

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

Brockton and Area FHT Box 1300, Walkerton, ON N0G 2V0

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	A	% / Patients meeting Health Link criteria	In house data collection / most recent 3 month period	91953*									
		Percentage of Memory Clinic patients/clients identified as meeting Coordinated Care Planning criteria	C	% / N/a	EMR/Chart Review / 2018-2019	91953*	CB	CB	Collecting baseline as we are implementing a new screening process	1)Improve identification of Memory clinic patients eligible for Coordinated Care Planning	Evaluate Memory clinic patients for Coordinated Care Planning eligibility	% of Memory Clinic patients considered for CCP % of Memory Clinic patients flagged for CCP follow up	100% Collecting baseline		
		Percentage of patients with diabetes up-to-date with glycated hemoglobin (HbA1C) tests	C	% / All patients	EMR/Chart Review / 2018-2019	91953*									
	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	91953*					1)				Not applicable
		Percentage of patients who were discharged in a given period for a condition within selected HBAM	A	% / Discharged patients with selected HIG conditions	DAD, CAPE, CPDB / April 2016 - March 2017	91953*									
		Percentage of those hospital discharges (any condition) where timely (within 48 hours) notification was	P	% / Discharged patients	EMR/Chart Review / Last consecutive 12 month period	91953*					1)				We have chosen to focus on post discharge follow up on patients with COPD
		Percentage of those hospital discharges with COPD diagnosis where timely (within 48 hours) notification	C	% / Discharged patients	EMR/Chart Review / 2018-2019	91953*	CB	CB	We are collecting baseline on a new follow up process within our FHT for COPD patients	1)Improve discharge follow up for patients with COPD	Identify patients who are discharged from hospital with COPD Diagnosis Document in an EMR tool Notify Respiratory Therapist for phone or visit follow up	% of patients discharged from hospital with a COPD diagnosis who receive follow up	50%	3 of 4 South Bruce Grey hospital sites	
Wound Care	Percentage of patients with diabetes, age 18 or over, who have had a diabetic foot ulcer risk assessment using a standard, validated tool within the past 12 months	A	% / patients with diabetes, aged 18 or older	EMR/Chart Review / Last consecutive 12 month period	91953*	CB	CB	This is a new documentation process within our FHT that we will be adopting this year	1)Adopt a standardized evidence based risk assessment tool	Implement an EMR foot assessment tool	% of FHT providers using the EMR tool	100%			
									2)Alert providers when patients are overdue for screening	Review/update documentation process to provide screening status Develop searches and/or reminders to identify patients requiring screening	Completion of alert functions	June 2018			
Efficient	Access to right level of care	Add other measure by clicking on "Add New Measure"	A	Other / Other	Other / Other	91953*									
Equitable	Population health - diabetes	Percentage of patients with diabetes, aged 40 or over, with two or more glycated hemoglobin (HbA1C)	A	% / patients with diabetes, aged 40 or over	ODD, OHIP-CHDB,RPDB / Annually	91953*	73.3								
	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	91953*	65.1	66.60	We are targeting a 2.3% increase based on our prior performance	1)Improve communication with patients on their screening status	Register physicians for CCO Physician Linked Correspondence	% of physicians who register for Physician Linked Correspondence	50%		
										2)Validate the quality of EMR Cancer Screening data	Reconcile roster list to EMR data to identify and resolve discrepancies Validate EMR searches to SAR data and update as necessary	Number of physician practices validated	2		
										3)Educate our patients on Preventative Care Screening	Provide patient information resources on our web site and waiting room monitors	Implementation of patient education initiatives	September 2018		
Population health - colorectal cancer screening	Percentage of Ontario screen-eligible individuals, 50-74 years old, who were overdue for colorectal	A	% / PC organization population eligible for screening	See Tech Specs / Annually	91953*	43.5	41.30	We are targeting a 5% improvement based on our previous	1)Improve communication with patients on their screening status	Register physicians for CCO Physician Linked Correspondence	% of physicians who register for Physician Linked Correspondence	50%			

		screening in each calendar year							performance	2) Validate the quality of EMR Cancer Screening data	Reconcile roster list to EMR data to identify and resolve discrepancies Validate EMR searches to SAR data and update as necessary	Number of physician practices validated	2	
										3) Educate our patients on Preventative Care Screening	Provide patient information resources on our web site and waiting room monitors	Implementation of patient education initiatives	September 2018	
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	91953*	90.38			1)				Performance on this measure has stabilized at a level we are satisfied with. We will focus
Safe	Medication safety	Percentage of patients with medication reconciliation in the past year	A	% / All patients	EMR/Chart Review / Most recent 12 month period	91953*								
Timely	Timely access to care/services	Percentage of patients and clients able to see a doctor or nurse practitioner on the same day or next day.	P	% / PC organization population (surveyed sample)	In-house survey / April 2017 - March 2018	91953*				1)				We have decided to revisit this measure when physician/provider staffing levels have