

2018/19 Quality Improvement Plan for Ontario Primary Care "Improvement Targets and Initiatives"

Kincardine FHT 44 Queen Street, Lower Level, Kincardine, ON N2Z 3C1

AIM		Measure							Change					
Quality dimension	Issue	Measure/Indicator	Type	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments
M = Mandatory (all cells must be completed) P = Priority (complete ONLY the comments cell if you are not working on this indicator) A= Additional (do not select from drop down menu if you are not working on this indicator) C = custom (add any other indicators you are working on)														
Effective	Wound Care	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	A	% / patients with diabetes, aged 18 or older	EMR/Chart Review / Last consecutive 12 month period	91599*	CB	CB	Collecting baseline as this is a new documentation process for the FHT	1)Implement use of a standardized diabetic foot ulcer risk assessment tool	Implement tool as a custom form in our EMR Optimize integration of tool into our Diabetes Care documentation work flow	% of FHT program staff using the tool	100% by September 2018	
										2)Target program patients overdue for foot screening	Develop EMR searches to identify patients due for screening	Searches completed and validated for program use	December 2018	
Equitable	Population health - diabetes	Percentage of patients with diabetes, aged 40 or over, with two or more glycated haemoglobin (HbA1c)	A	% / patients with diabetes, aged 40 or over	ODD, OHIP-CHDB,RPDB / Annually	91599*	81.8	85.00	We are targeting a 4% improvement in our program HbA1C screening	1)Expand scope of practice for Diabetes Program	Review current Medical Directives for Diabetes RN Submit revision proposal for approval Implement practice changes as appropriate	Completion of program review	September 2018	
Patient-centred	Person experience	Percent of patients who stated that when they see their FHT Provider, 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?	C	% / PC organization population (surveyed sample)	In-house survey/ 2018-2019	91599*	96.5	97.00	We are above the 75th percentile in this measure but are targeting a marginal improvement with the implementation of our planned change ideas.	1)Collect in-depth patient experience feedback	Patient Advisory group to distribute surveys and conduct in-person patient interviews	Distribution of surveys completed	100 returned by March 31, 2019	
										2)Support patients in program and service navigation	Introduce new volunteer position to aid patients in finding their appropriate service or provider upon arrival to the clinic	Initiation of patient clinic navigator	September 2018	
										3)Promote awareness of FHT programs and services within the community	Develop/update a FHT brochure for distribution at community events Promotion of program/services on waiting room TV monitor Investigate options for co-branding and FHT marketing/promotion	Completion of FHT promotion initiatives	March 2019	
										4)Develop a community mental health resource listing	Update, validate and effectively distribute mental health resource listing to all providers Develop process to ensure list is always updated/maintained	Completion of mental health resource list	September 2018	
										5)Promote staff cultural awareness of our Indigenous population	Complete the Ontario Indigenous Cultural Safety Program	% of FHT staff who successfully complete the program	100% by March 31, 2019	
										6)Introduce email as a method of patient communication	Evaluation of options to effectively communicate with patients using email	Completion of email option review	September 2018	