

2019/20 Quality Improvement Plan for Ontario Primary Care

"Improvement Targets and Initiatives"



NorWest Community Health Centres
Centres de santé communautaire NorWest
Norwest CHC 525 Simpson Street

Measure		Change													
Issue	Quality dimension	Measure/Indicator	Type	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	External Collaborators	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments
Theme I: Timely and Efficient Transitions	Efficient	Percentage of patients who have had a 7-day post hospital discharge follow up for selected conditions (CHCs, AHACs, NPLCs).	P	% / Discharged patients	See Tech Specs / Last consecutive 12-month period.	91486*	CB	CB	We are collecting a new baseline for this indicator as we identified gaps in the data collection process that will be rectified this year. We are implementing a new process to collect, analyze, and use post-discharge information for clinical follow-up. It will bring major improvements in data accuracy and considerably expand our capacity to manage post-discharge data and proceed with timely follow-up.		1)Implement a new process to manage post-discharge information in order to improve data accuracy and access to timely clinical follow-up. Expected Deliverables: - New process map - Master feeder spreadsheet - Operational report (Excel), weekly, cumulative - Case management record sheet - Staff training - Program Guidelines for staff (Timely Clinical Follow-up)	Project Management approach (PMI) in order to deliver the proposed scope within the projected timeline	% of the scope delivered (per item)	100% % of each deliverable within the scope	We will be carrying on the project within a matrix organizational approach.
		Percentage of those hospital discharges (any condition) where timely (within 48 hours) notification was received, for which follow-up was done (by any mode, any clinician) within 7 days of discharge.	P	% / Discharged patients	EMR/Chart Review / Last consecutive 12-month period.	91486*	CB	CB	We are collecting a new baseline for this indicator as we identified gaps in the data collection process that will be rectified this year. We are implementing a new process to collect, analyze, and use post-discharge information for clinical follow-up. It will bring major improvements in data accuracy and considerably expand our capacity to manage post-discharge data and proceed with timely follow-up.		1)Implement a new process to manage post-discharge information in order to improve data accuracy and access to timely clinical follow-up. Expected Deliverables: - New process map - Master feeder spreadsheet - Operational report (Excel), weekly, cumulative - Case management record sheet - Staff training - Program Guidelines for staff (Timely Clinical Follow-up)	Project Management approach (PMI) in order to deliver the proposed scope within the projected timeline	% of the scope delivered (per item)	100% of each deliverable within the scope	We will be carrying on the project within a matrix organizational approach.
	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	91486*	37.37	45.00	Considering the improvements proposed, we understand a target of 45% would be achievable while still challenging.		1)Improve booking processes in order to: reduce no-shows, increase booking/re-booking rates for cancelled spots, assure full capacity is being used. 2)Increase capacity by hiring new staff 3)Develop process of capacity analysis in order to support a change idea for next QIP cycle.	Implement recommendations from Reception and Trunk Phone study report in Thunder Bay. Nurse Practitioners/Physicians hiring Develop: Study 1 - Map capacity (resources, scopes of practices); Study 2 - Analyze demand; Study 3 - Analysis of capacity vs demand to find opportunities for improvements	Capacity use (%) Cancellations Processed timely (%) Cancelled appointments booked/re-booked (%) number of staff hired number of studies concluded	100% of each deliverable within the scope	It is not yet known the impact of the change on the final performance. However, it is certainly positive for clients and better use of resources. 3 Nurse Practitioners or Physicians hired 3 studies concluded covering capacity analysis
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 decisions about their care and treatment	P	% / PC organization population (surveyed sample)	In-house survey / April 2018 - March 2019	91486*	88.78	90.00	Considering we are promoting relevant improvements on service delivery processes, we understand a target of 90% would be achievable while still challenging.		1)Enable providers to promote health literacy activities to empower client for decision-making on their health and engage in self-care.	Develop and deliver training in health literacy (train the trainer)	% of staff trained (MD, NP, RN, RPN, CHW, and others)	50% of staff trained to promote health literacy	This initiative will also promote how to use social media and internet as learning sources for health literacy.
Theme III: Safe and Effective Care	Effective	Proportion of primary care patients with a progressive, life-threatening illness who have had their palliative care needs identified early through a comprehensive and holistic assessment.	P	Proportion / at-risk cohort	Local data collection / Most recent 6 month period	91486*	CB	CB	We will be collecting baseline for this new indicator as we don't have historical data for it yet.		1)New Indicator Implementation Project: - Develop and map data collection process - Provide training to Providers/Staff - Implement the indicator within corporate planning	Apply Project Management approach (PMI) in order to deliver the proposed scope within the projected timeline	% of the scope delivered (per item)	100% of each deliverable within the scope	Considering this is a new indicator without any record history in the organization so far, we are focusing on its implementation as project in the first year
	Safe	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	% / Patients	CAPE, CIHI, OHIP, RPD, NMS / Six months reporting period ending at the most recent data point	91486*	CB	CB	We will be collecting baseline for this new indicator as we don't have historical data for it yet.		1)New Indicator Implementation Project: - Develop and map data collection process - Provide training to Providers/Staff - Implement the indicator within corporate planning	Apply Project Management approach (PMI) in order to deliver the proposed scope within the projected timeline	% of the scope delivered (per item)	100% of each deliverable within the scope	Considering this is a new indicator without any record history in the organization so far, we are focusing on its implementation as project in the first year

M = Mandatory (all cells must be completed) P = Priority (complete ONLY the comments cell if you are not working on this indicator) C = custom (add any other indicators you are working on)