

Key Observations
2014-15 Quality Improvement Plans
Primary Care

Introduction

Ontario has now had close to four years of experience with Quality Improvement Plans (QIPs), which started in the hospital sector and, over the course of the last few years, extended to interprofessional primary care organizations, Community Care Access Centres (CCACs), and will soon be rolled out in Long-Term Care (LTC) Homes (some of which voluntarily submitted QIPs this year).

QIPs play a pivotal role in improving the quality of care that is delivered in Ontario. They allow organizations to formalize their quality improvement activities, articulate their goals, and identify concrete ways of achieving their goals.

In order to focus the quality improvement activities that will be underway in Ontario in the coming year, primary care organizations were asked to consider five priority indicators, and most addressed them in their plans. However, it is understood that organizations have their own priorities, and are encouraged to consider and address them in their annual QIPs. To account for regional variation, organizations are free to set their own targets for improvement.

The purpose of this report is to provide information about what providers in Ontario are focusing on to improve quality of care, what change ideas may lead to improvements in future years, and where there may be opportunities to learn from others. The report will hopefully stimulate new ways of thinking about how to improve quality. It is designed to fuel conversations about quality among board members, senior leaders, individual clinical leaders and teams. It will provide a sector-specific look at the priority indicators of the 2014-15 QIPs. Future reports will strive to bring cross-sector perspectives and provide more detailed insights into quality issues.

Health Quality Ontario (HQO) is committed to ensuring that QIPs are an integral part of the coordinated quality effort in Ontario. We hope this report will help maintain momentum in quality improvement and help organizations benefit from one another's experiences throughout the quality journey.

A By-the-Numbers Look at Primary Care Quality Improvement Plans

This is the second year that interprofessional primary care organizations submitted QIPs.



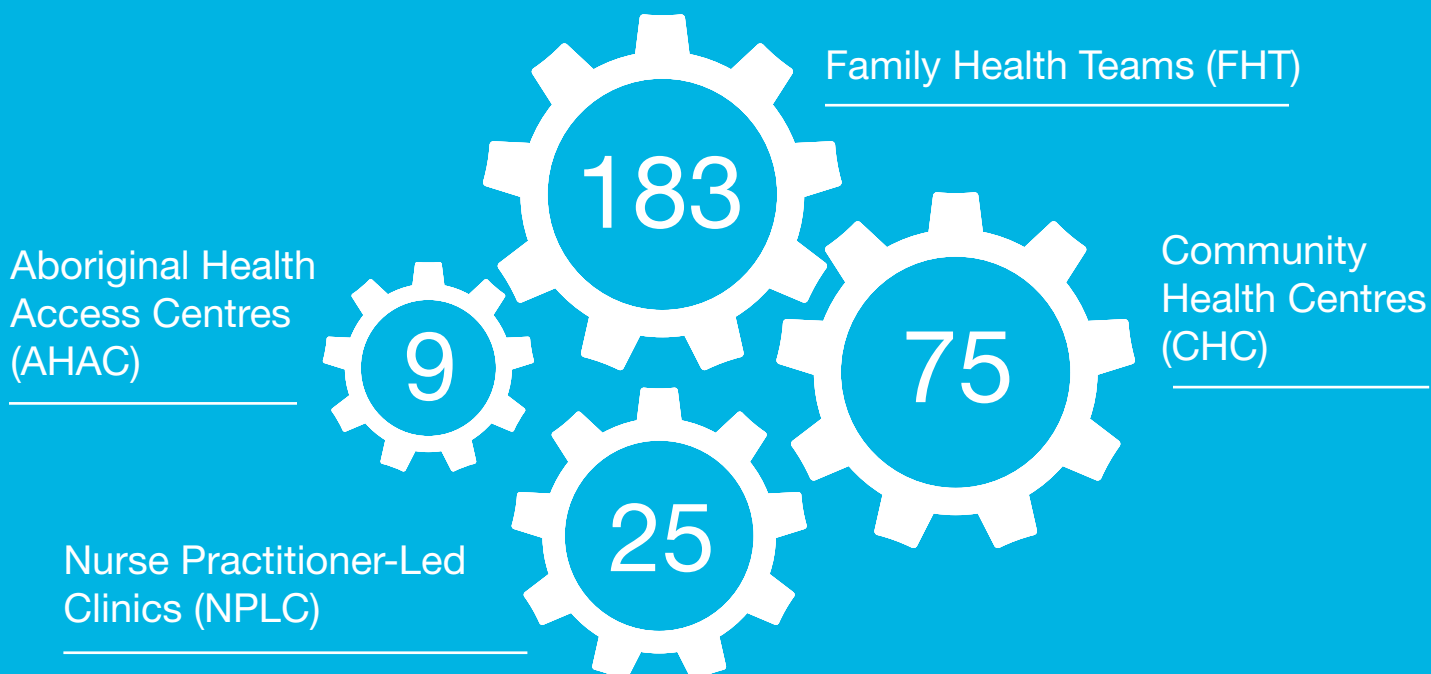
292 QIP Submissions

5 Priority Indicators

424 Self-Selected Indicators*

Primary Care Organization Break Down

(of those who submitted QIPs)



A closer look at priorities:

Here's the number of primary care organizations that included each priority indicator in their QIPs

Timely Access to Primary Care When Needed (Patient Survey Data)

- AHAC: 9 of 9, up from 8 last year
- CHC: 74 of 75, up from 67 last year
- FHT: 182 of 183, up from 160 last year
- NPLC: 25 of 25, up from 19 last year
- Total: 290 of 292 (99%), up from 88% last year

Primary Care Visits Within Seven Days Post-Discharge

- AHAC: 7 of 9, down from 8 last year
- CHC: 74 of 75, up from 72 last year
- FHT: 182 of 183, up from 167 last year
- NPLC: 23 of 25, up from 20 last year
- Total: 286 of 292 (98%), up from 92% last year

Patient Experience “Opportunity to Ask Questions” (Patient Survey Data)

- AHAC: 9 of 9, up from 7 last year
- CHC: 73 of 75, up from 60 last year
- FHT: 179 of 183, up from 137 last year
- NPLC: 25 of 25, up from 18 last year
- Total: 286 of 292 (98%), up from 77% last year

Patient Experience “Enough Time” (Patient Survey Data)

- AHAC: 8 of 9, up from 7 last year
- CHC: 72 of 75, up from 60 last year
- FHT: 176 of 183, up from 134 last year
- NPLC: 25 of 25, up from 18 last year
- Total: 281 of 292 (96%), up from 76% last year

Patient Experience “Involvement in Care Decisions” (Patient Survey Data)

- AHAC: 8 of 9, up from 7 last year
- CHC: 72 of 75, up from 63 last year
- FHT: 177 of 183, up from 140 last year
- NPLC: 25 of 25, up from 19 last year
- Total: 282 of 292 (97%), up from 79% last year

* The total number of self-selected indicators submitted by primary care organizations. Customized indicators tended to focus on access and patient experience, diabetes, smoking cessation, immunization, electronic medical records, medication reconciliation, and chronic obstructive pulmonary disease (COPD).

We identified the following themes from the QIP submissions:

1

Primary care organizations are strengthening their relationships with other sectors in the health care system.

Compared to last year, there was a 91% increase in the number of references to collaborating with Community Care Access Centres (CCACs) to deliver continuous, high quality care to their patients. There was a 50% increase in the number of references to working in partnership with Health Links or drawing upon Community Support Services to provide better care for their patients.

2

Primary care organizations are using electronic medical records (EMRs) to identify and support patient needs.

100% of primary care organizations mentioned using EMRs in their QIP narratives – an example of how technology can be used to monitor patient needs and support improved delivery of care. Approximately 38% described using EMRs to identify specific disease conditions.

3

Primary care organizations are benefiting from greater access to data and evidence to support quality improvement work.

Over 260 family physicians are participating in Health Quality Ontario's Primary Care Practice Report initiative, which uses administrative health databases to give physicians customized data about their practices. Having access to practice-level information allows providers to compare performance to other practices, and to better identify strengths and opportunities for improvement.

4

Primary care organizations are increasingly aligning their QIPs with organizational priorities.

98% of organizations mentioned alignment with other planning documents including mission, vision, and strategic plans. Of those organizations, 46% provided details on how their QIPs aligns with internal planning documents and/or contractual/accountability agreements. This is an excellent sign, as it indicates that organizations are embedding quality improvement best practices and QIPs into day-to-day operations in order to improve care for their patients.

5

Primary care organizations are getting clinicians and senior leadership on board with QIP narratives.

98% of organizations documented the direct involvement of clinicians and organizational leadership in QIPs development. Of those organizations, 33% noted how clinicians and leadership are strategically involved through planning and monitoring of the QIP, and 11% said they were able to demonstrate accountabilities and act as role models for peers in developing QIPs (referencing the benefits of regular tracking, monitoring, and sharing on a quarterly basis).

Timely Access to Primary Care When Needed

This indicator measures the percentage of patients/clients able to see a doctor or nurse practitioner on the same day or the next day, when needed.

WHY IS IT A PRIORITY?

Studies have shown that access to a regular primary care provider can reduce the use of emergency departments, reduce the use of walk-in-clinics, and improve continuity of care.¹

CHANGE IDEAS:

- **Understand and balance supply and demand** - Fundamental to providing improved access is matching the supply and demand for appointments. Reviewing patterns of supply and demand on a weekly, monthly or seasonal basis can help organizations develop an understanding of how to shape supply to match demand, or increase supply during periods of high demand (i.e. flu season).
- **Reduce appointment types and times** - Complex schedules with many appointment types, times and restrictions can actually increase delays, due to the fact that each appointment type and time creates its own differential delay and queue. Grouping the complexity of appointment types ultimately decreases system delays.
- **Reduce backlog** - Backlog consists of appointments that have been postponed due to a lack of time on the schedule. Working down the backlog recalibrates the system to improve access.

Timely Access to Primary Care When Needed

99% selected to include this indicator in their QIPs
72% chose a target higher than current performance
27% set targets the same as current performance or collected baseline data

WHAT WE'RE SEEING: Many primary care organizations are increasing their use of Primary Care Patient Experience Surveys by offering electronic surveying, improved distribution methods, and analysis.

- Between 2013-14 and 2014-15, there was an increase from 32% to 67% of organizations that referenced that they had been surveying patients.

¹ Glazier, R. H. (2007). Balancing equity issues in health systems: perspectives of primary healthcare. Healthcare Papers, 8, 35-45.

FAST FACTS

- 109** The total number of self-selected indicators related to access that were submitted by primary care organizations in their QIPs
- 98** The percentage of primary care organizations that included change ideas related to timely access.
- 52** The percentage of primary care organizations that provided process measures and change ideas to promote improved access to care — up from 35% last year.

Primary Care Visits Within Seven Days Post-Discharge

This indicator measures the percentage of patients/clients who see their primary care provider within seven days after discharge from hospital for selected conditions.

WHY IS IT A PRIORITY?

In an integrated health system, all parts of the system are organized, connected and work together to provide high quality care. An integrated system of care inspires trust and confidence and has the potential to smooth transitions of care, improve patient/client outcomes, improve patient experiences, and lower total health system costs. In addition, research demonstrates that patients/clients who are seen by their primary care provider for post-hospital follow-up care are less likely to be readmitted.²

CHANGE IDEAS

Over 50% of primary care organizations reported that they are implementing change ideas from the Advanced Access Program. Some of these change ideas include:

- Train staff on how to use patient discharge reports shared by hospitals.
- Provide patients with a “patient passport” (with primary care provider name and contact information), and encourage patients to share these passports with hospital staff if they are admitted to ensure that discharge information is communicated to the correct organization.
- Obtain daily access to hospital portals to view newly admitted registered patients.
- Working with the health care team and partners in other sectors to:
 - o Ensure that written individualized care and discharge plans from hospital are shared with primary care teams, specialists and other providers within 24 hours of discharge.
 - o Confirm and document appointments in discharge plans, including follow-up appointments with primary care providers.
 - o Confirm that an updated post-discharge medication regimen has been created and review this regimen with the patient and their family/caregiver(s). Consider incorporating checklists or non-written cues to help patients take their medications as prescribed.

Primary Care Visits Within Seven Days Post-Discharge

- 98% selected to include this indicator in their QIPs
- 71% chose a target higher than current performance
- 29% set targets the same as current performance or collected baseline data

WHAT WE'RE SEEING: Primary care organizations are beginning to better understand this indicator and are actively using data to foster improvement.

- o Ensure that individuals at high risk of readmission have an appointment with their primary care team within 48 hours of discharge.
- o Ensure that patients at moderate risk of readmission receive a follow-up phone call within 48 hours of discharge. These individuals should also have an appointment with their primary care team within five days of discharge.

² Ionescu-Iltu, R., McCusker, J., Ciampi, A., Vadeboncoeur, A. M., Roberge, D., Larouche, D. & Pineault, R. (2007). Continuity of primary care and emergency department utilization among elderly people. Canadian Medical Association Journal, 177(11), 1362-1368

FAST FACTS

97 The percentage of primary care organizations that included change ideas and methods for this indicator.

Patient Experience – Opportunity to Ask Questions

This indicator measures the percentage of patients who responded positively to the question: When you see your doctor or nurse practitioner, how often do they or someone else in the office give you an opportunity to ask questions about recommended treatment?

WHY IS IT A PRIORITY?

Approximately one in four sick adults say they do not get to ask enough questions or feel involved in the care they receive. Patient-centred care recognizes the patient/client as a person and partner in care and takes their values, beliefs, culture and feelings into consideration. Studies have shown that when patients have the opportunity to provide their opinion and share their health care experiences, beneficial changes are often made and overall quality can improve.³

CHANGE IDEAS

Over 50% of primary care organizations reported that they are implementing change ideas from the Advanced Access Program. Some of these change ideas include:

- Conduct patient experience surveys, which are useful for identifying and exploring patient/client views and opinions regarding their health and health care.
- Involve patients in quality improvement committees.
- Conduct a clinic walkthrough to see the organization through the eyes of the patient.
- Encourage patients to ask questions about their treatment or safety.
- Develop opportunities to ask questions in other ways (e.g., emails, phone calls).
- Use “teach back” to confirm that patients understand their care instructions by asking them to repeat them back.
- Use simple language or graphical displays to explain instructions to those with low literacy.
- Provide patients and families with clear written instructions and frequently-asked questions (FAQ) sheets regarding medications, care plans and follow-up appointments.
- Monitor patient feedback (including compliments, suggestions and complaints) and communicate actions taken as a result of the feedback.

Patient Experience – Opportunity to Ask Questions

- 98% selected to include this indicator in their QIPs
- 65% chose a target higher than current performance
- 35% set targets the same as current performance or collected baseline data

WHAT WE'RE SEEING: Many primary care organizations are educating patients about their right to ask questions about recommended treatment. They are exploring more ways to communicate in a broad manner during new patient intake appointments, and they are increasing awareness via website and office posters to alert patients that there is an opportunity for them to participate in their own care.

³ Health Quality Ontario (2012). Quality Monitor 2012. 30. Retrieved from <http://www.hqontario.ca/portals/0/Documents/pr/qmonitor-full-report-2012-en.pdf>.

FAST FACTS

- 92 The percentage of primary care organizations that included change ideas and methods for this indicator.
- 39 The percentage of organizations that included process measures to assist them in measuring the impact of change ideas and progress toward improvement targets.

Patient Experience – Enough Time

This indicator measures the percentage of patients who responded positively to the question: When you see your doctor or nurse practitioner, how often do they or someone else in the office spend enough time with you?

WHY IS IT A PRIORITY?

When patients see an interprofessional health care team, they want reassurance that their providers: know their name; can explain what is happening; are ‘in charge’ and are able to address questions or concerns and will refer them to the right health care provider, at the right time. Spending an appropriate amount of time with patients improves experiences of care.⁴

CHANGE IDEAS

Over 50% of primary care organizations reported that they are implementing change ideas from the Advanced Access Program. Some of these change ideas include:

- Regularly survey patients to develop an understanding of patient experiences of care, and identify what is working well, and where there may be room for improvement.
- Develop “rooming criteria” to get patients ready prior to their appointment (e.g., shoes and socks off for patients with diabetes).
- Foster continuity by matching patients with the same provider for each visit.
- Ensure good internal communication (e.g., daily huddles, making lab work and diagnostic reports available in patient charts).
- Create reception scripts and record the reason for patient visits to ensure care teams are prepared beforehand.
- Schedule longer visits to meet the needs of patients, as necessary.
- Standardize equipment and inventory in each room to reduce time wasted looking for items.
- Track interruptions to identify disturbances in workflow and to generate change ideas.

Patient Experience – Enough Time

96% selected to include this indicator in their QIPs
59% chose a target higher than current performance
35% set targets the same as current performance or collected baseline data

WHAT WE’RE SEEING:

- Many primary care organizations are working to maintain 30-minute appointment time slots. Some are also planning to create a script for reception staff to more accurately access length of time needed for an appointment.
 - Primary care organizations are planning to strengthen collaboration between nurses and doctors and/or nurse practitioners to ensure better use of time between doctors and/or nurse practitioners and their patients. Examples include: enabling nurses to complete patient history, take vitals, do a PAP test and give immunizations.
- Use Health Checklists to ensure comprehensive care is delivered during each visit (e.g., use age-specific guidelines to optimize planning for each patient’s visit).

⁴ Kripalani, S., Jackson, A. T., Schnipper, J. L., & Coleman, E. A. (2007). Promoting Effective Transitions of Care at Hospital Discharge: A Review of Key Issues for Hospitalists. *Journal of Hospital Medicine*, 2(5), 314-323.

FAST FACTS

- 91** The percentage of primary care organizations that included change ideas and methods for this indicator.
- 35** The percentage of primary care organizations that included process measures for each change idea.

Patient Experience – Involvement in Care Decisions

This indicator measures the percentage of patients who responded positively to the question: When you see your doctor or nurse practitioner, how often do they or someone else in the office involve you as much as you want to be in decisions about your care and treatment?

WHY IS IT A PRIORITY?

There is a growing body of knowledge that demonstrates that improving patient experiences and engaging patients in their care decreases stress, speeds recovery and improves health outcomes for patients. In a truly patient-centred system, patients are involved in each of their care decisions.⁵

CHANGE IDEAS

- Encourage patients to participate in self-management by actively setting and contributing to their own treatment goals.
- Encourage patients to ask questions about their care or raise concerns about safety.
- Use “teach back” to confirm that patients understand their care instructions by asking them to repeat them back.
- Use information management systems to assist in the development of a proactively-planned approach to care and to help patients stay informed.
- Provide customer service training to staff, including greeting skills, use of eye contact, simplified language, active listening and strategies for de-escalating conflict.
- Develop collaborative projects to investigate outcome measures, study designs, and research and evaluation processes for patient-centered care.
- Discuss options for optimal monitoring and management of chronic and preventative care.

Patient Experience – Involvement in Care Decisions

- 97%** selected to include this indicator in their QIPs
- 62%** chose a target higher than current performance
- 32%** set targets the same as current performance or collected baseline data

WHAT WE'RE SEEING:

- Many primary care organizations plan to adopt an advanced care planning toolkit to ensure elderly patients are involved in decisions regarding their care and treatment in the future.
- Many primary care organizations are providing Francophone clients with verbal and written information about their conditions in French to ensure they have a full understanding of their care.
- Many primary care organizations are encouraging clinicians to create joint care plans with patients, so that patients feel empowered and knowledgeable about their choices.

⁵Health Quality Ontario (2013). Capturing the Patient Experience. Available from: <http://www.hqontario.ca/Portals/0/Documents/qi/qi-capturing-patient-experience-instruction-sheet-en.pdf>

FAST FACTS

- 91** The percentage of primary care organizations that included change ideas and methods for this indicator. Of these, 60% said they included change ideas that they were continuing to measure from last year.
- 35** The percentage of primary care organizations that included process measures for each change idea.

Patient Experience

What we're seeing for all three Patient Experience indicators:

1

More organizations are:

- Conducting surveys monthly or quarterly to measure whether newly implemented change ideas are leading to improvement.
- Incorporating standardized survey questions (as listed in the technical specifications document) to allow for provincial comparison and consistency in reporting.
- Sharing survey results with staff and providers to raise awareness of quality improvement activities.
- Reporting survey results to the board quarterly.
- Posting the results of surveys in examining rooms and waiting areas to engage patients.

2

Many primary care organizations are creating client advisory groups and seeking volunteers (via newsletter and health centre education) to better connect with patients.

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