

Excellent Care for All

Quality Improvement Plans (QIP): Progress Report for 2014/15 QIP

The Progress Report is a tool that will help organizations make linkages between change ideas and improvement, and gain insight into how their change ideas might be refined in the future. The new Progress Report is mostly automated, so very little data entry is required, freeing up time for reflection and quality improvement activities.

Health Quality Ontario (HQO) will use the updated Progress Reports to share effective change initiatives, spread successful change ideas, and inform robust curriculum for future educational sessions.

ID	Measure/Indicator from 2014/2015	Current Performance as stated on QIP14/15	Target as stated on QIP 14/15	Current Performance 2015	Comments
1	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) TBD In-house survey	45.50	50.00	53.07	Lawrence Heights (LH) is the site on which improvement activities have been focused. The current performance data is from this site. For this item, the result of 45.5% reported on the previous QIP was calculated incorrectly (we erroneously included non-respondents and respondents who answered "not applicable/don't know/refused"). It should have been reported as 49.1%. Note: We are switching the focus of improvement activities to Bathurst-Finch (BF) site in 2015-16. The current performance on this indicator for BF site is 50.68%

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Change Ideas from Last Years QIP (QIP 2014/15)	Was this change idea implemented as intended? (Y/N button)	Lessons Learned: (Some Questions to Consider) What was your experience with this indicator? What were your key learnings? Did the change ideas make an impact? What advice would you give to others?
Revise client experience survey tool/process; survey clients	No	The answer to the question about implementation is yes and no. Many of our clients have difficult lives - low income, poor housing conditions, limited education and English. Our organization has limited resources for conducting our survey. We want to survey clients more frequently or continually, but these factors make it

Present supply and demand data to LH primary care team and brainstorm ideas to decrease demand (including presentation on scope of practice of NP, RN and RPN); Agree on some changes to test; Implement tests; Measure supply, demand and activity for all providers (with more detailed look at one physician's data); Review data with team and decide if there is a need (and capacity) to increase supply

Yes

Increase knowledge and skills of Unison staff in quality improvement.

Yes

difficult. Our learning is about a need to start small with this change. We will look at conducting some tests of real-time surveys in 2015-16.

The answer to the question about implementation is yes and no. Parts were implemented as intended. As to the PDSAs, it is a work in progress and it moves slowly. It was challenging to do this work in the midst of changing to a new EMR and with a team that was in transition (staffing turnovers and vacancies).

Lawrence Heights site: 4 front-line primary care staff and 2 managers received training from HQO on Oct. 7-8, 2014. Learning: we need to train more staff, including support staff. Even though the training was intended to train providers as QI leaders, providers do not have the time nor the depth of skills necessary to lead such initiatives in a large multi-disciplinary team environment such as Unison's.

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2	Percent of patients/clients who saw their primary care provider within 7 days after discharge from hospital for selected conditions (based on CMGs). % PC org population discharged from hospital TBD Ministry of Health Portal	CB	52.00	CB	With our transition to our new EMR in 2014-15, our ability to track our performance on this indicator became obsolete. We have recently developed a new tracking method and are piloting it. The Feb. 2015 pilot showed 6 discharge reports meeting criteria for this indicator. Of those, 2 clients (33.33%) got a primary care appointment within 7 days of discharge; 4 clients (66.66%) did not. We need to re-establish our baseline now that we have this new tool.

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Implement information and education initiatives with clients. At intake: new clients to be informed about giving us discharge report from hospital; new clients to be given wallet card to show to hospital (tracked through Case Coordinators who do primary care intake)	Yes	The answer to the implementation question is yes and no. Yes, we continued with the expectation/practice to give the wallet cards to clients. Tracking this has to be done manually and wasn't sustained during 2014-15. In 2015-16, we will look at a new method for tracking our progress on this. The idea for the wallet cards came from meetings with the hospitals in 2013-14. We were not aware that the bottleneck in sending discharge reports was due to a lack of information from our clients at the hospitals. Other primary care providers may find this idea useful as it is easy and inexpensive to implement.
Meet with hospitals to review current discharge communications and negotiate improvements. Add Unison's MDs and NPs to hospital's MIS database to enable them to receive e-faxes of discharge reports; obtain courtesy privileges for MDs and NPs to	Yes	There were no meetings with hospitals in 2014-15. Unison has not received courtesy privileges, but is receiving e-faxes of discharge reports. We weren't able to track anything for Q2-Q3 because of the transition to our new EMR. We piloted a new tracking tool in Feb. that pulls

hospital's electronic records.

Implement Hospital Report Manager

No

Development and testing of new tracking tool

Yes

information from the e-faxes. The e-faxes allow us to easily see when the client was discharged vs. when the discharge report was sent.

Now that we have moved to NOD, our new EMR, we have learned that we can apply to set up HRM. We have done so. Key learnings: we will only be able to provide HRM to our full-time M.D.s. Many hospitals to whom we refer the most are not yet on HRM and it will have limited use to us until that changes.

The new tool tracks the date on the hospital discharge report, the e-fax date and the date of the 1st primary care appointment after discharge to be able to identify the location of any delays (at hospitals vs. Unison). We have tested it for one month so far and it seems to work quite well. We want to use and test it further in coming months.

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3	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) 2014/2015 In-house survey	94.20	94.20	94.57	In 2013, we used a different question from Toronto Central LHIN: "The staff are easy to talk to and encourage me to ask questions." Unison had a result of 92.2% who agreed or strongly agreed with this question in 2013. In 2014, we changed to the HQO question: "When you see your doctor or nurse practitioner, how often do they or someone else in the office give you an opportunity to ask questions about recommended treatment?" Unison had a result of 94.6% who answered always or often to this question. Note: The "current performance as stated on QIP 14/15" of 94.25% is incorrect, as this result was from a different question.

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Maintain performance.	Yes	If we had reported on the correct question/data last year, then our results for this year were (94.6%) were a little better than last year (92.2%).

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4	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) 2014/2015 In-house survey	92.20	92.20	91.87	In 2013-14, we used a slightly different question from Toronto Central LHIN: "My health care provider always tells me about treatment options and involves me in decisions about the best treatment."

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Maintain performance.	Yes	Although performance from 2014-15 is slightly below the goal, progress is indicated as met because the difference disappears upon rounding and is likely not significant.

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5	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) 2014/2015 In-house survey	90.30	90.30	91.88	In 2013-14, we used a similar question from Toronto Central LHIN: "My health care provider always spends enough time with me."

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Maintain performance.	Yes	

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6	Percent of clients who stated that they know how to make a suggestion or complaint % PC organization population (surveyed sample) 2014-15 In-house survey	66.70	73.50	68.90	The overall result improved slightly from the previous QIP but did not meet the target.

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Increase number of staff who inform clients about the process to make a suggestion or complaint and/or help clients to make a suggestion or complaint	Yes	The complaints process and suggestion boxes were promoted to staff through presentations at staff meetings. This is what was planned. It did not have much impact. Lessons learned: the change idea as indicated is too difficult to measure. It has been changed.
Inform clients about the process to make a suggestion or complaint	Yes	Information to clients was given through articles in each of two issues of Unison Voice newsletter. Lessons learned: A recent client survey about the newsletter showed that few clients know about it or read it. We will try a different change idea.

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7	Percent of clients who stated that Unison staff help me connect to the services and programs they need at Unison or in their communities % PC organization population (surveyed sample) 2014-15 In-house survey	80.70	84.00	80.60	Target was not met. Result was the same as previous QIP. Sample size=743.

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Promotion of Unison Links	Yes	Unison Links was promoted in each of two of two issues of Unison Voice newsletter. Lessons learned: A recent client survey about the newsletter showed that few clients know about it or read it. We will try a different change idea. It might be better to avoid using same change methods for multiple indicators.
Set up and inform staff on how to use internal referral system in NOD;	No	Our transition to NOD in 2014 was a huge project that required significant resources. The set-up of an internal referral system in NOD was not high on the priority list during the roll-out. Now that we have transitioned to NOD, it is clear that providers are unhappy with all the extra clicks required to do the work. We did not want to compound the pressure on providers by creating yet another work flow in this area and chose to use NOD only to record referrals and not to facilitate them. Also, this may not be the best change idea to improve client experience in this area. We are dropping it.

ID	Measure/Indicator from 2014/2015	Current Performance as stated on QIP14/15	Target as stated on QIP 14/15	Current Performance 2015	Comments
8	Percent of patient/client population over age 65 that received influenza immunizations. % PC organization population aged 65 and older TBD EMR/Chart Review	40.00	45.00	NA	Q1=22.6%. This data, captured from our old EMR, is the only data that we currently have.

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Increase # of different promotional strategies at all 4 sites; refresher training on documentation of flu vaccines	No	With our limited resources, it is difficult to track # of promotional strategies used at all 4 sites. It was especially challenging in 2014-15 when we were also going through Qmentum - and had to try to track many additional things across sites. We didn't realize that NOD would require more effort/clicks to enter a flu shot than our previous EMR. Refresher documentation was provided to all staff but it came out well into flu season. Unison was also involved in a separate LHIN project to promote and increase uptake of flu shots for seniors. It may have been successful, but did not demonstrate this in the data as many seniors reported that they got the shot at a pharmacy. For all these reasons (and the challenges we have currently with obtaining data to monitor our progress), we are dropping this objective.

