## Access and Flow

## Measure - Dimension: Efficient

| Indicator #1 | Type | Unit / Population | Source / Period | Current Performance | Target | Target Justification | External Collaborators |
|---|---|---|---|---|---|---|---|
| Number of new patients/clients/enrolments | O | Number / PC patients/clients<br><br>Screen eligible clients aged 0 - 100 | EMR/Chart Review / Most recent consecutive 12-month period | CB | CB | Establishing a baseline for the number of new patients/clients/enrollments is essential for setting realistic and data-driven targets. A baseline helps assess current capacity, identify trends, and evaluate the effectiveness of outreach and access initiatives. | |

## Change Ideas

**Change Idea #1**  Enhance our outreach and strengthen partnerships with our community partners (i.e. Ross Memorial Hospital ED, Community Paramedics).

| Methods | Process measures | Target for process measure | Comments |
|---|---|---|---|
| 1. Track the number of new client registration each quarter, include capturing demographic and referral source data; 2. Analyze referrals from partner organizations, hospitals, and community partners; 3. Client experience surveys to collect self-reported data about referral source and intake process | 1. Percentage of new clients enrolled each quarter; 2. Average wait time for new clients to see provider for meet and greet; 3. number of new enrollments generated from outreach efforts | 1. Increase the number of new clients enrolled by 15% over the next 12 months, compared to the baseline enrollment data; 2. Reduce the enrollment processing time from initial contact to completed registration by 20% within 6 months | With a full complement of providers our wait list is decreasing significantly. Our goal would be to have new clients from our catchment area to be able to apply to our CHC, enroll as a new client and be seen by a provider within 3 months. |

Change Idea #2   Streamline enrollment and intake processes, including improvements to workflow efficiency to accommodate more clients.

| Methods | Process measures | Target for process measure | Comments |
|---|---|---|---|
| Track the number of new client registrations each quarter, include demographic and referral source data. | Percentage of new clients enrolled each quarter. | Increase the number of new clients enrolled by 15%over the next 12 months, compared to the baseline enrollment data, and reduce the enrollment processing time from initial contact to completed registration by 20% within 6 months. | |

## Measure - Dimension: Timely

| Indicator #6 | Type | Unit / Population | Source / Period | Current Performance | Target | Target Justification | External Collaborators |
|---|---|---|---|---|---|---|---|
| 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 | O | % / PC organization population (surveyed sample) | In-house survey / Most recent consecutive 12-month period | 80.83 | 90.00 | Raising the target from 85% to 90% for timely access to care aligns with our commitment to improving patient experience. With a current rate of 80.83%, further progress is needed to meet expectations and reduce access barriers. A 90% goal is ambitious yet achievable, supporting continuous improvement. Timely access enhances patient satisfaction, health outcomes, and system efficiency while preventing delays that lead to worsened conditions. Efforts such as optimizing scheduling, expanding availability, and leveraging virtual care will help bridge the gap. Benchmarking suggests 90% as a high-performance standard, reinforcing our dedication to patient-centered care and improved access. | |

**Change Ideas**

**Change Idea #1** Optimizing scheduling processes, which include increasing Online Appointment Booking spots and leveraging nursing scope of practice with nurses that can provide urgent care support and improve service capacity.

| Methods | Process measures | Target for process measure | Comments |
|---|---|---|---|
| 1. Client experience surveys to capture whether clients received an appointment when needed; 2. Track Online Appointment booking metrics, including success rates, and client usage rates. | 1. Number and percentage of appointments conducted via OAB; 2. Survey results measuring ease of booking and perceived timeliness of access. | Increase the percentage of same-day or next-day appointment availability from the current baseline of 80.83% to 90% by the end of the next fiscal year (12 months), as measured by appointment scheduling data and client booking success rates. | Current partnerships with Kawartha Lakes Haliburton Ontario Health Team support OAB and AI Scribe tools to increase capacity for our staff which will result in the support of increasing our ability to achieve this goal. |

**Change Idea #2** Offer more after hours and/or same day fit in time into provider schedules.

| Methods | Process measures | Target for process measure | Comments |
|---|---|---|---|
| Analyze appointment scheduling data, including same day/next day appointment availability, and cancellation rates. | 1. Measurement of clinic and provider schedules to ensure efficient resource use. 2. Frequency of missed appointments and cancellations, which impact appointment availability. | Increase the percentage of same day or next day appointment availability from the current baseline of 80.83% to 90% by the end of the next fiscal year (12 months), as measured by appointment scheduling data and client booking success rates. | |

**Change Idea #3** Increase provider capacity with decreased administration burden by capitalizing on AI Scribe tools.

| Methods | Process measures | Target for process measure | Comments |
|---|---|---|---|
| Client experience surveys to capture whether clients received an appointment when needed. | Survey results measuring ease of booking and perceived timeliness of access. | Increase the percentage of same day or next day appointment availability from the current baseline of 80.83% to 90%by the end of the next fiscal year (12 months), as measured by appointment scheduling data and client booking success rates. | |

# Equity

## Measure - Dimension: Equitable

| Indicator #2 | Type | Unit / Population | Source / Period | Current Performance | Target | Target Justification | External Collaborators |
|---|---|---|---|---|---|---|---|
| Completion of sociodemographic data collection | O | % / Patients<br><br>Eligible clients aged 0 - 100 | EMR/Chart Review / Most recent consecutive 12-month period | 68.23 | 80.00 | Reaching 80% completion of sociodemographic data collection ensures a comprehensive understanding of patient populations, supports equitable care, and informs targeted interventions. This target aligns with best practices, enhances data-driven decision-making, and improves health outcomes by addressing disparities. Achieving 90% is realistic with staff training, standardized workflows, and patient engagement strategies. | |

## Change Ideas

**Change Idea #1**   Staff training on the importance of gathering more sociodemographic data and integrating it into workflows.

| Methods | Process measures | Target for process measure | Comments |
|---|---|---|---|
| 1. provide educational material and explanations to clients on why this data is collected; 3. Use automated reminders in digital platforms (Ocean) to complete missing information; 4. regularly review completion rate | 1. Percentage of clients who received education on sociodemographic data collection. | 1. 80% of clients receive education on the importance of sociodemographic data within 6 months. | This work was started last fiscal year, however we had a vacancy in our data management position which stalled our ability to implement a new sociodemographic template into our EMR. We will be incorporating our change idea for this fiscal year. |

Change Idea #2   Using standardized prompts in our digital platforms and/or EMR to gather and/or update sociodemographic data.

| Methods | Process measures | Target for process measure | Comments |
| --- | --- | --- | --- |
| Use imbedded standardized data collection prompts from the EMR for client intake and update during client visits. | 1. Percentage of completed sociodemographic data. 2. Percentage of incomplete records flagged for follow up and successfully updated. | Completion rate will be 90% of clients with completed sociodemographic data within 12 months, and 100% of flagged incomplete records receive follow up within 3 months | |

## Experience

## Measure – Dimension: Patient-centred

| Indicator #3 | Type | Unit / Population | Source / Period | Current Performance | Target | Target Justification | External Collaborators |
|---|---|---|---|---|---|---|---|
| Do patients/clients feel comfortable and welcome at their primary care office? | O | % / PC organization population (surveyed sample) | In-house survey / Most recent consecutive 12-month period | 95.31 | 98.00 | Having a target of 98% for clients feeling comfortable and welcome at their primary care office will enhance their experience and demonstrate our commitment to high-quality, client-centered care. This target promotes continuous improvement, aligns with industry benchmarks, strengthens client retention, and improves our reputation, ultimately supporting better outcomes and attracting new clients. | |

**Change Ideas**

| Change Idea #1 | Staff training and development for ongoing customer service and de-escalation training for all team members; 2. Act on feedback from Client Experience Surveys; 3. Continue to foster team-oriented approach to care 4. Reduce wait times for appointments for all services |
|---|---|

| Methods | Process measures | Target for process measure | Comments |
|---|---|---|---|
| 1. Staff and client feedback from experience surveys regularly; 2. Evaluate effectiveness of staff training; 3. monitor/track client wait times | 1. Measure the percentage of clients who report feeling comfortable and welcome during their visit, as captured in post visit surveys; 2. The percentage of staff members who have completed customer service and de-escalation training; 3. Number of feedback surveys completed by clients and staff; 4. track number of recurring complaints related to client comfort or the welcoming experience, aiming for decrease in repeated concerns. | 1. Achieve 98% of clients reporting feeling comfortable and welcome during their visit by the end of the fiscal year (12 months); 2. Ensure 100% of front-line staff complete customer service and de-escalation training within 6 months.3. Receive 75% response rate for client experience feedback within 12 months. | |

## Safety

## Measure - Dimension: Safe

| Indicator #4 | Type | Unit / Population | Source / Period | Current Performance | Target | Target Justification | External Collaborators |
|---|---|---|---|---|---|---|---|
| eConsult: Percentage of clinicians within the primary care practice utilizing this provincial digital solution | O | % / Staff<br><br>Eligible clients aged 0 - 100 | Local data collection / Most recent information available | CB | CB | The target justification for collecting baseline data on eConsult utilization aims to assess current adoption rates among clinicians. Understanding baseline usage will help identify gaps in engagement, inform targeted training, and measure future improvements. This data supports the goal of enhancing care efficiency and expanding digital solution adoption within the practice. | |

**Change Ideas**

| Change Idea #1   1. Providing targeted training for clinicians, promoting awareness of benefits, integrating eConsult into daily workflows and offering ongoing support. |
|---|

| Methods | Process measures | Target for process measure | Comments |
|---|---|---|---|
| 1. Conduct clinician surveys to identify barriers; 2. track usage data through the digital platform; 3. monitor feedback from training sessions | 1. Percentage of clinicians using eConsult in their practice, tracked monthly; 2. Percentage of clinicians who completed eConsult training within 3 months; 3. number of eConsults submitted by clinicians, measured quarterly | 1. We would target 80% of clinicians using eConsult regularly (at least once per month) withing the next 6 months; 2. 100% of clinicians completing eConsult training within 3 months | This quality improvement initiative is highly achievable, as clinicians are already familiar with the process of eConsults and have experience using digital solutions. Given their current comfort level with the platform, it's expected that clinicians will easily surpass the stated target for usage, ensuring smooth adoption and integration into daily workflows. |

Report Access Date: March 19, 2025

| Change Idea #2 | Encourage peer-sharing of experiences and streamlining the eConsult process will help increase adoption and ensure more consistent use across the practice. | | |
|---|---|---|---|
| **Methods** | **Process measures** | **Target for process measure** | **Comments** |
| Regular follow up with providers to inform usage and assess progress, ensuring challenges are addressed in a timely way. | Number of eConsults submitted by clinicians measured quarterly, and clinician feedback on ease of use and effectiveness of eConsult, captured through surveys. | Achieve 90% positive feedback from clinicians on the ease of use and effectiveness of eConsult. | |

## Measure - Dimension: Safe

| Indicator #5 | Type | Unit / Population | Source / Period | Current Performance | Target | Target Justification | External Collaborators |
|---|---|---|---|---|---|---|---|
| Online Appointment Booking: Percentage of clinicians within the primary care practice utilizing this provincial digital solution | O | % / Staff<br><br>Eligible clients aged 0 - 100 | Local data collection / Most recent information available | CB | CB | Collecting baseline data on online appointment booking adoption helps assess current clinician usage, identify barriers, and guide improvement efforts. Establishing a starting point allows for targeted interventions, ensuring wider adoption. This data will support enhanced patient access, streamline scheduling processes, and drive the successful integration of digital solutions in practice. | |

## Change Ideas

| Change Idea #1 | Planned improvement initiatives include providing targeted training on online appointment booking, integrating it into workflows, and addressing barriers through clinician feedback. Regular usage reports, peer success stories, and technical support will encourage adoption. Additionally, highlighting efficiency benefits and patient convenience will drive increased utilization across the primary care practice. |
|---|---|

| Methods | Process measures | Target for process measure | Comments |
|---|---|---|---|
| 1. Tracking clinician adoption rates; 2. conduct surveys to identify barriers; 3. provide training and leverage technical support; 4. monitor client booking trends; 5. gather clinical feedback for continuous improvement | 1. Percentage of clinicians actively using OAB, tracked monthly; 2. Number of appointments scheduled through OAB, measured quarterly | 1. Clinician adoption rate will yield 80% of clinicians actively using OAB within 6 months; 2. Booking volume will increase by 30% within 6 months; 3. 50% of all appointments booked online within 12 months for good client adoption rate. | We will be leveraging the support of the Kawartha Lakes Haliburton Ontario Health Team to foster this initiative. |