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

Mcmaster FHT - 100 Main Street West, Hamilton ON. L8S 1H6

AIM		Measure						
Quality dimension	**Issue**	**Measure/Indicator**	**Type**	**Unit / Population**	**Source / Period**	**Organization Id**	**Current performance**	**Target**

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 dow

Quality dimension	Issue	Measure/Indicator	Type	Unit / Population	Source / Period	Organization Id	Current performance	Target
Effective	**Effective transitions**	Percentage of those hospital discharges (any condition) where timely (within 48 hours) notification	P	% / Discharged patients	EMR/Chart Review / Last consecutive 12 month period	92289*	55	60.00
Equitable	**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	92289*	61	61.00
	Population health - colorectal cancer screening	Percentage of Ontario screen-eligible individuals, 50-74 years old, who were overdue for colorectal screening in each calendar year	A	% / PC organization population eligible for screening	See Tech Specs / Annually	92289*	49	44.00

	Population health - diabetes	Patients with Diabetes <65 who receive DM care internally and have had an HbA1c test in past 12 months	C	% / Patients with diabetes <65 years old	EMR/Chart Review / April 2018-March 2019	92289*	CB	CB
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	92289*	84	90.00
Safe	**Medication safety**	Percentage of patients with medication reconciliation in the past year	A	% / All patients	EMR/Chart Review / Most recent 12 month period	92289*	CB	CB
	Opioid Management	Opioid Management	C	% / MFHT Physicians	HQO public reporting website / April 2018 - March 2019	92289*	CB	100.00

Timely	**Timely access to care/services**	Percentage of patients stating they got an appointment on the date they wanted	C	% / All patients	In house data collection / April 2018 - March 2019	92289*	93	100.00

	Change			
Target justification	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure

n menu if you are not working on this indicator) C = custom (add any other indicators you are working on)

Target justification	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure
D2D 5.1 average 60%; In the past (without technical challenges) we	1)Continue to dedicate resources to contacting all patients following hospital discharge, and ensure there are adequate resources for	Dedicated resources retrieve hospital discharge data from Clinical Connect and make phone calls to non-obstetric patients based on recent hospital discharges. We will continue to ensure that limited resources are used in the most effective way.	% of patients who receive a phone call and/or visit within 7 days post-discharge	100%
Provincial average of 60% and the LHIN 4 average of 63% for 36 months. We believe that improvements are feasible and will aim for an increase over the provincial average.	1)Continue to educate and offer screening opportunities to patients in a shared decision making model through various	Offer open access opportunities to ensure flexibility of scheduling based on patient availability.	% of eligible patients completing screening test in required time	>60%
	2)Implement a project to track and follow-up with patients receiving abnormal results	Staff to identify abnormal results through the SAR or other methods and contact patients for follow-up	% of patients with abnormal tests who received follow-up	100%
	3)Use of the SAR to ensure updated patient screening data in the EMR	Use of the SAR to help reconcile EMR and to properly identify patients requiring screening	% of physicians with EMR within 10% of SAR - measured semi-annually	100%
Provincial average of 35% and the LHIN average of 36%. We believe that improvements are feasible and will aim for a decrease of at least 5% from	1)Continue to educate and offer screening opportunities to patients in a shared decision making model through various	Offer open access opportunities to ensure flexibility of scheduling based on patient availability; Use team assistants to distribute FOBT kits, display information in waiting rooms, potential to link with community partners (e.g. the screening bus)	% of eligible patients completing screening test in required time	55%
	2)Implement a project to track and follow-up with patients receiving abnormal results	Staff to identify abnormal results through the SAR or other methods and contact patients for follow-up	% of patients with abnormal tests who received follow-up	100%

current performance	3)Use of the SAR to ensure updated patient screening data in the EMR	Use of the SAR to help reconcile EMR and to properly identify patients requiring screening	% of physicians with EMR within 10% of SAR - measured semi-annually	100%
Annual HbA1c test is a measure of patient engagement with their diabetes care however we are unsure of the associated challenges and	1)Provide individualized feedback to MRPs related to their patients with Diabetes	Create scorecard with diabetes-specific indicators, including comparison to clinic average. Measures include bp measurement, hypoglycemic episodes, appointment history, continuity of provider. Distribute to clinicians	% of MRPs receiving scorecards	100%
	2)Contact patients to encourage HbA1c testing	Administrative staff to contact patients requiring testing. Lab requisition to be provided and follow up appointment in clinic to be scheduled	% of patients receiving a follow-up appointment	CB
D2D 5.1 average 90%. We believe that improvements are feasible and	1)Surveys conducted semi-annually. Continue to ask this question for all appointment types	Ensure this question is asked with each survey	% of patients responding positively to question	90%
We are unsure of the feasible/challenges and will collect baseline data	1)Introduce medication reconciliation in clinics for new patients, patients discharged from hospital, med reviews from	Encourage and remind all patients to bring all their meds in when coming in for appointments and add Brown Bag video to waiting room TV	% of eligible patients who have their meds checked annually	100%
	2)Ensure that eligible patients eCharts are updated appropriately at least annually	Update PHV in health Tracker when reconciliation is performed	% of patients with eChart updated at least annually	CB
We are working towards having all of our practice teams registered for the MyPractice report. As this is a new indicator that our FHT and the other FHTs in	1)Support practice teams to use available data (HQO) to identify and better manage their patients using opioid medications	Provide encouragement and support to teams for reviewing data in the MyPractice reports	% of physicians signed up for MyPractice Report	100%
	2)Support practice teams to use available EMR data to identify and better manage their patients using opioid medications	Provide encouragement and support to teams for use of opioid queries to identify patients in the EMR	% of physicians who have reviewed EMR opioid data	100%

We believe that improvements are feasible and will aim for an increase over	1)Ensure there is a balance of appointment demand vs supply of available appointments	Daily track appointment supply and demand to ensure sufficient availability when needed by patients; We have exceeded our target for patient satisfaction with getting an appointment on the date they want and will continue to solicit feedback in future surveys to ensure	% of patients reporting that they receive an appointment on the date they want	100%

Comments
An attempt to contact all patients by telephone is made, and a

We are unsure of the associated challenges and will collect baseline data to
We are unsure of the associated challenges and will collect baseline data to
Eligible patients: new patients, patients discharged from hospital, med
We are unsure of the feasible/challenges and will collect baseline data
Multi-faceted approach that includes encouragement and support to
Multi-faceted approach that includes encouragement and support to

Cumulative average for all surveys in 2017 = 93%. Our patient surveys reflect