

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	EMR/Chart Review / Most recent consecutive 12-month period	1086.00	500.00	This indicator is dependent on the success of physician recruitment.	County Docs Physician Recruitment & Retention, Health Care Connect

Change Ideas

Change Idea #1 Work in partnership with County Docs Physician Recruitment & Retention to continue to actively recruit new physicians.

Methods	Process measures	Target for process measure	Comments
Increase the number of new patients enrolled to Prince Edward Family Health Team.	Number of enrolled PEFHT patients.	PEFHT will aim to have 17,500 enrolled patients by Mar 31, 2026.	

Change Idea #2 Provide care for unattached patients living in Prince Edward County.

Methods	Process measures	Target for process measure	Comments
PEFHT Community Clinic will provide care for unattached patients living in Prince Edward County.	Number of unattached patients seen in PEFHT Community Clinic	Collecting baseline.	Although this change idea will not impact the performance of this measure as the denominator is number of PEFHT patients (attached patients), PEFHT feels it is important to demonstrate the work that is being done with current resources for the unattached patients.

Measure - Dimension: Efficient

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of clients with type 2 diabetes mellitus who are up to date with HbA1c (glycated hemoglobin) blood glucose monitoring	O	% / PC patients/clients	EMR/Chart Review / Most recent consecutive 12-month period	63.80	70.00	PEFHT's current performance of 63.80% is higher than reported for Ontario (52.6%) for the reporting period Mar 31, 2024 of the Primary Care Practice Report. PEFHT will aim to continue to improve performance.	

Change Ideas

Change Idea #1 Support offices to help identify patients who are due for HbA1C testing.

Methods	Process measures	Target for process measure	Comments
Work with physicians to determine what their preferred criteria is for patient's receiving EMR tasks for overdue HbA1C testing.	Number of physicians who agree to receive tasks for patients due for HbA1C testing.	PEFHT will aim for 100% physician participation.	

Change Idea #2 PEFHT Diabetes Education Program will spread the use of a medical directive to order bloodwork for patients where appropriate for physicians.

Methods	Process measures	Target for process measure	Comments
Inform physicians of the medical directive that can be used to order bloodwork for patients with diabetes through the PEFHT Diabetes Education Program.	Number of physicians using PEFHT Diabetes Education Program medical directive for HbA1C testing.	PEFHT will aim to onboard 50% of PEFHT physicians this fiscal year.	Ideally with appropriate funding this would be spread to all PEFHT physicians/patients with diabetes. The team will start with 50% of physicians and will onboard more if this can be done with the current resources.

Measure - Dimension: Timely

Indicator #12	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	30.43	50.00	As the current performance was collecting baseline for a new indicator, PEFHT will aim to continue to improve performance.	

Change Ideas

Change Idea #1 Increase the number of patients with email addresses in the EMR to allow for patient surveys to be sent through the Ocean platform.

Methods	Process measures	Target for process measure	Comments
Send surveys using the Ocean Platform to patients with an email address.	Number of patients that completed survey.	PEFHT will aim to have 200 completed patients surveys by Mar 31, 2026.	PEFHT values patient feedback and is committed to incorporating it into program enhancements, etc.

Change Idea #2 Continue finding ways to survey patients who may not have an email address in order to gather information from as many patients as possible.

Methods	Process measures	Target for process measure	Comments
Further discussion at the next QI Committee meeting as to how best to capture patient survey results from patients without an email (i.e. mail surveys, paper survey or using a tablet at the end of a visit with support as needed from a staff member and/or volunteer). PEFHT will trial ways to survey patients without an email in Q1 & Q2, with a plan to have a process in place by Q3.	Number of completed surveys from patients without an email.	PEFHT will aim to have 50 completed patient surveys from patients without emails by Mar 31, 2026.	PEFHT values patient feedback and is committed to incorporating it into program enhancements, etc.

Change Idea #3 Work with PEFHT Board members to mandate all physicians participate in routine surveying of patients

Methods	Process measures	Target for process measure	Comments
Once approved, PEFHT would run queries for patients seen with an email address and send patient surveys through the Ocean platform, rotating physicians throughout the fiscal year.	Number of physicians who participated in patient surveys.	PEFHT will aim to have 100% of physicians participating in patient surveys.	

Measure - Dimension: Timely

Indicator #13	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of screen-eligible people who are up to date with colorectal tests	O	% / PC organization population eligible for screening	EMR/Chart Review / Most recent information available	39.61	45.00	PEFHT's current performance of 39.61% is lower than reported for Ontario (60.9%) for the reporting period Mar 31, 2024 of the Primary Care Practice Report. PEFHT will aim to continue to improve performance.	

Change Ideas

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

Methods	Process measures	Target for process measure	Comments
Provide EMR queries for physician offices requesting help to identify patients who are due for colorectal screening.	# physician offices requesting help who are offered support to help identify patients for colorectal screening.	PEFHT will offer support to 100% of physician offices requesting help.	Most of the cancer screening is done within physician offices, which limits what PEFHT can do to improve performance. PEFHT is currently participating in preventive care programming over the next few months with other OHT partners.

Change Idea #2 Increase awareness for colorectal screening.

Methods	Process measures	Target for process measure	Comments
PEFHT will increase awareness for colorectal screening through social media and/or local radio station.	PEFHT will raise awareness about colorectal screening at least once per quarter including Colorectal Screening Awareness Month, through social media and/or local radio station.	PEFHT will promote colorectal screening at least once per quarter throughout the fiscal year through social media and/or local radio station.	

Measure - Dimension: Timely

Indicator #14	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of screen-eligible people who are up to date with cervical screening	O	% / PC organization population eligible for screening	EMR/Chart Review / Most recent information available	59.59	65.00	PEFHT's current performance of 59.59% is higher than reported for Ontario (53.1%) for the reporting period Mar 31, 2024 of the Primary Care Practice Report. PEFHT will aim to continue to improve performance.	

Change Ideas

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

Methods	Process measures	Target for process measure	Comments
Provide EMR queries for physician offices requesting help to identify patients who are due for cervical screening.	# physician offices requesting help who are offered support to help identify patients for cervical screening.	PEFHT will offer support to 100% of physician offices requesting help.	Most of the cancer screening is done within physician offices, which limits what PEFHT can do to improve performance. PEFHT is currently participating in preventive care programming over the next few months with other OHT partners.

Change Idea #2 Increase awareness for cervical screening.

Methods	Process measures	Target for process measure	Comments
PEFHT will increase awareness for cervical screening through social media and/or local radio station.	PEFHT will raise awareness about cervical screening at least once per quarter including Cervical Screening Awareness Month, through social media and/or local radio station.	PEFHT will promote cervical screening at least once per quarter throughout the fiscal year through social media and/or local radio station.	

Change Idea #3 Increase number of unattached patients seen for cervical screening through the PEFHT Community Clinic.

Methods	Process measures	Target for process measure	Comments
Unattached patients who live in Prince Edward County and are due for cervical screening can be seen in the PEFHT Community Clinic. The PEFHT Community Clinic is promoted through social media, local radio station, etc.	# patients seen in the PEFHT Community Clinic for cervical screening.	Collecting baseline as this is a new indicator.	Although this change idea will not impact the performance of this measure as the denominator is number of PEFHT patients (attached patients), PEFHT feels it is important to demonstrate the work that is being done with current resources for the unattached patients.

Change Idea #4 Update criteria for cervical screening to include HPV testing.

Methods	Process measures	Target for process measure	Comments
PEFHT will work with Accuro to find a way to track HPV tests in the EMR.	Number of completed HPV tests.	Collecting baseline as this is a new measure.	

Measure - Dimension: Timely

Indicator #15	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of screen-eligible people who are up to date with breast screening	O	% / PC organization population eligible for screening	EMR/Chart Review / Most recent information available	55.30	60.00	PEFHT's current performance of 55.30% is lower than reported for Ontario (58.0%) for the reporting period Mar 31, 2024 of the Primary Care Practice Report. PEFHT will aim to continue to improve performance.	

Change Ideas

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

Methods	Process measures	Target for process measure	Comments
Provide EMR queries for physician offices requesting help to identify patients who are due for breast screening.	# physician offices requesting help who are offered support to help identify patients for breast screening.	PEFHT will offer support to 100% of physician offices requesting help.	Most of the cancer screening is done within physician offices, which limits what PEFHT can do to improve performance. PEFHT is currently participating in preventive care programming over the next few months with other OHT partners.

Change Idea #2 Increase awareness for breast screening.

Methods	Process measures	Target for process measure	Comments
PEFHT will increase awareness for breast screening through social media and/or local radio station.	PEFHT will raise awareness about breast screening at least once per quarter including Breast Screening Awareness Month, through social media and/or local radio station.	PEFHT will promote breast screening at least once per quarter throughout the fiscal year through social media and/or radio.	

Measure - Dimension: Timely

Indicator #16	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of screen-eligible people who are up-to-date with lung health screening.	C	% / PC organization population eligible for screening	EMR/Chart Review / Apr 1, 2025 - Mar 31, 2026	CB	CB	Collecting baseline as this is a new indicator.	

Change Ideas

Change Idea #1 Work with PEFHT Lung Health Program to determine criteria for patients who are eligible for screening.

Methods	Process measures	Target for process measure	Comments
Use the EMR to create queries to identify patients who are eligible for lung health screening.	# patients eligible for lung health screening.	Collecting baseline as this is a new indicator.	Once patients have been identified for lung health screening, we will work with PEFHT Lung Health Program for next steps for patients.

Equity

Measure - Dimension: Equitable

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Completion of sociodemographic data collection	O	% / Patients	EMR/Chart Review / Most recent consecutive 12-month period	1.64	2.00	PEFHT is aware that performance on this indicator will largely depend on physician offices. PEFHT will aim to continue to improve performance, realizing it will take time to see greater increases for this indicator.	

Change Ideas

Change Idea #1 PEFHT will continue to collect sociodemographic patient data to help assess the health equity need.

Methods	Process measures	Target for process measure	Comments
Collect gender/pronouns at check-in Kiosk at PEFHT and continue to work and encourage physician offices to document gender/pronouns as well.	Number of patients with gender/pronouns documented in the EMR	PEFHT will aim to have 5% of PEFHT patients with gender/pronouns documented in the EMR by Mar 31, 2026.	

Measure - Dimension: Equitable

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education	O	% / Staff	Local data collection / Most recent consecutive 12-month period	CB	100.00	All PEFHT staff will be required to complete relevant equity, diversity, inclusion, and anti-racism education.	Hastings Prince Edward OHT

Change Ideas

Change Idea #1 PEFHT will work with Hastings Prince Edward OHT to provide equity, diversity, inclusion, and anti-racism education for PEFHT.

Methods	Process measures	Target for process measure	Comments
Offer education sessions for equity, diversity, inclusion, and anti-racism education to align with Hastings Prince Edward OHT.	% PEFHT staff who attended equity, diversity, inclusion, and anti-racism education.	PEFHT will aim to have 100% of staff attend equity, diversity, inclusion, and anti-racism education	

Experience

Measure - Dimension: Patient-centred

Indicator #5	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	69.57	80.00	As the current performance was collecting baseline for a new indicator, PEFHT will aim to continue to improve performance.	

Change Ideas

Change Idea #1 Increase the number of patients with email addresses in the EMR to allow for patient surveys to be sent through the Ocean platform.

Methods	Process measures	Target for process measure	Comments
Send surveys using the Ocean platform to patients with an email address.	Number of patients that completed survey	PEFHT will aim to have 200 completed patients surveys by Mar 31, 2026.	

Change Idea #2 Continue finding ways to survey patients who may not have an email address in order to gather information from as many patients as possible.

Methods	Process measures	Target for process measure	Comments
Further discussion at the next QI Committee meeting as to how best to capture patient survey results from patients without an email (i.e. mail surveys, paper survey or using a tablet at the end of a visit with support as needed from a staff member and/or volunteer). PEFHT will trial ways to survey patients without an email in Q1 & Q2, with a plan to have a process in place by Q3.	Number of completed surveys by patients without an email.	PEFHT will aim to have 50 completed patient surveys from patients without emails by Mar 31, 2026.	

Change Idea #3 Work with PEFHT Board members to mandate all physicians participate in routine surveying of patients.

Methods	Process measures	Target for process measure	Comments
Once approved, PEFHT will run queries for patients seen with an email address and send patient surveys through the Ocean platform , rotating physicians throughout the fiscal year.	Number of physicians who participated in patient surveys.	PEFHT will aim to have 100% of physicians participating in patient surveys.	

Safety

Measure - Dimension: Safe

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
eReferral: Percentage of clinicians within the primary care practice utilizing this provincial digital solution	O	% / Staff	Local data collection / Most recent information available	CB	CB	Collecting baseline as this is a new indicator.	

Change Ideas

Change Idea #1 Determine number of physicians currently using eReferral.

Methods	Process measures	Target for process measure	Comments
Contact all PEFHT physicians to determine if they are currently using eReferral or are interested in more information about eReferral.	Number of Physicians using eReferral.	Collecting baseline as this is a new indicator.	

Measure - Dimension: Safe

Indicator #7	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	Local data collection / Most recent information available	CB	CB	Collecting baseline as this is a new indicator	

Change Ideas

Change Idea #1 Determine the number of physicians currently using eConsult.

Methods	Process measures	Target for process measure	Comments
Contact all PEFHT physicians to determine if they are currently using eConsult or are interested in more information about eConsult.	Number of physicians currently using eConsult.	Collecting baseline as this is a new indicator.	

Measure - Dimension: Safe

Indicator #8	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
OLIS: Percentage of clinicians within the primary care practice utilizing this provincial digital solution	O	% / Staff	Local data collection / Most recent information available	CB	CB	Collecting baseline as this is a new indicator.	

Change Ideas

Change Idea #1 Determine number of physicians currently using OLIS.

Methods	Process measures	Target for process measure	Comments
Contact all PEFHT physicians to determine if they are currently using OLIS or are interested in more information about OLIS.	Number of physicians using OLIS.	Collecting baseline as this is a new indicator.	

Measure - Dimension: Safe

Indicator #9	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
HRM: Percentage of clinicians within the primary care practice utilizing this provincial digital solution	O	% / Staff	Local data collection / Most recent information available	CB	CB	Collecting baseline as this is a new indicator.	

Change Ideas

Change Idea #1 Determine number of physicians currently using HRM.

Methods	Process measures	Target for process measure	Comments
Contact all PEFHT physicians to determine if they are currently using HRM or are interested in more information about HRM	Number of physicians using HRM.	Collecting baseline as this is a new indicator.	

Measure - Dimension: Safe

Indicator #10	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Electronic Prescribing: Percentage of clinicians within the primary care practice utilizing this provincial digital solution	O	% / Staff	Local data collection / Most recent information available	CB	CB	Collecting baseline as this is a new indicator.	

Change Ideas

Change Idea #1 Determine the number of physicians currently using Electronic Prescribing.

Methods	Process measures	Target for process measure	Comments
Contact all PEFHT physicians to determine if they are currently using Electronic Prescribing or are interested in more information about Electronic Prescribing.	Number of physicians using Electronic Prescribing.	Collecting baseline as this is a new indicator.	

Measure - Dimension: Safe

Indicator #11	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	Local data collection / Most recent information available	CB	CB	Collecting baseline as this is a new indicator.	

Change Ideas

Change Idea #1 Determine number of physicians currently using Online Appointment Booking.

Methods	Process measures	Target for process measure	Comments
Contact all PEFHT physicians to determine if they are currently using Online Appointment Booking or are interested in more information about Online Appointment Booking.	Number of Physicians using Online Appointment Booking.	Collecting baseline as this is a new indicator.	