Great Northern Family Health Team

2023/24 Quality Improvement Plan

Improvement Targets and Initiatives

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**
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 if you are not working on this indicator) C = Custom (add any other indicators you are working on)															
Theme I: Timely and Efficient Transitions	**Efficient: Timely access to care/ services**	Improve safe and effective transitions from hospital to home through timely follow-up with hospital discharged patients, for select conditions.	A	% / Discharged patients	Local data collection	91615*	Collecting Baseline	80%	Internal Target	Temiskaming Hospital	The Great Northern Family Health Team will continue to work closely with our partners (such as local hospital, OntarioMD, HSN) to further improve the timeliness of receiving discharge information through HRM. Ensure consistent standardized discharge follow-up process - Percentage of patients who have had a 7-day post hospital discharge follow up for selected conditions	Continue working closely with Temiskaming Hospital, OntarioMD and HSN to receive consistent e-notifications for all discharged Great Northern Family Health Team's patients. Continue to Identify patients through list of discharged patients searched in the EMR on a daily basis. Standardized nursing assessment completed through phone call to patient with follow up as appropriate with primary care provider. Scheduling of appointment with primary care provider when needed.	Number of patients for whom discharge notification was received. Number of discharged patients for whom discharge follow-up and nursing assessment was completed	80% of patients for whom discharge notification is received will have documented discharge follow-up in EMR. 100% of discharged patients for whom a discharge notification was received will have a nursing assessment completed	Collaborate with Temiskaming Hospital to ensure the consistent delivery of discharge e-notifications.
	Efficient: Timely access to care/ services	Percentage of screen eligible female patients aged 50-74 years who had a mammogram within the past two years.	A	Other / Other	My Practice: Primary Care Report as of March 31, 2022	91615*	67.1	74%	10 % increase As at March 31, 2022, as outlined within the Great Northern Family Health Team's Primary Care Practice Report, 67.1% of patients were up-to-date with mammogram screening within the past two years. The NE LHIN performance was 55.9% and provincial performance of	Temiskaming Hospital	Screen for eligible female patients aged 50 to 74 years who are due for a mammogram.	Track the number of eligible patients due for a mammogram using the screening activity report dashboard and EMR searches	Number of eligible patients that have had their screening done per quarter Number of eligible patients that have not had their screening done Number of patients who refused screening / ineligible	75% of all eligible patients will have their screening done as of Q4 of FY 2023-24	
											Improve communication regarding due screening with patients.	Use the OCEANS portal to communicate screening reminders to patients	Number of patients that have received screening notifications using Oceans messaging.	90% of patients that are due for a screening appointment with an email on file will receive reminder emails for their appointment using Oceans Messenger	
											Encourage providers to use the Ontario screening custom form to document ineligibility and refusals.	Implement the Ontario MD screening custom form	Track the number of patients who refused screening or are ineligible.	20% of Great Northern Family Health Team patient refusals/ineligibility for screening will be documented using the OntarioMD screening custom form	
	Efficient: Timely access to care/ services	Percentage of female patients aged 25-70 years and older who had a Pap test within the previous three years.	A	Other / Other	My Practice: Primary Care Report as of March 31, 2022	91615*	71.30%	78%	10 % Increase As at March 31, 2022, as outlined within the Great Northern Family Health Team's Primary Care Practice Report, 71.3% of patients were up-to-date with Pap smear screening within the past three years. The NE LHIN performance was 51.1% and provincial performance of 50.3%.		Screen for eligible female patients aged 25-70 years who are due for a Pap test.	Track the number of eligible patients due for a Pap test using the screening activity report dashboard and EMR searches	Number of eligible patients that have had their screening done per quarter Number of eligible patients that have not had their screening done Number of patients who refused screening / ineligible	75% of all eligible patients will have their screening done as of Q4 of FY 2023-24	
											Improve communication regarding due screening with patients.	Use the OCEANS portal to communicate screening reminders to patients.	Number of patients that have received screening notifications using Oceans messaging.	90% of patients that are due for a screening appointment with an email on file will receive reminder emails for their appointment using Oceans Messenger.	
											Encourage providers to use the OntarioMD screening custom form to document ineligibility and refusals.	Implement the Ontario MD screening custom form	Track the number of patients who refused screening or are ineligible.	20% of Great Northern Family Health Team patient refusals/ineligibility for screening will be documented using the OntarioMD screening custom form	
	Efficient: Timely access to care/ services	Percentage of screen eligible patients aged 50 to 74 years who had a colorectal screening within the past two years, or colonoscopy within the past 5-10 years (increased risk)	A	Other / Other	My Practice: Primary Care Report as of March 31, 2022	91615*	71.20%	78%	10% Increase As at March 31, 2022, as outlined within the Great Northern Family Health Team's Primary Care Practice Report, 71.2% of patients were up-to-date with colorectal screening. The NE LHIN performance was 66.4% and provincial performance of 61.2%.		Screen for eligible patients due for a colorectal screening/FIT.	Track the number of eligible patients due for a FOBT/FIT using the screening activity report dashboard and EMR searches	Number of eligible patients that have had their screening done per quarter Number of eligible patients that have not had their screening done Number of patients who refused screening / ineligible	75% of all eligible patients will have their screening done as of Q4 of FY 2023-24	
											Improve communication regarding due screening with patients.	Use the OCEANS portal to communicate screening reminders to patients.	Number of patients that have received screening notifications using Oceans messaging.	90% of patients that are due for a screening appointment with an email on file will receive reminder emails for their appointment using Oceans Messenger.	
											Encourage providers to use the OntarioMD screening custom form to document ineligibility and refusals.	Implement the Ontario MD screening custom form .	Track the number of patients who refused screening or are ineligible.	20% of Great Northern Family Health Team patient refusals/ineligibility for screening will be documented using the OntarioMD screening custom form.	
	Efficient: Timely access to care/ services	Percentage of patients who visited the Emergency Department for conditions "Best Managed Elsewhere"	A	% / PC org population visiting ED (for conditions BME)	Ministry of Health Portal / 2021-2022	91615*	TBD	TBD	Baseline work occurring 2023-2024 with performance targets established for 2024-2025.	Temiskaming Hospital	Patient education campaign on appropriate ED use and review of same day/next day appointment capacity (including funding proposal for permanent funding)	Conduct an information campaign advising patients how to differentiate between a cold and the flu and which other presentations are inappropriate for ED visits (UTIs, STIs, skin conditions, URTIs, eye infections, ear infections. minor lesions.)	Track completion of patient education campaign on appropriate ED use and review of same day/next day appointment capacity (including funding proposal for permanent funding)	By June 30, 2023, a review of same day/next day appointment capacity and funding request will be completed. By December 2023, patient education campaign on appropriate ED use will be completed.	

Theme II: Service Excellence	**Patient-Centred**	Percent of patients who stated that when they see the doctor , 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	Other / Other	Internal	91615*	Collecting Baseline	90%	Internal Target		Improve the number of patient experiences surveys completed.	Using digital health tools, distribute and collect survey results in an automated and virtual method. This will allow the team to collect more patient experience survey results and collect valuable feedback from out patients.	Number of patient experience surveys . conducted/ quarter	Target 200 surveys for 2023-2024.	
													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, measured quarterly	90% of patients who responded to a Patient Experience Survey will indicate that they are either always or frequently involved in care decisions at their visits	
Theme III: Safe and Effective Care	**Safe**	Percentage of non-palliative patients newly dispensed an opioid prescribed by any provider in the health care system.	P	% / Patients	CAPE, CIHI, OHIP, RPDB, NMS / 6 month period ending Mar 31, 2022	91615*	2.90%	2.61%	Reduction by 10%		Identify patients that have been newly dispensed an opioid in the last 6 months.	1) Our QIDSS will run bi-annual queries to identify patients that have been newly prescribed an opioid in the last 6 months. These lists will be provided to the physicians to review for patients with chronic/longer term opioid prescriptions. 2) We will also work with our physicians and our QIDSS to create a process to identify the number of patients on opioids with an opioid contract in place and how many patients need to come in to have their contract renewed.	Percentage of patients that have been newly prescribed an opioid in the last 6 month. (Number of patients with an opioid contract in place Number of patients that have had their opioid contract renewed)	50% of patients with chronic opioid prescriptions will have a trackable opioid contract in place within our EMR by March 31, 2024.	
Equity	**Equitable**	Percentage of patients aged 65 to 70 who have been immunized for Shingles	A	Other / Other	Other / Other	91615*	38%	50%	Internal Target	Temiskaming Hospital	Identify and improve access for patients who require a shingles vaccination.	1) Posters and educational materials will be posted. Information will be added to the Facebook page and the Web site. 2) EMR reminders and email reminder will be set for persons aged 65-70 with no record of immunization for shingles.	% (rostered patients aged 65-70 vaccinated for shingles/Rostered patients aged 65-70), measured quarterly.	50% of eligible patients will have received their shingles vaccine by March 31, 2024	Patients who have been vaccinated with either of the two available shingles vaccines will be counted as being immunized for shingles.
		Ensure that individuals working at the GNFHT are provided with education on adopting culturally safe and appropriate practices when serving Indigenous clients and patients and equitable and inclusive practices when serving vulnerable populations of clients and patients	A	% / Other	Other / Other	91615*	0%	100%	Internal Target		To raise awareness in the non-profit healthcare sector and beyond about the importance of creating a diverse, equitable, inclusive, responsive and accessible organization.	Provide training for staff on the Foundations of Cultural Safety and Workplace Inclusion for Gender and Sexual Diversity.	Percentage of employees who have completed Foundations of Cultural Safety and Workplace Inclusion for Gender and Sexual Diversity.	100% of employees will complete the IHPCC Foundations of Cultural Safety Course and Workplace Inclusion for Gender and Sexual Diversity Education by June 30 2023.	