

2017/18 Quality Improvement Plan for Ontario Primary Care

"Improvement Targets and Initiatives"

Port Hope CHC 99 Toronto Road, Port Hope, ON L1A 3S5

AIM		Measure							Change				
Quality dimension	Issue	Measure/Indicator	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments
Effective	Effective transitions	Percent of patients/clients who see their primary care provider within 7 days after	% / Discharged patients with selected HIG conditions	CIHI DAD / April 2015 - March 2016	91430*	33.3	65.00	We feel that we have already made significant improvements that are not	1)- Track internal notifications of hospital discharges from NHH and # of clients seen within the 7 day corridor. - Regularly	- Work with the data management team to develop a format for collecting data through the CHC EMR to track discharge notice dates against next client appointment dates - Collect discharge information from other sources outside the IPDA system such as	- # of days between discharge and next appointment - # of clients discharged for which notices were not received in a timely fashion through the IPDA	maximum of 7 days between discharge and next appointment	We are also considering ways to capture when clients decline an appointment that
		Percentage of patients for whom discharge notification was received who were followed up	% / Discharged patients	In house data collection / Last consecutive 12 month period.	91430*	CB	CB	We will begin to monitor this information at the CHC in order to better capture	1)To track internal notifications of hospital discharges from NHH and # of clients followed up within the 7 day corridor.	- Work with the data management team to develop a format for collecting data through the CHC EMR to track discharge notice dates against next client encounter appointment dates	# of days between discharge and next appointment	maximum of 7 days between discharge and next appointment	We are also considering ways to capture when clients decline an appointment that
Equitable	Indigenous Health	a) The number of staff receiving training in Indigenous Cultural Competency b) The number of	Number / Patients with complex conditions	EMR/Chart Review / 2017/18	91430*	CB	CB	Collecting base data. Currently unsure of reasonable target.	1)Improve services offered to Indigenous clients diagnosed with or at risk for diabetes seen at the Alderville First Nations	- Provide staff with education on Indigenous Culture to increase competency - Begin to introduce Diabetes Educational staff to the Alderville Community by having them accompany the nurse practitioner on her visits (monthly) - Begin to identify clients in need of diabetes	- Number of staff who receive cultural training. - Number of visits by staff to the Alderville Health Centre - Number of encounters with clients	- 15 staff complete certification in cultural competency - 8 visits to Alderville	This will be the beginning of a journey to build trust and relationships
Patient-centred	Person experience	Percent of patients who stated that when they see the doctor or nurse practitioner, they or	% / PC organization population (surveyed sample)	In-house survey / April 2016 - March 2017	91430*	93.82	95.00	While we perform well in this area we would like to continue to	1)Build increased awareness among staff and clients about the CHC's philosophy of client centred care and the importance of	- Hold a staff discussion on how to keep our philosophy of client-centred care and 'partnership in health care' alive. - Hold a discussion with the Client and Family Advisory Roundtable (CFAR) to gain input on how to further include clients in all aspects of their care. -	survey results	- Number of education/awareness events held - 95% of clients state they are involved	
Timely	Timely access to care/services	Percentage of patients and clients able to see a doctor or nurse practitioner on the same day or	% / PC organization population (surveyed sample)	In-house survey / April 2016 - March 2017	91430*	56.21	60.00	We have begun to offer an Urgent Day Clinic each day in the hope of	1)- We plan to continue to refine the Urgent Day Clinic (UDC) availability and processes as we monitor supply and demand. - We	- Track supply and demand manually at front desk through a quarterly review - Each client attending the UDC will first see the nurse on duty to start assessment process etc. - Appointment times will be reduced from 30 minutes to 20 minutes in the UDC to increase the	Client survey Manual tracking of supply and demand	The number of clients reporting that they received same day or next appointments	We do not believe that the survey methodology for capturing this
		Increase in panel size	Rate per total number of admitted patients / Clients	EMR/Chart Review / 2017/18	91430*	3583	3800.00	The PHNCHC is working diligently to increase its panel size in	1)- Increased allied health support to primary care - Use of an Urgent Day Clinic (UDC)to provide access to urgent appointments and	- Add one FTE nursing resource to primary care clinic - Continue to maximize use of UDC for urgent care - Maximize space to create quicker client flow through appointments - Review data to evaluate high service users and identify possible solutions for decreasing	- Amount of time spent with practitioner reduced as more time spent with nurse - Balanced supply and demand in UDC - Reduction in # of visits by highest users	- 10% increase in number of clients seen weekly - 10% decrease in the number of visits	