment program and for those clients who require wound care and/or are at risk of ulcers referrals to chiropodist or back to primary care.	Foot assessments conducted, referrals to Foot Care treatment nurse, number of referrals for high risk clients to SRCHC chiropody, number of external referrals, number of recalls for annual foot assessment.	Collecting baseline for FY 18/19 - number clients assessed, number of high risk clients identified, referrals to chiropody, recalls for annual foot assessment.	Collecting baseline for FY 18/19
Patient-centred	Person experience	Percent of patients who stated that when they see the doctor or nurse practitioner, they or someone else in the office	P	% / PC organization population (surveyed sample)	In-house survey / April 2017 - March 2018	91439*	84	88.00	SRCHCs current performance exceeds provincial average, over 80% of SRCHC's	1) Continue performance and monitor clients' experience with primary care. Increase the number of clients providing feedback in survey and ensure new clients receive orientation to model of care.	Survey of clients, orientation for new clients.	Number of clients who complete survey and tools used to communicate results.	15% increase in number of clients who complete the survey.
Timely	Timely access to care/services	Percentage of patients and clients able to see a doctor or nurse practitioner on the same day or next day, when needed.	P	% / PC organization population (surveyed sample)	In-house survey / April 2017 - March 2018	91439*	50	54.00	This year, between May and September we expect that there will be increase in wait times as SRCHC	1) Continue to work on balancing increased panel size, various approaches to access (same day urgent appointments, off site clinics, drop in clinics for mental health/substance use, open access and routine appointments) and manage waits for access to service.	Maintain administrative huddles, monitor access to urgent care and open access appointments and routine appointments to determine if there are opportunities to increase open access appointments.	Track access to urgent care appointments, open access, routine appointments - track no show and cancellation rate for routine appointments.	40% of client appointments are same or next day appointments

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)