

Access and Flow | Timely | Custom Indicator

Indicator #1	Last Year		This Year		
	% active patients rostered (Marathon FHT)	76.80 Performance (2025/26)	83 Target (2025/26)	77.00 Performance (2026/27)	-- Percentage Improvement (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Update new patient process to ensure enrollment at time of first visit.

Process measure

- % new patient records for the quarter with enrolment billed within 30 days of visit

Target for process measure

- 75% of new patient records for the quarter will have enrolment billed within 30 days of visit by December 31, 2025

Lessons Learned

This change idea was not implemented due to HR shortages and turn over, and competing priorities.

Change Idea #2 Implemented Not Implemented In Progress

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.

Process measure

- 1. Number of patients with no appointments in the past 5 years with current status verified per quarter.

Target for process measure

- 1. 90 patients with no appointments in the past 5 years with current status verified per quarter by December 31, 2025.

Lessons Learned

This process was partially implemented when there was sufficient HR to work on this.

Change Idea #3 Implemented Not Implemented In Progress

Identify/implement digital solutions to improve enrollment process and address related administrative burden.

Process measure

- 1. Number of digital solutions tested per quarter.

Target for process measure

- 1. 1 digital solution tested per quarter by March 31, 2026.

Lessons Learned

A digital version of the form was created that could be accessed online or sent via email to patients. While this made the enrolment form readily available, uptake was low.

Change Idea #4 Implemented Not Implemented In Progress

Create a “catch up” project for a designated staff/student to roster active patients.

Process measure

- 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.

Target for process measure

- 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

Lessons Learned

A summer student worked on contacting active patients who were not rostered and sending out the digital form to those who agreed. Despite the time invested in this project, the uptake was low and it was difficult to successfully contact people by phone.

Comment

This indicator will not be included in the 2026/27 QIP, although efforts will still be made to improve the MFHT enrolment process.

Equity | Equitable | Optional Indicator

	Last Year		This Year		
Indicator #6	0.00	95	0.00	--	NA
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education (Marathon FHT)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

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.

Process measure

- 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.

Target for process measure

- 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.

Lessons Learned

There were insufficient resources to proceed with the training and it has been deferred until the 2026/27 fiscal year.

Comment

This training will be included as part of the 2026/27 QIP.

Experience | Patient-centred | Optional Indicator

	Last Year		This Year		
Indicator #4	CB	CB	91.80	--	NA
Do patients/clients feel comfortable and welcome at their primary care office? (Marathon FHT)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

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

Process measure

- Number of patients completing survey question.

Target for process measure

- 100 patients completing the survey question by May 31, 2025.

Lessons Learned

On the annual patient survey, 243/244 respondents responded to the item "I feel comfortable and welcome at Marathon FHT". The online survey was well received, easy to implement, complete and analyze.

Comment

The outcome indicates a high percentage of patients are feeling welcome and comfortable at MFHT. We will continue to monitor this indicator although we will remove it as an area of focus for the 2026/27 QIP.

Safety | Safe | Custom Indicator

Indicator #5	Last Year		This Year		
	Percentage of patients with allergy field in the EMR populated (Marathon FHT)	64.50 Performance (2025/26)	75 Target (2025/26)	65.90 Performance (2026/27)	-- Percentage Improvement (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Update new patient process to ensure allergies are updated at time of first visit.

Process measure

- % new patient records for the quarter with allergy field updated within 30 days of visit

Target for process measure

- 75% of new patient records for the quarter will have allergy field updated within 30 days of visit by December 31, 2025

Lessons Learned

We did not have the opportunity to implement this change idea over the past year due to HR challenges and other other competing priorities.

Change Idea #2 Implemented Not Implemented In Progress

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

Process measure

- 1. Number of digital solutions tested per quarter.

Target for process measure

- 1. 1 digital solution tested per quarter by March 31, 2026

Lessons Learned

We did not have the opportunity to implement this change idea over the past year due to HR challenges and other other competing priorities.

Change Idea #3 Implemented Not Implemented In Progress

Create a “catch up” project for a designated staff/student to contact and update allergies for active patients.

Process measure

- 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.

Target for process measure

- 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

Lessons Learned

A summer student assisted with contacting unenrolled patients and updated the allergies section of the chart for some patients who were missing this information. This process was not efficient in that it was challenging to successfully contact people via phone.

Comment

This measure will not be included on the 2026/27 QIP as we will focus on other priorities

Indicator #3	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
% staff and providers with completed job detail manuals (Marathon FHT)	67.80	90	78.00	--	NA

Change Idea #1 Implemented Not Implemented In Progress

Implement a plan to identify and complete outstanding job details manuals.

Process measure

- 1. % of outstanding job details completed completed per quarter

Target for process measure

- 1. 10% of outstanding job details completed per quarter by March 31, 2026.

Lessons Learned

A comprehensive list of job details was created by asking all staff and providers to provide input on what non-clinical activities they did that required specific processes that others would benefit from knowing. A master list was created with the status of each job detail (completed or not), and if it needed updating.

Comment

The process for tracking this indicator has been established and the remaining job details will be completed in 2026/27 provided there is sufficient HR in the relevant disciplines.

	Last Year		This Year		
Indicator #2	5.90	30	7.60	--	NA
% patients with an email consent in the chart (Marathon FHT)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

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

Process measure

- % new patient records for the quarter with email consents added within 30 days of visit

Target for process measure

- 50% of new patient records for the quarter will have email consents within 30 days of visit by December 31, 2025

Lessons Learned

The new patient process was not updated in 2025/26 due to front staff turnover and competing priorities.

Change Idea #2 Implemented Not Implemented In Progress

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

Process measure

- 1. Number of digital solutions tested per quarter.

Target for process measure

- 1. 1 digital solution tested per quarter by March 31, 2026

Lessons Learned

Potential digital solutions will be explored in 2026/27.

Change Idea #3 Implemented Not Implemented In Progress

Create a “catch up” project for a designated staff/student to contact and acquire email consents and email addresses for active patients.

Process measure

- 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

Target for process measure

- 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

Lessons Learned

At the time of contacting active patients who were not rostered, patients were asked to complete email consents, usually sent to them via email, if they did not have one on file. This process was time consuming and did not result in significant uptake of email consents as it was difficult to reach patients by phone and many did not return consents that were sent out to them.

Change Idea #4 Implemented Not Implemented In Progress

Create a process whereby the healthcare assistant identifies in advance patients needing an email consent and then provides them with the document at the time of their appointment.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

In December 2025, a process was piloted whereby patients coming to appointments with two of the physicians were provided with email consents in the exam room for the physician to review with the patient and signature/current email address obtained. The forms had patient information already included on the form using patient labels. This process went well and is continuing with plans to expand it to other providers.

Comment

The most recent approach to having email consents obtained at the time of patient appointments with two of the physicians will be expanded to other physician/provider appointments and other options will be trialed in 2026/27 to reach the target.

