

Access and Flow | Efficient | Custom Indicator

	Last Year		This Year		
Indicator #4	42.50	60	43.00	--	NA
% patients with an email address in demographic section of EMR (Marathon FHT)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Percentage Improvement (2024/25)	Target (2024/25)

Change Idea #1 Implemented Not Implemented In Progress

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

Process measure

- 1. Number of emails with email consents added to the EMR per month at time of patient appointment.

Target for process measure

- 1. 30 emails with email consents added to the EMR per month at time of patient appointment by December 2023.

Lessons Learned

A new email consent form has been created. The process for ensuring consistent collection of email addresses is still being created.

Change Idea #2 Implemented Not Implemented In Progress

Contact patients via email to have email confirmed and email consent completed

Process measure

- 1. Number of email consents completed in response to mass email.

Target for process measure

- 1. 100 email consents completed in response to mass email.

Lessons Learned

The online email consent form still needs to be created so that it can be sent out to patients.

Comment

It is anticipated that an online fillable version of the email consent form will be ready early in 2024/25 which will allow for improved outcomes in this indicator.

Indicator #1	Last Year		This Year		
	% active patients who are rostered (Marathon FHT)	76.00 Performance (2023/24)	83 Target (2023/24)	77.20 Performance (2024/25)	-- Percentage Improvement (2024/25)

Change Idea #1 Implemented Not Implemented In Progress

Review and update process for enrolling patients who have an appointment at the clinic.

Process measure

- 1. Percentage of not rostered patients per week enrolled at or prior to booked appointments.

Target for process measure

- 1. 75% of not rostered patients per week enrolled at or prior to booked appointments by Dec 2023.

Lessons Learned

The front staff were reminded of the importance of enrolment for unenrolled patients presenting for appointments, and this did lead to some improvements in enrolment numbers. However, front reception is often very busy and at those times lacks the capacity to complete enrolments. More efforts will be made in this area over 2024.

Change Idea #2 Implemented Not Implemented In Progress

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.

Process measure

- 1. % of active patients with no appointment in the past 5 years that MFHT has attempted to contact.

Target for process measure

- 1. MFHT will attempt to contact 100% of active patients with no appointment in the past 5 years by September 2023.

Lessons Learned

Competing priorities and HR challenges meant that we were not able to implement this change idea. As email consents are completed it will be more practical to reach out to larger numbers of people efficiently to implement this change idea.

Change Idea #3 Implemented Not Implemented In Progress

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

Process measure

- 1. % of new patients per week with enrolment form completed at time of first appointment.

Target for process measure

- 1. 75% of new patients per week with enrolment form completed at time of first appointment by December 2023

Lessons Learned

The review and update process is still underway and is anticipated that it will be ready in Q1 of 2024/25.

Comment

While there was some focus and success in improving the number of enrolments completed when patients presented at the clinic, this had only minimal effect on the overall enrolment rate. An enrolment campaign is underway for March 2024 with a number of initiatives that will hopefully have a greater impact on enrolment.

Experience | Patient-centred | **Custom Indicator**

Indicator #2 % of palliative patients with an Advance Care Plan (Marathon FHT)	Last Year		This Year		
	<p>0.00 Performance (2023/24)</p>	<p>60 Target (2023/24)</p>	<p>3.30 Performance (2024/25)</p>	<p>-- Percentage Improvement (2024/25)</p>	<p>NA Target (2024/25)</p>

Change Idea #1 Implemented Not Implemented In Progress

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

Process measure

- Number of palliative patients per month with a newly populated ACP eform.

Target for process measure

- 4 palliative patients per month will have a newly populated ACP eform by December 2023.

Lessons Learned

It has taken some time to determine the best format for the ACP. An ACP edoc rather than eform has just been created as of the end of March 2024. There has not yet been time to evaluate its uptake.

Change Idea #2 Implemented Not Implemented In Progress

Increase awareness and uptake of Social Worker to facilitate advance care planning.

Process measure

- 1. Number of patients having appointments with social worker at which advance care planning is discussed.

Target for process measure

- 1. 10 patients having appointments with social worker at which advance care planning is discussed by December 2023.

Lessons Learned

While the providers have been made aware of the ability of the social worker to assist with ACP, there has been little uptake, in part due to lack of appointment availability with social work.

Comment

As of the end of March 2024, an edoc has been added to OSCAR so that the ACP can be accessed from the patient chart. It is hoped that uptake of ACP for palliative patients will improve in the next fiscal year with easier access to the document.

Indicator #3	Last Year		This Year		
	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Percentage Improvement (2024/25)	Target (2024/25)
% palliative patients with preferred place of death charted in the EMR (Marathon FHT)	0.00	75	0.00	--	NA

Change Idea #1 Implemented Not Implemented In Progress

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

Process measure

- 1. % of palliative patients for whom preferred place of death is known having this charted in the designated field of the chart.

Target for process measure

- 1. 100% of palliative patients for whom preferred place of death is known will have this charted in the designated field by December 2023

Lessons Learned

While a measurement group was created for charting this indicator, there was no uptake. Perhaps in the future, there will be a provider or staff member who will have a role in palliative care that would include charting relevant measures in a consistent location within the chart.

Change Idea #2 Implemented Not Implemented In Progress

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.

Process measure

- 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)

Target for process measure

- 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.

Lessons Learned

While this topic was discussed at clinical collaborative meetings there was no uptake for the measurement group. These palliative and ACP discussions are happening with patients ut are charted in chart notes.

Change Idea #3 Implemented Not Implemented In Progress

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

Process measure

- 1. Number of times reports are generated for providers.

Target for process measure

- 1. Two reports will be generated and distributed to providers by March 15 2024.

Lessons Learned

This was not completed.

Comment

End of life discussions do happen with palliative patients but there are challenges in terms of charting the information in a consistent location that can be accessed for indicator outcomes.

Indicator #6 Percentage of patients with allergy field in the EMR populated (Marathon FHT)	Last Year		This Year		
	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Percentage Improvement (2024/25)	Target (2024/25)
	69.00	75	67.40	--	NA

Change Idea #1 Implemented Not Implemented In Progress

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

Process measure

- 1. % of patients seen in the previous month having the allergy field populated.

Target for process measure

- 1. 72% of patients seen in the previous month having the allergy field populated by September 2023, 75% by December 31 2023.

Lessons Learned

Due to front staff shortages we were unable to complete this change idea.

Change Idea #2 Implemented Not Implemented In Progress

Complete a "catch-up" project to contact patients to acquire missing allergy information.

Process measure

- 1. % of patients with a populated allergy field.

Target for process measure

- 1. 72% of patients having the allergy field populated by September 2023, 75% by December 31 2023.

Lessons Learned

We were unsuccessful in our application for a summer student and so were unable to complete this project. Other front staff numbers did not allow for additional projects to be completed.

Change Idea #3 Implemented Not Implemented In Progress

Review and update the new patient process

Process measure

- 1. % of new patients having allergy field updated in chart within a month of their first appointment.

Target for process measure

- 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.

Lessons Learned

The review of the new patient process is underway and the new process will be completed and implemented in 2024/25.

Comment

Front staff HR challenges and competing projects led to little progress in this indicator. It is anticipated that as the full complement of front staff is attained and onboarded into their roles that more headway will be made in 2024/25

	Last Year		This Year		
Indicator #5	45.00	65	45.00	--	NA
% staff and providers with completed job detail manuals (Marathon FHT)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Percentage Improvement (2024/25)	Target (2024/25)

Change Idea #1 Implemented Not Implemented In Progress

HR Manager to create and execute plan for staff and providers to complete job details manuals.

Process measure

- 1. % of job details manuals in progress. 2. % of job details manuals completed.

Target for process measure

- 1. 100% of job details manuals in progress by March 15, 2024. 2. 65% of job details manuals completed by March 15, 2024.

Lessons Learned

Over the past fiscal year there have been a number of changes within HR. As new positions and staff/providers are on-boarded, work will begin on creating and updating job details manuals. This will begin in the next fiscal year.

Comment

This indicator will remain on the 2024/25 QIP as new HR positions and staff/providers become established in their roles and are able to take on updating/creating job details manuals.