Access and Flow

Measure - Dimension: Timely

Indicator #5	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	3200.00	As per MOH agreement	

Change Ideas

Change Idea #1 Ongoing acceptance of unattached newborns is an initiative that the Algoma Nurse Practitioner-Led Clinic continues to focus on.

Methods	Process measures	Target for process measure	Comments
Query of monthly patient roster tracked.	Monthly data reviewed at board meetings and followed up on accordingly.	The target we aim for is 3,200 patients.	

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	O	% / PC organization population (surveyed sample)	In-house survey / Most recent consecutive 12-month period	100.00	100.00	Maintain current performance	

Change Ideas

Change Idea #1 Monitor appointments and based on availability make adjustments to schedules to maintain the timely access of care.

Methods	Process measures	Target for process measure	Comments
Monthly query to assess patient accessibility progress.	Reviewed monthly at staff meetings to determine if increased availability is needed.	Target is 14 days for third next appointment.	

Equity

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	13.00	Ensure all staff have completed training annually	

Change Ideas

Change Idea #1 Participation in quarterly mandatory training for staff.

Methods	Process measures	Target for process measure	Comments
Quarterly tracking of completed education opportunities completed by staff.	Quarterly review at team meetings to report on progress.	100 percent of staff to complete each mandatory training.	

Safety

Measure - Dimension: Effective

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of screening eligible patients up-to-date with colorectal cancer screening (Retired)	C	% / PC organization population eligible for screening	EMR/Chart Review / April 2024-March 2025	43.53	60.00	The Algoma NPLC will aim to increase the percentage of eligible patients with completed screening.	

Change Ideas

Change Idea #1 Additional education will provided to the patients when contacted by phone about their eligibility by clinical staff.

Methods	Process measures	Target for process measure	Comments
Monthly review during the team meetings to discuss percentage of eligible patients screened. Monitoring and patient outreach on an as needed basis done by Allied Health team for preventative care indicator.	Percentage of eligible patients screened for colorectal cancer.	Our target is 60% of eligible patients screened.	

Change Idea #2 Implement e-notification program for patients with a registered email and eligible for screening.

Methods	Process measures	Target for process measure	Comments
Monthly review during the team meetings to discuss percentage of eligible patients screened. Monitoring and patient outreach on an as needed bases done by Allied Health team for preventative care indicator.	Percentage of eligible patients screened for colorectal cancer.	Our target is 60% of eligible patients screened.	

Measure - Dimension: Effective

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of screening eligible patients up-to-date with cervical cancer screening QIP (Retired)	C	% / PC organization population eligible for screening	EMR/Chart Review / April 2024-March 2025	50.55	60.00	The Algoma NPLC will aim to increase the percentage of eligible patients with completed screening.	

Change Ideas

Change Idea #1 Additional education will provided to the patients when contacted by phone about their eligibility by clinical staff.

Methods	Process measures	Target for process measure	Comments
Monthly review during the team meetings to discuss percentage of eligible patients screened. Monitoring and patient outreach on an as needed basis done by Allied Health team for preventative care indicator.	Percentage of eligible patients screened for cervical cancer.	Our target is 60% of eligible patients screened.	

Change Idea #2 Implement e-notification program for patients with a registered email and eligible for screening.

Methods	Process measures	Target for process measure	Comments
Monthly review during the team meetings to discuss percentage of eligible patients screened. Monitoring and patient outreach on an as needed bases done by Allied Health team for preventative care indicator.	Percentage of eligible patients screened for cervical cancer.	Our target is 60% of eligible patients screened.	

Measure - Dimension: Effective

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of screening eligible patients up-to-date with a mammogram	C	% / PC organization population eligible for screening	EMR/Chart Review / April 2024-March 2025	47.00	60.00	The Algoma NPLC will aim to increase the percentage of eligible patients with completed screening.	

Change Ideas

Change Idea #1 Additional education will be provided to the patients when contacted by phone about their eligibility by clinical staff.

Methods	Process measures	Target for process measure	Comments
Monthly review during the team meetings to discuss percentage of eligible patients screened. Monitoring and patient outreach on an as needed basis done by Allied Health team for preventative care indicator.	Percentage of eligible patients screened for breast cancer.	Our target is 60% of eligible patients screened.	

Change Idea #2 Implement e-notification program for patients with a registered email and eligible for screening.

Methods	Process measures	Target for process measure	Comments
Monthly review during the team meetings to discuss percentage of eligible patients screened. Monitoring and patient outreach on an as needed bases done by Allied Health team for preventative care indicator.	Percentage of eligible patients screened for breast cancer.	Our target is 60% of eligible patients screened.	