

Equity | Equitable | **Optional Indicator**

Indicator #1	Last Year		This Year		
	43.40	60	14.00	-67.74%	18
Completion of sociodemographic data collection (Health Zone NPLC)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

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

Administrative staff and nurse practitioners, RN/RPN staff will work collaboratively to ensure appropriate sociodemographic information is gathered prior to or during scheduled appointments.

Process measure

- Percent of patients who have completed sociodemographic data collection by March 31, 2025.

Target for process measure

- 60% of patients will have completed sociodemographic data collection by March 31, 2025.

Lessons Learned

There was no follow-up to the completion of sociodemographics forms sent out to new patients through Ocean email. Will look at ways to ensure these are completed prior to next appointment in clinic.

Comment

We intend to review the in-house surveys completed quarterly, to ensure we improve our patient engagement and data collection. The medical office assistants will be responsible for ensuring completion of such forms.

Experience | Patient-centred | **Optional Indicator**

Indicator #2	Last Year		This Year		
	90.90	80	73.00	-19.69%	75
Do patients/clients feel comfortable and welcome at their primary care office? (Health Zone NPLC)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

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 email after appointment completion when applicable.

Process measure

- Number of in house patient satisfaction surveys completed by April 1, 2025.

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 felt welcomed in the clinic.

Lessons Learned

Survey notices were only sent quarterly with a link in our newsletter so it potentially did not reach as many patients as we can. Will look at other ways to get more patient participation.

Comment

We intend to review the in-house surveys completed quarterly, to ensure we improve our patient engagement and data collection. The medical office assistants will be responsible for ensuring completion of such forms.

Equity | Equitable | Custom Indicator

Indicator #3	Last Year		This Year		
	76.00	80	X	--	NA
Improving Mental Health Monitoring (Health Zone NPLC)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

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

We have developed a mental health check in survey with PHQ9 and GAD7 scales that can be completed by patients through the Ocean platform prior to follow up appointments. We will also aim to increase the use of the AOHC 'mental health check in' checkbox when completed during patient appointments. We chose to continue with this custom indicator due to the high prevalence of mental illness, social isolation and poverty amongst our patients.

Process measure

- Percent of adult patients (16 years old 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 years old or older) where a mental health check in was completed.

Target for process measure

- 80% of adult patients (16 years old or older) on mental health medication or with a diagnosed mental illness will have a comprehensive mental health evaluation completed using the mental health custom form in the last 12 months. We intend to complete mental health check ins in 40% of visits among adult patients (16 years old or older) from April 1, 2024 to March 1, 2025).

Lessons Learned

We felt we were unable to find a proper way to track patients with a diagnosis against appointments that were booked and patients who were notified to try and book appointments etc.

Comment

We will be looking at ways to add mental health as an indicator going forward and how to better show what we are accomplishing.

Access and Flow | Efficient | **Optional Indicator**

Indicator #4	Last Year		This Year		
	818.00	600	774.00	-5.38%	904
Number of new patients/clients/enrolments (Health Zone NPLC)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

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

We are periodically opening our new patient intake applications as we process and register new patients. Nurse practitioners and administrative staff collectively review the intake process and current wait list status monthly.

Process measure

- Number of new patient intakes completed by March 31, 2025.

Target for process measure

- We will set a conservative target of 80% by March 31, 2025. We continue to prioritize new patient intakes, but must consider patient attrition due to relocation to areas outside of our organization's catchment area.

Lessons Learned

We were able to significantly cut down the wait times for an intake appointment for patients that applied by blocking 8 appointment slots per week for each NP.

Comment

We are continuously accepting patients to our wait list by utilizing on online form on our website. Our NPs are blocking off approx. 8 spots per week in their schedule to accommodate only new patient appointments.

Access and Flow | Timely | **Optional Indicator**

Indicator #5	Last Year		This Year		
	61.90	70	50.72	-18.06%	55
Patient/client perception of timely access to care: percentage of patients/clients who report that the last time they were sick or had a health problem, they got an appointment on the date they wanted (Health Zone NPLC)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

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 email after appointment completion when applicable.

Process measure

- Number of in house patient satisfaction surveys completed by April 1, 2025.

Target for process measure

- 50% of all patients who seek care over the next 12 months will complete the patient satisfaction survey of which 70% will indicate were satisfied with their appointment date

Lessons Learned

Survey notices were only sent quarterly with a link in our newsletter so it potentially did not reach as many patients as we can. Will look at other ways to get more patient participation.

Comment

We will continue to utilize our Ocean platform to offer patients the opportunity to complete the patient satisfaction survey through quarterly emails to all patients and to promote filling out the survey on our website through social media.

Experience | Patient-centred | Custom Indicator

	Last Year		This Year		
Indicator #6	95.00	80	X	--	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 (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

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

We have started developing electronic triage surveys that can be distributed to patients through the Ocean platform to increase efficiency of triaging for same day/next day appointments for common presentations including URTI and UTI. When appropriate the RN/RPN will speak with the patient directly.

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/next day appointment

Target for process measure

- We will set a conservative target of 80% by April 1, 2025. What have increased the amount of same day/next day appointments from 514 to 767 between April 1, 2023 and February 1, 2024. We have been able to accommodate the majority of requests for same day/next day appointments and will strive to provide timely access to healthcare services.

Lessons Learned

We felt that there was not enough survey responses and a large amount being left blank did not get a good reading on our accommodations for same day and next day appointments.

Comment

We have made a new indicator this year to better capture or same day and next day appointments.

Indicator #7	Last Year		This Year		
	94.88	80	73.91	-22.10%	NA
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)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

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 email after appointment completion when applicable.

Process measure

- Number of in house patient satisfaction surveys completed by April 1, 2025.

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

Survey notices were only sent quarterly with a link in our newsletter so it potentially did not reach as many patients as we can. Will look at other ways to get more patient participation.

Comment

We will continue to utilize our Ocean platform to offer patients the opportunity to complete the patient satisfaction survey through quarterly emails to all patients and to promote filling out the survey on our website through social media.

Safety | Effective | Custom Indicator

Indicator #8	Last Year		This Year		
	89.40	90	33.92	--	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 (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

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 vaccinations.

Target for process measure

- 90% of pediatric patients will be up to date on well baby/well children and vaccinations by April 1, 2025.

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.

Comment

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.

Safety | Effective | Custom Indicator

Indicator #9	Last Year		This Year		
	66.40	65	61.57	--	NA
Percentage of screen eligible patients up to date with colorectal cancer screening (Health Zone NPLC)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

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.

Target for process measure

- 65% of screen eligible patients will complete colorectal cancer screening test by April 1, 2025.

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.

Comment

We will continue to evaluate using Ontario MD custom form to track FIT testing status for patients bi-annually and notify patients through Ocean email when they are due for screening.

Safety | Effective | Custom Indicator

Indicator #10	Last Year		This Year		
	60.30	65	81.13	--	NA
Percentage of screen eligible patients up to date with mammogram. (Health Zone NPLC)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

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 the nurse practitioners.

Target for process measure

- 65% of screen eligible patients will complete mammogram testing by April 1, 2025.

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.

Comment

We will continue to evaluate using Ontario MD custom form to track mammogram screening status for patients bi-annually and notify patients through Ocean email when they are due for screening.

Safety | Effective | Custom Indicator

Indicator #11	Last Year		This Year		
	76.80	75	76.06	--	NA
Percentage of screen eligible patients up to date with Papanicolaou testing (Health Zone NPLC)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

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.

Target for process measure

- 75% of screen eligible patients will complete papanicolaou testing by April 1, 2025.

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.

Comment

We will continue to evaluate using Ontario MD custom form to track PAP screening status for patients bi-annually and notify patients through Ocean email when they are due for screening. Our clinic is one of the clinics to trial the self swab PAP starting in March 2025 which will potentially help increase our completion numbers.

Equity | Equitable | **Optional Indicator**

Indicator #12	Last Year		This Year		
	CB	100	100.00	--	100
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education (Health Zone NPLC)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

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

As an organization we will take the time to explore relevant education opportunities that can be provided to all staff or alternatively discuss specific relevant education opportunities that staff members would like to complete prior to April 1, 2025.

Process measure

- Percentage of all staff who have completed relevant equity, diversity, inclusion, and anti-racism education by April 1, 2025.

Target for process measure

- 100% of all staff will complete relevant equity, diversity, inclusion, and anti-racism education by April 1, 2025.

Lessons Learned

We find reviewing this quarterly to search for new opportunities ensures all employees are receiving this education.

Comment

As an organization we will take the time to explore relevant education opportunities that can be provided to all staff or alternatively discuss specific relevant education opportunities that staff members would like to complete prior to January 31, 2026.

Access and Flow | Efficient | **Custom Indicator**

Indicator #13	Last Year		This Year		
	100.00	80	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 (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

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 practitioners in the primary care database.

Process measure

- 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.

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 maintained reporting timing and we saw an 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.

Comment

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 MOH to include nurse practitioners in the primary care database.