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	53.60	58.00	Pre-COVID performance	

Change Ideas

Change Idea #1 Send SMS reminders to women due for mammograms with information for Screen for Life Coach

Methods	Process measures	Target for process measure	Comments
1) Using EMR queries, generate lists of patients due for mammograms and consenting to SMS reminders 2) Send SMS reminders prior to dates of Screen for Life coach visits to communities in the catchment area.	1) Number of text reminders sent to women due for mammograms	2) 200 reminders sent by June 30, 2022	

Change Idea #2 Improve opportunistic promotion of breast cancer screening and referrals for mammograms when patients due present at the clinic

Methods	Process measures	Target for process measure	Comments
1) Determine particular types of appointments at which breast cancer screening can be promoted 2) Create a process for flagging patients due at these pre-identified appointments and have self-referral for Screen for Life Coach information readily available for patients 3) Encourage referral of patients to BETTER program	1) Number of patients completing mammograms per quarter outside of Screen for Life Coach dates 2) Number of patients seen by health promoter as part of BETTER program	1) 40 patients per quarter completing mammograms by December 31, 2022 2) 20 patients per quarter seen by December 31, 2022	

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	52.90	65.00	Pre-COVID performance	

Change Ideas

Change Idea #1 Reinstate Pap tests provided by RPN/RN

Methods	Process measures	Target for process measure	Comments
1) local physicians to provide Pap test training to new RPN/RN 2) Pap tests to be booked into RPN/RN schedules	1) number of Pap tests per quarter completed by RPN/RN	1) 60 Paps per quarter by December 2022	

Change Idea #2 Host evening and afternoon Pap clinics with multiple providers

Methods	Process measures	Target for process measure	Comments
1) Work with physicians and nursing staff to identify dates for Pap clinics when multiple providers, potentially including medical students, can provide Pap tests 2) Promote Pap only clinic dates via social media and local newspaper and radio station 3) Send SMS reminders with clinic dates and times to patients due for Paps	1) number of Pap clinics scheduled and completed 2) number of Paps completed at Pap clinics	1) 1 Pap clinic completed by the end of September 2022 2) 40 Paps completed at clinics by the end of September 2022	

Change Idea #3 Recall patients due for Paps

Methods	Process measures	Target for process measure	Comments
1) generate monthly lists of patients due/overdue that month 2) send SMS reminders to patients consenting to text reminders 3) have summer student and other administrative staff call patients due and book appointments	1) number of Paps completed per quarter	1) 60 Paps completed per quarter by December 2022	

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	57.90	61.00	Pre-COVID performance	

Change Ideas

Change Idea #1 Send SMS reminders to patients due for FITs

Methods	Process measures	Target for process measure	Comments
1) Generate quarterly lists of patients consenting to SMS reminders who are due for FITs 2) Send SMS reminders with information on how to request a FIT requisition via email or phone call to MFHT	1) number of FIT requisition requests received by email per month 2) number of SMS reminders sent per quarter	1) 20 FIT requisition requests via email per month by December 31, 2022 2) 100 SMS reminders sent per quarter by December 31, 2022	

Change Idea #2 Improve opportunistic identification of patients due for FITs and sending requisitions at time of presentation to the clinic for other types of appointments

Methods	Process measures	Target for process measure	Comments
1) Determine particular types of appointments at which colorectal cancer screening can be promoted 2) Create a process for flagging patients due at these pre-identified appointments and have information readily available for patients and providers for requisition completion 3) Encourage referral of patients to BETTER program	1) Number of patients completing FITs per quarter 2) Number of patients seen by health promoter as part of BETTER program	1) 50 patients per quarter completing FITs by December 31, 2022 2) 20 patients per quarter seen by December 31, 2022	

Change Idea #3 Improve communication to patients that FITs must be completed within 6 months; if they are submitted after that time they will be rejected.

Methods	Process measures	Target for process measure	Comments
1) Provide patients with information at time of requisition submission that the FIT must be completed within 6 months 2) Provide information via social media and other local media about FITs in terms of requesting requisitions and timelines for FIT completion for a valid test.	1) number of rejected FITs per quarter 2) number of media posts related to FITs per quarter	1) less than 5 rejected FITs per quarter 2) 2 posts per quarter by December 31, 2022	

Measure

Dimension: Timely

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% patients with email address in chart	C	% / All patients	EMR/Chart Review / 2022/23	44.70	60.00	It is expected that not all patients will have an email or consent to have their email address on file, but reasonable to assume 60% would be attainable.	

Change Ideas

Change Idea #1 Review and update email policy

Methods	Process measures	Target for process measure	Comments
1) Review current patient email communication policy 2) Request and review sample patient email communication policies from other primary care clinics. 3) Revise current MFHT policy to be in line with current privacy legislation for various types of communication with patients via email.	1) Number of sample policies reviewed. 2) New MFHT policy completed	1) 3 sample policies reviewed by September 30, 2022 2) Draft MFHT policy completed by October 31, 2022 3) Final policy completed by November 30, 2022	

Change Idea #2 Determine next steps to update patient charts with emails and emails consents.

Methods	Process measures	Target for process measure	Comments
1) Meet with administration to brainstorm ideas for how to most efficiently update emails and email consents. 2) Trial one or more ways to update emails and email consents.	1) number of meetings with administration 2) number of updated emails and email consents added to EMR per quarter	1) 2 meetings with administration by December 31, 2022. 2) 30 emails and email consents added to EMR per quarter by March 30, 2023	

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 palliative patients with an advanced care plan (ACP) in the EMR	C	% / Patients deemed palliative or end of life	EMR/Chart Review / 2022/23	CB	60.00	As the number of palliative patients is estimated to be relatively small it is felt that aiming for 60% having an ACP in the chart is reasonable.	

Change Ideas

Change Idea #1 Develop and implement a clear process for completing and adding ACPs to the EMR

Methods	Process measures	Target for process measure	Comments
1) Work with administrative staff and providers to determine the best way to have ACPs added to the patients chart. 2) Make it easy to access the MFHT ACP form from the patient chart. 3) Create a consistent and visible place in the chart to record ACP completion and key information	1) Number of consultations with admin and FHT providers 2) Number of patients with ACP added to the chart per quarter	1) 2 consultations completed by September 30, 2022 2) 10 ACPs added to the chart per quarter by December 31, 2022	

Change Idea #2 Increase use social worker and system navigator for advanced care planning

Methods	Process measures	Target for process measure	Comments
1) Train social worker in advanced care planning. 2) Have social worker and system navigator provide community advanced care planning sessions for specific target groups such as Seniors Club, and in neighbouring First Nations communities of Biigtigong and Netmizaaggamig with one on one follow up sessions for those interested. 3) Provide the option for MRP to refer patients to social worker or system navigator for assistance with advanced care planning.	1) number of community advance care planning sessions offered 2) number of patients with ACP in chart per quarter	1) 2 community advanced care planning sessions held by December 31, 2022 2) 10 patients with ACPs added to chart per quarter by December 31, 2022	

Measure

Dimension: Safe

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% palliative patients who have their preferred location of death charted in the EMR.	C	% / Other	EMR/Chart Review / 2022/23	CB	75.00	It is expected that with a relatively small population of palliative patients, that it should be possible to achieve a fairly high proportion having their preferred location of death charted in the EMR.	

Change Ideas

Change Idea #1 Develop a palliative care registry

Methods	Process measures	Target for process measure	Comments
1) Develop a query of the EMR to identify potentially palliative patients. 2) Have MRPs review lists to identify palliative patients and/or consider whether patient is palliative at time of appointment through use of a pop-up of the surprise question. 3) Add identified patients to the registry.	Number of patients reviewed per quarter	20 patients reviewed per quarter by December 2022	

Change Idea #2 Develop a plan for managing the palliative registry and key measures for this group

Methods	Process measures	Target for process measure	Comments
1) Have key providers complete CAPACITI training. 2) Key providers meet to discuss learning from CAPACITI training and identify ways to manage the palliative registry effectively along with key measures including preferred place of death. 3) Trial management of registry 4) Communicate process for palliative registry management and charting of preferred place of death (and other key information)	1) Number of providers completing CAPACITI training 2) Number of meetings of providers related to palliative care 3) Number of patients on registry reviewed per quarter	1) 4 providers completing CAPACITI training by March 31, 2023 2) 4 meetings related to palliative care by March 31, 2023 3) 10 patients on registry reviewed per quarter	

Measure

Dimension: Safe

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Rate of cholesterol testing in patients aged 40+	C	% / Other	Other / 2022/23	CB	CB	Baseline value is being determined using the Northern Ontario School of Medicine Research Toward Health Hub (NORTHH)	Northern Ontario School of Medicine

Change Ideas

Change Idea #1 Develop a QI algorithm and protocol that relies on NORTHH data to assess evidence-based ordering and reordering of cholesterol levels

Methods	Process measures	Target for process measure	Comments
The NORTHH data analyst will access the MFHT sentinel data and create and then employ validated algorithms to identify: How frequently physicians are ordering and re-ordering cholesterol levels. Both group and individual physician ordering practices will be examined.	Data generated for group and individual physician cholesterol level testing	Data generated for group and individual physician cholesterol level testing by August 31, 2022	

Change Idea #2 Findings of the QI analysis presented back to the MFHT physician group. Participation in facilitated group CME around evidence-based prescribing and ordering practices.

Methods	Process measures	Target for process measure	Comments
1) Research team will present data back to MFHT physician group. 2) Physician group will participate in CME related to evidence-based cholesterol ordering practices	1) Research team presented data back to MFHT physician group. 2) Physician group participation in CME related to evidence-based cholesterol ordering practices	1) Research team presented data back to MFHT physician group by September 31, 2022 2) Physician group participation in CME related to evidence-based cholesterol ordering practices by September 30, 2022	

Measure

Dimension: Safe

Indicator #8	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% of low risk of CVD patients prescribed a statin	C	% / Other	Other / 2022/23	CB	CB	Data is being collected using the Northern Ontario School of Medicine Research Toward Health Hub (NORTHH)	Northern Ontario School of Medicine

Change Ideas

Change Idea #1 Develop a QI algorithm and protocol that relies on NORTHH data to assess evidence-based prescribing of statin medications

Methods	Process measures	Target for process measure	Comments
The NORTHH data analyst will access the MFHT sentinel data and create and then employ validated algorithms to identify: Profiles (sex, age, cardiovascular co-morbidities, Framingham risk) of patients prescribed statins.	Group and individual physician prescribing data generated.	Group and individual physician prescribing data generated by August 31, 2022.	

Change Idea #2 Findings of the QI analysis will be presented back to the MFHT physician group. Participation in facilitated group CME around evidence-based prescribing.

Methods	Process measures	Target for process measure	Comments
1) Research team will present data back to MFHT physician group. 2) Physician group will participate in CME related to evidence-based statin prescribing practices	1) Research team data presentation to MFHT physician group. 2) Physician group participation in CME related to evidence-based statin prescribing practices	1) Research team data presentation to MFHT physician group by September 30, 2022. 2) Physician group participation in CME related to evidence-based statin prescribing practices by September 30, 2022.	