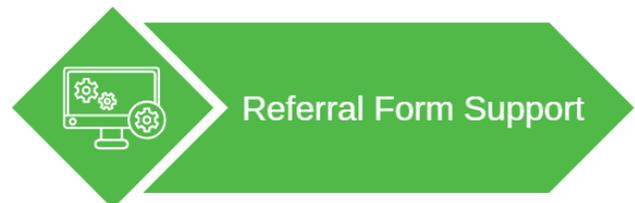
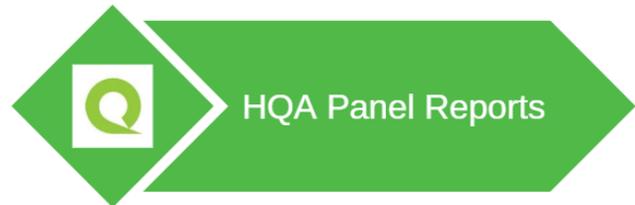


LBD PCN PROGRAMS



780-986-6624
4710-50 STREET
LEDUC, AB T9E 6W2

Quality Improvement and Panel Management Program



If you have any questions about the Quality Improvement and Panel Management program, please contact Lauren Stone, Manager, Quality Improvement, at 780-980-8815.



www.lbdpcn.com

QUALITY Improvement and Panel Management Program



The QICs can assist with many different EMRs, including Ava, Accuro, Med-Access, Health Quest and CHR.

- Training for decentralized PCN staff, documentation standardization, utilization of ACTT EMR resources, EMR Transition Support

Customization: Query and macro configuration, templates, forms, reminders & add-ons

Medical Home Process Support: measurement tip sheets, preventative care lists and alerts, verification, utilization of EMR data to identify areas of improvement, point of care reminders, EMR workflows, ASaP modifiable factors

Our team has many templates and resources available to help build documents for office procedures and workflows:

- Medical home guides
- EMR process templates
- Team-based care process templates
- Transitions In Care process templates
- Screening process templates
- Audit tools
- Roles & responsibilities templates
- Survey templates
- PDSA templates
- Team meeting templates (agendas, minutes, action items)
- Team assessment templates
- Pre-visit scripts
- Booking tools

QUALITY Improvement and Panel Management Program



Health Quality Alberta (HQA, formerly known as Health Quality Council of Alberta or HQCA) is a provincial agency with a legislated mandate to assist in gathering information and evidence, evaluate programs and engage in knowledge sharing related to patient safety, person-centered health care and health services quality. The report provides panel related information for the PCN membership as a whole.

It is crucial to understand the needs of the patients we serve to inform our strategic direction, program requirements and for establishing a baseline for continuous quality improvement efforts toward improved outcomes.

The HQA report captures:

- Who our patients are
- Prevalence of chronic conditions, mental health conditions and substance use disorders
- Usage of the health system
- Prevention and screening measures
- Pharmaceutical use
- The impact of continuity

Reports are sent annually to PCPs (March 31st for year prior) using data collected by billing codes. If you are live on CII/CPAR, you will have a confirmed panel list. If you are not live, you will receive a proxy or “estimate” list using the 4-cut method, but we can order a confirmed report if you have submitted your panels to us. QICs can request HQA reports on behalf of PCP to analyze data and review information with you.

QUALITY Improvement and Panel Management Program



A patient panel lists the unique patients that have an established relationship with a primary care provider. There is an implicit or explicit agreement that the identified PCP will provide primary care services. Relational continuity (an ongoing relationship between a physician and a patient) is a key objective of establishing panel processes. The Quality Improvement Team can support this in several ways, including:

- Verification processes
- Panel characteristics
- Attachment processes
- CII/CPAR conflict lists
- CII/CPAR demographic mismatch – one time clean up and process improvement
- Duplicate patient lists
- Initial Panel clean up
- Panel management processes and scripts
- Panel change notification templates
- Panel submission support
- Ideal panel calculations
- Patient contract templates
- Preventive care procedures
- Enhanced Team-based Care Health Neighborhood continuity outreach

Preventative Care Outreach and Screening:

- Blood Pressure
- Height & Weight
- Pap Test
- Mammography
- Diabetes
- Plasma Lipids Profile
- Cardiovascular Risk
- Influenza Vaccination
- Colorectal Cancer Tobacco
- Exercise Assessment
- Alcohol
- Vegetables & Fruits
- Lung cancer Screening (2-year pilot project)
- Abdominal Aortic Aneurysm Screening
- Chlamydia and Gonorrhea Screening

QUALITY Improvement and Panel Management Program



Our Quality Improvement Coordinators will connect with you at least once annually to initiate QI projects. We can use Patient Medical Home assessments and clinic questionnaires to help direct where to start. From there, we can utilize action plans to track our work (which can be used for PPIP).

PPIP support

CPSA's **Physician Practice Improvement Program (PPIP)** supports physicians in accessing resources and knowledge to incorporate continuous quality improvement into their practice, thereby fostering a quality culture for Alberta physicians. Recognizing that personal factors and system stressors can influence performance, this program also focuses on a physician's personal development. PPIP was launched by CPSA on Jan. 1, 2021, to fulfill its legislated mandate of ensuring competence within the profession. All of CPSA's regulated members must participate in PPIP. Involvement in competence activities is mandated under part 3, section 50 of the Health Professions Act. Participation in any Continuing Competence program is completely confidential under section 52 of the Health Professions Act. To meet the requirements of PPIP, physicians will need to incorporate each of the following three activities into their practice at least once over a five-year cycle:

- A practice-driven quality improvement (QI) activity using objective data
- A CPSA Standards of Practice quality improvement activity
- A personal development activity

MyL3Plan Support

My L3 Plan is a free online tool that promotes self-reflection to identify areas to advance your practice with an emphasis on developing a concrete plan for implementing practice changes.

My L3 Plan can be used to meet and support your practice improvement activities by completing the Physician Practice Improvement (PPI) cycles required by the CPSA: College of Physicians & Surgeons of Alberta

- Practice-driven quality improvement activity using objective data (CQI) cycle
- Personal Development (PD) cycle
- Standards of Practice quality improvement activity (SOP) cycle

Patient Surveys

As part of the Physician Practice Improvement Program (PPIP), physicians are required to do some QI projects. Conducting patient experience surveys qualifies as a QI project.

- Connect with the physicians to finalize the questions they want to ask
- Design the survey (paper, online, or both) and provide admin staff with materials
- Admin staff distribute the surveys
- Input data, analyze the results, and prepare a report for the clinic physicians
- Results should be reviewed with the QI coordinator.



Community Information Integration and Central Patient Attachment Registry

CII/CPAR enables physicians and their teams to share patient information to Alberta Netcare directly from their electronic medical record (EMR). CII/CPAR enhances communication amongst providers by enabling the sharing of important healthcare information across the province. This two-way connection between clinic EMRs and Alberta Netcare is improving continuity of care between the Patient's Medical Home and Health Neighborhood. CII allows providers to send select patient information to Alberta Netcare including consult letters and information about patient visits to contribute to the Community Encounter Digests (CEDs). CPAR identifies relationships between patients and their primary provider and sends eNotifications to providers when their patients are seen in the emergency department, have a hospital admission, or a day surgery.

- One time panel clean up
- PIA consultant support
- Onboarding/form support
- Internal process support
- Conflict list process support
- Demographic Mismatch Report Process Support
- Acceleration grant support

QUALITY Improvement and Panel Management Program



The QICs can assist with tracking and analyzing TNA (Third Next Available) data to inform improvement projects.

- MS forms for data submissions
- Balance supply and demand for appointments•
- Reduce demand
- Optimize the care team to increase supply
- Reduce scheduling complexity•
- Contingency plans
- Backlog reduction
- Increased scheduling accuracy
- Improve patient wait times (waiting room, exam room wait time, etc.)

The QICs can pull no-show data for the clinic/each provider to determine what areas of improvement to focus on.

- Set-up EMR add-ons
- Online booking to give more control to the patient
- Online automatic reminders
- Different forms of automatic reminders, if available in EMR

Access improvement

If access is improved and patients are not booking as far out for appointments, it is less likely they forgot to cancel if the problem has resolved or they are able to get assistance from another provider.

Patient Outreach and Feedback

- Outreach to patients that regularly No show or Short Notice cancellation, sometimes the patient can't get to the appointment due to having their ride cancelled, lack of childcare or lack of assistance to get to the appointment, this can be mitigated by providing the clinic with any social supports in the area that could assist patients to get to their appointments so they can share this with patients that need it, if the supports are available. Examples - LATS, or Care for a Ride.
- Patient feedback may highlight issues such as the phone lines being too busy to get through or closed during convenient times to call.
- Posting notices in clinic sharing no-show rates can increase patient awareness

MOA Processes

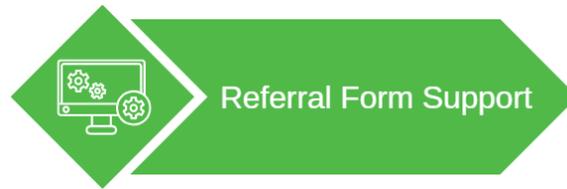
- Review process of confirming appts and providing suggestions
- Looking at the language used when booking appts



Purpose: To assist primary care clinics in optimizing processes for paneled patients for effective transitions in care from Home to Hospital to Home (**H2H2H**).

- Workflow mapping
- Admit notification processes
- Discharge notification and summary processes
- Risk of readmission score processes
- Follow up processes
- Acceptance notifications
- Roles and responsibilities
- Post-transition communication processes
- Referral process support
- ADAPT study: admit notifications, transition planning and follow up to primary care
- Netcare list comparisons

QUALITY Improvement and Panel Management Program



Specialist referral forms are frequently changing and can be challenging to manage within EMRs. Our Quality Improvement Coordinators can work with the Referral Coordinators to ensure up-to-date referral forms are in your EMR. They can also remove out-of-date or incorrect forms from the EMR, or in some cases, relabel them "Do Not Use".

In order to provide this support, the QIC must have an account for your clinic EMR, with access to edit referral form templates. EMRs we can support include:

- Ava
- CHR
- Accuro
- Med-Access
- Health Quest

Otherwise, it is the responsibility of the clinic to ensure the EMR has the correct forms, which will be continued to be shared via the PCN member newsletter and saved on the Member Clinic Site.