

Excellent Care for All

Quality Improvement Plans (QIP): Progress Report for 2019/2020 QIP

The Progress Report is a tool that will help organizations make linkages between change ideas and improvement, and gain insight into how their change ideas might be refined in the future. The new Progress Report is mostly automated, so very little data entry is required, freeing up time for reflection and quality improvement activities.

Health Quality Ontario (HQO) will use the updated Progress Reports to share effective change initiatives, spread successful change ideas, and inform robust curriculum for future educational sessions.

ID	Measure/Indicator from 2019/20	Org Id	Current Performance as stated on QIP2019/20	Target as stated on QIP 2019/20	Current Performance 2020	Comments
1	Cervical cancer screening stratified by income and stratified by racial/ethnic group (%; All patients; April 1 2019 to March 31 2020; BIRT)	91522	CB	CB	82.90	Average of all races was 82.9% however the rate for black women was 8.5% lower than that of white women on our client panel. More investigation to be done to understand data and make action plan. Average of all incomes was 81.5% ranging from 73-85.9% however 73% was for clients with 'unknown' income level therefore difficult to interpret.
2	Client ability to get appointment on date wanted (%; All patients; April 2019 to March 31 2020; In house data collection)	91522	88.00	90.00	87.30	Continue to do regular client experience surveys and improvements on access where possible.
3	Completion of sociodemographic data collection (%; All patients; April 1, 2019 to March 31 2020; EMR/Chart Review)	91522	CB	CB		This is ongoing work. No ability to pull progress data at this time.
4	Each of the 11 managers/directors will conduct a Lean quality improvement project by using the newly acquired Greenbelt training done by the management team (%; All patients; April 1 2019-March 31 2020; In house data collection)	91522	CB	80.00	73.00	They all did receive Yellow Belt certifications and some continue to work toward their Greenbelt. Aside from the Managers, Yellow Belt Lean training has been done across the centre reaching over 150 staff thus far.

5	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); April 2018 - March 2019; In-house survey)	91522	99.00	99.00	97.98
6	Percentage of non-palliative patients newly dispensed an opioid prescribed by any provider in the health care system within a 6-month reporting period. (%; Patients; Six months reporting period ending at the most recent data point; CAPE, CIHI, OHIP, RPDB, NMS)	91522	CB	CB	4.30

For context purposes only, the CHC provincial average is 9.8%. Monitoring of opioid prescribing for non-palliative clients will continue.