

Excellent Care for All

Quality Improvement Plans (QIP): Progress Report for 2017/18 QIP

The Progress Report is a tool that will help organizations make linkages between change ideas and improvement, and gain insight into how their change ideas might be refined in the future. The new Progress Report is mostly automated, so very little data entry is required, freeing up time for reflection and quality improvement activities.

Health Quality Ontario (HQO) will use the updated Progress Reports to share effective change initiatives, spread successful change ideas, and inform robust curriculum for future educational sessions.

ID	Measure/Indicator from 2017/18	Org Id	Current Performance as stated on QIP2017/18	Target as stated on QIP 2017/18	Current Performance 2018	Comments
1	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); April 2016 - March 2017; In-house survey)	92240	92.78	96.81		

Realizing that the QIP is a living document and the change ideas may fluctuate as you test and implement throughout the year, we want you to reflect on which change ideas had an impact and which ones you were able to adopt, adapt or abandon. This learning will help build capacity across the province.

Change Ideas from Last Years QIP (QIP 2017/18)	Was this change idea implemented as intended? (Y/N button)	Lessons Learned: (Some Questions to Consider) What was your experience with this indicator? What were your key learnings? Did the change ideas make an impact? What advice would you give to others?
1) Current performance continues to be high, however, we did see a slight reduction. Quest will strive to maintain performance over the next year. 2) Increase overall number of client's who respond by adding another method of survey delivery.		

ID	Measure/Indicator from 2017/18	Org Id	Current Performance as stated on QIP2017/18	Target as stated on QIP 2017/18	Current Performance 2018	Comments
2	Percent of patients/clients who see their primary care provider within 7 days after discharge from hospital for selected conditions. (%; Discharged patients with selected HIG conditions; April 2015 - March 2016; CIHI DAD)	92240	CB	CB		

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1) Continue to receive reports from the hospital, 2) Bring information to interdisciplinary team huddles for review, 3) Connect with the client and book back when necessary. 4) Continue to educate clients about the importance of connecting with Quest after having attended the Emergency Department.		

ID	Measure/Indicator from 2017/18	Org Id	Current Performance as stated on QIP2017/18	Target as stated on QIP 2017/18	Current Performance 2018	Comments
3	Percentage of clients aged 50-74 who had a fecal occult blood test within past two years, sigmoidoscopy or barium enema within five years, or a colonoscopy within the past 10 years. (%; Clients; 2017-2018; EMR/Chart Review)	92240	65.00	60.00		

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1) Quest interdisciplinary care teams continue monitoring monthly data regarding individuals eligible but yet to receive preventive cancer screening. 2) Quality team to continue refresh intake process where clients are invited to participate in an appointment to review preventive care screening, update health record, and review client health goals. 3) Quest is working with the community in planning for the cancer screening coach to come to Niagara, thus increase rate of screening for under-screened and never screened. 4) Quest to initiative a birthday card initiative to send out 50th birthday cards, identifying new qualification for cancer screening for clients turning 50.

ID	Measure/Indicator from 2017/18	Org Id	Current Performance as stated on QIP2017/18	Target as stated on QIP 2017/18	Current Performance 2018	Comments
4	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); April 2016 - March 2017; In-house survey)	92240	46.39	50.00		

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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) Design and implement priority slots to ensure primary care providers can bring client back in a timely fashion when necessary.		

ID	Measure/Indicator from 2017/18	Org Id	Current Performance as stated on QIP2017/18	Target as stated on QIP 2017/18	Current Performance 2018	Comments
5	Percentage of patients identified as meeting Health Link criteria who are offered access to Health Links approach (%; Patients meeting Health Link criteria; Most recent 3 month period; In house data collection)	92240	CB	CB		

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Offering the Integrated Community Lead Health Link framework to 100% of clients identified and referred by hospital as individuals frequenting the ED with MH&A issues.		

ID	Measure/Indicator from 2017/18	Org Id	Current Performance as stated on QIP2017/18	Target as stated on QIP 2017/18	Current Performance 2018	Comments
6	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; Annually; ODD, OHIP-CHDB,RPDB)	92240	CB	CB		

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Quest interdisciplinary care teams continue monitoring quarterly data regarding individuals who have been diagnosed with diabetes who are in need of two HbA1C tests per year. Quest will follow-up on notifications in Electronic Medical Record indicating the client is eligible but has not received two HbA1C tests per year. Lastly, Quest will maximize client access for point-of-care testing at Quest for those who experience barriers accessing community labs.

ID	Measure/Indicator from 2017/18	Org Id	Current Performance as stated on QIP2017/18	Target as stated on QIP 2017/18	Current Performance 2018	Comments
7	Percentage of patients with medication reconciliation in the past year (%; All patients; Most recent 12 month period; EMR/Chart Review)	92240	CB	CB		

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Quest will meet with clients who have been with Quest for 3+ years to conduct refresh intakes (e.g. updating socio-demographic information, health history, preventive screening rates, medication review/reconciliation, client current and future goals, addressing any barriers to care, and review Quest services).

ID	Measure/Indicator from 2017/18	Org Id	Current Performance as stated on QIP2017/18	Target as stated on QIP 2017/18	Current Performance 2018	Comments
8	Percentage of women aged 21 to 69 who had a Papanicolaou (Pap) smear within the past three years (%; PC organization population eligible for screening; Annually; See Tech Specs)	92240	72.00	72.00		

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ID	Measure/Indicator from 2017/18	Org Id	Current Performance as stated on QIP2017/18	Target as stated on QIP 2017/18	Current Performance 2018	Comments
9	The number of health promotion and community capacity initiatives that address each of the social determinants of health. (Number; Clients; 2017/2018; In house data collection)	92240	CB	CB		

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1) Review all groups, health promotion and community capacity initiatives that address the social determinants of health (SDoH). 2) Conduct a Gap analysis that includes what Quest has available and what is being done in community. 3) Work internally and with community partners to develop initiatives in Gap areas.		

