

Quality Improvement Plans in Primary Care:

Enhanced 18-Month Well-Baby Assessment Toolkit

Introduction:

The first strategic goal of **Ontario's Public Health Sector Strategic Plan**¹ is to optimize healthy human development, with a focus on early child development, including mental wellness and resiliency. This focus on early child development reflects the recognition that the first 2000 days of a child's life are critical to long-term health, as healthy babies are more likely to grow into healthy children and adults.¹ Early child development is also included as a key area of focus in the **2011 Ontario Health Status Report**.² This report identifies healthy child development at school entry as one of twelve health indicators to be measured and monitored over time. This indicator is based on the Early Development Instrument (EDI) and measures the percentage of children who are "ready to learn" at the point of school entry.²

The Enhanced 18-Month Well-Baby Assessment (EWBA) is concerned with ensuring the developmental health and well-being of all children in Ontario, in order to provide every child with the opportunity to reach their full potential. A comprehensive developmental assessment at 18 months allows physical, emotional, cognitive, or speech and language concerns to be identified and addressed earlier. In turn, this offers the potential to reduce the number of "vulnerable" children at school entry, as measured by EDI scores. Overall, the EWBA initiative aligns with the focus on early child development outlined in both the Ontario Strategic Plan and Health Status Report.

What is the EWBA Toolkit?

In January 2013, the Ontario Ministry of Health and Long-Term Care (MOHLTC) issued a memorandum introducing Quality Improvement Plans (QIP) to the primary health care sector. The QIP provides health care organizations with the opportunity to "express their commitment to a health care system that is patient/client centred, focused on accountability and transparency, and committed to improving the quality of care Ontarians receive."³

Using the Cancer Screening Toolkit⁴ developed by Cancer Care Ontario as a guiding framework, this EWBA Toolkit has been developed as a resource for those primary health care practices that choose to include the EWBA in their QIP.

Why include the EWBA in the QIP?

The 18-month well-baby assessment is often the last of a series of scheduled primary care visits prior to school entry. As a result of the recommendations of the Expert Panel on the 18-Month Well-Baby Visit, outlined in the 2005 report entitled "Getting it Right at 18 Months ... Making it Right for a Lifetime,"⁵ the focus of the 18-month well-baby assessment was shifted to an enhanced assessment of developmental health. The EWBA is recognized as a pivotal point at

which to continue the publicly funded immunization schedule, assess the developmental health of young children, and initiate discussions between parents and health care professionals regarding healthy child development, parenting, local community programs and services, and early literacy promotion.

The EWBA provides the opportunity to:

- Complete 18-month immunizations as per the publicly funded immunization schedule
- Ensure all children are given a complete developmental assessment
- Provide appropriate referrals to specialized community services for children in need

Health Equity and the EWBA

In 2011, the Institute for Clinical Evaluative Sciences published a report entitled “Uptake of the new fee code for Ontario’s enhanced 18-month well baby visit: a preliminary evaluation.”⁶ The results of this report demonstrated that as income quintile increased, the proportion of children receiving an EWBA increased. This suggests that lower income children, who are likely to be at a greater risk for developmental concerns, are less likely to receive the EWBA. In the Kingston, Frontenac and Lennox & Addington area, audits of EWBA implementation in primary health care practices have occurred through a collaborative partnership between primary care and public health.⁷ Using patient postal code data to rank patients with the Institut national de santé publique du Québec (INSPQ) Deprivation Index, the aggregate results of these audits show a general trend whereby EWBA implementation rates tend to be lower among children categorized in the most deprived rankings.

The EWBA is intended to be universal in nature, targeting all children regardless of background or risk level. A full developmental assessment for all children at 18 months will help to identify concerns earlier, prior to school entry. This will allow families to access programs and services sooner, when they are most effective.⁸ Efforts must be made to ensure equitable service delivery of the EWBA in primary health care practices. A comprehensive approach will provide all children in Ontario with the opportunity to reach their full potential and ensure that no child is left behind.

Process of the EWBA

The EWBA provides a comprehensive developmental assessment through the following process:⁸

- Use of the Nipissing District Developmental Screen (NDDS) – a parent-completed developmental checklist designed to identify areas of concern requiring further attention
- Completion of the Rourke Baby Record (RBR) – an evidence-based guide to be used by primary health care workers in delivery of the EWBA
- Discussion on healthy child development with all parents, and the provision of information about local parenting and community programs that support healthy child development and early learning

- Provision of appropriate referrals to specialists and community services for those children identified with potential issues and needs using an Early Child Development and Parenting Resource System Pathway (see Appendix D)

The QIP should focus not only on the implementation of EWBA, but also on the quality of the visits conducted. Examples of quality indicators include:

- Documented comprehensive use of standardized screening tools (RBR and NDDS)
- Appropriate referrals to specialists and community services for children in need
- Use of an Early Child Development and Parenting Resource System Pathway (Ontario or community-specific version)
- Administration of appropriate 18-month immunizations

Specialized Fee Codes

In October 2009, the MOHLTC introduced new fee codes (A002 for family physicians and A268 for paediatricians) as an added incentive for conducting the EWBA. These fee codes are included in the OHIP Schedule of Benefits for Physician Services, and are valued at \$62.20 and \$62.40 respectively.⁹ This increased fee, compared to the general A007 fee code for well baby care valued at \$33.70,⁹ is intended to reflect the extra time necessary to conduct the enhanced appointment. The billing requirement to claim the enhanced fee code is documentation of a discussion of child development using an 18 month age-appropriate developmental screen, such as the RBR, and a parent-completed standardized tool, such as the NDDS.⁹

Monitoring the use of fee codes is an important component of the EWBA QIP, in order to ensure that billing procedures in primary health care practices accurately reflect service delivery, and that the outside-of-basket A002 fee code is being claimed where appropriate.

Instructions:



This toolkit recommends using the Plan, Do, Study, Act (PDSA)¹⁰ cycle of continuous improvement for the development of the EWBA QIP.

1. Plan

To begin, a primary health care practice should develop an EWBA implementation improvement plan. As this plan is developed, it may be helpful to refer to the example QIP process chart for Queen's Family Health Team included in Appendix A.⁷

The creation of this plan involves the following steps:

1.1 Identify team members

Establishing an interdisciplinary team is critical to the success of the EWBA QIP. This will involve ensuring that all staff positions – physicians, medical residents, nurses, other relevant health care professionals, clerical and administrative staff – are appropriately represented on the team. In particular, involvement of clerical staff is imperative to a successful intervention due to their responsibility in identifying eligible children, contacting parents, and ensuring that timely 18-month appointments are booked.⁷ To establish an EWBA team in a primary health care practice, the following steps should be taken:

- Appoint a lead coordinator to oversee and serve as the primary contact
- Ensure all relevant health professionals and staff positions are represented on the team
- Identify champions who will act as leaders within the practice (e.g., physicians, nurses, clerical and administrative staff)
- Identify who will be administering the EWBA (e.g., physicians, RNs, NPs, other health care professionals, combination)

1.2 Complete the EWBA Planning Guide

The Planning Guide (page 8) provides a step-by-step process to help primary health care practices develop a comprehensive EWBA QIP.

1.3 Complete Part 1 of the EWBA Measurement Tool

The Performance Measurement Planning Tool (page 10) is intended to provide primary health care practices with a systematic method to develop a measurement plan for the EWBA QIP.

Establishing baseline values is an important component of this Measurement Tool. The Planning Guide (page 8) will provide an outline of steps that can be taken to establish a primary health care practice's baseline performance.

Consistency is important when measuring indicators and tracking progress. All health care professionals and staff members involved in the EWBA QIP should be trained in compliance with a consistent methodology.

1.4 Educate health care professionals and staff members

All health care professionals and staff members should be informed about the EWBA QIP. Physicians, medical residents, nurses, and other relevant health care professionals who are responsible for conducting the EWBA should be sufficiently oriented to the specific target goals and quality improvement initiatives developed by the primary health care practice. An orientation session for clerical staff will ensure that quality improvement initiatives related to clerical responsibilities are successfully implemented.

1.5 Educate patients

Patient-centred care is one of the core themes identified by the MOHLTC for inclusion in primary care QIPs. In striving to improve patient experience, it is important to obtain patients' feedback on their experiences with the primary health care organization.¹¹ Parents and caregivers of young children eligible for the EWBA should be made aware of the QIP and their potential role in providing feedback on their experience with their child's EWBA. A patient/client satisfaction survey provides a systematic means for collecting feedback from caregivers on their satisfaction with the EWBA in the primary health care practice. Please refer to Appendix B for an example of an EWBA client satisfaction survey that could be used to gather this feedback in primary health care practices. This sample survey has been adapted from a client satisfaction survey developed by Queen's Family Health Team. Establishing a survey methodology is at the discretion of the individual primary health care practice. Possible survey methodologies would include a telephone survey or an in-practice survey with a drop box located in the waiting room. The MOHLTC provides general recommendations for conducting client satisfaction surveys in primary health care practices.¹²

2. Do

2.1 Identify eligible patients

In order to implement quality improvement initiatives, primary health care practices will need to identify those patients who are eligible for an EWBA. Patients between 17 and 24 months of age are eligible to receive the 18-month EWBA. Clerical queries to the EMR software can be conducted at regular intervals (e.g., beginning of every month) to identify children eligible for the EWBA.⁷

2.2 Execute the plan

Implement the quality improvement initiatives that the primary health care practice has developed. The lead coordinator should be responsible for overseeing these changes. Regular team meetings will assist with tracking progress and overcoming any challenges that are identified. This will help to ensure that team members remain engaged in the QIP process.

3. Study

3.1 Continuously track progress and review results

Complete *Part 2 of the Measurement Tool* (page 11). This Periodic Checkpoint Evaluation is intended to be completed routinely (e.g., every three months) in order to consistently track the primary health care practice's progress over time. Team meetings should be held (e.g., every three months) to review these results and assess the progress that has been made. Longitudinal, systematic monitoring of this data is necessary to ensure that efforts and resulting improvements continue, and that the primary health care practice does not experience a premature plateau. See Figure 1 below for an example of a visual representation of longitudinal, systematic monitoring.

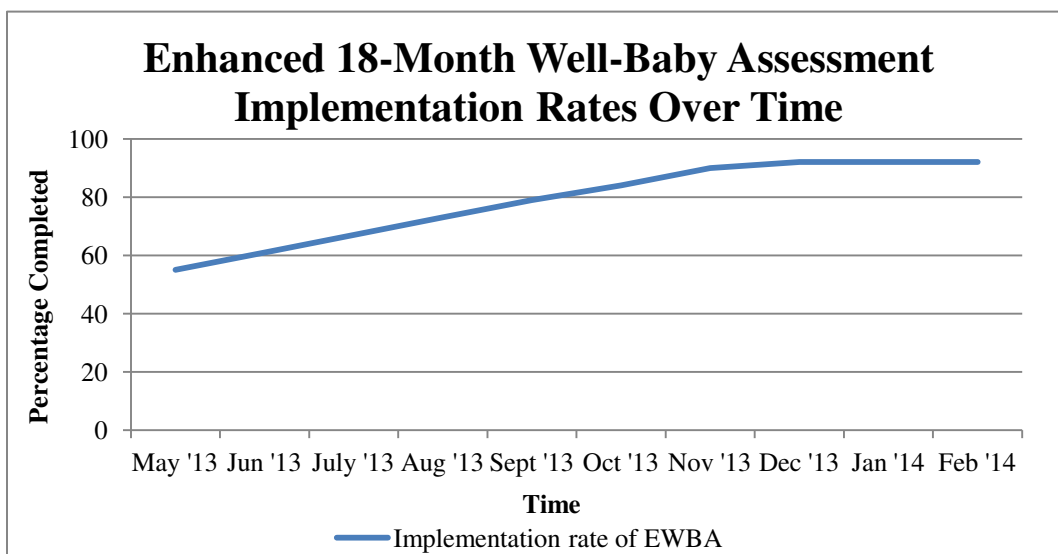


Figure 1. Longitudinal, systematic monitoring of EWBA implementation rates

3.2 Disseminate results

The results of routine evaluations can be shared among all staff members in the primary health care practice to keep them informed of progress made in improving the implementation and quality of the EWBA.

4. Act

4.1 Modify the plan, as necessary

Make any necessary adjustments to quality improvement initiatives based on feedback from the study phase. Ensure that all relevant health care professionals and staff members are updated regarding any changes to enable consistent practices and seamless care.

4.2 Evaluate the QIP

At the end of the fiscal year, evaluate the primary health care practice's EWBA QIP. *Part 3 of the Measurement Tool* (page 12) is provided for final evaluation purposes and can be completed in preparation for the final QIP report, and for planning subsequent quality improvement periods.

Planning Guide

This Planning Guide is intended to help primary health care practices develop a comprehensive EWBA QIP. As the step-by-step instructions are followed, please refer to the sample EWBA QIP (using the MOHLTC QIP template) that is included in Appendix C. The Performance Measurement Planning Tool (page 10) will also be a helpful resource when completing steps 1, 2 and 3 of the Planning Guide.

Step	Description	Instructions
1. Identify the objective and the measures/indicators	Ensure that the indicators selected are sufficiently detailed and measurement methodologies are clearly outlined.	State the objective of this quality improvement initiative:
		List the indicators that will be used: <ul style="list-style-type: none"> • • •
		Establish measurement methodologies: e.g., $\frac{\text{number of eligible patients who receive EWBA}}{\text{total number of eligible patients}}$
2. Establish baseline performance	Use the indicators identified in Step 1 to calculate baseline performance. <ul style="list-style-type: none"> • The reporting/query function in the EMR can be used • Chart audits may also be used to determine any relevant details of the EWBA's conducted (e.g., RBR, NDDS, immunizations, etc.) 	Calculate the baseline value for each indicator:
		Describe (in detail) the methods used to calculate baseline values for each indicator:

3. Identify the targets for the year	Effective targets are those that are challenging, while still being realistic and achievable. ¹³ Targets should be quantitative.	Identify the target for each indicator:
		Provide a justification for each target:
4. Determine the quality improvement initiatives the primary health care practice will implement	Quality improvement initiatives may vary depending on the structure of the primary health care practice. Recommended quality improvement initiatives include: <ul style="list-style-type: none"> • Incorporate routine, clerical EMR queries to identify eligible children and contact parents to schedule the appointment • Provide an enhanced 18-month appointment card at the 15-month appointment • Use the RBR and NDDS at every EWBA • Implement chart reminder system or EMR flags • Develop recall process for missed EWBA's and 18-month immunizations 	List the quality improvement initiatives that the primary health care practice will be implementing: <ul style="list-style-type: none"> • • •
5. Establish how these changes (Step 4) will be implemented	Identify the actions that must be taken to ensure that the quality improvement initiatives are implemented smoothly and successfully.	List the methods for the quality improvement initiatives identified in Step 4: <ul style="list-style-type: none"> • • •
6. Identify the goals of the quality improvement initiatives	Establish the goals that the primary health care practice intends to achieve, based on the quality improvement initiatives and the methods and process measures. These goals should relate to the overall objectives of the QIP initiative.	List the goals for the quality improvement initiatives identified in Step 4: <ul style="list-style-type: none"> • • •

Measurement Tool

1. Performance Measurement Planning

This measurement tool is intended to provide primary health care practices with a systematic method to develop a measurement plan for the EWBA QIP. This tool can be filled out while completing steps 1, 2 and 3 of the Planning Guide. Blank copies of the measurement tools are included for primary health care practice use in Appendix E. The following table provides examples of practical cases.

Indicator	Methodology	Baseline Performance Value	Target Performance Value
e.g., Percent of eligible patients (17-24 months of age) who receive an EWBA	<p>Numerator: e.g., number of eligible patients who receive EWBA</p> <p>Denominator: e.g., total number of patients eligible for the EWBA</p>	<p>e.g.,</p> $\frac{75 \text{ EWBA's conducted}}{100 \text{ eligible patients}}$ <p>= 75%</p>	e.g., 95% (20% improvement as stated in sample QIP)
e.g., Percent of EWBA's using Rourke Baby Record (RBR)	<p>Numerator: e.g., number of EWBA's using RBR</p> <p>Denominator: e.g., total number of EWBA's conducted</p>	<p>e.g.,</p> $\frac{42 \text{ EWBA's used RBR}}{75 \text{ EWBA's conducted}}$ <p>= 56%</p>	e.g., 86% (30% improvement as stated in sample QIP)
e.g., Percent of EWBA's using Nipissing District Developmental Screen (NDDS)	<p>Numerator: e.g., number of EWBA's using NDDS</p> <p>Denominator: e.g., total number of EWBA's conducted</p>	<p>e.g.,</p> $\frac{45 \text{ EWBA's used NDDS}}{75 \text{ EWBA's conducted}}$ <p>= 60%</p>	e.g., 90% (30% improvement as stated in sample QIP)

<p>Period Duration: How often will the checkpoint evaluation be conducted (e.g., every month, every three months, etc.)?</p>

2. Periodic Checkpoint Evaluation

This measurement tool is intended to be completed routinely (e.g., every three months) in order to consistently track the primary health care practice’s progress over time. It is up to the individual practice to decide how often this checkpoint evaluation should be conducted.

Period: (e.g., May 1st – August 1st)

Indicator	Period-End Result (Including Baseline)	Change from Baseline	Change from Last Period
e.g., Percent of eligible patients (17-24 months of age) who receive an EWBA	<p>Numerator: eligible patients who have received an EWBA (add baseline assessments and assessments conducted between day of baseline measurement and checkpoint measurement)</p> <p>Denominator: total patients eligible for the EWBA (add baseline eligible patients and patients eligible between day of baseline measurement and checkpoint measurement)</p> <p>e.g., 82%</p>	<p>Subtract baseline value from period-end result</p> <p>e.g., 82% - 75% = +7%</p>	<p>Subtract last period-end result from current period-end result</p> <p>e.g., N/A</p>
e.g., Percent of EWBA's using RBR	e.g., 65%	e.g., +9%	e.g., N/A
e.g., Percent of EWBA's using NDDS	e.g., 72%	e.g., +12%	e.g., N/A

General Period Evaluation:

Overall, how is the primary health care practice performing? What issues have arisen? How will these issues be addressed?

3. Final Evaluation

This measurement tool is intended to be completed in preparation for submission of the final QIP report and in planning for the next quality improvement period.

Indicator	Period-End Result (Including Baseline)	Change from Baseline	Change from Last Period
e.g., Percent of eligible patients (17-24 months of age) who receive an EWBA	Use the methodology outlined above to calculate this e.g., 95%	Subtract baseline value from period-end result e.g., 95%-75% = +20%	Subtract last period-end result from current period-end result e.g., 95%-89% = +6%
e.g., Percent of EWBA's using RBR	e.g., 86%	e.g., 86%-56% = +30%	e.g., 86%-79% = +7%
e.g., Percent of EWBA's using NDDS	e.g., 90%	e.g., 90%-60% = +30%	e.g., 90%-81% = +9%

Final Period Evaluation:

Overall, how did the primary health care practice perform over the final period?

Final Review of EWBA QIP:

How did the primary health care practice perform over the entire initiative?

Were targets achieved?

What other successes were achieved?

What major issues arose? How successful were efforts to mitigate these issues?

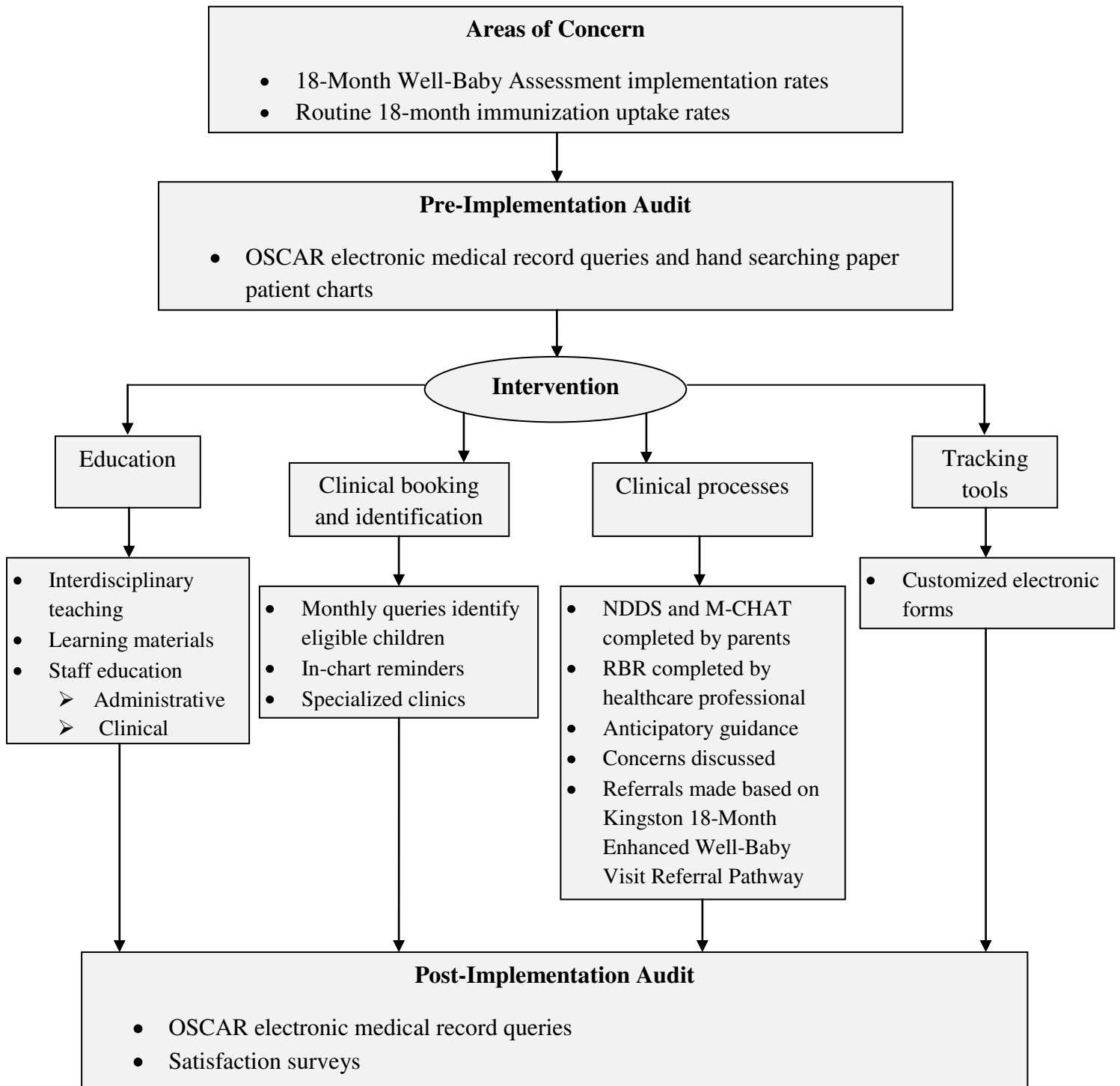
References

1. Public Health Leadership Council. Make no little plans: Ontario's public health sector strategic plan. Ministry of Health and Long-Term Care; 2013 Apr. Available from: http://www.health.gov.on.ca/en/common/ministry/publications/reports/make_no_little_plans/docs/make_no_little_plans.pdf.
2. Chief Medical Officer of Health. Maintaining the gains, moving the yardstick: Ontario health status report. Ministry of Health and Long-Term Care; 2011. Available from: http://www.health.gov.on.ca/en/common/ministry/publications/reports/cmoh_13/cmoh_13.pdf.
3. Ontario Ministry of Health and Long-Term Care. Quality improvement in primary care: supporting implementation of quality improvement plans. [updated 2013 Feb 22; cited 2013 May 21]. Available from: http://www.health.gov.on.ca/en/pro/programs/ecfa/legislation/qi_primary.aspx.
4. Cancer Care Ontario. Cancer screening quality improvement toolkit. [updated 2013 Mar 1; cited 2013 May 21]. Available from: <https://www.cancercare.on.ca/cms/one.aspx?portalId=1377&pageId=260577>.
5. Ontario Children's Health Network, Ontario College of Family Physicians. Getting it right at 18 months ... making it right for a lifetime: report of the Expert Panel on the 18-Month Well-Baby Visit. Toronto: Ontario Ministry of Children and Youth Services; 2005.
6. Guttman A, Klein-Geltink J, Kopp A, Cairney J. Uptake of the new fee code for Ontario's enhanced 18-month well-baby visit: a preliminary evaluation. *Inst Clin Eval Sci* 2011 Jun:1-9.
7. Catry V, Dowling D, Wowk C, Batchelor D, Martin D, Hall Barber K, Moore K. Improved implementation of the enhanced 18-month well-baby assessment: Kingston area primary care – public health partnership advances developmental health and well-being of children. *OMR* 2012 Sept:29-35.
8. Williams RC, Clinton J, Price DJ, Novak NE. Ontario's enhanced 18-month well-baby visit: program overview, implications for physicians. *OMR* 2010 Feb:23-7.
9. Ministry of Health and Long-Term Care. Schedule of benefits for physician services under the Health Insurance Act; 2013 Apr 1. Available from: http://www.health.gov.on.ca/english/providers/program/ohip/sob/physerv/physerv_mn.html.
10. Langlely GJ, Moen R, Nolan KM, Nolan TW, Norman CL, Provost LP. *The improvement guide: a practical approach to enhancing organizational performance*. 2nd ed. San Francisco (CA): Jossey-Bass; 2009.
11. Ontario Ministry of Health and Long-Term Care. 2013/14 quality improvement plan guidance document for Ontario's primary care organizations. Appendix 1: detailed information to complete your QIP; 2013 Jan. Available from: http://www.health.gov.on.ca/en/pro/programs/ecfa/docs/qi_pri_app1.pdf.
12. Ontario Ministry of Health and Long-Term Care. 2013/14 quality improvement plan guidance document for Ontario's primary care organizations. Appendix 2: patient/client surveys in primary care: recommendations; 2013 Jan. Available from: http://www.health.gov.on.ca/en/pro/programs/ecfa/docs/qi_pri_app2.pdf.

13. Ontario Ministry of Health and Long-Term Care. 2013/14 quality improvement plan guidance document for Ontario's primary care organizations. Appendix 4: target setting for the primary care QIP; 2013 Jan. Available from:
http://www.health.gov.on.ca/en/pro/programs/ecfa/docs/qi_pri_app4.pdf.

Appendix A: Queen's Family Health Team QIP Process

QFHT as a Standard for Quality Improvement Practices



Appendix B: Enhanced 18-Month Well-Baby Assessment Client Satisfaction Survey

1. Were you provided with a copy of the 18-month Nipissing District Developmental Screen (NDDS) to complete for your child?

- Yes
- No → Skip questions 2 and 3 and proceed straight to question 4
- I don't remember → Skip questions 2 and 3 and proceed straight to question 4

2. How comfortable were you in completing the NDDS for your child?

- Very comfortable
- Somewhat comfortable
- Neither comfortable nor uncomfortable
- Somewhat uncomfortable
- Very uncomfortable

3. Please comment on your experience completing the NDDS for your child. (i.e., easy to complete, did not have enough time, needed more guidance or explanation, etc.)

4. During the appointment, how satisfied were you with the health care provider's ability to address any concerns noted on the NDDS or any prior concerns you had regarding your child's development?

- Very satisfied
- Somewhat satisfied

- Neither satisfied nor dissatisfied
- Somewhat dissatisfied
- Very dissatisfied

5. During the appointment, how satisfied were you with the opportunity to ask the health care provider questions about your child's developmental health and well-being?

- Very satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Somewhat dissatisfied
- Very dissatisfied

6. During the appointment, were you provided with information about local community programs and resources that support healthy child development and early learning?

- Yes
- No → Skip question 7 and proceed straight to question 8
- I don't remember → Skip questions 7 and 8 and proceed straight to question 9

7. Did you contact or make use of any of the local community programs or resources recommended to you at the appointment?

- Yes → Skip question 8 and proceed straight to question 9
- No → Skip question 8 and proceed straight to question 9

8. You indicated that you did not receive information about local community programs and resources that support healthy child development. Would you have liked to receive this information?

- Yes
- No

9. Overall, how satisfied were you with your child's enhanced 18-month well-baby assessment?

- Very Satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Somewhat dissatisfied
- Very Dissatisfied

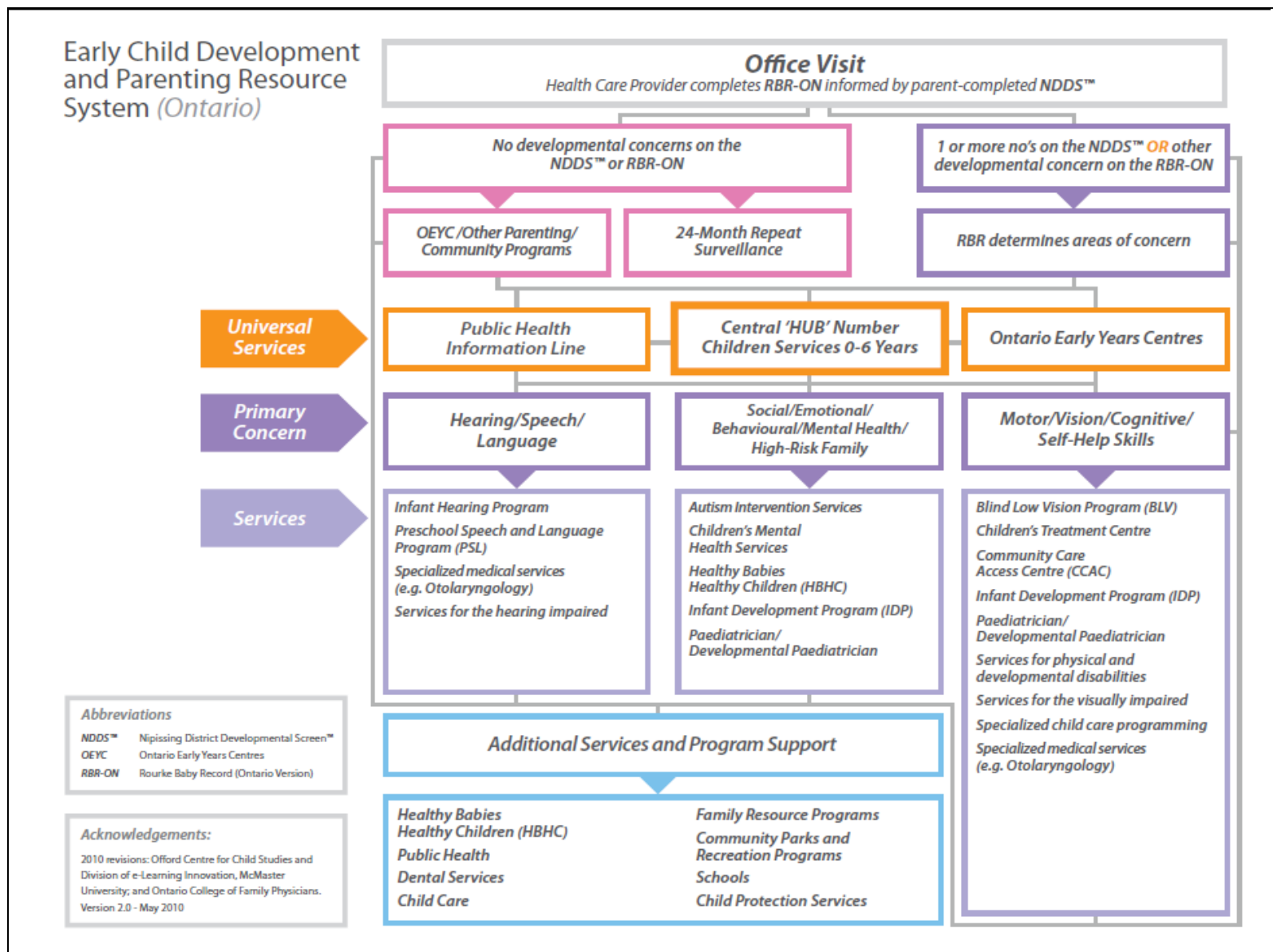
10. Do you have any additional comments or suggestions on how to improve the enhanced 18-month well-baby assessment?

Thank you very much for your time. If you have any questions or concerns about this survey, please contact *(insert name of lead coordinator for the EWBA QIP)* at *(insert appropriate contact information)*.

Appendix C: Enhanced 18-Month Well-Baby Assessment Sample QIP

AIM		MEASURE				CHANGE			
Quality dimension	Objective	Measure/Indicator	Current performance	Target for 2013/14	Target justification	Planned improvement initiatives (Change Ideas)	Methods and process measures	Goal for change ideas (2013/14)	Comments
Enhanced 18-Month Well-Baby Assessment	Ensure that all children receive an enhanced 18-month well-baby assessment (EWBA)	Percent eligible children who have received an EWBA Percent EWBA's using Rourke Baby Record (RBR) Percent EWBA's using Nipissing District Developmental Screen (NDDS)	Implementation: 75% RBR: 56% NDDS: 60%	Implementation: 95% (20% Improvement) RBR: 86% (30% Improvement) NDDS: 90% (30% Improvement)	By consistently implementing quality improvement initiatives, our primary health care practice can achieve significant improvements in our rates	1.) Create clerical query to EMR to identify children eligible for EWBA 2.) Call eligible patients to schedule EWBA 3.) Provide EWBA appointment card at 15-month appointment 4.) Use RBR and NDDS at every EWBA. Ensure all primary health care workers are educated about the importance and use of these standardized tools.	1.) Conduct birthdate EMR query at beginning of each month 2.) Call parents of all eligible children within the first week of the month to schedule appointment 3.) Create EWBA appointment card and provide to caregivers during check in at the 15-month appointment 4.) Obtain sufficient copies of the NDDS and RBR (electronic or paper)	1.) Ensure all eligible children are identified and contacted each month 2.) Schedule an EWBA for all eligible children 3.) Provide all caregivers with a reminder EWBA appointment card 4.) Ensure all primary health care workers consistently use RBR/NDDS	

Appendix D: Early Child Development and Parenting Resource System Pathway



Appendix E: Measurement Tools for Primary Health Care Practice Use

1. Performance Measurement Planning

Indicator	Methodology	Baseline Performance Value	Target Performance Value

Period Duration:
How often will the checkpoint evaluation be conducted (e.g., every month, every three months, etc.)?

2. Periodic Checkpoint Evaluation

Period: _____

Indicator	Period-End Result (Including Baseline)	Change from Baseline	Change from Last Period

General Period Evaluation:

Overall, how is the primary health care practice performing? What issues have arisen? How will these issues be addressed?

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3. Final Evaluation

Indicator	Period-End Result (Including Baseline)	Change from Baseline	Change from Last Period

Final Period Evaluation:

Overall, how did the primary health care practice perform over the final period?

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Final Review of EWBA QIP:

How did the primary health care practice perform over the entire initiative?

Were targets achieved?

What other successes were achieved?

What major issues arose? How successful were efforts to mitigate these issues?

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