Access and Flow

Measure - Dimension: Timely

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% active patients rostered	C	% / All patients	EMR/Chart Review / 2025	76.80	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   Update new patient process to ensure enrollment at time of first visit.

Methods	Process measures	Target for process measure	Comments
The HR manager and front admin staff will review current process for setting up the chart for a new patient to identify ways to make this process more efficient. Changes will be tested and success measured through feedback from front staff and tracking completed with assistance from the epidemiologist. Progress will be reviewed at monthly QI committee meetings.	% new patient records for the quarter with enrolment billed within 30 days of visit	75% of new patient records for the quarter will have enrolment billed within 30 days of visit by December 31, 2025	

Change Idea #2	Review 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**	
The epidemiologist will pull lists of patients who have an active patient status but have not had any appointments with the FHT for 5 years. Working in collaboration with the HR Manager, a process will be created to review, verify and update the status of patients who have moved. HR staff, possibly a student, will be identified to work on this project. Progress will be tracked through the epidemiologist monitoring the shared patient lists, and will be reviewed quarterly at QI committee meetings.	1. Number of patients with no appointments in the past 5 years with current status verified per quarter.	1. 90 patients with no appointments in the past 5 years with current status verified per quarter by December 31, 2025.		

Change Idea #3	Identify/implement digital solutions to improve enrollment process and address related administrative burden.			
Methods	**Process measures**	**Target for process measure**	**Comments**	
The IT Committee will do a scan of existing digital solutions that may assist patients and administrative staff to update a number of patient related fields in the EMR, including rostering, email addresses and consents and patient allergies. Potential solutions will be reviewed by the IT committee and feasible options will be selected and tested. The epidemiologist, under the QI Committee, will assist with evaluating the options tested. Overall progress in this initiative will be reviewed quarterly at QI meetings.	1. Number of digital solutions tested per quarter.	1. 1 digital solution tested per quarter by March 31, 2026.		

Change Idea #4 Create a "catch up" project for a designated staff/student to roster active patients.

Methods	Process measures	Target for process measure	Comments
HR manager to work in conjunction with the QI committee, associates and admin staff to identify HR (student and/or staff) to work on a project to enroll existing active patients through 1. opportunistic enrolment when unenrolled patients present at the clinic and 2. reaching out to active unenrolled patients. Progress to be tracked with the assistance of the epidemiologist and reviewed at monthly QI Committee meetings.	1. % of unenrolled patients with appointments per quarter who are enrolled when they present at the clinic for their appointment 2. Number patients enrolled per quarter through reaching out to patients via phone or other means.	1. 50% of unenrolled patients with appointments per quarter enrolled when they present at the the clinic by December 31, 2025 2. 50 patients per month enrolled over the course of the project through reaching out to patients	

Equity

Measure - Dimension: Equitable

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education	O	% / Staff	Local data collection / Most recent consecutive 12-month period	0.00	95.00	The goal will be to have all staff and providers attend the training, but if it is a one-time in person training, it is possible that there will be at least one absent.	

Change Ideas

Change Idea #1	Work with neighbouring First Nation communities to identify and organize a second culturally relevant training for staff and providers, to build upon the baseline training that has already been completed by all staff and providers.

Methods	Process measures	Target for process measure	Comments
MFHT HR Manager and Chief Operating Officer to bring topic of training to MFHT Enhancing Indigenous Relationships committee for discussion and reach out to relevant partners in the First Nations communities to determine interest in partnering on training in some way. Potential training opportunities will be reviewed and one will be selected and booked.	1. Number of training related discussions with Indigenous partners related to per quarter. 2. Number of training options reviewed. 2. Number of training sessions booked.	1. 1 discussion with Indigenous partners per quarter by December 31, 2025. 2. 3 training options reviewed by December 31, 2025. 2. 1 culturally relevant training session will be booked and attended by March 31, 2026.	This training would involve partnership with local First Nation communities, Biigtigong Nishnaabeg and Netmizaaggamig Nishnaabeg

Report Access Date: March 28, 2025

Experience

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Do patients/clients feel comfortable and welcome at their primary care office?	O	% / PC organization population (surveyed sample)	In-house survey / Most recent consecutive 12-month period	CB	CB	This will be the first time including this item on the annual patient survey.	

Change Ideas

Change Idea #1 Determine baseline for this indicator and understanding of level of comfort at clinic through patient survey.

Methods	Process measures	Target for process measure	Comments
1. Include item on annual patient survey about "Do you feel comfortable and welcome at MFHT? Explain" 2. The survey will be developed and launched by the epidemiologist in consultation with the QI committee. 3. The results of the survey will be summarized by the epidemiologist and reviewed by the QI committee for next steps. Results and recommendations will also be shared with the FHT Board or Directors, staff and providers.	Number of patients completing survey question.	100 patients completing the survey question by May 31, 2025.	

Safety

Measure - Dimension: Safe

Indicator #3	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 / 2025	64.50	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   Update new patient process to ensure allergies are updated at time of first visit.

Methods	Process measures	Target for process measure	Comments
The HR manager and front admin staff will review current process for setting up the chart for a new patient to identify ways to make this process more efficient. Changes will be tested and success measured through feedback from front staff and tracking completed with assistance from the epidemiologist. Progress will be reviewed at monthly QI committee meetings.	% new patient records for the quarter with allergy field updated within 30 days of visit	75% of new patient records for the quarter will have allergy field updated within 30 days of visit by December 31, 2025	

Change Idea #2   Identify/implement digital solutions to improve the updating process and address related administrative burden.

Methods	Process measures	Target for process measure	Comments
The IT Committee will do a scan of existing digital solutions that may assist patients and administrative staff to update a number of patient related fields in the EMR, including rostering, email addresses and consents and patient allergies. Potential solutions will be reviewed by the IT committee and feasible options will be selected and tested. The epidemiologist, under the QI Committee, will assist with evaluating the options tested. Overall progress in this initiative will be reviewed quarterly at QI meetings.	1. Number of digital solutions tested per quarter.	1. 1 digital solution tested per quarter by March 31, 2026	

Change Idea #3   Create a "catch up" project for a designated staff/student to contact and update allergies for active patients.

Methods	Process measures	Target for process measure	Comments
HR manager to work in conjunction with the QI committee, associates and admin staff to identify HR (student and/or staff) to work on a project to update allergies field for existing active patients through 1. opportunistic updating patients present at the clinic and 2. reaching out to active patients with empty allergy field. Progress to be tracked with the assistance of the epidemiologist and reviewed at monthly QI Committee meetings.	1. % of patients with empty allergy field per quarter who have this updated when they present at the clinic for their appointment 2. Number patients with allergy field updated per month over the course of the project through reaching out to patients via phone or other means.	1. 75% of patients with empty allergy field per quarter have this updated when they present at the the clinic by December 31, 2025 2. 50 patients per month have allergy field updated over the course of the project through reaching out to patients	

Measure - Dimension: Safe

Indicator #4	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 / 2025/26	67.80	90.00	A number of the job details manuals are already underway and so it is expected that most can be completed within the next 12 months. As programs are often changing, there will likely still be a few details incomplete.	

Change Ideas

Change Idea #1   Implement a plan to identify and complete outstanding job details manuals.

Methods	Process measures	Target for process measure	Comments
The epidemiologist and HR manager will work together to establish a list of all job details for each position with current status (completed/not completed). The HR manager will work with staff/providers to set timelines and process, including dedicated time, for completion of the job detail manuals. As job details are completed, the status in the master list will be updated and the link to the relevant job details document added. The progress towards completion of job details will be reviewed quarterly at QI Committee meetings.	1. % of outstanding job details completed completed per quarter	1. 10% of outstanding job details completed per quarter by March 31, 2026.	

Measure - Dimension: Safe

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% patients with an email consent in the chart	C	% / All patients	EMR/Chart Review / 2025	5.90	30.00	Once the online email consent form is created, a targeted effort to add email consents and addresses to patient charts should be able to achieve a significant improvement in this measure.	

Change Ideas

Change Idea #1   Update new patient process to ensure email consents and addresses are updated at the time of first visit.

Methods	Process measures	Target for process measure	Comments
The HR manager and front admin staff will review current process for setting up the chart for a new patient to identify ways to make this process more efficient. Changes will be tested and success measured through feedback from front staff and tracking completed with assistance from the epidemiologist. Progress will be reviewed at monthly QI committee meetings.	% new patient records for the quarter with email consents added within 30 days of visit	50% of new patient records for the quarter will have email consents within 30 days of visit by December 31, 2025	

Change Idea #2   Identify/implement digital solutions to improve the updating process and address related administrative burden.

Methods	Process measures	Target for process measure	Comments
The IT Committee will do a scan of existing digital solutions that may assist patients and administrative staff to update a number of patient related fields in the EMR, including rostering, email addresses and consents and patient allergies. Potential solutions will be reviewed by the IT committee and feasible options will be selected and tested. The epidemiologist, under the QI Committee, will assist with evaluating the options tested. Overall progress in this initiative will be reviewed quarterly at QI meetings.	1. Number of digital solutions tested per quarter.	1. 1 digital solution tested per quarter by March 31, 2026	

Change Idea #3   Create a "catch up" project for a designated staff/student to contact and acquire email consents and email addresses for active patients.

Methods	Process measures	Target for process measure	Comments
HR manager to work in conjunction with the QI committee, associates and admin staff to identify HR (student and/or staff) to work on a project to enroll existing active patients through 1. opportunistic completion of email consents when patients present at the clinic and 2. reaching out to active patients who currently have email addresses but no email consent. Progress to be tracked with the assistance of the epidemiologist and reviewed at monthly QI Committee meetings.	1. number of patients per quarter who complete email consents at time of their appointment 2. number of patients per month completing email consents over the course of the project through reaching out to patients	1. 100 patients with appointments per quarter completing email consents when they present at the the clinic by December 31, 2025 2. 50 patients per month completing email consents over the course of the project through reaching out to patients	

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