

# 2015/16 Quality Improvement Plan for Ontario Primary Care

## "Improvement Targets and Initiatives"



Unison Health & Community Services

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	91972*	53.07	70	The Bathurst-Finch primary care team agreed to set this target. Their current baseline is 50.68%. The above current performance is for the Lawrence-
		# of unique active clients with attachment to primary care provider	Counts / All primary care clients	OHRs, MOH / 2015-16	91972*	6253	7900	This target has been approved by TC-LHIN as part of our 2015-16 CAPS.

Integrated	Timely access to primary care appointments post-discharge through coordination with hospital(s).	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	Ministry of Health Portal / April 1 2013 - March 31 2014	91972*	CB	0	As explained in the narrative, we need to re-establish our baseline because we had to develop a new tracking tool for this indicator when we changed EMRs.
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	% / PC organization population (surveyed sample)	In-house survey / April 1 2014 - March 31 2015	91972*	94.57	94.57	We met our performance goal for 2014-15. As the result is quite high and
		Percent of patients who stated that when they see the doctor or nurse practitioner, they or someone else	% / PC organization population (surveyed sample)	In-house survey / April 1 2014 - March 31 2015	91972*	91.87	92	The target for 2014-15 was 92.2%. Although our performance in 2014-15 was a
		Percent of patients who stated that when they see the doctor or nurse practitioner, they or someone else	% / PC organization population (surveyed sample)	In-house survey / April 1 2014 - March 31 2015	91972*	91.88	91.88	We met our performance goal for 2014-15. As the result is quite high and
		Percent of clients who stated that they know how to make a suggestion or a complaint	% / Clients	In-house survey / 2015-16	91972*	68.86	73.5	The overall result improved slightly from 2013-14 when it was 66.7% but did not meet the target of 73.5% that we set for 2014-15. We have some new

		Percent of clients who stated that Unison staff help them connect to the services and	% / Clients	In-house survey / 2014-15	91972*	80.6	84	Target for 2015-16 is the same as 2014-15. We will try different change ideas in
--	--	---	-------------	---------------------------	--------	------	----	--

Change				
Planned improvement initiatives (Change Ideas)			Goal for change ideas	Comments
	Methods	Process measures		
1) Increase supply of 'same day' visits by revising scheduling practices	Shape supply of 'same day' vs 'pre-booked' appointments available based on external demand data collected; develop and implement principles for appointment booking to implement the transition	% of clients scheduled for an appointment by the front desk within 24 hours of request	Increase in % of clients requesting a 'same day' appointment who are scheduled for	We will focus on the Bathurst-Finch site. The team has already agreed to work
2) Educate clients about how to access appointments when needed.	Develop messages. Identify methods for communication. Design tools and vehicles to deliver the communication.	Real time survey of clients: "How often can you get an appointment when you need one?"	85% of clients indicate "always" or "often" in response to this question.	The working group will give further consideration to the best process
1) Increase population eligible to receive primary care services by enlarging catchment area further east	Track postal codes of all new primary care clients	Calculate number of new clients from postal codes within the enlarged catchment in 2015-16; compare results with total number of clients from same postal codes from 2014-15; balancing measure: attrition of clients from these postal codes	Increase number of unique active clients from expanded areas of catchment by	Postal codes will only provide an estimate of the success of this strategy as postal
2) Increase promotion of 3 Unison sites that are open to admitting new primary care clients	# of different strategies for promoting each site; promotional flyer exists for each site; # of strategies for distributing flyers	at least 2 different strategies for promoting each site identified and implemented in 2014-15; flyer developed for each site by Q1 2015-16; at least 2 strategies for distributing flyers identified and implemented in each site; balancing measure: attrition rate of active clients	Increase in total number of active unique clients during 2015-16	
3) Phone reminders to clients who haven't been to their provider in 1.5 years - to encourage them to book an appointment in the	Use automated phone call system. Obtain reports on calls completed successfully and unsuccessfully. Devise tracking system to identify which clients who were contacted subsequently book an appointment.	# of clients contacted; # of clients contacted who book an appointment within 6 months; balancing measure: # of wrong phone numbers	Rate of attrition of active clients is reduced by ?? %	

1)Implement new tracking tool	Develop tracking tool (1st version completed); train staff responsible for scanning to enter information into the tool (done); begin to collect data using the tracking tool (started as of February 2015)	Each entry to the tool is checked for errors and validated or corrected as necessary; comparison of data from tracking tool with Practice Profile	100% of staff surveyed agree that new tracking tool provides more reliable data in less	
2)Share, discuss and analyze performance on the indicator with Unison admin and primary care teams and with hospitals as	Reports are prepared, meetings are held and reports are shared, discussed and analyzed.	# and types of bottlenecks identified, # and type of remedies to bottlenecks developed	At least one bottleneck is identified, and at least one change idea for a remedy	
3)Provide information cards to all new primary care clients	Provide refresher training to front desk staff on the information cards, including context on why it is important to do this	% of new primary care clients who received an information card in 2015-16	90% of all new primary care clients receive an information card in 2015-16	
1)Maintain performance.	Maintain performance.	Maintain performance.	Maintain performance.	
1)Maintain performance.	Maintain performance.	Maintain performance.	Maintain performance.	
1)Maintain performance.	Maintain performance.	Maintain performance.	Maintain performance.	
1)Inform clients about the process to make a suggestion or complaint	# of weeks Powerpoint slides about suggestion and complaint process are displayed on TVs in each of 4 sites; method # 2, tbd	# of communication modes used to inform clients; frequency of communication per mode	Implement at least 2 new modes of communication with clients about the process to	
2)Increase number of staff who inform clients about the process to make a suggestion or complaint and/or help clients to make	Provide refresher training at all staff meetings; train staff on new e-form for client complaints	# of staff receiving training at all staff meetings; # of times training is repeated during the year	Increase the % of clients who strongly agree/agree that they know how to	

1)Revisit findings of waiting room/way finding review conducted in 2014: which improvements were successfully implemented	Organize another meeting for purpose of waiting room/way finding review; use minutes of previous meeting to assess progress; identify actions still to be implemented and plan next steps; identify additional actions that could be taken to improve communication	# of changes implemented at Keele-Rogers site to better inform clients about services and programs	Client satisfaction on this indicator increased from ?? to ?? by end of 2015	We will focus on improving our performance on this indicator at the Keele-Rogers
---	---	--	--	--