2017/18 Quality Improvement Plan for Ontario Primary Care
"Improvement Targets and Initiatives"

Centretown Community Health Centre
Health Centre
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AIM		Measure						
Quality dimension	Issue	Measure/Indicator	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification
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	92226*	44.4	37.80	The current performance must be interpreted with caution because the numerator and/or denominator is low. Current performance is exceeding the provincial average (37.8%). Past CCHC target was 33.3% so CCHC will increase the target to the provincial average.
	Population health - cervical cancer screening	Percentage of eligible patients overdue for pap (i.e. have not had a pap in 42 months)	% / PC organization population eligible for screening	EMR/Chart Review / Annually	92226*	27.3	24.00	Last Practice Profile report indicated 72.7% screened, which means 27.3 not screened. Set slight stretch target.
	Population health - colorectal cancer screening	Percentage of Ontario screen-eligible individuals, 50-74 years old, who were overdue for	% / PC organization population eligible for screening	See Tech Specs / Annually	92226*	37.3	33.00	Last Practice Profile report indicated 62.7% screened, which means 37.3 not screened. Set slight stretch target.

Equitable	**Equitable**	Percentage of clients where complete information is recorded on their socio-demographics.	% / Clients	EMR/Chart Review / Annually	92226*	4	15.00	Newly implemented form; still working on targeting previously registered clients. Of newly registered clients in F1617 30% had complete information on their sociodemographics.
		Trans Health: reduce barriers to accessing hormones for trans clients who want to medically transition.	Days / Clients	EMR/Chart Review / Until end June 2017	92226*	CB	14.00	Targets based on mapped clinic processes as part of the QI planning process.
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)	% / PC organization population (surveyed sample)	In-house survey / April 2016 - March 2017	92226*	94.68	90.00	Consistently high performance over last 4 years; goal is to maintain performance above 90%.
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	92226*	70.53	45.00	F1516 decline in performance to 39.2% and is now back up. Modestly increase target for 2017 and discern which prior year was an anomoly.

Change			
Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure
1)Continue to work with hospitals to improve data sharing. Explore ways in which we can proactively follow up with newly discharged clients.	Collaboration on Connecting Ontario Northern and Eastern Region; internal planning on processes to improve proactive follow-up on clients who are discharged from hospital.	% of discharge letters received in a timely manner.	100% of the discharge letters are shared with CCHC in a timely manner (less than a week from discharge date from the hospitals) by the end of 2017.
1)Continue work on proactive screening recalls with Primary care team.	Providers to review clients who are eligible for screening within caseload. Implement process within PC team to proactively book clients who are eligible but have not been screened.	Number of clients eligible for screening reviewed on a regular basis.	78% of eligible clients to be screened in line with MSAA obligations.
1)Continue work on proactive screening recalls with Primary care team.	Providers to review clients who are eligible for screening within caseload. Implement process within PC team to proactively book clients who are eligible but have not been screened.	Number of clients eligible for screening reviewed on a regular basis.	69% of eligible clients to be screened or offered screening in line with MSAA obligations.

1)Updated in-house client registration form to include socio-demographic identifiers (implemented sector-wide). Reviewed process for capturing data into EMR.	Rolled out of form across all programs in July 2016; target ongoing clients for update of their sociodemographics information.	Review of EMR data quarterly to ensure data capture is accurate.	Quarterly monitoring update of new form.
1)Continue Trans Health clinic pilot Dec 2016- June 2017 focused on hormone initiation, and complete the evaluation.	See details in narrative on Trans Health model changes. Intake admin, counsellors and Community Support Worker all have designated stats that they are required to keep and update on an excel (some of which is . This information is then analyzed.	• # of unique clients served • wait time from intake to first appointment • # of days/visits before receiving a prescription for hormones • client satisfaction (based on survey) • # of clients connected to a primary care provider • # of clients successfully transferred back to their primary care provider for hormone maintenance	See up to 50 clients during 7 month pilot for hormone initiation and transition them back to their ongoing primary care provider for maintenance.
1)Continue work on improving patient experience.	Continued monitoring of high performance. Consider asking open ended questions on the survey to get qualitative responses that may help inform our practice as to what works.	Continued monitoring of high performance.	Continued monitoring of high performance.
1)Exploring moving more practices to modified advanced access concept.	Define situations in which appointments should be pre-bookable; given definition and individualized practice make up allow providers to set the % of prebooked appts in their schedule; educate clients and staff on the new advanced access principles and operational details; monitor using metrics that can be pulled from EMR.	# of missed appointments (expect a decrease); Third Next Available; Cancellation rate	All providers move to a min of 60% advanced access appointments

Comments
Priority indicator from HQO so recommendation to continue with it. It is noted that there is a data quality issue with this indicator. The Primary Care Practice Profile (the current data source) measures both MD and NP visits while HQO indicator definition only looks at visits done by MDs.
Continuity of indicator is helpful as there is room for process improvement.
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2016-17 was the first year of implementation so baseline performance data collected. Recommend continuance of QI efforts as registration and data collection processes will be refined and improved.
Changes were planned in the fall of 2016. Intake with counsellors was implemented in November 2016 and the clinic was implemented in December 2016. Pilot will run until June 2017, after which time complete data set will be available for analysis.
Priority for HQO; goal is for ongoing consistency in performance.
Known access issues within selected practices, and past experiences of success by other providers with implementation. Also planning this change in advance of renovations to mitigate impact on appointment access.