

Excellent Care for All

**Quality Improvement Plans (QIP): Progress Report for 2016/17 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 2016/17	Org Id	Current Performance as stated on QIP2016/17	Target as stated on QIP 2016/17	Current Performance 2017	Comments
1	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?" ( %; PC organization population (surveyed sample); April 2015 - March 2016 ; In-house survey)	92325	94.91	95.00	97.26	We continue to increase in this field with amazing results. We are very proud of our clinicians in spending time with the patients so that their concerns are addressed.

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.

Change Ideas from Last Years QIP (QIP 2016/17)	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?
1)1)Increased number of responses to "always" and "often" on in-house survey for this question 2) Increase clinician understanding of the importance of spending enough time with patients by providing quarterly reviews.	Yes	1) Increased number of responses of "always" and "often" on semi-annual surveys. 2) Reviewed importance with team on a quarterly basis with understanding the importance of spending enough time with patients .

ID	Measure/Indicator from 2016/17	Org Id	Current Performance as stated on QIP2016/17	Target as stated on QIP 2016/17	Current Performance 2017	Comments
2	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 2015 - March 2016 ; In-house survey)	92325	95.05	95.50	96.54	We continue to increase in this field with amazing results. We are very proud of our clinicians involving their patients with their healthcare decisions.

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.

Change Ideas from Last Years QIP (QIP 2016/17)	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?
1)1)Increased number of responses to "always" and "often" on in-house survey for this question 2) Increase clinician understanding of the importance of involving the patient as much as they want to be in decisions about their care and treatment by providing quarterly reviews. 3) Increase number of responses to ""always"" and ""often"" on group surveys for this QIP question	Yes	1) Increased number of responses of "always" and "often" on semi-annual surveys. 2) Reviewed importance with team on a quarterly basis with understanding the importance of involving their patients with their healthcare decisions.

ID	Measure/Indicator from 2016/17	Org Id	Current Performance as stated on QIP2016/17	Target as stated on QIP 2016/17	Current Performance 2017	Comments
3	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 2014 – March 2015; CIHI DAD)	92325	CB	CB	CB	We are still unable to accurately measure this item as NPs do not Roster their patients yet. Patients are informed that when they are admitted to hospital to contact the clinic for an appointment. Our local hospital has started to list a follow up appointment with their PCP as part of the plan. We now have access to HRM reports and are receiving discharge summaries more quickly but not always within 7 days.

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.

Change Ideas from Last Years QIP (QIP 2016/17)	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?
1)Regular viewing of hospital portal to determine which patients are in hospital with specified CMGs 2) Use the ED notes and discharge summaries to identify patients who require a visit within 7 days post discharge. 3) Educate patients on the need to see a PCP after hospitalization. Provide patients with a "Patient Passport" indicating NP Primary Care Provider name and clinic contact information, to be given to the hospital admitting clerk to ensure d/c information is received by the clinic 4) Educate patients and staff on the results of the indicator.	No	1) hospital portal not reviewed on a daily basis. 2a) ED reports are not always received from the local hospital on a timely basis (i.e. ER visit Jan 9, pt made post-hospital visit with NP on Jan 17th, ER report faxed Jan 23rd. 2b)We have spent time on educating our patients in making appointments with their NP if ever in hospital. 3) Patient Passports continue to be handed out 4) Results of this indicator provided to staff.

ID	Measure/Indicator from 2016/17	Org Id	Current Performance as stated on QIP2016/17	Target as stated on QIP 2016/17	Current Performance 2017	Comments
4	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?" ( %; PC organization population (surveyed sample); April 2015 - March 2016 ; In-house survey)	92325	91.67	92.00	94.56	We continue to increase in this field with amazing results. We are very proud of our clinicians with permitting the patients to ask questions about their treatment.

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.

Change Ideas from Last Years QIP (QIP 2016/17)	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?
1) Increase number of responses to "always" and "often" on individual surveys for this QIP question 2) Increase clinician understanding of the importance of providing patients with the opportunity to ask questions about recommended treatments by providing quarterly reviews. 3) Increase number of responses to "always" and "often" on group surveys for this QIP question	Yes	1) Increased number of responses of "always" and "often" on semi-annual surveys. 2) Reviewed importance with team on a quarterly basis with the understanding of the importance of permitting their patients to ask questions about their treatment.

ID	Measure/Indicator from 2016/17	Org Id	Current Performance as stated on QIP2016/17	Target as stated on QIP 2016/17	Current Performance 2017	Comments
5	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); Apr 2015 – Mar 2016 (or most recent 12-month period available); In-house survey)	92325	65.02	65.00	61.68	We are disappointed with the results over last year however note that we are above the Ontario average. "Only 48% of Ontario adults over the age of 16 were able to see their primary care provider on the same or next day when they were sick or needed medical attention." (ref: <a href="http://qualitycompass.hqontario.ca/portal/primary-care/Timely-Access#.WKR1J40m6Uk">http://qualitycompass.hqontario.ca/portal/primary-care/Timely-Access#.WKR1J40m6Uk</a> ) On a daily basis we have appointments available by all Nurse Practitioners for illnesses that arise suddenly however a number of appointments are taken for non-urgent issues (f/u, Rx renewals, BP checks). Also, many patients would prefer to be seen beyond "same-day" or "next-day" due to work obligations and/or other demands. This does not accurately reflect access.

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.

Change Ideas from Last Years QIP (QIP 2016/17)	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?
1)1)Increase patients understanding of the clinic triage policy for access to same day or next day appointments and thereby increase our QIP survey results on this target 2) To monitor our performance against the commonwealth survey (same question) based on Ontario, Canada, United Kingdom via the Quality Compass report. 3) Increase awareness of the reception staff on the indicator and value of same day/next day appointments 4) Collect data on patient satisfaction with group sessions relating	Yes	1) More pts are aware of same day/next day policy however many use them for non-urgent matters. They still want primary care to be available within a short timeframe and our booking for non-urgent appointments is often 3-4 weeks out. 2)Results compared via Quality Compass report on an annual basis. 3)Reviewed & documented with admin team the same day/next day strategy however team also discusses this at full team meetings and casually.

to the QIP questions 5) Ask for employee and client feedback on how to improve the process quarterly.

4)Data collected 5)Employee feedback encouraged at monthly team meetings.

ID	Measure/Indicator from 2016/17	Org Id	Current Performance as stated on QIP2016/17	Target as stated on QIP 2016/17	Current Performance 2017	Comments
6	Percentage of patients with diabetes, aged 40 or over, with two or more glycosylated hemoglobin (HbA1C) tests within the past 12 months ( %; patients with diabetes, aged 40 or over; Annually; ODD, OHIP-CHDB,RPDB)	92325	CB	CB	53.40	Nightingale EMR does not pull reasonable or accurate data. We have contacted data specialists for assistance as well as the EMR vendor. Data utilized is questionable for accuracy.

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.

Change Ideas from Last Years QIP (QIP 2016/17)	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?
To work with AFHTO and D2D on how to extract this data from our EMR accurately as we cannot at this time. 2) Remind the clinicians to order quarterly A1c's by pre-printing the requisitions and informing the patients to return for blood work	Yes	Clinicians have been ordering labs as per the Canadian Practice Guideline on DM management

ID	Measure/Indicator from 2016/17	Org Id	Current Performance as stated on QIP2016/17	Target as stated on QIP 2016/17	Current Performance 2017	Comments
7	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; Annually; See Tech Specs)	92325	41.86	30.00	47.70	We are pleased with the results and our staff continues to raise awareness about cancer screening (TV slideshow, Community Network TV, discussion by lab staff when giving the flu shot, NP discussion with patients).

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.

Change Ideas from Last Years QIP (QIP 2016/17)	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?
1)1) Mail reminder letters on a quarterly basis for those who have not done an FOBT in the suggested time frame of 1-2yrs. 2) Follow-up with a call to patients to pick up an FOBT kit at the clinic. 3) In conjunction with influenza immunization, hand out FOBT kits to eligible patients.	No	1) Not done 2) Not done 3) FOBT kits handed out to patients when receiving the influenza vaccine.



ID	Measure/Indicator from 2016/17	Org Id	Current Performance as stated on QIP2016/17	Target as stated on QIP 2016/17	Current Performance 2017	Comments
8	Percentage of women aged 21 to 69 who had a Papanicolaou (Pap) smear within the past three years ( %; PC organization population eligible for screening; Annually; See Tech Specs)	92325	59.63	60.00	53.60	We are disappointed that the results show lower than the prior year however we will work diligently to increase this percentage in the upcoming year. Nurse Practitioners do not roster their patients and thus we are unable to utilize the CCO SAR report. Our EMR is not particularly good at pulling accurate data and we had fallen behind on mailing out reminder letters to patients due to staff turnover. We continue to offer PAP and breast exams to non-registered females who have male physicians in Georgina and otherwise would not be screened.

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.

Change Ideas from Last Years QIP (QIP 2016/17)	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?
1)Mail reminder letters on a quarterly basis for those who are have not had a pap in the recommended timeframe and are due. 2) Follow-up with a call to patients to schedule screening appointment.	No	1)Assign to admin staff to send out letters each monthly. 2)Admin to follow-up with phone call if no response from patient.

