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	P	Number / PC patients/clients	EMR/Chart Review / Most recent consecutive 12-month period	1236.00	500.00	PEFHT exceeded targets the last two fiscal years for this indicator, but realize this indicator is dependent on the success of physician recruitment and/or extra funding. PEFHT continues to prioritize supporting the unattached population within the community and provides care to many unattached patients, offering ongoing support and services until these individuals can be formally attached to a primary care provider through the PEFHT Community Clinic.	Health Care Connect, County Docs Physician Recruitment & Retention

Change Ideas

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

Methods	Process measures	Target for process measure	Comments
At minimum, to maintain the number of PEFHT Signatory Physicians.	Number of PEFHT Signatory Physicians.	PEFHT will aim to maintain the number of PEFHT Signatory Physicians, with the hope of increasing.	

Change Idea #2	Provide care for unattached patients living in Prince Edward County, to allow for a seamless transition, when a primary care provider is ready to take on the unattached patients.		
Methods	Process measures	Target for process measure	Comments
Offer ongoing support and services through the PEFHT Community Clinic until these unattached patients can be formally attached to a primary care provider.	Percentage of patients seen in the PEFHT Community Clinic who are attached to a primary care provider.	Collecting baseline.	

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	75.23	77.00	PEFHT's current performance of 75.23% exceeds Ontario (54.1%) for the reporting period Mar 31, 2025 of the Primary Care Practice Report. PEFHT will aim to continue to improve performance.	

Change Ideas

Change Idea #1	Support physician offices to help identify patients who are overdue for HbA1C testing.		
Methods	Process measures	Target for process measure	Comments
Send physicians or delegates EMR tasks for patients who are overdue for HbA1C testing.	Number of months in which EMR queries are used to generate tasks for overdue HbA1C testing.	PEFHT will send EMR tasks monthly for patients who are overdue for HbA1C testing.	

Change Idea #2	PEFHT Diabetes Education Program, in collaboration with physicians, will continue to use a medical directive for lab requisitions to optimize patient care.		
Methods	Process measures	Target for process measure	Comments
Continue to spread DEP medical directive for lab requisitions to physicians, based on DEP's available capacity.	Number of physicians participating in DEP medical directive for lab requisitions.	PEFHT will aim for 50% of PEFHT physicians participating in a medical directive for lab requisitions.	

Change Idea #3	Implement Ocean messaging to alert patients when HbA1C testing is overdue.		
Methods	Process measures	Target for process measure	Comments
PEFHT Diabetes Education Program will use Ocean messaging to notify unattached patients who are overdue for HbA1C testing.	Number of Ocean notifications sent.	collecting baseline	

Measure - Dimension: Timely

Indicator #8	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	P	% / PC organization population (surveyed sample)	In-house survey / Most recent consecutive 12-month period	90.38	90.00	Given PEFHT's strong performance, the focus will be on maintaining results.	

Change Ideas

Change Idea #1 PEFHT will continue to survey patients seen in the Primary Care PEFHT Clinic.

Methods	Process measures	Target for process measure	Comments
Patient surveys will be sent on a rotating basis throughout the year for all PEFHT Programs, including the Primary Care PEFHT Clinic.	Number of Surveys completed.	PEFHT will aim to have greater than 100 patient surveys completed for 2026/2027 fiscal year.	PEFHT does not have authority over individual physician offices, and without their consent, PEFHT is limited in its ability to survey their patients.

Measure - Dimension: Timely

Indicator #9	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 / Q2 2025 (covering 2 years of participation for FIT and 10 years of participation for flexible sigmoidoscopy or colonoscopy up to September 2025)	34.32	50.00	PEFHT's current performance of 34.32% is lower than reported for Ontario (60.5%) for the reporting period Mar 31, 2025 of the Primary Care Practice Report. PEFHT will aim to continue to improve performance. It is important to note that PEFHT's performance noted in the Mar 31, 2025 Primary Care Practice Report is 66.8% which is higher than Ontario. PEFHT will focus on EMR documentation to bridge the gap between the PEFHT Primary Care Practice Report and the EMR being used for data collection.	

Change Ideas

Change Idea #1 Conduct a review of our EMR to confirm that data is being documented correctly and that the stats being generated are reliable.

Methods	Process measures	Target for process measure	Comments
Review charts to assess if data is being entered consistently, in the correct locations. Share findings and create standard documentation for cancer screening.	Percentage of charts with complete and accurate documentation	collecting baseline	There is concern that there will be decreases seen in cancer screening due to the removal of preventive care incentive. PEFHT wants to ensure accuracy of our reporting with a large changeover in physicians over the last few years, to determine if this is truly the case.

Measure - Dimension: Timely

Indicator #10	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 / Q2 2025 (covering 42 months of participation for cytology (Pap) testing, and 66 months of participation for HPV testing up to September 2025)	60.35	65.00	PEFHT's current performance of 60.35% is higher than reported for Ontario (49.7%) for the reporting period Mar 31, 2025 of the Primary Care Practice Report. PEFHT will aim to continue to improve performance.	

Change Ideas

Change Idea #1 Conduct a review of our EMR to confirm that data is being documented correctly and that the stats being generated are reliable.

Methods	Process measures	Target for process measure	Comments
Review charts to assess if data is being entered consistently, in the correct locations. Share findings and create standard documentation for cancer screening.	Percentage of charts with complete and accurate documentation	collecting baseline	There is concern that there will be decreases seen in cancer screening due to the removal of preventive care incentive. PEFHT wants to ensure accuracy of our reporting with a large changeover in physicians over the last few years, to determine if this is truly the case.

Measure - Dimension: Timely

Indicator #11	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 / Q2 2025 (covering 2 years of participation for mammography up to September 2025)	52.60	60.00	PEFHT's current performance of 52.60% is lower than reported for Ontario (58.8%) for the reporting period Mar 31, 2025 of the Primary Care Practice Report. PEFHT will aim to continue to improve performance.	

Change Ideas

Change Idea #1 Conduct a review of our EMR to confirm that data is being documented correctly and that the stats being generated are reliable.

Methods	Process measures	Target for process measure	Comments
Review charts to assess if data is being entered consistently, in the correct locations. Share findings and create standard documentation for cancer screening.	Percentage of charts with complete and accurate documentation	collecting baseline	There is concern that there will be decreases seen in cancer screening due to the removal of preventive care incentive. PEFHT wants to ensure accuracy of our reporting with a large changeover in physicians over the last few years, to determine if this is truly the case.

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	5.07	8.00	PEFHT Programs will continue to collect data at check-in but this indicator will largely depend on data collected at individual physician offices. PEFHT will aim to improve performance, realizing it will take time to see greater increases for this indicator.	

Change Ideas

Change Idea #1 PEFHT Programs 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.	Percentage of patients seen in at least one PEFHT Program with gender/pronoun documented in the EMR.	Collecting Baseline	

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	100.00	100.00	All PEFHT staff will be required to complete relevant equity, diversity, inclusion, and anti-racism education.	

Change Ideas

Change Idea #1 PEFHT will collaborate with Hastings Prince Edward OHT to advance equity, diversity, inclusion and anti-racism education across the organization.

Methods	Process measures	Target for process measure	Comments
Offer education, at least annually, for equity, diversity, inclusion, and anti=racism education that aligns with Hastings Prince Edward OHT.	Percentage of PEFHT staff who attended at least one education session related to equity, diversity, inclusion, and anti-racism education.	PEFHT will aim to have 100% of PEFHT staff attend at least one education session related to equity, diversity, inclusion, and anti-racism eduation.	

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	100.00	100.00	Given PEFHT's strong performance, the focus will be on maintaining results.	

Change Ideas

Change Idea #1 PEFHT will continue to survey patients seen in the Primary Care PEFHT Clinic.

Methods	Process measures	Target for process measure	Comments
Patient surveys will be sent on a rotating basis throughout the year for all PEFHT Programs, including the Primary Care PEFHT Clinic.	Number of surveys completed.	PEFHT will aim to have greater than 100 patient surveys completed for 2026/2027 fiscal year.	PEFHT does not have authority over individual physician offices, and without their consent, PEFHT is limited in its ability to survey their patients.

Safety

Measure - Dimension: Safe

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Number of faxes sent per 1,000 rostered patients	P	Number of faxes / PC patients/clients	/ Most recent quarter of data available (consecutive 3-month period)	CB	CB	collecting baseline	Southeast Public Health

Change Ideas

Change Idea #1 PEFHT will implement a method for recording the number of outgoing faxes from different sources to collect data for this indicator and determine the feasibility of ongoing tracking.

Methods	Process measures	Target for process measure	Comments
Implement a standard tracking approach to capture the number of outgoing faxes from all relevant sources.	Number of quarters with fax tracking data	PEFHT will aim to collect data each quarter for the fiscal year	

Change Idea #2 PEFHT will work with Southeast Public Health (SEPH) to minimize the number of faxes being sent to SEPH for childhood immunizations given.

Methods	Process measures	Target for process measure	Comments
PEFHT will run monthly EMR queries for childhood immunizations given, and upload the immunization data from the query to SEPH secure portal.	Number of childhood immunizations reported to SEPH.	Collecting baseline.	

Measure - Dimension: Safe

Indicator #7	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	17.39	20.00	Physician buy-in for OAB has remained low.	

Change Ideas

Change Idea #1 Increase the number of physicians and NPs using OAB.

Methods	Process measures	Target for process measure	Comments
PEFHT will continue to promote OAB utilization through education, and provide support to physicians and NPs interested in adopting OAB.	Number of physicians & NPs requesting support for adopting OAB.	PEFHT will offer support to 100% of physicians & NPs requesting help for adopting OAB.	