

Equity | Equitable | Custom Indicator

Indicator #1	Last Year		This Year		
	87.00	90	76.00	--	NA
Improving Mental Health Monitoring (Health Zone NPLC)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Percentage Improvement (2024/25)	Target (2024/25)

Change Idea #1 ☒ Implemented ☐ Not Implemented ☐ In Progress

Each patient that has a confirmed mental health diagnosis and/or is currently prescribed medication for mental health symptoms will have a mental health custom form completed along with a recall for follow up with the RN/RPN/NP in six months or earlier when applicable. We will also aim to increase the use of the AOHC 'mental health check in' checkbox when completed during patient appointments. We chose to do this due to the high prevalence of mental illness, social isolation and poverty amongst our patients.

Process measure

- Percent of adult patients (16 or older) on mental health medication or who have been diagnosed with a mental health condition who have received a comprehensive mental health evaluation in the last year. Percent of patient encounters among adults (16 or older) where a mental health check-in was completed.

Target for process measure

- 90% of adult patients (16 or older) on mental health medication or with a mental illness will have a comprehensive mental health evaluation completed using the mental health custom form in the last 12 months. We intend to completed mental health check ins in 40% of visits among adults patients (16 or older) from April 1, 2023 to March 31, 2024.

Lessons Learned

We continue to refine this indicator based on increased use of healthcare technologies. For example, we are currently using the Ocean platform to send out PHQ-9, GAD-7, etc. scales prior to mental health follow up appointments along with a structured script informing patients why we complete regular mental health follow up for all patients.

Indicator #2	Last Year		This Year		
	100.00	80	95.00	--	NA
Percent of patients able to see a doctor or nurse practitioner on the same day or next day when needed. (Health Zone NPLC)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Percentage Improvement (2024/25)	Target (2024/25)

Change Idea #1 ☒ Implemented ☐ Not Implemented ☐ In Progress

We plan to continue to distribute patient surveys through use of Ocean tablets and patient emails through the Ocean platform.

Process measure

- The number of patients who complete the in-house survey in 3-month blocks. The number of patients who a) contact Health Zone for a same day/next day appointment b) the number of patients who are triaged by an RN/RPN and receive a same day or next day appointment

Target for process measure

- We will set a conservative target of 80% by April 1, 2024. We have increased the amount of same day/next day appointments from 138 to 514 between April 1, 2022 and March 31, 2023. We have been able to accommodate requests for same day/next day appointments and will strive to provide timely access to health care appointments.

Lessons Learned

We were able to significantly increase the distribution of patient satisfaction surveys this year through the Ocean platform. We chose to make increased same day/next day appointments available and saw over 750 same day/next day appointments attended from April 1, 2023 to February 1, 2024.

Experience | Patient-centred | **Priority Indicator**

Indicator #3	Last Year		This Year		
	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Percentage Improvement (2024/25)	Target (2024/25)
Percent of patients who stated that when they see the doctor or nurse practitioner, they or someone else in the office (always/often) involve them as much as they want to be in decisions about their care and treatment (Health Zone NPLC)	95.24	80	94.88	-0.38%	80

Change Idea #1 ☒ Implemented ☐ Not Implemented ☐ In Progress

We will continue to utilize our Ocean platform to offer patients the opportunity to complete the patient satisfaction survey through tablet during in person appointments or through patient email when applicable.

Process measure

- Number of in house patient satisfaction surveys completed by April 1, 2024.

Target for process measure

- 50% of all patients who seek care over the next 12 months will complete the patient satisfaction survey of which 80% will indicate they were involved in decisions about their care and treatment.

Lessons Learned

Within the last 12 months we have had significant increase in patient satisfaction survey completion through use of the Ocean email platform. We will set our goal at 80% by April 1, 2025 with the intention of working with our administrative staff to ensure appropriate survey distribution to eligible patients after appointment completion.

Safety | Effective | Custom Indicator

Indicator #4	Last Year		This Year		
	97.20	98	89.40	--	NA
Percent of pediatric patients age 7 years old and younger who are up to date on their vaccinations as per the Ontario Immunization Schedule and well baby/well child visits. (Health Zone NPLC)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Percentage Improvement (2024/25)	Target (2024/25)

Change Idea #1 ☒ Implemented ☐ Not Implemented ☐ In Progress

We will continue to diligently set recalls for all patients aged 7 years old or younger to alert RN/RPNs and nurse practitioners when a patient is due for follow up.

Process measure

- Percentage of children who are up to date on well baby/well child visits and pediatric immunizations. This analysis will be completed monthly.

Target for process measure

- 98% of pediatric patients will be up to date on well baby visits and pediatric immunizations by April 1, 2024.

Lessons Learned

We have continued to find this change idea effective as we monitor pediatric immunizations and well baby/well children visits. We continue to implement health promotion initiatives and will monitor for any change ideas that can provide improvement in the future.

Safety | Effective | Custom Indicator

Indicator #5	Last Year		This Year		
	61.80	70	66.40	--	NA
Percentage of screen eligible patients up to date with colorectal cancer screening. (Health Zone NPLC)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Percentage Improvement (2024/25)	Target (2024/25)

Change Idea #1 ☒ Implemented ☐ Not Implemented ☐ In Progress

We will continue to evaluate the change idea of using Ontario MD custom form to track colorectal cancer screening status for patients to determine if there is an improvement in ability to pull this data for regular screening follow up.

Process measure

- The number of screen eligible patients who complete colorectal screening test in 3 month blocks when reviewed by nurse practitioners and RN/RPNs

Target for process measure

- 70% of screen eligible patients will complete colorectal cancer screening test by April 1, 2024.

Lessons Learned

We have found the use of the Ontario MD custom form to be much more efficient for data collection and determining when outstanding preventative screening is due for screen eligible patients. We continue to refine this process with a significant increase in new patient intakes this year we will continue to monitor the data collection and review process to determine if additional improvements can be made.

Safety | Effective | Custom Indicator

Indicator #6	Last Year		This Year		
	58.10	70	60.30	--	NA
Percentage of screen eligible patients up to date with mammogram. (Health Zone NPLC)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Percentage Improvement (2024/25)	Target (2024/25)

Change Idea #1 ☒ Implemented ☐ Not Implemented ☐ In Progress

We will continue to evaluate the change idea of using Ontario MD custom form to track mammogram screening status for patients to determine if there is an improvement in ability to pull this data for regular screening follow up.

Process measure

- The number of screen eligible patients who complete mammogram testing in 3 month blocks when reviewed by nurse practitioners and RN/RPNs.

Target for process measure

- 70% of screen eligible patients will complete mammogram testing by April 1, 2024.

Lessons Learned

We have found the use of the Ontario MD custom form to be much more efficient for data collection and determining when outstanding preventative screening is due for screen eligible patients. We continue to refine this process with a significant increase in new patient intakes this year we will continue to monitor the data collection and review process to determine if additional improvements can be made.

Safety | Effective | Custom Indicator

	Last Year		This Year		
Indicator #7	82.40	80	76.80	--	NA
Percentage of screen eligible patients up to date with papanicolaou testing. (Health Zone NPLC)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Percentage Improvement (2024/25)	Target (2024/25)

Change Idea #1 ☒ Implemented ☐ Not Implemented ☐ In Progress

We will continue to evaluate the change idea of using Ontario MD custom form to track papanicolaou screening status for patients to determine if there is an improvement in the ability to pull this data for regular screening follow up.

Process measure

- The number of screen eligible patients who complete papanicolaou testing in 3 month blocks when reviewed by nurse practitioners and RN/RPNs.

Target for process measure

- 80% of screen eligible patients will complete papanicolaou testing by April 1, 2024.

Lessons Learned

We have found the use of the Ontario MD custom form to be much more efficient for data collection and determining when outstanding preventative screening is due for screen eligible patients. We continue to refine this process with a significant increase in new patient intakes this year we will continue to monitor the data collection and review process to determine if additional improvements can be made.

Access and Flow | Efficient | Custom Indicator

Indicator #8	Last Year		This Year		
	86.20	70	100.00	--	NA
Percentage of those hospital discharges (any condition) where timely (within 48 hours) notification was received, for which follow up was done (by any mode, any clinician) within 7 days of discharge when needed. (Health Zone NPLC)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Percentage Improvement (2024/25)	Target (2024/25)

Change Idea #1 ☒ Implemented ☐ Not Implemented ☐ In Progress

We have continued to receive hospital discharge reports through HRM (Ontario's Health Report Manager). This has improved timely reporting. However, ultimately we have no control over the timeliness or completeness of receiving all hospital discharge reports. We will continue to advocate by working with our MPPs and NPLC colleagues for the MOHLTC to include nurse practitioner in the primary care database.

Process measure

- The continued integration of HRM improved reporting timing and we saw a small increase in performance from 85.7 to 86.2 this year. We are hopeful that a MOHLTC change is coming to add nurse practitioners to the Ministry list of providers.

Target for process measure

- Conservatively, we will set our target at 80% of patients who are discharged from hospital have a discharge report received by the nurse practitioner within two days, and a follow up within 7 days. Should nurse practitioners be added to the Ministry database, we believe we can set this target higher at 90%.

Lessons Learned

The continued integration of HRM improved reporting timing and we saw an increase in performance from 86.2 to 100 this year. However, it is important to note that if an HRM report is not received and a patient does not contact the clinic for follow up we are unable to determine if a patient has been admitted/discharged from hospital. We are hopeful that a MOHLTC change is coming to add nurse practitioners to the Ministry list of providers.