

Access and Flow

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 (Dryden Area FHT)	O	% / PC organization population (surveyed sample)	In-house survey / Most recent consecutive 12-month period	40.00	60.00	Percentage increase	

Change Ideas

Change Idea #1 The FHT and HR will recruit and orientate to 2 'Grow Your Own' NPs by the end of Q3.

Methods	Process measures	Target for process measure	Comments
Orientation will be the responsibility of the physicians and FHT providers to ensure that the NPs are appropriately trained. FHT Director will conduct a review of all FHT appointment booking processes to ensure that it follows best practice and meets the needs of the supply/ demand.	NPs will begin orientation with FHT providers by the end of Q3.	2 NPs will begin orientation with FHT providers by the end of Q3	

Measure - Dimension: Timely

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percent of patients who visited the ED and left without being seen by a physician	O	% / ED patients	CIHI NACRS / Apr 1 to Sept 30, 2024 (Q1 and Q2)	4.20	3.00	Percentage improvement	

Change Ideas

Change Idea #1 Director of ER will lead a project team to review the registration process for patients accessing crisis response/ mental health services at the ER department.

Methods	Process measures	Target for process measure	Comments
Director, Service Quality will lead a process mapping exercise, with ER project team members to identify opportunities for improvement when registering patients that present at the ER requesting Crisis Response/Mental Health Services.	Process mapping is complete by the end of June 2025 with improvement opportunities implemented by the end of November 2025.	Crisis Response/Mental Health patient registration improvement opportunities are implemented by the end of November 2025.	

Measure - Dimension: Timely

Indicator #8	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 (Dryden Area FHT)	O	% / PC organization population eligible for screening Non-rostered patients (with no PC physician)	EMR/Chart Review / Most recent information available	45.00	50.00	Percentage improvement	

Change Ideas

Change Idea #1 RPNs will review patient charts on daily basis to identify patients that require cervical screening.

Methods	Process measures	Target for process measure	Comments
Daily review of patient appointments and EMR charts. Support patient with navigating the system to book/ confirm appointments that could include FHT pap days, Screen For Life Coach and/or other providers.	60% of physician and NPs appointments will be reviewed on a daily basis to facilitate cervical screening appointments by the end of Q3 2025-2026.	60% of physician and NPs appointments will be reviewed on a daily basis to facilitate cervical screening appointments by the end of Q3 2025-2026.	

Equity

Measure - Dimension: Equitable

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of respondents who respond positively (Strongly agree, agree) to the EDI Workplace survey - 'At DRHC, employees appreciated others whose backgrounds, beliefs, and experiences are different from their own'.	C	% / Staff	In-house survey / 3	74.30	76.00	Percentage Increase	

Change Ideas

Change Idea #1 Equity, Divisity, and Inclusion (EDI) Committee will complete a gap analysis to identify improvement opportunities in the workplace.

Methods	Process measures	Target for process measure	Comments
The gap analysis will be conducted by the DRHC EDI Committee during Q1-2, 2025-2026 to identify improvement opportunities for the workplace. Actions plans will be developed based on the gap analysis results and presented to the Executive Team for approval and implementation.	DRHC EDI Committee will conduct the gap analysis Q1-2, 2025-2026 to identify improvement opportunities with the purpose of developing an action plan for approval by the Executive Team.	DRHC EDI Committee will conduct the gap analysis Q1-2, 2025-2026 to identify improvement opportunities with the purpose of developing an action plan for approval by the Executive Team by the end of January 2026.	

Experience

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage patients who stated that when they saw their FHT Provider, they always involve them as much as they want to be in their care and treatment	C	% / PC patients/clients	In-house survey / 2024-2025	70.00	74.00	Percentage Increase	

Change Ideas

Change Idea #1 Provide FHT providers and patients with education focused on the importance of patient involvement in their care and treatment

Methods	Process measures	Target for process measure	Comments
The FHT Director will source education opportunities for front line providers and patients that focus on the importance of patient involvement in their care and treatment	All FHT front line providers will participate in one training session focused importance of patient involvement in their care and treatment	By the end of Q3 2025-2026, all FHT front line providers will participate in one training session focused importance of patient involvement in their care and treatment. Patient education material will be included as part of the training and be posted in each clinical service area by the end of Q3, 2025-2026.	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of respondents who responded positively to one of the following questions from the Surgical Services Survey - "Would you recommend the DRHC Surgical Services to your friends and family?"	C	% / All surgical procedures	Hospital collected data / 2025-2026	CB	CB	Collecting Baseline	

Change Ideas

Change Idea #1 Director Risk Management-Service Quality will partner with SOM to facilitate the implementation of the Surgical Services patient experience survey. Survey results will be shared quarterly with the Nursing Leadership Team for monitoring and decision making purposes.

Methods	Process measures	Target for process measure	Comments
DRHC Project Management Team will contract SOM to implement the Qualtrics Surgical Services patient experience survey. SOM and Project Management Team will address all IT, clinical information, privacy, communication, and reporting requirements prior to the implementation of the survey.	DRHC Project Management Team will contract SOM to deliver on the agreed upon implementation results by the end of Q4, 2024-2025.	Qualtrics surgical services patient experience survey will be implemented by the end of Q1, 2025-2026	Project Team: SOM, Director Risk Management-Service Quality, Director Surgical Services, Manager IT, Manager CLinical Information, DRHC COO and other resources as identified

Safety

Measure - Dimension: Safe

Indicator #4	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 (Dryden Area FHT)	O	% / Staff	Local data collection / Most recent information available	0.00	100.00	Focused on FHT NPs	

Change Ideas

Change Idea #1 All new recruited FHT NPs will be trained on electronic prescribing during their orientation to the FHT EMR system.

Methods	Process measures	Target for process measure	Comments
FHT Director will ensure that the NP orientation process is updated to include electronic prescribing.	FHT NP orientation process is updated to include tools and resources that support NP electronic prescribing (package to be shared with Clinic Manager)	FHT NP orientation process is updated to include tools and resources that support NP electronic prescribing by the end of Q3, 2025-2026.	

Measure - Dimension: Safe

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% of speciality clinic NOVARI referrals entered electronically from the DRHC Emergency Department	C	% / ED patients	Hospital collected data / 2024-2025	0.00	70.00	Stretch target	

Change Ideas

Change Idea #1 Director of Surgical Services will remove all paper referrals from the ER department and provide an updated form that can be faxed directly to the NOVARI. The purpose is to reduce errors when faxing documents and to improve the quality of referrals received by the DRHC specialty clinic from the ER department.

Methods	Process measures	Target for process measure	Comments
Director of Surgical Services will remove all paper referrals from the ER department and provide an updated referral - source in OMNI: document management system. Referrals will be faxed directly to NOVARI for processing.	Updated specialty clinic form is created for ER specialty clinic referrals. % of ER specialty clinic referrals will be received electronically via a direct fax into NOVARI.	By the end of Q1, 2025-2026, all paper referrals will be removed from the ER department and an updated form is created/circulated, on OMNI, for ER NOVARI referrals. 70% of ER NOVARI referrals will be received electronically by the end of Q3, 2025-2026.	