

Equity | Equitable | **Optional Indicator**

Indicator #1	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
Completion of sociodemographic data collection (Health Zone NPLC)	14.00	18	3.10	-77.86%	5

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

Nurse practitioners, RN/RPN staff will work collaboratively to ensure appropriate sociodemographic information is gathered during appointment for those patients that cannot complete them independently. We will have reception confirm the completion of sociodemographic when patients come to clinic for appointments and re-send when it is noted to be incomplete within the last 2 years.

Process measure

- Percent of patients who have completed sociodemographic data collection between February 1, 2024 and January 31, 2025.

Target for process measure

- 40% of patients will have completed sociodemographic data collection by January 31, 2026 by trying to re-capture patients who have not filled out the form in a period of longer than 24 months.

Lessons Learned

Due to staffing shortages in 2025, we did not consider this a priority. As a result, the sociodemographic questionnaires were only distributed to new patients when they were already receiving other onboarding documents, such as the patient care agreement and code of conduct.

Change Idea #2 ☐ Implemented ☐ Not Implemented ☒ In Progress

The sociodemographic questionnaires were distributed to new patients when they were already receiving other onboarding documents, such as the patient care agreement and code of conduct.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Implementation delayed due to staffing issues. Lesson in learning that change management and quality improvement happens over time, and when capacity allows for completion.

Comment

The MOAs have implemented semi-annual reminders in their schedules to distribute the sociodemographic form to any patient who has not completed it within the past two years.

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

Indicator #2	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
Do patients/clients feel comfortable and welcome at their primary care office? (Health Zone NPLC)	73.00	75	92.64	26.90%	94

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 quarterly emails to all patients and to promote filling out the survey on our website through social media.

Process measure

- Number of in house patient satisfaction surveys completed from February 1, 2024 to January 31, 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

Due to staffing shortages in 2025, we did not consider this a priority. As a result, we were unable to send out the quarterly emails to patient with the patient questionnaires.

Change Idea #2 ☐ Implemented ☐ Not Implemented ☒ In Progress

We have implemented a waiting room slideshow displayed on the television, featuring a QR code that patients can scan to access and complete the survey.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

It is still early to gauge if this has increased the amount of patient surveys being completed.

Comment

The MOAs have implemented semi-annual reminders in their schedules to distribute the sociodemographic form to any patient who has not completed it within the past two years.

Safety | Safe | **Optional Indicator**

	Last Year		This Year		
Indicator #3	100.00	100	100.00	0.00%	100
eConsult: Percentage of clinicians within the primary care practice utilizing this provincial digital solution (Health Zone NPLC)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

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

Continue to maintain current percentage and ensure any new Nurse Practitioners that join our staff to be set up for econsult when onboarding.

Process measure

- The number of clinicians utilizing eConsult by January 31, 2025.

Target for process measure

- We will continue to try and maintain 100% utilization of eConsult by January 31, 2026.

Lessons Learned

We have had great success in ensuring that all eligible providers have access to eConsult at the time of onboarding, and will continue this process moving forward.

Comment

We will continue to maintain the current percentage and ensure any new Nurse Practitioners that join our staff are set up for econsult.

Safety | Safe | Optional Indicator

Indicator #4	Last Year		This Year		
	100.00	100	100.00	0.00%	100
Electronic Prescribing: Percentage of clinicians within the primary care practice utilizing this provincial digital solution (Health Zone NPLC)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

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

Continue to maintain current percentage and ensure any new Nurse Practitioners that join our staff to be set up for eprescribe when onboarding.

Process measure

- The number of Nurse Practitioners utilizing eprescribe.

Target for process measure

- We will continue to try and maintain 100% utilization of eprescribe by January 31, 2026.

Lessons Learned

Requiring coordination through the IT department to complete this setup—rather than having it managed by clinic-based staff with administrative EMR privileges, results in longer set-up times, particularly during the onboarding of new staff.

Comment

The EMR administrative team will consult with IT to determine whether this process can be managed within the clinic moving forward, with the goal of expediting setup during staff onboarding.

Safety | Safe | **Optional Indicator**

Indicator #5	Last Year		This Year		
	100.00	100	100.00	0.00%	100
eReferral: Percentage of clinicians within the primary care practice utilizing this provincial digital solution (Health Zone NPLC)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

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

Continue to maintain current percentage and ensure any new Nurse Practitioners that join our staff are set up with an Ocean account when onboarding.

Process measure

- The number of Nurse Practitioners utilizing ereferrals by January 31, 2025.

Target for process measure

- We will continue to try and maintain 100% utilization of ereferrals by January 31, 2026.

Lessons Learned

Great success in ensuring that all eligible providers have access to Ocean from onboarding. We will continue to maintain this as part of our onboarding process.

Comment

We will continue to maintain the current percentage and ensure any newly hired Nurse practitioners are set up with ereferrals.

Access and Flow | Timely | **Custom Indicator**

Indicator #6	Last Year		This Year		
	88.97	90	73.22	--	NA
How many patients were able to secure a same-day or next-day appointment when required. (Health Zone NPLC)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

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

We are looking at doing a trial of shortening same day next day appointments to increase our available same day and next day slots to 6 per day and then increase if we are able from there.

Process measure

- Number of same day next day appointments that were able to be booked based on patients who called to get an appointment where a same day or next day appointment was indicated from February 1, 2024 to January 31 2025.

Target for process measure

- With the increase in same day and next day appointments, we hope to increase our access to 90% for next year.

Lessons Learned

Due to an open Nurse Practitioner position that has been actively recruited since February 2025 and multiple staff turnover, the availability for same-day and next-day appointments was limited. This was necessary to ensure that the remaining Nurse Practitioners could continue to see regularly scheduled patients in a timely manner.

Comment

We have recently reopened afternoon same-day and next-day appointment slots three to four days per week, offering four to five appointments on each of these days. Additionally, we have implemented patient questionnaires to collect information on more urgent concerns, enabling more effective triaging and prioritization of same-day or next-day appointments.

Safety | Safe | **Optional Indicator**

Indicator #7	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
HRM: Percentage of clinicians within the primary care practice utilizing this provincial digital solution (Health Zone NPLC)	60.00	70	25.00	-58.33%	100

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

RN and RPN to be set up with a One ID and clinical connect access to gain access to notes so they can better assist the Nurse Practitioners in collecting health information for continuity of care.

Process measure

- The number of Nurse Practitioners, RN/RPN and Medical Office Assistants with access to HRM as of January 31, 2025.

Target for process measure

- The goal is to reach 100% utilization by January 31, 2026.

Lessons Learned

This indicator was interpreted differently than intended and was believed to include ClinicalConnect. Based on the clarified criteria, the value reported in the previous submission would have been 100%.

Change Idea #2 ☐ Implemented ☒ Not Implemented ☐ In Progress

Maintain 100% utilization by giving access to any new staff including NPs, RN/RPNs and MOAs when onboarding any new staff.

Process measure

- All NPs, RN/RPNS and MOAS who access and use OLIS through the EMR.

Target for process measure

- Maintain 100% use of OLIS in the EMR by January 31, 2026.

Lessons Learned

This indicator was interpreted differently than intended and was believed to include ClinicalConnect. Based on the clarified criteria, the value reported in the previous submission would have been 100%.

Comment

We will incorporate this process into the onboarding workflow to ensure all new Nurse Practitioners have HRM established upon joining the clinic.

Safety | Safe | **Optional Indicator**

	Last Year		This Year		
Indicator #8	3230.00	3000	3100.00	4.02%	2900
Number of faxes sent per 1,000 rostered patients (Health Zone NPLC)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

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

We will find ways to decrease the number of faxes sent by

Process measure

- The number of faxes sent per 1000 patients from February 1, 2024 to January 31, 2025.

Target for process measure

- We will aim to decrease that number to 3000 by January 31, 2026.

Lessons Learned

Success in using digital tools as much as possible.

Change Idea #2 ☐ Implemented ☐ Not Implemented ☒ In Progress

Continue to collaborate with OHT partners to find regional digital tools and continue to advocate to MOH for provincial digital solutions.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Challenges forthcoming connected to the reduction of PrescribeIT, so we anticipate an increase in faxes for prescriptions. We will continue to monitor options that replace this tool.

Comment

We will continue to utilize Ocean for ereferrals. We have stopped tracking non-urgent referrals until an appointment is made to help reduce the amount of faxes going to offices regarding updates. We will continue to send lab requisitions through Ocean email to patients to print or upload online to reduce faxes to Laboratories.

Access and Flow | Efficient | Optional Indicator

Indicator #9 Number of new patients/clients/enrolments (Health Zone NPLC)	Last Year		This Year		
	774.00	904	348.00	-55.04%	181
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

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

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.

Process measure

- Number of new patients enrolled from February 1, 2025 to January 31, 2026.

Target for process measure

- We will set a target of 95% by January 31, 2026. We feel this goal can be reached as we are close to meeting our full roster and will only need to be maintained as patients move away etc.

Lessons Learned

Due to staffing shortages in 2025, we were unable to accept or schedule new patient intakes between March and December of that year.

Comment

We currently have one Nurse Practitioner vacancy and are actively recruiting to fill this final position. Upon successful recruitment, we anticipate commencing additional patient intakes.

Safety | Safe | **Optional Indicator**

	Last Year		This Year		
Indicator #10	100.00	100	100.00	0.00%	100
OLIS: Percentage of clinicians within the primary care practice utilizing this provincial digital solution (Health Zone NPLC)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

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

Continue to maintain 100% by ensuring any new Nurse Practitioners, RN/RPN and Medical Office Assistance have access to OLIS when onboarding.

Process measure

- The number of Nurse Practitioners, RN/RPN and Medical Office assistants with access and utilizing OLIS in the EMR as of January 31, 2025.

Target for process measure

- Maintain 100% access to staff by January 31, 2025.

Lessons Learned

All eligible providers are connected to OLIS at the time of onboarding.

Safety | Safe | **Optional Indicator**

Indicator #11	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
Online Appointment Booking: Percentage of clinicians within the primary care practice utilizing this provincial digital solution (Health Zone NPLC)	30.76	40	0.00	- 100.00 %	50

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

Work with Ocean to get RN/RPNs set up to book appointments online along with the NPs to help alleviate phone calls and emails from patients to admin staff.

Process measure

- Percentage of clinicians utilizing online bookings from February 1, 2024 to January 31, 2025.

Target for process measure

- Our goal is to reach 45% by January 31, 2026

Lessons Learned

Due to staffing shortages, appointment availability was limited in 2025, and we were therefore unable to implement online booking during that time.

Comment

Once our remaining Nurse Practitioner position has been filled, we will begin offering online booking for appointments with Nurse Practitioners and RN/RPNs.

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

Indicator #12

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)

Last Year		This Year		
50.72	55	69.11	36.26%	72
Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

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 quarterly emails to all patients and to promote filling out the survey on our website through social media.

Process measure

- Number of in house patient satisfaction surveys completed from February 1, 2024 to January 31, 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 60% will indicate they felt welcomed in the clinic.

Lessons Learned

Due to staffing shortages, we were unable to distribute the quarterly patient survey emails during this period.

Comment

The MOAs have implemented semi-annual reminders in their schedules to distribute the patient survey to all patients.

Experience | Patient-centred | Custom Indicator

Indicator #13	Last Year		This Year		
	73.91	75	75.00	--	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 (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

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 quarterly emails to all patients and to promote filling out the survey on our website through social media.

Process measure

- Number of in house patient satisfaction surveys completed between February 1, 2024 and January 31, 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 as much as they wanted in decisions about their care or treatment. .

Lessons Learned

Due to staffing shortages in 2025, we did not consider this a priority. As a result, we were unable to send out the quarterly emails to patient with the patient questionnaires.

Change Idea #2 ☐ Implemented ☐ Not Implemented ☒ In Progress

We have implemented a waiting room slideshow displayed on the television, featuring a QR code that patients can scan to access and complete the survey.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

It is still early to gauge if this has increased the amount of patient surveys being completed.

Change Idea #3 ☐ Implemented ☐ Not Implemented ☒ In Progress

The MOAs have implemented semi-annual reminders in their schedules to distribute the sociodemographic form to any patient who has not completed it within the past two years.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

With the support of our QIIMS, we have a plan for how this will be implemented in the coming year.

Comment

The MOAs have implemented semi-annual reminders in their schedules to distribute the sociodemographic form to any patient who has not completed it within the past two years.

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

Indicator #14	Last Year		This Year		
	81.13	85	49.10	-39.48%	51
Percentage of screen-eligible people who are up to date with breast screening (Health Zone NPLC)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

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

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.

Process measure

- The number of up patients up to date on mammograms from February 1, 2024 to January 31, 2025.

Target for process measure

- We hope to have 85% of our patients up to date on their mammograms by January 31, 2026.

Lessons Learned

Implementing the OMD custom form has added to our success in getting all eligible patient up to date for screening. We will continue this approach going forward.

Comment

We will continue to pull a list of patients due for cervical screening quarterly and notify patients through Ocean email when they are due if they have not been notified within a 12 month period.

Access and Flow | Timely | Optional Indicator

Indicator #15	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
Percentage of screen-eligible people who are up to date with cervical screening (Health Zone NPLC)	76.06	80	65.35	-14.08%	68

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

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.

Process measure

- The number of up patients up to date on PAPs from February 1, 2024 to January 31, 2025.

Target for process measure

- We hope to have 85% of our patients up to date on their mammograms by January 31, 2026.

Lessons Learned

We have had great success in reaching more patients for HPV screening with the implementation of self-collection in our centre. We are excited to continue this project in to 2026.

Comment

We will continue to pull a list of patients due for cervical screening quarterly and notify patients through Ocean email when they are due if they have not been notified within a 12 month period.

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

Indicator #16	Last Year		This Year		
	61.57	65	50.00	-18.79%	53
Percentage of screen-eligible people who are up to date with colorectal tests (Health Zone NPLC)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

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

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.

Process measure

- The number of up patients up to date on FIT tests from February 1, 2024 to January 31, 2025.

Target for process measure

- We hope to have 80% of our patients up to date on their FIT tests by January 31, 2026.

Lessons Learned

Using the OMD custom form has helped with data collection, and we now have an established process for monitoring when patients are due for testing and how we connect with them to complete testing.

Comment

We will continue to pull a list of patients due for colorectal screening quarterly and notify patients through Ocean email when they are due if they have not been notified within a 12 month period.

Equity | Equitable | **Optional Indicator**

Indicator #17

Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education (Health Zone NPLC)

Last Year

100.00

Performance
(2025/26)

100

Target
(2025/26)

This Year

0.00

Performance
(2026/27)

-

100.00

%

Percentage
Improvement
(2026/27)

100

Target
(2026/27)

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 January 31, 2026.

Process measure

- Percentage of all staff who have completed relevant equity, diversity, inclusion, and anti-racism education between February 1, 2024 and January 31, 2025.

Target for process measure

- 100% of all staff will complete relevant equity, diversity, inclusion, and anti-racism education by January 31, 2026.

Lessons Learned

We are currently providing this training every 2 years with the next training scheduled for 2026.

Comment

We will incorporate this training yearly going forward with our other yearly training modules.

Access and Flow | Timely | Custom Indicator

Indicator #18	Last Year		This Year		
	100.00	100	93.00	--	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 (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

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 MOH to include nurse practitioners in the primary care database.

Process measure

- The continued integration of HRM maintained reporting timing and maintained a performance of 100%. 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

Use of HRM supports our clinic's process for timely follow up for patients post-hospital discharge. We will continue this approach to ensure quality care.

Comment

We will continue to use our Admission/Discharge Custom form tracker in the EMR to ensure we are aware of discharge and to ensure follow-up is achieved within 7 days after discharge.

Safety | Safe | Custom Indicator

Indicator #19	Last Year		This Year		
	33.92	38	89.65	--	NA
Total number of patients 7 years and younger who are up to date on immunizations. (Health Zone NPLC)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

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 as of January 31, 2025.

Target for process measure

- 50% of pediatric patients will be up to date on well baby/well children and vaccinations by January 31, 2026.

Lessons Learned

Using the recall function in our EMR has supported improvement in this area. We also plan for public health communication to patients for required vaccination so we are ready to respond each year when their campaign takes place.

Comment

We will continue to generate quarterly lists of patients aged seven years and younger to ensure their immunizations are up to date. Clinic staff will also prioritize scheduling upcoming check-ups and immunizations during patient visits whenever possible. Staff will continue to set recalls for well child visits and immunizations.