

Theme I: Timely and Efficient Transitions

Measure Dimension: Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% patients with an email address in demographic section of EMR	C	% / All patients	EMR/Chart Review / 2023/24	42.50	60.00	Once the email consent policy has been approved, a targeted effort to add email addresses to patient charts should be able to achieve a significant improvement in this measure.	

Change Ideas

Change Idea #1 Create and implement an updated process for obtaining emails and email consents when patients present to the clinic.

Methods	Process measures	Target for process measure	Comments
1. HR Manager, epidemiologist and front staff to review current process for obtaining emails and email consents and run PDSAs to test revisions to process. 2. Epidemiologist to create tracking process, collect and analyze data for presentation at monthly QI Committee meetings and staff meetings, or via email to staff.	1. Number of emails with email consents added to the EMR per month at time of patient appointment.	1. 30 emails with email consents added to the EMR per month at time of patient appointment by December 2023.	

Change Idea #2 Contact patients via email to have email confirmed and email consent completed

Methods	Process measures	Target for process measure	Comments
<p>1. Epidemiologist to generate a list of patients with emails in the EMR for mass email with email consent for completion.</p> <p>2. Epidemiologist to work with HR Manager and IT to determine process for electronic email consent completion and updating of patient chart with new consent and remove email addresses no longer in service.</p> <p>3. Epidemiologist and HR Manager to provide progress reports at monthly QI Committee meetings.</p>	1. Number of email consents completed in response to mass email.	1. 100 email consents completed in response to mass email.	

Measure **Dimension:** Efficient

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% active patients who are rostered	C	% / All patients	EMR/Chart Review / 2023	76.00	83.00	At present our catchment area has a population of 3863 (2021 Census) which represents 83% of our active patient population. The target is to have these patients all rostered.	

Change Ideas

Change Idea #1 Review and update process for enrolling patients who have an appointment at the clinic.

Methods	Process measures	Target for process measure	Comments
1. HR Manager and epidemiologist will review current process and ask front staff for input on areas for improvement. 2. PDSAs will be used to test new processes for uptake and ease of implementation. 3. Epidemiologist will implement tracking processes, gather and analyze data for review. 4. Progress will be reviewed at monthly QI Committee meetings.	1. Percentage of not rostered patients per week enrolled at or prior to booked appointments.	1. 75% of not rostered patients per week enrolled at or prior to booked appointments by Dec 2023.	

Change Idea #2 Reach out to patients listed as "active" with no appointments in the past 5 years to establish current status (moved, active, inactive) and facilitate rostering or de-roster as required.

Methods	Process measures	Target for process measure	Comments
1. Epidemiologist to generate list of "active" patients with no appointments in the past 5 years. 2. Contact these patients firstly, where possible, electronically via SMS or email, and otherwise via phone calls to request status update. Update EMR accordingly and roster/de-roster as needed. 3. Epidemiologist and HR Manager will review progress, generate updated lists and data on % of active patients rostered for review at monthly QI Committee meetings.	1. % of active patients with no appointment in the past 5 years that MFHT has attempted to contact.	1. MFHT will attempt to contact 100% of active patients with no appointment in the past 5 years by September 2023.	

Change Idea #3 Update new patient process to ensure enrollment at time of first contact.

Methods	Process measures	Target for process measure	Comments
1. Epidemiologist to review current process for first appointments with HR Manager, HCA and front reception to get feedback about challenges and areas for improvement. 2. PDSA cycles to be used to test new processes. Data to be collected, analyzed and reviewed by epidemiologist with relevant staff. 3. Progress to be presented and reviewed at monthly QI Committee meetings.	1. % of new patients per week with enrolment form completed at time of first appointment.	1. 75% of new patients per week with enrolment form completed at time of first appointment by December 2023	

Theme II: Service Excellence

Measure **Dimension:** Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% of palliative patients with an Advance Care Plan	C	% / Patients deemed palliative or end of life	EMR/Chart Review / 2023/24	0.00	60.00	Once the Advance Care Plan document has been added to the EMR it should be possible to have a high percentage of patients in the palliative registry complete this with assistance from MFHT providers.	

Change Ideas

Change Idea #1 Create an ACP eform in OSCAR that can be used by providers during patient encounters and easily updated and modified as ACP discussions occur.

Methods	Process measures	Target for process measure	Comments
The MFHT epidemiologist will track the use of the eform and provide quarterly feedback on progress to the QI, Palliative Care and Quality Aging Committees as well as to the Clinical Collaborative. Both oral and written reporting will be used.	Number of palliative patients per month with a newly populated ACP eform.	4 palliative patients per month will have a newly populated ACP eform by December 2023.	

Change Idea #2 Increase awareness and uptake of Social Worker to facilitate advance care planning.

Methods	Process measures	Target for process measure	Comments
1. Promote referral of patients to social worker for advance care planning assistance through messaging to clinical providers, and general public awareness campaigns. 2. Social worker to chart ACP discussion in measurements for tracking by epidemiologist. 3. Progress to be reported by epidemiologist at monthly quality aging meetings for review by committee.	1. Number of patients having appointments with social worker at which advance care planning is discussed.	1. 10 patients having appointments with social worker at which advance care planning is discussed by December 2023.	

Measure **Dimension:** Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% palliative patients with preferred place of death charted in the EMR	C	% / Patients deemed palliative or end of life	EMR/Chart Review / 2023/24	0.00	75.00	Once the process for charting and tracking measures for palliative patients is developed and implemented it should be possible to have preferred place of death charted for a high percentage of these patients.	

Change Ideas

Change Idea #1 Determine and use agreed upon place in chart to document preferred place of death for palliative patients

Methods	Process measures	Target for process measure	Comments
1. Palliative care sub-committee of Quality Aging Committee will review charting options and propose the preferred location for charting of palliative patient's preferred place of death. 2. Proposal to be determined base on feedback from Quality Aging Committee and Clinical Collaborative. 3. Process for ensuring this field is updated will be outlined and shared with all relevant providers. 4. Epidemiologist will track use of selected field and report back to the Quality Aging Committee, QI committee and Clinical Collaborative as deemed necessary.	1. % of palliative patients for whom preferred place of death is known having this charted in the designated field of the chart.	1. 100% of palliative patients for whom preferred place of death is known will have this charted in the designated field by December 2023	

Change Idea #2 Promote/educate providers about having preferred location of death determined and documented in chart as part of goals of care/advance care planning discussions with palliative patients.

Methods	Process measures	Target for process measure	Comments
1. Palliative care committee members to provide updates/education to providers at clinical collaborative meetings throughout the year as working toward target for indicator. 2. Epidemiologist to track and report progress to providers via email and at clinical collaborative meetings as well as review at QI and Quality Aging meetings.	1. Number of clinical collaborative meetings at which the topic of preferred location of death for palliative patients is addressed in some way (update, education, discussion)	1. The topic of preferred location of death for palliative patients is addressed in some way at at least 3 clinical collaborative meetings by March 15, 2024.	

Change Idea #3 Provide providers with a report of their palliative patient registry and whether or not preferred place of death is charted.

Methods	Process measures	Target for process measure	Comments
1. Epidemiologist to generate lists of palliative patients for each provider along with whether or not the preferred place of death is charted. 2. Lists distributed to providers for review of the status of their palliative patients with respect to this indicator. 3. Updated information may be added for administration to add to the chart, or providers may determine, update and chart the information themselves.	1. Number of times reports are generated for providers.	1. Two reports will be generated and distributed to providers by March 15 2024.	

Theme III: Safe and Effective Care

Measure Dimension: Effective

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of patients with allergy field in the EMR populated	C	% / All patients	EMR/Chart Review / 2023	69.00	75.00	With an improved process for adding allergies to the chart and a catch up project, it should be feasible to increase this measure significantly. However, it is likely that efforts to contact a number of patients will be unsuccessful.	

Change Ideas

Change Idea #1 Review and improve process for determining and updating allergy information when patients present at the clinic.

Methods	Process measures	Target for process measure	Comments
1. Epidemiologist and HR Manager will meet with front staff to get feedback on current system. 2. Determine areas where improvements can be made to streamline the process. 3. Use PDSA cycles to test possible improvements. 4. Data will be extracted by the epidemiologist using EMR queries and then analyzed and reviewed at monthly QI Committee meetings as well as with front/HCA staff.	1. % of patients seen in the previous month having the allergy field populated.	1. 72% of patients seen in the previous month having the allergy field populated by September 2023, 75% by December 31 2023.	

Change Idea #2 Complete a "catch-up" project to contact patients to acquire missing allergy information.

Methods	Process measures	Target for process measure	Comments
<p>1. Epidemiologist to generate a list of patients with empty allergy field in EMR.</p> <p>2. In collaboration with the QI Committee a process for contacting patients will be determined and carried out. This may be a combination of text and email reminders and direct patient calls.</p> <p>3. Data will be collected and analyzed by the epidemiologist and reviewed at monthly QI meetings.</p>	<p>1. % of patients with a populated allergy field.</p>	<p>1. 72% of patients having the allergy field populated by September 2023, 75% by December 31 2023.</p>	

Change Idea #3 Review and update the new patient process

Methods	Process measures	Target for process measure	Comments
<p>1. Epidemiologist and/or HR Manager to review the current new patient process.</p> <p>2. Epidemiologist and/or HR Manager to solicit feedback from front staff on current new patient process, with a goal to identify areas for improvements.</p> <p>3. Perform a number of PDSA cycles to test possible improvements.</p> <p>4. Implement effective improvements.</p> <p>5. Epidemiologist to track and analyze data and review it with the QI Committee as well as front staff.</p>	<p>1. % of new patients having allergy field updated in chart within a month of their first appointment.</p>	<p>1. 50% of new patients having allergy field updated in chart within a month of their first appointment by October 2023, 70% by December 2023.</p>	

Measure Dimension: Effective

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% staff and providers with completed job detail manuals	C	% / Worker	Local data collection / 2023/24	45.00	65.00	It is expected that all positions will have started a job details manual before the end of 2023/24 but a number of the positions involve many tasks and limited time for updating/creating a job details manual.	

Change Ideas

Change Idea #1 HR Manager to create and execute plan for staff and providers to complete job details manuals.

Methods	Process measures	Target for process measure	Comments
1. HR manager to review any existing job detail manuals and determine which are missing or require updating. 2. HR manager to determine process and timeline for manuals to be completed by staff and providers. 3. HR Manager to communicate process and timeline with staff and providers. 4. Progress in this indicator will be tracked by HR Manager then presented and reviewed at monthly QI Committee meetings.	1. % of job details manuals in progress. 2. % of job details manuals completed.	1. 100% of job details manuals in progress by March 15, 2024. 2. 65% of job details manuals completed by March 15, 2024.	