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

Quest CHC 100-145 Queenston Street

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 are working on)

AIM		Measure									Change				
Issue	Quality dimension	Measure/Indicator	Type	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	External Collaborators	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments
Theme I: Timely and Efficient Transitions	Efficient	Percentage of patients who have had a 7-day post hospital discharge follow up for selected conditions. (CHCs, AHACs,NPLCs)	P	% / Discharged patients	See Tech Specs / Last consecutive 12-month period.	92240*	CB	CB	This data is currently unavailable to Quest, therefore we are collecting baseline data until we understand our current performance.		1)1)Quest will continue to focus on decreasing our response time to see individuals who have recently been discharged from hospital. Our planned improvement initiatives include: 1) Increasing probability of Quest receiving discharge summaries by asking to attend discharge planning meetings with hospital, 2) Working with hospital on a new process being developed called "ED notification" to receive information on Quest HealthLinks clients who present to the ED, and 3) informing hospital about individuals who are Quest clients but for whom Quest has not received a discharge summary after they have been released from hospital.	1) Continue to monitor reports from the hospital when available. 2) Bring information to interdisciplinary team huddles for review, 3) Connect with the client and book back as necessary. 4) Continue to educate clients about the importance of connecting with Quest after having attended the Emergency Department or being admitted to hospital. 5) Monitor gaps between Information Decision Support Data and discharge summaries and notify hospital of any client for whom we did not receive a discharge summary. 6) Partner with hospital as they initiate a new pilot program called "ED notification".	1) Continue to monitor discharge summaries quarterly. Identify client lists and bring to Quest interdisciplinary teams to ensure timely follow-up within 7 days post discharge. 2) Complete the gap analysis monitoring of IDS data and received discharge summaries quarterly. 3) Assist in the process development of the hospital ED notification system.	1) Quarterly review of IDS data. 2) Conduct gap analysis of IDS data compared to our received discharge summaries quarterly. 3) Assist with the process map / logic model for ED notification from hospital.	Data on this performance measure is currently being updated and Quest looks forward to reviewing the information as it becomes available.
	Timely	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 2018 - March 2019	92240*	57.27	58.00	Quest continues to monitor progress and has set current target based on previous performance.		1)1)Continue with same day service access, including continuing to triage clients based on health concern and urgency. "The right care, the right provider, at the right time". 2) Continue to provide priority slots to ensure primary care providers can bring clients back in a timely fashion when necessary. 3) Continue to find ways to promote Same Day Access to Service at Quest CHC.	1)Continue providing triage and educate clients on managing urgent issues as well as highlighting the scope of practice of nursing staff. 2) Identify and hold priority slots bookable by primary care for urgent care needs when there is a need to book back a client for follow-up quickly (two priority slots per FTE provider per week). 3) Continue to raise awareness of the Same Day Service through PowerPoint playing in wait room and Same Day Access Brochure, as well as at refresh intakes.	Continue to survey clients regarding their perception of timely access to care.	Quest will aim for 55%	51% of clients state they were able to see a health care provider same day or next day when needed.

Theme	Dimension	Measure / Indicator	Type	Unit / Population	Source / Period	ID	Current Performance	Target	Rationale		Change Ideas	Methods	Process Measures	Target	Comments
Theme II: Service Excellence	**Patient-centred**	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 2018 - March 2019	92240*	98.04	98.04	Quest's current performance is quite high and we will strive to maintain this level of accomplishment.		1)1)Current performance continues to be high. Quest will strive to maintain performance over the next year.	1) Continue to conduct bi-annual survey blitz. 2) Implement new survey methodology to capture client experience. 3) Develop staff training around questions that increase clients opportunity to check in about how they feel about their treatment plan e.g. 'Is there anything else we can help you to reach your health goal?'.	1) Continue to promote and implement client experience survey by marketing survey through posters, distribution of survey by provider before and after appointment, and advertisement through our wait room PowerPoint. 2)Develop and implement another survey tool to capture client experience.	Our target will be 90% or greater.	Continue to monitor and be aware of trends.
Theme III: Safe and Effective Care	**Effective**	Proportion of primary care patients with a progressive, life-threatening illness who have had their palliative care needs identified early through a comprehensive and holistic assessment.	P	Proportion / at-risk cohort	Local data collection / Most recent 6 month period	92240*	CB	CB	As this is the first year Quest is looking at this indicator we are currently collecting baseline data.		1)1) Increase provider knowledge and comfort in palliative care through education and training. 2) Begin developing palliative care template to ensure consistent assessment and care pathways at Quest CHC.	1) Quest will assess provider expertise and comfort in palliative care. 2) Quest will provide education and training for provider to increase knowledge base 3) Quest will begin organizational planning to incorporate standardized palliative care template for Quest clients.	1) Complete provider assessment regarding knowledge and comfort with respect to assessment and providing palliative care. 2)Provide two trainings for staff. 3)Develop a palliative care template to be incorporated into our EMR.	Our target will be to conduct two training sessions for staff and to develop and implement a template to standardize Quest's approach.	
Equity	**Equitable**	The number of health promotion and community capacity initiatives that address each of the social determinants of health.	C	Count / Clients	In-house survey / 2019/2020	92240*	CB	2.00	This is the first year Quest is implementing findings from data collected fiscal 2018/2019.		1)This year Quest will continue to review Gap analysis that includes what services Quest has available and what is/can be available in the community to address gap areas regarding the Social Determinants of Health (SDOH), 2)Continue to work with community partners to address two additional SDOH gap areas.	1) Identify outstanding gap areas, 2) Seek client and community partner input on community priorities, and 3) work with stakeholders to develop and implement programming that address identified gap areas.	1)Identify two new initiatives to address gap areas.	100% of planned initiatives completed.	