

Theme I: Timely and Efficient Transitions

Measure	Dimension: Timely							
Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators	
Percentage of screen eligible female patients aged 52 to 69 years who had a mammogram within the past two years.	A	% / PC organization population eligible for screening	OHIP,RPDB, CCO-OCR,CIHI, SDS / April 2020 – March 2021	65.20	67.00	We feel that the Target increase proposed is an achievable goal based on our current performance levels. We will continue to work on improving our performance.		

Change Ideas

Change Idea #1 In October during Breast Cancer Awareness Month, pull up a list from our EMR of patients who are overdue for screening and send reminders.

Methods	Process measures	Target for process measure	Comments
EMR data extraction for patients due for breast cancer screening. Email or phone call follow up to remind the overdue patients.	Percentage of patients overdue who are contacted for screening.	We intend to reach 80% of the over due patients.	 

Measure **Dimension:** Timely

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of female patients aged 23 to 69 years who had a Pap test within the previous three years.	A	% / PC organization population eligible for screening	OHIP,RPDB, CCO-OCR,CIHI, SDS / April 2020 – March 2021	64.30	66.00	We feel that the Target increase proposed is an achievable goal based on our current performance levels. We will continue to work on improving our performance.	

Change Ideas

Change Idea #1 In January during Cervical Cancer Awareness Month, pull up a list from our EMR of patients who are overdue for screening and send reminders.

Methods	Process measures	Target for process measure	Comments
EMR data extraction for patients due for cervical screening. Email or phone call follow up to remind the overdue patients.	Percentage of patients overdue who are contacted for screening	We intend to reach 80% of the over due patients.	 

Measure **Dimension:** Timely

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of screen eligible patients aged 52 to 74 years who had a FOBT/FIT within the past two years, other investigations (i.e., flexible sigmoidoscopy) or colonoscopy within the past 10 years.	A	% / PC organization population eligible for screening	OHIP,RPDB, CCO-OCR,CIHI, SDS / April 2020 – March 2021	73.90	75.00	We feel that the Target increase proposed is an achievable goal based on our current performance levels. We will continue to work on improving our performance.	

Change Ideas

Change Idea #1 In March during Colon Cancer Awareness Month, pull up a list from our EMR of patients who are overdue for screening and send reminders.

Methods	Process measures	Target for process measure	Comments
EMR data extraction for patients due for colorectal screening. Email or phone call follow up to remind the overdue patients.	Percentage of patients overdue who are contacted for screening	We intend to reach 80% of the over due patients.	 

Theme II: Service Excellence

Measure	Dimension: Patient-centred							
Indicator #4	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	P	% / PC organization population (surveyed sample)	In-house survey / April 2021 – March 2022	80.43	82.00	We feel that that Target increase proposed is achievable and we will continue to work on improving our performance. We will aim to reach beyond the proposed target level of patient satisfaction.		

Change Ideas

Change Idea #1 Posters to remind patients to asking questions about their care.

Methods	Process measures	Target for process measure	Comments
Will put up posters in various parts of the clinics to encourage patients to get involved in their own care and ask questions. Then survey patients to assess.	Percentage of patients who stated that their doctor or nurse practitioner would (always/often) involve them as much as they want to be in decisions about their care and treatment.	We will aim to receive completed surveys back from 8% (minimum) of the rostered patient population.	Total Surveys Initiated: 251  

Theme III: Safe and Effective Care

Measure	Dimension: Safe							
Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators	
Percentage of non-palliative patients newly dispensed an opioid prescribed by any provider in the health care system.	P	% / Patients	CAPE, CIHI, OHIP, RPDB, NMS / March 31, 2021	1.50	1.40	We are performing very well with this measure and we will aim to reach the proposed target level.		

Change Ideas

Change Idea #1 Patient education sessions regarding chronic pain management. Provider education sessions (through ECHO) regarding chronic pain management/opioid use.

Methods	Process measures	Target for process measure	Comments
Will run group education sessions on pain management for chronic pain patients. Will encourage providers (physicians and social workers) to complete some online educational sessions relating to chronic pain management.	Number of patients who attended the education sessions offered. Percentage of providers who attended the education sessions.	75% of providers attend the education sessions. Will aim to have 20 patients participate in the workshops (#s are based on workshops being run and number of participants allowed)	 