

## Excellent Care for All

### Quality Improvement Plans (QIP): Progress Report for 2017/18 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 2017/18	Org Id	Current Performance as stated on QIP2017/18	Target as stated on QIP 2017/18	Current Performance 2018	Comments
1	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 2016 - March 2017; In-house survey)	92226	94.68	90.00	95.92	Maintained high performance on this indicator in 2017-18 (1 <sup>st</sup> among peer comparators). Friendly/welcoming staff commonly cited (>50% of the time) in client survey responses as the aspect clients like most about coming to the Centre. No significant differences were found in sociodemographic sub-group analyses. May retire this indicator if strong performance (>95%) is maintained in coming year.

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 2017/18)	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?
Continue work on improving patient experience.	Y	Our focus on serving vulnerable clients from various lived experiences reinforces our responsibility to respect our clients' agency by seeking always to empower them as well as engage them in self-care and participatory clinical decision-making. This is a value reflected in the practice of our clinical team and all CCHC staff.

ID	Measure/Indicator from 2017/18	Org Id	Current Performance as stated on QIP2017/18	Target as stated on QIP 2017/18	Current Performance 2018	Comments
2	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 2015 - March 2016; CIHI DAD)	92226	44.40	37.80	30.00	2018 performance to be treated with caution due to low numerator / denominator.

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Continue to work with hospitals to improve data sharing. Explore ways in which we can proactively follow up with newly discharged clients.	Y	Difficult to make this a priority for hospitals given other pressures. Despite this, progress has been noted (for most hospitals) in the timeliness of discharge notifications.  CCHC has signed on as an early adopter for ConnectingOntario and we are optimistic that this EHR solution will lead to improved performance in timeliness of post-discharge visits.

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3	Percentage of clients where complete information is recorded on their socio-demographics. ( %; Clients; Annually; EMR/Chart Review)	92226	4.00	15.00	9.0	New sociodemographic fields are being collected from all new clients upon registration. Meeting higher targets will require updating information for existing clients through phone blitz and/or updating missing fields prior to/during appointments.

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Updated in-house client registration form to include socio-demographic identifiers (implemented sector-wide). Reviewed process for capturing data into EMR.	Y	Good uptake of new sociodemographic fields, with all new registrants completing some fields. Explaining rationale to staff and clients (i.e. “we ask because we care”) and piloting the form as a training exercise facilitated buy-in, as did the high degree of trust between our clients and staff. Future improvements to focus on capturing information for existing clients (not just new registrants) as well as looking at ways to improve the completeness of information provided.

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4	Percentage of eligible patients overdue for pap (i.e. have not had a pap in 42 months) ( %; PC organization population eligible for screening; Annually; BIRT)	92226	27.30	24.00	25.00	Some improvement towards target noted.

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Continue work on proactive screening recalls with Primary care team.	Y	Process for communicating overdue clients to providers works well and has allowed us to improve screening rates (when this work is prioritized). As our practices have become busier however – latest SAMI had us at >106% panel size, specialty clinic volumes have increased, and PC team is being displaced for renovations – screening rates have begun to decline slightly.

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5	Percentage of Ontario screen-eligible individuals, 50-74 years old, who were overdue for colorectal screening in each calendar year ( %; PC organization population eligible for screening; Annually; See Tech Specs)	92226	37.30	33.00	32.7	Improvement target met.

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6	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); April 2016 - March 2017; In-house survey)	92226	70.53	45.00	60.90	Target met, but performance has slightly declined since last year. Suspect that this may be due to surge in demand/case complexity, as we have been operating at 106% panel size and experiencing surges in our specialty clinics for non-rostered priority populations (e.g. street-involved, newcomer refugees).

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Exploring moving more practices to modified advanced access concept.	Y	1 additional provider moved to advanced access in F17-18, and efforts to educate providers about the modified advanced access concept are ongoing.

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7	Trans Health: reduce barriers to accessing hormones for trans clients who want to medically transition. ( Days; Clients; Until end June 2017; Manual data tracking)	92226	CB	14.00	8.3	Have met wait time targets with new model of trans health care, ensuring minimal delay between time when trans clients decide to start gender transition via hormone treatment and the time when they gain access to medical appointment for hormone starts. Will retire indicator for 18-19.

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Continue Trans Health clinic pilot Dec 2016-June 2017 focused on hormone initiation, and complete the evaluation.	Y	Using an Informed Consent model and dedicated resources offering services informed by trans client engagement has resulted in an efficient, effective and client-centred model of trans health care. Excessive wait times spent mid-transition are no longer a contributor to health risk for our clients; efforts can now be spent ensuring that reception staff are continuously improving their ability to make trans clients feel welcome (e.g. using preferred pronouns/names), providing resources/education to regional HCPs, and potentially expanding eligibility for our Trans Health Clinic.