

Access and Flow

Measure - Dimension: Timely

Indicator #6	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	CB	CB	new measure, collecting baseline	County Docs Physician Recruitment & Retention, Municipality of Prince Edward County

Change Ideas

Change Idea #1 Work in partnership with Municipality of Prince Edward County and County Docs Physician Recruitment & Retention to continue to actively recruit new physicians and to provide incentives for current physicians accepting new patients.

Methods	Process measures	Target for process measure	Comments
Increase # of new patients enrolled to Prince Edward Family Health Team	Number of new Prince Edward Family Health Team patients	collecting baseline	

Measure - Dimension: Timely

Indicator #7	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	CB	CB	new measure, collecting baseline	

Change Ideas

Change Idea #1 Explore opportunities to engage patients to help determine if patients are getting an appointment on the date they want

Methods	Process measures	Target for process measure	Comments
Increase # patient surveys by adding the survey question to current PEFHT Program Patient Surveys. Consider adding patient survey to the PEFHT website.	Number of patients surveyed	PEFHT will aim to survey 200+ patients	

Measure - Dimension: Timely

Indicator #8	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, 2024 - Mar 31, 2025	54.78	60.00	PEFHT's current performance of 54.78% is lower than reported for Ontario (59.3%) for the reporting period Mar 31, 2023 of the Primary Care Practice Report. PEFHT will aim to continue to improve performance.	Hastings Prince Edward OHT

Change Ideas

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

Measure - Dimension: Timely

Indicator #9	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of screening eligible female patients aged 23 to 69 years who had a Pap test within the previous three years.	C	% / Other	EMR/Chart Review / Apr 1, 2024 - Mar 31, 2025	66.32	70.00	PEFHT's current performance of 66.32% is higher than reported for Ontario (51.7%) for the reporting period Mar 31, 2023 of the Primary Care Practice Report. PEFHT will aim to continue to improve performance.	Hastings Prince Edward OHT

Change Ideas

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

Measure - Dimension: Timely

Indicator #10	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of screen eligible patients aged 52 to 74 years 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, 2024 - Mar 31, 2025	42.67	50.00	PEFHT's current performance of 42.67% is lower than reported for Ontario (62.6%) for the reporting period Mar 31, 2023 of the Primary Care Practice Report. Decreases are being seen among other teams as well due to current issues with FIT testing. PEFHT will aim to continue to improve performance.	Hastings Prince Edward OHT

Change Ideas

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

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	EMR/Chart Review / Most recent consecutive 12-month period	CB	CB	new measure, collecting baseline	

Change Ideas

Change Idea #1 Start to collect sociodemographic patient data to help assess the health equity need in PEFHT

Methods	Process measures	Target for process measure	Comments
PEFHT Programs will start to collect sociodemographic data (starting with gender/pronouns) on patients being seen with a plan to spread the standardized documentation throughout the fiscal year.	% patients seen in PEFHT Programs with gender/pronouns documented in the EMR	collecting baseline	

Measure - Dimension: Equitable

Indicator #3	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	CB	new measure, collecting baseline	

Change Ideas

Change Idea #1 Continue to promote and explore opportunities for equity, diversity, inclusion, and anti-racism education

Methods	Process measures	Target for process measure	Comments
New PEFHT staff to complete HR training	% new PEFHT staff who completed the HR training	PEFHT will aim to have 100% of new PEFHT staff complete the HR training	

Change Idea #2 Increase # of PEFHT staff completing HR Annual Refresher Modules

Methods	Process measures	Target for process measure	Comments
Offer group sessions for training	% PEFHT staff who completed the HR Annual Refresher Module	PEFHT will aim to have 100% of staff complete the HR Annual Refresher Module	

Change Idea #3 Explore opportunities with the OHT to provide relevant equity, diversity, inclusion, and anti-racism education

Methods	Process measures	Target for process measure	Comments
Share information on education/development opportunities provided by OHT	# staff members completing education offered by OHT	collecting baseline	

Experience

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	O	% / PC organization population (surveyed sample)	In-house survey / Most recent consecutive 12-month period	CB	92.00	PEFHT's performance of 92.37% in 2019/2020 exceeded Ontario (86.4%) as reported in HQO's Measuring Up 2019. PEFHT will continue to aim to maintain performance.	

Change Ideas

Change Idea #1 Explore opportunities to engage patients to help 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
Increase # patient surveys by adding the survey question to current PEFHT Program Patient Surveys. Consider adding patient survey to the PEFHT website.	Number of patients surveyed	PEFHT will aim to survey 200+ patients	

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	CB	CB	new measure, collecting baseline	

Change Ideas

Change Idea #1 Explore opportunities to engage patients to help determine if patients/clients feel comfortable and welcome at their primary care office

Methods	Process measures	Target for process measure	Comments
Increase # patient surveys by adding the survey question to current PEFHT Program Patient Surveys. Consider adding patient survey to the PEFHT website.	Number of patients surveyed	PEFHT will aim to survey 200+ patients	

Safety

Measure - Dimension: Effective

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Medication reconciliation completed for unattached patients seen in the PEFHT Unattached Clinic - Hospital Discharge	C	% / Discharged patients	EMR/Chart Review / Apr 1, 2024 - Mar 31, 2025	CB	CB	new measure, collecting baseline	Quinte Health

Change Ideas

Change Idea #1 Provide short-term care for patients without a primary care provider after discharge from hospital

Methods	Process measures	Target for process measure	Comments
Patients discharged from Quinte Health without a primary care provider will be offered an appointment with the PEFHT Unattached Clinic - Hospital Discharge for follow-up care	% patients seen in the PEFHT Unattached Patient Clinic - Hospital Discharge with a completed medication reconciliation	new measure, collecting baseline	