

2017/18 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	Issue	Measure / Indicator	Unit / Population	Source / Period	Current performance	Target	Target justification	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments
Effective	Coordinating care	% RED (Referrals from Emergency Department) successfully connected (show for 1st appt)	% / RED Pts referred	In house data collection / FY 2017-18	48	50.00	F16-17 Q1-Q3: 48% attend 1st appt	1) Look back process to determine if successfully connected (pt shows for 1st appt)	Look in eMR, if pt shows record "Y" on spreadsheet	Frequency of look back process	Quarterly	Enhanced F17-18 Physician commitment = 38 F16-17 148 Referrals received F16-17 27 Referrals accepted (Q1 Q3)
								2) Report back to Mid West Toronto Health Link (MWTHL) and work on methods to improve.	Attend MWTHL mtg to discuss methods of how to improve pts attending 1st appts	# mtgs attended	Quarterly	Continue to monitor
Effective	Effective transitions	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	CIHI DAD / April 2015 - March 2016	30	30.00	Current performance: 30% Source: FY2015-16(HDB) History: FY2014-15(HDB):30% (Corrected value from Health Data Branch) FY2013-14(HDB): 17% FY2012-13(HDB): 27% FY2016-17(Internal process): 37% (Avg of Q1-Q3) FY 2015/16 TC LHIN avg: 30%	1) Continue with current process & report on internal data.	N/A	% of pts who see their primary care physician within 7 days after discharge from hospital for selected condition (Internal process data)	Internal process target: 37%	Continue to monitor
								2) "Be Like Bill" Campaign	1) Develop campaign (with QIC & Kwidditch Group) (i.e. infographic based on Facebook campaign) 2) Develop poster & distribute 3) Consult with website designer to develop posting for electronic consumption 4) Consult with Taddler Newsletter editor to include in quarterly newsletter	1) Date when campaign developed 2) Date when poster developed/distributed 3) Date consultation with webdesigner and web changes complete 4) Date consultation with editor and 1st Taddler contains campaign material	1) Apr 2017 2) Apr 2017 3) May 2017 4) May 2017	New initiative
										% of pts readmitted within 30 days (internal data)	Target: 6% Current internal performance: 6.4% (F16-17 Q1 Q3)	Continue to monitor
										% / Discharged patients with selected HIG conditions	CIHI DAD / April 2015 - March 2016	9
		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.	% / Discharged patients with selected HIG conditions	CIHI DAD / April 2015 - March 2016	9	9.00	Current performance: 9% (Top performer in TC LHIN) Source: FY2015-16(HDB) History: FY2014-15 (HDB): 13% FY2013-14 (HDB): 11% FY2012-13 (HDB): Suppressed (<5 pts. readmitted) TC LHIN avg 2015/16: 17%	1) Continue with current process & report on internal data.	% pts discharged with selected HIGs, receive 1/u phone call within 30 days			Continue to monitor
		Percentage of patients for whom discharge notification was received who were followed up within 7 days of discharge, by phone or in-person visit, with any clinician.	% / Discharged patients	In house data collection / Last consecutive 12 month period.	CB	70.00	SETFHT Outcomes: D2D 4.1 (FY16-17) 71% AFTHO D2D 4.0 avg (Oct 2016): 61%	1) Review established process and modify where necessary to collect data about "contact by any clinician" for selected conditions	1) Modify tracking tool to track if any clinician provides f/u via any mode 2) Revise message to medical secretary (cc:PCP/RN) 3) Educate admin. on additional info. to collect	Date revised process initiated and administration and clinicians educated	July 2017	Enhanced
	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	64	64.00	Current performance: 64% Source: FY2016-17 Q1-Q3 (EMR search) History: FY2015-16 (EMR search): 63% FY2014-15(EMR PCSR): 62% FY2013-14(EMR PCSR): 66% FY2014-15(EMR PCSR): 64% FY2015-16(HQO Practice Profile Report): 72.1% Provincial avg FY2015/16 (HQO Practice Profile Report): 59%	1) "Be Like Bill" Campaign	1) Develop campaign (with QIC & Kwidditch Group) (i.e. infographic based on Facebook campaign) 2) Develop poster & distribute 3) Consult with website designer to develop posting for electronic consumption 4) Consult with Taddler Newsletter editor to include in quarterly newsletter	1) Date when campaign developed 2) Date when poster developed/distributed 3) Date consultation with webdesigner and web changes complete 4) Date consultation with editor and 1st Taddler contains campaign material	1) Apr 2017 2) Apr 2017 3) May 2017 4) May 2017	Continue to monitor
	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 investigations (i.e., flexible sigmoidoscopy) within the past 10 years or a colonoscopy within the past 10 years.	% / PC organization population eligible for screening	See Tech Specs / Annually	65	65.00	Current performance: 65% Source: FY2015-16 Q1-Q3 (EMR search) History: FY2015-16 (EMR search): 59% FY2014-15(EMR PCSR): 36% FY2013-14(EMR PCSR): 37% FY2012-13(EMR PCSR): 35% FY2015-16 (HQO Practice Profile Report): 73% Provincial avg FY2015/16 (HQO Practice Profile Report): 64%	1) "Be Like Bill" Campaign	1) Develop campaign (with QIC & Kwidditch Group) (i.e. infographic based on Facebook campaign) 2) Develop poster & distribute 3) Consult with website designer to develop posting for electronic consumption 4) Consult with Taddler Newsletter editor to include in quarterly newsletter	1) Date when campaign developed 2) Date when poster developed/distributed 3) Date consultation with webdesigner and web changes complete 4) Date consultation with editor and 1st Taddler contains campaign material	1) Apr 2017 2) Apr 2017 3) May 2017 4) May 2017	Continue to monitor
								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	40% of pts turning 50 screened for CRCS	Continue to monitor 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 = 43% F16-17 (Q1&Q2)=43%

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Quality dimension	Issue	Measure Indicator	Unit / Population	Source / Period	Current performance	Target	Target Justification	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments	
	Population health - diabetes	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	ODD, OHIP-CHDB, RPOB / Annually	52	92.00	Current performance: 52% Source: FY2016-17 as of Q3 (EMR search) History: FY2015-16 Q1-Q3 (EMR search): 48% FY2015-16 (HQO Practice Profile Report): 38% FY2014-15 (HQO Practice Profile Report): 38% FY2013-14 (HQO Practice Profile Report): 34% Prov avg FY2015/16 (HQO Practice Profile Report): 48% Prov avg FY2014/15 (HQO Practice Profile Report): 46% Prov avg FY2013/14 (HQO Practice Profile Report): 45%	1) "Be Like Bill" Campaign	1) Develop campaign (with OIC & Kwidditch Group) (i.e. infographic based on Facebook campaign) 2) Develop poster & distribute 3) Consult with website designer to develop posting for electronic consumption 4) Consult with Taddler Newsletter editor to include in quarterly newsletter	1) Date when campaign developed 2) Date when poster developed/distributed 3) Date consultation with webdesigner and web changes complete 4) Date consultation with editor and 1st Taddler contains campaign material	1) Apr 2017 2) Apr 2017 3) May 2017 4) May 2017	New initiative Note internal current performance is 52% based on search that has denominator rostered and seen within 2 yrs. Need to investigate changing search to be rostered OR seen within 2 yrs. This will increase denominator and be more in line with HQO.	
								2) Notifying PCPs of pts not in compliance	QIDSS prepare semi annual reports of pts not in compliance	# of times Reminder Report provided to PCPs	Semi annual (Q2 & Q3)	Continue to monitor QIC/QIDSS to review search criteria and investigate why 10% discrepancies between HQO and internal search	
	Population health - breast cancer screening	Percentage of screening-eligible female patients aged to 69 who had a mammogram within the past two years	% / PC organization population eligible for screening	EMR/Chart Review / Annually	CB	57.00	F16-17 (Q1-Q3) EMR search: 37% F15-16 (HQO Practice Profile Report): 65.8% F14-15 (HQO Practice Profile Report): 63.4% F13-14 (HQO Practice Profile Report): 63.1%	1) Be Like Bill Campaign	1) Develop campaign (with OIC & Kwidditch Group) (i.e. infographic based on Facebook campaign) 2) Develop poster & distribute 3) Consult with website designer to develop posting for electronic consumption 4) Consult with Taddler Newsletter editor to include in quarterly newsletter	1) Date when campaign developed 2) Date when poster developed/distributed 3) Date consultation with webdesigner and web changes complete 4) Date consultation with editor and 1st Taddler contains campaign material	1) Apr 2017 2) Apr 2017 3) May 2017 4) May 2017	New initiative	
								2) Improve EMR search criteria	Review and compare EMR search criteria with HQO practice profile and CCO-SAR criteria for Mammogram	Date search is refined	June 2017	Enhanced	
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 (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 / April 2016 - March 2017	96.08	96.08	Current performance: 96.08% Source FY2016-17(PES) History: FY2015-16(PES):96% FY2014-15(PES):95% FY2013-14(PES):85% Provincial ave 2014: 86.2% (HQO Measuring Up) Provincial avg FY2013/14: 83% (HQO Measuring Up)	1) Continue to ask survey question: "When you see your doctor, nurse practitioner or someone else, how often do they involve you as much as you want to be in decisions about your care and treatment?"	Administer the survey electronically	Date survey administered by	Q3 2017-18	Continue to monitor	
Safe	Medication safety	Percentage of patients or clients who receive a medication reconciliation, within 14 days, after discharge from hospital for mental health conditions.	% / All patients	In house data collection / Most recent 12 month period	CB	CB		1) Create new internal process for new additional indicator: "Percentage of patients who receive a medication reconciliation, within 14 days, after discharge from hospital for mental health conditions".	1) Pharmacist to collect best possible medication hx 2) Compare discrepancies 3) Correct / resolve discrepancies 4) Communicate with pt (and/or PCP) reconciled med list	# of days from discharge to medication reconciliation	30 days	New Initiative F17-18 only 2 quarters of data	
								1) Create new internal process for indicators and educate staff	1) Identify PCP intervention tool 2) Identify Pt intervention tool 3) Develop criteria for PCPs Manual Exclusion 4) Build searches 5) Build custom form 6) Build monitoring process 7) Provide lists of pts and how to apply PCP manual exclusion 8) Educate clinicians by hosting clinical Lunch n Learn 9) Provide additional support to pts by developing Social Group (Drop-in)"	1. % Receive intervention at least once during FY 2. % Stopped as of reporting period	1. 50% (150/300pts) 2. 9% (27/300 pts)	New initiative	
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.	% / PC organization population (surveyed sample)	In-house survey / April 2016 - March 2017	81.51	81.51	Current performance: 81.51% Source: FY2016-17(PES) History: FY2015-16 (PES):82% FY2014-15(PES): 77.45% FY2013-14(PES): 72% Provincial ave 2014: 44.3% (HQO Measuring Up) Provincial avg 2013: 40% (HQO Measuring Up)	1) Reasonable Wait for appt - survey question	1) Pose question on annual survey	% of population that responds 'always or often' to question, "I can usually book an appointment within a reasonable time"	90%	Continue to monitor	
								2) Continue to collect third next available	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.	FY16-17 TNA = 84% (Ave Q1-Q3) FY15-16 TNA = 94% (Avg Q1-Q3) FY14-15 TNA = 95% FY13-14 TNA = 98%	Continue to monitor
								3) Promote HealthMyself (especially for on-line booking)	1) Existing 2 suites doing on-line booking to share experience with other suites and de-bunk myths 2) One additional suite decides to pilot	1) Forum to share 2) Date one additional suite to adopt	1) Lunch n learn 2) March 2018	Enhanced	