

Equity | Equitable | Custom Indicator

Indicator #3

Percentage of Ontario screen-eligible individuals, 50-74 years old, who were overdue for colorectal screening in each calendar year (Lakehead)

Last Year

58

Performance
(2019/20)

25

Target
(2019/20)

This Year

57

Performance
(2020/21)

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Target
(2020/21)

Change Idea #1

Reminder tasks for FOBTs due have been moved from administrative staff to clinical staff for more streamlined info sharing with the primary care providers.

Target for process measure

- We would like to see this rate low, set goal at 25%

Lessons Learned

No lessons learned entered

Indicator #7

Percentage of patients with diabetes, aged 40 or over, with two or more glycated hemoglobin (HbA1C) tests within the past 12 months (Lakehead)

Last Year

62

Performance
(2019/20)

88

Target
(2019/20)

This Year

78

Performance
(2020/21)

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Target
(2020/21)

Change Idea #1

Continue to track all diabetic patients over 40, and query their charts via EMR to ensure that two HbA1C results have been obtained in the fiscal year.

Target for process measure

- We would like to see our performance continue to reach the current level of 88%

Lessons Learned

No lessons learned entered

Last Year

63

Performance
(2019/20)

87

Target
(2019/20)

This Year

69

Performance
(2020/21)

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Target
(2020/21)**Indicator #4**

Percentage of Ontario screen-eligible women, 21-69 years old, who completed at least one Pap test in 42-month period. (Lakehead)

Change Idea #1

Continue to proactively call patients who are due for a PAP test based on tasks input into EMR

Target for process measure

- We would like to see this rate reach our historic results 87%

Lessons Learned

No lessons learned entered

Theme I: Timely and Efficient Transitions | Timely | Priority Indicator

Indicator #5	Last Year		This Year	
	Percentage of patients and clients able to see a doctor or nurse practitioner on the same day or next day, when needed. (Lakehead)	58.75 Performance (2019/20)	100 Target (2019/20)	60 Performance (2020/21)

Change Idea #1

Expand clinic hours to include two evenings per week (to 8:30 PM instead of 4:30), add Saturday walk-in clinics (10AA - 2PM) and open walk-in access six days per week

Target for process measure

- Patients always have an option to be seen same day or next day by coming to the walk-in clinics. We will monitor the survey results to see if this reflects actual access.

Lessons Learned

No lessons learned entered

Change Idea #2

Additional Survey Question "If you scheduled an appointment, did you have to wait longer than expected to get an appointment date?"

Target for process measure

- The results of the survey are 90% positive

Lessons Learned

90% answered that they did not wait longer than expected

Change Idea #3

Increased our 'relief coverage' so another NP can be on site to see some appointments approx 1 day per week.

Target for process measure

- No target entered

Lessons Learned

This allows patients to see an NP, but not necessarily their primary care provider, so does not completely satisfy the patients.

Theme I: Timely and Efficient Transitions | Efficient | Priority Indicator

	Last Year		This Year	
Indicator #8	X	100	100	100
Percentage of those hospital discharges (any condition) where timely (within 48 hours) notification was received, for which follow-up was done (by any mode, any clinician) within 7 days of discharge. (Lakehead)	Performance (2019/20)	Target (2019/20)	Performance (2020/21)	Target (2020/21)

Change Idea #1

Duplicate Indicator

Target for process measure

- Duplicate Indicator

Lessons Learned

No lessons learned entered

	Last Year		This Year	
Indicator #6	100	100	100	--
Percentage of patients who have had a 7-day post hospital discharge follow up, by a community care provider for selected conditions- CHCs. (Lakehead)	Performance (2019/20)	Target (2019/20)	Performance (2020/21)	Target (2020/21)

Change Idea #1

List of patients discharged from hospital is generated each week by the lead NP, then the RN calls all patients to follow-up. Those who require an appointment are booked as appropriate.

Target for process measure

- This is currently being done effectively

Lessons Learned

No lessons learned entered

Theme II: Service Excellence | Patient-centred | Priority Indicator

	Last Year		This Year	
Indicator #1	97.85	100	92.11	100
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 (Lakehead)	Performance (2019/20)	Target (2019/20)	Performance (2020/21)	Target (2020/21)

Change Idea #1

Continue advocating for this with providers. Survey results are good, but 100% would be better

Target for process measure

- Currently being done effectively

Lessons Learned

Need to remind providers that involving the patient in care is paramount.

Theme III: Safe and Effective Care | Effective | **Priority Indicator**

	Last Year		This Year	
Indicator #9	CB	100	CB	1
Proportion of patients with a progressive, life-limiting illness who were identified to benefit from palliative care who subsequently have their palliative care needs assessed using a comprehensive and holistic assessment. (Lakehead)	Performance (2019/20)	Target (2019/20)	Performance (2020/21)	Target (2020/21)

Change Idea #1

Target for process measure

- This is being developed

Lessons Learned

No lessons learned entered

Theme III: Safe and Effective Care | Safe | **Priority Indicator**

Indicator #2	Last Year		This Year	
	Percentage of non-palliative patients newly dispensed an opioid prescribed by any provider in the health care system within a 6-month reporting period. (Lakehead)	CB Performance (2019/20)	2 Target (2019/20)	1 Performance (2020/21)

Change Idea #1

Standardized approach to safe prescribing which includes use of: 1) risk assessment tool, 2) pain assessment tool, 3) treatment agreement

Target for process measure

- 100% of patients who have newly been prescribed opioids will have the necessary assessments and treatment agreements scanned to their chart

Lessons Learned

No lessons learned entered