

2018/19 Quality Improvement and Client Safety Plan



AIM	Measure							Change					
Quality dimension	Issue	Measure/Indicator	Type	Unit / Population Source / Period	Current performance	Target	Target justification	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments	
Effective	Population Health - Breast Cancer Screening	Percentage of eligible patients/clients who are up-to-date in screening for breast cancer.	C	% / PC organization population eligible for screening	EMR/Chart Review / Quarterly	57	60.00	We exceeded our previous target of 43%. We would like to build on this to increase our breast cancer screening rate.	RN-lead client reminders for screening	RNs will call all clients overdue for screening and invite them to get screened	# of clients called.	50%	Continued from last year
	Population Health - Cervical Cancer Screening	Percentage of women aged 21 to 69 who had a Papanicolaou (Pap) smear within the past three years.	C	% / PC organization population eligible for screening	EMR/Chart Review / Quarterly	71	74.00	We exceeded our previous target of 66%. We would like to build on this to increase our cervical cancer screening rate.	RN-lead client reminders for screening	RNs will call clients overdue for screening and invite them to get screened	# of clients called	50%	Continued from last year
	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.	C	% / PC organization population eligible for screening	EMR/Chart Review / Quarterly	48	50.00	We almost met our target for 2017-18, and would like to increase this rate even further.	RN-lead client reminders for screening	RNs will call all clients overdue for screening and invite them to get screened	# of clients called	50%	Continued from last year
	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.	C	% / PC organization population eligible for screening	EMR/Chart Review / Quarterly	60	63.00	We met our target for 2017-18, and would like to continue to aim for 91%.	RN and Dietician-led reminders for MDs	MDs will be provided with lists of all clients overdue for A1C	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	Continued from last year
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?	P	% / PC organization population (surveyed sample)	In-house survey / April 2017 - March 2018	88	91.00	We almost meet our target for 2017-18, and would like to continue to aim for 91%.	Client experience survey (ongoing).	Survey 300 clients across all teams.	# of clients surveyed	300	Continued from last year.
Safe	Increase rate of shingles vaccination for clients aged 65-70	Percentage of all clients aged 65-70 who receive shingles vaccine.	C	% / All clients between ages 65 and 70	EMR/Chart Review / Quarterly	27	50.00	Since the shingles vaccine is publicly funded, we would like to push for greater uptake of it. Currently only 27% of eligible clients have received the vaccine.	EMR Auto-task assignment	Automatic task generation for providers as reminders and quarterly reports on clients who have received vaccinations.	# of clients received shingles vaccine	52	142 total require; only 38 (27%) done. Therefore, 104 overdue right now.
	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.	P	% / PC organization population (surveyed sample)	In-house survey / April 2017 - March 2018	61	65.00	We expected marginal increase through proper orientation of new clients to our provider schedules in 2017-18. We did not meet our goal however, we still feel that properly orienting clients to provider schedules will lead to a change in this indicator over time. Therefore, we would like to maintain this indicator's target.	1. Client welcome package 2. Client experience survey (ongoing)	1. Continuation of client welcome package that contains hours of primary care providers, and clinic times. 2. Survey 300 clients across all teams.	# of welcome packages distributed.	200	Continued from last year.

Safety Plan Initiatives from Client Engagement Forum									
		MRP	Timeline						
			May-18	Jun-18	Jul-18	Aug-18	Sep-18	October 2018	Nov-18
1	Redesign Signage throughout building	H.Gohil/R. Hickling	Review all signage needs	Create sample signage and review with SMT			Consult with clients at Sept 2018 CEF for feedback on new signage	Rollout new signage	
2	Process for client consultation for building/space changes	H.Gohil/R. Hickling	Develop parameters for client areas of input		Review parameters with SMT		Create Protocol and review at CEF	Rollout new protocol	