Access and Flow

Measure - Dimension: Timely

Indicator #9	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Patient/client perception of timely access to care: percentage of patients/clients who report that the last time they were sick or had a health problem, they got an appointment on the date they wanted	P	% / PC organization population (surveyed sample)	In-house survey / Most recent consecutive 12-month period	77.00	75.00	Based on current performance trends and ongoing improvements in advance access, a 15% increase in the target feels reasonable and achievable.	

Change Ideas

Change Idea #1 Monitor TNA data to support flagging providers who would benefit from schedule combing.

Methods	Process measures	Target for process measure	Comments
TNA data reviewed monthly by PC QI team to flag providers who would benefit from schedule combing, discussion to proactively address impending schedule changes or other challenges. Admin team notified of any changes and freed-up appointment time slots are flagged in EMR as "combed" spots to be filled.	Impact on TNA for participating providers.	TNA <10 days among providers participating in schedule combing.	

Change Idea #2 Add more same-day (SD) holds in providers' schedules. Continue to implement SD procedure for cancelled appointments.

Methods	Process measures	Target for process measure	Comments
Add 2 hrs SD holds on Wed/Thu/Fri, and 1 hr on Mon/Tue for each provider. Cancelled appointments are subsequently flagged in EMR as SD appointment time slots to be filled.	# SD appointments booked (within 0-2 days) per month. % appointments with type "SD" booked within 0-2 days.	15% increase in average # SD appointments booked per month (~130). 85%+ of appointments with type "SD" booked within 0-2 days.	

Measure - Dimension: Timely

Indicator #10	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of hospital discharges where the rostered client was followed-up by a primary care provider within 7 days for select conditions.	C	% / PC org population discharged from hospital Select conditions: pneumonia, diabetes, stroke, GI, COPD, CHF, cardiac	IDS (DAD;CHC) / Most recent 12-month period	17.00	50.00	Target has been maintained to drive improvement through ongoing advance access initiatives. Goal remains to achieve above Ontario CHC average (34.4% based on most recent 2024 Alliance Practice Profile Report).	

Change Ideas

Change Idea #1 Monitor workflow that includes RPN as potential contact within 7 days post discharge.

Methods	Process measures	Target for process measure	Comments
Scheduled EMR search of clients with recent hospital discharge completed by RPN. RPN completes phone encounter and books client for appointment with MD/NP.	# hospital discharges (select conditions). # follow-up encounters completed by RPN (within 30 days). % 7-day follow-up by RPN. % 7-day follow-up by MD/NP. % 7-day follow-up by MD/NP/RPN. Median days to first follow-up by MD/NP/RPN (within 30 days).	Collecting baseline data for process measures - based on HRM Inpatient Discharge eNotifications received.	Discharge notification reports primarily received through HRM and reviewed by MD/NP prior to RPN involvement. Continue to use IDS as primary data source for regular monitoring of overall performance.

Measure - Dimension: Timely

Indicator #11	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Number of clients enrolled in the Caring for My COPD Program.	C	Count / Clients Clients with COPD diagnosis	EMR/Chart Review / Apr 2026 - Mar 2027	174.00	250.00	Aligns with funding agreement.	

Change Ideas

Change Idea #1 Monitor workflow for timely confirmation/diagnosis of COPD following spirometry testing.

Methods	Process measures	Target for process measure	Comments
Internal referral to CRE for spirometry > Spirometry completed and results shared back to PCP to confirm findings > COPD diagnosis may be confirmed > referral to COPD program, where applicable. CRE to provide 1-on-1 education and re-offer referral to clients who initially decline program.	# clients referred to COPD program by CRE. % referred clients who enroll in COPD program.	Collecting baseline data for process measures.	

Change Idea #2 Outreach activities to improve access to services: Engage primary care providers to increase program referrals. Launch an offsite program location to better support participants facing transportation barriers.

Methods	Process measures	Target for process measure	Comments
Target sites for outreach activities (e.g., office visits, presentations, information packages). Continue to track source of referral by provider type. Offsite program option offered.	# outreach activities. % program referrals from primary care source (external and internal). # clients enrolled at offsite location.	Aim for 20-25% referrals from primary care source.	

Equity

Measure - Dimension: Equitable

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Completion of sociodemographic data collection	O	% / Patients	EMR/Chart Review / Most recent consecutive 12-month period	76.00	80.00	Multi-year, staged approach to working towards the theoretical best target of 100%.	

Change Ideas

Change Idea #1 Identification and outreach to collect or update sociodemographic data among active clients.

Methods	Process measures	Target for process measure	Comments
Generate quarterly report that identifies active clients missing or overdue for sociodemographic data. For clients with upcoming in-person appointment: flag clients in EMR to prompt staff to provide form at check-in. For clients with upcoming virtual appointment or no upcoming appointment: outreach supported by students and admin during targeted periods (e.g., summer blitz - phone/email).	% clients with upcoming in-person appointment flagged in EMR. % clients on outreach list contacted. Response rate among clients contacted via outreach methods.	Collecting baseline data for process measures.	

Measure - Dimension: Equitable

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of screen-eligible clients who received or were offered cervical cancer screening.	C	% / PC organization population eligible for screening	EMR/Chart Review / Within screening interval for reporting year	67.00	75.00	Based on MSAA targets.	

Change Ideas

Change Idea #1 Reach out to eligible clients to ensure testing is being offered.

Methods	Process measures	Target for process measure	Comments
Generate list of clients by provider who are due/overdue each quarter using EMR reporting tool and recall them for screening. Include quarterly screening performance report. Utilize EMR reminder system. Promote Mobile Screening bus. MSAA documentation refresher training. Gynecology clinic initiated in partnership with St Joe's Department of Obstetrics & Gynecology.	Monitor recall and reminder rates. # clients who were offered screening. % who completed screening.	75% eligible clients completed or were offered screening. Refresher training completed.	

Measure - Dimension: Equitable

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of screen-eligible clients who received or were offered colorectal cancer screening.	C	% / PC organization population eligible for screening	EMR/Chart Review / Within screening interval for reporting year	65.00	70.00	Based on MSAA targets.	

Change Ideas

Change Idea #1 Reach out to eligible clients to ensure screening is being offered - additional support for client recall by Prevention Specialist (Health Promotion team)

Methods	Process measures	Target for process measure	Comments
Generate list of clients by provider who are due/overdue each quarter using EMR reporting tool and recall them for screening. Include quarterly screening performance report. Utilize EMR reminder system. Promote Mobile Screening bus. MSAA documentation refresher training.	Monitor recall and reminder rates. # clients who were offered screening. % who completed screening.	70% eligible clients completed or were offered screening. Refresher training completed	

Measure - Dimension: Equitable

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of screen-eligible clients who received or were offered breast cancer screening.	C	% / PC organization population eligible for screening	EMR/Chart Review / Within screening interval for reporting year	65.00	55.00	Based on MSAA targets.	

Change Ideas

Change Idea #1 Reach out to eligible clients to ensure screening is being offered - additional support for client recall by Prevention Specialist (Health Promotion team).

Methods	Process measures	Target for process measure	Comments
Generate list of clients by provider who are due/overdue each quarter using EMR reporting tool and recall them for screening. Include quarterly screening performance report. Utilize EMR reminder system. Promote Mobile Screening bus. MSAA documentation refresher training.	Monitor recall and reminder rates. # clients who were offered screening. % who completed screening.	55% eligible clients completed or were offered screening. Refresher training completed.	

Safety

Measure - Dimension: Safe

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of rostered clients with diabetes aged 18+ who had diabetic foot ulcer risk assessment within last 12 months.	C	% / patients with diabetes, aged 18 or older	EMR/Chart Review / Most recent 12-month period	39.00	60.00	We consider 60% to remain an appropriate target to drive improvement through ongoing optimization of interprofessional care strategies.	

Change Ideas

Change Idea #1 Reach out to eligible clients to ensure foot screening is being offered.

Methods	Process measures	Target for process measure	Comments
Generate list of clients by provider who are due/overdue each quarter using EMR reporting tool and recall them for foot screening - list shared with PC and DEP teams. DEP team documenting any barriers identified. Utilize EMR reminder system.	% clients on recall list who receive at least one outreach attempt. % clients successfully reached. % clients with screening booked.	40% clients on recall list receive at least one outreach attempt within subsequent quarter.	

Measure - Dimension: Safe

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of rostered clients with diabetes aged 18+ with at least one HbA1c test completed within the last 6 months.	C	% / patients with diabetes, aged 18 or older	EMR/Chart Review / Most recent 6 -month period	51.00	60.00	We consider 60% to remain an appropriate target to drive improvement through ongoing optimization of interprofessional care strategies.	

Change Ideas

Change Idea #1 Reach out to eligible clients to ensure testing A1c is being offered.

Methods	Process measures	Target for process measure	Comments
Generate list of clients by provider who are due/overdue each quarter using EMR reporting tool and recall clients for HbA1c testing and book follow-up appointment - list shared with PC and DEP teams. DEP team documenting any barriers identified. Utilize EMR reminder system.	% clients on recall list who receive at least one outreach attempt. % clients successfully reached. % clients with active (last 6 months) HbA1c requisition.	40% clients on recall list receive at least one outreach attempt within subsequent quarter.	

Measure - Dimension: Safe

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of rostered clients taking 2+ medications with documented medication reconciliation in the last 12 months.	C	% / PC patients/clients	EMR/Chart Review / Most recent 12-month period	54.00	50.00	We will maintain the current target to ensure sustained and stable improvement before adjusting expectations.	

Change Ideas

Change Idea #1 Pharmacist supporting medications chart clean-up.

Methods	Process measures	Target for process measure	Comments
List of clients due for medication reconciliation with priority subgroups identified (e.g., 10+ active medications, 65+ years old). Pharmacist to conduct medication chart reviews and document medication reconciliation.	# medication reconciliations documented in EMR. % clients from prioritized subgroups with medication reconciliation completed.	Collecting baseline for process measures.	

Measure - Dimension: Safe

Indicator #8	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
# of new clients using the online appointment booking system.	C	Number / PC patients/clients	EMR/Chart Review / Apr 2026 - Mar 2027	148.00	300.00	We will maintain the current target while monitoring adoption and refining engagement strategies.	

Change Ideas

Change Idea #1 Improve the online booking template to enhance usability and overall user experience.

Methods	Process measures	Target for process measure	Comments
Feedback survey link available to OAB users after online booking. Review feedback for themes. Implement improvements based on feedback, where possible. Promote OAB availability to primary care clients.	# survey responses collected. % completed appointments booked through OAB system. % active PC clients using OAB system. % appointments booked online resulting in no shows.	Client feedback incorporated into OAB improvements. Collecting baseline for other measures.	