

Seaway Valley Community Health Centre
2015-2016 Quality Improvement Plan

	INDICATOR (UNIT; POPULATION; PERIOD; DATASOURCE)	ORG ID	PERFORMANCE STATED IN PREVIOUS QIP	PERFORMANCE TARGET AS STATED IN PREVIOUS QIP	CURRENT PERFORMANCE	COMMENTS
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)	92242	78.00	80.00	68.06	We are continuing to work with the Champlain LHIN-funded Primary Care Quality Practice Facilitator to train staff and implement access best practice recommendations. In our last QIP, we identified a projected target without actual baseline data to support the target. In the Client Satisfaction Survey conducted in the fall of 2014, 29.6% of our clients reported to receive an appointment on the same day, and an additional 33.5% reported they receive an appointment in 2 to 3 days: Therefore a total of 63.1% receive an appointment within 3 days.
2	Percent of patients/clients who visited the ED for conditions best managed elsewhere (BME). (%; PC org population visiting ED (for conditions BME); TBD; Ministry of Health Portal)	92242	CB	25.00	CB	We are continuing to collect data manually from the local community hospital as we have different EMRs - this is a slow and labour intensive process. We continue to work on determining the data collection needed and processes that are useful and meaningful for all parties to inform decision-making on how to provide quality client services. Additionally, we are working collaboratively with all CHCs in the Champlain region to develop common indicators and processes to meet this goal.
3	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)	92242	CB	25.00	CB	SVCHC continues to develop processes and to collect this baseline data however we have successfully managed to meet the target set in the previous QIP. We will continue to strive to improve in this area work to a higher target rate. The difficulty is the hospitals do not have a common and reliable practice related to sending complete discharge summary data when the patient is discharged. Sometimes SVCHC does not receive the discharge summary note for a month after the patient is discharged. We are working with our local hospitals on a process to ensure we receive the discharge summary notes in a timely manner to meet and improve upon this target.

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4	Percentage of acute hospital inpatients discharged with selected CMGs that are readmitted to any acute inpatient hospital for non-elective patient care within 30 days of the discharge for index admission, by primary care practice model. (%; PC org population discharged from hospital; TBD; Ministry of Health Portal)	92242	CB	25.00	CB	SVCHC continues to work with all Champlain CHC's on developing a standardized data collection process and mechanism that will provide information on the percentage of acute hospital inpatients discharged with selected CMGs that are readmitted to any acute inpatient hospital for non-elective patient care within 30 days of the discharge for index admission, by primary care practice model.
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); 2014/2015; In-house survey)	92242	94.00	95.00	CB	Almost 95% (93.68%) of SVCHC clients stated they Strongly Agree and/or Agree with the statement, "My health care provider always tells me about treatment options and involves me in decisions about the best treatment."
6	Percent of patient/client population over age 65 that received influenza immunizations. (%; PC organization population aged 65 and older; TBD; EMR/Chart Review)	92242	30.00	32.00	49.00	For clients over 65 years of age, SVCHC has surpassed our target set last year due to the variety of communication methods used to inform seniors.