

Access and Flow

Measure - Dimension: Efficient

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% active patients rostered	C	% / All patients	EMR/Chart Review / 2024	77.20	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 Launch an enrollment drive

Methods	Process measures	Target for process measure	Comments
Under the oversight of the QI Committee, an enrolment drive will be launched with a public education campaign using local media, and SMS reminders to unenrolled patients to enroll. The epidemiologist will track new enrolments through billing code Q200A and results will be reported back to the QI Committee as well as FHT staff and providers.	Number of Q200A billed per month.	There will be 70 enrollments per month for each of March and April of 2024, while the enrolment campaign is underway.	

Change Idea #2 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 2024	

Change Idea #3 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 2024.	

Measure - Dimension: Efficient

Indicator #3	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 / 2024/25	43.00	60.00	Once the online email consent form is created, 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 2024.	

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 #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% staff and providers with completed job detail manuals	C	% / Worker	In house data collection / 2024/25	45.00	65.00	It is expected that all positions will have started a job details manual before the end of 2024/25 but a number of the positions involve many tasks and limited time for updating/creating a job details manual.	

Change Ideas

Change Idea #1 Review staff and provider positions to determine tasks/duties for which a job detail would be required.

Methods	Process measures	Target for process measure	Comments
HR Manager and HR committee to review the various roles to determine what tasks/duties would require updated and/or new job details that would allow for these duties to be completed by subsequent staff/providers or in their absence. Outcomes to be reported back to the QI Committee for review.	Number of staff/providers for whom tasks/duties reviewed for need of job details.	Tasks/duties of 2 provider/staff members reviewed per month by mid-September 2024.	

Change Idea #2 Implement job detail manual completion timeline for staff/providers

Methods	Process measures	Target for process measure	Comments
HR Manager and HR Committee to develop a timeline, including for communication (globally and one on one) about the project, for job details to be completed.	1. % of job details manuals in progress. 2. % of job details manuals completed	1. 100% of job details manuals in progress by March 15, 2025. 2. 65% of job details manuals completed by March 15, 2025	

Safety

Measure - Dimension: Effective

Indicator #1	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 / 2024/25	67.00	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 Complete a "catch-up" project to contact patients to acquire missing allergy information.

Methods	Process measures	Target for process measure	Comments
1. Epidemiologist to generate a list of patients with empty allergy field in EMR. 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. 3. Data will be collected and analyzed by the epidemiologist and reviewed at monthly QI meetings.	1. % of patients with a populated allergy field	1. 72% of patients having the allergy field populated by September 2024, 75% by December 31 2024.	

Change Idea #2 Review and update the new patient process

Methods	Process measures	Target for process measure	Comments
1. Epidemiologist and/or HR Manager to review the current new patient process. 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. 3. Perform a number of PDSA cycles to test possible improvements. 4. Implement effective improvements. 5. Epidemiologist to track and analyze data and review it with the QI Committee as well as front staff.	1. % of new patients having allergy field updated in chart within a month of their first appointment.	1. 50% of new patients having allergy field updated in chart within a month of their first appointment by October 2024, 70% by December 2024.	

Change Idea #3 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 2024, 75% by December 31 2024.	