

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 persons aged 23 to 69 years who had a Papanicolaou (Pap) smear within the previous three years.	C	% / Other	EMR/Chart Review / April 2022- March 2023	57.00	60.00	aligned with GWOHT, our primary care practice data and appropriately scaled for a covid recovery focused year.	

Change Ideas

Change Idea #1 Improving awareness of importance and availability of cervical cancer screening.

Methods	Process measures	Target for process measure	Comments
Test email, social media and other marketing options for increasing awareness of cervical Ca screening	1a) # of emails sent re: ca screening 1b) # of marketing initiatives	1a) 300 emails sent 1b) 4 initiatives	

Change Idea #2 Individualized office/physician approaches to improving ease of access for PAP testing.

Methods	Process measures	Target for process measure	Comments
Support offices to adopt individualized approaches based on tested improvements such as blitzes, online booking, and email communications.	# of physicians/NPs/PAs participating in initiatives to increase access to PAP booking (i.e. online booking, pap clinic days, or email reminders).	15 physicians, NPs and PAs will participate.	

Measure **Dimension:** Timely

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of screen eligible persons aged 52 to 69 years who had a mammogram within the past two years.	C	% / Other	EMR/Chart Review / April 2022 - March 2023	61.00	63.00	Aligned with GWOHT, our primary care practice data and appropriately scaled for a covid recovery focused year.	Guelph Wellington OHT, Groves Memorial Community Hospital

Change Ideas

Change Idea #1 Improving awareness of importance and availability of breast cancer screening.

Methods	Process measures	Target for process measure	Comments
Test email, social media and other marketing options for increasing awareness of breast Ca screening	1a) # of emails sent re: ca screening 1b) # of marketing initiatives	1a) 300 emails 1b) 4 marketing initiatives	

Change Idea #2 Collaborative Process development with imaging department at local hospital (Groves Memorial Hospital - WHCA)

Methods	Process measures	Target for process measure	Comments
Design, and test a collaborative processes for increasing rates of mammograms done at local imaging departments.	Collaborative processes created and tested with our local hospital partner.	Yes. New collaborative processes will be developed.	

Theme II: Service Excellence

Measure Dimension: Patient-centred

Indicator #3	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 2022 - March 2023	95.83	96.00	This measure is important for us to watch and maintain. We anticipate a higher response rate this year which may actually result in a reduction on this metric due to hearing from a more diverse group of patients.	

Change Ideas

Change Idea #1 Hear from our community

Methods	Process measures	Target for process measure	Comments
Test and share methods of survey distribution through our community.	1a) # of survey distribution approaches 1b) # of email invitations to complete the survey. 1c) # of survey responses	1a) 3 approaches 1b) 500 invitations 1c) 200 responses	Total Surveys Initiated: 48

Change Idea #2 Share our results with our staff and FHO partners

Methods	Process measures	Target for process measure	Comments
Develop a template for sharing responses with FHT staff, leadership and clinics	2a) Data distribution method created (Y/N) 2b) # of times data was shared with leadership, clinics, and staff teams	2a) Yes 2b) Data will be shared 6 times.	

Equity

Measure Dimension: Equitable

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percent of patients who stated that they had experienced or observed oppression while at UGFHT/FHO clinics.	C	% / PC organization population (surveyed sample)	Other / April 2022 – March 2023	CB	CB	This measure is new to Upper Grand FHT and will be connected to our survey uptake.	

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. Identify the learning priorities related to equity for UGFHT 2. Offer learning opportunities for UGFHT staff, physicians and office staff.	1. Identification of learning priorities by exploring survey responses and community demographics. (Complete/incomplete) 2. % of FHT staff participating in EDI training.	1. Complete 2. 100%	

Change Idea #2 Put mechanisms in place to adopt GDEI Benchmarks

Methods	Process measures	Target for process measure	Comments
1. Establish EDI Committee at UGFHT as an ongoing, permanent committee. 2. Assess baseline for GEDI Benchmarks 3. Improve EDI Benchmarks	1. Y/N 2. Baseline completed 3. % of level 3 benchmarks achieved.	1. Y 2. # of benchmarks met 3. 75% of level 3 benchmarks achieved (45/60)	