# 2019/20 Quality Improvement Plan for Ontario Primary Care
## "Improvement Targets and Initiatives"

Ingersoll NPLC 19 King Street East

| AIM | | Measure | | | | | | |
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| **Issue** | **Quality dimension** | **Measure/Indicator** | **Type** | **Unit / Population** | **Source / Period** | **Organization Id** | **Current performance** | **Target** |

M = Mandatory (all cells must be completed) P = Priority (complete ONLY the comments cell if you are not working on this indicator) C = custom (add any other indicators you ar

| Issue | Quality dimension | Measure/Indicator | Type | Unit / Population | Source / Period | Organization Id | Current performance | Target |
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| Theme I: Timely and Efficient Transitions | Efficient | Percentage of patients who have had a 7-day post hospital discharge follow up for selected | P | % / Discharged patients | See Tech Specs / Last consecutive 12-month period. | 91956* | CB | CB |
| | | Percentage of those hospital discharges (any condition) where timely (within 48 hours) notification | P | % / Discharged patients | EMR/Chart Review / Last consecutive 12-month period. | 91956* | 100 | 100.00 |
| | Timely | Percentage of patients and clients able to see a doctor or nurse practitioner on the same day or | P | % / PC organization population (surveyed sample) | In-house survey / April 2018 - March 2019 | 91956* | CB | CB |
| Theme II: Service Excellence | Patient-centred | Percent of patients who stated that when they see the doctor or nurse practitioner, they or someone else | P | % / PC organization population (surveyed sample) | In-house survey / April 2018 - March 2019 | 91956* | 97.71 | 98.00 |
| | | Percentage of patients in the last 12 months who receive interdisciplinary care from more than one | C | % / All patients | In house data collection / 2019-2020 | 91956* | CB | CB |
| Theme III: Safe and Effective Care | Effective | Proportion of primary care patients with a progressive, life-threatening illness who have had their | P | Proportion / at-risk cohort | Local data collection / Most recent 6 month period | 91956* | CB | CB |

| Safe | Percentage of non-palliative patients newly dispensed an opioid within a 6-month reporting | P | % / Patients | CAPE, CIHI, OHIP, RPDB, NMS / Six months reporting period ending at the most recent | 91956* | CB | CB |

| Target justification | External Collaborators | Change Planned improvement initiatives (Change Ideas) | Methods |
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e working on)

| Target justification | External Collaborators | Planned improvement initiatives (Change Ideas) | Methods |
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| Communication from hospitals is improving through use of HRM and SPIRE. | | 1)We will be continuing the collaboration with area hospitals to develop data sharing agreements to facilitate more efficient and | Meetings will be organized between the Ingersoll NPLC and the area hospitals. A collaborative proposal for expansion will be submitted, which would also increase access to data when needed. |
| With availability of same day and next day appointments, it is reasonable | | 1)The NPs will alert the RPNs when a discharge summary is received so that follow up can be completed within 7 days. | The NPs will review HRM and SPIRE reports daily. NPs will inform the RPN that a patient has been admitted to hospital RPNs will seek out discharge summary on Clinical Connect. Receptionists will request discharge summaries from hospitals if not available through HRM, |
| We are continuing to administer Patient Experience | | 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 | The Patient Experience Survey will be administered via the Ocean tablet and with a systematic random sampling approach as recommended by the HQO Patient Experience Survey Support Guide document. This survey administration will also purposefully include |
| We are continuing to administer Patient Experience | | 1)The name of the Patient Experience Survey will be modified for ease of administration with the Ocean tablet. We will also | : The Patient Experience Survey will be administered via the Ocean tablet and with a systematic random sampling approach as recommended by the HQO Patient Experience Survey Support Guide document. This survey administration will also purposefully include |
| We will be using the assistance of the Quality Improvement and Information | | 1)We will be continuing the collaboration with the QIIMS and the other NPLCs in the province to plan an approach, in consultation | Count number of patients who have had at least one appointment in the past year. Calculate the percentage of patients who have seen more than one provider in the past year, specifically identifying the interdisciplinary team work within the NPLC. Meetings |
| We will be using the assistance of two Master of Nursing research students to | | 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- | The research students will determine the most valid definition of life-limiting illness (informed by guidance from the Ontario Palliative Care Network and the HQO Quality Standards) and the most appropriate way to integrate the comprehensive and holistic assessment |

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| We will be identifying the patients who have been prescribed opioid | | 1)We will identify patients of the Ingersoll NPLC who are currently on an opioid medication and will implement a plan of care for | This plan of care will include a controlled substance agreement, short dispensed period (X over 15 days), requirement to return within 2 months and examining the number of moderate or high morphine equivalents. This will also be supported by continuing training on |

| Process measures | Target for process measure | Comments |
|---|---|---|
| The number of joint meetings held with the Ingersoll NPLC and the area hospitals. The number of data sharing agreements established. | To establish a data sharing agreement with each area hospital, specifically | This indicator is more suited to a collaborative QIP submission, which will be |
| The number of patients for whom a discharge summary was received within 48 hours after discharge. The number of patients who had follow-up by the most appropriate provider within 7 days after discharge from hospital. | The target for this indicator is 100%. | This indicator is more suited to a collaborative QIP submission, which will be |
| An updated Patient Experience Survey will be implemented by April 1, 2019. The number of Patient Experience Surveys that are administered throughout the year using a systematic random sampling approach. | The number of surveys completed and the rate of positive responses will be increased. | |
| An updated Patient Experience Survey will be implemented by April 1, 2019. The number of Patient Experience Surveys that are administered throughout the year using a systematic random sampling approach. | The number of surveys completed and the rate of positive responses will be increased. | |
| The number of patients who have seen more than one provider (NP or IHP) in the past year. The number of providers an average patient sees in the past year within the NPLC. The number of joint meetings held with the QIIMS and the NPLCs. | In a team-based setting, patients have access to a range of health professionals, | This is an indicator that will be implemented across multiple NPLCs in the |
| The work of the students will be structured using a research guide to ensure that this work is completed by June 30, 2019. A search will be added to the EMR by June 30, 2019. The accuracy of this search will also be ensured by the maintenance and cleaning of the | The initial steps for this new indicator will need to be completed before reporting on this | The Ingersoll NPLC will have access to the assistance of the Master of Nursing |

| Number of controlled substance agreements. Number of prescriptions that meet criteria of the short prescribing period and low morphine equivalents. Number of prescriptions with moderate or high morphine equivalents. Number of NPs who complete | A comprehensive patient list will be generated by June 30, 2019, including information on | The NPs do not receive a My Practice Report, which would provide an |
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