

2015/16 Quality Improvement Plan for Ontario Primary Care

"Improvement Targets and Initiatives"



Central Toronto Community Health Centre 168 Bathurst Street, Toronto, ON M5V 2R4

AIM		Measure						
Quality dimension	Objective	Measure/Indicator	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification
Access	Access to primary care when needed	Percent of patients/clients able to see a doctor or nurse practitioner on the same day or next day, when needed.	% / PC organization population (surveyed sample)	In-house survey / April 1 2014 - March 31 2015	92225*	65	65	The TCLHIN CHC average for 2014 was 45% for primary care clients. Strategies implemented to increase rapid access hence proposed target.
Integrated	Timely access to primary care appointments post-discharge through coordination with	Percent of patients/clients who saw their primary care provider within 7 days after discharge	% / PC org population discharged from hospital	Ministry of Health Portal / April 1 2013 - March 31 2014	92225*	CB	35	Target reduced from 2014 QIP as we experienced delays in receiving hospital

	hospital(s).	from hospital for selected conditions (based on CMGs).						discharge summaries. Through work with the Health Links we expect improvements in coordination with hospitals to enable timely post-discharge primary care follow-up.
Patient-centred	Receiving and utilizing feedback regarding patient/client experience with the primary health care organization.	Percent of patients who stated that when they see the doctor or nurse practitioner, they or someone else in the office (always/often) give them an opportunity to ask questions about recommended treatment?	% / PC organization population (surveyed sample)	In-house survey / April 1 2014 - March 31 2015	92225*	82.07	85	The target for 2014/15 was met. The result was good hence target maintained
		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?	% / PC organization population (surveyed sample)	In-house survey / April 1 2014 - March 31 2015	92225*	88.01	85	the 2014/15 target was met. Target will be maintained.

		Percent of patients who stated that when they see the doctor or nurse practitioner, they or someone else in the office (always/often) spend enough time with them?	% / PC organization population (surveyed sample)	In-house survey / April 1 2014 - March 31 2015	92225*	90.49	85	Exceeded target in 2014/15. Good performance will maintain target.
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Change				
Planned improvement initiatives (Change Ideas)	Methods	Process measures	Goal for change ideas	
			ideas	Comments
1) Increase access for hard to reach complex and vulnerable clients, particularly homeless living with substance use and	Provision of portable clinics to agencies where community already congregate. Make providers portable to increase provision of care	# of new clients seen off-site and # of clients contacted who transition to receiving care at primary care clinic	Increase attachment of client population to primary care services	
2) Increase availability of appointment times for same and next day visits	Change scheduling practices; Track now-show rates; Document number of requests for appointments and appointment date assigned; Pilot Advanced Access with selected providers	Quarterly review of appointment bookings to track increase availability of appointments and booking confirmation for same and next day appointments to form baseline	Increased % of clients scheduled for same day and next appointments; identify areas for	Work with new EMR vendor to enable new system to support tracking access to
3) Increase attachment of eligible clients to primary care	Targeted outreach to priority populations	Track number of new clients and their socio-demographic profile	Increase total number of registered client in primary care	
1) Establish monitoring system for receipt of discharge summaries and ensure provider follow-up; Provide registered clients	Use EMR to report on client hospitalization and track receipt of discharge summaries and follow-up with hospitals to create baseline	Track % of discharge summaries receipt date against date of client discharge; Track % of clients issued ID card who were hospitalized and discharge summaries received; Track % of client seen without discharge summaries who report hospital admission and time-	Improve timely submission of discharge summaries from hospitals through	Elements for effective implementation of this objective are outside the

<p>2) Participate in implementation of Connecting GTA through Health Links collaboration to increase provider ability to access reports from hospitals and specialists</p>	<p>Implement processes and required policies for adaptation of Connecting GTA</p>	<p>Training for all providers on utilizing Connecting GTA and interface with EMR; Track number of hospital discharge summaries extracted from Connecting GTA</p>	<p>Providers accessing Connecting GTA for discharge summaries to facilitate timely post-discharge follow-up.</p>	<p>Success dependent on the hospitals loading discharge summaries on Connecting GTA and ability of the system to alert primary care providers.</p>
<p>1) Target achieved - no major changes to performance strategies. While we make no substantive changes, we will in 2015/15 seek to conduct numerous smaller program/service based surveys with clients to enable real-time improvements to issues and concerns of clients.</p>	<p>Target achieved - no major changes to performance strategies.</p>	<p>Target achieved - no major changes to performance strategies.</p>	<p>Target achieved - no major changes to performance strategies.</p>	<p>The objective and measure/indicator are incongruent. The stated objective is to receive and utilize patient/client feedback about their experience with the primary health care organization. However, the measure/indicator</p>
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