Access and Flow

Measure - Dimension: Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Increase FHT allocation of resources and efficiency by offering Online appointment Booking option	C	Number / All patients	EMR/Chart Review / April 2024 - March 2025	20.00	100.00	4 Nurse Practitioners have implemented OAB recently. For this fiscal year we are setting the goal that each of them has at least two appointments booked online every month	

Change Ideas

Change Idea #1 Our Change idea for 2024/25 to increase uptake of OAB is to increase awareness this is available

Methods	Process measures	Target for process measure	Comments
Increased advertising using community partnerships (Municipal and county services), areas of the community with high foot traffic, and an in-house strategy of updating voicemails, email signatures and social media to raise awareness.	Number of OAB appointments booked reviewed quarterly at Quality Improvement Committee Meetings	100 appointments booked online total by March 2025	

Change Idea #2 Continue to collect email addresses and consents

Methods	Process measures	Target for process measure	Comments
Encourage providers and team support to update email status during patient interactions	amount of new email and email consents	500 new emails and email consents, consistent with 2022/23 and 2023/24	We are continuing to set our goal at 500 instead of increasing because the increase in emails collected to date has been through uptake of existing patients, without recruiting new patients, we expect that it will become more difficult to maintain this growth.

Equity

Measure - Dimension: Equitable

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of Ontario screen-eligible women who completed at least one Pap test in 42-month period QIP	C	Count / at-risk cohort Screen eligible population 21-69	OHIP,RPDB,CCO-OCR,CIHI, SDS / 2024/2025	CB	CB	We intend to target unattached patients and offer preventative screening care they would otherwise be unable to access. Although we are also offering this service to our rostered patients, we do not initially expect it to have a significant impact on current screening rates. However, we believe primarily focusing on unattached patients will be a more effective approach in offering equitable care to a larger population.	Canadian Mental Health (CMHA) Grey Bruce

Change Ideas

Change Idea #1 Promote self-referral to preventative care screening through patient communications (Social Media, Website, targeted messaging)

Methods	Process measures	Target for process measure	Comments
Posting regularly on facebook and our website information on how to self-refer. Create awareness in our local clinics and hospitals with flyers detailing service available, in spaces where appropriate patient demographics will see it. Create space on EMR form to evaluate effectiveness of promotion.	Track number of social media posts and location and effectiveness of poster placement. Have providers collect information at appointments on how patient became aware of program.	Collecting Baseline	

Change Idea #2 Identify priority groups for never screened/under-screened.

Methods	Process measures	Target for process measure	Comments
Use information in electronic medical record database to determine those patients that are not being followed by a physician and have an association with a Nurse Practitioner on the team, that are eligible for screening and, follow up with those that are overdue and promote the importance of cancer screening.	Proportion of eligible patients that are eligible, up to date, and overdue that are not associated with a physician and are associated with an NP.	Determine the amount that is currently eligible and overdue and aim to collect a baseline in order to improve upon.	

Change Idea #3 To create awareness of the program offering preventative care screening for those patients that are not rostered with a family doctor.

Methods	Process measures	Target for process measure	Comments
Determine what is the most effective outlet and methods to be advertising in the community to promote the programs offered to those currently not being followed by a Family Physician.	Quarterly meetings with QI members and program providers to generate ideas on the most efficient advertising locations and techniques to ensure that we are reaching all demographics of the surrounding community.	The amount of new patients that self-refer and are enrolled n the program for preventative screening.	

Measure - Dimension: Equitable

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of screening eligible patients up-to-date with a mammogram	C	Count / at-risk cohort Screen eligible patients aged 50-74	OHIP,RPDB,CCO-OCR,CIHI, SDS / 2024/2025	CB	CB	We intend to target unattached patients and offer preventative screening care they would otherwise be unable to access. Although we are also offering this service to our rostered patients, we do not initially expect it to have a significant impact off current screening rates. However, we believe primarily focusing on unattached patients will be a more effective approach in offering equitable care to a larger population.	Canadian Mental Health (CMHA) Grey Bruce

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Measure - Dimension: Equitable

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of eligible patients overdue for colorectal cancer screening QIP	C	Count / at-risk cohort	OHIP,RPDB,CCO-OCR,CIHI, SDS / 2024/2025	CB	CB	We intend to target unattached patients and offer preventative screening care they would otherwise be unable to access. Although we are also offering this service to our rostered patients, we do not initially expect it to have a significant impact on current screening rates. However, we believe primarily focusing on unattached patients will be a more effective approach in offering equitable care to a larger population.	Canadian Mental Health (CMHA) Grey Bruce

Change Ideas

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Change Idea #2 Identify priority groups for never screened/under-screened.

Methods	Process measures	Target for process measure	Comments
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Experience

Measure - Dimension: Patient-centred

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
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	O	% / PC organization population (surveyed sample)	In-house survey / Most recent consecutive 12-month period	96.85	97.00	Although we are happy with our results on this survey, we recognize the importance in continuing to strive towards keeping this measure high. Note: When using the QIP Calculate button, entering a Zero when we did not get that response returns an error that does not allow us to complete the indicator. This is why we had to put a 1 in the rarely and never boxes.	

Change Ideas

Change Idea #1	In 2023 the entire team has had the opportunity to take part in trauma-informed training. As a result of this, we are transitioning our feedback surveys from bi-annually to a shorter version that is sent out following every appointment. In situations where they answer no, we can immediately address their concerns.

Methods	Process measures	Target for process measure	Comments
By soliciting response more frequently, we intend to receive feedback from a larger proportion of our population.	Number of feedback surveys completed	Collect feedback from 200 surveys annually.	Total Surveys Initiated: 197

Change Idea #2 Patient Advisory Committee implementation

Methods	Process measures	Target for process measure	Comments
Recruit a diverse selection of our population to review and provide recommendations on concerns within their primary care	On our feedback surveys, provide opportunity to patients to join Patient advisory committee. Our primary target will be to raise awareness of the PAC. We will do this through measuring the number of patients who complete the survey.	200 patients completing the survey by March 2025. In addition we will collect baseline on number of patients providing their contact info for further information and number of patients recruited to the PAC.	

Measure - Dimension: Patient-centred

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Do patients/clients feel comfortable and welcome at their primary care office?	O	% / PC organization population (surveyed sample)	In-house survey / Most recent consecutive 12-month period	96.49	97.00	Following every appointment with our healthcare providers, we are sending a satisfaction survey to collect feedback	

Change Ideas

No Data Available