Theme I: Timely and Efficient Transitions

Measure

Dimension: Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
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.	P	% / Discharged patients	EMR/Chart Review / Last consecutive 12 month period	98.20	100.00	The provincial standard for post-hospital discharge follow-up is 32% (HQO). The NPLC will aim to improve on previous performance, while working with external partners as collaborators.	Woodstock General Hospital

Change Ideas

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.

Methods	Process measures	Target for process measure	Comments
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, SPIRE or Clinical Connect.	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 considered for next year's QIP submission.

Change Idea #2 We will be continuing the collaboration with area hospitals, specifically the Woodstock General Hospital, to facilitate more efficient and effective information sharing. This will be important to ensure all hospital discharge reports are received in a timely fashion.

Methods	Process measures	Target for process measure	Comments
Meetings will continue between the NPLC and collaborating hospitals to ensure all hospital discharge reports are received in a timely fashion and to remove any remaining barriers.	The number of hospital discharge reports received from the collaborating area hospitals, specifically the Woodstock General Hospital.	The number of hospital discharge reports received by the NPLC will increase based on this collaboration (moving towards 100%), which will help to facilitate appropriate follow-up by NPLC providers.	This indicator is more suited to a collaborative QIP submission, which will be considered for next year's QIP submission, since the data must be shared by the hospital.

Theme II: Service Excellence

Measure

Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Number of virtual visits completed, when clinically appropriate, with patients who have barriers attending in-person at the NPLC.	C	Number / All patients	EMR/Chart Review / April 1, 2020 - March 31, 2021	CB	CB	As a new indicator to our QIP submission, the target for this indicator has been set to "Collecting Baseline".	

Change Ideas

Change Idea #1 Providers will identify patients who are eligible for virtual visits (example: OTN or phone appointments) when clinically appropriate, specifically focusing on patients who have barriers attending in-person at the NPLC (for example: mental health patients).

Methods	Process measures	Target for process measure	Comments
The providers (NPs, SWs and Chronic Disease Prevention Coordinator) will discuss the process (example: scheduling OTN) and potential patients who would be eligible for virtual visits. For example, a PDSA cycle will be implemented to ensure appropriate implementation. The End of Visit form will be updated to capture virtual visits done by OTN or phone.	At least one team meeting among the providers will be held to discuss virtual visits. The number of virtual visits completed will be determined.	In addition to at least one team meeting among the providers, the number of virtual visits completed will not be predicted.	This indicator was specifically added to this year's QIP Work Plan to align with OHT and Ontario Health increased focus on virtual visits.

Measure

Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Proportion of patients in the last 12 months who receive interdisciplinary care from more than one provider (NP and at least one IHP) at the NPLC. (cross-NPLC indicator)	C	Proportion / All patients	EMR/Chart Review / April 1, 2020 - March 31, 2021	58.00	58.00	We will be using the assistance of the Quality Improvement and Information Management Support (QIIMS) to develop searches or queries within the EMR to report on the interdisciplinary team work and health care delivery that occurs within the NPLC. We will also continue to work in a collaborative and interdisciplinary approach to ensure high-quality care for our patients.	

Change Ideas

Change Idea #1 We will be continuing 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.

Methods	Process measures	Target for process measure	Comments
Identify patients who have seen more than one provider (NP and at least one IHP) in the past year, specifically highlighting interdisciplinary team work within the NPLC.	The number of patients who have seen more than one provider (NP and at least one IHP) in the past year.	In a team-based setting, patients have access to a range of health professionals as 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.	This is an indicator that will be implemented across multiple NPLCs in the province, specifically using the assistance of the QIIMS and to specifically capture the interdisciplinary team work that exists within the NPLC model of health care delivery. Evidence from British Columbia shows that giving a complex patient access to team-based primary care reduces the cost of their care by 60%. AFHTO's Quality Roll-up Indicator shows that team-based primary care exceeds the provincial average when it comes to quality of care and is related to lower health care costs per person.

Theme III: Safe and Effective Care

Measure

Dimension: Effective

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
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.	P	Proportion / All patients	Local data collection / Most recent 6 month period	1.00	1.00	The team will aim to continue our high performance for identifying eligible patients and ensuring that they have their palliative care needs met with using a comprehensive and holistic assessment.	

Change Ideas

Change Idea #1 The NPs will be provided with a list of patients with progressive, life-limiting illness who were identified as benefiting from palliative care, but still require an assessment. These patient reports will be run quarterly and feedback will be provided to NPs during quarterly Performance Effectiveness Meetings with leadership.

Methods	Process measures	Target for process measure	Comments
The palliative care toolbar will continue to be used by providers when a patient is identified as potentially benefiting from a palliative care assessment. This toolbar includes the use of the Surprise Question, Substitute Decision Maker, Advance Care Planning and the SPICT.	The proportion of patients with at least one palliative care assessment resource (Surprise Question, Substitute Decision Maker, Advance Care Planning and the SPICT) completed.	The target for this indicator is 75%.	Previous challenges were encountered with the palliative care toolbar, which will be resolved by April 1, 2020.