

2016/17 Quality Improvement Plan for Ontario Primary Care "Improvement Targets and Initiatives"

Taddle Creek FHT 306-790 Bay Street, Toronto, ON M5G 1N8

AIM		Measure				Change				
Quality dimension	Objective	Measure/Indicator	Current performance	Target	Target justification	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Goal for change ideas	Comments
Effective	Improve rate of cancer screening.	Percentage of patients aged 50-74 who had a fecal occult blood test within past two years, sigmoidoscopy or barium enema within five years, or a colonoscopy within the past 10 years	59	65.00	Current performance: 59% Source: FY2015-16 Q1-Q3 (EMR search) History: FY2014-15(EMR PCSR): 36% FY2013-14(EMR PCSR): 37% FY2012-13(EMR PCSR): 35% FY2013-14 (HQO Practice Profile Report): 70.5% Provincial avg FY2013/14 (HQO Practice Profile Report): 59%	1)Campaign promoting use of CCO's 'My Cancer IQ' website	1)Contact CCO for 'My Cancer IQ' marketing material and post / distribute in suites 2)Broadcast on 'Health Myself' 3)Broadcast on TC FHT website 4)Taddler Newsletter to promote	1)Date 'My Cancer IQ' material in suites 2)Date broadcast on Health Myself 3)Date broadcast on TC FHT website 4)Date publish info in Taddler (TCFHT Newsletter)	Campaign initiated by July 2016	
						2)Continue with turning 50 CRCS birthday card initiative	Eligible pts turning 50 receive a birthday card and FOBT kit in the mail.	% of pts turning 50 screened for CRCS	36% of pts turning 50 screened for CRCS	F13-14 = 14% pts. turning 50 in yr have CRCS F14-15 = 36% pts. turning 50 in yr have CRCS (1st yr turning 50 initiative introduced) F15-16 (AvgQ1 - Q3)= 33%
						3)Ensure colonoscopies/sigmoidoscopies properly indexed by scanners	1)Retrospective chart audit for 3 suites (using in-house scanners) for colonoscopies /sigmoidoscopies reports 2)NPs in these suites to notify admin of 10 paper reports received for audit 3)Notify / educate scanners if not indexing consultation reports accurately in EMR	1)Date for audit completion 2)Date education of scanners	1)Audit completed by Sep 2016 2)Scanners notified / educated by Nov 2016	
						4)Ensure all 5 suites utilizing EMR chart reminders	QIDSS to review Bay/Bloor EMR and ensure reminders are accurate and active	Date QIDSS review reminders	QIDSS review by June 2016	
		Percentage of women aged 21 to 69 who had a Papanicolaou (Pap) smear within the past three years	63	65	Current performance: 63% Source: FY2015-16 Q1-Q3 (EMR search) History: FY2014-15(EMR PCSR): 62% FY2013-14(EMR PCSR): 66% FY2014-15(EMR PCSR): 64% FY2013-14(HQO Practice Profile Report): 74.6% Provincial avg FY2013/14 (HQO Practice Profile Report): 63%	1)Promote use of 'My cancer IQ' website	1)Contact CCO for 'My Cancer IQ' marketing material and Post / distribute 'My Cancer IQ' marketing material in suites 2)Broadcast on 'Health Myself' "My Cancer IQ" website 3)Broadcast on 'TC FHT website' "My Cancer IQ" website 4)Taddler Newsletter to promote	1)Date 'My Cancer IQ' material in suites 2)Date broadcast on Health Myself 3)Date broadcast on TC FHT website 4)Date publish info in Taddler (TCFHT Newsletter)	1)'My Cancer IQ' material in suites by Jul 2016 2)Broadcast on Health Myself by Jul 2016 3)Broadcast on TC FHT website by Jul 2016 4)Pubish info in Summer Taddler (TCFHT Newsletter)	Currently achieving FY13-14 provincial avg: 63%
						2)Ensure all 5 suites utilizing EMR chart reminders	QIDSS to review Bay/Bloor EMR and ensure reminders are accurate and active	Date QIDSS review reminders	QIDSS review by June 2016	

AIM		Measure				Change					
Quality dimension	Objective	Measure/Indicator	Current performance		Target justification	Planned improvement initiatives (Change Ideas)		Methods	Process measures	Goal for change ideas	Comments
			performance	Target		initiated	implemented				
	Improve rate of HbA1C testing for diabetics	Percentage of patients with diabetes, aged 40 or over, with two or more glycated hemoglobin (HbA1C) tests within the past 12 months	48	52	Current performance: 48% Source: FY2015-16 Q1-Q3 (EMR search) FY2013-14 (HQO Practice Profile Report): 34% Provincial avg FY2013/14 (HQO Practice Profile Report): 45%	1)Develop EMR chart reminders 2)To notify PCP of pts not in compliance	QIDSS to develop reminders QIDSS to prepare quarterly reports of pts not in compliance 1)QIDSS to prepare reports of pts not in compliance 2)PCPs to provide rational why not in compliance and consider Diabetes Education Program (DEP) referral	# of times Reminder report provided to PCPs # of times report provided # of reports returned from PCPs outlining rational # of referrals DEP	Provide reminder report to PCPs at the end of every quarter Provide report quarterly 100% reports returned 50% referred to the DEP	Est. 300 pts need hbA1C testing. Achieving target may be hindered if pts followed by endocrinologist.	
	Reduce hospital readmission rate for primary care patient population	Percentage of acute hospital inpatients discharged with selected HIGs that are readmitted to any acute inpatient hospital for non-elective patient care within 30 days of the discharge for index admission, by primary care practice model. WANT LOW	13	13.00	Current performance: 13% Source: FY2014-15(HDB) TCFHT Top performer in TC LHIN FY2015-16 Target: 10% FY2015-16 (Internal process Avg Q1-Q3): 6% FY2014-15 (Internal process): 4% History: FY2013-14 (HDB): 11% FY2012-13 (HDB):Suppressed (<5 pts. readmitted) Provincial avg 2013/14: 13.5%	1)Pts discharged with selected HIGs, receive 1 f/u phone call within 30 days	Admin sends delayed message in eMR for RN to f/u (via phone) x1 within 30 days and bring to physician attention if need for visit	% pts discharged with selected HIGs, receive 1 f/u phone call	75% of pts, discharged with selected HIGs, receive 1 f/u phone calls		
	Efficient	Decrease Emergency Department visits for conditions best managed elsewhere (BME)	Percentage of patients or clients who visited the emergency department (ED) for conditions "best managed elsewhere" (BME) WANT LOW	0.45	0.45	Current performance : 0.45% Source: FY2014-15 (HDB) TCFHT Top performer in TC LHIN History: FY2013-14(HDB): 0.50% FY2012-13(HDB): 0.54%	1)Finalize After Hour Clinics (AHC) Booking Protocols (make more flexible) 2)Write two more Taddle newsletter articles re:Why visiting ED for conditions BME may not be recommended and how to manage at home until TC FHT apt.	Board to agree to flexible Booking Protocols Med. Sec. to adhere to Booking Protocols Writer to utilize CIHI's Nov 2014 report 'Sources of Potentially Avoidable ED Visits' as base and in-house 'Up to Date' clinical resource.	Repeat AHC Audits (done in F15-15 showed overall 69% utilization) Date article written and widely distributed by	80% AHC utilization Write and distribute articles by Summer and Winter 2016	
Equitable	Providing equitable care to internal/external complex and vulnerable pts	Number of complex pts receiving care provided	CB	CB	Collecting baseline	1)Explore collection of Health Equity Demographic Data (i.e. language, where born, racial/ethnic group, family income, sexual orientation, etc)	1)Research utility of collecting this data 2)Speak with other FHTs re: how they are using this data 3)Board discussion to determine whether priority for FHT	Decision date on utility of collecting health equity demographic data	Decision on utility of collecting health equity demographic data		

AIM		Measure				Change				
Quality dimension	Objective	Measure/Indicator	Current performance	Target	Target justification	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Goal for change ideas	Comments
						2)Improve access to inter-professional teams for complex patients in the community	Telemedicine Impact Plus (TIP) clinics - provide support to community physicians & their complex patients by providing inter-professional patient consultations via Ontario Telemedicine Network (St. Elizabeth Nurses with physician/patient in community & inter-professionals from TC FHT)	# of TIPs	12 TIPs	
						3)Participate in RED (Referral from Emergency Department)	1)Review, discuss and improve internal process established 2)Poll PCPs/NPs re: # of RED pts they can accept 3)Continue discussion Mid West Toronto Health Links (MWTHL) on how care for these pts can be co-ordinated 4)Continue discussion MWTHL on how collaborative care between TC FHT and UHN can be assured	# of RED referrals accepted	50 RED referrals	FY2015-16:12 referrals
Patient Experience	Improve Patient Experience: Opportunity to ask questions	Percent of respondents who responded positively to the question: "When you see your doctor or nurse practitioner, how often do they or someone else in the office give you an opportunity to ask questions about recommended treatment?"	96.86	96.86	Current performance: 96.86% Source: FY2015-16(PES) History: FY2014-15(PES): 96.02% FY2013-14(PES): 88% D2D 1.0 avg 2014: 87%	1)Two way online communication between patient and provider	Physician and patient to use patient portal 'Health Myself' for secure e-messaging	% of pts signed-up for Health Myself	10% increase in pts signed-up for Health Myself (by Mar 31, 2017 have 6422 pts in Health Myself)	Feb 2016: 5839 pts enrolled
	Improve Patient Experience: Patient involvement in decisions about care	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?	96.1	96.10	Current performance: 96.10% Source FY2015-16(PES) History: FY2014-15(PES):95% FY2013-14(PES):85% Provincial avg FY2013/14: 83%	1)Educate team about CCPs	Encourage physicians to request UHN lists of pts frequently visiting Emergency departments or with multiple admissions and complete CCPs for these pts.	# of CCPs	25 CCPs	FY2015-16(est.):48 CCPs
						2)Educate team about Advance Care Plan	1)Carve out protected time for NPs/RNs doing CCPs to complete x4 speak up module re:ACP 2)Encourage physicians to also complete speak up modules 3)Bring in social worker from West Park to Clinical Meeting who has developed an excellent slide deck to educate clinicians on ACP	1)# of NPs/RNs completing x4 speak up modules 2)# of physicians completing x4 speak up modules 3)Date expert speaker re:ACP come to clinical meeting	1)6 NPs/RNs completing x4 speak up modules 2)4/15 physicians completing x4 speak up modules 3)Expert speaker re:ACP come to Oct clinical meeting	
						3)Implement Patient Engagement Panel (PEP)	1)Create email list of pts from 2015 Pt Care Survey who answered yes, 'would you like to be involved in FHT activities?' 2)Finalize PEP Terms of Reference 3>Email PEP to confirm interest 4)Email PEP invitation to engage in at least two initiatives and clearly articulate skillset required	# of PEP engagement initiatives	Engage PEP patients in at least two initiatives	

AIM		Measure				Change				
Quality dimension	Objective	Measure/Indicator	Current performance	Target	Target justification	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Goal for change ideas	Comments
	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 nurse practitioner, how often do they or someone else in the office spend enough time with you?"	92.9	92.90	Current performance: 92.90% Source FY2015-16(PES) History: FY2014-15(PES): 91.82% FY2013-14(PES): 86% D2D 1.0 avg 2014: 87%	1)Introduce benefits of using Ocean Tablets 2)Investigae possibility of Ocean Tablets at Bay	1) Have suite (two physicians), who have introduced Ocean tablets, share their experience with other MDs 2)Expand use of Ocean tablets, for suite currently using, and share results 1)Identify solution/cost for dealing with "Internet dead spot" issues in downtown Toronto building 2)Attempt to solve	# of suites using tablets to collect key data 1)Date investigation complete 2)Date dead spot issue resolved	1 additional suite to adopt Ocean tablet Complete by Fall 2016	
Timely	Improve 7 day post hospital discharge follow-up rate for selected conditions	Percent of patients/clients who see their primary care provider within 7 days after discharge from hospital for selected conditions.	21	23.00	Current performance: 21% Source: FY2014-15(HDB) History: FY2013-14(HDB): 17% FY2012-13(HDB): 27% FY2015-16(Internal process): 31% (Avg of Q1-Q3) FY2014-15(Internal process): 33% FY2013-14(Internal process): 35% Provincial avg FY2013/14: 29%	1)As part of internal process of searching for discharge summaries, also send eMR message to PCP & Medical Secretary that pt needs to be seen	Admin to search discharge summaries and identify pts for selected conditions Send eMR message to PCP & medical secretary Medical secretary to contact pts	% pts who see their primary care physician w/i 7 days after d/c from hospital for selected condition	25% of patients see their primary care physician w/i 7 days after d/c from hospital for selected condition	
						2)Regardless of whether seen by MD, pharmacist to do Med Reviews	Pharmacist to ensure med. reviews scheduled as part of internal process	% of pts. who have med. reviews	50% of pts. will have Med. reviews	
	Improve timely access to primary care when needed	Percent of patients/clients who responded positively to the question: "The last time you were sick or were concerned you had a health problem, how many days did it take from when you first tried to see your doctor or nurse practitioner to when you actually SAW him/her or someone else in their office?"	81.99	82.00	Current performance: 81.99% Source:FY2015-16(PES) History: FY2014-15(PES): 77.85% FY2013-14(PES): 72% Provincial avg 2013: 40%	1)TNA Board Review/discuss quarterly	1) On last business day a month review all 15 physicians appointment books and determine TNA 2) Enter number of days to TNA into a spreadsheet for each physician 3) At the end of quarter calculate % of months with a TNA <=1 day for all 15 physicians and present to Board quarterly	% of months with a TNA <1 day for all 15 physicians	97% of the time patients will wait <=1 day for TNA appointment.	FY15-16 TNA = 94% (Avg Q1-Q3) FY14-15 TNA = 95% FY13-14 TNA = 98%
						2)Systematically collect supply/demand data for all 15 physicians for one week	1)Utilize HQO Advanced Access and Efficient Quick Start Guide 2)Educate medical secretaries on how to collect data 3)present graphical data to MDs	Date by when 100% of physicians will have supply/demand data collected	Completed by Nov 2016	