Excellent Care for All

Quality Improvement Plans (QIP): Progress Report for 2018/19 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 2018/19	Org Id	Current Performance as stated on QIP2018/19	Target as stated on QIP 2018/19	Current Performance 2019	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 2017 - March 2018; In-house survey)	92240	90.00	90.00	96.41	Quest's current performance of 96% continues to be high.

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 2018/19)	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.	Yes	1) Current performance continues to be high. Quest will strive to maintain performance over the next year. 2) Quest strived to increase overall number of client's who responded by adding another survey method called 'QUESTion of the week'. This survey method will be re-evaluated for 2019/2020 as the input from staff for this method was time consuming and there was much variability between number of respondents for each survey question week to week. New survey strategies are in development for next year.

ID	Measure/Indicator from 2018/19	Org Id	Current Performance as stated on QIP2018/19	Target as stated on QIP 2018/19	Current Performance 2019	Comments
2	Percentage of Ontario screen-eligible individuals, 50-74 years old, who were overdue for colorectal screening in each calendar year (%; PC organization population eligible for screening; Annually; See Tech Specs)	92240	39.60	35.00	27.00	73% of eligible Quest clients were offered screening, thus reducing those who were not to 27%.

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 2018/19)	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?
Quest interdisciplinary care teams continue monitoring monthly data regarding individuals eligible but yet to receive preventive cancer screening 2) Quest 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 will continue to host and promote cancer screening coach, thus increasing rate of screening for under-screened and never screened 4) Quest to continue birthday card initiative to send out 50th birthday cards, identifying new qualification for cancer screening for clients turning 50.	Yes	1) Quest teams have been monitoring client list of those eligible but have not received FOBT, and contacting those individuals for follow-up care. 2) During Quest refresh intakes clients are screened and offered preventive screening if eligible. 3) The Screen for Life Coach has been to Quest every other month and Quest has promoted the service to clients. 4) Birthday card initiative (where Quest send a birthday card and reminder to those eligible for screening) has been implemented and currently 29 cards have been sent between April 2017 - March 2018 for clients who have turned 50 years old.

ID	Measure/Indicator from 2018/19	Org Id	Current Performance as stated on QIP2018/19	Target as stated on QIP 2018/19	Current Performance 2019	Comments
3	Percentage of Ontario screen-eligible women, 21-69 years old, who completed at least one Pap test in 42-month period. (%; PC organization population eligible for screening; Annually; CCO-SAR, EMR)	92240	77.00	80.00	75.00	

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 2018/19)	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?
Quest interdisciplinary care teams continue monitoring monthly data regarding individuals eligible, but yet to receive preventive cancer screening 2) Quest to continue "refresh intake" process where clients are invited to participate in an appointment to review preventive care screening, update health record, medication review/reconciliation and review client goals 3) Quest will continue to host/work with cancer screening coach to increase rates for those under-screened and never screened in Niagara.	Yes	1) Quest teams have been monitoring client list of those eligible but have not received paps, and contacting those individuals for follow-up care. 2) All Quest RNs have been trained to complete well women visits/paps to increase access for clients. 3) During Quest refresh intakes clients are screened and offered preventive screening if eligible. 4) The Screen for Life Coach has been to Quest every other month and Quest has promoted the service to clients.

ID	Measure/Indicator from 2018/19	Org Id	Current Performance as stated on QIP2018/19	Target as stated on QIP 2018/19	Current Performance 2019	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 2018 - March 2019; In-house survey)	92240	51.00	55.00	57.27	

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 2018/19)	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?
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 client back in a timely fashion when necessary 3) Continue to find ways to promote Same Day Access to Service at Quest CHC.	Yes	Same Day Access continues to be available every hour that Quest is open for service. Quest has also implemented priority slots for nurse practitioners and physicians, so they can offer clients appointments when the provider assess it is necessary. Quest continues to focus on improving awareness around same day access.

ID	Measure/Indicator from 2018/19	Org Id	Current Performance as stated on QIP2018/19	Target as stated on QIP 2018/19	Current Performance 2019	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	100.00	100.00	100.00	Quest continues to participate on the HNHB LHIN Health Links Action Table and to champion the spread of Coordinated Care Plans across the Niagara Region. We are excited to be on-boarded to Health Partners Gateway and for the efficiencies this communication tool will bring.

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 2018/19)	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?
Offering the Integrated Community Lead Health Link framework to 100% of clients identified and referred by hospital as individuals frequenting the ED experiencing MH&A issues.	Yes	100% of clients who could benefit from the Health Links model of care have been offered a coordinated care plan using the Integrated Community Lead (ICL) model. Staff have all received training on utilizing the ICL model and are beginning to implement the model with clients who frequently use the emergency department for their care as well as complex clients. Quest has also been approved and is undergoing training to access Health Partners Gateway, the electronic platform where Coordinate Care Plans will be stored, thus allowing for smoother communication and transition of care with client and community partners.

ID	Measure/Indicator from 2018/19	Org Id	Current Performance as stated on QIP2018/19	Target as stated on QIP 2018/19	Current Performance 2019	Comments
6	Percentage of patients who have had a 7-day post hospital discharge follow up for selected conditions. (CHCs, AHACs,NPLCs) (%; Discharged patients ; Last consecutive 12 month period; See Tech Specs)	92240	CB	CB	CB	Quest has continued with previously listed 'Change Idea' and continues to work with hospital to increasing rates of notification.

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 2018/19)	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?
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: a) Increasing probability of Quest receiving discharge summaries by asking to attend discharge planning meetings with NHS and b) informing hospital of individuals who are Quest clients, but for whom Quest has not received a discharge summary after they have been released from hospital.	Yes	Quest continues to monitor the time between when we receive a discharge notice and when we contact the client. Our current process is to contact the client immediately and schedule them to see a health care provider. Challenges still exist in regards to not receiving discharge summaries for various reasons including, not being listed as a client's care provider if client cites Quest or a nurse practitioner as their primary care provider (instead of a physician) and/or client's not informing the hospital that Quest is their primary care provider. We have also noticed that at times we receive admission notices but not discharge summaries. Therefore, Quest will continue to work with clients to ensure they list Quest as their doctor/primary care provider when presenting at hospital. Quest is also working with the hospital regarding Emergency Department notifications, which will help to increase the likelihood that Quest is informed that a Quest client presents to ER, so we can connect with the client to maximize our ability support them.

ID	Measure/Indicator from 2018/19	Org Id	Current Performance as stated on QIP2018/19	Target as stated on QIP 2018/19	Current Performance 2019	Comments
7	Percentage of patients with diabetes, age 18 or over, who have had a diabetic foot ulcer risk assessment using a standard, validated tool within the past 12 months (%; patients with diabetes, aged 18 or older; Last consecutive 12 month period; EMR/Chart Review)	92240	75.00	85.00	75.00	Quest has recently launched a specialized diabetes clinic for our registered clients. Foot exams are now incorporated in their compliment of services.

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 2018/19)	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?
Quest interdisciplinary care teams continue monitoring quarterly data regarding individuals who have been diagnosed with diabetes who require a foot assessment annually. Quest will follow-up with notifications in Electronic Medical Record indicating the client is eligible but has not received a foot assessment. In addition, Quest will raise awareness via health promotion messaging on the importance of foot assessment for diabetic clients, as well as schedule two foot care classes annually.	Yes	1) Quest teams have been monitoring client lists of those eligible but have not received a foot assessment, and contacting those individuals for follow-up care. 2) During Quest refresh intakes clients are screened and offered preventive screening if eligible. 3) Quest partners with North Hamilton CHC's Feet First Program hosting their services at Quest, thus ensuring Quest clients have ready access to chiropody/foot care.

ID	Measure/Indicator from 2018/19	Org Id	Current Performance as stated on QIP2018/19	Target as stated on QIP 2018/19	Current Performance 2019	Comments
8	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	44.00	50.00	43.00	Quest is currently identifying barriers in our EMR that prevent automatic data transfer and identifying process improvement to capture the data more accurately. Additionally, Quest has recently launched a specialized diabetes clinic for our registered clients. Measuring HbA1C twice annually is incorporated in their compliment of services.

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 2018/19)	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?
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.	Yes	Quest has been monitoring data quarterly and flagging clients in need of an HbA1C testing in our Electronic Medical Record. We are also working with our EMR provider to determine our EMR's ability to track HbA1C results from our electronic labs, rather than requiring a provider to enter the results manually in order to be captured.

ID	Measure/Indicator from 2018/19	Org Id	Current Performance as stated on QIP2018/19	Target as stated on QIP 2018/19	Current Performance 2019	Comments
9	Percentage of patients with medication reconciliation in the past year (%; All patients; Most recent 12 month period; EMR/Chart Review)	92240	100.00	100.00	100.00	Quest is currently being on-boarded to Clinical Connects Digital Health Drug Repository. We feel this will be a helpful aid in medication reconciliation.

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 2018/19)	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?
Quest will meet with clients who have been with Quest for 3+ years to conduct refresh intakes (e.g. medication review/reconciliation, updating socio-demographic information, health history, preventive screening rates, client current and future goals, addressing any barriers to care, and review Quest services).	Yes	Clients who have been with Quest for 3+ years are identified for a refresh intake and medication review. Training was developed and provided for staff on Quest's new refresh intake process. Refresh intakes were booked with intake workers and included: medication review/reconciliation, offering preventive screening, identifying and addressing client health goals, reviewing services Quest offers, in addition to clients reviewing and conveying any changes to their health status during the refresh process. This holistic approach also allows clients and staff to address the Social Determinants of Health (e.g. housing and food security) and their impact on the client's overall well-being. Quest has found this process valuable and will continue to offer this service.

ID	Measure/Indicator from 2018/19	Org Id	Current Performance as stated on QIP2018/19	Target as stated on QIP 2018/19	Current Performance 2019	Comments
10	The number of community capacity building and health promotion initiatives that address each of the social determinants of health. (Initiatives; Clients; 2018/2019; In-house survey)	92240	CB	2.00	2.00	The new program areas are currently being implemented at Quest and are being met with a high degree of client engagement and positive feedback.

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 2018/19)	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?
Review all group, health promotion and community capacity initiatives that address the social determinants of health (SDoH, organized by Quest Priority Populations , 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.	Yes	Information has been collected and collated. A gap analysis was conducted regarding initiatives across the 12 Social Determinants of Health (SDoH). 1) A list was generated of community programs currently available which address the 12 SDoH. This information was shared with staff and clients to ensure everyone is knowledgeable of what programs/services are available. 2) Quest developed and implemented two strategies that addressed identified gap areas: a) social isolation / community connectedness group called "Community Ties" and b) a program called 'Hot Topics' which seeks to address client identified knowledge gaps (e.g. health literacy / system navigation).