

Experience | Patient-centred | Priority Indicator

	Last Year		This Year	
Indicator #1	98.81	90	100	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 (Humber River FHT)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

Change Idea #1 Implemented Not Implemented

1) Obtain more systematic measures of patient satisfaction with the ability to ask questions and be involved in medical decision making to the extent that they would like. Providing this feedback to physicians alone may engender change if only because of Hawthorne effect

Process measure

- Survey results - % of patients feeling they have adequate opportunity to ask questions during their visit, % of patients feeling they have adequate opportunity to be involved in decisions about their care (survey result of Agree strongly, agree a little would count, neutral, disagree a little or strong disagree would not count in the numerator).

Target for process measure

- 90% for both measures

Lessons Learned

Challenges - our EMR change to OSCAR pro meant we no longer had ready access to mass emailing to patients scheduled on the day of the visit. We had to a) obtain tablets to be offered to patients to complete the survey at the various sites b) set up using appropriate data security/firewall etc c) craft an FHT policy around handling of the tablets d) distribute the tablets and e) encourage providers to offer the tablets to patients after visits to complete the survey. This just really got off the ground in the last few months of 2023.

Safety | Safe | **Priority Indicator**

	Last Year		This Year	
Indicator #2	CB	50	NA	NA
Percentage of non-palliative patients newly dispensed an opioid prescribed by any provider in the health care system. (Humber River FHT)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

Change Idea #1 Implemented Not Implemented

1) Use an AFHTO tool to identify all chronic opioid prescriptions provided by our physicians. 2) Review charts with assistance of FHT staff such as NP/pharmacist to ensure opioid risk assessment has been done, controlled substance contract is on file, adjuvants / pain plan with multimodal care is present.

Process measure

- Among the registry/tool identified patients receiving opioid prescriptions for chronic non-cancer pain: 1) % with risk assessment such as ORT / SOAPP-R on file 2) % controlled substance contract scanned or otherwise documented 3) % which have a pain plan documented indicating adjuvants, other medications tried and nonpharmacologic treatments 4) % which indicate any aberrancy / adverse effects and management plans for those

Target for process measure

- 50% for each measure

Lessons Learned

- We switched from Indivicare to OSCARPro during the year and had difficulties getting the tool working. Once it worked, the database switch from multiple EMR instances to one large database severed the correct MRP listing which hindered our ability to collect valid data for each provider. We collected some data for a few providers at Weston site but hope to have the MRP designation fixed in the upcoming year. We did get our FHT pharmacist reviewing charts and offering suggestions using the latest guidelines for opioid prescription in the setting of chronic noncancer pain.