

2019/20 Quality Improvement Plan for Ontario Primary Care

"Improvement Targets and Initiatives"

London InterCommunity Health Centre 659 Dundas Street East

AIM		Measure						
Issue	Quality dimension	Measure/Indicator	Type	Unit / Population	Source / Period	Organization Id	Current performance	Target
Theme I: Timely and Efficient Transitions	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	92235*	40.05	50.00
Theme II: Service Excellence	Patient-Centred	Financial Empowerment Initiative (previously known as HOPE)	C	% / Clients	In-house survey / 2019-2020	92235*	CB	
Theme III: Safe and Effective Care	Effective	Feeling welcomed and comfortable at the Health Centre	C	% / Clients	In-house survey / 2019	92235*	74.4	78.00

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)

Equity	Equitable	Number of paps given to clients at risk of or experiencing homelessness	C	% / Clients	EMR/Chart Review / 2019	92235*	CB	CB
		We want to ensure that our clients receive care where they need it, when they need it and how they need it	C	% / Clients	In-house survey / 2019	92235*	CB	CB

		Change	
Target justification	External Collaborators	Planned improvement initiatives (Change Ideas)	Methods

s you are working on)

We feel this is an achievable target.		1)Gain better understanding of clients needs for same day. Better inform clients of our same-day options	Add question: "When did you want to be seen?"to the Client Satisfaction Survey so that we can evaluate trends/why we do poorly. Create an additional way of tracking this from reception. This tracking exercise would be done for 1-2 weeks per quarter. Then we can average out/extrapolate the data.
		1)Ensure clients are receiving the financial entitlements for which they qualify.	1. Survey staff to better understand their level of understanding when it comes to financial entitlements. 2. Educate Staff and teach them pathways to help clients receive their financial entitlements (via internal referral)
We feel this is an achievable target.		1)1. Examine how we measure the space and how clients feel in that space 2. Thoughtfully examine services provided in terms of: purpose (sense of community vs treatment) timing (how many programs at the	Q1 - Meet as a group and rework some of the questions in the survey around space (safety, comfort, access, health promotion) Then change survey. Q2 - leadership to survey what services are where and when Q3 Assess and reimagine space

		<p>1)Improve the number of paps offered to our clients from our Health Outreach clinic (clients at risk of or experiencing homelessness)</p>	<p>1. Effectively utilize the four registered nurses who are trained to perform paps via our same-day programming 2. Engage providers in developing strategies to best engage clients in this form of preventative care. 3. Effectively use the reminder feature and the MSAA data in the EMR to trigger providers to ask clients to have their pap performed the same day they are at the clinic.</p>
		<p>2)Reminders in the EMR Use nurses differently to perform paps Client agreement includes engagement in their</p>	<p>Provider engagement meeting Q1 Triage assessment in EMR to include PAP query Q1 Dedicated person to identify HO vulnerable women</p>
		<p>1)Provide better equity-oriented health care to all our clients</p>	<p>Assess data results from EQUIP survey. Develop strategies to promote improved care for clients. Engagement of providers to improve service quality. Engagement of Leadership to improve accountability and continuity</p>
		<p>2)Based on the results of the surveys, we will be providing training in areas of health equity where our skills need to be strengthened</p>	<p>Organizational Assessment at the Leadership Level Client Survey customized for health equity (clients interviewed across programs) Staff Survey (also includes an engagement component to best understand equity from a service delivery perspective and from an internal perspective</p>

Process measures	Target for process measure	Comments
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Client Experience Survey Results Collecting Baseline for the new tracking system	Our goal is to reach 50.00 %	We hope with better understanding of the needs of clients we can cater better scheduling
Chart audits (via identifiers) and client surveys	We will be collecting baseline data. This is a multi-year process.	
client survey questions (clients feeling welcome and comfortable at the Centre) Program delivery mapping to our physical site (Dundas Street)	Collecting Baseline Data	This is part of the common QIP indicators for CHCs.

EMR data pull - number of paps offered to female clients who qualify (stratified by income)	Collecting baseline data to help determine target for 2020/21 QIP cycle.	This is part of the common QIP indicators for CHCs developed by the Alliance.
PAP results for HEALTH OUTREACH providers	JReports/Collecting baseline data.	
Client Experience Survey and Health Equity Client Survey	We will be collecting a baseline in this first year. We expect this to be a	This indicator reflects the work we are doing through the EQUIP process.
Client Experience Survey and Client Health Equity Survey	Baseline for 2019 Goal is to resurvey at the end of 2019 and set targets for 2020	This indicator reflects the work we are doing through the EQUIP process