

**Great Northern Family Health Team
2025-2026 Quality Improvement Plan
Improvement Targets and Initiatives**

AIM		MEASURE										CHANGE				
Issue	Quality Dimension	Measure/Indicator	Type	Unit / Population	Source / Period	Organization Id	Current Performance	Target	Target Justification	External Collaborators	Planned improvement Initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments	
Access and Flow	Efficient: Timely access to care/ services	Percentage of screen-eligible people who are up to date with breast screening.	P	Other / Other	My Practice: Primary Care Report as of March 31, 2024	91615*	71.30%	75%	4% increase As at March 31, 2024, as outlined within the Great Northern Family Health Team's Primary Care Practice Report. Ontario Health North East performance was 62.9% and provincial performance of 58.0%.	Temiskaming Hospital	Screen for eligible female patients aged 50 to 74 years who are due for a mammogram.	Track the number of eligible patients due for a mammogram using the screening activity report dashboard and EMR searches	Track the number of eligible patients that have had their screening done per quarter Track the number of eligible patients that have not had their screening done Track the number of patients who refused screening / ineligible	75% of all eligible patients will have their screening completed by Q4 of FY 2025-26		
											Improve communication regarding due screening with patients.	Use the OCEANS portal to communicate screening reminders to patients	Track the number of patients that have received screening notifications using Oceans messaging.	90% of patients that are due for a screening appointment with an email on file will receive reminder emails for their appointment using OCEAN Secure Messaging		
	Efficient: Timely access to care/ services	Percentage of screen-eligible people who are up to date with cervical screening.	P	Other / Other	My Practice: Primary Care Report as of March 31, 2024	91615*	74.10%	78%	4 % Increase As at March 31, 2024, as outlined within the Great Northern Family Health Team's Primary Care Practice Report. Ontario Health North East performance was 56.8% and provincial performance of 53.1%.		Screen for eligible female patients aged 25-70 years who are due for a Pap test.	Track the number of eligible patients due for a Pap test using the screening activity report dashboard and EMR searches	Track the number of eligible patients that have had their screening done per quarter Track the number of eligible patients that have not had their screening done Track the number of patients who refused screening / ineligible	78% of all eligible patients will have their screening completed by Q4 of FY 2025-26		
											Improve communication regarding due screening with patients.	Use the OCEANS portal to communicate screening reminders to patients.	Track the number of patients that have received screening notifications using Oceans messaging.	90% of patients that are due for a screening appointment with an email on file will receive reminder emails for their appointment using OCEAN Secure Messaging		
	Efficient: Timely access to care/ services	Percentage of screen-eligible people who are up to date with colorectal screening.	P	Other / Other	My Practice: Primary Care Report as of March 31, 2024	91615*	74.80%	80%	5 % Increase As at March 31, 2024, as outlined within the Great Northern Family Health Team's Primary Care Practice Report. Ontario Health North East performance was 65.2% and provincial performance of 60.9%.		Screen for eligible patients due for a colorectal screening/FIT.	Track the number of eligible patients due for colorectal screening through the SAR activity report dashboard and EMR searches	Track the number of eligible patients that have had their screening done per quarter Track the number of eligible patients that have not had their screening done Track the number of patients who refused screening / ineligible	79.8% of all eligible patients will have their screening completed by Q4 of FY 2025-26		
											Improve communication regarding due screening with patients.	Use the OCEANS portal to communicate screening reminders to patients.	Track the number of patients that have received screening notifications using Oceans messaging.	80% of patients that are due for a screening appointment with an email on file will receive reminder emails for their appointment using OCEAN Secure Messaging		
	Efficient: Timely access to care/ services	Percentage of patients who visited the Emergency Department for conditions "Best Managed Elsewhere"	A	% / PC org population visiting ED (for conditions BME)	Ministry of Health Portal	91615*	CB	CB	Baseline work occurring 2024-2025 with performance targets established for 2025-2026.	Temiskaming Hospital	Improve patient awareness of access to timely services best managed in primary care and complete a review of Emergency Department Visits (CTAS 4/5), with top reasons for visit analyzed for improved FHT access.	A campaign focused on educating patients about services that are most effectively managed within primary care settings, alongside an analysis of Emergency Department visits categorized as CTAS 4/5, will be conducted. This initiative will include a review of the primary reasons for these visits to enhance access to Family Health Teams (FHT).	The progress of the patient education campaign, which focuses on services optimally managed in primary care, will be monitored through the tracking of milestones. Additionally, an analysis of Emergency Department visits categorized as CTAS 4/5 will be conducted, identifying the primary reasons for these visits to enhance access to Family Health Teams.	By June 30, 2025, a comprehensive evaluation of Emergency Department Visits categorized as CTAS 4/5 will be conducted, focusing on the primary reasons for these visits to enhance access to Family Health Teams (FHT). By September 2025, a focused patient education initiative regarding services that are most effectively managed within primary care will be finalized.		
	Efficient: Timely access to care/ services	Percent of providers who reported in improved provider experience with the implementation of AI Scribe	A		Internal	91615*	CB	80%	Internal Target		The GNFHT will pilot the implementation of AI Scribe tools. As part of the pilot, a provider experience measure will be developed. The measures will look at capturing the overall provider experience, reduced administrative burden, and time savings and efficiency.	Pilot the implementation of AI Scribe and provider experience survey	Track the number of survey responses that indicated that the implementation of an AI scribe solution has improved the provider experience.	80% of survey respondents have identified that the implementation of an AI scribe solution has improved the provider experience.		
	Efficient: Timely access to care/ services	Percentage of patients aged 65 to 70 who have been immunized for Shingles	A	Other / Other	2024 CY	91615*	54%	60%	Internal Target		Continue to identify and improve access for patients who require a shingles vaccination.	1) Posters and educational materials will be posted. Information will be added to the Facebook page and the Web site. 2) Quarterly review of eligible patients will be completed, whereby the patient will be contacted for an appointment.	Percentage of rostered patients aged 65-70 vaccinated for shingles, measured quarterly.	60% of eligible patients will have received their shingles vaccine by March 31, 2026.	Patients who have been vaccinated with either of the two available shingles vaccines will be counted as being immunized for shingles.	

M = Mandatory (all cells must be completed) P = Priority (complete ONLY the comments cell if you are not working on this indicator) A = Additional (do not select if you are not working on this indicator) C = Custom (add any other indicators you are working on)

Experience	Patient-Centred	Do patients/clients feel comfortable and welcome at their primary care office?	P	Other / Other	2024 CY	91615*	CB	95%	Internal Target		Improve the number of patient experiences surveys completed.	Continue to leverage digital health tools to automate the distribution and collection of survey results in a virtual format. This approach will enable the team to gather a greater number of patient experience survey responses and obtain valuable insights from our patients.	Track the of patient experience surveys conducted per quarter	Target 50-100 surveys for 2025-2026	
													Track the percentage of patients who stated they feel comfortable and welcome at their primary care office, measured quarterly	95% of patients who responded to a Patient Experience Survey will indicate that they feel comfortable and welcome at their primary care office.	
Equity	Equitable	Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education	P	% / Other	Other / Other	91615*	CB	100%	Internal Target		To enhance understanding of creating a diverse, equitable, inclusive, responsive, and accessible organization. Employees and Board members have participated in Indigenous Cultural Awareness and Safety training provided by the IPHCC. Additional educational initiatives centered on EA-RDI are scheduled for 2025-26.	Quality Committee to discuss and confirm education focus for this fiscal year. 2) Contract/purchase as needed EDI education session(s). 3) Schedule staff and deliver education. Ensure new employee complete cultural safety training in 2025-26.	Track the number of staff members that have completed equity, anti-racism, diversity and inclusion training per quarter	100% of employees will complete the EA-RDI education by March 31, 2026.	