2018/19 Quality Improvement Plan for Ontario Primary Care
"Improvement Targets and Initiatives"

Carea Community Health Centre

Carea CHC 115 Grassmere Avenue

AIM		Measure								Change				
Quality dimension	Issue	Measure/Indicator	Type	Unit / Population	Source / Period	Organization Id	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	**Coordinating care**	Percentage of patients identified as meeting Health Link criteria who are offered access to Health Links approach	A	% / Patients meeting Health Link criteria	In house data collection / most recent 3 month period	94790*	7	15.00	This target is set to align with an increased access to Health Links related to roll out of electronic access to Coordinated Care Plans.	1)Train key health care providers on CHRIS/HPG; expand users to include Primary Care providers, Diabetes Education Program providers as well as GAIN providers	For denominator data, develop a data collection method to identify clients who fit the complex needs criteria including vulnerable populations, economic characteristics and social determinants of health. Calculate the number of clients added to Coordinated Care Plans as the numerator data.	Number of staff trained to use software to initiate Coordinated Care Plans.	50% clinical staff	This target is currently measured as a count and not a rate
	Effective transitions	Percentage of patients who have had a 7-day post hospital discharge follow up. (CHCs, AHACs,NPLCs)	P	% / Discharged patients	See Tech Specs / Last consecutive 12 month period	94790*	32.5	36.00	This reflects an improvement over last year and is higher than the provincial standard	1)Develop method to collect data on rostered clients with recent hospital discharges; work with local hospitals to establish notification process for recent discharges	For denominator, rostered primary care clients who are discharged from hospital . Numerator is number of these clients who have received follow up phone call or appointment within 7 days of discharge; revised method will account for discharged clients who we are unable to contact due to non-existent contact information (i.e. clients without phone or home address)	data on client hospital discharges; compared by each hospital, adherence rates with informing Carea of discharges within 48 hours	80%	Target and current performance based on Mar 2018 Practice Profile
		Percentage of those hospital discharges (any condition) where timely (within 48 hours) notification was received, for which follow-up was	P	% / Discharged patients	EMR/Chart Review / Last consecutive 12 month period	94790*	CB	CB	Collecting baseline data for this year	1)Develop method to collect data on rostered clients with recent hospital discharges; work with local hospitals to establish notifcation process for recent discharges	For denominator, rostered primary care clients who are discharged from hospital . Numerator is number of these clients who have been recently discharged and the discharging hospital has notified us; revised method will account for discharged clients who we are unable to contact due to non-existent contact information (i.e. clients without phone or home address)	data on client hospital discharges; compared by each hospital, adherence rates with informing Carea of discharges within 48 hours	80%	
Equitable	**Population health - cervical cancer screening**	Percentage of Ontario screen-eligible women, 21-69 years old, who completed at least one Pap test in 42-month period.	A	% / PC organization population eligible for screening	CCO-SAR, EMR / Annually	94790*	74.49	77.00	This target is set to reflect our current MSAA target and ensure sustainability of the Pap QI project	1)Monitor sustainability of Cervical Cancer Screening IDEAS project through QI Committee; if results decline, increase monitoring of data to monthly and initiate education and awareness campaign for providers	denominator is the number of rostered client eligible for screening (eligible women aged 21 to 69 who have not had papanicolaou (Pap) smear within the past three years); numerator is the number of eligible women from screening criteria who received cervical cancers screening when indicated	Ongoing monitoring of cervical cancer screening rates at Quality Improvement Committee meetings	4 meetings quarterly	
	Population health - colorectal cancer screening	Percentage of Ontario screen-eligible individuals, 50-74 years old, who were overdue for colorectal screening	A	% / PC organization population eligible for screening	See Tech Specs / Annually	94790*	CB	CB	There is no current data to use as a baseline. CB indicates a target to set baseline for eligible clients who meet the criteria of Cancer Care Ontario for colorectal screening	1)Develop method to identify data needed by providers to follow up on eligible clients in a timely manner	Denominator of rostered primary care clients who are eligible for colorectal screening; numerator is the number of clients overdue for colorectal screening	Review data at Quality Improvement Committee meetings; QI task group meeting monthly to review data	4 meetings quarterly of QI committee; 10 meetings of task group	
Patient-centred	**Person experience**	Percent of patients who stated that when they see the doctor or nurse practitioner, they or someone else	P	% / PC organization population (surveyed sample)	In-house survey / April 2017 - March 2018	94790*	96.36	98.00	This percentage reflects an improvement from what was achieved last year	1)Incorporate into clinical orientation training, provide client-centred care in-service training to current staff	Results obtained from Client Experience Survey question	Increase number of client experience surveys offered to clients	300 surveys	
Timely	**Timely access to care/services**	Percentage of patients and clients able to see a doctor or nurse practitioner on the same day or	P	% / PC organization population (surveyed sample)	In-house survey / April 2017 - March 2018	94790*	26.67	50.00	This percentage reflects an improvement from what was achieved last year	1)Work with scheduling staff to ensure appointments are available for same day requests	Results obtained from Client Experience Survey question	Increase number of client experience surveys offered to clients	300 surveys	