

## Excellent Care for All

### Quality Improvement Plans (QIP): Progress Report for 2017/18 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 2017/18	Org Id	Current Performance as stated on QIP2017/18	Target as stated on QIP 2017/18	Current Performance 2018	Comments
1	<p>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?</p> <p>( %; PC organization population (surveyed sample); April 2016 - March 2017; In-house survey)</p>	91525	93.36	94.65	96.60	

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 2017/18)	Was this change idea implemented as intended? (Y/N button)	Lessons Learned: (Some Questions to Consider) What was your experience with this indicator? What were your key learnings? Did the change ideas make an impact? What advice would you give to others?
Ensure team continues to maintain or exceed target established on survey question.	Yes	It is important to make team members accountable for gathering Patient Experience Surveys and reporting back on their progress on a monthly basis.
Enhance the self-management skills of all of our health providers in order to provide tools for patients to be more involved in their care. Patients involved in their care have been found to increase the likelihood of compliance and positive health outcomes.	No	
Engage in preliminary Advance Care Planning discussions with patients and their caregivers. Establish a process for patients to identify their personal wishes in the event that they	Yes	Developed electronic tracking of Advance Care Planning discussions in PSS. See attached copy. In order to make Advance Care Planning a priority for health providers, this template can be accessed

are ill or unable to speak for themselves.

on the tool bar. Once the conversation has occurred, this is automated documented in the Patient Profile along with the date.

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2	Percent of patients/clients who see their primary care provider within 7 days after discharge from hospital for selected conditions. ( %; Discharged patients with selected HIG conditions; April 2015 - March 2016; CIHI DAD)	91525	29.00	30.00	NA	No new data available

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Increase patient awareness regarding the need to follow-up with an appointment with their primary care provider within 7 days post hospital discharge.	Yes	Based on our survey results, we continue to see that there are a large number of patients who are not aware they need to follow-up with their primary care provider 7 days post hospital discharge (61.9% of patients). This survey question has proven to be an effective way to educate patients instead of merely posting this information in the clinic.
Create a standardized monthly tracking system to collect Patient Experience Surveys. Establish a quota for Clinic Assistants to gather completed Patient Experience Surveys. The tracking sheet and survey will be provided to the Program Manager at the end of each month to ensure they are successful in attaining the survey target and to provide support for any challenges faced in attaining the quota.	Yes	This process has been a huge success as it has made individual staff members personally accountable for engaging patients to complete Patient Experience Surveys. An image of the Survey Tracker has been attached. We are pleased to report that a total of 1829 Patient Experience surveys were completed by patients during this fiscal year. This number represents double the number of surveys collected in 2016-17 fiscal year.
Create electronic tracking of patients post hospital discharge for purposes of follow-up.	Yes	Working with our QIDSS, the team recognized that there was a gap in our ability to track patients post-hospital discharge. We continue to educate our providers on using this valuable tool to enable team members to track and



follow-up with patients in a timely manner post hospital discharge. We have attached an image of the electronic form (Encounter Assistant) that was created in PSS.

ID	Measure/Indicator from 2017/18	Org Id	Current Performance as stated on QIP2017/18	Target as stated on QIP 2017/18	Current Performance 2018	Comments
3	Percentage of patients and clients able to see a doctor or nurse practitioner on the same day or next day, when needed. ( %; PC organization population (surveyed sample); April 2016 - March 2017; In-house survey)	91525	64.49	65.00	75.60	The WDFHT is pleased to have surpassed the target for this indicator. We feel the new process adopted in this fiscal year helped to contribute to this significant improvement.

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Continue to ensure team maintains or exceeds target on survey question.	Yes	It is important to make team members accountable for gathering Patient Experience Surveys and reporting back on their progress on a monthly basis.
Create a standardized monthly tracking system to collect Patient Experience Surveys. Establish a quota for Clinic Assistants to gather completed Patient Experience Surveys. The tracking sheet and survey will be provided to the Program Manager at the end of each month to ensure they are successful in attaining the survey target and to provide support for any challenges faced in attaining the quota.	Yes	This process has been a huge success as it has made individual staff members personally accountable for engaging patients to complete Patient Experience Surveys. An image of the Survey Tracker has been attached. We are pleased to report that a total of 1829 Patient Experience surveys were completed by patients during this fiscal year. This number represents double the number of surveys collected in 2016-17 fiscal year.
Increase capacity to address well women examinations by having RN's practice to full scope to free up more appointments for complex patient care by MD's and NP's. (Right Time, Right Care, Right Place)	Yes	As our nurses gained experience and confidence to perform paps, more time was added into the schedule for them to run "well women care" days/appointments. This translated into additional time slots for patients to come in while creating access in the physicians schedules.

ID	Measure/Indicator from 2017/18	Org Id	Current Performance as stated on QIP2017/18	Target as stated on QIP 2017/18	Current Performance 2018	Comments
4	Percentage of screen eligible patients aged 50 to 74 years who had a FOBT within the past two years, other investigations (i.e., flexible sigmoidoscopy) within the past 10 years or a colonoscopy within the past 10 years. ( %; PC organization population eligible for screening; Annually; See Tech Specs)	91525	81.80	81.80	80.00	The West Durham FHT is above the 75th percentile for patients with up-to-date colorectal screening(HQO MyPractice: Primary Care Report - March 2017). This performance is significantly higher than the provincial percentage of 65.3%.

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Provide physicians semi-annual reports for eligible patient population.	No	The FHT has encouraged the physicians to obtain individual Practice Reports from HQO. As well the FHT obtains an overall report (March 31/2017). The FHT also extracts data from the SAR report and captures information across the 3 cancer screening areas in one spreadsheet. This helps to expedite and facilitate follow-up with patients who are due for cancer screening in one or more areas.
Pilot cancer screening Toolbar within our EMR.	Yes	Dashboard is helpful for opportunistic screening when patients are booked for any type of appointment. There are limitations to using this feature in PSS due to some ongoing technical glitches.

ID	Measure/Indicator from 2017/18	Org Id	Current Performance as stated on QIP2017/18	Target as stated on QIP 2017/18	Current Performance 2018	Comments
5	Percentage of women aged 21 to 69 who had a Papanicolaou (Pap) smear within the past three years ( %; PC organization population eligible for screening; Annually; See Tech Specs)	91525	77.00	78.00	78.00	The West Durham FHT is above the 75th percentile in Pap Smear testing (HQO MyPractice: Primary Care Report - March 2017). This performance is significantly higher than the provincial percentage of 60.3%.

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Pilot cancer screening preventative care dashboard within our EMR.	Yes	Dashboard is helpful for opportunistic screening when patients are booked for any type of appointment. There are limitations to using this feature in PSS due to some ongoing technical glitches.
Nurses to preform paps	Yes	As our nurses gained experience and confidence to perform paps, more time was added into the schedule for them to run "well women care" days/appointments. This translated into additional time slots for patients to come in while creating access in the physicians schedules.