

**Quality Improvement Plans (QIP):
Progress Report for the 2015/16 QIP (Q1-Q4)
May 2016**

ID	Measure/Indicator from 2015/16	Org Id	Performance to Q3 2014-15 as stated on QIP 2015/16	Target for 2015/16	Performance to Q4 2015/16	Comments
1	# of unique active clients with attachment to primary care provider (Counts; All primary care clients; 2015-16; OHRS, MOH)	91972	6253	7900	8201	This was the performance for the year 2015-16 at end of Q4.
Change Ideas from Last Years QIP (QIP 2015/16)		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?			
Increase population eligible to receive primary care services by enlarging catchment area further east		Yes	This change idea, which was only at the Bathurst-Finch site, brought in approximately 244 new clients from out of catchment during the fiscal year. However, rate of growth in new clients at Bathurst-Finch from inside traditional catchment boundaries may match rate of growth from outside. Learned that it will be good to continue recruitment from both inside and outside. We intend to maintain this change, but we will remove the indicator since it is not required by HQO and we are choosing to focus on other areas in our 2016-17 QIP work plan.			
Increase promotion of 3 Unison sites that are open to admitting new primary care clients		Yes	Lawrence Heights site: (1) distributed a flyer to all Pathways To Education program students, (2) held BBQ/open house, (3) posted out door sign; Bathurst-Finch site: (1) distributed a flyer; (2) held 4 open houses, (3) increased referrals from hub partner organizations; Jane-Trethewey site: (1) distributed a flyer, (2) held BBQ. We intend to continue promotional efforts but will remove this indicator.			
Phone reminders to clients who haven't been to their provider in 1.5 years - to encourage them to book an appointment in the upcoming 6 months		No	We decided instead to phone clients who hadn't been to their provider in 2 to 2.5 years because the technical specification to calculate the access to primary care MSAA indicator is changing and will be based on active clients. A student was assigned to do the test. From a list of 91 clients he called who are due to become inactive in Q3 of 2016-17, not one client agreed to book an appointment. Conclusion: phone reminders are not worth the time spent, given that 60% could not			

be reached in 1 try and 21% of phones were not in service/wrong numbers.

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2	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); April 1 2014 - March 31 2015; In-house survey)	91972	91.87	92.00	82.25	There was a change to the scale used on this question compared to last year. A middle "Sometimes" category was new and 13% of clients selected it. This may account for the change in our results. We have set a higher target for next year and included a change idea in the work plan.

Change Ideas from Last Years QIP (QIP 2015/16)	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?
Maintain performance.	No	We are unsure if we maintained performance. Results show 13% of clients responded 'sometimes', which is substantial. See above comments.

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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) spend enough time with them? (%; PC organization population (surveyed sample); April 1 2014 - March 31 2015; In-house survey)	91972	91.88	91.88	87.19	There was a change to the scale used on this question compared to last year. A middle "Sometimes" category was new and 10% of clients selected it. As we do not think that there was any other substantive change, we will consider 87.19% as our new baseline/target.

survey)

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Maintain performance.	Yes	The magnitude of the decrease in performance on this item was not large and may not have been statistically significant. Given the change in the scale for the question, we will adjust our target to 87.19% for next year.

ID	Measure/Indicator from 2015/16	Org Id	Performance to Q3 2014-15 as stated on QIP 2015/16	Target for 2015/16	Performance to Q4 2015/16	Comments
4	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; April 1 2013 - March 31 2014; Ministry of Health Portal)	91972	CB	0.00	46	A total of 50 discharge reports were received. Our analysis shows that improving on performance is not entirely within our control, as some reports were not sent by the hospital within 7 days; some clients failed to come for their appointment within 7 days and some clients were readmitted, discharged elsewhere or died.

Change Ideas from Last Years QIP (QIP 2015/16)	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?
Implement new tracking tool	Yes	The tracking tool is working well. Data is entered by Medical Secretaries. For clients who were not seen in 7 days, Medical Secretaries are requested to enter the reason. Reasons are not entered every time - perhaps because they are unclear to the Medical Secretaries. We have made some changes to the tool in March-April-May 2016 - to ensure it captures good quality data. Also, we will continue to work with the staff to improve reporting – we plan to train them soon in the new tool.
Share, discuss and analyze performance on the indicator	Yes	Data shared with Unison primary care site managers in Jan. 2016. Relevant data from Q1-

with Unison admin and primary care teams and with hospitals as appropriate

Provide information cards to all new primary care clients Yes

Q3 shared with hospital.

Anecdotal reports are that providers' business cards are handed out to clients at the front desk. However, it is not possible to track who received cards and who didn't.

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5	Percent of clients who stated that they know how to make a suggestion or a complaint (%; Clients; 2015-16; In-house survey)	91972	68.86	73.50	60.35	Communicating by print media did not improve performance on this indicator. Rather, performance declined. In recent focus groups, clients told us written material may not be the best communication method and they do not like to write their feedback.

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Inform clients about the process to make a suggestion or complaint	Yes	A slide show about making a complaint was created and shown frequently on TVs in waiting rooms at all sites. Key learning: communicating with our clients via print media is ineffective.
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	There was a presentation to remind staff at a staff meeting. This is probably insufficient because many staff won't find time during appointments to inform clients about the process. We are looking at new strategies such as incorporating this into someone's job.

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6	Percent of clients who stated that Unison staff help them connect to the services and programs they need at Unison or in their communities (%; Clients; 2014-15; In-house survey)	91972	80.60	84.00	75.83	Performance on this item, while it declined a bit, is pretty good. It is hard to determine the factors that impact our results on this indicator. We have decided to remove it.

Change Ideas from Last Years QIP (QIP 2015/16)	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?
Revisit findings of waiting room/way finding review conducted in 2014: which improvements were successfully implemented and which are still outstanding	Yes	This change idea was intended to be implemented at one specific site (Keele-Rogers), and this was done. Some actions from the waiting room survey, that were outstanding, are now completed. Example: white board listing day's groups has been set up and is updated daily.

ID	Measure/Indicator from 2015/16	Org Id	Performance to Q3 2014-15 as stated on QIP 2015/16	Target for 2015/16	Performance on 2015 survey	Comments
7	Percent of patients/clients who responded positively to the question: "The last time you were sick or were concerned you had a health problem, how many days did it take from when you first tried to see your doctor or nurse practitioner to when you actually SAW him/her or someone else in their office?" (%; PC organization population (surveyed sample); April 1 2014 - March 31 2015; In-house survey)	91972	53.07	70.00	33.33	Performance did not meet target and was lower than the previous year. (Note: 53.07% was the 2014-15 performance at the Lawrence Heights site; the performance at the Bathurst-Finch site was 50.68%). The assumption behind the question is that everyone who feels an urgent need for an appointment should get an appointment within 1-2 days. By contrast, the hybrid system implemented at

the Bathurst-Finch site assumes that some clients' issues are less urgent than they think, and some clients actually want/need to book more in advance. For this reason, the Bathurst-Finch primary care team decided to change to a hybrid booking system with a combination of urgent appointments (available within 1-2 days), and 'pre-booked' appointments for less urgent issues. As a result, when this survey question is put to all clients, there are some who will say they waited longer than 1-2 days the last time they needed to see their provider. See Narrative – QI Achievements (1st paragraph) and Workplan - Target Justification for additional details. A survey of clients with urgent needs is under way, which will better assess progress compared to target.

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Increase supply of 'same day' visits by revising scheduling practices	Yes	We opened up slots to enable clients to make urgent appointments within 1-2 days and created booking criteria for non-urgent appointments (to guide Receptionists). Urgent slots have been well utilized. The 3rd next available appointment of 2 Bathurst-Finch MDs, 1 NP and 1 RPN is currently 1 day for the urgent appointment slots. The 1 full-time MD is at 80% of her panel size and a pre-booked appointment with her requires a wait of about 2 weeks.
Educate clients about how to access	Yes	A clear language flyer, in four languages, was distributed to clients and displayed on the TV monitors.

appointments when needed.

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8	Percent of respondents who responded positively to the 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?" (%; PC organization population (surveyed sample); April 2015 - March 2016 ; In-house survey)	91972	94.57	94.57	88.13	There was a change to the scale used on this question compared to last year. A middle "Sometimes" category was new and 8% of clients selected it.

Change Ideas from Last Years QIP (QIP 2015/16)	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?
Maintain performance.	Yes	The magnitude of the decrease in performance on this item was not large and may not have been statistically significant. Given the change in the scale for the question, we will adjust our target to 88.13% for next year.