Excellent Care for All

Quality Improvement Plans (QIP): Progress Report for 2018/19 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 2018/19	Org Id	Current Performance as stated on QIP2018/19	Target as stated on QIP 2018/19	Current Performance 2019	Comments
1	% of patients who receive self management support and treatment strategies to manage chronic pain (%; All patients; April 1 2018-March 31-2019; EMR/Chart Review)	91956	CB	CB	40.00	Note: The change idea from last year's QIP was meant to indicate "support and treat chronic pain" and not "support and treat insomnia". This change idea was implemented in the later part of the fiscal year. It is expected that with time, the results would increase.

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Change Ideas from Last Years QIP (QIP 2018/19)	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?
Support and treat insomnia using self management strategies outlined in the CEP Guideline for Chronic Non-Cancer Pain	Yes	The change idea from last year was implemented as intended as the clinical staff identified and referred patients living with chronic pain for CBT sessions, which incorporated self-management strategies that were outlined in the CEP Guideline for Chronic Non-Cancer Pain. Key learnings included the need to consistently identify and refer patients with chronic pain during clinical encounters and indicating this within the EMR. The change idea has made a positive impact to improve the clinical care and self-management opportunities for patients with chronic pain.

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2	% of patients who receive self management support and treatment to manage insomnia (%; All patients; April 1 2018-March 31-2019; EMR/Chart Review)	91956	CB	CB	40.00	This change idea was implemented December 2018-March 2019 and therefore the impact is not fully known. The insomnia project will continue into the 2019-2020 fiscal year.

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Support and treat insomnia using self management strategies outlined in the CEP Guideline for Insomnia.	Yes	The change idea from last year was implemented as intended as the clinical staff identified and referred patients living with insomnia for CBT sessions, which incorporated self-management strategies that were outlined in the CEP Guideline for Insomnia. Key learnings included the need to consistently identify and refer patients with insomnia during clinical encounters and indicating this within the EMR. The change idea has made a positive impact to improve the clinical care and self-management opportunities for patients with insomnia.

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3	% of patients with chronic non-cancer pain who are offered opioid alternatives for pain management (%; All patients; April 1 2018-March 31-2019; EMR/Chart Review)	91956	CB	CB	70.00	The NPs found the CEP Guideline for Managing Chronic Non-Cancer pain to be difficult to use. Therefore the form was to utilized to its full extent.

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NPs will use the CEP's Guidelines for Managing Chronic Non-Cancer Pain to provide patients with alternatives to opioid medications.	Yes	This change idea was implemented as intended as the NPs have integrated the CEP Guidelines for Managing Chronic Non-Cancer Pain to provide patients with alternatives to opioid medications, including indication if anti-inflammatory medication, physiotherapy, etc. were offered to patients living with non-cancer chronic pain.

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4	% patients/clients who receive mental health or addiction care that perceive the Ingersoll NPLS as a welcoming, nondiscriminating and comfortable environment. (%; Mental health patients; April 1 2018-March 31 2019; In house data collection)	91956	CB	95.00	93.20	Note: Data have been collected from OPOC patients who have indicated "Strongly Agree" with the facility being a welcoming, non-discriminating and comfortable (e.g., entrance, waiting room, decor, posters, my room if applicable).

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Increase competence of staff to manage patients presenting with challenging behaviours and cultural differences.	Yes	This change idea was implemented as intended, more specifically through training for staff that has included professional development regarding difficult patients (completed by a social worker and 3/4 NPs) and a training course that discussed initiating opioid abuse disorder treatment and included 6/10 lessons on dealing with challenging behaviours (completed by 2/4 NPs). These change ideas have made an impact by enhancing capacity for staff and have extended to other areas (such as posting signage that the clinic is a safe space for LGBTQ+ patients).

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5	Number of requests for support from RPNs during clinical visits to provide essential non-scheduled care (Count; All patients; March 1 2018-March 1 2019; In house data collection)	91956	CB	CB	787.00	787 Phone Call Triage Completed for 435 Patients. Note: Data were collected using manual tracking and phone call triage by RPNs.

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Gain a baseline understanding of the impact that RPN essential non-scheduled care has on patient care access and efficiency.	Yes	This change idea was implemented as intended as a baseline understanding was created for the impact of essential non-scheduled care by the RPNs. Patient care access (non-scheduled) and efficiency has been enhanced through the expansion of this change idea to the implementation of RPN phone call triage for same day/next day appointments.

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6	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 2017 - March 2018; In-house survey)	91956	98.30	100.00	97.71	Patient engagement is a key factor within the nursing philosophy and self management of chronic health conditions. The Ingersoll NPLC will continue to place this indicator as a relevant measure of our overall mandated performance.

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Establish a Patient and Family Advisory Committee (PFAC).	No	This change idea was not implemented as intended as the Patient and Family Advisory Committee was not established as there was a lack of patients and family members who could be recruited to participate in this advisory committee (even after advertisement within the clinic and outside the clinic via social media). There was a total of 2 patients who expressed interest and the staff will determine how to incorporate these patients in a different way (such as conducting patient interviews on the experience of receiving care within the NPLC).

ID	Measure/Indicator from 2018/19	Org Id	Current Performance as stated on QIP2018/19	Target as stated on QIP 2018/19	Current Performance 2019	Comments
7	Percentage of Ontario screen-eligible individuals, 50-74 years old, who were overdue for colorectal screening in each calendar year (%; PC organization population eligible for screening; Annually; See Tech Specs)	91956	51.00	40.00	50.90	This change idea could have a larger impact moving forward with the updated FIT screening process.

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Promote colorectal screening with all new patients who are screen-eligible at initial assessment.	Yes	This change idea was implemented as intended by promoting and completing screening during the initial assessment for all new and screen-eligible patients.

ID	Measure/Indicator from 2018/19	Org Id	Current Performance as stated on QIP2018/19	Target as stated on QIP 2018/19	Current Performance 2019	Comments
8	Percentage of Ontario screen-eligible women, 21-69 years old, who completed at least one Pap test in 42-month period. (%; PC organization population eligible for screening; Annually; CCO-SAR, EMR)	91956	75.60	80.00	68.30	This change idea could have a larger impact moving forward as more screen-eligible patients come in for their follow-up visit after initial intake.

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Offer cervical screening to all female new patients who are screen-eligible, aged 21-69 at their initial visit or physical exam.	Yes	This change idea was implemented as intended by promoting and completing screening during the initial assessment or physical exam for all new and screen-eligible female patients.

ID	Measure/Indicator from 2018/19	Org Id	Current Performance as stated on QIP2018/19	Target as stated on QIP 2018/19	Current Performance 2019	Comments
9	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); April 2018 - March 2019; In-house survey)	91956	37.80	98.00	CB	Note: This question within the Patient Experience Survey does not ask patients specifically regarding access to same day/next day appointments.

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N/A	Yes	The question within the Patient Experience Survey does not ask patients specifically regarding access to same day/next day appointments, nor is this a reflection of the level of access available at the Ingersoll NPLC.
Phone Call Triage Implemented	Yes	The phone call triage was incorporated to improve access to same day/next day appointments, specifically through decreasing the number of inappropriate same day/next day appointments with the education and management of patients by the RPNs.

ID	Measure/Indicator from 2018/19	Org Id	Current Performance as stated on QIP2018/19	Target as stated on QIP 2018/19	Current Performance 2019	Comments
10	Percentage of patients identified as meeting Health Link criteria who are offered access to Health Links approach (%; Patients meeting Health Link criteria; most recent 3 month period; In house data collection)	91956	CB	CB	NA	Staffing challenges within the LHIN limited the availability of case managers to complete coordinated care plans.

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Refer those patients/clients who have complex health and social issues that are not being addressed by the in-house interdisciplinary team, to Oxford Health Link.	Yes	As noted in this change idea, the clinical staff have been identifying patients who have complex health and social issues. However, these patients have not been referred to Oxford Health Link due to issues with capacity of Health Links care coordinators. Subsequently, the clinical staff have halted referrals and care for these complex patients has continued within the in-house interdisciplinary team (as well as support from system navigators and outreach from the local CHC for additional needs).

ID	Measure/Indicator from 2018/19	Org Id	Current Performance as stated on QIP2018/19	Target as stated on QIP 2018/19	Current Performance 2019	Comments
11	Percentage of patients who have had a 7-day post hospital discharge follow up for selected conditions. (CHCs, AHACs,NPLCs) (%; Discharged patients ; Last consecutive 12 month period; See Tech Specs)	91956	60.00	75.00	CB	This change idea is appropriate for a shared quality improvement plan with the area hospitals.

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Develop a social media campaign directed at patients to encourage them to arrange follow up following discharge from hospital within 7 days.	Yes	This change idea was implemented as intended via a social media campaign that was implemented by the administrative lead of the NPLC. This social media campaign was specifically targeted towards patients, however, the clinical staff often do not find out until after the 7-day period has passed when a patient has been discharged from hospital.

ID	Measure/Indicator from 2018/19	Org Id	Current Performance as stated on QIP2018/19	Target as stated on QIP 2018/19	Current Performance 2019	Comments
12	Percentage of patients who were discharged in a given period for a condition within selected HBAM Inpatient Grouper (HIGs) and had a non-elective hospital readmission within 30 days of discharge, by primary care practice model. (%; Discharged patients with selected HIG conditions; April 2016 - March 2017; DAD, CAPE, CPDB)	91956	CB	CB	NA	This change idea could make a larger impact moving forward with continuing and enhanced partnership with the local hospitals.

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Collect baseline data of patients who are re-admitted to hospital within 30 days of discharge for selected HIGs.	Yes	The baseline data of patients who were readmitted to hospital within 30 days of discharge for selected HIGs was determined, which indicated that no patients were readmitted to hospital within 30 days.

ID	Measure/Indicator from 2018/19	Org Id	Current Performance as stated on QIP2018/19	Target as stated on QIP 2018/19	Current Performance 2019	Comments
13	Percentage of patients with diabetes, age 18 or over, who have had a diabetic foot ulcer risk assessment using a standard, validated tool within the past 12 months (%; patients with diabetes, aged 18 or older; Last consecutive 12 month period; EMR/Chart Review)	91956	CB	80.00	89.00	The ability to complete this change idea was limited to the patients who made appointments for diabetes care.

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All clinicians who provide DM related care will complete INLOW's 60 Sec Diabetic Foot Screen as part of their standard assessment.	Yes	This change idea was implemented as intended with all clinical staff who provide DM-related care (4/4 NPs and 2/3 RPNs) specifically completing this screen as part of this standard assessment. This has been successfully integrated into the clinical encounter, documented in the EMR and will continue to provide high quality DM care.

ID	Measure/Indicator from 2018/19	Org Id	Current Performance as stated on QIP2018/19	Target as stated on QIP 2018/19	Current Performance 2019	Comments
14	Percentage of patients with diabetes, aged 40 or over, with two or more glycated hemoglobin (HbA1C) tests within the past 12 months (%; patients with diabetes, aged 40 or over; Annually; ODD, OHIP-CHDB,RPDB)	91956	100.00	100.00	81.00	Implementation of this change idea is limited to the number of patients who attend appointments for diabetes care.

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NPs and the CDC will order an HbA1C at least twice annually with patients who are aged 40 or over and diagnosed with DM or pre-DM	Yes	This change idea was implemented as intended through the ordering of HbA1C tests at least twice annually for screen-eligible patients (aged 40 years or over and diagnosed with DM or pre-DM). These tests are done at each visit to ensure that this change idea has made an impact to deliver high-quality care to these patients.

ID	Measure/Indicator from 2018/19	Org Id	Current Performance as stated on QIP2018/19	Target as stated on QIP 2018/19	Current Performance 2019	Comments
15	Percentage of patients with medication reconciliation in the past year (%; All patients; Most recent 12 month period; EMR/Chart Review)	91956	CB	CB	NA	The clinical value practicing medication reconcilliation was demonstrated through identification of a number of medication discrepancies following hospital discharge and specialists appointments.

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Medication Reconciliation will be completed with patients scheduled for a physical exam, following discharge from hospital discharge, or after seeing a specialist.	Yes	This change idea was implemented based on identifying only target patients who were eligible for appropriate medication reconciliation based on the medication safety guidelines (including those patients with a physical exam, following discharge from hospital or after seeing a specialist).

ID	Measure/Indicator from 2018/19	Org Id	Current Performance as stated on QIP2018/19	Target as stated on QIP 2018/19	Current Performance 2019	Comments
16	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 ; Last consecutive 12 month period; EMR/Chart Review)	91956	60.00	100.00	100.00	This indicator is well suited to a collaborative quality improvement project involving primary care and hospitals.

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NPs will alert the RPNs when a discharge summary is received so that follow up can be completed within 7 days.	Yes	This change idea was implemented as intended with the NPs successfully communicating with the RPNs to indicate that a discharge summary has been received and that a follow-up appointment should be completed within 7 days.