

Access and Flow

Measure - Dimension: Efficient

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% of patients who reported the wait times for appointments to be reasonable or somewhat reasonable.	C	% / PC organization population (surveyed sample)	In house data collection / April 2023 - March 2024	88.00	90.00	This is a new improvement area for us and we set our target modestly as we acknowledge that we are still putting significant effort into increasing responses to the survey and with reaching a broader cross section of our patient population, we acknowledge that this may lead to stability or even a decrease in our performance on this indicator.	

Change Ideas

Change Idea #1 Supporting digital health initiatives that promote patient access and choice.

Methods	Process measures	Target for process measure	Comments
1) We will continue to support the use of online booking for physician/NP/PA practices.	1a) # of appointments booked online % of clinicians (MDs, NPs, PAs) participating in online booking.	1a) TBD 1b) 50% participating	

Change Idea #2 Improve awareness of booking options for patients

Methods	Process measures	Target for process measure	Comments
Improve the awareness of options for online booking for patients through social media, email and other community channels.	# of communications about existing online booking opportunities.	3 communications informing the public of options for online booking where available.	

Equity

Measure - Dimension: Equitable

Indicator #3	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)	In house data collection / April 2023 - March 2024	3.30	0.00	We continue to work to improve our survey responses especially from those in marginalized or underserved groups. As we continue to grow our survey responses, ensure that our questions are clear and easily understood we anticipate that we will have a similar response rate. Despite this, we set our target at 0% as a reminder to us and our organization that no experiences of oppression or racism are acceptable.	

Change Ideas

Change Idea #1 Improve our data collection of sociodemographic data

Methods	Process measures	Target for process measure	Comments
1) Improve our survey questions to ensure clarity and safety in responses. 2) Review the processes for and the use of the health equity questionnaire with Upper Grand FHT physicians and practices.	1) Survey questions reviewed and updated to improve response data and meaningful responses. 2) A process has been tested and designed to collect information using the health equity questionnaire.	1) Complete 2) Complete	We support the proposed measure by Ontario Health but propose that it is an activity that supports the decrease of patient experiences of oppression and racism at UGFHT and therefore put it as a process measure.

Change Idea #2 Improve staff education around EDI initiatives.

Methods	Process measures	Target for process measure	Comments
1) Encourage staff to prioritize EDI training by protecting a % of all staff's education allocation to be used for EDI training. 2) Learn with our clinic and practice partners by sharing learning and offering joint learning opportunities.	1) % of UGFHT staff participating in EDI training. 2) # of joint or shared learning opportunities with our UGFHO clinics and physicians.	1) 85% of staff 2) 3 joint or shared learning opportunities	We support the proposed measure by Ontario Health but propose that it is an activity that supports the decrease of patient experiences of oppression and racism at UGFHT and therefore put it as a process measure.

Experience

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	O	% / PC organization population (surveyed sample)	In-house survey / Most recent consecutive 12-month period	86.59	87.00	This measure is important for us to watch and maintain. We anticipate a higher response rate this year which may continue to 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.	1) # of survey distribution/awareness approaches 2) # of email invitations to complete the survey. 3) # of survey responses 4) Understand reasons or circumstances when respondents indicate not having been involved through the addition of a comments field.	1) 4 distribution methods 2) 800 email invitations 3) 700 responses this fiscal year 4) Having an understanding of experience of involvement through a comment box.	Total Surveys Initiated: 546 This improvement project has ongoing work as we move into spread and scale. Since testing and successfully identifying several models of survey distribution we look forwards to continuing to improve this work until we are hearing from many more in our community.

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

Methods	Process measures	Target for process measure	Comments
Refine and share results with all clinics with participating patients.	# of clinics receiving customized patient survey feedback for use in their practices.	5 clinics receiving customized reports.	

Safety

Measure - Dimension: Effective

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Rate of oral antibiotic initiation per 1,000 encounters among patients 66 years of age and older within a 6-month reporting period	C	Rate / Other patients 66 years of age and older within a 6-month reporting period	Other / April 1st, 2022 - Mach 31st, 2023	114.08	110.00	This is a new area of improvement for us this year. This data is from the Primary Care Practice report which is not as real-time as we would like, but we do anticipate a reduction in this measure as we look towards a local proxy measure using EMR data.	

Change Ideas

Change Idea #1 Understand local EMR data for antibiotic prescribing at UGFHT/FHO

Methods	Process measures	Target for process measure	Comments
1. Design and test EMR searches to understand antibiotic prescribing 2. Analyze data from local searches to understand community level prescribing practices (conditions, location of prescriber etc.)	1. Searches designed and tested 2. Understanding of local FHT/FHO antibiotic prescribing complete	1. Yes - completed 2. Yes - completed	This is a new area of improvement for us this year. This data is from the Primary Care Practice report which is not as real-time as we would like and not specific enough to help us focus our improvements (condition etc.). We look forwards to exploring if a local proxy measure using EMR data can help us understand our local context in more detail.

Change Idea #2 Improving awareness and education about antibiotic prescribing.

Methods	Process measures	Target for process measure	Comments
1. Understanding and encouraging the use of OH-HQO MyPractice reports by physicians. 2. Share relevant resources related to antibiotic prescribing.	1. % of physicians registered to receive my practice report. 2. # of educational resources shared with prescribers.	1. 80% of physicians 2. 3 resources shared.	