



## 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	CB		

### Change Ideas

Change Idea #1 Continue to refine intake process across three clinic sites to ensure timely access and consistent practice.

Methods	Process measures	Target for process measure	Comments
Appoint intake "leads" at each clinic site to monitor volume of intakes and provider capacity	Number of new intakes booked monthly	NP's rosters are at capacity based on FTE and prorated to start date for newly funded positions	It is important to note that most new patients have been without primary care for a long time and require a great deal of time and review when rostered

**Measure - Dimension: Timely**

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Decrease third next available appointment times for all providers	C	Days / All patients	EMR/Chart Review / 2024-25	13.00	7.00	Third next available is our way of monitoring access for patients. Our goal is to have routine appointments available for patients on average, within one week of contacting the clinic.	

**Change Ideas****Change Idea #1** Redistribute same day appointments to increase routine appointment availability

Methods	Process measures	Target for process measure	Comments
We will conduct a same day utilization and third next available appointment audit. We will determine who has the shortest wait time and increase same days in those schedules while decreasing same days in those schedules with a longer wait; opening up times for routine appointments to be booked	We will conduct third next available audits quarterly to see if there is a decrease	Currently our average third next available average is 13 days. Our target is to decrease this to 7 days	

**Change Idea #2** Restructure the placement of same day appointments to increase their utilization to ensure no unused appointment times

Methods	Process measures	Target for process measure	Comments
Audit and review current same day "holds" in the schedule and where they are most utilized.	Total number of same day holds used	90% of all same day holds will be filled.	

## 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 New patients to WRNPLC	EMR/Chart Review / Most recent consecutive 12-month period	CB	CB		

### Change Ideas

Change Idea #1 Create a survey/questionnaire to collect socioeconomic data on new WRNPLC patients

Methods	Process measures	Target for process measure	Comments
Utilizing current forms such as AHC extended demographic form as well as Ocean eForms	Number of new patients who have completed the survey	100% of new patients will have completed the survey	

Change Idea #2 Educate and engage staff in collection of socioeconomic data

Methods	Process measures	Target for process measure	Comments
We will use team meetings to train and educate staff on the purpose of collecting this data. We will incorporate this into our internal quality work in order to engage the team	The number of team members will be educated on the process and will clearly understand the purpose.	100% of staff will be clear on the process and will be able to answer questions that patients may have regarding the survey and its purpose	

## Experience

### Measure - Dimension: Patient-centred

Indicator #3	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	95.00	95.00	Our goal is to maintain our current performance	

### Change Ideas

Change Idea #1 WRNPLC consistently scores in the mid 90% range for this indicator. We will continue to make this a priority within our team.

Methods	Process measures	Target for process measure	Comments
We will distribute the patient experience survey in the spring of 2024	The percentage of patients who indicate that they are always or often involved in their care as much as they want to be	95%	Total Surveys Initiated: 200

**Measure - Dimension: Patient-centred**

Indicator #4	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	94.00	94.00	Our goal is to maintain this current performance	

**Change Ideas**

Change Idea #1 WRNPLC consistently scores in mid 90% on this indicator. Our goal will be to maintain this and continue to make our patients' experience a priority

Methods	Process measures	Target for process measure	Comments
We will widely distribute patient experience survey in the spring of 2024	All rostered WRNPLC patients	To receive 100 completed surveys from each of our three sites	

## Safety

### Measure - Dimension: Effective

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Timely follow-up with hospital discharged patients	C	% / All patients	EMR/Chart Review / 2024-25	CB	CB		

### Change Ideas

Change Idea #1 Educate patients on importance of informing clinic of hospital discharge

Methods	Process measures	Target for process measure	Comments
Include information in new patient intake package and review during initial appointment, post information in the waiting area and on website.	Patients who have been discharged from hospital will contact the clinic to arrange follow up (if indicated) within 7 days	90% of patients discharged from hospital and require follow up will have been seen within 7 days of discharge date	Currently rely on hospitals to get discharge reports to NPLC in a timely manner. When notified of discharge, we are able to offer a follow up appointment when indicated