

**Focus the system
on a common
quality agenda**

**Catalyze
Spread**

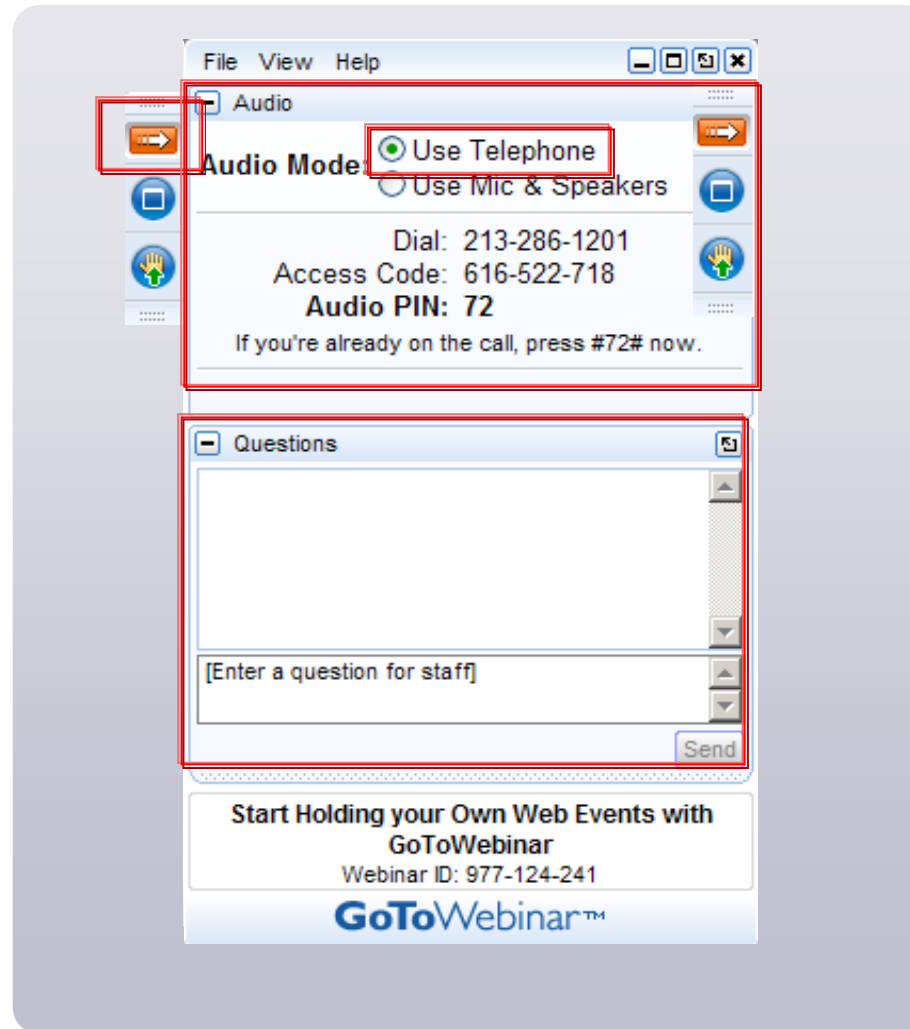
**Evaluate
Progress**

**Build
Evidence &
Knowledge**

**Broker
Improvement**

**Planification de l'amélioration de la qualité des soins primaires
pour 2015-2016
Date : 2 décembre 2014**

Comment participer aujourd'hui



Ordre du jour

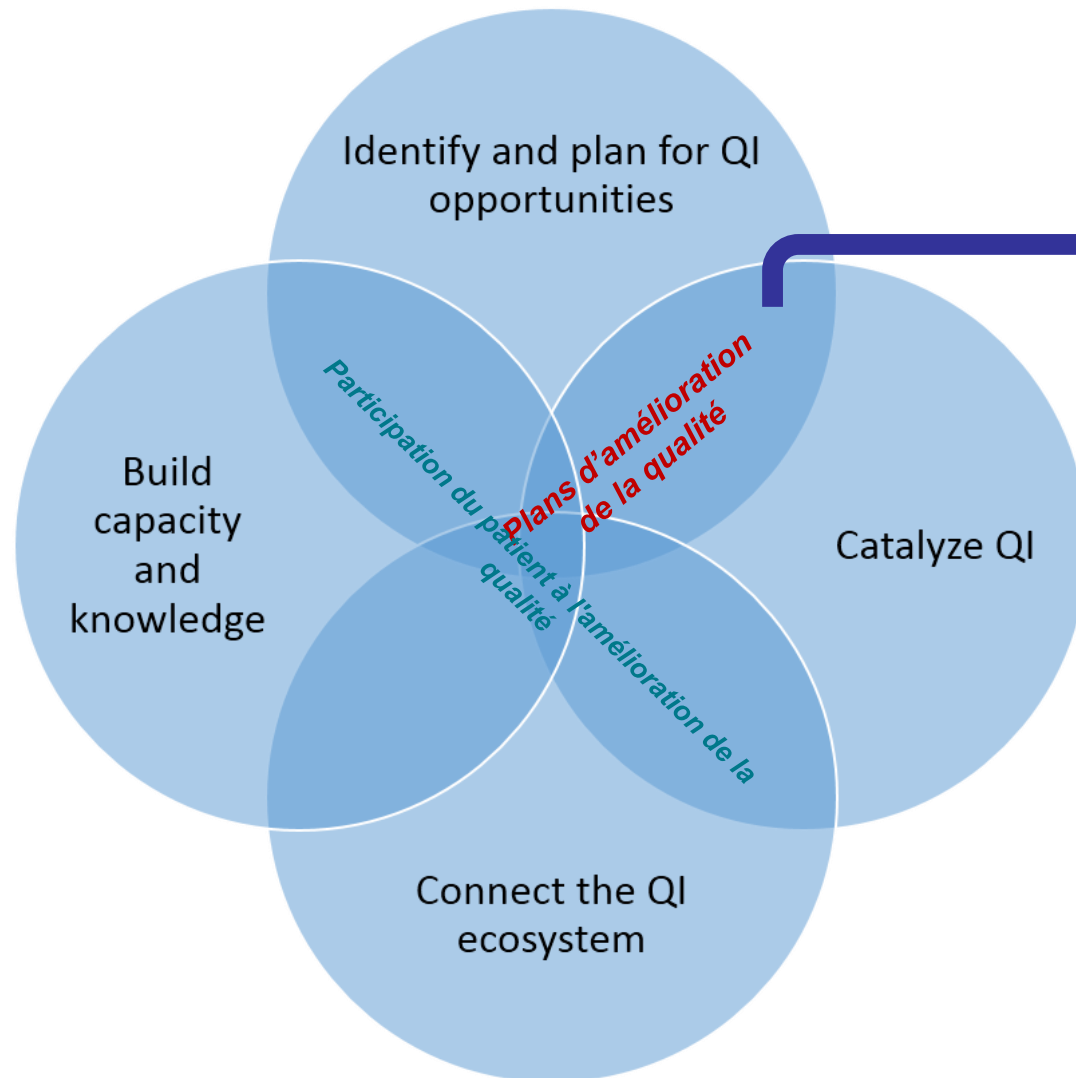
- Vue d'ensemble de la planification de l'amélioration de la qualité
- Éléments de la planification de l'amélioration de la qualité
 - Ouverture de session
 - Ressources
 - PAQ sectoriel
 - Rapport de progrès
 - Partie descriptive
 - Plan de travail
- Démonstration

Objectifs d'apprentissage

À la fin de cette séance, les participants pourront :

- comprendre le rôle des plans d'amélioration de la qualité en tant qu'outils de génération de l'amélioration de la qualité à l'échelle de l'organisation et de la province;
- revoir et se rappeler les exigences relatives aux plans d'amélioration de la qualité pour 2015-2016;
- lancer les composants du PAQ : ouverture de session, ressources, PAQ sectoriels, rapports de progrès, partie descriptive et plan de travail;
- décrire le processus de soumission;
- dresser la liste des soutiens qui sont mises à la disposition des organisations.

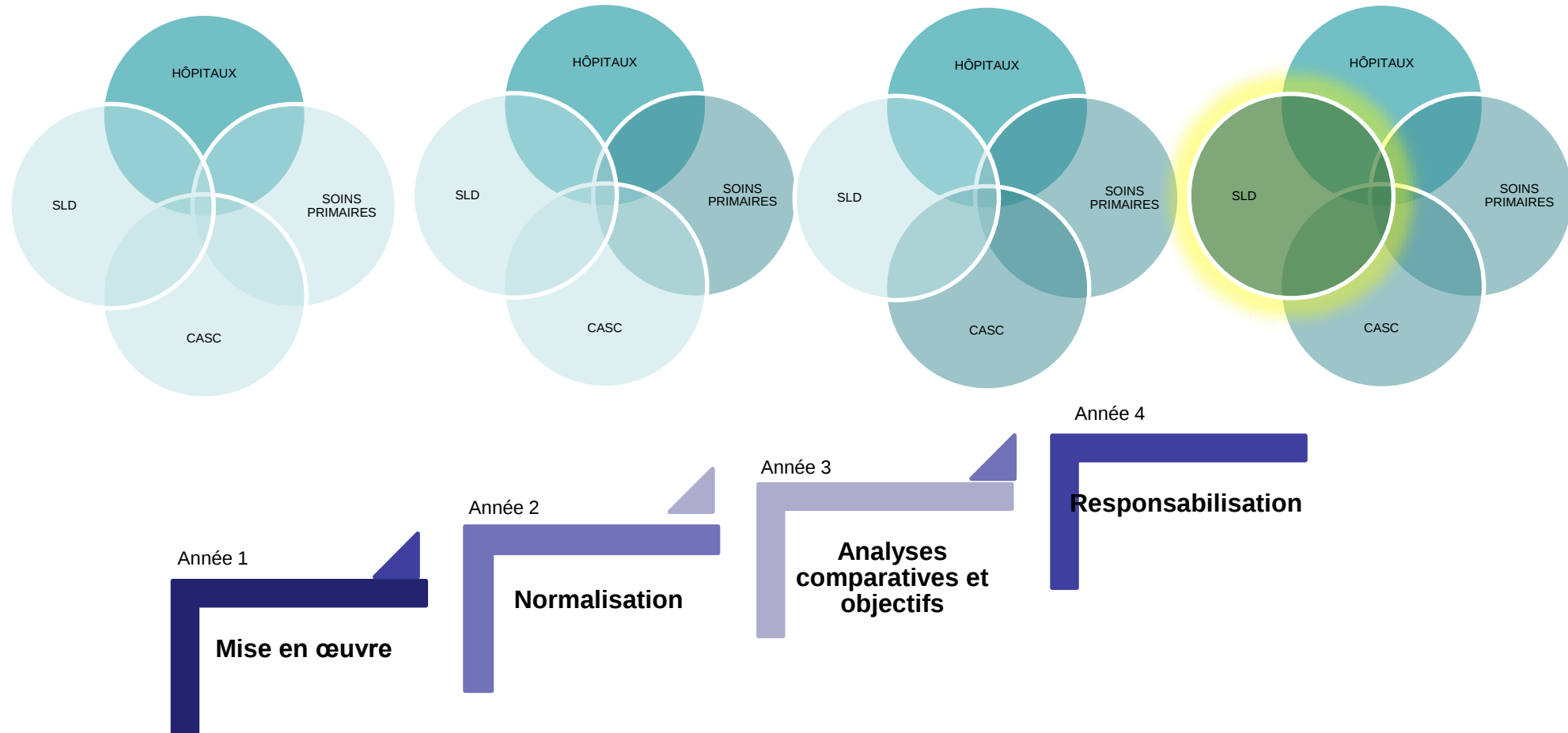
Approche de QSSO à l'amélioration de la qualité : le rôle du PAQ



Les rapports et l'utilisation des plans d'amélioration de la qualité (PAQ) joueront un rôle de premier plan dans :

- l'indication des domaines d'importance en matière d'amélioration de la qualité
- la mise d'un accent commun sur des problèmes importants relatifs à la qualité dans les différents secteurs
- la prestation d'information concernant les tendances, les meilleures pratiques et l'expérience, en transmettant les idées de changement aux fournisseurs
- le recours aux données comme soutien pour les communautés de pratique ou les collaborations mettant l'accent sur l'amélioration de la qualité

Le PAQ pour 2015-2016 est l'année 3 pour les soins primaires



Pour commencer :

Dans quelle mesure connaissez-vous les PAQ?

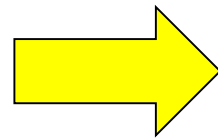
- ☐ Beaucoup. J'ai présenté notre PAQ l'an dernier.
- ☐ Un peu. J'ai participé aux essais sur le terrain et je faisais partie de l'équipe de PAQ pour notre organisation.
- ☐ Pas vraiment. Je n'en ai jamais entendu parler... PAQ quoi?

Pour commencer : Page d'accueil du Navigateur de PAQ

<https://qipnavigator.hqontario.ca/>

Si votre organisation n'a pas reçu ses coordonnées d'ouverture de session, veuillez prendre contact avec :

qip@hqontario.ca

The screenshot shows the 'QIP NAVIGATOR HOME' page. At the top is the 'Ontario Health Quality Ontario' logo and a navigation bar with 'HOME', 'RESOURCES', and 'SECTOR QIPS'. Below the navigation bar is a banner image of a healthcare worker. The main content area is divided into two columns. The left column contains links: 'ABOUT HQO NAVIGATOR', 'QUALITY IMPROVEMENT PLANS', 'ABOUT HEALTH QUALITY ONTARIO (HQO)', and 'HQO'S ROLES'. The right column has a heading 'ABOUT HQO NAVIGATOR' followed by a paragraph describing the tool and a list of features. A red rectangle highlights the login form in the left column, which includes fields for 'Username:' and 'Password:', a green 'LOGIN' button with a user icon, a 'Remember Login' checkbox, and a 'FORGET PASSWORD?' button.

HOME RESOURCES SECTOR QIPS

Home

QIP NAVIGATOR

HOME

ABOUT HQO NAVIGATOR

QUALITY IMPROVEMENT PLANS

ABOUT HEALTH QUALITY ONTARIO (HQO)

HQO'S ROLES

Username:

Password:

 **LOGIN**

☐ Remember Login

FORGET PASSWORD?

ABOUT HQO NAVIGATOR

Quality Improvement Plans (QIPs) can now be submitted using Health Quality Ontario's convenient online tool, the QIP Navigator. The QIP Navigator allows organizations to enter and save QIP data as it becomes available throughout the year and has the added benefit of acting as a collaborative space for quality improvement team members. The Navigator also includes online assistance in the form of: guides, videos, tools, and other resources - which will help Ontario's health care organizations create and maintain their annual QIPs.

The QIP Navigator:

- Serves as a collaborative quality improvement planning tool to enter/save data and share/revise plans with your colleagues throughout the year
- Allows for the submission of QIPs online
- Allows for review of QIPs submitted in the past

Pour commencer : Page de revue des ressources



Pour commencer : Revue

Page Web des DAO sectoriels



HOME OUR QIPS RESOURCE

SECTOR QIPS

Sector QIPs

SECTOR QIPS

The following table includes current and past QIPs. Click "Reset" button to start new search.

Fiscal:	Sector:	LHIN:	Model/Type:	Organization Name		Q SEARCH RESET	
View All	View All	View All	View All				
FISCAL	SECTOR	LHIN	MODEL/TYPE	ORGANIZATION NAME	NARRATIVE	WORKPLAN	PROGRESS REPORT
2013/14	Acute Care/Hospital	Central	Large Community	Humber River Regional Hospital	 NARRATIVE	 WORKPLAN	 PROGRESS REPORT
2013/14	Acute Care/Hospital	Central	Large Community	Markham-Stouffville Hospital	 NARRATIVE	 WORKPLAN	 PROGRESS REPORT
2013/14	Acute Care/Hospital	Central	Large Community	North York General Hospital	 NARRATIVE	 WORKPLAN	 PROGRESS REPORT
2013/14	Acute Care/Hospital	Central	Large Community	Southlake Regional Health Centre	 NARRATIVE	 WORKPLAN	 PROGRESS REPORT
2013/14	Acute Care/Hospital	Central	Small Community	Stevenson Memorial Hospital	 NARRATIVE	 WORKPLAN	 PROGRESS REPORT

OUR QIPS

PC xyz

Voici la section dans laquelle les organisations peuvent modifier, présenter et consulter

The following table includes current and past QIPs. Click the desired button under the ACTIONS column to continue.

Fiscal: [View All](#) ▼

Title Search

[Q SEARCH](#)

[RESET](#)

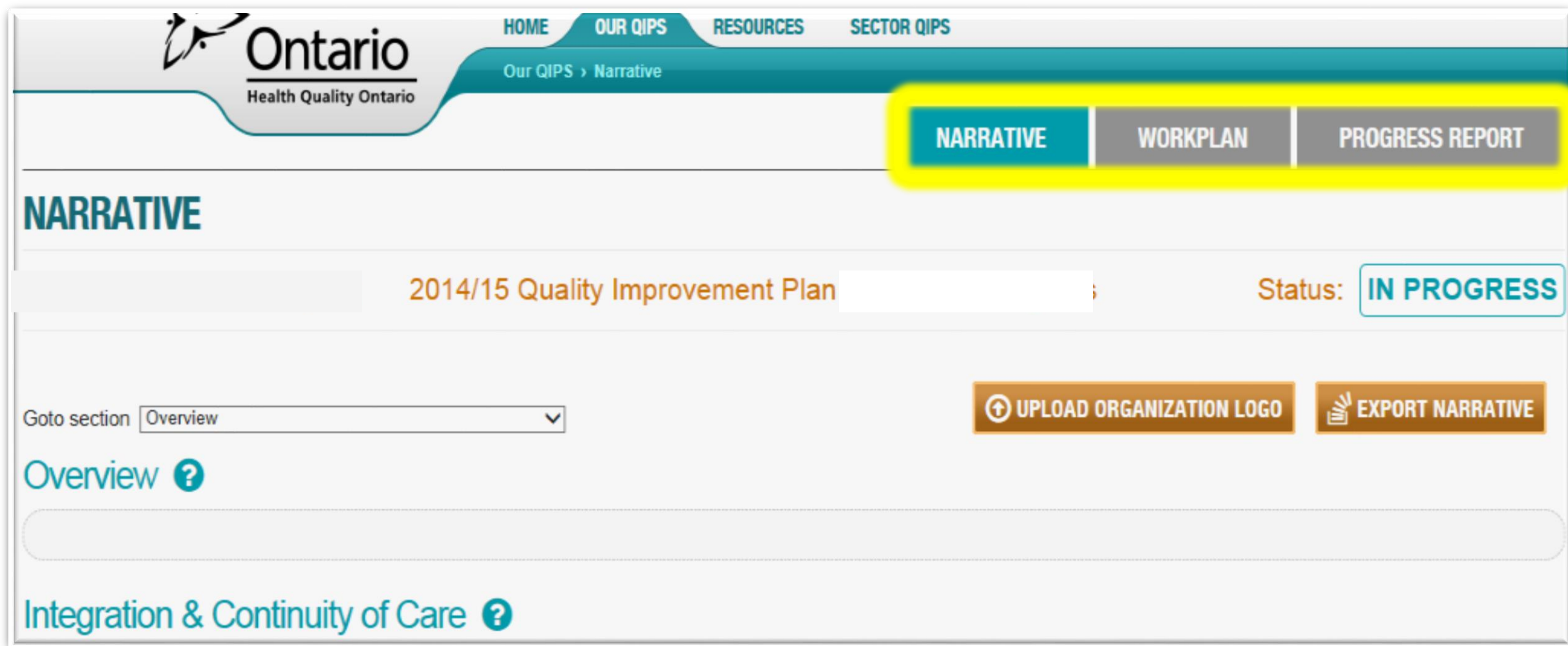
FISCAL	TITLE	MODIFIED	STATUS	NARRATIVE SECTIONS COMPLETED	WORKPLAN INDICATORS COMPLETED	PROGRESS REPORT COMPLETED	ACTIONS
2015/16	2015/16 Quality Improvement Plan for Ontario Primary Care		In progress	3 / 8	3 / 12	0 / 0	EDIT SUBMIT
2014/15	2014/15 Quality Improvement Plan for Ontario Primary Care		In progress	4 / 8	8 / 12	0 / 0	VIEW

NOS PAQ

TABLEAU DE BORD DES PAQ – FOURNIT DES MESURES LONGITUDINALES AVEC LE TEMPS
 LES ANCIENS PAQ SONT DISPONIBLE EN MODE **CONSULTATION** SEULEMENT

VOUS POUVEZ MODIFIER LE PAC DE CETTE ANNÉE JUSQU'À CE QUE VOUS L'AYEZ PRÉSENTÉ.

Pour commencer : Nos PAQ



The screenshot shows the Ontario Health Quality Ontario website. The top navigation bar includes links for HOME, OUR QIPS, RESOURCES, and SECTOR QIPS. The 'OUR QIPS' link is active, and a sub-menu shows 'Our QIPS > Narrative'. Below this, there are three tabs: NARRATIVE, WORKPLAN, and PROGRESS REPORT. The 'NARRATIVE' tab is highlighted with a yellow border. The main content area is titled 'NARRATIVE' and displays the '2014/15 Quality Improvement Plan' with a status of 'IN PROGRESS'. There are buttons for 'UPLOAD ORGANIZATION LOGO' and 'EXPORT NARRATIVE'. A 'Goto section' dropdown menu is set to 'Overview'. The page also features a search bar and a list of sections, including 'Integration & Continuity of Care'.

Ontario
Health Quality Ontario

HOME OUR QIPS RESOURCES SECTOR QIPS

Our QIPS > Narrative

NARRATIVE WORKPLAN PROGRESS REPORT

NARRATIVE

2014/15 Quality Improvement Plan Status: IN PROGRESS

Goto section Overview

UPLOAD ORGANIZATION LOGO EXPORT NARRATIVE

Overview ?

Integration & Continuity of Care ?

NOS PAQ : Rapport de progrès

PROGRESS REPORT

2015/16 Quality Improvement Plan for Ontario Primary Care

Status: **IN PROGRESS**

 EXPORT PROGRESS REPORT WITH
CHANGE IDEA

 EXPORT PROGRESS REPORT WITHOUT
CHANGE IDEA

To enter progress for a Measure/Indicator, click on the "EDIT" button under the ACTIONS column.

ID	INDICATOR (UNIT; POPULATION; PERIOD; DATASOURCE)	ORG ID	PERFORMANCE STATED IN PREVIOUS QIP	PERFORMANCE TARGET AS STATED IN PREVIOUS QIP	CURRENT PERFORMANCE	COMMENTS	ACTIONS
1	Percent of patients/clients able to see a doctor or nurse practitioner on the same day or next day, when needed. (%; PC organization population (surveyed sample); TBD; In-house survey)	92323	CB	85.00			 EDIT
2	Percent of patients/clients who saw their primary care provider within 7 days after discharge from hospital for selected conditions (based on CMGs). (%; PC org population discharged from hospital; TBD; Ministry of Health Portal)	92323	CB	65.00			 EDIT
3	Percent of patients who stated that when they see the doctor or nurse practitioner, they or someone else in the office (always/often) give them an opportunity to ask questions about recommended treatment? (%; PC organization population (surveyed sample); 2014/2015; In-house survey)	92323	CB	50.00			 EDIT

NOS PAQ : Rapport de progrès

Progress

CHANGE IDEAS FROM LAST YEAR'S QIP	WAS THIS CHANGE IDEA IMPLEMENTED AS INTENDED	LESSONS LEARNED: (SOME QUESTIONS TO CONSIDER) WHAT WAS YOUR EXPERIENCE WITH THIS INDICATOR? WHAT WERE YOUR KEY LEARNINGS? DID THE CHANGE IDEAS MAKE AN IMPACT? WHAT ADVICE WOULD YOU GIVE TO OTHERS?
1) Establish and enhance relationships with CCAC and local hospitals to establish a process for communicating when clients have been discharged, including from the ED. 2) Providing home visiting services to Frail Elderly and some patient with Mental Health Diagnoses.	☐ Yes ☐ No	
2) Develop educational materials for clients to advise them to book a follow up appt with their NP within 7 days of discharge for selected conditions and when instructed by the hospital (Mention HV pamphlet in progress report in Navigator)	☐ Yes ☐ No	
[Insert NEW Change Idea that were tested but not included in last year's QIP] 	☐ Yes ☐ No	

Ontario Health Quality Ontario

HOME OUR QIPS RESOURCES SECTOR QIPS

Our QIPS > Narrative

NARRATIVE WORKPLAN PROGRESS REPORT

NARRATIVE

2015/16 Quality Improvement Plan for Ontario Long Term Care Homes Status: **IN PROGRESS**

Goto section Overview

Overview ?

+

Integration and Continuity of Care ?

We plan to work with the following system partners:

- CCAC
- Hospital ABC
- Local Family Health Team

Challenges, Risks and Mitigation Strategies ?

our challenges this year included.....

UPLOAD ORGANIZATION LOGO EXPORT NARRATIVE

NOS PAQ : PARTIE DESCRIPTIVE

PERMET À L'ORGANISATION DE FOURNIR DES RENSEIGNEMENTS SUR LE CONTEXTE DU PLAN D'AMÉLIORATION DE LA QUALITÉ ET DE LA MISE EN ŒUVRE.

Nos PAQ : Partie descriptive – Quoi de neuf?

The screenshot displays a web-based form titled "Section Patient/Resident/Client Engagement". The form is divided into a left sidebar and a main content area. The sidebar contains the following sections: "Information Management", "Engagement of Clinicians and Leaders", "Patient/Resident/Client Engagement" (which is highlighted), and "Accountability Management". Under the "Patient/Resident/Client Engagement" section, there are two sub-sections: "-Residents council" and "-family council". The main content area is a large text box for describing the organization's engagement activities. A tooltip is visible over the text box, containing the text: "Describe how your organization engages with residents/patients/clients and their caregivers and the way in which these engagement activities inform the development of your QIP. (i.e. Residents Council, Family Council, ...". At the bottom right of the form, there are three buttons: "SAVE & CLOSE", "SAVE", and "CANCEL".

NOS PAQ : Plan de travail

ID	AIM	MEASURE							CHANGE				
	OBJECTIVE	MEASURE / INDICATOR	UNIT / POPULATION	SOURCE / PERIOD	ORG ID	CURRENT PERFORMANCE	TARGET PERFORMANCE	TARGET JUSTIFICATION	PLANNED IMPROVEMENT INITIATIVES (CHANGE IDEAS)	METHODS	PROCESS MEASURES	GOAL FOR CHANGE IDEAS	COMMENTS

NOS PAQ: Plan de travail – MESURES (en bleu)

- **Indicateurs de priorités** : mis en évidence en lettres rouges
Priorités provinciales au niveau du système, prédéfinies pour permettre des mesures standard, remplies d'avance si possible
- **Indicateurs supplémentaires** : prédéfinis, déjà sur le PAQ, remplis d'avance si possible
- **Autres** : tous les autres indicateurs nouvellement créés ou pertinents doivent être créés avec l'option « Ajouter une nouvelle mesure ».

ID	AIM	MEASURE						
	OBJECTIVE	MEASURE / INDICATOR	UNIT / POPULATION	SOURCE / PERIOD	ORG ID	CURRENT PERFORMANCE	TARGET PERFORMANCE	TARGET JUSTIFICATION
PATIENT-CENTRED								
5	Receiving and utilizing feedback regarding patient/client experience with the primary health care organization.	Percent of patients who stated that when they see the doctor or nurse practitioner, they or someone else in the office (always/often) give them an opportunity to ask questions about recommended treatment?	% / PC organization population (surveyed sample)	In-house survey / April 1 2014 - March 31 2015	92323	92.66	95.00	Target Justification
6	Receiving and utilizing feedback regarding patient/client experience with the primary health care organization.	Percent of patients who stated that when they see the doctor or nurse practitioner, they or someone else in the office (always/often) involve them as much as they want to be in decisions about their care and treatment?	% / PC organization population (surveyed sample)	In-house survey / April 1 2014 - March 31 2015	92323	97.35	100.00	100%
7	Receiving and utilizing feedback regarding patient/client experience with the primary health care organization.	Percent of patients who stated that when they see the doctor or nurse practitioner, they or someone else in the office (always/often) spend enough time with them?	% / PC organization population (surveyed sample)	In-house survey / April 1 2014 - March 31 2015	92323	97.12	100.00	Another comment

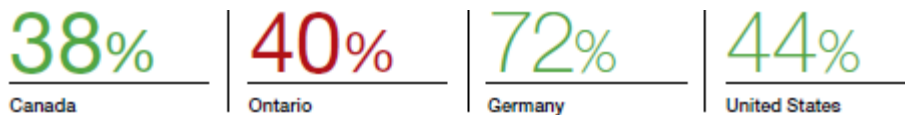
MEASURING UP

HQO'S YEARLY REPORT ON HEALTH SYSTEM PERFORMANCE

Measuring Up offers a comprehensive picture of health care quality in Ontario.

[LEARN MORE](#)

<http://www.hqontario.ca/public-reporting/yearly-reports>



À LA HAUTEUR

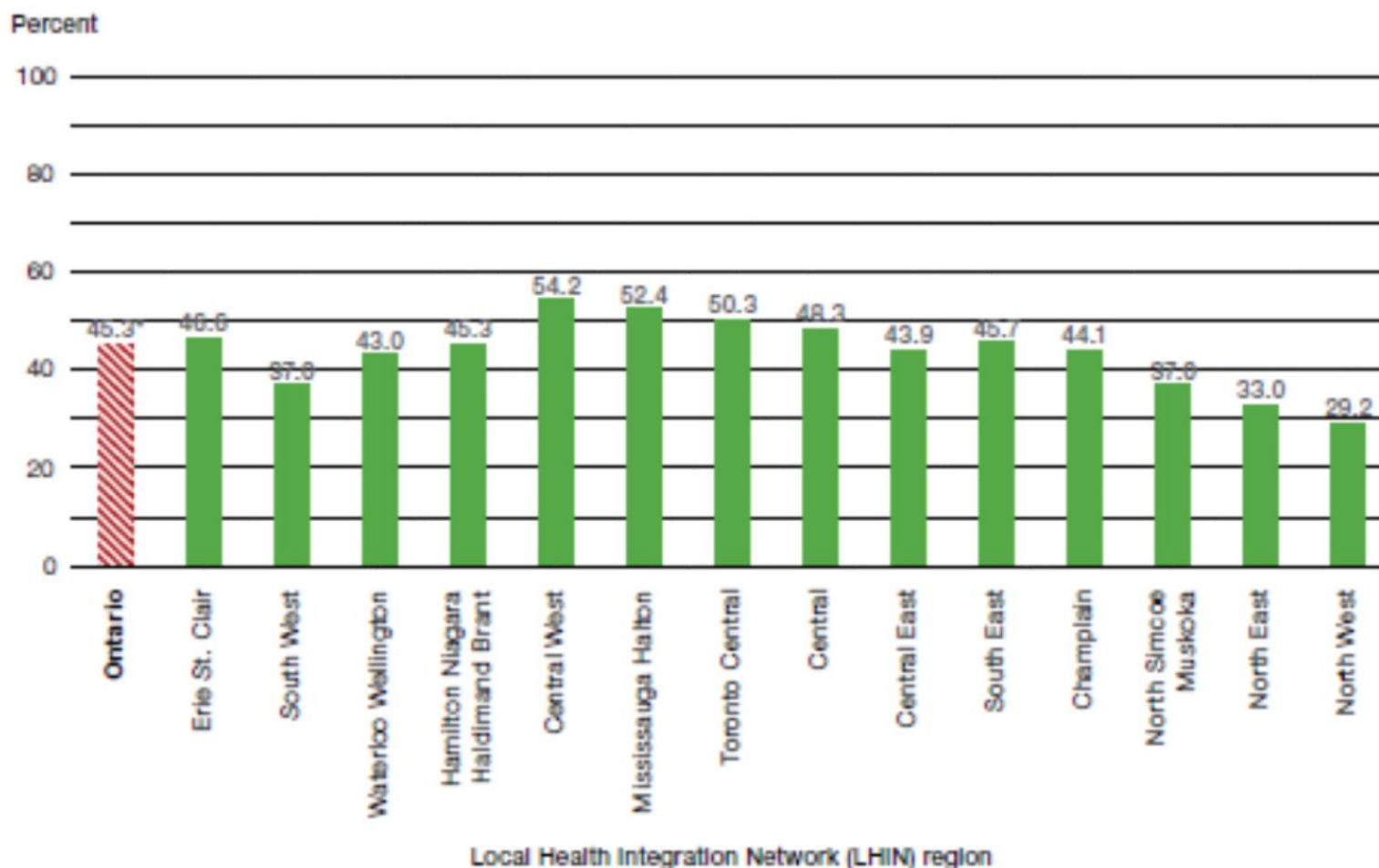
Chapitre sur les soins primaires
Pages 32 à 37 – Données au
niveau du patient

**Les PAQ sont
ORGANISATIONNELS**

<http://www.hqontario.ca/public-reporting/yearly-reports>

FIGURE 4.2

Percentage of survey respondents who were able to see their primary care provider on the same day or next day when they were sick, in Ontario, by LHIN region, 2013



Data source: Health Care Experience Survey, provided by Ministry of Health and Long-Term Care. *Ontario rates vary because of different data sources.

NOS PAQ : Indicateur de priorité – Accès

Les organisations doivent mesurer les progrès réalisés sur cet indicateur en utilisant la question suivante sur le sondage auprès des patients/clients* :

« La dernière fois où vous avez été malade ou avez eu un problème de santé, combien de jours se sont écoulés entre le moment où vous avez commencé à essayer de voir votre médecin ou votre infirmière praticienne et le moment où vous avez RÉUSSI à voir cette personne ou une autre personne dans son cabinet? »

- *le jour même*
- *le lendemain*
- *entre 2 et 19 jours (inscrivez le nombre de jours : _____)*
- *20 jours ou plus*
- *sans objet (ne sait pas/a refusé de répondre) »*

NOS PAQ : Plan de travail – MESURES (en bleu)

To enter data in the Workplan, click on the

Organization:

ID	AIM	MEASURE / INDICATOR	UNIT / POPULATION
ACCESS			
1	Access to primary care when needed	Percent of patients/clients able to see a doctor or nurse practitioner on the same day or next day, when needed.	% / PC organization population (surveyed sample)

▼ Indicators 1

ID	AIM	MEASURE / INDICATOR	UNIT / POPULATION
INTEGRATED			
3	Timely access to primary care appointments post-discharge through coordination with hospital(s).	Percent of patients/clients who saw their primary care provider within 7 days after discharge from hospital for selected conditions (based on CMGs).	% / PC organization population discharged from hospital

▼ Indicators 1

Measure

Objective, Measure / Indicator ? > GOTO CHANGE IDEA

Quality Dimension ?

Objective * ?

Measure / Indicator

Priority * ?

Unit of Measure * ? If other, specify

Population * ? If other, specify

Data Source * ? If other, specify

Period * ? Please specify *

Organization

Current Performance ?

☒ **SURVEY** between 0.00 and 100.00

☐ Collecting Baseline ?

☐ Suppressed ?

Absolute Target ? between 0.00 and 100.00

Relative Target ? %

Target Justification ?

✕ DELETE THIS MEASURE

NOS PAQ : Plan de travail Calcul automatique

The screenshot displays the NOS PAQ (Plan de travail Calcul automatique) interface. A 'Survey' dialog box is open, prompting the user to enter the number of responses over the past 12 months for a specific survey question. The background interface shows various fields for defining a measure, including Objective, Measure / Indicator, Quality Dimension, Priority, Unit of Measure, Population, Data Source, Period, Organization, Current Performance, Absolute Target, and Target Justification. The 'Survey' dialog box contains the following text: '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? Enter number of responses over past 12 months:'. Below this text are five input fields with corresponding labels: 'always', 'often', 'sometimes', 'rarely', and 'never'. A sixth input field is labeled 'not applicable (Don't know/ refused)'. The dialog box also includes 'CANCEL' and 'SAVE' buttons. The background interface has a 'GO TO CHANGE MEA' button in the top right corner. At the bottom of the interface, there are buttons for 'DELETE THIS MEASURE', 'CLEAR ALL FIELDS', 'CANCEL', 'SAVE', and 'SAVE & CLOSE'.

Measure

Objective, Measure / Indicator

Quality Dimension

Objective *

Measure / Indicator

Priority *

Unit of Measure *

Population *

Data Source *

Period *

Organization

Current Performance

Absolute Target

Target Justification

GO TO CHANGE MEA

Survey

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? Enter number of responses over past 12 months:

always

often

sometimes

rarely

never

not applicable (Don't know/ refused)

CANCEL SAVE

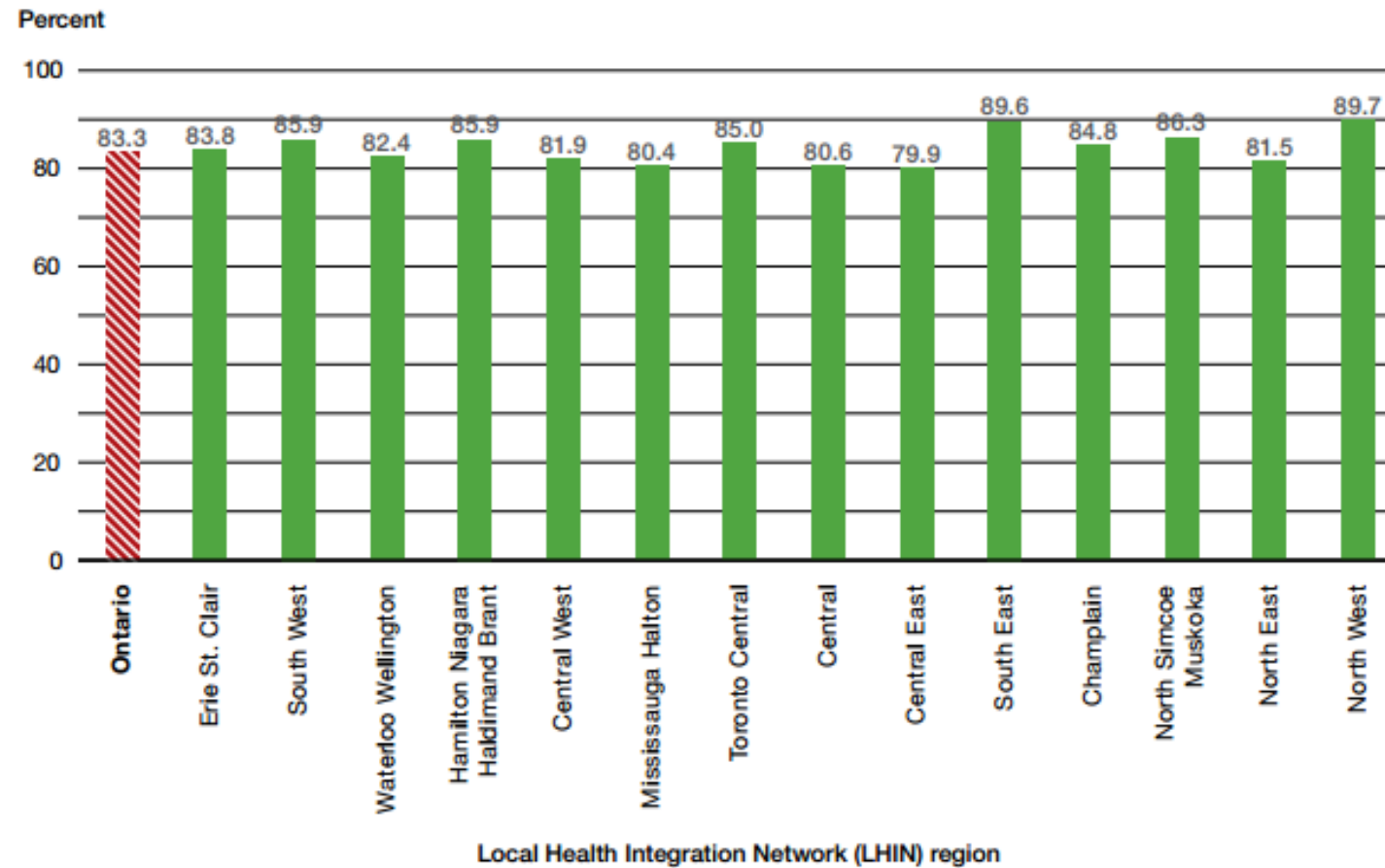
Survey.aspx?measureRecordId=24433

DELETE THIS MEASURE

CLEAR ALL FIELDS CANCEL SAVE SAVE & CLOSE

FIGURE 4.6A

Percentage of survey respondents who report that their provider always or often gives them the opportunity to ask questions, in Ontario, by LHIN region, 2013

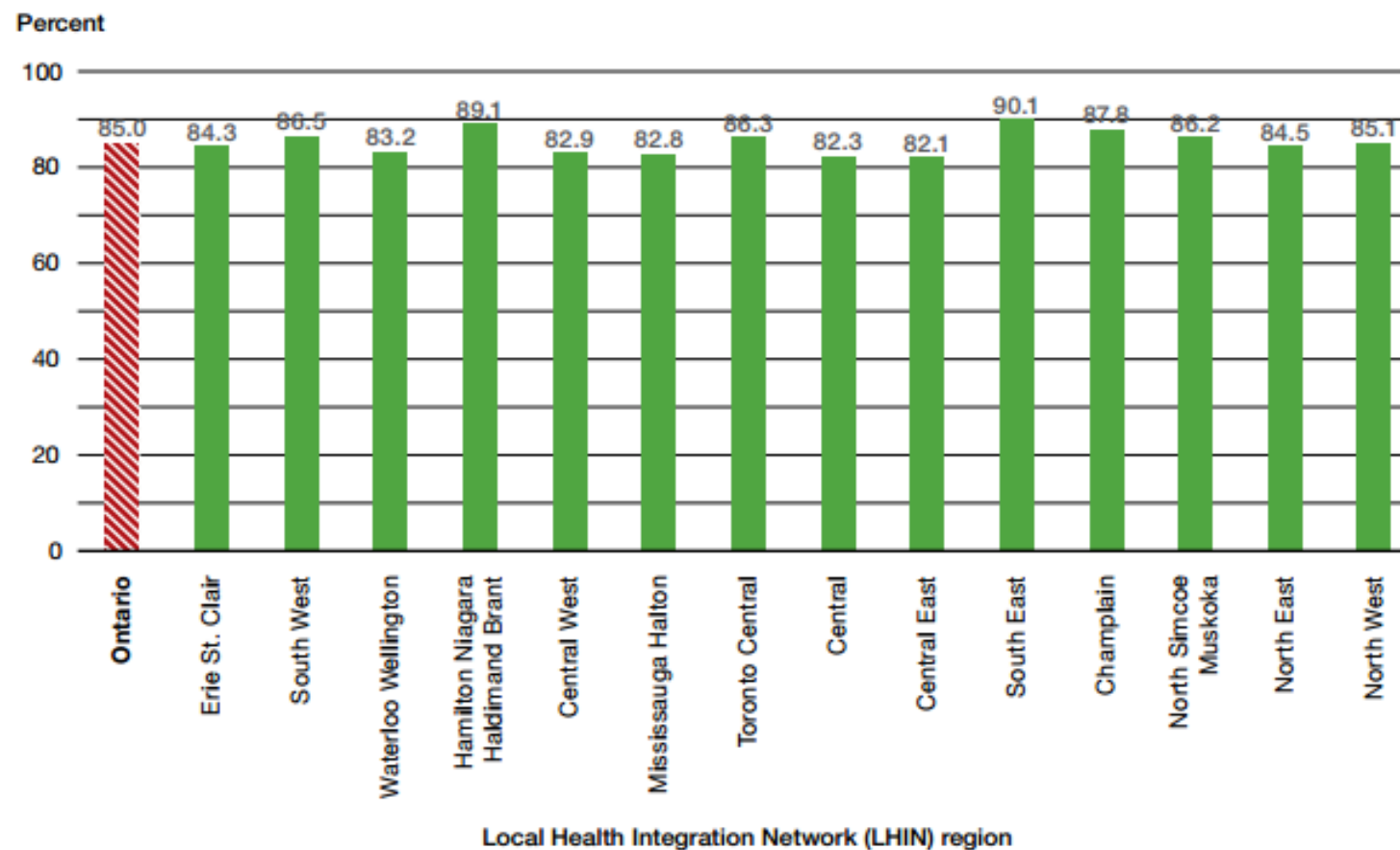


Data source: Health Care Experience Survey, provided by Ministry of Health and Long-Term Care.

<http://www.hqontario.ca/public-reporting/yearly-reports>

FIGURE 4.6C

Percentage of survey respondents who report that their provider always or often involves them in decisions regarding their care, in Ontario, by LHIN region, 2013

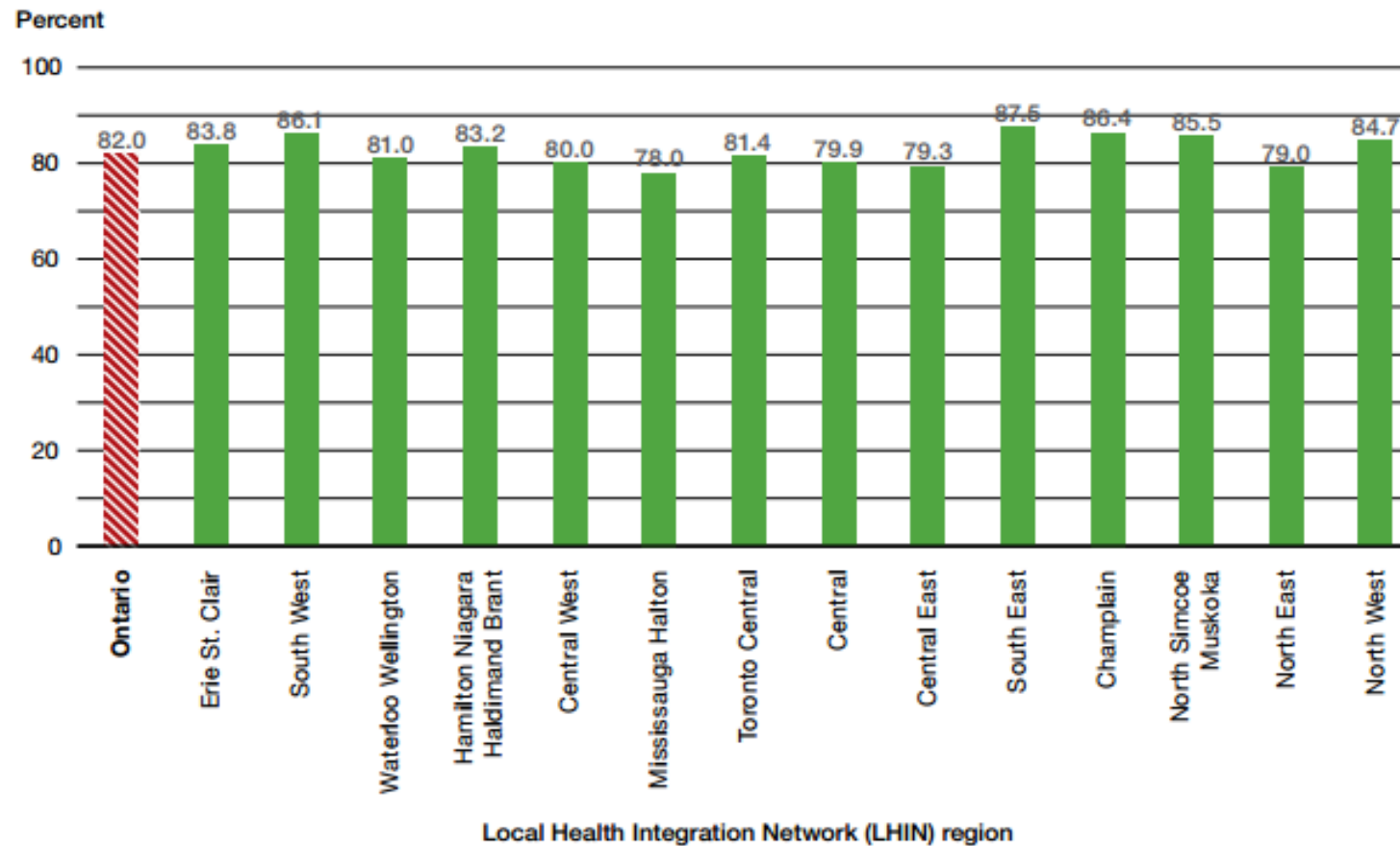


Data source: Health Care Experience Survey, provided by Ministry of Health and Long-Term Care.

<http://www.hqontario.ca/public-reporting/yearly-reports>

FIGURE 4.6B

Percentage of survey respondents who report that their provider always or often spends enough time with them, in Ontario, by LHIN region, 2013



Data source: Health Care Experience Survey, provided by Ministry of Health and Long-Term Care.

<http://www.hqontario.ca/public-reporting/yearly-reports>

NOS PAQ : Indicateur de priorité – intégration

Visites de soins primaires après la sortie

Pourcentage des patients/clients qui voient leur fournisseur de soins primaires dans les 7 jours qui suivent leur sortie de l'hôpital pour certains troubles

Critères d'inclusion :

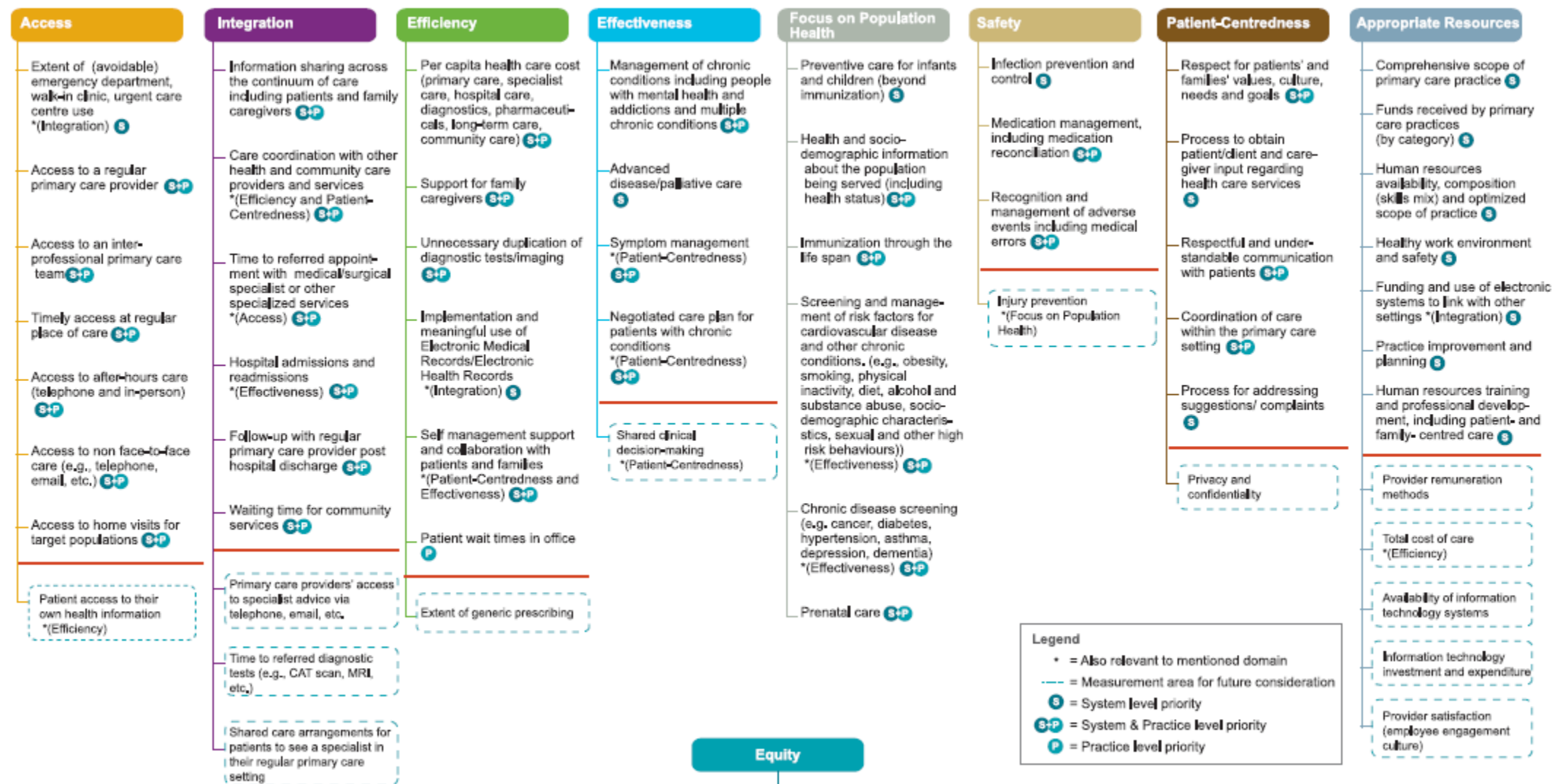
- Les groupes de maladies analogues (GMA1) sélectionnés sont : AVC, maladie pulmonaire obstructive chronique (MPOC), pneumonie, insuffisance cardiaque congestive, diabète, troubles cardiaques et troubles gastrointestinaux

NOS PAQ : Plan de travail – Indicateurs supplémentaires

POPULATION HEALTH									
9	Reduce Cancer mortality through regular screening.	Percent of eligible patients/clients who are up-to-date in screening for breast cancer.	% / PC organization population eligible for screening	EMR/Chart Review / na	92323		33.00		+Add New Change Idea
▼ Indicators 3									
+Add New Measure									
OTHER									
▼ Indicators 1									
+Add New Measure									

Primary Care Performance Measurement Framework

(Ontario Primary Care Performance Measurement Steering Committee, May 2014)



NOS PAQ : Création d'un nouvel indicateur

 **Measure**

Objective, Measure / Indicator ?

Quality Dimension ?

Objective * ?

Measure / Indicator * ?

Unit of Measure * ?

Population * ?

Data Source * ?

Period * ?

Organization

Current Performance ?

Absolute Target ?

Target Justification ?

Other ▼

Other ▼

Other ▼

Other ▼

PC xyz ▼

If other, specify

If other, specify

If other, specify

Please specify *

Collecting Baseline ?

Relative Target ? %

✕ DELETE THIS MEASURE

CLEAR ALL FIELDS

CANCEL

SAVE

SAVE & CLOSE

NOS PAQ : Sondage sur les indicateurs

Sur lesquels des indicateurs suivants votre organisation a-t-elle l'intention de mettre l'accent cette année?

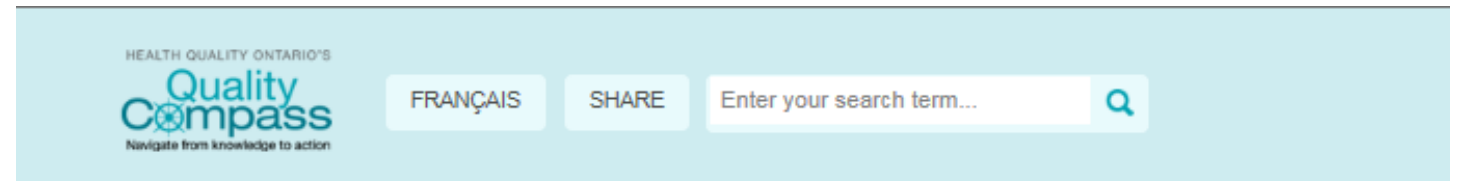
1. Accès
2. Intégration
3. Expérience des patients – Occasion de poser des questions
4. Expérience des patients – Suffisamment de temps
5. Expérience des patients – Implication dans les décisions relatives aux soins

NOS PAQ : Plan de travail – CHANGEMENT (en vert)

CHANGE				
PLANNED IMPROVEMENT INITIATIVES (CHANGE IDEAS)	METHODS	PROCESS MEASURES	GOAL FOR CHANGE IDEAS	COMMENTS
Add New Change Idea				

NOS PAQ : INITIATIVES D'AMÉLIORATION PLANIFIÉES (IDÉES DE CHANGEMENT)

Voir également la page Web d'amélioration de la qualité des soins primaires de QSSO pour obtenir des ressources sur l'accès avancé, ainsi que les pages BestPATH pour obtenir des renseignements sur l'amélioration de l'intégration.



As part of Health Quality Ontario's Knowledge Transfer and Exchange strategy, we introduce the Quality Compass, a comprehensive evidence-informed searchable tool designed to support leaders and providers as they work to improve health care performance in Ontario. Quality Compass is centered around priority health care topics with a focus on best practices, change ideas linked with indicators, targets and measures, and tools and resources to bridge gaps in care and improve the uptake of best practices.

Click on any of the topics below to get information on evidence-based best practices and change ideas, indicators and targets, measures, tools and resources, and success stories to get started.



NOS PAQ : Plan de travail – CHANGEMENT (en vert)

Change Idea

Change Idea

Quality Dimension

Objective

Measure / Indicator

Organization

Change Number

Planned Improvement Initiatives (Change Ideas)

Methods

Process Measures

Goal For Change Ideas

Comments

Access

Access to primary care when needed

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

PC xyz

#

> GOTO MEASURE

> GO TO CHANGE #

#

✕ DELETE THIS CHANGE IDEA

CANCEL

SAVE

SAVE & CLOSE

+ ADD NEW CHANGE IDEA

Dernier sondage

Lequel des attributs suivants ne fait pas partie de la définition des objectifs SMART?

1. S – Spécifique
2. M – Mensuel
3. A – Atteignable
4. R – Réaliste
5. T – Temporel

Soutiens au PAQ du QSSO

- Page de ressources du Navigateur
 - Documents d'orientation et rapports sur le PAQ
- *À la hauteur*
- *Cadre de mesure du rendement des soins primaires*
- Compas Qualité
- Rapports sur les pratiques en matière de soins primaires :
pcreport@hqontario.ca
- Page Web sur l'amélioration de la qualité des soins primaires :
<http://www.hqontario.ca/quality-improvement/primary-care>
- Courriel pour obtenir de l'aide spécifique au PAQ : QIP@hqontario.ca



www.hqontario.ca
[@HQOntario](https://twitter.com/HQOntario)