

Excellent Care for All

Quality Improvement Plans (QIP): Progress Report for the 2015/16 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 2015/16	Org Id	Current Performance as stated on QIP2015/16	Target as stated on QIP 2015/16	Current Performance 2016	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 1 2014 - March 31 2015; In-house survey)	92262	CB	90.00	88.85	From the number of patients surveyed we found that 88.85% felt they are involved as much as they would like to be in decisions about their care and treatment. When making referrals to community partners our primary care providers present all aspects of care plans and treatment options available and typically only make referrals after thorough consultation with both the patient and/or any parents/guardians. One thing to consider moving forward is the availability of a support network for patients who have to travel to other centres for services. More patient consultation can be done with out of town referrals. At times referrals are completed based on physician availability and not patient convenience.

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 2015/16)	Was this change idea implemented as intended? (Y/N)	Lessons Learned: (Some Questions to Consider) What was your experience with this indicator? What were your key
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	button)	learnings? Did the change ideas make an impact? What advice would you give to others?
Identify patient perceptions/satisfaction regarding opportunity to be involved in decisions about their care and treatment.	Yes	Our patients are as involved as they would like to be when discussing care plans and treatment options. Whenever possible our providers will make culturally appropriate referrals to ensure our patients feel comfortable attending a referral outside the Dilico Family Health Team. Whenever possible patient input is highly considered when making referrals to other Dilico Anishinabek Family Care Services or to other partner community healthcare agencies.

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2	Percent of patients who stated that when they see the doctor or nurse practitioner, they or someone else in the office (always/often) spend enough time with them? (%; PC organization population (surveyed sample); April 1 2014 - March 31 2015; In-house survey)	92262	CB	90.00	87.40	The Dilico FHT is an Aboriginal Community Led Family Health Team. As such, our entire primary care team is paid salary which allows for longer patient encounters. Our patients are able to discuss a variety of concerns at one appointment as opposed to scheduling one appointment per concern as noted in other models of care. From the patient population surveyed, we found that approximately 87.40% of respondents felt their primary care provider spent enough time addressing all concerns presented. Typically we schedule appointments for a minimum of 30 minutes with physicals and small office procedures scheduled for a minimum of one hour.

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Identify patient perceptions/satisfaction regarding time spent with practitioners.	Yes	Patients are relatively satisfied with routine appointments being scheduled for a minimum of 30 minutes. This provides patients with an opportunity to discuss a number of issues at one appointment. Scheduling appointments for 30 minutes

Trying to coordinate appointments for No
patients to meet with their primary
care provider or mental health
professional on the same day to
reduce travel to the clinic.

allows for thorough explanation of any new or renewed prescriptions or any referrals to community healthcare partners.

As access to the Fort William First Nation has been limited since a bridge fire closed the in-town link to the First Nation. As such the Dilico FHT tries to schedule patient appointments for multiple providers on the same day. For example, if a patient sees our mental health professional as well as one of our primary care providers we will attempt to schedule appointments on the same day to reduce un-necessary travel to the community. Patients seem to appreciate this convenience however we have not formally surveyed on this scheduling practice.

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3	Percent of patients/clients who saw their primary care provider within 7 days after discharge from hospital for selected conditions (based on CMGs). (%; PC org population discharged from hospital; April 1 2013 - March 31 2014; Ministry of Health Portal)	92262	CB	50.00	CB	The Dilico Family Health Team has partnered with Dilico Anishinabek Family Care on discharge planning. The Agency is currently in the process of working with the Thunder Bay Regional Health Sciences Centre on discharge planning and is in the process of hiring a Discharge Planner. Once hired, the Discharge Planner will be responsible for timely coordination of all follow-up appointments with primary care providers for patients who are discharged from the HSC.

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Partner with the regional hospital to receive discharge data faster.	Yes	The Dilico FHT and Dilico Anishinabek Family Care have partnered with the Thunder Bay Regional Health Sciences Centre to receive discharge information in a more timely manner. Typically discharge information is sent electronically to the patient chart via the EMR. When electronic data transfer is unavailable the TBRHSC will forward a paper copy of records for processing. This typically takes a longer to read and recall for follow-up.

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4	<p>Percent of patients/clients who responded positively to the question: "The last time you were sick or were concerned you had a health problem, how many days did it take from when you first tried to see your doctor or nurse practitioner to when you actually SAW him/her or someone else in their office?"</p> <p>(%; PC organization population (surveyed sample); April 1 2014 - March 31 2015; In-house survey)</p>	92262	CB	40.00	38.48	<p>Access to providers at the Dilico Family Health Team is not an issue. We are usually able to facilitate same-day or next-day appointments for most patients who present with acute or episodic symptoms. The Dilico FHT also 'blocks' time in provider calendars to facilitate urgent child welfare appointments. This is done to ensure time sensitive appointments can be provided in-house to our Child Welfare Services at Dilico Anishinabek Family Care. We have also been able to recruit a full compliment of staff over the last year. Access to the Fort William First Nation has been limited since a bridge fire removed access from an in-city fixed link. As a result, Dilico Anishinabek Family Care has opened an in-city location to ensure any patient/client of the Agency has access to Dilico services if they are unable to travel to the First Nation. The FHT has established viable clinical space within this in-city location to facilitate appointments for patients who are</p>

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unable to travel to the First Nation. Our patients have expressed satisfaction with an opportunity to select where to be seen based on patient convenience.

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Recruit a full complement of Nurse Practitioners.	Yes	The Dilico FHT was able to successfully recruit one full-time Nurse Practitioner to fill our compliment of 2.00 FTE. We were also able to successfully recruit 1.00 NP to cover a maternity leave for a duration of 10 months over the past year. Since we have been at a full compliment of staff the Dilico FHT has re-opened our patient application process and is enrolling new-patients on a monthly basis.

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5	Percent of patients/clients who visited the ED for conditions best managed elsewhere (BME). (%; PC org population visiting ED (for conditions BME); April 1 2013 - March 31 2014; Ministry of Health Portal)	92262	CB	75.00	CB	Through manual tracking we were able to determine that approximately 15% (14.79%) of our patients presented at the ED for symptoms best managed elsewhere. The Dilico FHT facilitates urgent care walk-in clinic twice weekly - Wednesday evenings from 1700-2000 and Friday afternoons from 1300-1630. As a means of increasing access to our services walk-ins are offered once weekly at our Anemki location (on reserve) and once weekly at our Archibald location (in-city). It should be noted the Archibald location has only been operational since September of 2015.

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Advertise clinic and walk-in hours.	Yes	The Dilico FHT actively advertises walk-in clinic hours on our corporate webpage. The Agency hosted a press conference for the Grand Opening of our Archibald location which was an opportunity to reinstate walk-in hours. The FHT also sent a paper notice to all patients announcing the opening of our new location which also outlined walk-in times and locations.

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6	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)	92262	CB	90.00	89.42	Most of the patients surveyed felt they were provided with enough time to ask questions or seek clarification regarding recommended prescriptions, care plans or courses of treatment. Our patient appointments are scheduled for a minimum of 30 minutes which provides patients with ample time to ask questions. If additional clarification is required our primary care providers are available by phone and typically return patient phone calls within 24 business hours.

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Identify patient perception/satisfaction regarding opportunity to ask questions about recommended treatment.	Yes	Patients are satisfied with opportunities to ask questions regarding treatment, prescriptions or care plans. Our primary care providers are available to their patients via telephone and often return patient messages within one business day. One proposed change that can be considered for this year would be to implement a patient portal which would facilitate electronic communication between patients and providers.

