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

Grand River CHC 363 Colborne Street **Date updated: March 22, 2019**

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	Comments
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**	Seasonal Agricultural Workers health clinic policy and procedure manual	C	Manual completion / Clients	Internal process / April 1 2019 - March 31 2020	91470*	CB	CB	No numeric target associated, completion of manual is target.		1)Development of SAW health clinic policy and procedure manual.	Through internal collaboration, SAW health clinic P&P manual developed.	Manual completed and implemented	Manual completed and in place by July 31, 2019.	
	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	91470*	41.25	45.00	It has been identified that not all appointment requests require a same or next day appointment booking. This indicator is being supplemented with an additional survey question to assess client satisfaction.		1)Question was added to Client Experience Survey "The last time you were sick or concerned you had a health problem, did you get an appointment on the day you wanted?" Respondent answers Yes or No	Client Survey over period of time to be decided	% of clients surveyed responded as being satisfied with the appointment booking received	70% satisfaction	This target is set to be an improvement from the satisfaction response received from October 2018 survey when this question was added. Satisfaction rate was 68% in this regard.
											2)Improve upon same-day utilization.	New supervisory position for front desk to support education, implementation and execution of newly created standardized process.	% of dedicated same-day bookings utilized appropriately	Improve utilization by 20%	
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	91470*	94.74	96.00	We are consistently performing in the 90th percentile in this indicator		1)Customer Service Training for all staff.	Using external resource, and embedded in annual staff training event, an interactive training session to be held and attended by all staff.	% of staff who have completed Customer Service Training.	100% of staff members have completed this training by December 1, 2019.	
		Improve community program planning and community initiatives for 2019/20	C	Number / GRCHC Staff	Internal staff focus groups / April 1 2019 - March 31 2020	91470*	CB	CB	There is no target attached to this indicator as this will be a new engagement attempt at GRCHC.		1)Use results from Health & Wellbeing survey conducted in 2018 to guide program and community initiative planning for 2019/20	Hold focus groups with GRCHC front-line staff to plan implementation of change ideas received through Health & Wellbeing survey conducted in 2018	# of focus groups held; # of change ideas from results of Health & Wellbeing survey implemented by March 31, 2020	2-4 focus groups held; 5-10 change ideas implemented either in program and/or community initiative planning	
		Pilot use of communications tool to improve connectivity with Seasonal Agricultural Worker clinic clients.	C	Number / Clients	In house data collection / April 1 2019 - March 31 2020	91470*	CB	CB	As this is a pilot venture, and depends completely on client participation collecting baseline is appropriate.		1)Upon client presentation at Seasonal Agricultural worker clinic, question will be asked of client if they are willing to participate in pilot communications project.	Interpretation staff who facilitate client intake, and/or clinic admin staff to ask question and add information when applicable to client chart.	# of clients who agree to participate in pilot communications project; # of connections made using communications tool	Collecting Baseline	
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	91470*	CB	CB	New work being undertaken for this indicator, Collecting Baseline appropriately	HNHB LHIN Palliative Care Network	1)Partner with Palliative Care Network leads to provide education for primary care providers. Once learning in place, providers to scan existing client rosters and identify palliative clients. From that subset of palliative clients , assessment will take place and be documented in client chart.	Primary care clients to be identified by providers as palliative, and providers to conduct assessment to be documented.	% identified palliative clients were documented assessment is found in client chart	Collecting baseline	
		Chart audit process redesign including interdisciplinary team approach.	C	Redesign complete and new process in place / Clients	Internal process change / April 1 2019 - March 31 2020	91470*	CB	CB	This process is a planned improvement geared at optimizing safe and effective care. Through an interdisciplinary approach, the client is at the centre of the review and the client's needs drive the assessment of the review.	CHC network	1)New client review tool developed based on best practices in client record review. Standardized tool implemented across all staff providing one-on-one care.	Research primary care client record review existing policies and procedures available through CHC network. Engaging front line providers in the process to augment relevance of policy to services provided at GRCHC.	Client review tool developed and implemented across all staff providing one-on-one care; # of client reviews completed per provider per fiscal year.	Tool developed by June 30, 2019 and implemented across all staff providing one-on-one care by September 30, 2019. 3 client reviews/provider/year	
		Obtain both quantitative and qualitative data measuring effectiveness of therapeutic groups offered at GRCHC	C	% / Clients	In house data collection / April 1 2019 - March 31 2020	91470*	CB	CB	Participants of 2019 cohorts will be the first to have this qualitative data measured. Collecting baseline in 2019/20 will allow measured improvement to be reported in 2020/21.		1)Improve use of standard assessment tools (GAD-7 and MAAS) already used, by amalgamating standard assessment data collected with results from Outcome Rating Scale.	Collect data from group participants just prior to program start, right after program completion, again at 3 months and again at 6 months	Standard assessment tools are already used prior to start of programming and right after program completion, and will also be collected at 3 and 6 month intervals.	Collecting baseline	Collecting baseline found appropriate as 2019 program cohorts will be the first to have this data measured in this way
											2)Implement brief four-item 'Outcome Rating Scale' (ORS).	Collect data from group participants just prior to program start, right after program completion, again at 3 months and again at 6 months	Data will be collected and used for future assessment of the effectiveness of therapeutic groups offered at GRCHC	Collecting baseline	Collecting baseline found appropriate as 2019 program cohorts will be the first to have this data measured in this way
											3)Focus group facilitation to collect more qualitative data	Hold focus groups with previous (2019) cohort participants at 3 and 6 months	Participants from previous (2019) cohorts to be invited to participate in these focus groups	Collecting baseline	Collecting baseline found appropriate as 2019 program cohorts will be the first to have this data measured in this way

	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	91470*	CB	CB	This is new indicator and new measure for our sector. Appropriately collecting baseline.		1)Appropriately refer primary care clients to on site chronic non-cancer pain management team which focuses on providing multidisciplinary therapy to support patients and providers to improve decision making in chronic pain management through education, empowerment and access to alternative resources with the goal of improving quality of life.	Through internal data collection, rate will be pulled using specific EN-Code entries on centre EMR.	% of primary care clients appropriately referred to on-site non-cancer chronic pain management team.	Collecting Baseline	
Equity	**Equitable**	% of active (encountered within last 3 years) primary care clients with up-to-date socio-demographic information documented in client record.	C	% / Clients	In house data collection / April 1 2019 - March 31 2020	91470*	CB	50.00	Target is set low as this is new undertaking at centre, and work not fully realized in early planning stage.		1)For clients encountered within last 3 years, and not rostered within previous 6 months (as recognized as current), develop process to query updated socio-demographic information, and document in client record.	Collaboration within organization (medical secretaries and data support staff)plan best option(s) for communications with existing clients. Ideas include staff or volunteer facilitated updates in waiting room area, mail questionnaires to clients, telephone inquiries.	% of active primary care client charts who have updated socio-demographic information	Socio-Demographic update process(es) developed by June 30, 2019. 50% of client records have up-to-date socio-demographic information by March 31, 2020.	
		Meet LHIN target for referrals to Caring for my COPD program	C	Number / Patients with complex conditions	Internal process change / April 1 2019 - March 31 2020	91470*	211	250.00	Looking to improve upon our 2018/19 referrals and meet HNHB LHIN program target	Firestone Clinic, Brant Community Healthcare System, Local primary care providers external to GRCHC	1)New program coordinator to visit respirologists at Firestone Clinic and provide education on program.	Pulmonary Rehabilitation lead at Firestone Clinic will flag all clients with addresses within Brantford, Brant County, Haldimand County and Norfolk County.	All patients flagged will be referred to GRCHC's Caring for My COPD program.	100% flagged clients referred to program	
											2)Re-brand all marketing and advertising materials used to promote program to local primary care providers and hospital partners.	Re-branded materials will include Activities of Life (ADL) program facilitated by GRCHC OT, smoking cessation and nutrition counselling.	% increase in referrals from local primary care providers and hospital partners	Increase in referrals by 20% in 2019/20 FY in comparison to referrals received in 2018/19 FY	