

# 2019/20 Quality Improvement Plan for Ontario Primary Care "Improvement Targets and Initiatives"

South Georgian Bay CHCs 202-14 Ramblewood Drive, Wasaga Beach, ON L9Z0C4

AIM		Measure			
Issue	Quality dimension	Measure/Indicator	Type	Unit / Population	Source / Period
Theme I: Timely and Efficient Transitions	Efficient	Percentage of patients who have had a 7-day post hospital discharge follow up for selected	P	% / Discharged patients	See Tech Specs / Last consecutive 12-month period.
		Percentage of those hospital discharges (any condition) where timely (within 48 hours) notification	P	% / Discharged patients	EMR/Chart Review / Last consecutive 12-month period.
	Timely	Percentage of patients and clients able to see a doctor or nurse practitioner on the same day or next day, when needed.	P	% / PC organization population (surveyed sample)	In-house survey / April 2018 - March 2019
Theme II: Service Excellence	Patient-centred	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	P	% / PC organization population (surveyed sample)	In-house survey / April 2018 - March 2019
		Client feeling comfortable and welcome at CHC	C	% / Clients	In-house survey / April 2019 - March 2020
Theme III: Safe and Effective Care	Effective	Proportion of primary care patients with a progressive, life-threatening illness who have had their	P	Proportion / at-risk cohort	Local data collection / Most recent 6 month period

M = Mandatory (all cells must be completed) P = Priority (complete ONLY the comments cell if you are not working on this indicate

		<p>Who have had their palliative care needs identified early through a comprehensive and holistic assessment.</p>			
Safe		<p>Percentage of non-palliative patients newly dispensed an opioid within a 6-month reporting period prescribed by any provider in the health care system within a 6-month reporting period.</p>	P	% / Patients	CAPE, CIHI, OHIP, RPDB, NMS / Six months reporting period ending at the most recent data point
		<p>Decrease opioid-related deaths by implementing prevention and harm reduction strategies while also improving access to evidence based care for people with opioid use disorders, through screening and management (process &amp; procedures) for those clients identified as taking opioids, anti-depressants, anti-anxiety medications</p>	C	% / Clients	In house data collection / April 2019 - March 2020
		<p>Overdue for Colorectal Cancer Screening</p>	C	% / at-risk cohort	In house data collection / April 2019 - March 2020
Equity	Equitable	<p>Cervical cancer screening rate stratified by income and stratified by racial/ethnic group</p>	C	Proportion / at-risk cohort	In house data collection / April 2019 - March 2020

		Completion of sociodemographic data collection	C	% / Clients	In house data collection / April 2019 - March 2020
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Organization Id	Current performance	Target	Target justification	External Collaborators
91570*	CB	CB	unable to have good data collection as we do not receive timely reports	
91570*	CB	75.00	Clients often difficult to get hold of, and also refuse the offer of an	
91570*	66.67	70.00	We already do well for this target overall compared to provincial average	
91570*	95	95.00	We already do well on this indicator	
91570*	98	98.00	We already do well for this indicator	
91570*	CB	CB	This is a new measure, collecting baseline	

or) C = custom (add any other indicators you are working on)

91570*	CB	CB	New indicator for SGBCHC	
91570*	CB	CB	New indicator for SGBCHC	<ul style="list-style-type: none"> <li>• The Georgian Bay Family Health Team ,</li> <li>• Hospice Georgian Triangle,</li> <li>• The Canadian Mental Health Association of Simcoe County ,</li> <li>• The Collingwood General and Marie Hospital ,</li> <li>NSM LIHN,</li> <li>Canadian Addictions and Mental Health association(CAMH) ,</li> <li>Waypoint Centre For Mental Health Care</li> </ul>
91570*	45	40.00	Target is adjusted based on previous year's performance. Procedures to make this area a priority for cancer screening. Target of 40% is based	
91570*	CB	CB	Currently 88% of SGBCHC clients have been offered a PAP screen in the past 12	

91570*	CB	CB	This is a new measure, ensuring data collection is complete for all clients	
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Change	
Planned improvement initiatives (Change Ideas)	Methods

1)Continue to advocate for hospital discharge reports and ER reports. We currently good reports from RVH as an HRM report, some from	Meet with CGMH, Midland and Stevenson to again organize discharge reports by receiving HRM reports
1)Contact information updated on a regular basis in order to better follow up with clients who have hospital experiences	1. Rostered clients will have an opportunity to update contact information: via OCEAN tablet prior to client visits. 2. Free transportation will be offered to clients who require it via client care funds
1)Improve availability of same or next day appointments for SGBCHC clients.	1. Reserve 6-8 same day appointment slots across all primary care providers.
2)Decrease demand for Primary Care appointments via Social Prescribing, group programming and other surround care initiatives	1. Refer clients to Social Prescribing and other group programs where appropriate 2. Direct any non-medical needs (ie ODSP forms) to nursing support staff 3. Improve marketing of all group and event programming at the SGBCHC
1)Explore creation of client advisory group to create a community of open flow communication	1. Engage with other CHC's who have this infrastructure already in place through Alliance 2. Explore HQO's resources and tools to help integrate client partnering/engagement into CHC's professional domain 3.. Invitation of creating an advisory promoted through
2)Enhance existing staff knowledge and skill of client engagement in centre's services and programs using evidence from "nothing	1. Explore and seek out educational opportunities through Alliance and other CHC's regarding client engagement 2. Develop advisory committee to increase access to sensitivity training to working with marginalized populations (e.g. BOP, Positive spaces, indigenous
1)Client satisfaction survey to evaluate client's comfort level at SGBCHC, as well as identify barriers to feeling comfortable	1. Client satisfaction survey 2. Address any issues arising from the survey at management and all staff level and with new client advisory committee once established. 3. Present data to client advisory committee for insight and additional feedback
2)Implementing Compliments & Complaints process to facilitate feedback about SGBCHC outside of Client Satisfaction Surveys	1. Create Compliments & Complaints function in OCEAN tablet - unlinked to client data 2. Create paper copy Compliments & Complaints process with anonymous function (ie drop box) 3. Educate clients about the process to give feedback in an anonymous way to SGBCHC 4.
1)Identification, team meeting and clinical rounds occurring rounds regarding palliative clients in order to assess, implement and evaluate care	1. PCP to identify palliative clients 2. Data management to search electronically for all palliative clients at SGBCHC - finetune data collection to ensure correct clients are being identified, and include any future data collection pieces to ensure good specificity

2) Staff education of resources for palliative clients in our area	1. Discussion with Hospice on best transition of care 2. Identification of custom forms to be inputted into the EMR 3. staff education on defining palliative care, resources, approaches
3) Support the regional strategy by developing relationships with community partners supporting and overseeing strategy	1. Educate staff on regional strategy at an all staff meeting 2. Explore what is being done, not being done and working well to support clients 3. Dedicate staff to access more education, training to champion local strategies within the centre that is realistic to engage in palliative care process
1) Data management around opioids to explore the burden of opioid use and prescribing for our SGBCHC clients	1. Collect baseline report of clients prescribed opioids during the past 12 and 24 months, including date of last progress report 2. Create monthly reporting template based on My Practice reporting templates (unable to register for My Practice as we do not feed into BIRT)
2) Improve education of staff and clients surrounding opioids and opioid addiction	1. Explore other non-opioid means of pain relief where appropriate 2. Refer clients to Living a Life with Chronic Pain program, and other appropriate programming.
3) Support the regional strategy in our area to ensure we are including all partners in decision making	1. Mandatory participation in webinars surrounding this topic, including opioids, trauma and addictions for all staff. 2. Connection to reports, workshops etc offered around these topics 3. Inclusion of this topic into staff meetings and standing matter in clinical rounds
1) Data management of clients with the following medications: opioids, benzoates, anti-anxiety, anti-depression	1. Identify clients with the aforementioned prescriptions based on the My Practice report as template 2. Create an algorithm to determine order of importance on medication reconciliation 3. Regular searches for Narcotic Contract completion for clients prescribed opioids
2) Identification of clients using opioids informally via street drugs. This identification will then create opportunity for	1. Similar to the Poverty Screen, identify a good screening tool which also includes street drugs 2. Implement the screening tool on a biannual basis to all clients, including allied health clients, using the OCEANS platform. 3. Appropriate referrals to CMHA, opioid counseling and
3) Outreach to other organisations for resources and treatment options, as well as internally refer to our Addictions Counselling and	1. Explore creating connections and access for clinicians to consult with medical specialist surrounding medications and chronic pain management. 2. Explore other practices to support clients uptakes on referrals to counseling.
4) Implement medication reconciliation for all clients identified using opioid, prescription or street, as well as clients using anti-	1. Identify clients via EMR custom search quarterly 2. Clients identified as requiring medication reconciliation will have a chart reminder to have regular PCP to client discussion, rounds, and review of Narcotic Contract 3. Explore feasibility of Pharmacy resource to review clients
1) Staff and client education regarding importance of CRC screening, not only from PCP standpoint of offering, but of client standpoint of uptake	1. Staff meetings with regular updates on CRC screening offering and uptake 2. Creation of PCP verbal dialogue to take through with clients being offered CRC screening 3. Client education through education materials 4. Comparison of offer, refused and completed 5. Explore
2) Data management of clients eligible for CRC screening	1. Monthly evaluation of reminder reports compared to Last Seen Dates 2. For eligible clients who have not made routine appointment >1 year and thus missing opportunity to offer screening, follow up with clients in May and November 3. Evaluate and fix any EMR system issues
1) Data collection evaluation to determine data gaps in order to create stratification	1. Evaluate shortcomings of clients who do not have income or race/ethnicity attached to their file 2. Target those clients on next appointments to ensure up to date socioeconomic data is collected



1) Data collection assessment and improvement of methods to collect sociodemographic data of our SGBCHC clients	1. Assessment of sociodemographic in the current EMR 2. Identification of process of sociodemographic data collection in the CHC 3. Creation of new intake forms to reflect sociodemographic data requirements
2) Identification and improvement of sociodemographic data collection in clients currently rostered at SGBCHC	1. Identify best methods to collect updated data on current clients 2. Contract OCEAN to implement tablet custom form data collection and to reduce reception workload 3. Educate reception staff and PCP on the importance of sociodemographic data collection in order to stream

Process measures	Target for process measure	Comments
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# of meetings, phone calls, emails regarding this issue with hospital senior management to advocate for reports to be dictated into HRM report	none at this point, collecting baseline	Continues to be a measure we are unable to measure due to outside circumstances
# update contact information forms completed	Collecting baseline - based on unique individuals reports per quarter, the goal will be 250 clients	This is a better measure than Indicator #1, as it measures our performance on
% of clients reporting same or next day appointments in the Client Satisfaction Surveys.	70% of clients reporting same or next day appointments in the Client Satisfaction	Continuing measure
# referrals to Social Prescribing/month, # referrals to allied health/month, # of group attendances, # of hits on new website Group Programs tab using google analytics, # community events attended to promote SGBCHC programs and services, # quarterly newsletters distributed	Collection of baseline for referrals. Increase group program choices and	Referrals in this continuing indicator is a new measurement process / demand
Develop infrastructure that allow for inclusion of clients to participate in planning of programs and providing feedback	Creation of client advisory planned with an evaluation component by year end	This is a new measure, infrastructure completion will be key
# of training opportunities offered to staff,	2 workshops a year	Training opportunities and participation depends on costs and availability of
# of client satisfaction surveys per quarter, % of clients reporting feeling comfortable	75 client satisfaction surveys per quarter, 90% of clients stating feeling comfortable	This is a new measure, baseline collection and infrastructure completion will be
# of Compliments & Complaints forms handed in per month # of clients aware of this measure as surveyed by the Client Satisfaction Survey	10 C&C forms per quarter	
# of palliative clients identified monthly, either manually or electronically	Collection of baseline, no targets yet to date as this is a new measure and new tool / methods	This is a new measure, baseline collection and infrastructure completion will be

# of referrals to internal and external resources for palliative care support # of custom palliative care form completion in the EMR, # of staff education opportunities accessed by staff	This is a new measure, baseline collection and infrastructure completion will be	New measure
# of community partners centre is engaged with # of external committee meetings attended regarding locals strategy	Collection of baseline	Based on identification of palliative clients, resourcing work to staff will be based
% of clients prescribed opioids during the past 6, 12, and 24 months # of repeat prescriptions for opioids # of opioid prescriptions by non-rostered PCP	This is a new measure, baseline collection and infrastructure completion will be	New measure
# of staff education events attended regarding opioids, trauma and addiction, # of clients with opioid addiction referred to group programs # of clients with opioid addiction referred to addictions counseling, # of new therapeutic interventions offered at centre % of clients	This is a new measure, baseline collection and infrastructure completion will be	New measure, uptake of services/programs offered following a referral has been
# webinars, # reports	1 report per quarter, this is a new measure thus collecting baseline	New measure thus collecting baseline and gathering information
# of clients identified with repeat opioid prescriptions % of clients with medication reconciliation for each of the aforementioned categories % clients with completed Narcotic Contract	This is a new measure, baseline collection and infrastructure completion will be	New measure
# screening tools completed, # of referrals to addictions counseling, # clients identified using opioids formally or informally	Collection of baseline	New measure
# of wait list for Addictions Counselling, # of clients referred internally or externally for treatment options	Collecting baseline	New measure
% clients with Narcotic Contract who are taking opioids (prescription or street), % clients identified, who complete medication reconciliation reminder	Collection of baseline	This is a new measure, collection of baseline as well as evaluation of
% of clients who report in the client satisfaction survey being offered CRC screening, % of clients who report in the client satisfaction survey recognizing the CRC educational materials, % of clients offered CRC screening, % of clients completing CRC screening	80% of eligible clients being offered CRC screening, 60% of clients report recognizing having	
% of clients offered CRC screening within 2 year period.	80% of clients offered CRC screening by end of fiscal year.	
% of clients with up to date offered PAP screenings % of clients with up to date incomes and / or race/ethnicity data	This is a new measure, baseline collection and infrastructure completion will be	

<p># of newly intake clients with new intake form inputted into the EMR % of clients with new intake form with complete sociodemographic data fields</p>	<p>This is a new measure, baseline collection and infrastructure completion will be</p>	
<p># of rostered clients with completed updated sociodemographic data, % of current rostered clients with completed sociodemographic data, # of clients reporting unable to use Ocean tablet independently</p>	<p>This is a new measure, baseline collection and infrastructure completion will be</p>	