

2017/18 Quality Improvement Plan for Ontario Primary Care
"Improvement Targets and Initiatives"



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AIM		Measure						Change				
Quality dimension	Issue	Measure/Indicator	Unit / Population	Source / Period	Current performance		Target justification	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments
					performance	Target						
Effective	Population health - cervical cancer screening	Percentage of women aged 21 to 69 who had a Papanicolaou (Pap) smear within the past three years	% / PC organization population eligible for screening	See Tech Specs / Annually	63	66.00	We expect a marginal (2-3% increase in the total number of clients eligible based on review of overdue client lists and the % with expired OHIP.	1)OHIP renewal support for all clients on overdue list with expired OHIP	Client resource worker to support clients getting OHIP updated and clients to be given info on colorectal screening program	1. # of OHIP renewals 2. # of clients on renewal list who get screened	Decrease rate of clients ineligible for screening	Lack of current OHIP is an exclusion criterion for screening data. We would like to increase the number of our clients eligible for this screening. We are also currently also testing an RN led intervention around cancer screening reminders and OHIP renewal would support this initiative.
	Population health - colorectal cancer screening	Percentage of screen eligible patients aged 50 to 74 years who had a FOBT within the past two years, other investigations (i.e., flexible sigmoidoscopy) within the past 10 years or a colonoscopy within the past 10 years.	% / PC organization population eligible for screening	See Tech Specs / Annually	46	49.00	We expect a marginal (2-3% increase in the total number of clients eligible based on review of overdue client lists and the % with expired OHIP.	1)OHIP renewal support for all clients on overdue list with expired OHIP	Client resource worker to support clients getting OHIP updated and clients to be given information on colorectal screening program.	1. # of OHIP renewals 2. # of clients on renewal list who get screened	Decrease rate of clients ineligible for screening	Lack of current OHIP is an exclusion criterion for screening data. We would like to increase the number of our clients eligible for this screening. We are also currently also testing an RN led intervention around cancer screening reminders and OHIP renewal would support this initiative.
	Population health - diabetes	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	ODD, OHIP-CHDB,RPDB / Annually	55	60.00	Previous year's target was based on a different age set (18 and above). Since there is no comparator available for clients 40 and above we are hoping to improve on our previous performance by 5%	1)Targeted provider reminders	List of all clients with <2 A1Cs done in past 12 months will be pulled biannually. Tasks will be sent to MRP to have A1C conducted.	1. # of clients overdue - Q1 & Q3 2. # of clients on overdue list who have A1C done by Q2 & Q4	Increase rate of A1C among clients who are overdue	The Diabetes program is working closely with the physicians group to monitor and flag overdue clients. We are hoping that the targeted reminders will also further integrate the Diabetes team into the FHT.
	Population health - Breast Cancer Screening	% of eligible patients/clients who are up-to-date in screening for breast cancer.	% / PC organization population eligible for screening	CCO-SAR, EMR / April 2017 - March 2018	40	43.00	We expect a marginal (2-3% increase in the total number of clients eligible based on review of overdue client lists and the % with expired OHIP.	1)OHIP renewal support for all clients on overdue list with expired OHIP	Client resource worker to support clients getting OHIP updated and clients to be given information on mammogram program.	1. # of OHIP renewals 2. # of clients on renewal list who get screened	Decrease rate of clients ineligible for screening.	Lack of current OHIP is an exclusion criterion for screening data. We would like to increase the number of our clients eligible for this screening. We are also currently also testing an RN led intervention around cancer screening reminders and OHIP renewal would support this initiative.
Patient-centred	Person experience	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)	In-house survey / April 2016 - March 2017	88.45	91.00	Our performance is higher than provincial rate of 85.9%. We will therefore aim for a marginal increase.	1)Client experience survey (ongoing)	Survey 300 clients across all teams	# of surveys completed	Maintain performance on this indicator	Maintain performance on this indicator
	Improve client experience of stay in Transition Related Surgery (TRS) Recovery Pod	% of clients who report a positive stay in the recovery pod	% / TRS clients who stay in TRS recovery pod	In-house survey / April 2017 - March 2018	CB	CB	Collect Baseline	1)First year of doing this - therefore no change initiative yet	Surveying clients	1. # of surveys completed 2. # of TRS clients admitted to Infirmary	Collecting Baseline	We are very interested in the TRS recovery experience of our clients.
Safe	Increase access to Naloxone and overdose training for clients accessing the Hepatitis C program	% of HCV program clients who have received Naloxone and overdose prevention training.	% / Clients accessing Hepatitis Program	CCO-SAR, EMR / April 2017 - March 2018	CB	CB	Collecting baseline	1)Naloxone administration training and distribution (without prescription)	Training and distribution sessions with group attendees (individually and in groups)	1. # of naloxone kits distributed 2. # of group trainings 3. # of individual trainings	Collecting baseline	Initially only clients in the HCV program will receive Naloxone. This will be expanded to the rest of SHC clients after the initial distribution period.
	Increase rates of Influenza vaccination for high risk clients	% uptake of vaccination (onsite or elsewhere)	% / Patients with complex conditions	CCO-SAR, EMR / April 2017 - March 2017	45	49.00	We have a large number of homeless/transient clients. We will try to get their correct addresses/PO box in order for them to receive the flu shot reminder postcards. In addition we aim to use our new Mobile Health Bus to reach clients living on the street/in shelter and at least one more strategy to target transient clients who may not receive a postcard reminding them to get their flu shot (ie outreach to shelters/drop-ins/out of the cold).	1)Targeted flu shots promotion - postcard reminders.	Send out reminder postcards to individuals identified as high risk biannually (October and January). In January, all clients who have not been vaccinated will be send postcard reminders again.	1. # of postcards mailed 2. # of high risk clients whose immunization summaries are updated with flu shot status (i.e. received elsewhere, declined, etc.)	Getting correct mailing addresses for homeless/transient clients in order for them to receive the flu shot postcard reminders.	Continued from last year.
Timely	Timely access to care/services	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)	In-house survey / April 2016 - March 2017	62.32	65.00	We expect marginal increase through proper orientation of new clients to our provider schedules. TCLHIN performance for 2015-16 was 42.2%.	1)1. Client welcome package 2. Client experience survey (ongoing)	1. Creation of client welcome package that contains hours of primary care providers, and clinic times. 2. Survey 300 clients across all teams.	1. # of welcome packages given out 2. # of surveys completed	Improve client knowledge around appointment availability	These welcome packages contain clear access instructions, Duty RN explanations and provider schedules.
	Improve access to care in the Infirmary	% of beds occupied	% / Total beds	CCO-SAR, EMR / April 2017 - March 2018	83.5	88.50	Target from 2016-2017. was 70%. We will be continuing with current activities to see if occupancy can be driven higher	1)Referral outreach	Conduct outreach to community agencies to share new referral tool and discuss program; all new referrals will be input into EMR daily by community health worker and intake RN will follow-up on referral within 24hrs of receipt	1. # of outreach sessions 2. # of referrals received in quarter before beginning of outreach 3. # of referrals received per quarter after outreach begins 4. # of successful admissions	Increase occupancy rate by 5%	Continued from last year, however we would like to increase occupancy
	Increase Transition Related Surgery assessments done in Primary Care	% of clients who got MOH approval through Sherbourne FHT	% / Clients who started process	CCO-SAR, EMR / April 2017 - March 2018	CB	CB	Collecting baseline	1)Train staff to complete the 1st and 2nd assessments	Train staff to complete assessment	1. # of assessments completed 2. # of applications sent in for approval 3. % of providers doing assessments (FHT only)	Collecting baseline	We would like to start tracking this measure since it also offers insight into the quality of our assessments.