Theme I: Timely and Efficient Transitions

Measure

Dimension: Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of those hospital discharges (any condition) where timely (within 48 hours) notification was received, for which follow-up was done (by any mode, any clinician) within 7 days of discharge	C	% / Discharged patients	Local data collection / Fiscal 2020-2021	78.40	89.50	Due to documentation issues, we failed to achieve our set target for last fiscal year. Now that those issues have been addressed we anticipate meeting our target for the coming fiscal.	Ross Memorial Hospital

Change Ideas

Change Idea #1 Nursing staff will continue to call clients, once notification of discharge is received.

Methods	Process measures	Target for process measure	Comments
Ross Memorial Hospital continues to email us on a daily basis (Mon-Fri) to inform us of client discharges. The documentation issues for this indicator have been resolved and we should see improvement with this indicator going forward. (December 2019 rate was 92.3%)	Percentage of discharged clients contacted by nursing within 3 days of notification.	95% of discharged clients will be contacted by nursing within 3 days of notification to ensure that a follow up can be conducted, either in person or via phone, within 7 days.	There were changes with our nursing staff that resulted in some issues with the correct documentation of this indicator. Those issues have been addressed, a new process has been developed and staff have been trained.

Measure

Dimension: Timely

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of patients and clients able to see a doctor or nurse practitioner on the same day or next day, when needed.	P	% / PC organization population (surveyed sample)	In-house survey / April 2019 - March 2020	23.13	50.00	Although we would prefer to set a target that exceeds our past performance, due to a staffing shortage of primary care providers, we are not able to operate to full capacity. This impeded our ability to surpass our previously reached target this fiscal and we are unable to commit to a higher target percentage until our staffing issues have been resolved.	

Change Ideas

Change Idea #1 Continue offering expanded hours (4 days per week) and same day carve out appointments (2 days per week - 2 half days and one full day)to accommodate same day / next day requests. Track requests for SD/ND appointments in EMR.

Methods	Process measures	Target for process measure	Comments
Clients requesting SD/ND appointments will be flagged in the EMR with the date of the request. We will pull a list of all SD/ND requests each month and compare it to the date of clients' appointment booked, to calculate the number of days between the request and the booked appointment. All clients that request SD/ND appointments that could not be accommodated (did not book an appointment) will be tracked manually each month and the monthly count will be added to the denominator.	Percentage of clients requesting same day or next day appointments that were accommodated.	90% of clients that request same day or next day appointments will be accommodated on the same day or next day.	Total Surveys Initiated: 431 We continue to work on addressing our primary care provider vacancy and are working toward increasing our complement of clinicians to better meet the needs of our community.

Measure

Dimension: Timely

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
The percentage of clients who reported that the last time they were sick or had a health problem, they got an appointment on the date they wanted.	C	% / Survey respondents	In-house survey / Fiscal Year 2020-2021	78.10	85.00	Target within recommended corridor of 85% -100%.	

Change Ideas

Change Idea #1 Communicate our expanded hours of service and same day appointment availability to ensure that clients are aware of their appointment options.

Methods	Process measures	Target for process measure	Comments
Promote our expanded hours of service via website, social media.	Percentage of clients that are aware of their appointment options.	When asked 75% of clients will indicate that they are fully aware of our hours of service and days that we accommodate same day appointments. (Survey/Audit)	

Change Idea #2 Develop / Implement a client portal that will accommodate clients booking their appointments online.

Methods	Process measures	Target for process measure	Comments
A client portal is being researched to ensure compatibility with our new EMR and online booking and secure communication to clients will be options that are priorities.	Implementation of a client portal and once active, the percentage of clients that utilize the online booking function.	No target set as of yet, will depend on when the portal is implemented.	

Theme II: Service Excellence

Measure

Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
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	P	% / PC organization population (surveyed sample)	In-house survey / April 2019 - March 2020	90.00	92.00	A marginal improvement on previous performance, within target corridor of 90%-100%)	

Change Ideas

Change Idea #1 Monitor survey results in order to maintain current performance.

Methods	Process measures	Target for process measure	Comments
Review client feedback through surveys, social media and website.	Monitor only, review client communication through all methods.	Maintain our current performance.	Total Surveys Initiated: 420

Measure

Dimension: Patient-centred

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
The percentage of clients who report feeling comfortable and welcome at the CHC.	C	% / Survey respondents	In-house survey / Fiscal 2020-2021	97.40	98.00	A marginal improvement on previous performance, within target corridor of 90%-100%.	

Change Ideas

Change Idea #1 Monitor survey results in order to maintain current performance.

Methods	Process measures	Target for process measure	Comments
Review client feedback through surveys, social media and website.	Monitor only, review client communication through all methods.	Maintain our current performance.	

Theme III: Safe and Effective Care

Measure

Dimension: Safe

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Medication reconciliation in primary care: Percentage of clients aged 65 and over with three or more active medications, who have a completed medication reconciliation in the past 12 months.	C	% / PC organization population aged 65 and older	EMR/Chart Review / 2020-2021	39.00	55.00	Due to our transition to the PS Suite EMR, we were unable to achieve our target for this indicator. We plan to achieve this goal in our upcoming fiscal.	

Change Ideas

Change Idea #1 A quarterly listing of clients in the target population that do not have completed med recs documented in the past 12 months will be generated.

Methods	Process measures	Target for process measure	Comments
Nursing will contact client pharmacies to confirm if a med rec was completed, if not, a med rec will be scheduled, either at the pharmacy or in our CHC	Percentage of client med recs completed by pharmacy and percentage of med recs that we completed.	By partnering with community resources we will increase the rate of med recs completed for the target population.	In the last fiscal year we have strengthened our partnership with local pharmacies by calling and inquiring about our clients, as a result pharmacies have started to fax us confirmation of client med recs as soon as they complete them, rather than just when we call to inquire about them.

Measure

Dimension: Safe

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of non-palliative care patients newly dispensed an opioid within a 6-month reporting period by a provider in our organization. (excludes opioid agonist therapy)	C	% / Clients	Local data collection / Most recent data point or end of calendar year.	CB	CB	MyPractice report states a rate of 6.8% for this indicator, dispensed by ANY provider in the health care system. We need to understand OUR dispensing rates.	

Change Ideas

Change Idea #1 Identify a list of non-palliative clients being prescribed opioids by clinicians in our CHC.

Methods	Process measures	Target for process measure	Comments
Develop an EMR query to pull the client list that aligns with the criteria.	1) Percentage of clients taking opioids for short-term acute use. 2) Percentage of clients with chronic non-cancer pain, taking opioids outside of recommended use guidelines. 3) Percentage of clients that may be at risk for or experiencing opioid use disorder	Collecting baseline data, we need to better understand who is being dispensed opioids, why they are being prescribed and if they are appropriate.	

Equity

Measure

Dimension: Equitable

Indicator #8	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of patients with diabetes, aged 40 or over, with two or more glycated hemoglobin (HbA1C) tests within the past 12 months	C	% / patients with diabetes, aged 40 or over	EMR/Chart Review / 2020-2021	79.30	86.00	Due to our transition to the PS Suite EMR, we were unable to achieve our target for this indicator. We plan to achieve this goal in our upcoming fiscal.	

Change Ideas

Change Idea #1 Expand our in house lab services at our CHC

Methods	Process measures	Target for process measure	Comments
Increase our lab days to 2.5 days each week	Percent of the lab tech's scheduled days booked / utilized.	Review the utilization of the available lab days to ensure that they are fully booked and determine if they need to be further expanded in order to meet client needs.	We initially offered lab services in house on one day per week, then increased to 2 days in Sept 2019. We will expand that to 2.5 days and make the service available to all clients.