

# 2016/17 Quality Improvement Plan for Ontario Primary Care

## "Improvement Targets and Initiatives"



Dilico FHT 200 Anemki Place, Fort William First Nation, ON P7J 1L6

AIM		Measure						
Quality dimension	Objective	Measure/Indicator	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification
Effective	Improve rate of cancer screening.	Percentage of patients aged 50-74 who had a fecal occult blood test within past two years, sigmoidoscopy or barium enema within five years, or a colonoscopy within the past 10 years	% / PC organization population eligible for screening	See Tech Specs / Annually	92262*	CB	80.00	Theoretical Best
		Percentage of women aged 21 to 69 who had a Papanicolaou (Pap) smear within the past three years	% / PC organization population eligible for screening	See Tech Specs / Annually	92262*	CB	90.00	Theoretical Best

	<b>Improve rate of HbA1C testing for diabetics</b>	Percentage of patients with diabetes, aged 40 or over, with two or more glycated hemoglobin (HbA1C) tests within the past 12 months	% / All patients with diabetes	Ontario Diabetes Database, OHIP / Annually	92262*	CB	90.00	Theoretical Best
<b>Patient Experience</b>	<b>Improve Patient Experience: Opportunity to ask questions</b>	Percent of respondents who responded positively to the question: "When you see your	% / PC organization population (surveyed sample)	In-house survey / April 2015 - March 2016	92262*	89.42	90.00	Theoretical Best
	<b>Improve Patient Experience: Patient involvement in decisions about care</b>	Percent of patients who stated that when they see the doctor or nurse practitioner, they or someone else	% / PC organization population (surveyed sample)	In-house survey / April 2015 - March 2016	92262*	88.85	90.00	Theoretical Best
	<b>Improve Patient Experience: Primary care providers spending enough time with patients</b>	Percent of patients who responded positively to the question: "When you see your doctor or	% / PC organization population (surveyed sample)	In-house survey / April 2015 - March 2016	92262*	87.4	90.00	Theoretical Best

Timely	Improve 7 day post hospital discharge follow-up rate for selected conditions	Percent of patients/clients who see their primary care provider within 7 days after discharge	% / PC org population discharged from hospital	DAD, CIHI / April 2014 – March 2015	92262*	CB	50.00	Theoretical Best
	Improve timely access to primary care when needed	Percent of patients/clients who responded positively to the question: "The last time you were	% / PC organization population (surveyed sample)	In-house survey / Apr 2015 – Mar 2016 (or most recent 12-month period available)	92262*	38.48	40.00	Theoretical Best

Change				
Planned improvement initiatives (Change Ideas)			Goal for change ideas	Comments
	Methods	Process measures		
1)Implementing a new question on our patient encounter form to capture information on when patients last had a fecal	As part of a new EMR implementation we are in the process of updating patient records as patients are seen. Moving forward this data will be collected at the initial part of the appointment to ensure records are accurate and patients are receiving appropriate screenings at	Through implementation of a custom form field, information on the percentage of patients who had a fecal occult blood test within the past two years, sigmoidoscopy or barium enema within five years or a colonoscopy within the past 10 years will be readily	The Dilico FHT aims to have information for 50% of patients who have had a	
2)Establishing a reminder system for providers which would notify when a patient is due for routine screening	Activating the built-in reminder/notification system for the patient profile as it pertains to routine screenings	Evaluate with the Health Quality Assurance Manager if there is an increase in the number of Dilico FHT patients attending routine screening	The Dilico FHT will implement a routine screening alert system with assistance by our	
3)Create an incentive program for patients to attend and complete routine screenings	Provide patients with small give-a-ways in recognition of attending routine screenings and attending a follow-up appointment in a timely manner.	Evaluate the number of patients who attend regular routine screening prior to the implementation of an incentive program against the number of patients who attend screenings after the implementation of an incentive program	The Dilico FHT will implement an incentive program for patients who are required to	
4)Increase outreach to patients in district communities	Partner with other Dilico Community Health Services to ensure community members are receiving information on and access to routine screening through regular community and home visits	Evaluate the number of clients in the district accessing other Dilico Health Services who are eligible for regular routine screenings	Routine screening referrals and take-home options will be made available to clients receiving	
1)Implementing a new question on our patient encounter form to capture information on if patients who are between the ages	As part of our new EMR implementation we are in the process of updating patient records as patients are seen. Moving forward this data will be collected at the initial part of the appointment to ensure records are accurate and patients are receiving timely screenings	Through implementation of a custom form field, information on the percentage of patients who had a pap smear will be readily available	The Dilico FHT aims to have information on the last pap smear for 50% of eligible	

2)Establishing a reminder system for providers which would notify when a patient is due for routine screening	Activating the reminder/notification system for the patient profile as it pertains to routine screenings	Evaluate with the Health Quality Assurance Manager if there is an increase in the number of Dilico FHT patients who are attending routine screenings as a result of the reminder system	The Dilico FHT will implement a routine screening alert system for assistance by our	
3)Create an incentive program for patients to attend and complete routine screenings	Provide patients with a small give-away in recognition of attending routine screenings and attending follow-up appointments in a timely manner	Evaluate the number of patients who attend regular routine screening prior to the implementation of an incentive program against the number of patients who attended screening after the implementation of an incentive program	The Dilico FHT will implement an incentive program for patients who are required to	
4)Increase outreach to patients in district communities	Partner with other Dilico Health Services to coordinate mutual community visits	Evaluate the number of clients in the district who are eligible for a pap smear who are receiving other Dilico Health Services	Routine screening referrals will be provided to patients in the district via	
1)Implement a question on a patient encounter form which asks when the last time a diabetic patient received an HbA1C test	Confirm with patients the date of their last HbA1C test at every appointment	Through implementation of a new question on the patient encounter form, rates of HbA1C testing will be readily available	The Dilico FHT hopes to implement this change to the patient encounter	
2)Partnering with the Dilico Diabetes Education Program to provide in-house HbA1C testing to patients of the Dilico FHT	Provide patients with opportunities to obtain HbA1C testing when attending appointments at the Archibald location	Schedule patients who require HbA1C testing at the Archibald location so they are able to obtain the test at least once every 12 months	Ensure 50% of the patient population who requires an HbA1C test has been tested by	
1)Increase opportunities for patients to ask questions by designating 5 minutes in each appointment for an open question period	Allow patients an opportunity to ask questions pertaining to treatment should they require additional clarification. Providers should also be prepared to provide appropriate educational resources	Determine through patients feedback areas primary care providers could provide more opportunity for patient consultation in the treatment planning process	Request providers ensure they are available for patient follow-up and to provide	
1)Allow for patient input in all aspects of the treatment planning process	Provide patients with a formal process for requesting special accommodations when making referrals or adjustments to the treatment plan	Revise the patient satisfaction survey to determine if patients feel they are involved enough in the development of treatment plans	Ensure a formal special accommodation request form is available to	
1)Ensuring patients are aware of the 30 minute appointment time when confirming appointments. Should patients identify that	Advising patients of the length of their appointment when confirming attendance two days in advance	Informing patients can schedule appointments to be as long as they feel necessary. Re-surveying the patient population to correlate 2015/2016 data with 2016/2017 results	Ensuring patients are aware of appointment times when confirming appointments by	

1)Partner with the Thunder Bay Regional Health Sciences Centre and Dilico Community and Personal Support Program to ensure	Through the implementation of a Discharge Planner, patients of the Dilico FHT will be better tracked following discharge from the hospital	Coordination amongst the Dilico FHT, TBRHSC and Dilico Community and Personal Support will foster an environment for information transfer and efficient follow-up with primary care following a discharge from hospital	Work closely with the Dilico Discharge Planner once hired. Draft a policy which states	
1)Increasing the number of held urgent care spots from one a day to one per provider per day	Holding an additional half an hour at the end of the day for urgent/acute patients during admin time would result in increased access to same-day appointments	Allow for urgent/acute appointments to be scheduled during admin time should the provider be available for situations which are unpredictable. In the event the patients regular provider isn't available, one of the other members of the primary care team should be able to	Establish a policy which states urgent care appointments may be scheduled with providers	