

## Theme II: Service Excellence

### Measure Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
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	P	% / PC organization population (surveyed sample)	In-house survey / April 2022 - March 2023	83.48	85.00	Patient involvement in decision making is an important element of high quality patient care	

### Change Ideas

Change Idea #1 25% of patient interactions at our FHT are with resident physicians. We will employ our Partners in Care Program to encourage residents to allow more patient involvement in their decision making

Methods	Process measures	Target for process measure	Comments
The Partners in Care program is a long-running program aimed at promoting CanMED attributes beyond Clinical Expert, including Communicator, Collaborator, Professional, Leader, Health Advocate, and Professional. It is meant to support trainees in their ability to provide high quality patient-centred care. As the impacts of the pandemic on education ramp down, this program will be able to function to its maximal impact in advancing these qualities in their participants.	The Partners in Care program is a long-running program aimed at promoting CanMED attributes beyond Clinical Expert, including Communicator, Collaborator, Professional, Leader, Health Advocate, and Professional. It is meant to support trainees in their ability to provide high quality patient-centred care. As the impacts of the pandemic on education ramp down, this program will be able to function to its maximal impact in advancing these qualities in their participants.	100% of resident physicians in the Family Medicine program should participate in the Partners in Care program during the 1 year period	Total Surveys Initiated: 1211

## Theme III: Safe and Effective Care

### Measure Dimension: Safe

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of non-palliative patients newly dispensed an opioid prescribed by any provider in the health care system.	P	% / Patients	CAPE, CIHI, OHIP, RPDB, NMS / 6 month period ending Mar 31, 2022	2.90	2.90	100% of resident physicians in the Family Medicine program should participate in the Partners in Care program during the 1 year period	

### Change Ideas

Change Idea #1 As 92.6% of newly dispensed opioids are prescribed by external providers, we will focus instead on reducing the number of non-palliative patients prescribed >90 mg MEQ

Methods	Process measures	Target for process measure	Comments
"1)We will conduct a review of all patient charts to identify those who are prescribed >90 mg MEQ. We will exclude patients who are palliative or managed with longterm opioid agonist therapy. 2) We will contact the primary care provider of each of the identified patients to review the opioid prescribing. 3) If the physician identifies their patient as a candidate for a reduction in opioid prescribing, the physician will be given the option to refer to our FHT pharmacy team to explore opioid reduction strategies."	We will track the response rate from the provider's of these patients	70% of the identified patients are reviewed and provided a response by their family physician within 2 months of being contacted	

**Measure**      Dimension: Safe

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of patients with diabetes age 18 or over who have had a diabetic foot ulcer risk assessment using a standard, validated tool within the past 12 months.	C	% / Patients	EMR/Chart Review / 2022	7.60	20.00	Using a standardized diabetic foot screening tool has been shown an effective strategy to facilitate early detection and appropriate treatment of diabetic foot ulcers	

**Change Ideas**

Change Idea #1 Increase number of diabetic foot assessments using the standardized validated Inlow's 60 Second Diabetes Foot Screen tool

Methods	Process measures	Target for process measure	Comments
"1) The Diabetes Flowsheet has been recently updated to embed the Inlow's assessment tool. An email update on the use of this tool will be disseminated to explain its use and reassure clinicians of its minimal time requirements 2) Our clinic has recently added annual diabetes care review visits with our nursing team. As part of this annual assessments, the nursing team will conduct foot checks using the validated tool."	We will track number of nursing chronic disease diabetes visits conducted to ensure utilization by the primary care providers	5%	Given the timeline for routine diabetes care and the referral lag for new services, we will aim for 5% of our patients with diabetes to undergo a nursing-led diabetes review visit by the end of a 6 month period

**Measure**      Dimension: Safe

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of patients ages 65-70 who have a documented 2 dose series of Shingrix vaccines in our EMR	C	% / Patients	EMR/Chart Review / current period	34.00	55.00	A target below 100% was deemed reasonable given patient hesitation, response rate, availability over the time period, and understanding that the eligible group continuously expands as people enter the eligibility age range. Additionally, some patients may not be appropriate candidates to receive the vaccine.	

**Change Ideas**

## Change Idea #1 Increase the number of eligible patients to receive the Shingrix vaccines during the publicly available time period

Methods	Process measures	Target for process measure	Comments
"1) We will run an EMR search to identify the appropriate patients who have not received the 2 dose series 2) Our nursing team will review the patients and notify the primary care provider through the EMR 3) Physician will have the option of updating the chart (if the vaccines were given by a different provider), declining the vaccine if contraindicated, or requesting our nurses contact the patient and administer the publicly funded vaccines. These options will be selected through a custom form in the chart 4) Patients will be contacted by email to schedule the vaccination during a nursing appointment. If no response, a phone call will be attempted. 5) Patients who consent will receive the 2 dose vaccine series by our nursing team at the appropriate intervals."	We will track the number of completed custom forms in the chart to reflect use of our tool	70% completion of custom forms by the primary care providers within 2 months of being contacted	

**Measure**      Dimension: Safe

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of patients ages 65 and above who have a dose of Pneumovax 23 documented in our EMR	C	% / Patients	EMR/Chart Review / current period	43.00	65.00	A target below 100% was deemed reasonable given patient hesitation, response rate, availability over the time period, and understanding that the eligible group continuously expands as people enter the eligibility age range. Additionally, some patients may not be appropriate candidates to receive the vaccine.	

**Change Ideas**

## Change Idea #1 Increase the number of eligible patients to receive the Pneumovax 23 vaccine during the publicly available time period

Methods	Process measures	Target for process measure	Comments
"1) We will run an EMR search to identify the appropriate patients who have not received a dose 2) An advanced directive exists to allow our nursing team to administer the vaccine when appropriate without the primary care provider's involvement. Accordingly, our nurses will have the option of updating the chart (if the vaccines were given by a different provider), declining the vaccine if contraindicated, or contact the patient to administer the vaccine. These options will be selected through a custom form in the chart 4) Patients will be contacted by email to schedule the vaccination during a nursing appointment. If no response, a phone call will be attempted. If despite all efforts no response is achieved, the failed attempt will be documented as part of the custom form 5) Patients who consent will receive the vaccine by our nursing team.	We will track the number of completed custom forms in the chart to reflect use of our tool	100% completion of the custom form within 2 months of the initiation of the program	

**Measure**      **Dimension:** Safe

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of patients age 18-36 months who have received recommended childhood immunizations	C	% / Patients	EMR/Chart Review / current period	78.00	95.00	All children should receive the primary immunization series by the 18-36 month age range. The target below 100% reflects children whose parents decline immunizations.	

**Change Ideas**

Change Idea #1 Increase the number of children age 18-36 months who received the complete age-appropriate primary immunization series.

Methods	Process measures	Target for process measure	Comments
"1) A chart review will be conducted to identify patients ages 18-36 months who do not have a complete immunization series documented in our EMR 2) The list will be provided to our nursing team with instructions to contact the parents/guardians to either provide the missing vaccination record or schedule an appointment for the vaccination 3) Children who are no longer patients at our clinic will be marked inactive"	We will track the parental/guardian response rate to the nursing inquiries through a custom form in the chart	We will aim for a response rate of 90% within 2 months of being contacted	

**Measure**      **Dimension:** Safe

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of patients age 7 years who have received recommended childhood immunizations	C	% / Patients	EMR/Chart Review / current period	36.00	95.00	All children should receive the primary immunization series by the 18-36 month age range. The target below 100% reflects children whose parents decline immunizations.	

**Change Ideas**

Change Idea #1 Increase the number of children age 7 who received the complete age-appropriate primary immunization series.

Methods	Process measures	Target for process measure	Comments
"1) A chart review will be conducted to identify patients ages 18-36 months who do not have a complete immunization series documented in our EMR 2) The list will be provided to our nursing team with instructions to contact the parents/guardians to either provide the missing vaccination record or schedule an appointment for the vaccination 3) Children who are no longer patients at our clinic will be marked inactive	We will track the parental/guardian response rate to the nursing inquiries through a custom form in the chart	We will aim for a response rate of 90% within 2 months of being contacted	

Change Idea #2 Increase the number of children age 7 who received the complete age-appropriate primary immunization series.

Methods	Process measures	Target for process measure	Comments
"1) A chart review will be conducted to identify patients ages 18-36 months who do not have a complete immunization series documented in our EMR 2) The list will be provided to our nursing team with instructions to contact the parents/guardians to either provide the missing vaccination record or schedule an appointment for the vaccination 3) Children who are no longer patients at our clinic will be marked inactive	We will track the parental/guardian response rate to the nursing inquiries through a custom form in the chart	We will aim for a response rate of 90% within 2 months of being contacted	