



The Ottawa  
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# Using Collaboration and Competition to Improve Prevention Targets

The Ottawa Hospital Academic  
Family Health Team

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# Introduction

- The Ottawa Hospital Academic Family Health Team (TOHAFHT) started in 2007
- Two sites (Civic and Riverside)
- Our team is composed of
  - 18 Staff Physicians
    - 36 Residents
  - 2.5 FTE Nurse Practitioners
  - 7.75 FTE Registered Nurses
  - 3.2 FTE Registered Practical Nurses
  - 1.5 FTE Registered Social Workers
  - 1.4 FTE Registered Dietitians
  - 1 Registered Pharmacist
  - 2 Diabetes teams
    - 2 Registered Nurses
    - 2 Registered Dietitians

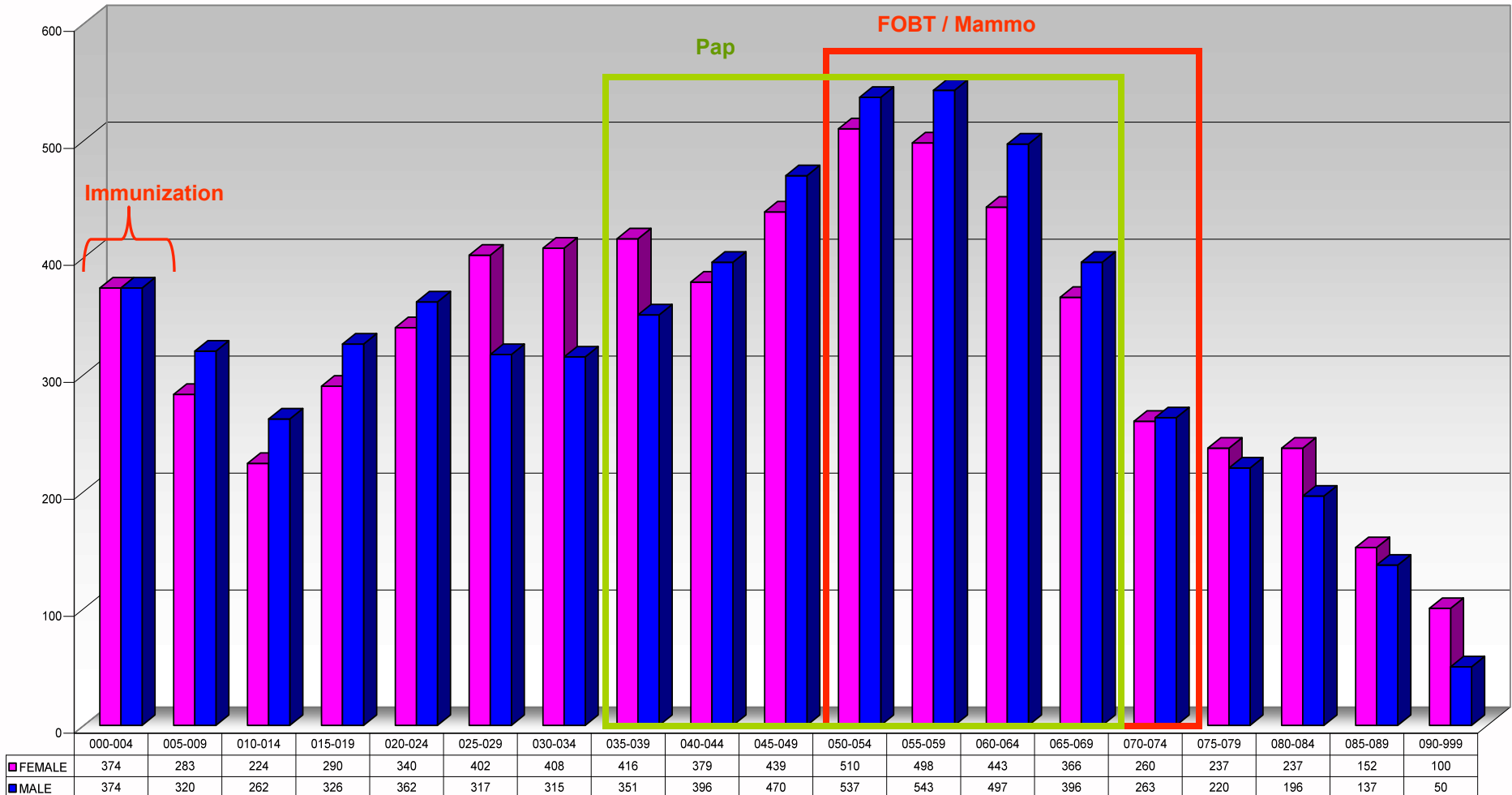


# Objectives

- This presentation reflects the process experienced by The Ottawa Hospital Academic Family Health Team that identified gaps in the management of our patients prevention and health screening within the practice



# Demographics of Our Patient Population



# The Prevention Olympics

- purpose was to coordinate the prevention requirements of our patients in cancer-screening and immunizations
- patient- centered model of care and holistic approach with a strong focus on illness prevention and health promotion
- collegial yet competitive prevention initiative that was based on audit and feedback of individual physician data

# Objectives

- To develop a systematic process to adequately identify, track and monitor the preventative care provided to our patients

# Methods

- The following steps were taken in the initiative:
  - Established and published baseline performance, based on data in electronic medical record (EMR)
  - identified patients requiring preventive practices
  - brainstormed and performed education blitz to providers on processes to improve prevention services
  - split the clinics into 4 teams for friendly competition
  - communication outreach to patients
  - data reconciliation with EMR

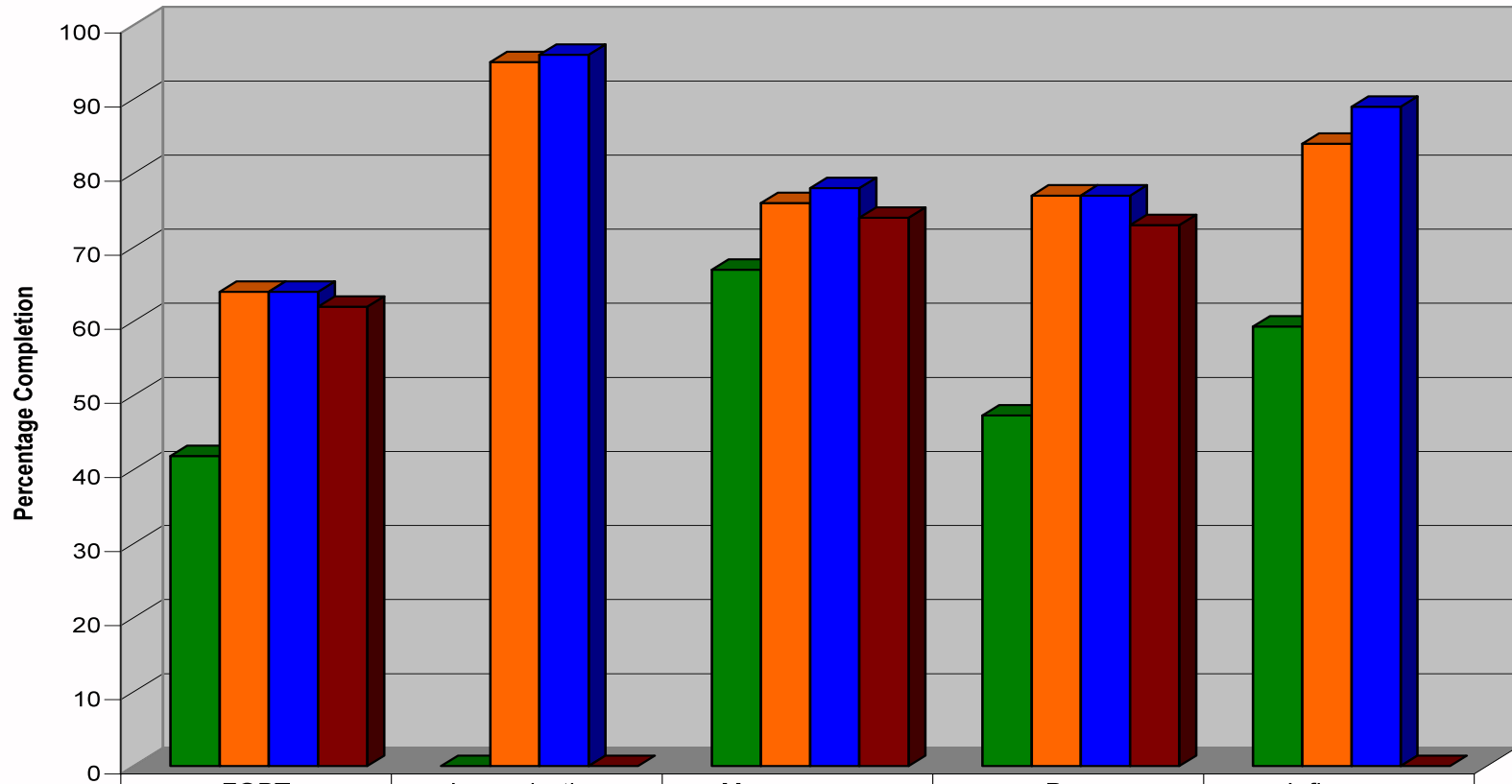
# Results

- Interdisciplinary team approach, 100% of the physician practices met at least three of the five Ministry defined preventative targets (Childhood Immunizations, Mammograms and Influenza)
- This trend has continued as our physician practices have increased 64% in Colorectal Cancer Screening and 74% in Cervical Cancer screening. This performance is one year ahead of the goals set out in the University of Ottawa Department of Family Medicine Strategic Plan
- In addition to this success, the FHT made several other improvements to its prevention strategy, including:
  - formalizing Fecal Occult Blood Test (FOBT) screening processes at both clinics
  - updating the electronic medical record to reflect accurate patient data
  - completing a mail out to all patients with outstanding prevention screening tests; and
  - establishing a Prevention Hotline for patients for accurate reconciliation of prevention activities





# Final Results



2009-2010	42	0	67	47	59
2010-2011	64	95	76	77	84
2011-2012	64	96	78	77	89
2012-Oct 2012	62	0	74	73	0

# Discussion

Benefits of the project included:

- No adverse events or expected risks to patients
- Provided an evidence-based prevention screening practice for quality improvement
- increase compliance of both patients and health care professionals
- increased practice coverage of preventive tests, positive results were identified through screening that were promptly dealt with
- Results: exceeded Ministry targets in mammography and influenza
- Results were measurable and accountable to MOHLTC

# Future Directions

- Max Packing the flu clinic
- Mail out of flu clinic letters ( eligible patients 65-100+ yrs)
- Follow up on FOBT kits given to patients ( research indicates that follow ups should be done within 2 weeks of any FOBT kits being given out to patients )
- Email distribution lists being put together sorted by physician , follow up emails after letters have been mailed out



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# Questions



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