

Theme I: Timely and Efficient Transitions

Measure Dimension: Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of screen eligible female patients aged 52 to 69 years who had a mammogram within the past two years	C	% / Other	EMR/Chart Review / Apr 1, 2023 - Mar 31, 2024	53.81	56.00	PEFHT's current performance of 53.81% is higher than reported for Ontario (51.2%) and the former SELHIN (52.9%) for the reporting period Mar 31, 2022 of the Primary Care Practice Report. Ontario Health eReport Portal shows Hastings Prince Edward OHT at 49.0% as of Mar 2022. PEFHT will aim to continue to improve performance.	Hastings Prince Edward OHT

Change Ideas

Change Idea #1 Offer support to offices to help identify patients who are due for cervical screening.

Methods	Process measures	Target for process measure	Comments
Provide EMR queries for offices requesting help to identify patients who are due for cancer screening	# offices requesting help who were offered support to help identify patients with cancer screening	We will offer support to 100% of physician offices requesting help	

Measure **Dimension:** Efficient

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of female patients aged 23 to 69 who had a Pap test within the previous three years	C	% / Other	EMR/Chart Review / Apr 1, 2023 - Mar 31, 2024	56.94	60.00	PEFHT's current performance of 56.94% is higher than reported for Ontario (50.3%) and lower than the former SELHIN (58.3%) for the reporting period Mar 31, 2022 of the Primary Care Practice Report. Ontario Health eReport Portal shows Hastings Prince Edward OHT at 53.1% as of Mar 2022. PEFHT will aim to continue to improve performance.	Hastings Prince Edward OHT

Change Ideas

Change Idea #1 Offer support to offices to help identify patients who are due for breast screening.

Methods	Process measures	Target for process measure	Comments
Provide EMR queries for offices requesting help to identify patients who are due for cancer screening	# offices requesting help who were offered support to help identify patients with cancer screening	We will offer support to 100% of physician offices requesting help	

Change Idea #2 Explore opportunity for a Pap Clinic run by NPs, RNs or physicians to promote cervical screening

Methods	Process measures	Target for process measure	Comments
Will have designated day/days for cervical screening for patients	Number of patients seen at the Pap Clinic for cervical screening	PEFHT will aim to see >25 patients in the Pap Clinic for cervical screening	

Measure **Dimension:** Efficient

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of screen eligible patients aged 52 to 74 who had a FOBT/FIT within the past two years, other investigations (i.e. flexible sigmoidoscopy) or colonoscopy within the past 10 years	C	% / Other	EMR/Chart Review / Apr 1, 2023 - Mar 31, 2024	63.72	66.00	PEFHT's current performance of 63.72% is higher than reported for Ontario (61.2%) and the same for the former SELHIN (63.7%) for the reporting period Mar 31, 2022 of the Primary Care Practice Report. Ontario Health eReport Portal shows Hastings Prince Edward OHT at 64.6% as of Mar 2022. PEFHT will aim to continue to improve performance.	Hastings Prince Edward OHT

Change Ideas

Change Idea #1 Offer support to offices to help identify patients who are due for colorectal cancer screening

Methods	Process measures	Target for process measure	Comments
Provide EMR queries for offices requesting help to identify patients who are due for cancer screening	# offices requesting help who were offered support to help identify patients with cancer screening	We will offer support to 100% of physician offices requesting help	

Theme II: Service Excellence

Measure Dimension: Patient-centred

Indicator #4	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	CB	93.00	PEFHT's performance of 92.37% exceeded Ontario (86.4%) and SELHIN (88.1%) as reported in HQO's Measuring Up 2019. PEFHT will continue to aim to maintain performance.	

Change Ideas

Change Idea #1 Explore opportunities for surveying patients to determine if patients feel they are involved as much as they want to be in decisions about their care and treatment.

Methods	Process measures	Target for process measure	Comments
Further discussion on how best to proceed surveying patients other than having physician offices select their patients to be surveyed, i.e use PEFHT staff, online survey, etc.	Number of patients surveyed	PEFHT will aim to survey 200+ patients	

Theme III: Safe and Effective Care

Measure Dimension: Safe

Indicator #5	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	3.80	3.60	PEFHT's current performance of 3.8% is higher than reported for Ontario (3.1%) and the former SELHIN (3.6%) as reported in the Sep 2020 Primary Care Practice Report. We are not currently working on this indicator but will continue to share data from the Primary Care Practice Reports for awareness.	

Change Ideas

Change Idea #1 We will not be working on this indicator in this QIP as 75% of the opioids prescribed were prescribed by other providers (e.g. other family physicians, dentists, surgeons) but will continue to share data from the Primary Care Practice Report for this indicator for awareness.

Methods	Process measures	Target for process measure	Comments
Continue to share data from the Primary Care Practice Reports	No process measure as we will not be working on this indicator	No target as we will not be working on this indicator	