

Theme I: Timely and Efficient Transitions

Measure Dimension: Timely

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Timely follow-up with hospital discharged patients	C	% / PC org population discharged from hospital	EMR/Chart Review / April 2022- March 2023	79.60	85.00	1. The hospital significantly improved timeliness of discharge summary report submissions. 2. The ANPLC developed a systematic approach to manage post hospitalization discharges. Therefore, a 5% increase is reasonable and attainable target.	Sault Area Hospital

Change Ideas

Change Idea #1 Continue ongoing process with allied health team and nurse practitioners and monitor for any potential trends that might require intervention.

Methods	Process measures	Target for process measure	Comments
Monthly comparison and cross referencing of internal data entries pulled via queries and hospital provide discharge list.	Each month we will review the average rate of patient discharge follow up and act accordingly.	The target we aim for is 85% or greater.	

Theme III: Safe and Effective Care

Measure Dimension: Effective

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Overdue for Colorectal Cancer Screening	C	% / PC organization population eligible for screening	EMR/Chart Review / April 2022 - March 2023	55.31	60.00	The Algoma NPLC will aim to increase percentage of eligible patients with completed screening.	

Change Ideas

Change Idea #1 Assigned team leads for each preventative care indicator. Implementation and monitoring of Ontario MD's i4C Dashboard for progress on eligible patients screened. Contact patients who remain unscreened on a quarterly basis.

Methods	Process measures	Target for process measure	Comments
Monthly team meeting review of percentage of eligible patients screened. Monitoring and patient outreach on a quarterly basis done by the allied health team lead for the preventative care indicator.	Percentage of eligible patients screened for colorectal cancer screening	Our target is 60 percent 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 2022- March 2023	43.46	60.00	The Algoma NPLC will aim to increase percentage of eligible patient with completed screening.	

Change Ideas

Change Idea #1 Assigned team leads for each preventative care indicator. Implementation and monitoring of Ontario MD's i4C Dashboard for progress on eligible patients screened. Contact patients who remain unscreened on a quarterly basis.

Methods	Process measures	Target for process measure	Comments
Monthly team meeting review of percentage of eligible patients screened. Monitoring and patient outreach on a quarterly basis done by the allied health team lead for the preventative care indicator.	Percentage of eligible patients screened for breast cancer	Our target is 60 percent of eligible patients screened.	

Measure Dimension: Effective

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of screening eligible patients up-to-date with Papanicolaou (Pap) tests	C	% / PC organization population eligible for screening	EMR/Chart Review / April 2022- March 2023	54.56	60.00	The Algoma NPLC will aim to increase percentage of eligible patients with completed screening.	

Change Ideas

Change Idea #1 Assigned team leads for each preventative care indicator. Implementation and monitoring of Ontario MD's i4C Dashboard for progress on eligible patients screened. Contact patients who remain unscreened on a quarterly basis.

Methods	Process measures	Target for process measure	Comments
Monthly team meeting review of percentage of eligible patients screened. Monitoring and patient outreach on a quarterly basis done by the allied health team lead for the preventative care indicator.	Percentage of eligible patients screened for cervical cancer.	Our target is 60 percent of eligible patients screened.	

Measure Dimension: Safe

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of non-palliative patients newly dispensed an opioid prescribed by any provider in the health care system.	P	% / Patients	CAPE, CIHI, OHIP, RPDB, NMS / 6 month period ending Mar 31, 2022	CB	CB	The ANPLC will continue to provide safe and evidence-based care for patients	

Change Ideas

Change Idea #1 Systematic use of Opioid Manager for all patients on narcotic medication.

Methods	Process measures	Target for process measure	Comments
Quarterly chart review including querying the EMR.	Percentage of client charts on opioid based therapy whom have a opioid manager form in their chart.	Our target is for 70% of our patient who have been prescribed an opioid to have the appropriate follow up completed.	