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Minto-Mapleton Family Health Team

Step 1: Problem Statement

Current: MMFHT IHPs are manually collecting data for MOH reports

FHT IHPs — GAP

Problem Statement: MMFHT IHPs were spending unnecessary time manually tracking patient encounter information. This resulted in frantic scrambling at the end of each quarter and in preparation for the annual report.

Desired: An electronic method to regularly track MOH accountability data, by provider, by program

Step 2: Current Situation

There were almost as many different ways to capture stats as there were IHPs!

Exhibit A

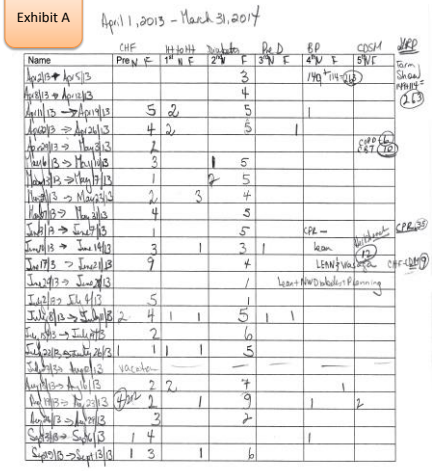


Exhibit B

Exhibit C

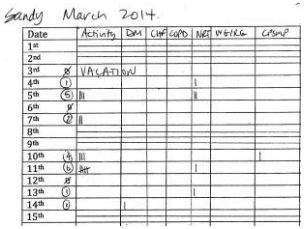
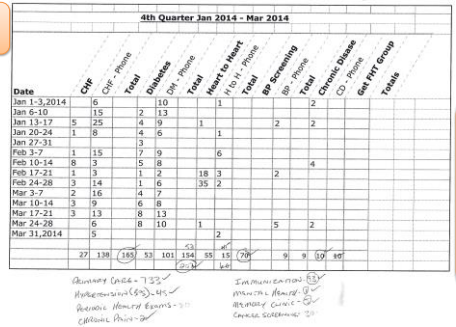


Exhibit D



The final product did look the part, almost.

It was mostly electronic...
Only some handwritten sections...

Did it matter that all the information was gathered manually, from multiple sources?

YES!

Step 3: Analysis (Root Cause)

- Many types of stats to be collected by all IHPs
- No formal tracking method, IHPs created own method according to his/her style
- MMFHT lacked resources to create an electronic tracking system
- MMFHT teamed up with local FHTs and QIDSS staff to help create a new system

Step 4: Goals / Outcomes

- Target 1: Reduce duplication
- Target 2: Reduce time and effort
- Target 3: Improve accuracy
- Target 4: Improve consistency of data collection

Step 5: Desired Situation

- Filled out by IHP for every patient encounter
- Does not replace EMR charting
- Tracks direct and indirect patient care time related to visits
- Not intended to track non-patient care time
- Directly imports to MOH reports

Patient Encounter Visit Tracker

IHP Type:	NP, RN, RPN, Dietitian, Pharmacist,		
Program/Service(s) Name:	All		
During:	6/1/2014 - 6/30/2014		
Gender:	Male & Female		
Type	All Selected IHP Type	ST	VL
# of Encounters	394	68	63
# of Patients Served	212	46	43
Arrival Status			
Amended	326	56	31
Other	3		3
Follow-up Plan			
Discharge	37	3	2
Not applicable	14		
Returning for follow-up	343	65	61
IHP Time Spent			
Direct Patient Encounter Time	13755	1790	1015
Indirect Patient Encounter Time	4354	394	1020
Initial/Follow-up Encounter			
Initial	93	14	7
Follow up	232	54	56
Telephone Status			
Left a message	7	2	
Other	1		
Spoke to caregiver	2		
Spoke to patient	52	8	29
Type of Contact			
Email/Internet	3	2	
Home visit	1		1
Office visit	315	56	30
Other	3		3
OTN	10		
Telephone	62	10	29

Step 6: Implementation Plan

Action	Responsibility	Date
Meet with QIDSS staff to train on Patient Encounter Tracker (PET) form	ED, HP, RD, Recep.	Mar. 17, 2014
Trial form and make edits	HP, RD	Mar. 24, 2014
Customize PET with MMFHT programs and create shortcut in patient profile on EMR	HP, QIDSS	Apr. 2, 2014
Meet with IHPs and train to use PET	SW, RN, RPN	Week of Apr 14/14
Ongoing edits and training of staff	Pharm, NPs, all	By end of Q1/14

Step 7: Next Steps / Sustainability

- Create PET for group programs
- Create hospital discharge tracker for NPs
- Create schedule for updating database and running reports
- Use PET reports to identify trends
- Use trends to guide future program planning