

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 eligible patients aged 23 to 69 years who had a Papanicolaou (Pap) smear within the previous three years.	C	% / Other	EMR/Chart Review / April 2021- March 2022	53.00	55.00	aligned with GWOHT, our primary care practice data and appropriately scaled for a covid recovery focused year.	Guelph Wellington OHT	

Change Ideas

Change Idea #1 Improving awareness of importance and availability of cervical cancer screening (including HPV immunization for cervical cancer prevention).

Methods	Process measures	Target for process measure	Comments
Test email, social media and other marketing options for increasing awareness of cervical Ca screening	a) # of emails sent re: ca screening/HPV immunization b) # of marketing initiatives	a) 1000 for all cancers b) 4	

Change Idea #2 Active reminders

Methods	Process measures	Target for process measure	Comments
Design, test, and implement methods for active reminders for cancer screening	a) Active reminders created and tested. b) # of physicians/NPs/PAs participating in active reminders.	a) Y b) 10"	

Measure **Dimension:** Timely

Indicator #2	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.	C	% / Other	EMR/Chart Review / April 2021 - March 2022	51.00	55.00	aligned with GWOHT, our primary care practice data and appropriately scaled for a covid recovery focused year.	

Change Ideas

Change Idea #1 Design a data process to understand the rate of “incomplete” colon cancer screening despite referral.

Methods	Process measures	Target for process measure	Comments
Understand baseline data for FOBT/FIT requisition with incomplete testing	% of incomplete tests after requisition	No target - exploratory.	

Change Idea #2 Improving awareness of importance and availability of colon cancer screening.

Methods	Process measures	Target for process measure	Comments
Test email, social media and other marketing options for increasing awareness of colon Ca screening	a) # of emails sent re: ca screening b) # of marketing initiatives"	a) 1000 for all cancers b)4 marketing initiatives	

Change Idea #3 Active reminders

Methods	Process measures	Target for process measure	Comments
Design, test, and implement methods for active reminders for colon cancer screening	a) Active reminders created and tested. b) # of physicians/NPs/PAs participating in active reminders.	a) Testing complete b) 10 physicians/NPs/PAs	

Measure **Dimension:** Timely

Indicator #3	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.	C	% / Other	EMR/Chart Review / April 2021 - March 2022	48.00	52.00	aligned with GWOHT, our primary care practice data and appropriately scaled for a covid recovery focused year.	Guelph Wellington OHT

Change Ideas

Change Idea #1 Improving awareness of importance and availability of breast cancer screening access in our community.

Methods	Process measures	Target for process measure	Comments
Test email, social media and other marketing options for increasing awareness of breast Ca screening	a) # of emails sent re: ca screening b) # of marketing initiatives"	a) 1000 for all cancers b)4 initiatives	

Change Idea #2 Active reminders

Methods	Process measures	Target for process measure	Comments
Design, test, and implement methods for active reminders for cancer screening	a) Active reminders created and tested. b) # of physicians/NPs/PAs participating in active reminders.	a) Reminders created and tested (Y) b) 10 NPs/MDs/PAs	

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	94.16	94.16	This measure is important for us to watch and maintain. We anticipate a higher response rate this year.	

Change Ideas

Change Idea #1 Increase knowledge, skill and confidence on topics related to equity and healthcare.

Methods	Process measures	Target for process measure	Comments
1. Understand the learning priorities related to equity for UGFHT 2. Offer learning opportunities for UGFHT staff, physicians and office staff.	1. Identification of learning priorities 2a. # of learning sessions/topics participated in by FHT staff/physicians/office staff. 2b. % of FHT staff with at least 2 hours of training complete	1. Complete 2a. 4 2b. 75%	Total Surveys Initiated: 159

Change Idea #2 Review and improve survey mechanisms

Methods	Process measures	Target for process measure	Comments
1. Review and update survey questions 2. Increase response rate of patient survey through multiple approaches (email, business cards etc)	1. Project completion (Y/N) 2. # patient survey responses	1. Survey updated 2. 300	

Equity

Measure Dimension: Equitable

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Median wait time for mental health services from time of referral to initial appointment.	C	Days / Other	EMR/Chart Review / April 2021-March 2022	110.00	80.00	Previous target for UGFHT has been 60 days. We have adjusted this upwards to be more representative of current state while still leaving room for improvement.	

Change Ideas

Change Idea #1 Improve intake and booking processes through clinical admin processes.

Methods	Process measures	Target for process measure	Comments
Test clinical admin function to streamline intake and scheduling processes (focus on wait times and no show rate).	a) # of disciplines that make improvements in booking processes. b) % of no-show for MH	a) 3 programs/discipline. b) <15%"	

Change Idea #2 Streamline and add consistency to referral processes

Methods	Process measures	Target for process measure	Comments
Ensure referrers have access to accurate and current program wait times through referral methods and integrated information systems.	# of referral form reviews to make improvements.	12 Reviews (Monthly)	