

## Theme I: Timely and Efficient Transitions | Efficient | Priority Indicator

Indicator #6	Last Year		This Year	
	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. (Ingersoll NPLC)	<b>100</b> Performance (2019/20)	<b>100</b> Target (2019/20)	<b>98.20</b> Performance (2020/21)

### Change Idea #1

The NPs will alert the RPNs when a discharge summary is received so that follow up can be completed within 7 days.

#### Target for process measure

- The target for this indicator is 100%.

### Lessons Learned

Communication between the NPs and the RPNs (as well as the administrative team) has been instrumental to ensure that follow-up can be completed within 7 days post-hospital discharge when necessary. However, communication between local hospitals has been initiated to ensure that all post-hospital discharge reports are sent and received by the NP to ensure adequate follow-up can take place when necessary.

Indicator #5	Last Year		This Year	
	Percentage of patients who have had a 7-day post hospital discharge follow up, by a community care provider for selected conditions- CHCs. (Ingersoll NPLC)	<b>CB</b> Performance (2019/20)	<b>CB</b> Target (2019/20)	<b>NA</b> Performance (2020/21)

### Change Idea #1

We will be continuing the collaboration with area hospitals to develop data sharing agreements to facilitate more efficient and effective information sharing, which will align with the forthcoming establishment of Ontario Health Teams.

#### Target for process measure

- To establish a data sharing agreement with each area hospital, specifically beginning with the Ingersoll/Tillsonburg hospitals to connect with the collaborative expansion proposal that will be submitted with these two area hospitals.

### Lessons Learned

Collaboration has continued with area hospitals to develop data sharing agreements to facilitate more efficient and effective information sharing (that is, more timely and detailed hospital discharge notifications), specifically within the context of the forthcoming establishment of the regional Ontario Health Team.

## Theme I: Timely and Efficient Transitions | Timely | Priority Indicator

	Last Year		This Year	
<b>Indicator #3</b>	<b>CB</b>	<b>CB</b>	<b>52.79</b>	<b>--</b>
Percentage of patients and clients able to see a doctor or nurse practitioner on the same day or next day, when needed. (Ingersoll NPLC)	Performance (2019/20)	Target (2019/20)	Performance (2020/21)	Target (2020/21)

### Change Idea #1

We will modify the Patient Experience Survey to include a more global and validated measure of satisfaction with access to care and to ask about their experience with phone call triage. The name of the Patient Experience Survey will be modified for ease of administration with the Ocean tablet. We will also monitor that the Patient Experience Survey to ensure that those patients with same day/next day appointments are represented in the sample.

#### Target for process measure

- The number of surveys completed and the rate of positive responses will be increased.

### Lessons Learned

The Patient Experience Survey was modified to capture more detail from patients to report the satisfaction with access to care. From this survey, 95.1% of patients indicated that they were Satisfied or Very Satisfied with access to care and 93.0% of patients indicated that they were Satisfied or Very Satisfied with phone call triage.

## Theme II: Service Excellence | Patient-centred | **Priority Indicator**

	Last Year		This Year	
<b>Indicator #1</b>	<b>97.71</b>	<b>98</b>	<b>98.55</b>	<b>--</b>
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 (Ingersoll NPLC)	Performance (2019/20)	Target (2019/20)	Performance (2020/21)	Target (2020/21)

### Change Idea #1

The name of the Patient Experience Survey will be modified for ease of administration with the Ocean tablet. We will also monitor that the Patient Experience Survey to ensure that those patients with same day/next day appointments are represented in the sample.

#### Target for process measure

- The number of surveys completed and the rate of positive responses will be increased.

### Lessons Learned

The Patient Experience Survey name and content was modified for ease of administration and to maximize the amount of feedback received from patients. The patients with same day/next day appointments were captured as much as possible and the medical office assistants maximized the number of surveys initiated throughout the year.

## Theme II: Service Excellence | Patient-centred | Custom Indicator

Indicator #4	Last Year		This Year	
	Percentage of patients in the last 12 months who receive interdisciplinary care from more than one provider (NP or IHP) at the NPLC. (cross-NPLC indicator) (Ingersoll NPLC)	<b>CB</b> Performance (2019/20)	<b>CB</b> Target (2019/20)	<b>58.10</b> Performance (2020/21)

### Change Idea #1

We will be continuing the collaboration with the QIIMS and the other NPLCs in the province to plan an approach, in consultation with both the NPs and IHPs within each NPLC, to most adequately capture the interdisciplinary health care delivery experienced by patients of the NPLC.

#### Target for process measure

- In a team-based setting, patients have access to a range of health professionals, where nurse practitioners work closely with other care providers, like dietitians, mental health providers and physiotherapists. This ensures patients see the right provider when they need it, improving the patient experience, increasing efficiency and avoiding emergency room visits. The initial steps will need to be completed before reporting on this new indicator, but meetings will be held starting in Summer 2019 and searches, queries or tools should be implemented by Fall 2019.

### Lessons Learned

Collaboration has continued with the QIIMS to capture the interdisciplinary health care delivery experienced by patients of the NPLC and the same calculation was done to identify the proportion of patients who have seen an NP and any other IHP, which was selected to indicate interprofessional health care delivery within the NPLC.

**Theme III: Safe and Effective Care | Effective | Priority Indicator**

	Last Year		This Year	
<b>Indicator #7</b>				
Proportion of patients with a progressive, life-limiting illness who were identified to benefit from palliative care who subsequently have their palliative care needs assessed using a comprehensive and holistic assessment. (Ingersoll NPLC)	<b>CB</b>	<b>CB</b>	<b>1</b>	<b>1</b>
	Performance (2019/20)	Target (2019/20)	Performance (2020/21)	Target (2020/21)

**Change Idea #1**

We will identify the patients of the Ingersoll NPLC who are older than the age of 75 years and/or who have a progressive, life-limiting illness. We will also identify the ways in which a comprehensive and holistic assessment can be incorporated into a clinical visit within the NP scope of practice and with the support of an interdisciplinary health care team.

**Target for process measure**

- The initial steps for this new indicator will need to be completed before reporting on this new indicator can take place and implementation of the comprehensive and holistic assessment will take place in Summer 2019 or Fall 2019.

**Lessons Learned**

Patients who were eligible for early palliative care support (with specific life-limiting illness and over the age of 65 years) were identified using a search in the EMR and a comprehensive and holistic assessment was started by the completion of the surprise question, substitute decision maker and/or advance care planning. This work will continue to be expanded for more patients and will be supported by both the Nurse Practitioner and Social Worker team members as needed.

## Theme III: Safe and Effective Care | Safe | Priority Indicator

Indicator #2	Last Year		This Year	
	Percentage of non-palliative patients newly dispensed an opioid prescribed by any provider in the health care system within a 6-month reporting period. (Ingersoll NPLC)	<b>CB</b> Performance (2019/20)	<b>CB</b> Target (2019/20)	<b>NA</b> Performance (2020/21)

### Change Idea #1

We will identify patients of the Ingersoll NPLC who are currently on an opioid medication and will implement a plan of care for these patients.

#### Target for process measure

- A comprehensive patient list will be generated by June 30, 2019, including information on controlled substance agreements, prescribing period and dosage of morphine equivalents. 100% of controlled substance agreements and short prescribing period (to align with standards). All NPs will be trained.

### Lessons Learned

Patients with newly prescribed opioid medications by providers within the NPLC were identified and a plan of care implemented to ensure adequate support for these patients.