

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

North Peel FHT 102-157 Queen Street East

AIM	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
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)														
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.	92291*	X		This is indicator is not applicable to FHT therefore we will be reporting on the		1) This indicator is not applicable to FHT therefore we will be reporting on the second indicator	This indicator is not applicable to FHT therefore we will be reporting on the second indicator	This indicator is not applicable to FHT therefore we will be reporting on the second indicator	This indicator is not applicable to FHT therefore we will be reporting on the second indicator
		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.	92291*	CB	CB	Since we have just previously completed the planning phase of this program, this will be the first fiscal year that we will trial this program therefore, we	William Osler Health System, St. Joseph's General Hospital, Halton Healthcare Services Corporation, Ontario MD	1) Develop a query to determine the discharge summaries received on a daily basis through HRM. 2) Develop an encounter assist/custom form to track all follow-ups completed for discharge summaries.	Connect with local hospital's IT departments to discuss search terms. Connect with FHT's using TELUS PS to determine the most effective custom form options.	The number of discharge summaries received through HRM that were detected through the query by the end of Q4. The number of encounter assists completed, to follow up with patients.	The previous method allowed us to detect 44 discharge summaries we 80% of patients for whom a timely discharge notification is received will be
	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	92291*	73.58	74.00	The provincial average according to the D2D 6.0 results is 89.9% however a LHIN comparative value has been suppressed. NPFHT aims to	FHT Solutions, Telus PS	1) Refine a telephone triage process for better access to same day appointments. 2) Investigate online appointment booking resources, to determine the best system for our clinic.	1) Standardize a reception triage process to determine referral process for triage 2) Staff training on triage criteria to determine the need for same day appointments 3) Ensure all providers have urgent appointment slots available within their schedules 1) Contact the website creator to discuss the functionality of an online appointment booking system 2) Contact Telus PS to discuss the possibility of linking of schedules in real time with the website for online appointment booking.	The percentage of staff trained on the triage process by the end of September 2019. The percentage of MDs & NPs with urgent same day appointments available. The number of clinicians offering online appointment booking by the of December 2019.	100% of staff will be trained on the triage process by the end of September 2019. For this fiscal year we will be collecting baseline therefore a baseline measure
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	P	% / PC organization population (surveyed sample)	In-house survey / April 2018 - March 2019	92291*	91.67	92.00	The provincial average for D2D 6.0 is 77.2% and NPFHT is performing well above the provincial average, therefore the aim is to	RNAO	1) Investigate possible patient-centered care courses available for staff.	1) Investigate courses available for RNs and NPs through RNAO and other courses available for staff	The number of staff that complete a patient centered care course.	The completion of a patient centered care course by all staff.
											2) Investigate the development of a Patient Focus Group to determine the potential barriers to patient involvement in	Contact FHT's with Patient Focus Groups in order to determine optimal meeting format.	The number of focus groups held by the end of Q4.	Hold one Patient Focus Group meeting by the end of Quarter 4.
Theme III: Safe and Effective Care	Effective	Proportion of primary care patients with a progressive, life-threatening illness who have had	P	Proportion / at-risk cohort	Local data collection / Most recent 6 month period	92291*	CB	CB	This is a new indicator for which we will be investigating a program and	ehealth, Central West Palliative Care Network	1) Investigate the implementation of a palliative care toolkit within the EMR.	1) Reach out to FHTs and eHealth to determine possible toolkits that they have had success with and to determine the tools available within the Palliative Care Toolbar.	The number of toolkits trialed by the end of December 2019.	All 3 options of the Palliative Care toolkits are trialed by the end of December 2019.
	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, RPDB, NMS / Six months reporting period ending at the most recent data point	92291*	CB	CB	This is a new indicator for which we will be investigating a program and collecting baseline data.	QIDSS from FHTs using Telus PS	1) Evaluate the functionality of the Opioid Toolbar created by East Wellington FHT within our EMR. 2) Host a lunch and learn for the MDs to discuss the current performance of the FHT and methods of improvement for this	1) Confirm the usability of the toolbar components and educate staff on the functions available within it. 1) QIDSS to develop a query to evaluate the current performance of the FHT 2) Analysis of the FHT data compared to LHIN and provincial averages	Number of staff that demonstrate uptake of the Opioid Toolbar by the end of Q4. 1) The completion of an efficient query to finalize an accurate list of patients for this indicator by the end of Quarter 2. 2) Analysis of the FHT data compared to the LHIN and provincial average by the end of Quarter 3.	The implementation of the Opioid Toolbar within the EMR for 50% health care A presentation to FHT MDs to discuss the FHT performance relative to peers