

Quality Improvement Plan (QIP)

# Narrative for Health Care Organizations in Ontario

April 1, 2025



## OVERVIEW

Peterborough Family Health Team (PFHT) is one of Ontario's first and largest Family Health Teams. We are deeply rooted in the City and County of Peterborough as a trusted support for family physicians, supporting the delivery of comprehensive primary care. Our approach emphasizes teamwork, with skilled, responsive, and compassionate employees and clinicians.

Our team is committed to putting patients first and engaging in quality improvement in primary care. As leaders in collaborative, team-based care, our mission is to serve, heal, empower, and support those we care for.

Through our Quality Improvement Plan and the efforts of our Quality Committee, we continue to uphold our commitment to quality while advancing our vision and mission. We have a robust program planning and evaluation framework, and we regularly assess our programs and services to ensure we provide high-quality care to the residents of our community.

For 2025/26, our quality improvement initiatives will focus on improving screening rates for breast, cervical, and colorectal cancer, particularly for our unattached population, in collaboration with our OHT.

Despite operating within a fixed budget, with no base increase in over 11 years and no wage increases in over 5 years, we take pride in providing basic care to some of the 30,000 unattached patients in our community.

The only additional support we have is through encouraging

primary care physicians to use the Fee-for-Service model to care for those without a primary care provider. This has brought recently retired physicians back to a part-time practice and supported new physicians to settle into our community. We have re-directed some of our limited resources such as Nurse Practitioner (NP) and Registered Practical Nurse (RPN) time, to ensure our clinic remains open five days a week. At full operation these clinics can offer up to 450 in person appointments per week to those without a primary care provider.

### **ACCESS AND FLOW**

We've streamlined and standardized referral tracking for mental health clinician and registered dietitian one-on-one services. This allows us to monitor wait times across multiple clinical sites and optimize intake processes for those waiting for service.

We are utilizing Caredove, an eReferral platform, to streamline registration for group programs and workshops, significantly reducing administrative workload and enabling patients to directly register for programs at their convenience.

At our PFHT Health Clinic, we use Ocean for eReferrals and eConsults and are trialing Online Appointment Booking (OAB) through a partnership with our OHT.

### **EQUITY AND INDIGENOUS HEALTH**

Our Clinical Support Services (CSS) team helps patients facing challenges related to social determinants of health, advocating for them and connecting them with community resources to ensure holistic support. CSS works closely with community agencies to address gaps in care and improve service delivery.

We've also partnered with the City of Peterborough's social services department to support homeless individuals in the shelter system. We employ a social worker who provides support to this vulnerable population.

We provided administrative leadership and support to local physicians for an Alternate Payment Plan to support physicians working with the homeless. The plan was approved by the Ministry, and the Medical Director of Peterborough Street Medicine has since joined our Board of Directors as a non-voting member.

Peterborough is home to two First Nations communities: Curve Lake and Hiawatha. We provide on-site services to Curve Lake, with a mental health clinician, nurse practitioner, registered dietitian, and registered nurse. Hiawatha residents receive primary care at other community clinics. In line with the Truth and Reconciliation Report, we've made Indigenous Cultural Competency Training mandatory for all staff and compiled a list of local traditional resources for those interested in this form of care.

We have recently engaged with the new CHC to determine collaborative opportunities. Their mandate is for 40% of their patients to be of Indigenous heritage.

We also continue to offer interpretation services for patients who speak languages other than English, ensuring that language barriers are addressed. Unattached patients visiting the PFHT Health Clinic also have access to these services.

Through our partnership with the New Canadian Centre (NCC), the

Greater Peterborough Health Services Foundation, and Dr. Madura Sundareswaran, we support a Newcomer Health Clinic to provide short-term medical care to immigrants and refugees in Peterborough for up to six months.

Beyond our direct services, we are also facilitating a grassroots committee advocating for political and organizational changes that align with our commitment to equity, diversity, and inclusion in the community and within our organization.

### **PATIENT/CLIENT/RESIDENT EXPERIENCE**

Our Patient and Family Advisory Council (PFAC) meets quarterly to improve patient care experiences at PFHT. The council provides valuable recommendations on matters impacting patients and families, and one of its members serves as a voting representative on our Board of Directors. PFAC was actively engaged and had input into the 2025-28 PFHT Strategic Plan focused on meeting patient needs.

We offer a patient experience survey on our website to capture feedback from patients on their care. Additionally, we gather feedback from participants of our group programs and services.

To engage with our community, we use social media platforms like Facebook and Instagram to share updates and connect with patients.

### **PROVIDER EXPERIENCE**

Like many organizations, we face challenges with employee turnover, recruitment, and retention. We will continue to advocate for fair and competitive wages in our sector, engaging in various strategies, including lobbying politicians and preparing a pre-budget submission to the government to secure necessary investments in recruitment and retention. We hope that the collective voice of over 1,300 organizations across 10 provincial associations will help achieve this goal.

Our 2025-28 strategic plan is now complete. Feedback from our providers helped shape the plan and provided insights into job satisfaction, organizational strengths, and areas for improvement. We are now working on implementation.

Physician recruitment remains a major challenge in our community, as there is a shortage of primary care physicians to meet the growing demand. Recruiting in a competitive market continues to be a significant barrier.

## SAFETY

We are dedicated to ensuring the safety of our employees, patients, and visitors. We work with our Family Health Organizations (FHOs) and clinic sites to promote safe practices, including CPR and naloxone training, de-escalation training for administrative staff and maintaining safety equipment such as AEDs and naloxone kits. We also track and follow up on all incidents to prevent future occurrences.

We've implemented strict policies to ensure our staff meet the provincial vaccination standards, significantly enhancing patient and client safety.

We continue to educate the public about the zero-tolerance policy for abuse of healthcare providers, addressing the increase in verbal abuse toward our healthcare professionals. We've developed posters to prominently display this message in our primary care provider clinics.

## PALLIATIVE CARE

In our community, a skilled group of physicians provide excellent palliative care meeting the needs of individuals at end of life. The team is not currently accepting new physicians to the team which reflects both the quality and stability of the care being offered.

## POPULATION HEALTH MANAGEMENT

In addition to improving access to care for attached patients, we remain focused on caring for unattached patients in our community. Our PFHT Health Clinic operates five days a week from two locations, providing problem-specific care, referrals to local resources, and cancer screenings. We also run a Well Baby Clinic for babies aged 2 months to 18 months, addressing the community's need for improved access to well-baby care for unattached populations.

## ADMINISTRATIVE BURDEN

We continue to support our Family Health Organizations with tools like Ocean eReferral, eConsult, and Connecting Ontario and collaborate with our OHT to develop new tools that reduce administrative burden for healthcare providers.

Our unattached patient clinic uses Ocean for eReferral, online appointment booking (OAB), and secure messaging. This platform has significantly benefited both the administrative support staff and the clinical providers working with this clinic.

It should be noted that local physicians are reluctant to use Ocean due to the additional administrative burden it imposes on their practices. This concern is echoed in a report by a local Think Tank group, which advises against the use of patient portals for similar reasons.

We are also exploring AI scribe technology to assist with patient care documentation. We see potential in this technology but are mindful of financial sustainability, as we have not received an increase in our base budget in several years. We will work with stakeholders such as Ontario Health, AFHTO, and our insurer to ensure policies and safeguards are in place to support providers who wish to adopt this technology.

## SIGN-OFF

It is recommended that the following individuals review and sign-off on your organization's Quality Improvement Plan (where applicable):

I have reviewed and approved our organization's Quality Improvement Plan on

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Board Chair

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Quality Committee Chair or delegate

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Executive Director/Administrative Lead

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Other leadership as appropriate

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Indicator #2	Last Year		This Year		
	Percentage of screen-eligible people who are up to date with mammograms (Peterborough Networked FHT)	<b>63.00</b> Performance (2024/25)	<b>63.00</b> Target (2024/25)	<b>63.17</b> Performance (2025/26)	<b>--</b> Percentage Improvement (2025/26)

**Change Idea #1**  Implemented  Not Implemented

Ongoing promotion of the importance of screening and early detection of breast cancer specifically for unattached patients.

**Process measure**

- # social media posts

**Target for process measure**

- 12 posts over 12 months

**Lessons Learned**

We utilized social media to promote awareness about the importance of breast cancer screening. Additionally, we referred 43 unattached patients for mammograms. It’s important to acknowledge that the success of this screening depends on both patient follow-through and the availability of local diagnostic imaging departments. We encourage unattached patients to use 811 to find available cancer screening options. We will continue to focus on breast cancer screening for the unattached patient population as part of our 2025/26 QIP.

As of March 31, 2024, our FHT MyPractice Report indicates that 67.9% of patients in our FHT had an up-to-date mammogram, surpassing the LHIN's rate of 60.6% and the province's rate of 58.0%.

Indicator #3	Last Year		This Year		
	Percentage of screen-eligible people who are up to date with Pap tests (Peterborough Networked FHT)	<b>59.60</b> Performance (2024/25)	<b>59.60</b> Target (2024/25)	<b>59.49</b> Performance (2025/26)	<b>--</b> Percentage Improvement (2025/26)

**Change Idea #1**  Implemented  Not Implemented

With additional resources from Peterborough OHT, PFHT will offer clinics for unattached patients who require cervical cancer screening.

**Process measure**

- # clinics offered # of unattached patients served"

**Target for process measure**

- # clinics offered is dependent on resource availability # unattached patients is also dependent on clinics offered and resource availability

**Lessons Learned**

We initially offered dedicated pap clinics, but had difficulty filling entire days. We found that a more efficient and effective approach was to offer various appointment slots throughout the week for cervical cancer screening. As a result, we screened 198 unattached patients for cervical cancer. We encourage unattached patients to use 811 to find available cancer screening options. We will continue to focus on cervical cancer screening for the unattached patient population as part of our 2025/26 QIP.

As of March 31, 2024, our FHT MyPractice Report indicates that 67.3% of patients in our FHT had an up-to-date pap test, surpassing the LHIN's rate of 56.4% and the province's rate of 53.1%.



Indicator #1	Last Year		This Year		
	Percentage of screen-eligible people who are up to date with colorectal tests (Peterborough Networked FHT)	<b>65.80</b> Performance (2024/25)	<b>65.80</b> Target (2024/25)	<b>66.37</b> Performance (2025/26)	<b>--</b> Percentage Improvement (2025/26)

**Change Idea #1**  Implemented  Not Implemented

Ongoing promotion of the importance of screening and early detection of colorectal cancer specifically for unattached patients.

**Process measure**

- # social media posts

**Target for process measure**

- 12 posts over 12 months

**Lessons Learned**

We utilized social media to promote awareness about the importance of colorectal cancer screening. Additionally, we referred 71 unattached patients for colorectal screening. It’s important to note that the success of this screening relies on patient follow-through. We encourage unattached patients to use 811 to find available cancer screening options. We will continue to prioritize colorectal cancer screening for the unattached patient population as part of our 2025/26 QIP.

As of March 31, 2024, our FHT MyPractice Report indicates that 68.8% of patients in our FHT were up-to-date with colorectal screening, surpassing the LHIN's rate of 63.2% and the province's rate of 60.9%.

## Access and Flow

### Measure - Dimension: Timely

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of screen-eligible people who are up to date with colorectal tests	O	% / PC organization population eligible for screening  Unattached patient population	EMR/Chart Review / Most recent information available	66.37	66.37	Monitor and maintain performance in a community with a declining number of primary care providers	

### Change Ideas

Change Idea #1 Ongoing promotion of the importance of screening and early detection of colorectal cancer specifically for unattached patients.

Methods	Process measures	Target for process measure	Comments
Use various social media channels to raise awareness around colorectal cancer screening and provide specific directions on how unattached patients can access screening.	# social media posts	12 posts over 12 months	

Change Idea #2 Refer eligible unattached patients for colorectal cancer screening

Methods	Process measures	Target for process measure	Comments
Provide referrals for eligible patients who visit our unattached patient clinic	# referrals sent for unattached patients	# unattached patients is dependent on those needing screening	

**Measure - Dimension: Timely**

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of screen-eligible people who are up to date with cervical screening	O	% / PC organization population eligible for screening  Unattached patient population	EMR/Chart Review / Most recent information available	59.49	59.49	Monitor and maintain performance in a community with a declining number of primary care providers	

**Change Ideas**

Change Idea #1 Ongoing promotion of the importance of screening and early detection of cervical cancer specifically for unattached patients.

Methods	Process measures	Target for process measure	Comments
Use various social media channels to raise awareness around breast cancer screening and provide specific directions on how unattached patients can access screening.	# social media posts	12 posts over 12 months	

Change Idea #2 Provide cervical cancer screening for eligible unattached patients

Methods	Process measures	Target for process measure	Comments
Provide pap test for unattached patients who visit out unattached patient clinic	# unattached patients screened	# unattached patients is dependent on those needing screening	

**Measure - Dimension: Timely**

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of screen-eligible people who are up to date with breast screening	O	% / PC organization population eligible for screening  Unattached patient population	EMR/Chart Review / Most recent information available	63.17	63.17	Monitor and maintain performance in a community with a declining number of primary care providers	

**Change Ideas**

Change Idea #1 Ongoing promotion of the importance of screening and early detection of breast cancer specifically for unattached patients.

Methods	Process measures	Target for process measure	Comments
Use various social media channels to raise awareness around breast cancer screening and provide specific directions on how unattached patients can access screening.	# social media posts	12 posts over 12 months	

Change Idea #2 Refer eligible unattached patients for breast cancer screening

Methods	Process measures	Target for process measure	Comments
Provide referrals for eligible patients who visit our unattached patient clinic Handouts at reception in the unattached patient clinic, along with posters, will guide patients on how to book a mammogram on their own	# referrals sent for unattached patients	# unattached patients is dependent on those needing screening	