

Equity | Equitable | **Optional Indicator**

Indicator #1	Last Year		This Year		
	20.40	25	38.09	86.72%	NA
Completion of sociodemographic data collection (Beamsville Medical Centre FHT)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 ☒ Implemented ☐ Not Implemented ☐ In Progress

1)Increase the number of surveys sent out to patients. 2)Educate Staff re survey importance and post information re survey in rooms.

Process measure

- 1) Resercher will calculate quarterly percentage of returned surveys and inform providers if not reaching target

Target for process measure

- 1) 25 % of surveys should be answered by patients 2)100% of rooms will have posters hung by April 1, 2025 and remain until Mar 31, 2026.

Lessons Learned

Although our results of completion are still low at 38.09% completion, we are elated that we have surpassed our target % (25%) by more than 13%.

Comment

Although our results of completion are still low at 38.09% completion, we are elated that we have surpassed our target % (25%) by quite more than 13%. We will have to determine whether this is a metric that we will continue with or if we will eliminate it to concentrate different issues.

Experience | Patient-centred | **Optional Indicator**

Indicator #2	Last Year		This Year		
	97.80	100	97.90	0.10%	100
Do patients/clients feel comfortable and welcome at their primary care office? (Beamsville Medical Centre FHT)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 ☒ Implemented ☐ Not Implemented ☐ In Progress

We will attempt to collect 300 surveys quarterly. This will allow us to collect data from 1200 patients during the year.

Process measure

- Number of surveys collected will be calculated quarterly. If quota of 300 not met, LEAD will be notified.

Target for process measure

- 1200 surveys will be collected during Fiscal year

Lessons Learned

1201 surveys collected to date Apr 1, 2025 - Feb 20/26.

Our FHT strives to make all patients (100%) feel welcome and comfortable. Although we didn't reach 100%, we are encouraged that we remained at 97.9% which is slightly better than the last QIP.

We will continue to collect data for this metric.

Comment

This metric is crucial to patients receiving proper care and it is a metric that we are proud of. We collected 1201 surveys for the fiscal year to date (Feb 23/26) and 97.90 % of those patients answered that they felt comfortable and welcome.

Safety | Safe | **Optional Indicator**

Indicator #3	Last Year		This Year		
	100.00	100	100.00	0.00%	100
eConsult: Percentage of clinicians within the primary care practice utilizing this provincial digital solution (Beamsville Medical Centre FHT)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 ☒ Implemented ☐ Not Implemented ☐ In Progress

All practitioners are already using eConsult, and we will continue to encourage its use over the next year

Process measure

- Target measures will be reviewed annually

Target for process measure

- BMCFHT will continue to use a target of 100%

Lessons Learned

100 % of our practitioners use e-consult. Although they do not solely use this, providers are encouraged to continue to use it and use delegates frequently to decrease burden.

Comment

Providers are always encouraged to use eConsult. It is a welcome tool for our providers.

Safety | Safe | **Optional Indicator**

Indicator #4	Last Year		This Year		
	100.00	100	100.00	0.00%	100
Electronic Prescribing: Percentage of clinicians within the primary care practice utilizing this provincial digital solution (Beamsville Medical Centre FHT)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 ☒ Implemented ☐ Not Implemented ☐ In Progress

All practitioners are already using ePrescribing, and we will continue to encourage its use over the next year.

Process measure

- Target measures will be reviewed annually

Target for process measure

- BMCFHT will continue to use a target of 100%

Lessons Learned

100 % of our practitioners are using ePrescibing.

Our challenges this year with ePrescribe is that some of the pharmacies stopped using it due to a decrease in funding.

Our fax number will definitely increase next year since ePrescribe is slated to be discontinued.

Comment

100 % of our practitioners are using ePrescibing.

Our challenges this year with ePrescribe is that some of the pharmacies stopped using it due to a decrease in funding.

Our fax number will definitely increase next year since ePrescribe is slated to be discontinued.

Safety | Safe | **Optional Indicator**

	Last Year		This Year		
Indicator #5	100.00	100	100.00	0.00%	100
eReferral: Percentage of clinicians within the primary care practice utilizing this provincial digital solution (Beamsville Medical Centre FHT)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 ☒ Implemented ☐ Not Implemented ☐ In Progress

All practitioners are already using eReferral, and we will continue to encourage its use over the next year

Process measure

- Target measures will be reviewed annually

Target for process measure

- BMCFHT will continue to use a target of 100%

Lessons Learned

All practitioners are already using eReferral, and we will continue to encourage its use over the next year

Comment

All providers use ereferral and use referral clerks as delegates. Some providers do not solely use this, but this will continue to be encouraged by the Lead Physician.

Safety | Safe | **Optional Indicator**

Indicator #6	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
HRM: Percentage of clinicians within the primary care practice utilizing this provincial digital solution (Beamsville Medical Centre FHT)	100.00	100	100.00	0.00%	100

Change Idea #1 ☒ Implemented ☐ Not Implemented ☐ In Progress

All practitioners are already using HRM, and we will continue to encourage its use over the next year.

Process measure

- Target measures will be reviewed annually

Target for process measure

- BMCFHT will continue to use a target of 100%

Lessons Learned

All practitioners are already using HRM, and we will continue to encourage its use over the next year.

Comment

All practitioners are already using HRM, and we will continue to use it for all Providers.

Safety | Safe | **Optional Indicator**

Indicator #7	Last Year		This Year		
	CB	CB	1201.00	--	1201
Number of faxes sent per 1,000 rostered patients (Beamsville Medical Centre FHT)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 ☐ Implemented ☐ Not Implemented ☒ In Progress

collect numbers of faxes sent per rostered patients

Process measure

- Number of faxes from machine counter and SR Fax invoice done quarterly by research assistant.

Target for process measure

- Our target will be to collect data for number of faxes sent by our office.

Lessons Learned

Tallied faxes for the organization by SrFax and manual faxing.

Comment

We will continue to keep track of the number of faxes sent out by our FHT. We are anticipating increased numbers next year due to ePrescribe being discontinued.

Access and Flow | Efficient | **Optional Indicator**

Indicator #8	Last Year		This Year		
	10.00	10	0.00	- 100.00 %	10
Number of new patients/clients/enrolments (Beamsville Medical Centre FHT)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 ☒ Implemented ☐ Not Implemented ☐ In Progress

continue with change idea -Track new roster patient numbers and derostered numbers.

Process measure

- Number of newly rostered patients minus derostered patients done monthly for all physicians in our FHT.

Target for process measure

- 100% of time the difference will be zero or positive.

Lessons Learned

-63 patients. Our roster decreased by 63 patients over the last fiscal year so far. This was mainly due to one of our physicians managing his roster size in preparation for his pending retirement.

Comment

Our FHT rostered over 350 patients last year, however the total in NET patients is -63 for the year. This is an aberration and most likely due to one of the physicians decreasing his patient total in preparation for retirement.

Safety | Safe | **Optional Indicator**

Indicator #9	Last Year		This Year		
	100.00	100	100.00	0.00%	100
OLIS: Percentage of clinicians within the primary care practice utilizing this provincial digital solution (Beamsville Medical Centre FHT)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 ☒ Implemented ☐ Not Implemented ☐ In Progress

All practitioners are already using OLIS, and we will continue to encourage its use over the next year

Process measure

- Target measures will be reviewed annually

Target for process measure

- BMCFHT will continue to use a target of 100%

Lessons Learned

All practitioners are already using OLIS, and we will continue to encourage its use over the next year

Comment

100 % of our practitioners use OLIS.

Safety | Safe | **Optional Indicator**

	Last Year		This Year		
Indicator #10	90.90	90.90	100.00	10.01%	100
Online Appointment Booking: Percentage of clinicians within the primary care practice utilizing this provincial digital solution (Beamsville Medical Centre FHT)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 ☒ Implemented ☐ Not Implemented ☐ In Progress

All practitioners are already using Online Appointment Booking, and we will continue to encourage its use over the next year

Process measure

- Target measures will be reviewed annually

Target for process measure

- BMCFHT will continue with a target of 90.9% (10/11) of our clinicians utilizing the online appointment booking digital platform

Lessons Learned

All practitioners are already using Online Appointment Booking, and we will continue to encourage its use over the next year

Comment

All practitioners including the nurse practitioner are already using Online Appointment Booking, and we will continue to encourage its use over the next year.

Access and Flow | Timely | Optional Indicator**Indicator #11**

Patient/client perception of timely access to care: percentage of patients/clients who report that the last time they were sick or had a health problem, they got an appointment on the date they wanted (Beamsville Medical Centre FHT)

Last Year

87.00Performance
(2025/26)**100**Target
(2025/26)

This Year

83.60Performance
(2026/27)**-3.91%**Percentage
Improvement
(2026/27)**100**Target
(2026/27)**Change Idea #1** ☒ Implemented ☐ Not Implemented ☐ In Progress

We will attempt to gather 300 surveys per quarter this fiscal year. This will improve the accuracy of this metric.

Process measure

- Number of surveys answered will be calculated quarterly and reported to Lead.

Target for process measure

- 300 surveys per quarter

Lessons Learned

Our FHT collected 1201 surveys this past year to date (Feb 23/26). Although we didn't reach our target goal of 87% (which is high) our current performance of 83.60% is still exceptional. We will continue to monitor and try to improve this metric.

Comment

We do random calculations twice monthly of timely access in our FHT in order to compare data in the surveys and look at accuracy of the data. With our random collections, we calculated same day, next day appointment success to be 99.2%.

Access and Flow | Efficient | Optional Indicator

Indicator #12	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
Percentage of clients with type 2 diabetes mellitus who are up to date with HbA1c (glycated hemoglobin) blood glucose monitoring (Beamsville Medical Centre FHT)	82.00	82	82.00	0.00%	82

Change Idea #1 ☒ Implemented ☐ Not Implemented ☐ In Progress

Searches quarterly

Process measure

- observe % of diabetics who have their HbA1c adequately checked.

Target for process measure

- maintain % and if drops more than 1 %, Lead will be notified. Board will be presented with stats.

Lessons Learned

Using EMR chart review our current percentage is as stated 82%.

According to Primary Care Practice Reports, and as of March 31, 2025, 75.0% of patients with diabetes in my FHT were up-to-date with HbA1c testing. My LHIN percentage is 57.5%.

- My FHT is higher than the provincial percentage of 54.1%.

Change Idea #2 ☒ Implemented ☐ Not Implemented ☐ In Progress

Reminder report

Process measure

- A reminder report will be done biannually and presented to the LEAD.

Target for process measure

- 100% of all patients included in reminder report will be highlighted and given to provider to follow up on biannually.

Lessons Learned

Using EMR chart review our current percentage is as stated 82%.

According to Primary Care Practice Reports, and as of March 31, 2025, 75.0% of patients with diabetes in my FHT were up-to-date with HbA1c testing. My LHIN percentage is 57.5%.

- My FHT is higher than the provincial percentage of 54.1%.

Comment

Our FHT percentage is equal to our set target. We will continue with quarterly searches and reminder reports.

Access and Flow | Timely | Optional Indicator

Indicator #13	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
Percentage of screen-eligible people who are up to date with breast screening (Beamsville Medical Centre FHT)	76.40	76.40	76.40	0.00%	76.40

Change Idea #1 ☒ Implemented ☐ Not Implemented ☐ In Progress

cont as last QIP-#1 Use CCO SAR, reminders and Target reports reviewing eligible patients who have not been screened.

Process measure

- The percentage of patients screened compared to the previous year will be examined monthly by Research Assistant.

Target for process measure

- We will see maintenance of the percentage screened in the PCP report percentage of this population screened at 76.4% percent by Mar 2026.

Lessons Learned

As of March 31, 2025, 76.4% of patients in my FHT had an up-to-date mammogram. My LHIN percentage is 59.6%.

- My FHT is higher than the provincial percentage of 58.8%.

Our EMR search for Fiscal Year 25/26 to Feb 23/26 is 82.1%

Comment

Our FHT is above target in our LHIN and province. We have matched our target from last year exactly. Our calculated EMR data for data up to and including Feb 23/26 is much higher at 82.1%. We are pleased with this and shows our dedication to this indicator. We will continue with our change ideas for the next QIP.

Access and Flow | Timely | Optional Indicator

Indicator #14	Last Year		This Year		
	74.70	78	71.30	-4.55%	75
Percentage of screen-eligible people who are up to date with cervical screening (Beamsville Medical Centre FHT)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 ☒ Implemented ☐ Not Implemented ☐ In Progress

continue with change ideas- Increase the percentage of patients who are up to date with cervical cancer screening by calling to inform them. 2) Increase the percentage of patients, who are up to date with cervical cancer screening when in office for other reasons. 3) Increase the percentage of patients who are up to date with cervical cancer screening through the SAR report. 4) The research assistant will continue to call and follow up with patients to encourage them to follow up on their cervical cancer screening. 5) Physicians will remind patients during office visits if they have a reminder in their EMR that they are not up to date for cervical cancer screening.

Process measure

- The percentages of patients screened will be compared to the previous quarter to see if improves

Target for process measure

- Increase the percentage of patients up to date with screening to our goal of 78% by March 31, 2026. Since we are in the top 25th percentile, we feel we should attempt to maintain our target.

Lessons Learned

As of March 31, 2025, 71.3% of patients in my FHT had an up-to-date Pap smear test. My LHIN percentage is 54.7%.

- My FHT is higher than the provincial percentage of 49.7%.

Our EMR results taking into account patients not eligible (Not sexually active/hysterectomy) for Fiscal year 25/26 to Feb 23/26 is 84.9%

Comment

We did not reach the target goal of 78% however we feel the PCP report doesn't account for the number of screen-eligible patients who are not sexually active and do not require cervical screening.

Also, CCO literature suggests Paps to begin at 25. Our providers have taken this into account and therefore our numbers are reflecting this.

ALL NUMBERS FOR LHIN AND PROVINCE WIDE HAVE DECREASED SINCE THE LAST FISCAL YEAR.

We are still above the LHIN average of 54.7% and the provincial average of 49.7%.

Our EMR data as of February 23/26 indicates 84.9% of eligible patients are up to date with cervical cancer screening.

Access and Flow | Timely | Optional Indicator**Indicator #15**

Percentage of screen-eligible people who are up to date with colorectal tests (Beamsville Medical Centre FHT)

Last Year**80.10**

Performance
(2025/26)

80.10

Target
(2025/26)

This Year**79.40**

Performance
(2026/27)

-0.87%

Percentage
Improvement
(2026/27)

80

Target
(2026/27)

Change Idea #1 ☒ Implemented ☐ Not Implemented ☐ In Progress

Continue with current change idea-1) Increase the percentage of patients, who are up to date with colorectal screening when in the office for other reasons. 2) Increase the percentage of patients, who are up to date with colorectal cancer screening by calling to inform. 3) Increase the percentage of patients who are up to date with colorectal cancer screening through the SAR report.

Process measure

- 1) The Research Assistant will continue to call and follow up with patients to encourage them to follow up on their colon cancer screening. 2) Physicians will remind patients during office visits if they have a reminder in their EMR that they are not up to date for colon cancer screening. 3) Reminding staff to check reminders in their EMR and keep updated. 4) Percentage of patients up to date with colorectal cancer screening will be compared to our EMR searches to ensure all patients are being accounted for. Maintain the percentage of patients up to date with screening (80.1%) by March 31, 2026. We will be making calls in follow-up to the letter mailed out by CCO/MOHLTC.

Target for process measure

- Maintain or improve the percentage of patients up to date with screening to over 80% by March 31, 2026. (80.1%)

Lessons Learned

As of March 31, 2025, 79.4% of patients in my FHT were up-to-date with colorectal screening. My LHIN percentage is 63.9%.

- My FHT is higher than the provincial percentage of 60.5%.

Our up to date percentage as of Feb 23/26 according to the SAR report is 80.9%.

Comment

Our percentage of screening for colorectal cancer is slightly below target and although we didn't reach our personal target of 80% on PCP reports for data as of March 31, 2025 we did achieve it through our SAR report dated Jan 31, 2026. This is encouraging and we will continue to implement our current change ideas since they are successful. We feel this is an indicator which is relevant to the health of our patients and this is why we have always tracked this metric in previous years and will continue to do so.

Equity | Equitable | **Optional Indicator**

Indicator #16	Last Year		This Year		
	95.24	100	100.00	5.00%	100
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education (Beamsville Medical Centre FHT)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 ☒ Implemented ☐ Not Implemented ☐ In Progress

Staff will receive continuous training in equity, diversity, inclusion, and anti-racism throughout the year.

Process measure

- Target measures will be reviewed prior to the annual staff meeting. If any measure is below 100%, either the Executive Director or Lead will be notified to ensure we maintain our goals.

Target for process measure

- BMCFHT will use a target of 100%

Lessons Learned

This year our FHT decided to focus on weight bias. Educating staff and doctors in a Family Health Team (FHT) directly and measurably improves both patient care quality and overall patient experience

Comment

Well-trained staff enhances the overall patient experience by fostering trust, reducing wait times, and improving the quality of interactions, leading to more personalized and efficient care. Ultimately, ongoing education helps create a more collaborative, patient-centered environment. We may continue with this area of education this up coming year as well.