

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

Unison Health & Community Services

AIM	Measure								Change			
Theme	Measure/Indicator	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
Efficient	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.	% / Discharged patients	EMR/Chart Review / Last consecutive 12 month period	91972*	0.33	0.67	This target is based on doubling the number of discharged clients who are followed up in 7 days (from 5 in 15 to 10 in 15).		1) Form a 7D QI team at 1 site (LH site).	Create a SIPOC (high level process map) to identify a QI team	# of staff on the QI team	Team identified; members include a representative of all those who have a role in HDs; QI capacity of team members increased
									2) Develop a process for following up on hospital discharge notifications	a. Test process on a short timeline and/or small scale b. Identify areas for improvement c. Implement improvements	# of clients contacted within 7 days; # of clients not contacted within 7 days and reasons	Finalize process for 1 site by Q4 2019-20
									3) Create a measurement plan	a. Create appropriate process measures b. Develop an operational definition for each measure c. Identify the method and frequency of collection	# of process measures; performance on process measures	Establish a consistent way of collecting and reporting on data
Timely	Percentage of patients and 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 / Annual, in fall	91972*	33.77	39.00	Unison's 2016 performance across all sites has been kept as the target. The WEQI Collaboration project is being implemented at 2 of our sites (with a 3rd doing their own QI work on this indicator). Eventually it is expected that this project will be implemented at all of our sites. (Note that current	Access Alliance Multicultural Health and Community Services, The Four Villages CHC, Davenport Perth Neighbourhood and CHC, Parkdale Queen West CHC, Regent Park CHC	1) Bring together an Access to Care (A2C) QI team at JT site	Create a SIPOC (high-level process map) to identify a QI team.	# of people who have been given QI training	Increase staff's QI capacity by end of March 2020
									2) Collect and understand MD/NP supply and demand data.	a. Apply supply and demand tool that was created the previous year in order to analyze and understand where to focus our improvement efforts. b. Manually collect supply and demand data for the MD on the JT QI team for a period of 6 to 8 weeks to understand the supply and demand patterns to inform	Collect supply and demand data for the MD at JT.	Depending on the site's needs, based on collected supply and demand data, balance supply and demand or make
									3i) Collect TNAA data for MD at JT site and analyze. 3ii) Continue to collect and analyze TNAA for 2 providers at BF site.	For change ideas 3i and 3ii: a. Apply the TNAA template for all 3 providers b. Continue adding data to the run chart for the MD/NP at BF and start a run chart for the MD at JT in order to interpret TNAA data and determine best possible target	# of days to TNAA	To improve the number of days to TNAA for each participating provider.
									4) Free up/increase the participating providers' supply of appointments	a. Test change ideas on the schedule of the MD/NPs on the QI teams. b. Apply the learning to other MD/NPs as appropriate.	TNAA for each participating provider is at target (based on best possible performance considering FTE and scheduling)	To improve TNAA appointment based on each provider's target.

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							performance across all sites is now being reported - whereas in 2017-18 and 2018-19, performance reported on this indicator was for the Bathurst-Finch site only.)		5) Appropriate use of all 3 participating providers' time	a. Analyze and understand pressures from internal and external demand on the QI providers' schedules to determine changes for improvements. b. Test change ideas for improvements. c. Measure revisit rates for all 3 providers based on client context.	Revisit rate	To optimize the use of each providers' time.
	Percent of patients and clients who responded "yes" to the question: "the last time you were sick or were concerned you had a health problem... did you get an appointment on the date that you wanted?"	% / PC organization population (surveyed sample)	In-house survey / Annual, in fall	91972*	73.9	78.5	78.5% was the overall result for Unison in the fall 2016 client experience survey.	Access Alliance Multicultural Health and Community Services, The Four Villages CHC, Davenport Perth Neighbourhood and CHC, Parkdale Queen West CHC, Regent Park CHC	1) Continue to ask this question on the 2019 client experience survey.	Continue with the practice of comparing the results of "same day/next day" and "when I want/need it" to understand if clients are getting appropriate access to primary care	a. Unison performance compared to other WEQI Collaborative CHCs collecting the measure; b. site-specific result for Bathurst-Finch and Jane Trethewey sites	1. To understand the % of clients who are getting an appointment when they want/need it for the primary care team 2. To compare and learn among CHCs participating in WEQI Collaboration 3. To set targets for improved access based on the benchmark from within the WEQI Collaboration
	Crosstab (of above two questions)	% / PC organization population (surveyed sample)	In-house survey / Annual, in fall	91972*	62	70	70% was the overall result for Unison based on the fall 2016 client experience survey.	Access Alliance Multicultural Health and Community Services, The Four Villages CHC, Davenport Perth Neighbourhood and CHC, Parkdale Queen West CHC, Regent Park CHC	1) Crosstabulate the results of the client experience survey questions to understand if clients are getting appointments when they want/need an appointment.	Continue with the practice of comparing the results of "same day/next day" and "when I want/need it" to understand if clients are getting appropriate access to primary care	Cross tabulate: Same day Next day 2-19 days 20 or more days With: % of people who got an appointment when they wanted/needed it	
Effective	Proportion of primary care clients with a progressive life threatening illness who have had their palliative care needs identified through a comprehensive and holistic assessment.	%	EMR/Six month reporting period ending at the most recent data point	91972*	CB	CB	This target is new for us and we don't know our current performance. We plan to get started in a small way with 1 program.		1) Form a QI team from within the Homebased PC Team 2) Develop screening process 3) Test/implement screening process with clients 4) Choose and test assessment process	Create a SIPOC to identify a QI team Share available resources and discuss with team Identify population to participate in test Share available resources and discuss with team	# of staff on the team Map/document of screening process # of clients screened; # of early, at risk clients identified Assessment process tool	Team identified Screening process map/document identified Screening process tested Assessment process tool identified