

Area of Focus - Increase Overall Access to Community Mental Health and Addiction (MHA) Services | Timely | Priority Indicator

Indicator #2	Last Year		This Year	
	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)
Emergency department visit as first point of contact for mental health and addictions–related care (Maamwesying OHT) OHT Population: Clients at risk of accessing the ED as first point contact for mental health and addictions	CB	5	NA	CB

Change Idea #1 Implemented Not Implemented

The Hospital notification improvement project will be a collaborative approach with partner hospitals to implement a "self-identification" process upon emergency department visit. The project will review all aspects of timely notification to improve communication and continuity of care between providers

Process measure

- Number of partnering hospitals completing cultural competency training on a yearly basis and % of project completed

Target for process measure

- 70% of partnering hospital staff completing training by March 2023 and 75% of project completed by year end

Lessons Learned

Cultural competency training occurred at 6 Kaizen events and 4 signing ceremonies with 4 hospital partners.

Change Idea #2 Implemented Not Implemented

Focus on improving access to mental health and addictions services prior to the need for hospitalization

Process measure

- Decrease in the amount of ED visits as first point of contact for our attributed population. Reviewed quarterly by the Quality Committee

Target for process measure

- Establish notification from 70% of partnering hospital sites by March 2023

Lessons Learned

Due to the lack of attributed population data we will continue to work with our hospital partners to obtain reports based on "Self Identification" data upon admission.

Change Idea #3 Implemented Not Implemented

MRP or community to receive weekly ED reports from partnering hospitals on ED visits to ensure appropriate follow-up

Process measure

- Number of ED reports received weekly

Target for process measure

- Implementation of notification from ED upon self identification to appropriate MRP and/or community resource

Lessons Learned

Due to the lack of attributed population data we will continue to work with our hospital partners to obtain reports based on "Self Identification" data upon admission.

Area of Focus- Improving Overall Access to Care in the Most Appropriate Setting | Efficient | Priority Indicator

Last Year

This Year

Indicator #1	CB	CB	CB	CB
Alternate level of care days expressed as a percentage of all inpatient days in the same period (Maamwesying OHT)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)
OHT Population: Clients at risk of delayed transitions in care				

Change Idea #1 Implemented Not Implemented

Continue to work on formal partnerships with care delivery partners to support appropriate and timely transitions from the ED, Acute and post-acute care.

Process measure

- Number of alternate level of care days reviewed quarterly by the OHT Quality Committee

Target for process measure

- Decrease in the number of ALC days and readmission rates

Lessons Learned

Partnership agreements have been established with 4 hospitals. Work continues on standardization of reports received from hospital partners to identify our attributed population.

Change Idea #2 Implemented Not Implemented

The Hospital notification improvement project will be a collaborative approach with partner hospitals to implement a "self-identification" process upon admission. Project will review all aspects of timely notification to improve communication and continuity of care between providers.

Process measure

- Number of partnering hospitals completing cultural competency training on a yearly basis and % of project completed.

Target for process measure

- 70% of partnering hospitals to receive training by March 2023 and 75% of project completed by year end

Lessons Learned

All partner hospitals have implemented the "self-identification" process upon admission. This will enable clients who identify as Indigenous to be connected with the appropriate services upon discharge. Cultural competency training using the Blanket Exercise has been completed by partnering organizations and at all Kaizen events completed.

Area of Focus- Increase Overall Access to Preventative Care | Effective | Priority Indicator

	Last Year		This Year	
Indicator #5	CB	54	50	54
Percentage of screen-eligible people who are up to date with Pap tests (Maamwesying OHT)	Performance	Target	Performance	Target
OHT Population: Clients who are overdue for cervical screening	(2023/24)	(2023/24)	(2024/25)	(2024/25)

Change Idea #1 **Implemented** **Not Implemented**

Review how clients at high risk for breast cancer are documented in our EMR systems

Process measure

- Decrease in the amount of eligible clients overdue for cervical screening

Target for process measure

- To be within 5% of the provincial target by March 2024

Lessons Learned

Implemented new preventative care toolbar into EMR, Q1 April 2023 to standardize data entry by Primary Care Providers.

Change Idea #2 **Implemented** **Not Implemented**

Offer cervical screening clinics in collaboration with MOHT partners

Process measure

- Decrease the number of eligible clients overdue for cervical screening

Target for process measure

- To be within 5% of the provincial target by March 2024

Lessons Learned

No lessons learned entered

Comment

Quarterly Statistics - Q1-37%, Q2-50%, Q3-50%, Q4-50%

	Last Year		This Year	
Indicator #4	CB	57	44.20	57
Percentage of screen-eligible people who are up to date with mammograms (Maamwesying OHT)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)
OHT Population: Clients who are overdue for breast cancer screening				

Change Idea #1 Implemented Not Implemented

Review how clients due for breast cancer screening are documented in our EMR systems

Process measure

- Decrease the number of eligible clients overdue for breast cancer screening

Target for process measure

- To be within 5% of the provincial target by March 2024

Lessons Learned

Implemented new preventative care toolbar in EMR in Q1 April 2023 to standardize data entry by Primary Care Providers

Change Idea #2 Implemented Not Implemented

Provide educational pamphlets in clinics to promote awareness and provide contact information to schedule a mammogram

Process measure

- Decrease the number of clients overdue for breast cancer screening.

Target for process measure

- To be within 5% of the provincial average by March 2023

Lessons Learned

Client care coordinators within clinics are assisting clients to make mammogram appointments.

Change Idea #3 Implemented Not Implemented

Every client overdue is being advised of screening

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Data is being captured on how many clients have been advised but have not completed testing. Implemented Q3

Change Idea #4 Implemented Not Implemented

Every client overdue is being advised of screening

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Data is being captured on how many clients have been advised but have not completed testing. Implemented Q3

Comment

Quarterly statistics - Q1-32.5%, Q2-38%, Q3-44%, Q4-44.2%

	Last Year		This Year	
Indicator #3	CB	40	35.30	43
Percentage of screen-eligible people who are up to date with colorectal tests (Maamwesying OHT)	Performance	Target	Performance	Target
OHT Population: Clients who are overdue for colorectal screening	(2023/24)	(2023/24)	(2024/25)	(2024/25)

Change Idea #1 Implemented Not Implemented

Review how clients at high risk for colorectal cancer are documented in our EMR systems

Process measure

- Decrease the number of eligible clients overdue for colorectal screening

Target for process measure

- To be within 5% of the provincial target by March 2024

Lessons Learned

Implemented new preventative care toolbar into EMR in Q1 April 2023 to standardize date entry by Primary Care Providers.

Change Idea #2 Implemented Not Implemented

Offer colorectal screening clinics in collaboration with MOHT partners

Process measure

- Decrease the number of eligible clients overdue for colorectal screening

Target for process measure

- To be within 5% of the provincial target by March 2024

Lessons Learned

No lessons learned entered

Comment

Quarterly Statistics - Q1-31%, Q2-34, Q3-35%, Q4-35%

