

2018/19 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
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)												
Effective	Effective transitions	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	EMR/Chart Review / Last consecutive 12 month period	58	60.00	Current performance: 58% AFHTD D2D 5.0 avg: 57% AFHTD D2D 4.0 avg: 61%	1)Review established process and simplify it to collect required data	1) Modify tracking tool to track if any clinician provides f/u via any mode 2)Update process map 3)Educate admin/clinicians staff on the revised process	Date revised process initiated and administration and clinicians educated	June 2018	Enhanced Note: For selected conditions only
Equitable	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	DDD, OHP-CHD8, APDB / Annually	63	65	Current performance: 63% Source: FY2017-18 as of Q3 (EMR search) History: FY2016-17 Q1-Q3 (EMR search):52% 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): 45% 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	1)Notifying PCPs of pts not in compliance	1)QDSS to prepare report of pts not in compliance	# of times Reminder Report provided to PCPs	Once (Q3)	
								2)Notifying DEP (Diabetes Education Program) of FHT pts previously seen by DEP but not seen for 12 mths	1)QDSS to prepare report of pts not in compliance (add column for last time DEP Custom Form completed) 2)DEP to audit list of pts not seen in 12 months DEP to contact reasonable number of pts (via tele, HM) to discuss importance of ongoing care	% of pts contacted	50% (target based on F16-17 # FHT DEP pts without 2 HbA1C's 43/320)	
	Equitable Care	Percent of pts, 18 and over, screened for poverty	% / All patients	EMR/Chart Review / 18-19	CB	CB	Introducing Centre for Effective Practice Poverty Tool for Primary Care Providers	1)Introduction of Centre for Effective Practice Poverty Tool for Primary Care	1) Investigate OCPP Treating Poverty Workshop/contact experts at SMH FHT for guidance 2) Allow Primary Care Providers (PCP) to use their intuition in selecting who to screen (highest risk groups = new immigrants, women, aboriginals and LGBTQ) 3) Introduce 2-tier process; Tier 1: PCPs to ask x2 questions provide handout Tier 2: Refer pts to Single-Session Drop-in Counselling Clinic for further case management 4) Establish eMR tracking process	Date of Implementation	Sep 2018	
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 2017 - March 2018	96.11	96.11	Current performance: 96.11% Source FY2017-18(PES) History: FY2016-17(PES):96% FY2015-16(PES):96% FY2014-15(PES):95% F FY2013-14(PES):85% Provincial ave FY2014/15: 86.2% (HQO Measuring Up) Provincial ave FY2013/14: 83% (HQO Measuring Up) AFHTD D2D 5.0 avg: 91%	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 2018-19	Continue to monitor

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Safe	Medication safety	Percentage of patients with medication reconciliation in the past year	% / All patients	EMR/Chart Review / Most recent 12 month period	89	39.00	F17-18: 19 target based on same cohort as in F17-18 (see below) F17-18: % of pts who received med rec within 14 days, after discharge from hospital, for mental health conditions, when discharge summary received within 7 days of discharge: 39% (% of pts who received med rec within 30 days, after discharge from hospital for mental health conditions, when discharge summary received within 14 days of discharge: 69%)	1) Sub Co. of QIC to review current process & design future team based process.	1) Define medication reconciliation 2) Outline process for medication reconciliation 3) Identify where/how 'Medications Patient Taking' will be recorded/updated in EMR 4) Define who will perform medication reconciliation	Date current process enhanced by	Oct 2018	
								2) Educate staff re: a) What is medication reconciliation b) Future process c) Optimal utilization of EMR for accurate recording of medication d) Who will perform medication reconciliation	Lunch-n-learn / Clinical meeting / Focus group	Date	March 2019	
								3) Obtain clinician access to eHealth's Drug Profile Portlet	Enable/educate all TC FHT clinicians on eHealth's Clinical Viewer - Drug Profile Portlet	Date	May 2018	
								4) Engage patients in medication reconciliation	Explore and identify opportunities to involve patients in medication reconciliation	Date	March 2019	
								5) Identify and define target cohort for FY 19-20	1) Identify potential cohorts 2) Compare data for potential cohorts 3) Identify cohort based on risk factors	Date target cohort for FY 19-20 identified	March 2019	
	De-prescribing long term medications with significant safety risks	% of patients, 65 and over, tapered and/or stopped benzodiazepines or Z-drugs	% / Patients prescribed benzodiazepines or Z-drugs, aged 65 or over	EMR/Chart Review / FY 2018-19	17	21.00	Current performance (2017-18 Q3): Intervention: 56% Tapering: 17% Stopped: 14%	1) Revise existing internal process for indicators and educate staff	1) Simplify custom form 2) Create search 3) Notify PCPs of pts not in compliance (semi annual) 4) Look back process (semi annual)	1. % Receive intervention at least once during FY 2. % Stopped as of reporting period	1. 60% 2. 18%	Enhanced
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 2017 - March 2018	83.14	83.14	Current performance: 83% Source: FY2017-18(PES) History: FY2016-17(PES): 82% FY2015-16 (PES): 82% FY2014-15(PES): 77.85% FY2013-14(PES): 72% Provincial ave 2016: 44 (HQO Measuring Up) Provincial ave 2014: 44.3% (HQO Measuring Up) Provincial avg 2013: 40% (HQO Measuring Up)	1) Reasonable Wait for appt - survey question	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	90% of the time patients will wait <= 1 day for TNA appointment. (Ave Q1-Q3) FY16-17 TNA = 84% (Ave Q1-Q3) FY15-16 TNA = 94% (Ave Q1-Q3) FY14-15 TNA = 95% FY13-14 TNA = 98%	
								3) Expand e-booking	1) Share with MDs positive/negative pt comments received via Pt Care Survey) Re: Accessibility & e-booking 2) Share experiences from recent 3 MDs/INP who went to e-booking	% increase	31% increase (currently 10/19 MDs/NPs doing by end of F18-19 want to be 16/19 MDs/NPs)	