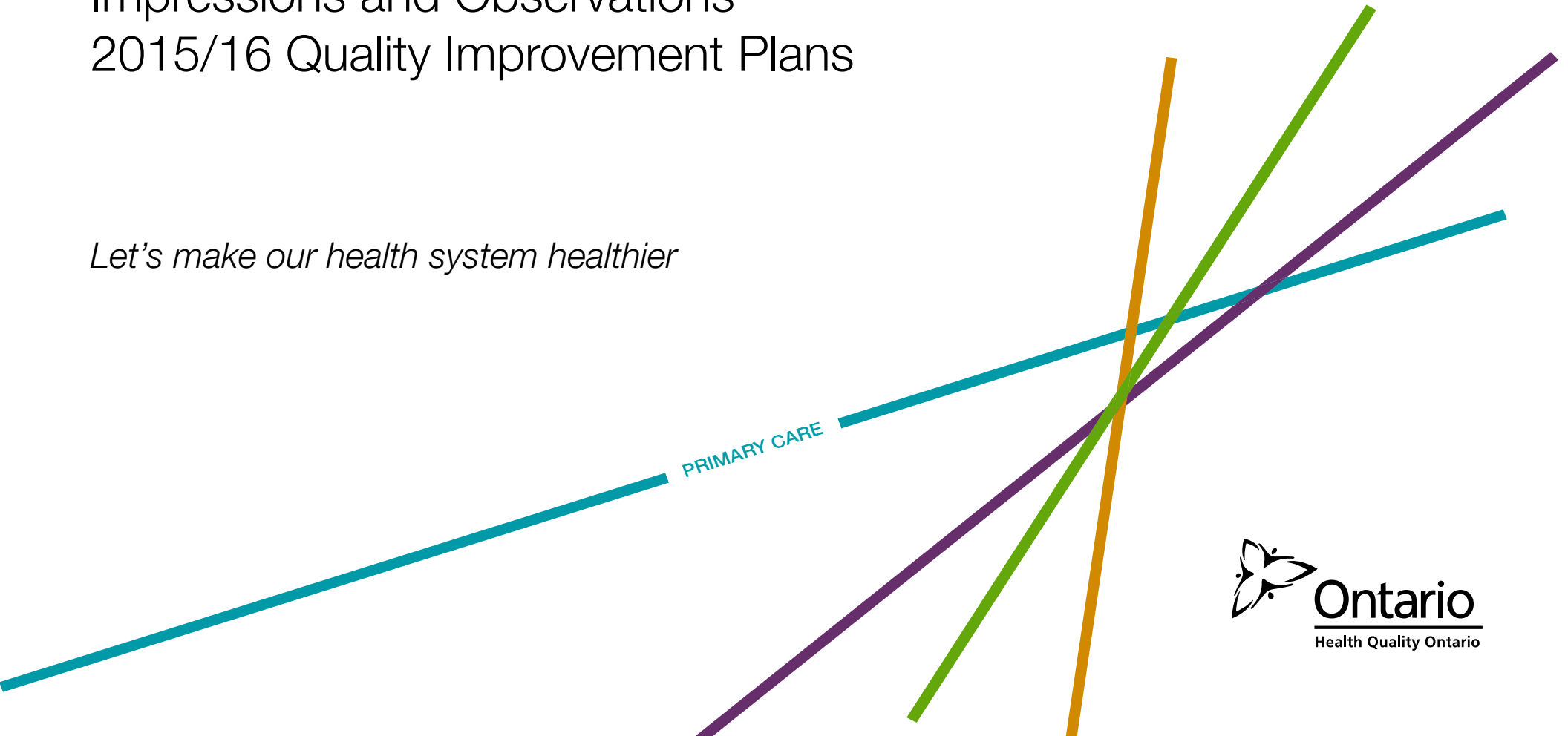
Primary Care

Impressions and Observations
2015/16 Quality Improvement Plans

Let's make our health system healthier



Ontario
Health Quality Ontario

About Us

Health Quality Ontario is the provincial advisor on the quality of health care. We are motivated by a single-minded purpose: **Better health for all Ontarians**.

Who We Are.

We are a scientifically rigorous group with diverse areas of expertise. We strive for complete objectivity, and look at things from a vantage point that allows us to see the forest and the trees. We work in partnership with health care providers and organizations across the system, and engage with patients themselves, to help initiate substantial and sustainable change to the province's complex health system.

What We Do.

We define the meaning of quality as it pertains to health care, and provide strategic advice so all the parts of the system can improve. We also analyze virtually all aspects of Ontario's health care. This includes looking at the overall health of Ontarians, how well different areas of the system are working together, and most importantly, patient experience. We then produce comprehensive, objective reports based on data, facts and the voice of patients, caregivers and those who work each day in the health system. As well, we make recommendations on how to improve care using the best evidence. Finally, we support large scale quality improvements by working with our partners to facilitate ways for health care providers to learn from each other and share innovative approaches.

Why It Matters.

We recognize that, as a system, we have much to be proud of, but also that it often falls short of being the best it can be. Plus, certain vulnerable segments of the population are not receiving acceptable levels of attention. Our intent at Health Quality Ontario is to continuously improve the quality of health care in this province regardless of who you are or where you live. We are driven by the desire to make the system better, and by the inarguable fact that better has no limit.

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Executive Summary

On April 1, 2015, 289 primary care organizations in Ontario submitted Quality Improvement Plans (QIPs), marking the third year the sector has made submissions. The QIPs submitted this year show that team-based, interprofessional primary care organizations are working hard to implement best practices and build relationships with system partners.

Key observations show that:

- **Momentum is building for measuring priority indicators in common and consistent ways.** The use of standardized patient survey questions and tools, for example, allows organizations to develop system-level dashboards and compare their performance regionally and internationally.
- **Meaningful performance comparators are emerging** through the development of dashboards shared among organizations that aim to set stretch targets consistent with those achieved by high-performing organizations.
- **Organizations are refining their methods of collecting and analyzing patient feedback.** Over the past year, more than 70,000 patients – an unprecedented number – responded to surveys about their experiences of care.

While the majority of organizations should be commended for their commitment to improvement activities, a significant minority still lags behind provincial peers. Three years into submitting QIPs, 22% of organizations are still collecting baseline data on one or more priority indicators. Organizations that have reported that they are collecting baseline data on the same indicator over multiple QIPs should consider either working on the indicator more fully, or selecting a different indicator as the focus for their quality improvement efforts.

For organizations that have reported steady progress, an ongoing challenge is setting progressively higher performance targets and sustaining gains over multiple years. A commitment to establishing stretch targets is a fundamental principle of continuous quality improvement. Cross-sector collaborations and the use of longer-term change strategies are key elements for forging ahead.

For the first time this year, the QIPs of individual primary care organizations are publicly available at Health Quality Ontario's QIP Navigator website. This development was the result of a consensus reached by key stakeholders and reflects the sector's commitment to transparency, shared learning and accountability.

About This Report

For the past five years, health sectors across Ontario have submitted Quality Improvement Plans (QIPs) annually. A process that initially began with Ontario's hospitals has now been extended to organized primary care organizations, community care access centres and long-term care homes.

The annual submission of QIPs demonstrates the ongoing commitment of more than 1,000 health care organizations in Ontario to deliver higher-quality services. These plans allow organizations to articulate their quality improvement objectives, formalize their improvement activities and pinpoint precise ways of achieving their goals.

Each QIP details an organization's work on a set of provincial priority indicators. These indicators align with the Primary Care Performance Measurement Framework and the *Common Quality Agenda*, a set of more than 40 indicators developed collaboratively by Health Quality Ontario and other health system partners. The *Common Quality Agenda* is an effort to focus performance reporting, lend greater transparency and accountability to the health system, and promote integrated, patient-centred care. It forms the foundation of Health Quality Ontario's yearly report, *Measuring Up 2015*,[1] which shows how Ontario's health system is performing. Health care organizations can use the information available in the *Measuring Up 2015* and *Insights into Quality Improvement* reports to gain a greater understanding of quality improvement from both an organizational and system-wide perspective.

The preparation and detail that goes into each QIP typically represent an impressive effort by each health care organization. Health Quality Ontario recognizes this work by carefully reading each QIP to examine and evaluate the data and change ideas provided. Using QIPs to highlight progress and identify areas in need of improvement is one way in which Health Quality Ontario works with the 1,076 health care organizations across all four sectors to transform the quality of care within the health system at large.

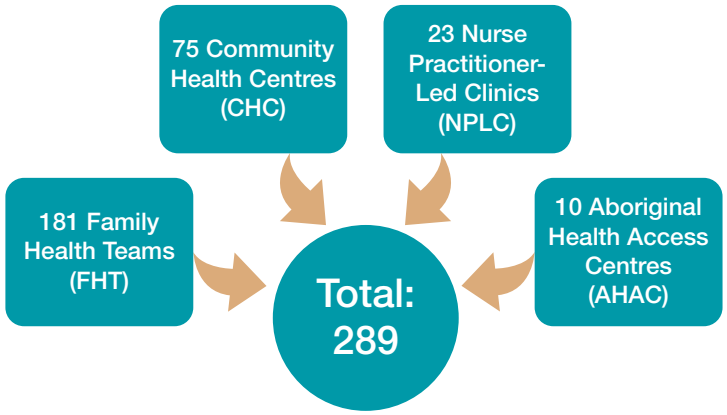
Health Quality Ontario hopes that the findings in this report will help to inform decisions about the quality of health care delivered by primary care, encourage further testing of innovations and help to guide planning efforts for the coming years.

This report is part of the ongoing *Insights into Quality Improvement* series. It will touch on all three components of the QIPs (narrative, progress report and workplan) submitted by primary care organizations and will largely concentrate on the lessons learned over the past year. Both quantitative and qualitative data are included. The qualitative data are presented as change ideas and organization profiles are drawn from all priority indicators. The quantitative data are drawn only from those primary care organizations that selected a particular indicator and chose to measure that indicator using Health Quality Ontario's original, technical definition (available in the QIP guidance documents). We use the term "progress" when a primary care organization's indicator value is better in the current year's QIP compared with data from the previous year's QIP. Tests of statistical significance have not been performed on the data and the results should be interpreted with some caution.

Introduction

Primary care is an important foundation of Ontario's health system. The Quality Improvement Plans (QIPs) provide a snapshot of the quality improvement activities undertaken by team-based, interprofessional primary care organizations. Collectively, these organizations provide a wide range of primary care services to patients across Ontario. Figure 1 shows the number and types of primary care organizations that submitted QIPs for 2015/16. Together, they employ over 3,000 physicians and more than 4,300 interdisciplinary health care providers who provide care to approximately 3.9 million Ontarians.[2]

Figure 1. Number of primary care organizations that submitted QIPs



This report focuses on the five priority indicators identified for Ontario's primary care organizations. As noted in the *QIP Guidance Document*,[3] organizations are encouraged to select the priority indicators if their current performance in those areas has not reached the level of provincial benchmarks or theoretical best.

Table 1 provides a breakdown of the number and percentage of organizations that selected each of the five priority indicators, based on the original definitions of each indicator as well as definitions that have been modified by some organizations.

Table 1. Organizations' selection of priority indicators*

Priority indicators	Number (%) of primary care organizations 2015/16 (n=289)
Timely Access to a Primary Care Provider	280 (97%)
Seven-Day Post-Hospital Discharge Follow-Up Rate for Selected Conditions	263 (91%)
Patient Experience: Primary Care Providers Spending Enough Time with Patients	274 (95%)
Patient Experience: Patient Involvement in Decisions About Care	276 (96%)
Patient Experience: Opportunity to Ask Questions	278 (96%)

*See Appendix A for more details. The remainder of the report uses the indicators as defined in Health Quality Ontario's *Indicator Technical Specifications*.

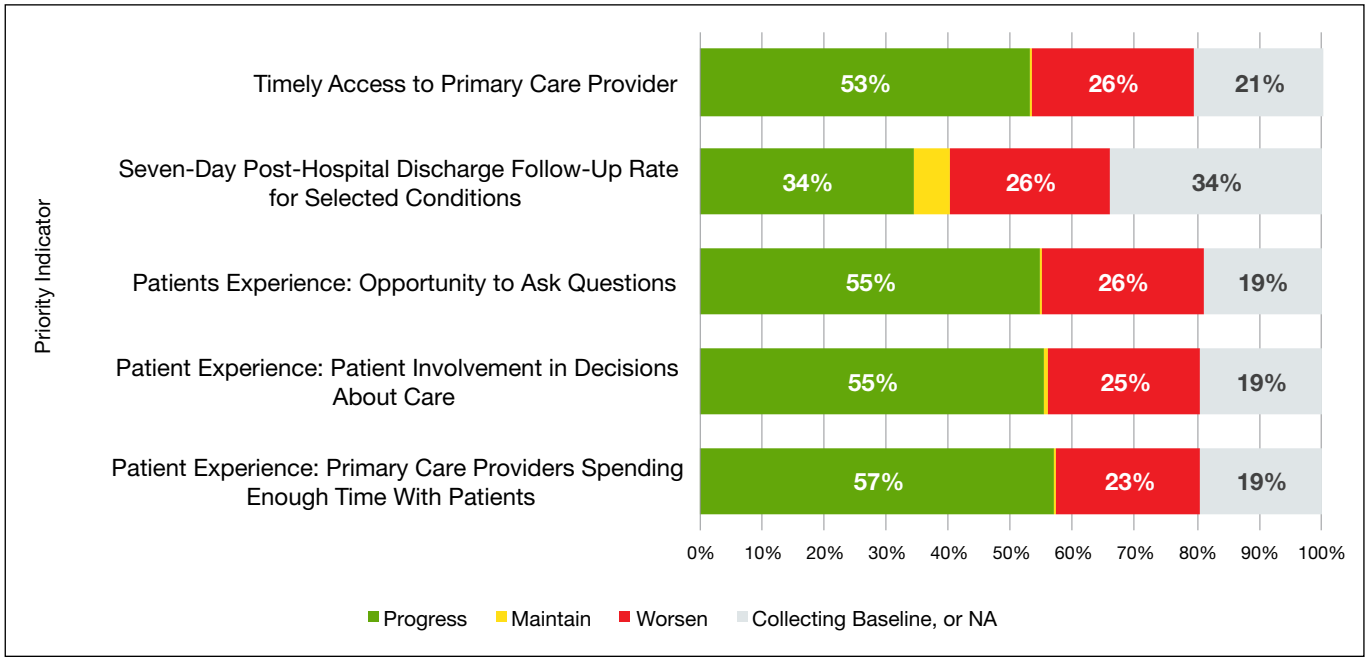
The *QIP Guidance Document* also noted additional indicators that primary care organizations can include in their QIPs to reflect their specific quality improvement goals and opportunities. Of the additional indicators for 2015/16, the most commonly selected included colorectal cancer screening (69%), cervical cancer screening (67%) and influenza vaccination rates (63%). These indicators, which promote health in patients, represent emerging themes that will be introduced as priority indicators in 2016/17 QIPs.

More than half of the organizations also chose to work on additional indicators that require cross-sector partnership. These indicators focus on reducing the number of patients who are:

- Treated in the emergency department for conditions that could be managed elsewhere
- Readmitted to hospital after being discharged recently

A further 133 customized indicators were created by organizations, with the most common theme being diabetes management.

Figure 2. Looking back on 2014/15: Percentage of organizations of all QIP submissions (n=289) reporting year-over-year absolute change on priority indicators



A large number of primary care organizations reported improvement in their current performance between April 2014 and April 2015 (green bars; range 34% to 57%). However, a significant number of organizations either did not select the indicators (red bars; range 23% to 26%), or stated that they were "collecting baseline" data, or "NA" (grey bars; range 19% to 34%). Performance data reported by each organization are considered descriptive and should not be used for accountability purposes.

Four of the five priority indicators are measured using data collected through patient surveys. This is the first year that organizations reported the actual number of patients that responded to questions about each indicator, as defined in Health Quality Ontario's *Indicator Technical Specifications* for QIPs. While the sample sizes of responses are reported, tests of their statistical significance that take into account population size, confidence intervals and survey methodology have not been performed. There are no data available on population size, confidence intervals or survey methodology. As a result, these data should be interpreted with caution.

For the indicator that tracks the follow-up rate within seven days of hospital discharge for selected conditions, the data are reported by the organizations themselves and are not measured in a standardized way across types of practice models, or even within models. Additional limitations on the data for this indicator are described in Chapter 3.

Despite ongoing challenges in gathering reliable and representative performance data, a majority of organizations should be commended for setting clear targets for improvement and implementing change ideas to help them meet those targets. Progress on all of the priority indicators discussed in this report requires a sustained, multi-year commitment by multiple organizations within different sectors to embed their improvement activities into their daily workflow in collaboration with system partners.

Each chapter in this report is devoted to specific priority indicators and includes:

- A summary of key findings from the QIPs and, where appropriate, recommendations from Health Quality Ontario that would strengthen future QIPs
- The performance targets set by organizations for each priority indicator
- A summary of the change ideas that organizations have already implemented and additional ideas that they plan to implement over 2015/16

While this report focuses primarily on the priority indicators in the QIPs, Health Quality Ontario offers a wide range of resources to support primary care organizations with their quality improvement initiatives:

- Primary Care Quality Improvement Plans Resources
- Primary Care Patient Experience Survey and Support Guide
- Quality In Primary Care: Setting a Foundation for Monitoring and Reporting in Ontario
- Quality Compass
- Advanced Access and Efficiency for Primary Care
- Health Links
- Online public reporting of primary care quality indicators
- Primary Care Practice Reports

To find out more about these and other resources, please contact Health Quality Ontario at QIP@HQOntario.ca.

Chapter One:

Working Within the Sector: Sector-Specific Advances on Priority Indicators

This chapter focuses on improvements that require interventions by individual primary care organizations, or collectively by the entire sector. The priority indicator used to measure sector-level progress is the number of Ontarians with timely access to primary care when they need it.

Key findings:

- Two-thirds of organizations (153/235) that worked on improving same-day or next-day access for patients reported progress in 2014/15 by either exceeding or meeting their improvement targets. However, approximately one-third said their performance actually worsened. Implementing Advanced Access Principles was the most frequent strategy used by organizations that reported progress.

- To strengthen next year's QIPs, Health Quality Ontario recommends that even organizations that have demonstrated steady improvement continue to:

    - Collect and analyze survey data in a consistent way
    - Compare patients' perceptions of access as demonstrated in the survey question and actual scheduling data from their electronic medical record (EMR) to identify opportunities for improvement
    - Set incrementally higher performance targets
    - Focus on sustaining the gains

TIMELY ACCESS TO A PRIMARY CARE PROVIDER

This indicator measures the percentage of patients who are able to see a doctor or nurse practitioner on the same day or the next day, when needed. Progress for this indicator is measured using the following patient survey question:

"The last time you were sick or were concerned you had a health problem, how many days did it take from when you first tried to see your doctor or nurse practitioner to when you actually SAW him/her or someone else in their office?

a) same day
b) next day
c) 2–19 days (enter number of days: _____)
d) 20 or more days
e) not applicable (Don't know/refused)"[4]

Understanding this indicator

Health Quality Ontario's recently released report, *Quality in Primary Care: Setting a foundation for monitoring and reporting in Ontario* (2015),[5] demonstrates that most Ontarians have a primary care provider who act as the first point of contact for people seeking medical services. However, less than half (44.3%) are able to see their provider within 24 to 48 hours when they are sick. International data suggest that this rate is the lowest among 10 other countries of similar social and economic status. In addition, only 28.4% of Ontarians living in some northern regions and 34.6% in rural areas are able to get an appointment within a day when they are sick. This result demonstrates that wide practice variations persist within the sector.

Timely access to a primary care provider can:

- Reduce the use of emergency departments[6]
- Reduce the use of walk-in clinics
- Improve the health of patients[6]
- Improve the continuity of care for patients

Analyzing this indicator (see Appendix A for more details)

Progress on 2014/15 QIPs

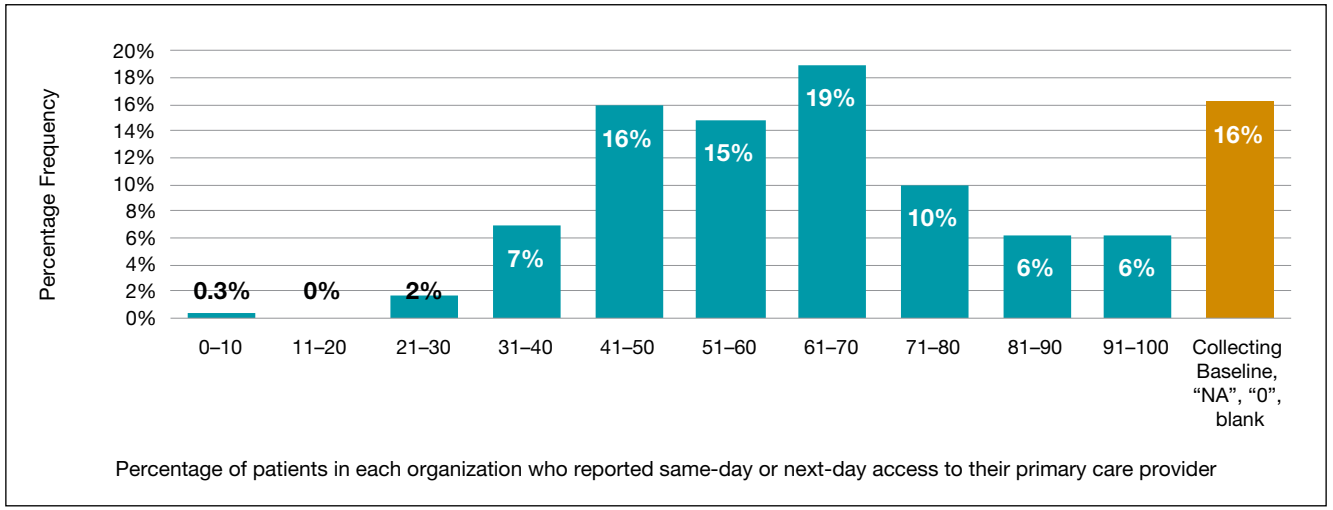
Of the 80% (235/289) organizations that worked on this priority:

- 66% (153/235) reported progress
- 32% (76/235) said performance worsened

Current performance from the 2015/16 QIPs

For this year's improvement activities, organizations reported a high degree of variation in their performance values. Most organizations reported that between 41% and 80% of patients were being seen the same day or next day by their provider when they were sick or were concerned about a health problem (Figure 3). Additionally, this year's QIPs show that 47 organizations are planning to collect baseline data or reported no data in 2015/16.

Figure 3. Timely access to primary care provider based on 2014-2015 survey results: Percentage distribution of current performance reported by organizations (total submissions: 289).



A note about this graph: The organizations in the "Collecting Baseline" category (representing 16% of organizations) include those that indicated a value of zero, "not applicable" or "collecting baseline". The category also includes those organizations that left the field blank.

Target setting in the 2015/16 QIPs

Of the 80% (232/289) of organizations that included this defined indicator as a priority:

- 88% (203/232) set a target above current performance
- 9% (21/232) set a target below their current performance

Among the 21 organizations that set targets at or below current performance, the most frequently cited reasons for their decision to do so included:

- Concerns about maintaining a high level of performance
- Recruitment and retention of adequate staff. For example, **Fort Frances Family Health Team** said it continues to struggle with recruiting physicians. To meet the needs of unattached patients in the community, the organization has expanded the clinic hours staffed by nurse practitioners to accommodate the increased demand for drop-in appointments
- Higher anticipated demand for same-day and next-day visits, or longer appointments as a result of plans to increase the number of new patients with complex medical needs enrolled with the organization

Achieving progress on this priority: Reflections on the past year

The 153 organizations that achieved progress on this indicator implemented a similar range of change ideas. The most frequently implemented change ideas are listed in Figure 4. By far, the most common ideas implemented were Advanced Access Principles (selected by 67% of organizations that reported progress on this indicator). Advanced Access is a set of principles and practices that enables providers to "do today's work today". That means patients calling for an appointment should be offered a visit the same day.[7]

The key elements of Advanced Access are:

- Balancing supply and demand
- Reducing backlog
- Reducing the variety of appointment types
- Developing contingency plans for unusual circumstances
- Working to adjust demand profiles
- Increasing the availability of bottleneck resources[6]

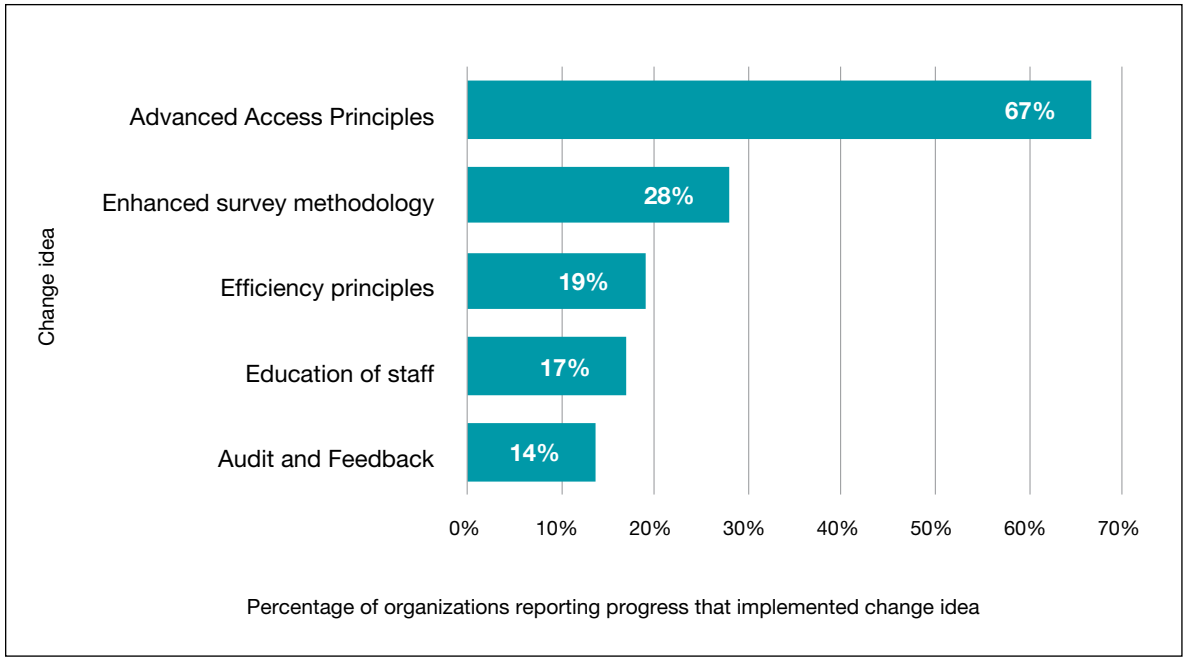
Adopting these principles requires strong leadership, investment and support.

- **French River Nurse Practitioner-Led Clinic** increased patients' access to same-day or next-day appointments from 39.5% to 91.5% over 2014/15, by training its staff to implement clinic scheduling based on Advanced Access principles.
- **Nord-Aski Family Health Team** increased the number of appointments that physicians had with patients over the phone. Dietitians and mental health workers also provided assistance over the phone. These phone appointments allowed the organizations to work in more same-day and next-day clinic visits.
- **Harrow Health Centre Family Health Team** discovered that despite having more than enough same-day or next-day appointments to accommodate their patients, many patients were not aware that they were available. The organization's survey data showed that only 47% of patients reported getting urgent appointments, even though its own scheduling data suggested that 92% of the clinic schedule was available for same-day or next-day appointments.

Of the 21 organizations that implemented "audit and feedback", a commonly used strategy to improve professional practice, many described how they collected data (audit), but provided no details about how the data were shared with staff (feedback) so that everyone could gain insight from it. To improve the audit and feedback strategies of organizations, Health Quality Ontario recommends that:

- Feedback is given to staff at regular intervals, both verbally and in written form
- Explicit performance targets within a specified timeframe are established
- An action plan is developed and implemented[8]

Figure 4. Timely access: Top five change ideas implemented by 153 organizations that reported progress on this indicator in 2014/15**



**Organizations used multiple change ideas

Advancing this priority: Plans for the year ahead

Of the 80% (232/289) of organizations that included this indicator as a priority for 2015/16:

- 195 (84%) plan to implement Advanced Access Principles, while another 65 (28%) plan to implement Efficiency Principles, which focus on optimizing office processes to improve patient flow.
    - **VON 360 Degree Nurse Practitioner-Led Clinic** is simplifying the urgent care and triage processes by allowing patients to book same-day or next-day appointments directly with the receptionist instead of having a nurse triage the request first. This approach addresses the needs of patients by allowing them to book urgent appointments directly.
    - **Belleville and Quinte West Community Health Centre** plans to replace individualized orientation sessions for every newly enrolled patient with group orientations that introduce 20 new patients at a time to how the clinic works. This model of group intake streamlines the initial visit, especially for families with young children, and identifies those who need to book follow-up appointments. Grouping together new-patient intake frees up more time in the daily schedule for same-day or next-day appointments.

- 102 (44%) plan to work on adjusting the methodology of their patient experience survey to ensure that the views of a larger, more diverse patient population regarding timely access are captured. To assist with this, Health Quality Ontario's *Primary Care Patient Experience Survey: Support Guide*[9] provides a standardized tool, available in multiple languages, with advice on surveying methods.

    - Some organizations are using kiosks, websites, tablet computers and volunteers to increase the number of patients surveyed
    - Some organizations, such as the **Smithville Medical Centre Family Health Team**, are sending out surveys by email to increase their sample size. Organizations have described email as a less expensive way to reach a larger number of patients, including those who do not visit the office regularly

- 75 (32%) plan to implement audit and feedback strategies, which may include reviewing the data on same-day or next-day access in electronic medical records. Some organizations mentioned sharing a performance summary with clinicians as a way to drive improvement and decrease variation.

- **East Wellington Family Health Team** reported that *"By sharing our findings, one of our physicians was convinced to switch to advanced access and noticed drastic improvements in his Third Next Available [appointment] results."*

Tips when working to improve same-day or next-day access:

- Use standardized survey definitions, which allow organizations to monitor their own progress and make system-level comparisons
- Create process measures, such as using scheduling software to measure the actual availability of same-day and next-day appointments

If same-day or next-day appointments are available, yet patients perceive, for whatever reason, that they are not, organizations should consider additional strategies to increase public awareness. It can take time for patients' perceptions to change. Well-conducted surveys can play a role in making patients aware of their options for accessing primary care more quickly.

★ **Spotlight: Here is one example of an organization describing change ideas that they feel contributed to improvement on this indicator.**

- **Central Toronto Community Health Centre** has improved access to primary care for populations that are most in need by:

    - Co-locating clinics in community spaces, such as homeless shelters and drop-in centres for youth at risk
    - Providing a "people-in-need" clinic to patients who need medical or psychosocial support but are either not registered with the organization or are unable to keep their appointments
    - Working with its Health Links partners to better provide and coordinate care for patients with complex needs. Among other things, this partnership enables:
        1. Collaboration between community health centres and local solo practitioners, who may require additional supports and resources for managing complex patients
        2. Collaboration between community health centres and two emergency departments to ensure that vulnerable and complex patients are rapidly connected with primary care and community services

Chapter Two:

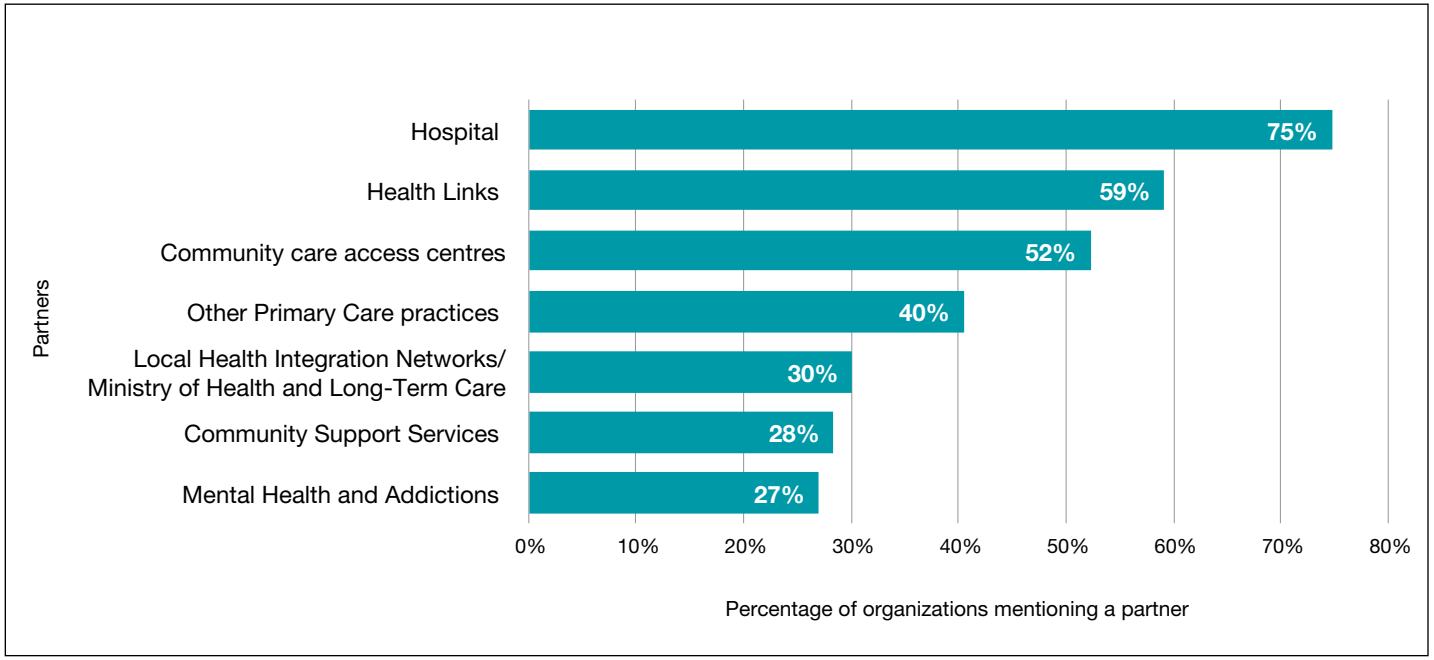
Reaching Out and Working Together: Cross-Sector Improvements on Priority Indicators

This chapter examines how Ontario's primary care organizations are working with other partners to improve the way patients move through different care settings. Often, seniors and patients with complex needs can benefit the most from smooth transitions of care. The current indicator used to measure a successful care transition is the number of patients with an appointment to see a primary care provider within seven days of leaving hospital.

An integrated health system, in which providers across all sectors are organized, connected and working together, is key to providing high-quality care. Continued progress on primary care visits post-discharge will depend on the strength of partnerships among primary care organizations as well as cross-sector partnerships, not only within the health system, but also with agencies that provide social services, settlement services and mental health supports.

As seen in Figure 5, three-quarters of organizations reported having active relationships with at least one other partner agency, with the most common being hospitals, Health Links and community care access centres.

Figure 5. Most frequently reported partnerships among primary care organizations submitting quality improvement plans



Key findings:

- For primary care organizations to provide coordinated care, they must have effective two-way communications with hospitals. While it remains a challenge for some primary care organizations to receive patient discharge summaries from hospitals in a timely way, cross-sector collaborations are underway to speed up that flow of information.
- Without real-time access to discharge summaries, a growing number of primary care organizations have developed alternative ways to track processes as patients move from hospital to home.
- Organizations should be commended for their commitment to using the limited data available to inform their improvement activities, refine their measurement methods and set clear targets for improvement.
- Organizations plan to implement multiple change ideas to track performance on this indicator in 2015/16, with the majority focused on improving communication between hospitals and primary care providers.
- Health Quality Ontario recommends that organizations consult the Health Links and Compass websites for information about change ideas that are designed to improve care transitions.

SEVEN-DAY POST-HOSPITAL DISCHARGE FOLLOW-UP RATE FOR SELECTED CONDITIONS

This indicator measures the percentage of patients who see their primary care provider within seven days after discharge from hospital for selected conditions. Most family health teams have access to this data from the Ministry of Health and Long-Term Care Health Data Portal. Reports for community health centres, nurse practitioner-led clinics and Aboriginal Health Access Centres, which are still being developed, measure the indicator in slightly different ways.

Measurement of this indicator remains a work in progress. Current limitations in measuring and monitoring performance on this indicator include:

- Considerable lag time for data to be available to primary care organizations.
- Data that may not accurately reflect the scope of work being done by organizations. For example, the current definition of this indicator only includes office visits with a physician and excludes visits with other members of the interprofessional care team. It also excludes telephone calls to patients, home visits by members of the care team, or patients' encounters with family physicians in the hospital.

This indicator is being measured by primary care organizations as well as Health Links and LHINs. The data collected, however incomplete, are part of an evolving effort to monitor the impact of integration efforts and drive improvement over multiple years.

Understanding this indicator

The period immediately following a hospital stay can put some patients with complex conditions, such as congestive heart failure and chronic obstructive pulmonary disease, at high risk of being readmitted.[10] A smooth transition from hospital to home can:

- Improve patient outcomes
- Improve patient experience[11]
- Lower total health system costs

Analyzing this indicator (see Appendix A for more detail)

Progress on 2014/15 QIPs

Of the 70% (202/289) of organizations that worked on this priority:

- 49% (99/202) reported progress
- 8% (17/202) said performance remained the same
- 37% (75/202) said performance worsened

Current performance from the 2015/16 QIPs

As a starting point for this year's improvement activities:

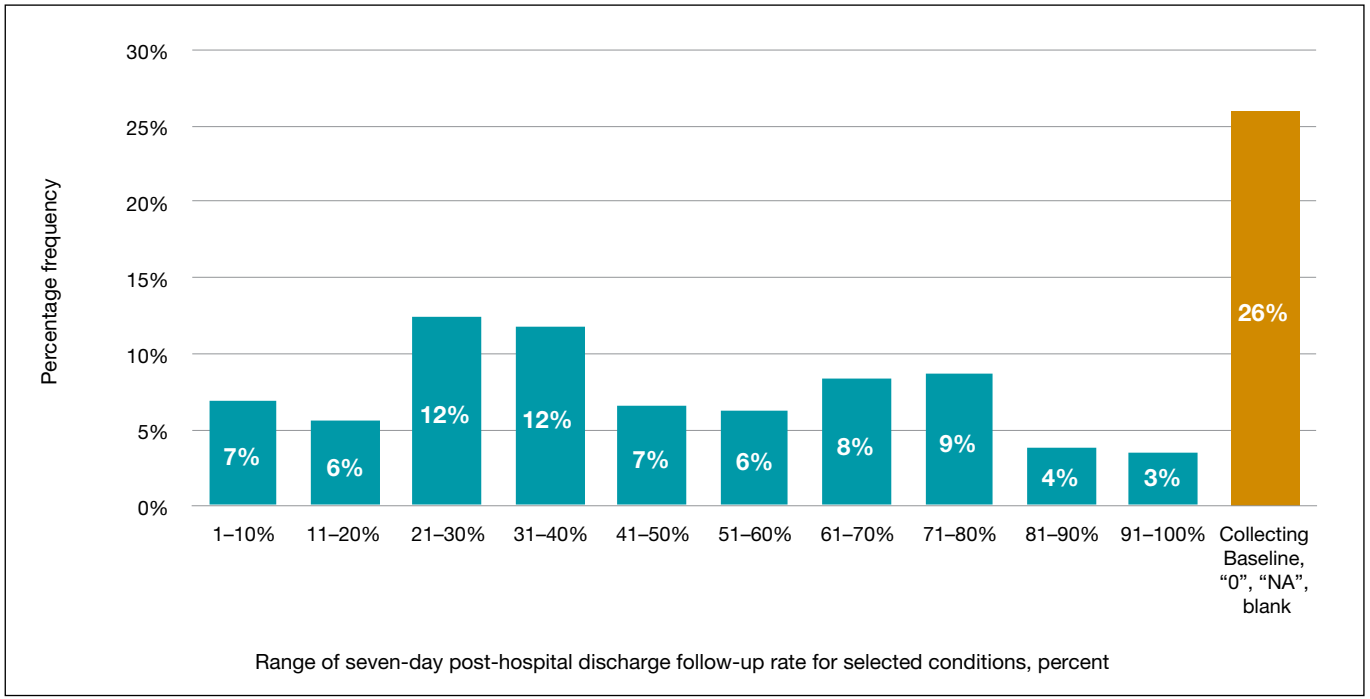
- 22% (75/289) of total organizations are either collecting baseline data or, in the case of nurse practitioner-led clinics and Aboriginal Health Access Centres, do not yet have the data to make their reports available.
- 5% (15/199) of organizations suppressed their results because the performance value was so low that it could not be reported without violating patient privacy.

Target setting in the 2015/16 QIPs

Of the 69% (199/289) organizations that included this defined indicator as a priority:

- 80% (160/199) set a target to improve performance
- 15% (30/199) plan to maintain their current performance
- 5% (9/199) set a target below current performance

Figure 6. Seven-day post-hospital discharge follow-up rate for selected conditions: Distribution of current performance, as reported by organizations in April 2015 (total submissions: 289)



A note about this graph: This graph describes the distributions of the rates of seven-day post-hospital discharge follow-up reported by organizations; for example, 3% of organizations reported a seven-day post-hospital discharge follow-up rate of between 91% and 100%. The organizations in the "collecting baseline" category (representing 26% of organizations) include those that indicated a value of zero, "not applicable," or "collecting baseline." The category also includes those organizations that left the field blank.

Achieving progress on this priority: Reflections on the past year

One of the biggest barriers to improving performance remains the timely and reliable transmission of patient discharge summaries from hospitals to primary care organizations. As a result, there is considerable variation in the ability of organizations to schedule follow-up visits for patients within seven days of leaving hospital (Figure 6).

By far, the most frequent change ideas, cited by 38% of organizations (77/202), involve developing standardized communications systems. Often, this process begins with the development of data-sharing agreements and protocols.

- **Halton Hills Family Health Team** works with the local hospital to expedite discharge notifications and improve data sharing between the two organizations.

- **North Muskoka Nurse Practitioner-Led Clinic** is working with the Muskoka Health Links to develop an electronic solution that would enable data sharing among all of the region's health system partners, including the community care access centre and Muskoka Algonquin Healthcare.

An additional 28% (56/202) organizations are working on computer-generated discharge summaries and processes. Many organizations described implementing software called the Hospital Report Manager (HRM) for sending discharge information electronically from hospitals to primary care organizations.

- **Ottawa Valley Family Health Team** received hospital-based patient records faster and more accurately after testing HRM. The records were integrated directly into the organization's electronic medical record system, making them easier for physicians to search and access. The organization plans to fully implement this system in 2015/16.

- **Chigamik Community Health Centre** uses HRM to receive diagnostic images and reports from more than 56 sending facilities, including the Royal Victoria Hospital and the Georgian Bay General Hospital. The software enables Chigamik to successfully track patients who are discharged from hospital and book timely follow-up appointments for them.

- In southwestern Ontario, organizations described linking to a secure electronic portal that provides physicians and clinicians with real-time access to their patients' electronic medical information from all of the region's acute-care hospitals, the community care access centre, the regional cancer program and two provincial data repositories.

In the absence of an electronic health system that links hospitals with primary care, 11% (22/202) organizations have focused on alternative ways to speed up that flow of information.

- The registered nurse at the **Manitoulin Central Family Health Team** has daily contact with the area hospital's discharge planner to identify patients who will be discharged imminently and coordinate a discharge plan. However, maintaining this daily practice has been a challenge because of staffing issues at the hospital.

- **Trent Hills Family Health Team** and **Kirkland District Family Health Team** have family physicians who also work at hospitals. These physicians often discuss follow-up care directly with patients who are awaiting discharge.

Advancing this priority: Plans for the year ahead

Organizations plan to implement multiple change ideas, with the majority focused on finding standardized ways for hospitals, patients and their families to notify primary care organizations of any patients awaiting discharge. Some of the standardized practices being implemented, particularly for patients with complex needs, include:

- Daily calls by primary care staff to medical units in hospitals to identify patients awaiting discharge
- Hospitals faxing primary care organizations lists of patients awaiting discharge
- Instructions issued by primary care organizations to patients encouraging them to contact their primary care provider if they are hospitalized

Other planned change ideas include:

- **Audit and feedback:** Organizations described plans to track key internal processes such as:

    - The patient's date of discharge from hospital
    - The date the hospital discharge summary is received by clinic staff
    - The number of days it takes following discharge for patients to be seen by a physician or nurse practitioner

To improve the effectiveness of this strategy, Health Quality Ontario recommends that the data be aggregated at both the organizational level and for each physician or nurse practitioner. The data should then be shared with all frontline providers to increase transparency, decrease variation in practice and drive improvement.

- **Computer-generated discharge summaries:**
    - A new web-based portal, known as the **South East Health Integrated Information Portal (SHIIP)** has been launched in the South East LHIN, with many primary care organizations connected to it. This portal has an alert system that notifies organizations when one of their complex-needs patients is discharged from hospital. Organizations such as **Lakelands Family Health Team**, **Belleville and Quinte West Community Health Centre**, **Gateway Community Health Centre**, **Kingston Community Health Centre** and **Country Roads Community Health Centre** are connecting to the portal.
    - 22% (43/199) organizations are working with their area Health Links to establish processes that provide them with real-time, electronic access to hospital discharge summaries.
    - 11% (21/199) organizations are working with their area Health Links to create Coordinated Care Plans, which are documents that outline the goals of patients with complex needs and provide them with instructions for navigating various care settings. Coordinated Care Plans move with the patients, providing them, their families and service providers with timely access to relevant information and a common understanding of what is most important to patients and their caregivers.

To strengthen next year's QIPs, Health Quality Ontario recommends that organizations consult its *Transitions of Care Evidence-Informed Improvement Package*,[12] Health Links and Quality Compass websites for information about change ideas that are designed to improve care transitions.

★ **Spotlight: Here are several examples of organizations describing change ideas that they feel contributed or may contribute to improvement on this indicator.**

- **Upper Canada Family Health Team** has moved beyond simply providing newly discharged hospital patients with a timely primary care appointment. The organization's nurse navigator and pharmacist collaborate to ensure that all patients are followed from admission to discharge. Their interventions include medication reconciliation, updating patient charts and scheduling post-discharge appointments with their primary care provider. These efforts have led to the creation of a policy that triggers a referral to the pharmacist for more rigorous follow-up when certain criteria are met. This practice ensures that patients and their caregivers get the help they need to take medications as prescribed, especially if their medications have changed since hospitalization.

- **Southlake Family Health Team** uses a portal and an Excel-based software tool to compile a daily list of patients who have been discharged from their local hospital. Nurses and social workers contact every discharged patient and arrange follow-up care. Using these processes, the organization's Newmarket clinic improved its rate of post-discharge follow-up to 56% from a baseline of 18%. The organization plans to expand these processes to its other clinics in 2015/16.

- **Municipality of Assiginack Family Health Team**, which is one of the smallest family health teams in the province, assigns social workers to see patients before they are discharged from hospital. Patients discuss any concerns with the social workers, who set up follow-up home visits. This strategy demonstrates the effectiveness of deploying interprofessional teams.

- **North Lambton Community Health Centre** plans to develop and implement a client education campaign, "Take Charge of Your Discharge", to encourage clients to contact the CHC when they have been discharged from the hospital. Clients will be engaged in the planning process.

Chapter Three:

Understanding the Patient Voice: Patient Engagement and Experience

The care that the health system provides should be driven by, and responsive to, the needs of Ontarians. A key component of continuous quality improvement is listening to the perspective of patients to understand which processes work well for them and which could be made better. Their feedback is then used to redesign services.

There are three discrete indicators that measure patient experience:

- **Opportunity to ask questions:** This indicator measures the percentage of patients who respond positively (always or often) 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?*
- **Patient involvement in decisions about care:** 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?*
- **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?*

These indicators collectively relate to patient experience, but each is unique and, therefore, will require distinct and separate approaches for quality improvement.

Key findings:

- More than 70,000 patients – an unprecedented number for patient-generated data – responded to surveys about their experiences of care over the past year. There is large variation in the sample size, ranging from 12 to 2,330 responses, depending on which organization conducted the survey.
- A majority of organizations have started to track and share patient experience data in a common and consistent way, but a significant minority (15%) is still in the first year of collecting baseline data.
- Organizations are reporting high levels of performance in patient experience, with between 50% and 55% of primary care organizations reporting positively in the 90th percentile. However, some organizations have not set targets to maintain the same level of performance in 2015/16.
- The main focus of change ideas for 2015/16 is adjusting the method of conducting patient surveys. However, few organizations described strategies to actually address the specific domains of patient experience that require improvement.

Overarching observations

Below are some observations that emerged from Health Quality Ontario's analysis of the three priority indicators – opportunity to ask questions, involved in care decisions, enough time with your provider – related to patient experience.

1. **Involve patients in their care:** Over the past year, a record 70,000 patients responded to surveys about their experiences of care. This level of response suggests that patients are interested in providing feedback about their care experiences. A gap still exists between the kind of care patients receive and the kind of care they should be receiving. *Patients First: Ontario's Action Plan for Health Care*[13] emphasizes the importance of putting the needs of patients at the centre of everything that health care providers do.

2. **Using the standardized survey questions:** Since patient experience surveys were introduced three years ago, many organizations have found it challenging to conduct a survey regularly. It is encouraging to see that over the past year, a majority of primary care organizations have started to use standardized questions for patient surveys.

   Organizations are beginning to compare their performance with that of their regional peers and international comparators, yielding stronger aims and targets. The 2014 Commonwealth Fund Survey of eleven countries also uses the QIP's priority indicators for patient experience. The widespread use of these indicators highlights the importance of having standardized survey questions, which enable organizations to compare their performance to international benchmarks.[14]

   This move to monitor, track and share data in a common and consistent way is a welcome development. However, a significant minority of organizations (15%) are still collecting baseline data even though this is the third year that they have been submitting QIPs. The publication in May 2015 of Health Quality Ontario's *Primary Care Patient Experience Survey and Support Guide* – the province's first standardized tool for measuring and monitoring the experiences of patients – should help organizations move more quickly to refine the way they conduct surveys.

3. **Aim for higher targets:** Of those organizations that already conduct surveys and perform at a high level on priority indicators, some have set targets for 2015/16 that are either at the same level as or below their current performance. Some of these organizations reported that they anticipate a negative impact on their performance as they adjust their survey methodology to increase the number of patients surveyed.

   It is important for organizations to develop a more reliable data set by seeking the feedback of a larger and more diverse sample of patients that is representative of the entire population. In addition, all organizations – including those with perfect performance – should consider:

   - Setting incrementally higher performance targets, with the goal of sustaining any gains over multiple years
   - Focusing improvements to increase the percentage of patients who only answer "always," rather than both "always and often," when asked if the care team has spent enough time with them

   A commitment to setting stretch targets – forward-looking but achievable results that surpass an organization's past performance – is a fundamental principle of continuous quality improvement.

4. **Act on survey results to improve the experience:** While refining the survey methodology is important, the ultimate goal is to use patient feedback to pinpoint weaknesses and strengths, understand their causes and drive improvements in patient experience. Organizations have a significant opportunity to improve in this area.

   The review of the 2015/16 QIPs shows that many primary care organizations treat the three patient experience indicators as a single indicator. While these indicators are all related to patient experience, they relate to three distinct aspects of focus for change ideas. More than 100 organizations used the same change ideas to drive improvement for all three indicators. Additionally, the organizations that reported worsening performance were more likely to use the same change ideas to address all three indicators. Health Quality Ontario recommends that organizations take concrete action to address patients' views and opinions about their care. To that end, organizations should consider identifying specific change ideas for each of the priority indicators related to patient experience, rather than using the same strategies to address all of them.

PATIENT EXPERIENCE: OPPORTUNITY TO ASK QUESTIONS

Achieving progress on this priority: Reflections on the past year

- 67% (161/240) organizations implemented changes to the way they collected data.
    - **Wise Elephant Family Health Team** used text messaging to send patients its survey questions immediately after their appointments. The organization also implemented telehealth software called eVisit, which allows clinicians to conduct secure videoconferencing calls and messaging with their patients.
- 16% (38/240) educated staff on ways to incorporate opportunities during every appointment for patients to ask questions.
    - **Stratford Family Health Team** has a physician who uses a web-based portal to connect online with patients, allowing them ask questions about their health (Myhealth).
- 15% (35/240) focused on audit and feedback, meaning organizations relied on electronic medical records and manual audits of patients' charts to monitor the frequency with which physicians and nurse practitioners documented giving patients the opportunity to ask questions. That information was then shared with individual providers to drive improvement.
- 7% (17/240) reported incorporating this indicator into their electronic medical records. For example, **Sherbourne Family Health Team** added a standard section in its electronic medical record entitled "Client questions from this visit."

Advancing this priority: Plans for the year ahead

The most common change idea, cited by 70% (167/238) organizations, focused on modifying the methods by which they conducted and distributed the survey. One way to increase the sample size at a fairly low cost is to email patients the survey questions. For example, **Smithville Medical Centre Family Health Team** plans to implement an email system, known as WELLx, which allows patients to submit written questions at their convenience. They are also developing a "QI Corner" in the waiting room to gather responses from patients regarding the services they would like to see. They are focusing on keeping communications at an appropriate literacy level, and will take the time to listen and enable patients to ask questions.

Another common change idea, cited by 16% (56/238) organizations, was audit and feedback, meaning organizations plan to track and measure the frequency with which physicians and nurse practitioners document the opportunities they give each patient to ask questions at every visit. However, organizations frequently neglected to describe in their QIPs how they shared that information with frontline staff, which is a critical step in providing feedback.

★ **Spotlight: Here are several examples of organizations describing change ideas that they feel contributed to improvement on this indicator.**

- **Guelph Family Health Team** has developed an "Always Events" model of care. Every member of the care team is asked to create at least one opening for questions to be asked by every patient at every visit. For example, team members strive to always ask each patient:
  - "How can I help you today?"
  - "What questions do you have about what we talked about today?"
- **Wabano Centre for Aboriginal Health** piloted the "Patient Navigator Project" in which the most complex patients meet with a member of the care team before they see their physician. This initial meeting helps patients focus on the key concerns they would like to discuss with their physician, enabling appointments to be more efficient and effective.

PATIENT EXPERIENCE: PATIENT INVOLVEMENT IN DECISIONS ABOUT CARE

Achieving progress on this priority: Reflections on the past year

The majority of change ideas focused on survey methodology. Of the limited number of organizations that described using shared decision-making strategies to improve the patients' experience in their QIPs:

- Six mentioned shared care plans
- Five described self-management strategies
- Three mentioned advanced care planning

Advancing this priority: Plans for the year ahead

A growing body of knowledge demonstrates that improving patient experience and engaging patients in their care decisions decreases their stress, speeds their recovery and improves their health outcomes.[14] Of the 239 organizations that included this defined indicator as a priority, 31% (73/239) plan to refine their data-gathering methods by sampling a broader, more randomized group of patients. Some of these organizations reported that they anticipate a negative impact on their performance as they increase the number of patients surveyed.

To strengthen next year's QIPs, Health Quality Ontario recommends that more organizations implement the following evidence-based strategies to involve patients in care decisions:

- **Promote self-management:** Help patients with chronic conditions and their families understand the central role they play in managing their illness and engaging in healthy behaviours[15]
- **Use of shared decision making with decision aids:** Make explicit the decisions that need to be made by patients and their families and point them to information about the options and outcomes[16,17]
- **Involve patients and families** in quality improvement activities

For example, **the University Health Network Toronto Western Family Health Team** plans to introduce evidence-based, shared decision-making tools that encourage patients to participate in self-management and goal setting. These tools, to be incorporated into electronic medical records, are designed to give medically complex patients, such as those with congestive heart failure or diabetes, a more active role in contributing to their own treatment goals while supporting evidence-based care.

★ **Spotlight: Here is an example of an organization describing change ideas that they feel may contribute to improvement on this indicator.**

- **Owen Sound Family Health Team** is focusing on increasing health literacy and self-management. They have developed a framework for engaging primary care patients. This approach includes evidence and strategies to improve health outcomes by allowing the patient to share in the decision-making process and become empowered to take an active role in their self-management.

PATIENT EXPERIENCE: PRIMARY CARE PROVIDERS SPENDING ENOUGH TIME WITH PATIENTS

Achieving progress on this priority: Reflections on the past year

Very few organizations actually described the efforts they were undertaking to improve the care processes that would lead to a better patient experience. One exception is **Essex County Nurse Practitioner-Led Clinic**, which surveyed patients about the total length of time they spent in the clinic, commonly known as cycle time. The organization learned that many patients who had in-clinic appointments to discuss the results of their diagnostic tests could easily have been given the information over the phone, which would have saved them both time and an extra trip to the clinic. In addition, morning huddles were convened with all clinical and administrative staff at the start of each day to identify the most efficient processes for managing workflow. Both practices allowed the organization to free up more time throughout the workday, giving nurse practitioners those extra minutes during each appointment to answer patients' questions.

Advancing this priority: Plans for the year ahead

Spending an appropriate amount of time with patients improves their experience of care.[18] Patients want reassurance that providers:

- Know their name
- Can explain what is happening in plain language
- Can answer their questions and address their concerns
- Will refer them to the right health-care professional at the right time

Perhaps because current performance is already at a high level, 27% of organizations set targets that are lower than current performance, while 16% of organizations aim to maintain current performance.

To drive future improvement, Health Quality Ontario recommends that organizations employ meaningful, customized strategies. For this indicator, organizations are encouraged to use Advanced Access and Efficiency Principles, which focus on streamlining patient scheduling systems as well as standardizing appointment times and processes to allow patients enough time to ask questions.

★ **Spotlight: Here is an example of an organization describing a change idea that they feel may contribute to improvement on this indicator.**

- **East Wellington Family Health Team** will include an additional question in its patient experience survey to assess whether patients receive enough time with their care team not only during clinic visits, but also during phone appointments or home visits.

THE BIG PICTURE: PATIENT ENGAGEMENT

While surveying patients for feedback is an excellent first step, enlisting their participation in quality improvement is the real goal. True involvement of patients in their care requires an ongoing commitment by providers to:

- Listen to what patients have to say
- Take their values, beliefs, culture and feelings into consideration
- Engage them in shaping and directing change

Research has found significantly improved results in the health outcomes of patients when they are involved as partners in their own care.[19]

The 2015/16 QIP included a new narrative section that, for the first time, asked organizations to describe how they involve patients in the design, delivery and evaluation of services. Of the 289 organizations that responded:

- 82% (237/289) organizations mentioned surveying patients
- 23% (67/289) have established focus groups or community meetings involving their patients
- 18% (52/289) have initiated processes to document patient complaints and compliments
- 17% (49/289) have patient advisors on quality-focused committees
    - **Guelph Family Health Team** has engaged patients with chronic pulmonary obstructive disease in mapping the process of their care and has started to involve patients in the co-design of service delivery

- 13% (39/289), including **Taddle Creek Family Health Team** and **Sudbury District Nurse Practitioner-Led Clinics**, have established advisory councils comprised of patient representatives.

Demonstrating more of a partnership model with its patients, **Quest Community Health Centre** has even involved patients in the selection committees that hire clinical staff.

An opportunity exists for more organizations to expand their patient engagement activities beyond soliciting feedback through surveys. For more patient engagement ideas, see:

- Health Quality Ontario's patient engagement tools and resources: Practical ways for health professionals to foster the active involvement of patients, families and members of the public in improving Ontario's health system.
- Choosing Wisely Canada: A campaign to help physicians and patients engage in conversations about unnecessary tests, treatments and procedures.

★ **Spotlight: Here is an example of an organization describing a change idea that they feel may contribute to improvement on this indicator.**

- **Grandview Medical Centre Family Health Team** encourages its patients to take an active role in managing their own care by offering them a secure, web-based portal that allows them to:

    - See the results of their diagnostic tests
    - Communicate directly with their family doctor
    - Access their medical information online

The organization also uses social media platforms, such as Twitter and Facebook, to provide patients with health-promotion tips. The addition of biographical facts about the providers practicing at the organization is an informal way for patients to get to know their clinicians better.

Conclusion:
Moving Forward

As in other parts of the health system, the primary care sector is increasingly focused on delivering higher-quality services for patients, especially as they transition from one sector to another.

Given that a comprehensive way of reporting primary care performance is still evolving, the 25% of primary care organizations that is making annual commitments to improve their performance through their QIPs should be acknowledged for their efforts to:

- Use the standard indicator definitions as identified in the Primary Care Performance Measurement Framework
- Refine their methods of collecting and analyzing data to better reflect the diversity of their patient population
- Use the limited data available to set clear targets for improvement
- Share data by developing system-level performance dashboards, such as the Data-to-Decision (D2D) dashboards from the Association of Family Health Teams of Ontario and the evolving dashboards from the Association of Ontario Health Centres
- Leverage the power of comparable regional and provincial data by accessing Health Quality Ontario's Primary Care Practice Reports, now available for both individual physicians and individual organizations such as Family Health Teams and Community Health Centres

These efforts have allowed some organizations to compare their performance with that of their regional and international peers. In some cases, organizations have successfully identified change ideas that work in multiple practice settings.

In coming years, the sector will continue to focus on improving its performance in all of the six quality dimensions: safe, effective, patient-centred, efficient, timely, and equitable. Additionally, a higher priority will be placed on improving system integration and population health. Some specific areas that require ongoing improvement include:

- Access: Many Ontarians still report having difficulty accessing their primary care providers after hours. To strengthen next year's QIPs, Health Quality Ontario recommends that even organizations that have demonstrated steady improvement continue to:
    - Collect and analyze survey data in a consistent way
    - Compare patients' perceptions of access as demonstrated in the survey question and actual scheduling data from their electronic medical record (EMR) to identify opportunities for improvement
    - Set incrementally higher performance targets
    - Focus on sustaining the gains

- Equity: Indigenous people, Franco-Ontarians, newcomers and people with mental health challenges and addictions are not always well served by the health system
- Fragmentation of care: Health services that are not well integrated can impact the care experiences of patients as well as their health outcomes
- Better integration of care as patients transition from one sector to another, with a particular focus on improving connections with the home and community care sector

Primary care organizations have made significant progress in quality improvement and are encouraged to continue charting a course for improvement in 2016.

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Appendix A: Table of Contents

Timely Access to Primary Care Provider

PRIORITY INDICATOR: TIMELY ACCESS TO PRIMARY CARE (SURVEY DATA)	TARGETS	PRIMARY CARE MODEL TYPE				ALL MODEL TYPES (N=289)
		AHAC N=10	CHC N=75	FHT N=181	NPLC N=23	
QIP WORKPLAN: TARGETS FOR 2015/16	IMPROVEMENT	5	50	129	19	203
		100%	85%	88%	86%	88%
	MAINTAIN	0	3	5	0	8
		0%	5%	3%	0%	3%
	WORSEN	0	6	12	3	21
		0%	10%	8%	14%	9%
	Total number selected by model type	**5**	**59**	**146**	**22**	**232**
	Total percent selected by model type	**50%**	**79%**	**81%**	**96%**	**80%**
PROGRESS REPORT: PROGRESS MADE AND TARGET ACHIEVEMENT FY 2014/15	PROGRESSED-TARGET MET/EXCEEDED	2	20	43	4	69
		40%	33%	29%	18%	29%
	PROGRESSED-TARGET UNMET	2	19	51	12	84
		40%	32%	34%	55%	36%
	PROGRESSED-TARGET N/A	0	1	4	0	5
		0%	2%	3%	0%	2%
	MAINTAINED	0	1	0	0	1
		0%	2%	0%	0%	0%
	WORSENED	1	19	50	6	76
		20%	32%	34%	27%	32%
	Total number selected by model type	**5**	**60**	**148**	**22**	**235**
	Total percent selected by model type	**50%**	**80%**	**82%**	**96%**	**81%**

Seven-Day Post-Hospital Discharge Follow-Up Rate for Selected Conditions

PRIORITY INDICATOR: PRIMARY CARE VISITS POST-DISCHARGE	TARGETS	PRIMARY CARE MODEL TYPE				ALL MODEL TYPES (N=289)
		AHAC N=10	CHC N=75	FHT N=181	NPLC N=23	
QIP WORKPLAN: TARGETS FOR 2015/16	IMPROVEMENT	0	31	123	6	160
		0%	79%	82%	67%	80%
	MAINTAIN	1	4	22	3	30
		100%	10%	15%	33%	15%
	WORSEN	0	4	5	0	9
		0%	10%	3%	0%	5%
	Total number selected by model type	**1**	**39**	**150**	**9**	**199**
	Total percent selected by model type	**10%**	**52%**	**83%**	**39%**	**69%**
PROGRESS REPORT: PROGRESS MADE AND TARGET ACHIEVEMENT FY 2014/15	PROGRESSED-TARGET MET/EXCEEDED	1	11	23	2	37
		100%	28%	15%	22%	18%
	PROGRESSED-TARGET UNMET	0	14	42	6	62
		0%	35%	28%	67%	31%
	PROGRESSED-TARGET N/A	0	4	7	0	11
		0%	10%	5%	0%	5%
	MAINTAINED	0	5	12	0	17
		0%	13%	8%	0%	8%
	WORSENED	0	6	68	1	75
		0%	15%	45%	11%	37%
	Total number selected by model type	**1**	**40**	**152**	**9**	**202**
	Total percent selected by model type	**10%**	**53%**	**84%**	**39%**	**70%**

Patient Experience: Opportunity to Ask Questions

PRIORITY INDICATOR: "OPPORTUNITY TO ASK QUESTIONS" (SURVEY DATA)	TARGETS	PRIMARY CARE MODEL TYPE				ALL MODEL TYPES (N=289)
		AHAC N=10	CHC N=75	FHT N=181	NPLC N=23	
QIP WORKPLAN: TARGETS FOR 2015/16	IMPROVEMENT	4	44	90	6	144
		100%	69%	61%	26%	61%
	MAINTAIN	0	10	18	7	35
		0%	16%	12%	30%	15%
	WORSEN	0	10	39	10	59
		0%	16%	27%	43%	25%
	Total number selected by model type	**4**	**64**	**147**	**23**	**238**
	Total percent selected by model type	**40%**	**85%**	**81%**	**100%**	**82%**
PROGRESS REPORT: PROGRESS MADE AND TARGET ACHIEVEMENT FY 2014/15	PROGRESSED-TARGET MET/EXCEEDED	0	30	71	17	118
		0%	47%	48%	74%	49%
	PROGRESSED-TARGET UNMET	1	10	26	3	40
		25%	16%	17%	13%	17%
	PROGRESSED-TARGET N/A	0	1	5	0	6
		0%	2%	3%	0%	3%
	MAINTAINED	0	0	1	0	1
		0%	0%	1%	0%	0%
	WORSENED	3	23	46	3	75
		75%	36%	31%	13%	31%
	Total number selected by model type	**4**	**64**	**149**	**23**	**240**
	Total percent selected by model type	**40%**	**85%**	**82%**	**100%**	**83%**

Patient Experience: Patient Involvement in Decisions About Care

PRIORITY INDICATOR: "INVOLVEMENT IN DECISIONS about CARE" (SURVEY DATA)	TARGETS	PRIMARY CARE MODEL TYPE				ALL MODEL TYPES (N=289)
		AHAC N=10	CHC N=75	FHT N=181	NPLC N=23	
QIP WORKPLAN: TARGETS FOR 2015/16	IMPROVEMENT	3	40	96	9	148
		75%	63%	64%	39%	62%
	MAINTAIN	0	7	17	6	30
		0%	11%	11%	26%	13%
	WORSEN	1	16	36	8	61
		25%	25%	24%	35%	26%
	Total number selected by model type	**4**	**63**	**149**	**23**	**239**
	Total percent selected by model type	**40%**	**84%**	**82%**	**100%**	**83%**
PROGRESS REPORT: PROGRESS MADE AND TARGET ACHIEVEMENT FY 2014/15	PROGRESSED-TARGET MET/EXCEEDED	1	33	66	15	115
		25%	52%	44%	65%	48%
	PROGRESSED-TARGET UNMET	1	7	34	3	45
		25%	11%	23%	13%	19%
	PROGRESSED-TARGET N/A	0	1	7	0	8
		0%	2%	5%	0%	3%
	MAINTAINED	0	1	1	0	2
		0%	2%	1%	0%	1%
	WORSENED	2	21	43	5	71
		50%	33%	28%	22%	29%
	Total number selected by model type	**4**	**63**	**151**	**23**	**241**
	Total percent selected by model type	**40%**	**84%**	**83%**	**100%**	**83%**

Patient Experience: Primary Care Providers Spending Enough Time With Patients

PRIORITY INDICATOR PRIMARY CARE: "ENOUGH TIME" SURVEY DATA	TARGETS	PRIMARY CARE MODEL TYPE				ALL MODEL TYPES (N=289)
		AHAC N=10	CHC N=75	FHT N=181	NPLC N=23	
QIP WORKPLAN: TARGETS FOR 2015/16	IMPROVEMENT	3	36	88	9	136
		75%	58%	59%	39%	57%
	MAINTAIN	0	11	21	6	38
		0%	18%	14%	26%	16%
	WORSEN	1	15	40	8	64
		25%	24%	27%	35%	27%
	Total number selected by model type	**4**	**62**	**149**	**23**	**238**
	Total percent selected by model type	**40%**	**83%**	**82%**	**100%**	**82%**
PROGRESS REPORT: PROGRESS MADE AND TARGET ACHIEVEMENT FY 2014/15	PROGRESSED-TARGET MET/EXCEEDED	1	34	74	16	125
		25%	55%	49%	70%	52%
	PROGRESSED-TARGET UNMET	1	5	30	4	40
		25%	8%	20%	17%	17%
	PROGRESSED-TARGET N/A	0	0	7	0	7
		0%	0%	5%	0%	3%
	MAINTAINED	0	0	1	0	1
		0%	0%	1%	0%	0%
	WORSENED	2	23	39	3	67
		50%	37%	26%	13%	28%
	Total number selected by model type	**4**	**62**	**151**	**23**	**240**
	Total percent selected by model type	**40%**	**83%**	**83%**	**100%**	**83%**

Emergency Department Visits for Conditions Best Managed Elsewhere

ADDITIONAL INDICATOR: ED VISITS	TARGETS	PRIMARY CARE MODEL TYPE				ALL MODEL TYPES (N=289)
		AHAC N=10	CHC N=75	FHT N=181	NPLC N=23	
QIP WORKPLAN: TARGETS FOR 2015/16	IMPROVEMENT	0	17	66	1	84
		0%	65%	69%	20%	66%
	MAINTAIN	1	5	17	1	24
		100%	19%	18%	20%	19%
	WORSEN	0	4	13	3	20
		0%	15%	14%	60%	16%
	Total number selected by model type	**1**	**26**	**96**	**5**	**128**
	Total percent selected by model type	**10%**	**35%**	**53%**	**22%**	**44%**
PROGRESS REPORT: PROGRESS MADE AND TARGET ACHIEVEMENT FY 2014/15	PROGRESSED-TARGET MET/EXCEEDED	0	9	37	1	47
		0%	33%	36%	20%	35%
	PROGRESSED-TARGET UNMET	0	3	26	2	31
		0%	11%	25%	40%	23%
	PROGRESSED-TARGET N/A	1	4	24	0	29
		100%	15%	23%	0%	21%
	MAINTAINED	0	5	2	0	7
		0%	19%	2%	0%	5%
	WORSENED	0	6	14	2	22
		0%	22%	14%	40%	16%
	Total number selected by model type	**1**	**27**	**103**	**5**	**136**
	Total percent selected by model type	**10%**	**36%**	**57%**	**22%**	**47%**

Hospital Readmission Rate for Primary Care Patient Population

ADDITIONAL INDICATOR: 30 DAY READMISSIONS	TARGETS	PRIMARY CARE MODEL TYPE				ALL MODEL TYPES (N=289)
		AHAC N=10	CHC N=75	FHT N=181	NPLC N=23	
QIP WORKPLAN: TARGETS FOR 2015/16	IMPROVEMENT	0	6	60	0	66
		0	40%	73%	0%	66%
	MAINTAIN	0	6	14	0	20
		0	40%	17%	0%	20%
	WORSEN	0	3	8	3	14
		0	20%	10%	100%	14%
	Total number selected by model type	**0**	**15**	**82**	**3**	**100**
	Total percent selected by model type	**0%**	**20%**	**45%**	**13%**	**35%**
PROGRESS REPORT: PROGRESS MADE AND TARGET ACHIEVEMENT FY 2014/15	PROGRESSED-TARGET MET/EXCEEDED	0	8	21	3	32
		0	50%	25%	100%	31%
	PROGRESSED-TARGET UNMET	0	1	11	0	12
		0	6%	13%	0%	12%
	PROGRESSED-TARGET N/A	0	3	18	0	21
		0	19%	21%	0%	20%
	MAINTAINED	0	4	6	0	10
		0	25%	7%	0%	10%
	WORSENED	0	0	29	0	29
		0	0%	34%	0%	28%
	Total number selected by model type	**0**	**16**	**85**	**3**	**104**
	Total percent selected by model type	**0%**	**21%**	**47%**	**13%**	**36%**

Influenza Screening

ADDITIONAL INDICATOR: INFLUENZA IMMUNIZATIONS	TARGETS	PRIMARY CARE MODEL TYPE				ALL MODEL TYPES (N=289)
		AHAC N=10	CHC N=75	FHT N=181	NPLC N=23	
QIP WORKPLAN: TARGETS FOR 2015/16	IMPROVEMENT	1	24	81	13	119
		50%	65%	86%	100%	82%
	MAINTAIN	1	3	11	0	15
		50%	8%	12%	0%	10%
	WORSEN	0	10	2	0	12
		0%	27%	2%	0%	8%
	Total number selected by model type	**2**	**37**	**94**	**13**	**146**
	Total percent selected by model type	**20%**	**49%**	**52%**	**57%**	**51%**
PROGRESS REPORT: PROGRESS MADE AND TARGET ACHIEVEMENT FY 2014/15	PROGRESSED-TARGET MET/EXCEEDED	1	23	14	1	39
		50%	59%	15%	8%	26%
	PROGRESSED-TARGET UNMET	0	2	29	8	39
		0%	5%	30%	62%	26%
	PROGRESSED-TARGET N/A	0	6	17	0	23
		0%	15%	18%	0%	15%
	MAINTAINED	1	1	3	0	5
		50%	3%	3%	0%	3%
	WORSENED	0	7	33	4	44
		0%	18%	34%	31%	29%
	Total number selected by model type	**2**	**39**	**96**	**13**	**150**
	Total percent selected by model type	**20%**	**52%**	**53%**	**57%**	**52%**

Breast Cancer Screening

ADDITIONAL INDICATOR: BREAST CANCER SCREENING	TARGETS	PRIMARY CARE MODEL TYPE				ALL MODEL TYPES (N=289)
		AHAC N=10	CHC N=75	FHT N=181	NPLC N=23	
QIP WORKPLAN: TARGETS FOR 2015/16	IMPROVEMENT	1	27	86	13	127
		50%	64%	80%	100%	77%
	MAINTAIN	1	4	9	0	14
		50%	10%	8%	0%	9%
	WORSEN	0	11	12	0	23
		0%	26%	11%	0%	14%
	Total number selected by model type	**2**	**42**	**107**	**13**	**164**
	Total percent selected by model type	**20%**	**56%**	**59%**	**57%**	**57%**
PROGRESS REPORT: PROGRESS MADE AND TARGET ACHIEVEMENT FY 2014/15	PROGRESSED-TARGET MET/EXCEEDED	1	25	32	0	58
		50%	58%	29%	0%	35%
	PROGRESSED-TARGET UNMET	0	7	21	11	39
		0%	16%	19%	85%	23%
	PROGRESSED-TARGET N/A	0	5	25	1	31
		0%	12%	23%	8%	19%
	MAINTAINED	1	1	5	0	7
		50%	2%	5%	0%	4%
	WORSENED	0	5	26	1	32
		0%	12%	24%	8%	19%
	Total number selected by model type	**2**	**43**	**109**	**13**	**167**
	Total percent selected by model type	**20%**	**57%**	**60%**	**57%**	**58%**

Colorectal Cancer Screening

ADDITIONAL INDICATOR: COLORECTAL CANCER SCREENING	TARGETS	PRIMARY CARE MODEL TYPE				ALL MODEL TYPES (N=289)
		AHAC N=10	CHC N=75	FHT N=181	NPLC N=23	
QIP WORKPLAN: TARGETS FOR 2015/16	IMPROVEMENT	1	29	95	13	138
		50%	69%	83%	93%	80%
	MAINTAIN	1	3	9	1	14
		50%	7%	8%	7%	8%
	WORSEN	0	10	10	0	20
		0%	24%	9%	0%	12%
	Total number selected by model type	**2**	**42**	**114**	**14**	**172**
	Total percent selected by model type	**20%**	**56%**	**63%**	**61%**	**60%**
PROGRESS REPORT: PROGRESS MADE AND TARGET ACHIEVEMENT FY 2014/15	PROGRESSED-TARGET MET/EXCEEDED	1	26	32	0	59
		50%	60%	28%	0%	34%
	PROGRESSED-TARGET UNMET	0	3	32	12	47
		0%	7%	28%	86%	27%
	PROGRESSED-TARGET N/A	0	7	21	1	29
		0%	16%	18%	7%	17%
	MAINTAINED	1	2	6	0	9
		50%	5%	5%	0%	5%
	WORSENED	0	5	25	1	31
		0%	12%	22%	7%	18%
	Total number selected by model type	**2**	**43**	**116**	**14**	**175**
	Total percent selected by model type	**20%**	**57%**	**64%**	**61%**	**61%**

Cervical Cancer Screening

ADDITIONAL INDICATOR: CERVICAL CANCER SCREENING	TARGETS	PRIMARY CARE MODEL TYPE				ALL MODEL TYPES (N=289)
		AHAC N=10	CHC N=75	FHT N=181	NPLC N=23	
QIP WORKPLAN: TARGETS FOR 2015/16	IMPROVEMENT	1	35	84	11	131
		50%	81%	79%	85%	80%
	MAINTAIN	1	2	9	0	12
		50%	5%	8%	0%	7%
	WORSEN	0	6	13	2	21
		0%	14%	12%	15%	13%
	Total number selected by model type	**2**	**43**	**106**	**13**	**164**
	Total percent selected by model type	**20%**	**67%**	**59%**	**57%**	**57%**
PROGRESS REPORT: PROGRESS MADE AND TARGET ACHIEVEMENT FY 2014/15	PROGRESSED-TARGET MET/EXCEEDED	1	10	30	3	44
		50%	22%	28%	23%	26%
	PROGRESSED-TARGET UNMET	0	11	27	9	47
		0%	24%	25%	69%	28%
	PROGRESSED-TARGET N/A	0	7	26	1	34
		0%	16%	24%	8%	20%
	MAINTAINED	1	3	2	0	6
		50%	7%	2%	0%	4%
	WORSENED	0	14	22	0	36
		0%	31%	21%	0%	22%
	Total number selected by model type	**2**	**45**	**107**	**13**	**167**
	Total percent selected by model type	**20%**	**60%**	**59%**	**57%**	**58%**

Committed to Quality Improvement

We promote ongoing quality improvement aimed at substantial and sustainable positive change in health care, fully leveraging emerging evidence and public reporting to help identify improvement opportunities. We then help build the health system's capacity for quality improvement by supporting the collection and use of data for improvement, sharing insights into innovations that are working to make improvement and promoting skills development in quality improvement. We actively support the development of a culture of quality and aim to connect the quality improvement community to learn from one another.

Quality Matters

Quality Matters is an effort at Health Quality Ontario designed to bring everyone in the health system to a shared understanding of quality health care and a shared commitment to act on common goals.

Quality Matters takes a two-pronged approach. One involves a patient engagement process, called *Quality Is…* that allows patients, caregivers, and the public to provide their insights on what quality is from their perspective. A second involves a deep dive by an expert panel into understanding health quality, delivering system-wide quality, and developing a culture of quality. The panel's first report, *Realizing Excellent Care For All*, provides a provincial quality framework and lays out key factors to consider. Our hope is that it will serve as a touchstone for organizations as they undertake quality improvement efforts, such as those identified in their quality improvement plans, and support an ever-improving health system.

This is just the start. In the months ahead, we will continue to engage with patients, experts, and those across the system. *Quality Matters* will result in a road map, informed by patients and the public, to help policy makers, clinicians, and health system leaders build a quality-first health system in Ontario.

Learn more about *Quality Matters* by visiting www.hqontario.ca

The Common Quality Agenda

The Common Quality Agenda is the name for a set of measures or indicators selected by Health Quality Ontario in collaboration with health system partners to focus performance reporting. Health Quality Ontario uses the Common Quality Agenda to focus improvement efforts and to track long-term progress in meeting health system goals to make the health system more transparent and accountable. The indicators promote integrated, patient-centred care and form the foundation of our yearly report, *Measuring Up.* As we grow our public reporting on health system performance, the Common Quality Agenda will evolve and serve as a cornerstone for all of our public reporting products. Health Quality Ontario is the operational name for the Ontario Health Quality Council, an agency of the Ministry of Health and Long-Term Care.

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