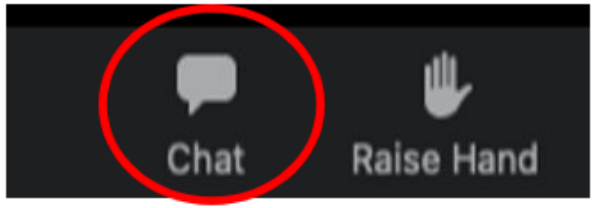
Primary Care Clinician Experience in Primary Care Networks and Ontario Health Teams / Expérience des cliniciens de soins primaires au sein des réseaux de soins primaires et des ÉSO

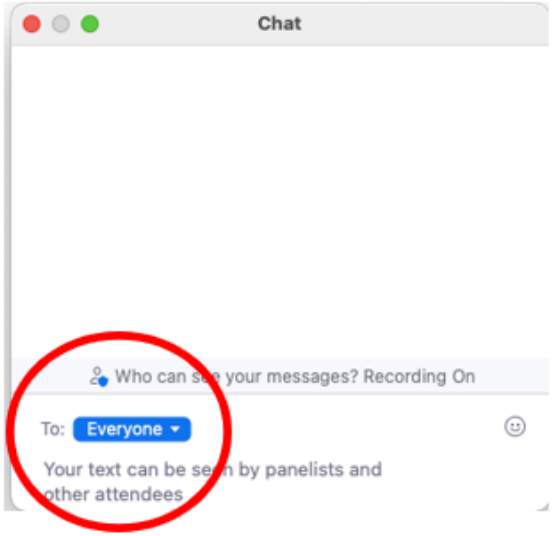
HSPN & Ontario Health Ontario Health Team Webinar

October 27, 2026

Welcome & thank you for joining us!

Please let us know who you are by introducing yourself (name & OHT or other org)





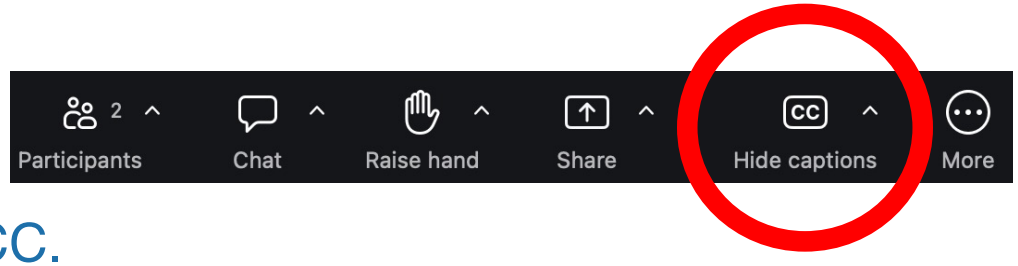
➢Open Chat

➢Set response to everyone

in the chat box

Instructions pour activer les sous-titres traduits

1. Dans les commandes de la réunion, cliquezsur le bouton CC (Afficher les sous-titres). Sivous ne le voyez pas, il se trouve peut-êtredans le menu Plus/More.



2. Cliquez sur la flèche vers le haut à côté dubouton CC.

3. Cliquez sur Traduction (activez-la).

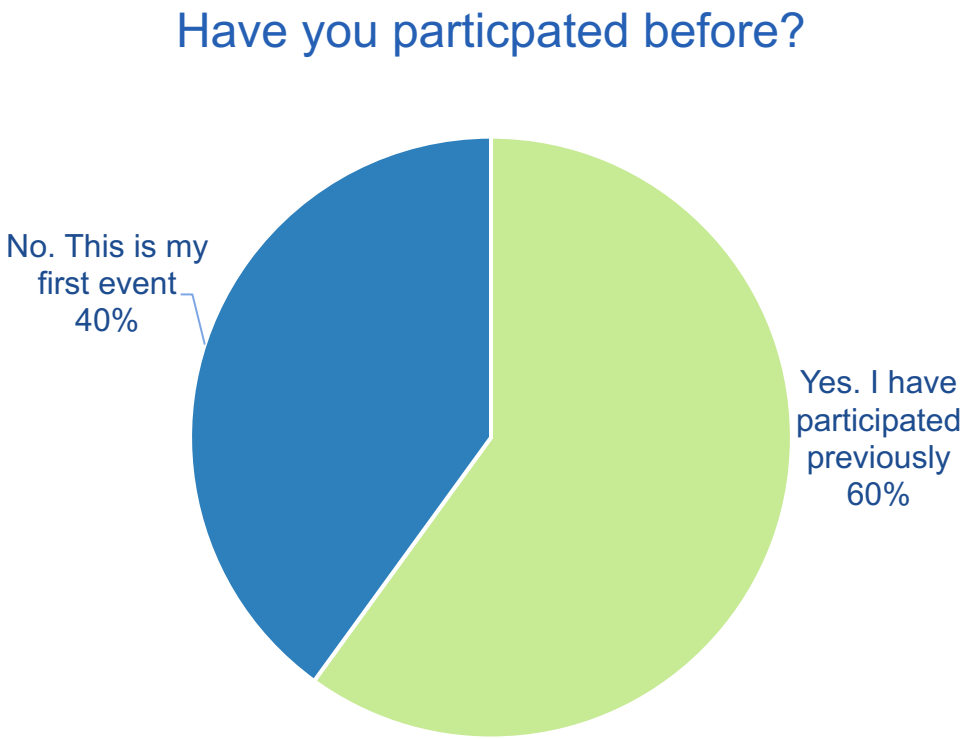


4. Sélectionnez la langue dans laquelle voussouhaitez que les sous-titres soient traduits. Langue parlée: Anglais/English
   Langue des sous-titres : la langue dans laquelle vous souhaitez voir les sous-titres.

Land Acknowledgement

We wish to acknowledge this land on which the University of Toronto operates. For thousands of years it has been the traditional land of the Huron-Wendat, the Seneca, and the Mississaugas of the Credit. Today, this meeting place is still the home to many Indigenous people from across Turtle Island and we are grateful to have the opportunity to work on this land.

Poll 1


Have you particpated before?
No. This is my first event 40%
Yes. I have participated previously 60%

HSPN Health System Performance Network

Today's event
Primary Care Clinician Experience

Host



Dr. Walter Wodchis
Principal Investigator
HSPN

Presenters



Sarah Borkowski
Manager Patient & Provider Experience
Ontario Health



Ian Cummins
Director of OHT Strategy
Ontario Health



Dr Briana Providence
Primary Care Physician
Chatham Kent FHT/OHT & OMA



Dr Kaileah McKellar
Co-lead OHT Evaluation
HSPN



Dr Brian McKenna
Provincial Primary Care Lead
Ontario Health

HSPN Ontario Health Team Webinar

October 27, 2026

AGENDA

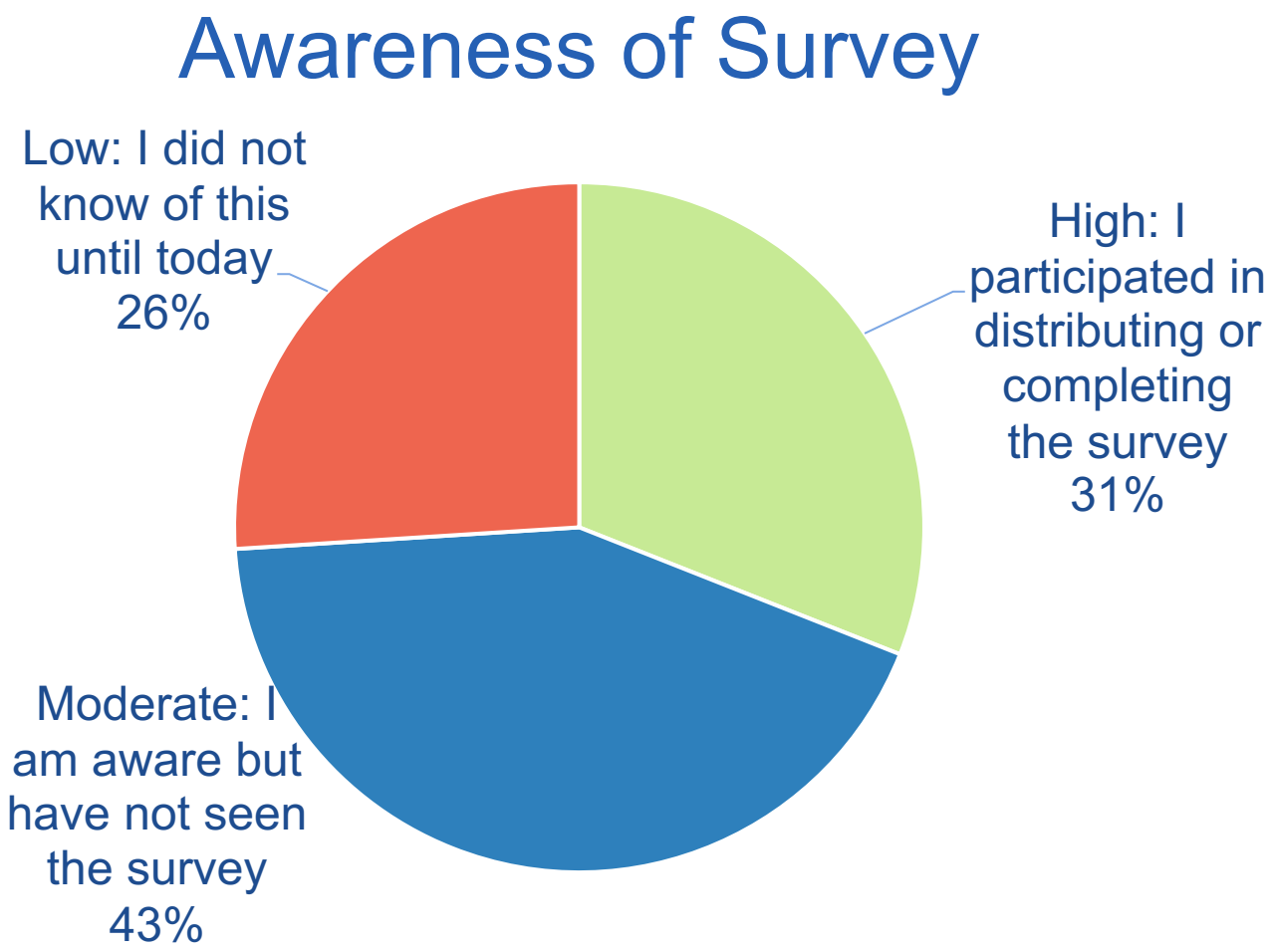
1. Ontario Health Team Primary Care Clinician Experience: Survey Results

2. Commentary from HSPN: Key Themes and Opportunities

3. Provider Insights: Dr. Briana Providence

4. Using Surveys to Assess Improvement: Dr Kaileah McKellar

Poll 2


Awareness of Survey
Low: I did not know of this until today 26%
High: I participated in distributing or completing the survey 31%
Moderate: I am aware but have not seen the survey 43%

2026 Primary Care Clinician Experience Survey Results [formerly Provider Experience Survey]

October 27th, 2026

Ontario Health

2026 PC Clinician Experience Survey Background

**** Formerly the OHT Provider Experience Survey.***

This year **the OHT PC Clinician Experience Survey was launched across all 58 OHTs** for the first time, advancing a standardized approach to capturing family physician, nurse practitioners and allied health care clinicians across the province.

Data from this survey complements other performance and experience data sources and establishes a baseline for clinician experience, enabling future tracking of trends and changes over time.

Target Audience	All family physicians, primary care nurse practitioners, and other clinicians (e.g., RNs, RPNs, Allied Health, etc.) on the PCN distribution list.
About the Survey	All survey questions were selected by clinical and scientific advisors, topics include: Primary Care Network (PCN) involvement and perceived value; system navigation; capacity building; CDPM; palliative care; interprofessional coordination and information sharing, and a comprehensive sociodemographic module.
Data Collection Window	A 4-month data collection window (end of January- June) was provided to allows OHTs and PCN time to socialize and promote the survey
Response Rate	More than 2,000 clinicians participated across all 58 OHTs, resulting in an estimated provincial response rate of 20.0%. Completion was high among respondents, with 90.6% completing the Experience Module and 85.2% completing the Sociodemographic Module.

Strong promotion and support from OHTs and PCNs enabled province-wide participation and established a baseline of clinician experience across all 58 OHTs. Differences in local participation rates present an opportunity to further expand survey reach and representation in the next data collection cycle.

2026 Primary Care Clinician Experience Survey: Provincial Executive Summary

Respondent Profile: + 2000 Clinicians responded province-wide

20.0% estimated response rate*, with high variation due to local distribution plans

Both experience and sociodemographic modules had high completion rates (90.6%, 85.2%).

Most respondents were **35-49 years old** (48.7%), primarily spoke **English** (96.7%) with their patients, with majority identifying as **women** (70.7%).

~80% of respondents were **physicians or nurse practitioners**; a **slight majority in a team-based primary care model (52.7%)**.

Primary Care Network Involvement and Perceived Value



~80%

reported any PCN involvement

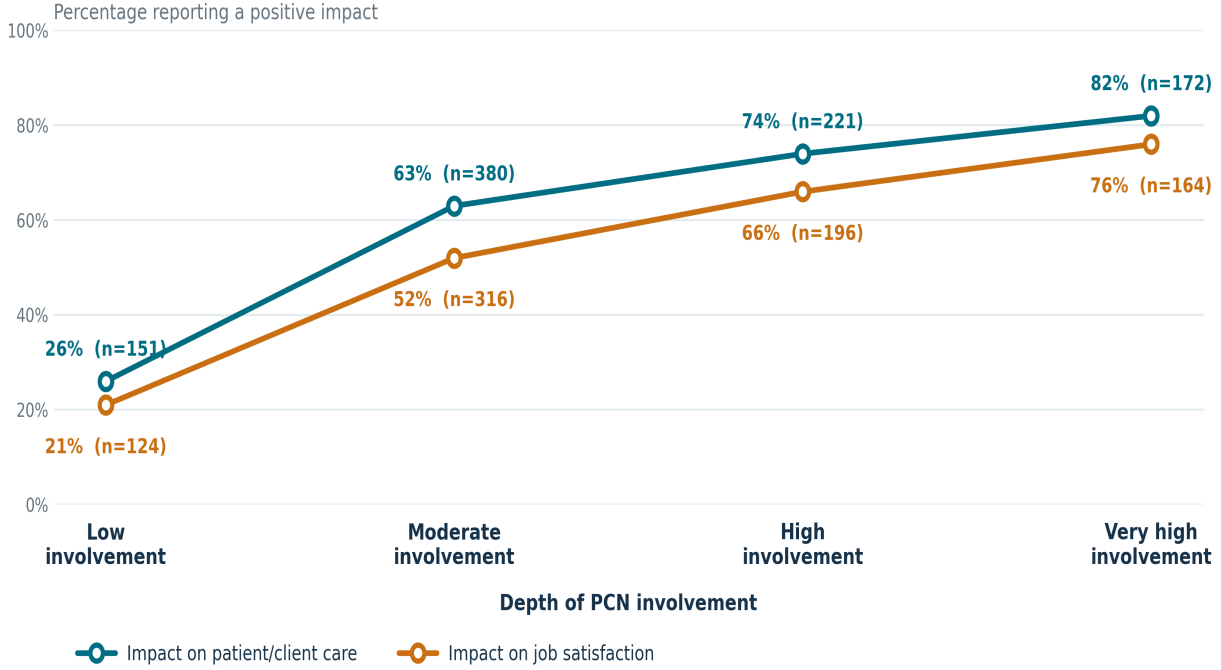
Range 39.3%–100.0%

Older age groups reported higher levels of PCN involvement (65+ **27.4%** high involvement versus under 35 **9.5%**)

More clinicians felt their **PCN involvement made a positive difference** in patient care (**52.6%**) than in their job satisfaction (**44.7%**)

Nurse practitioners reported lowest agreement that their PCN involvement made a positive difference in both their patient care and overall job satisfaction.

Perceived value increases with PCN involvement



Strengths and Opportunities

CDPM

Most clinicians agreed they had the tools, training and support needed for proactively identify and manage patients with chronic conditions.

(79.6%)

Service Navigation

Clinicians reported more confidence helping patients access health service compared to social services

(81.7% vs 61.5%)

Information Exchange

Clinicians reported challenges with information sharing across care settings.

(61.1% received needed information from other providers;)

*Note: *Estimated response rate is based on a self reported number provided by each OHT on "the total number of primary care providers that are on your OHT or PCN's mailing list used to distribute the survey material*

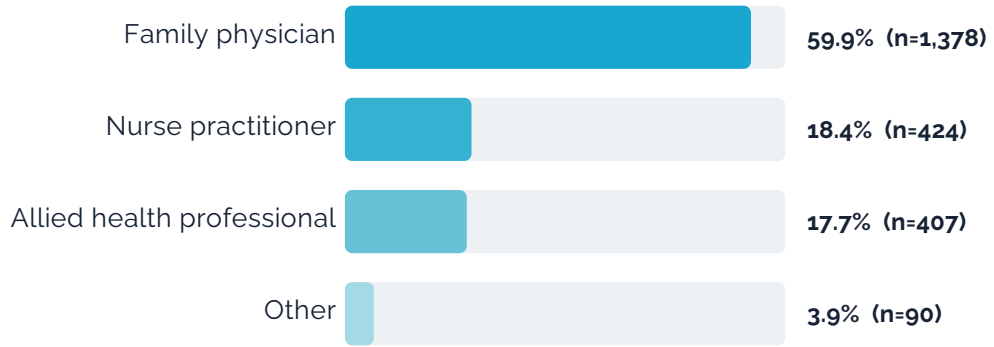
Respondent Profile

59.9% were family physicians

52.7% worked in team-based primary care models

Health professional role

Family physicians represented the largest respondent group

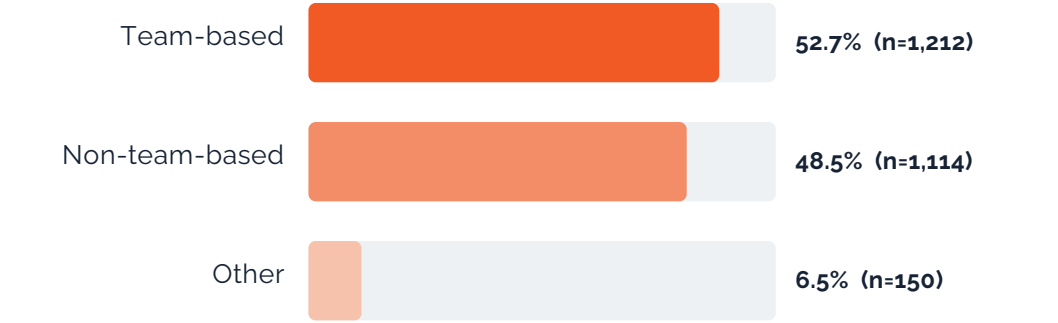


Role definitions

Allied health professional includes nursing, dietetics, pharmacy, care coordination, social work, mental health, administration/management, midwifery and Indigenous Traditional Healers. "Other" includes nursing stations and other responses.

Primary care model

Respondents were almost evenly split by practice model



Model definitions

Team-based includes Family Health Teams (n = 787), Community Health Centers (n = 303), Indigenous Primary Health Care Organizations (n = 62) and Nurse Practitioner-Led Clinics (n = 6). Non-team-based includes fee-for-service (n = 82), Comprehensive Care Models (n = 36), Family Health Groups (n = 1), Family Health Organizations (n = 876), Family Health Networks (n = 33), and Rural Northern Practice Group Agreement (n = 37). "Other" includes other responses (n = 132) and nursing stations (n = 22).

Key Notes

- Family physicians represent the majority of respondents (59.9%), broadly reflecting their significant presence within PCNs.
- Just over half of respondents work in team-based primary care settings (52.7%). This suggests that the perspectives of clinicians practising in team-based models are more represented in the survey results than the broader primary care workforce.

1
2

Please note: Primary Care Model question allowed respondents to select more than one response; therefore, percentages may total more than 100%.

Sociodemographic Profile

At a glance: respondents were primarily aged 35–49, identified as cis-women, and preferred to speak English with small proportions of respondents identifying as Indigenous (2.7%).

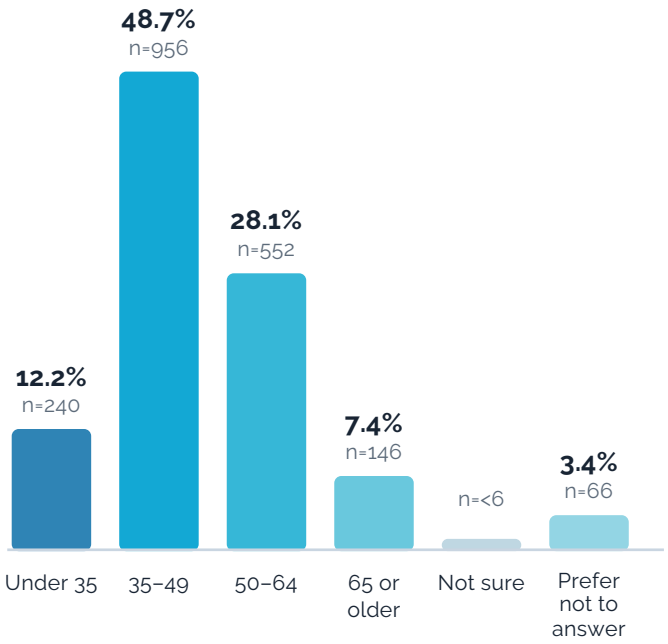
48.7% were aged 35–49

70.7% identified as cis-women

96.7% preferred to speak English

Age

Most respondents were mid-career adults



Gender identity

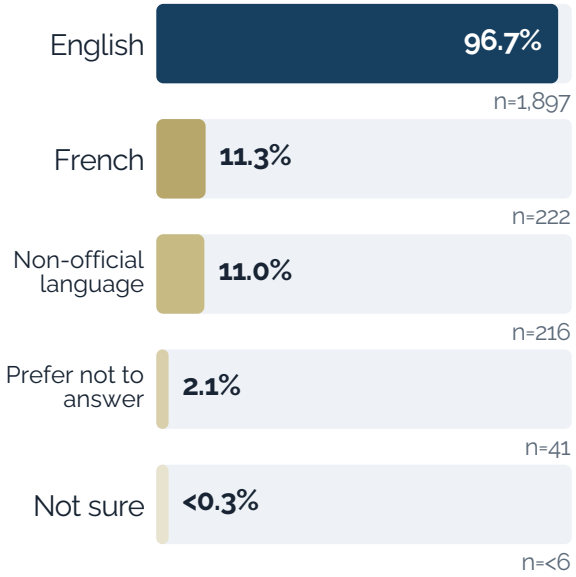
Nearly three in four identified as cis-women



Cis-woman	70.72% (n=1379)
Cis-man	24.36% (n=475)
Prefer not to answer	4.62% (n=90)
Nonbinary	0.31% (n=6)

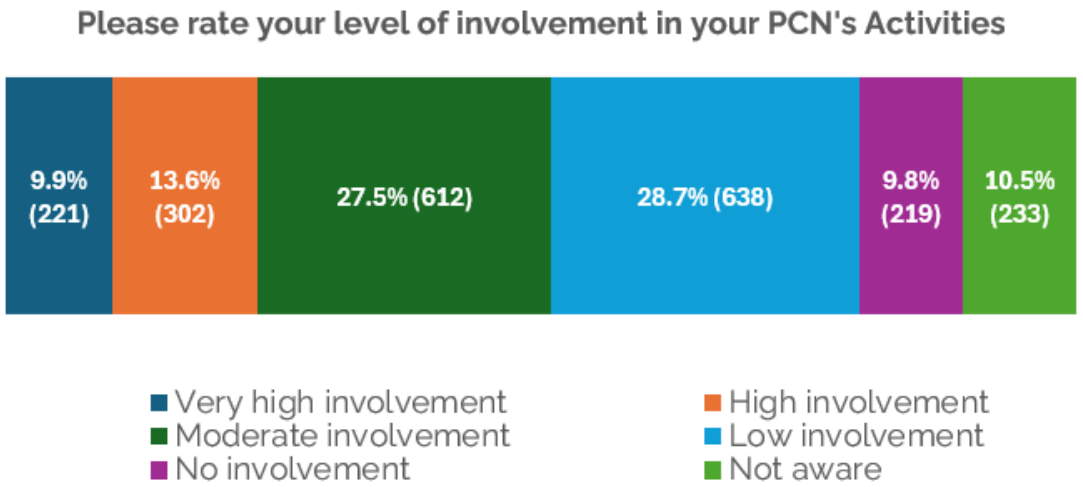
Preferred language(s)

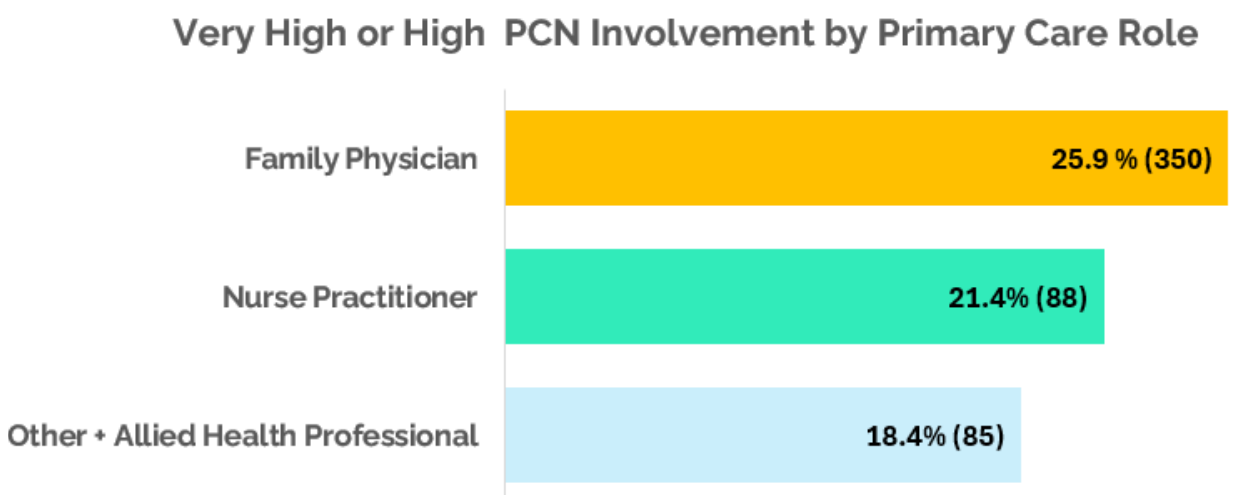
English was nearly universal



Please note: Some questions (i.e., gender, racial identity, and languages) allowed respondents to select more than one response; therefore, percentages may total more than 100%.

Primary Care Network Engagement - Depth





- Very high involvement: have been involved in organizing or leading work of the PCN
- High involvement: have been involved in committees, projects or other activities organized or promoted by your local PCN
- Moderate involvement: have participated in education activities or information sessions promoted by your local PCN
- Low involvement: read email communications sent by your local PCN

Key Notes

- Respondents reported a range of involvement with their PCNs, with 23.5% indicating high or very high involvement. The OHT mean* for high or very high involvement was 26.7%.
- High or very high involvement was somewhat more common among family physicians (25.9%) than nurse practitioners (21.4%) and other or allied health professionals (18.4%).
- Older age groups reported higher levels of PCN involvement, (65+ 27.4% high involvement versus under 35 9.5%)

Opportunity

While nearly 80% of respondents reported at least some PCN involvement, over 20% either reported no involvement or a lack of awareness of their local PCN. Responses varied significantly across OHTs with 0-61% reporting no involvement or awareness. This highlights an opportunity to continue strengthening PCN awareness and engagement.

*Please note: Overall response distribution and role-level results are calculated at the respondent level. For OHT means, each OHT contributes equally, regardless of the number of responses received. Respondent counts also varied across role groups; percentages for smaller groups are more sensitive to individual responses and should be interpreted with this context in mind.

Primary Care Network – Perceived Value

PCN involvement made a positive difference in patient care

52.6%*

OHT mean reporting agreement positive difference of PCN involvement in patient/client care (n=927)
High variation across OHTs
(IQR = 25 ppts, Range: 17.9%-90.9%)

PCN involvement made a positive difference in job satisfaction

44.7%*

OHT mean reporting agreement positive difference of PCN involvement in job satisfaction (n=800)
High variation across OHTs
(IQR = 22 ppts, Range: 17.6%-83.3%)

Key notes

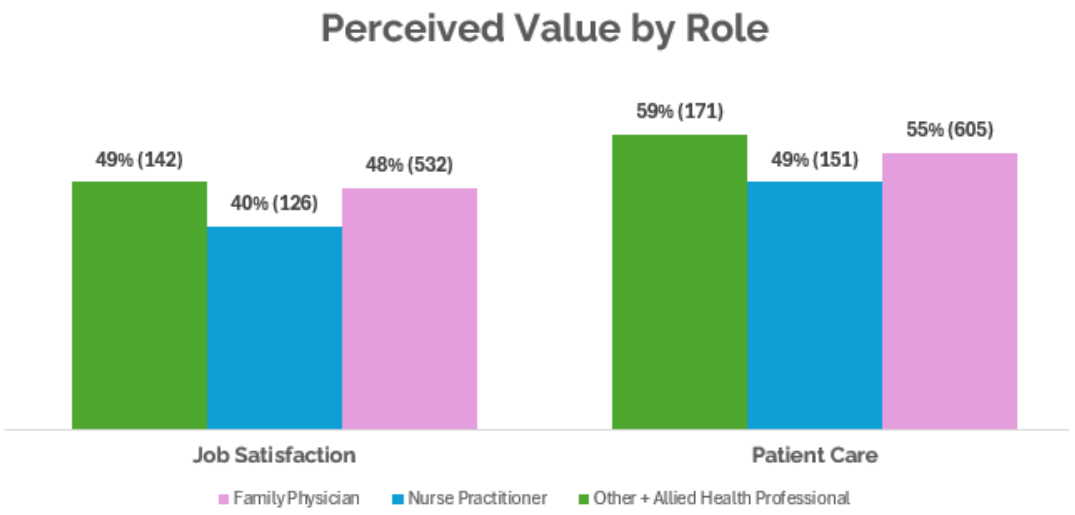
- More clinicians agreed that PCN involvement had a positive difference in their patient care than their overall job satisfaction
- Only a small percentage of clinicians responded disagreement for both patient care (~ 11%) and job satisfaction (~16%)
- Disagreement that PCN involvement had a positive difference varied considerably across OHTs, ranging from 0%–47% for patient/client care and 0%–53% for job satisfaction.

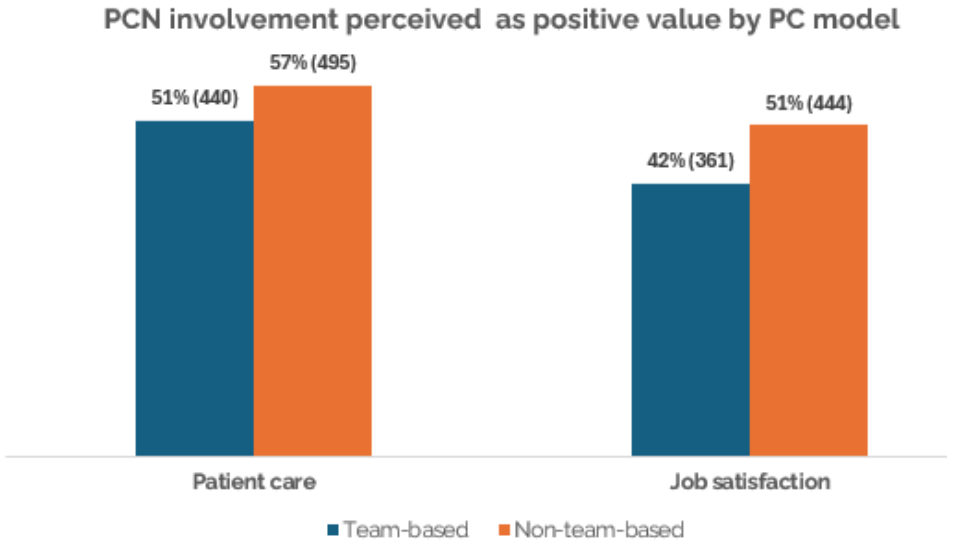
Opportunity

This data highlights opportunities to further strengthen the value proposition for PCN involvement, particularly for PCNs with a higher proportion of disagreement in responses.

* For OHT means, each OHT contributes equally, regardless of the number of responses received.

Primary Care Network – Perceived Value





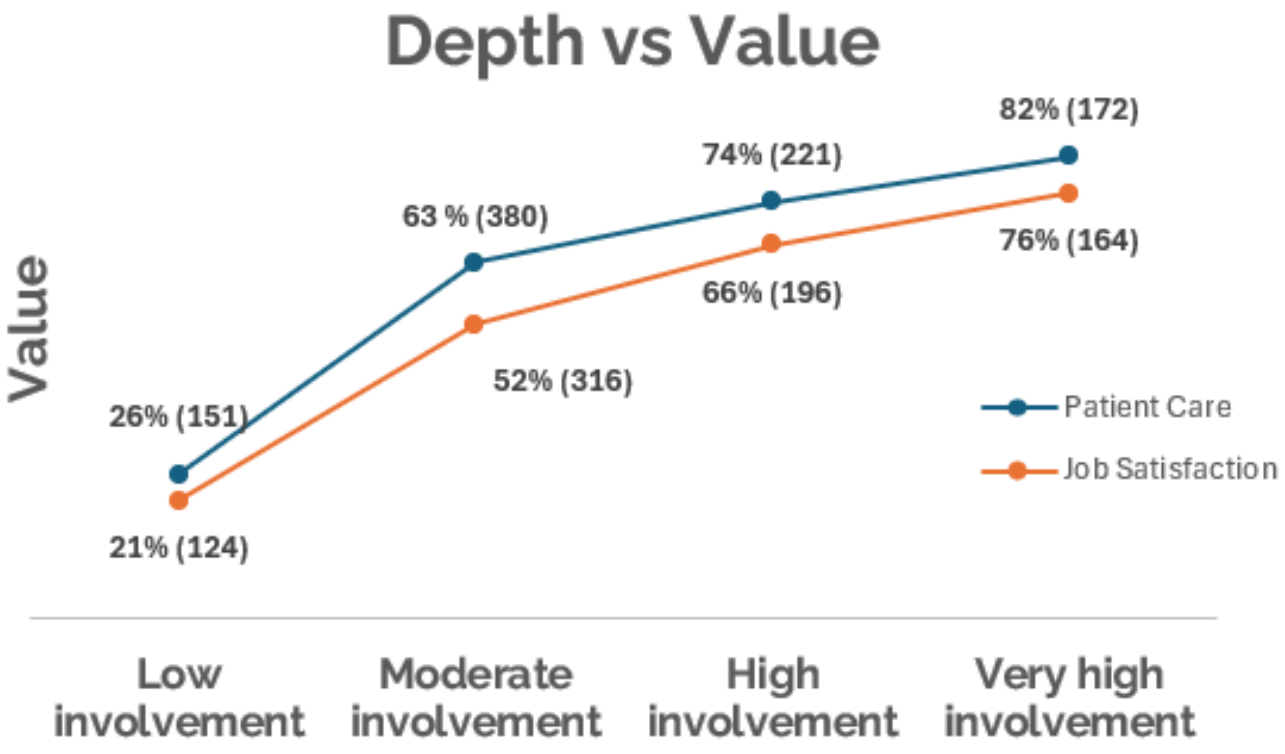
Key notes

- Family physicians and allied health professionals were more likely to agree that PCN involvement made a positive difference in patient/client care and job satisfaction than Nurse Practitioners.
- Non-team-based respondents reported higher agreement than team-based respondents for both measures, with the largest difference observed for job satisfaction (51% vs. 42%).

Opportunity

These findings highlight opportunities to strengthen engagement across primary care clinicians, particularly among nurse practitioners, who reported lower perceived value. Differences by primary care model also suggest an opportunity to better understand and strengthen the value of PCN involvement for team-based clinicians.

Primary Care Network - Perceived Value vs Involvement



Key Notes

- Agreement of positive difference increased significantly with higher PCN involvement for both patient care and job satisfaction, rising from 25.6% to 82.2% and from 20.9% to 75.6%, respectively.
- The largest increase for both measures occurred **between low and moderate involvement.**

Opportunity

These results suggest that creating opportunities for deeper PCN engagement may increase the PCN's perceived value particularly as clinicians move from receiving communications to participating in PCN activities.

- **Very high involvement:** have been involved in organizing or leading work of the PCN
- **High involvement:** have been involved in committees, projects or other activities organized or promoted by your local PCN
- **Moderate involvement:** have participated in education activities or information sessions promoted by your local PCN
- **Low involvement:** read email communications sent by your local PCN

Note: Results are descriptive and should be interpreted as directional. Sample sizes vary across involvement levels, and no statistical testing was conducted to assess whether observed differences were statistically significant or associated.

Chronic Disease Prevention Management & Palliative Care

Chronic Disease Management

79.6%*

Agreed they have the tools, training and support needed for proactively identifying and managing chronic disease condition (n=1638)

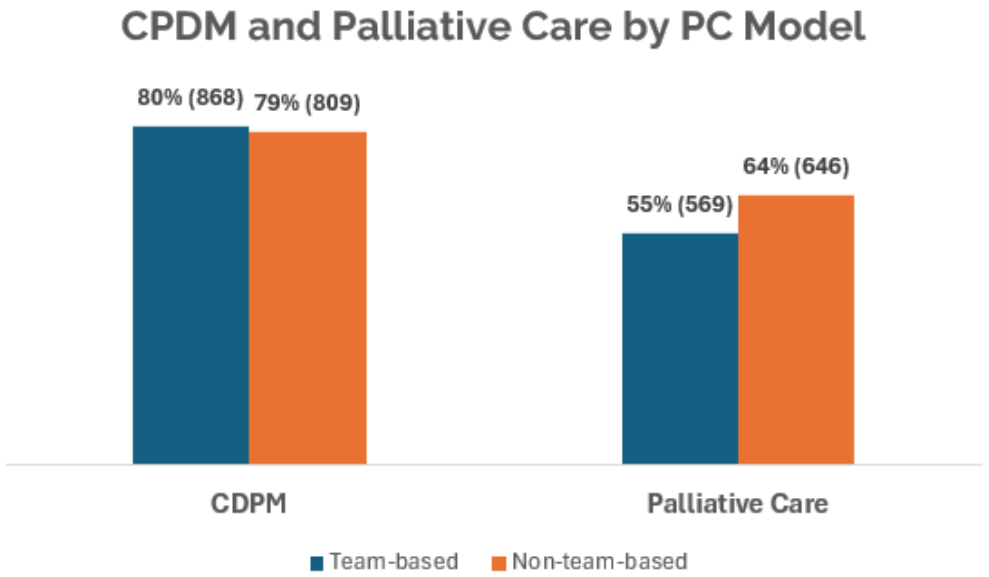
Lowest variation across OHTs (IQR = 11.6 ppts, Range: 50%-100%)

Palliative Care

58.4%*

Agreed they have the tools, training and support needed for proactively identifying and managing patients with palliative care needs (n=1166)

Moderate variation across OHTs (IQR = 19 ppts, Range: 12.5% - 93.8%)



Key notes

- Clinicians were more likely to report having access to tools, training and supports for chronic disease management than palliative care, with OHT means of 79.6% and 58.4%, respectively.
- There was greater variation in OHT-level responses for palliative care than chronic disease
- Results by primary care model were similar for chronic disease management (80% team-based** vs. 79% non-team-based**), while palliative-care results were higher among non-team-based respondents (64% vs. 55%).

Opportunity

Results suggest that majority of primary care teams and clinicians are well-positioned to proactively manage chronic diseases, demonstrating a strong foundation is in place to continue strengthening coordinated CDPM activities.

For Palliative Care, additional supports may be helpful to support early identification and management of patients with palliative care needs as part of chronic disease management models of care

* For OHT means, each OHT contributes equally, regardless of the number of responses received. For filtered comparisons, response distribution are calculated at the respondent level

** Team-Based: Family Health Teams, Community Health Centers, Indigenous Primary Health Care Organizations, Nurse Practitioner-Led Clinics. Non-Team-Based: Family Health Organizations, Family Health Groups, Comprehensive Care Models, Family Health Networks, Fee-for-Service models, Rural Northern Practice Group Agreement models

Note: Results are descriptive and should be interpreted as directional. Differences in sample composition may contribute to observed patterns, and no statistical testing was conducted.

Health System Navigation

Health Services Navigation

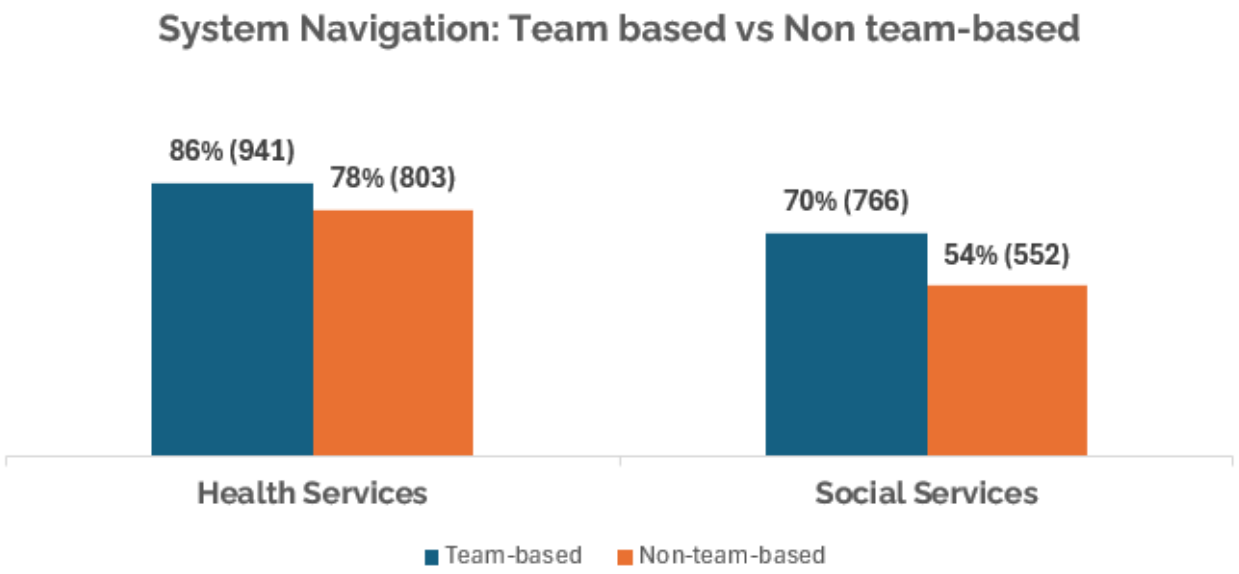
81.7%*

Reported confidence in helping patients access health services (n=1698)
Relatively consistent across OHTs
(IQR = 14.2 ppts, Range 53.8%-100%)

Social Service Navigation

61.5%*

Reported confidence in helping patients/clients access social services (n=1291)
low variation across OHTs
(IQR = 13.5 ppts, Range: 19.2%-83.3%)



Key notes

- Clinicians were more confident helping patients navigate health services than social services overall, with OHT means of 81.7% and 61.5%, respectively.
- Team-based clinicians expressed more confidence for both health system navigation measures. The difference **was larger for social-service navigation (70% team-based** vs. 54% non-team-based**)** than for health-service navigation (86% vs. 78%).

Opportunity

Overall, primary care clinicians feel confident helping patients navigate the health care system. Greater supports may be helpful to ensure primary care teams and clinicians can help patients navigate community and social services, especially for non-team-based clinicians

* For OHT means, each OHT contributes equally, regardless of the number of responses received. For filtered comparisons, response distribution are calculated at the respondent level
- Team-Based: Family Health Teams, Community Health Centers, Indigenous Primary Health Care Organizations, Nurse Practitioner-Led Clinics. Non-Team-Based: Family Health Organizations, Family Health Groups, Comprehensive Care Models, Family Health Networks, Fee-for-Service models, Rural Northern Practice Group Agreement models

Note: Results are descriptive and should be interpreted as directional. Differences in sample composition may contribute to observed patterns, and no statistical testing was conducted.

Interprofessional Care Coordination

Information Sharing Between Providers

61.1%*

Reported they often or always receive needed information from other providers (n=1234)

Low variation across OHTs
(IQR = 13.3 ppts, Range: 28.6% - 83.8%)

Information on Home Care Referral

43.0%*

Agreed they are informed of home-care services provided following referral (n= 821)

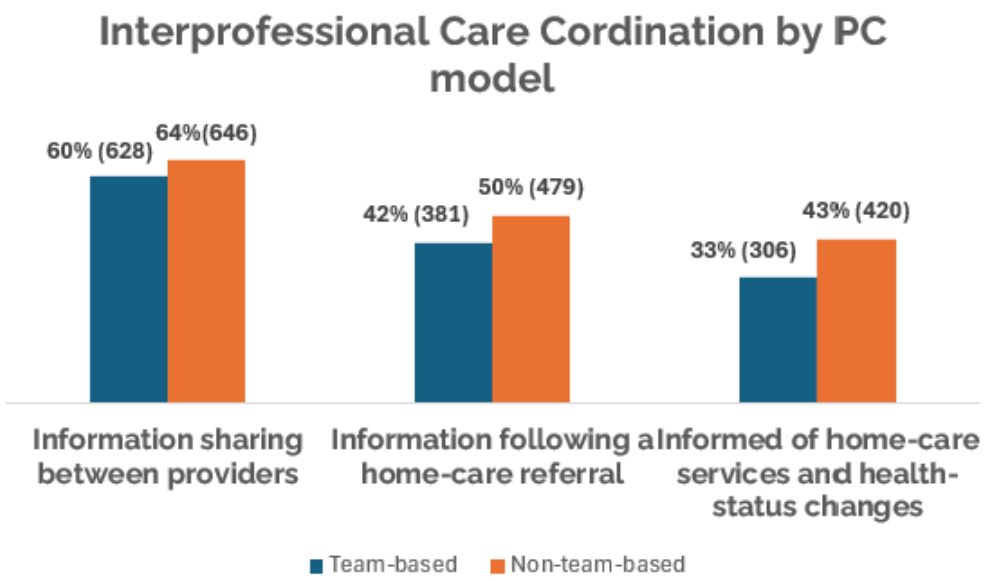
High variation across OHTs
(IQR = 28 ppts, Range: 0% - 89.7%)

Information on Home Care Services

36.0%*

Agreed they are kept informed about home-care services and changes in patient/client health status (n=684)

Moderate variation across OHTs
(IQR = 18 ppts, Range: 0% -81.8%)



Key Notes

- Results varied significantly across measures and OHTs suggesting opportunities to improve interprofessional collaboration exist, particularly being kept informed of changes to home care service plans and patient health status (mean value = 36%).
- Variation across OHTs was highest for information following a home-care referral, with an IQR of 28 percentage points and OHT results ranging from 0% to 89.7%.
- Across all three information-sharing measures, positive results were slightly higher among non-team-based** respondents than team-based** respondents.

Opportunity

The variation across the province provides an opportunity for peer learning, including further exploration of interprofessional collaboration practices reporting stronger information-sharing experiences.

* For OHT means, each OHT contributes equally, regardless of the number of responses received. For filtered comparisons, response distribution are calculated at the respondent level
* Team-Based: Family Health Teams, Community Health Centers, Indigenous Primary Health Care Organizations, Nurse Practitioner-Led Clinics. Non-Team-Based: Family Health Organizations, Family Health Groups, Comprehensive Care Models, Family Health Networks, Fee-for-Service models, Rural Northern Practice Group Agreement models

Discussion

Thoughts and reflections from HSPN

& Primary Care Provider perspective



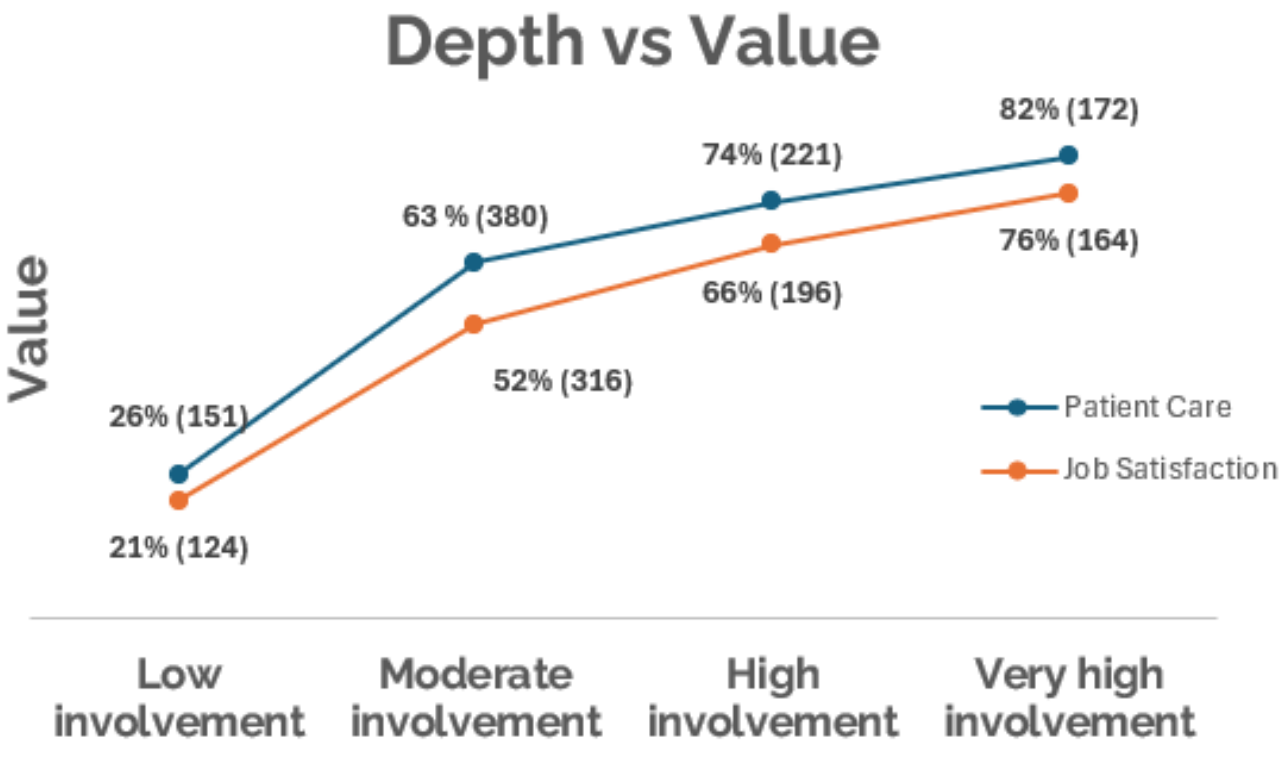
Dr Walter Wodchis
Principal Investigator
HSPN



Dr Briana Providence
Primary Care Physician
Chatham Kent FHT/OHT & OMA

HSPN

Primary Care Network - Perceived Value vs Involvement



Key Notes

- Agreement of positive difference increased significantly with higher PCN involvement for both patient care and job satisfaction, rising from 25.6% to 82.2% and from 20.9% to 75.6%, respectively.
- The largest increase for both measures occurred **between low and moderate involvement.**

Opportunity

These results suggest that creating opportunities for deeper PCN engagement may increase the PCN's perceived value particularly as clinicians move from receiving communications to participating in PCN activities.

- **Very high involvement:** have been involved in organizing or leading work of the PCN
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- **Low involvement:** read email communications sent by your local PCN

Note: Results are descriptive and should be interpreted as directional. Sample sizes vary across involvement levels, and no statistical testing was conducted to assess whether observed differences were statistically significant or associated.

Primary Care Network – Perceived Value

PCN involvement made a positive difference in patient care

52.6%*

OHT mean reporting agreement positive difference of PCN involvement in patient/client care (n=927)
High variation across OHTs
(IQR = 25 ppts, Range: 17.9%-90.9%)

PCN involvement made a positive difference in job satisfaction

44.7%*

OHT mean reporting agreement positive difference of PCN involvement in job satisfaction (n=800)
High variation across OHTs
(IQR = 22 ppts, Range: 17.6%-83.3%)

Key notes

- More clinicians agreed that PCN involvement had a positive difference in their patient care than their overall job satisfaction
- Only a small percentage of clinicians responded disagreement for both patient care (~ 11%) and job satisfaction (~16%)
- Disagreement that PCN involvement had a positive difference varied considerably across OHTs, ranging from 0%–47% for patient/client care and 0%–53% for job satisfaction.

Opportunity

This data highlights opportunities to further strengthen the value proposition for PCN involvement, particularly for PCNs with a higher proportion of disagreement in responses.

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HSPN Health System Performance Network

Monitoring Provider Experience

Key Insights from the Provider Experience Survey: Comparing Pre-Launch to Post-Implementation Surveys from the Home Care Leading Projects

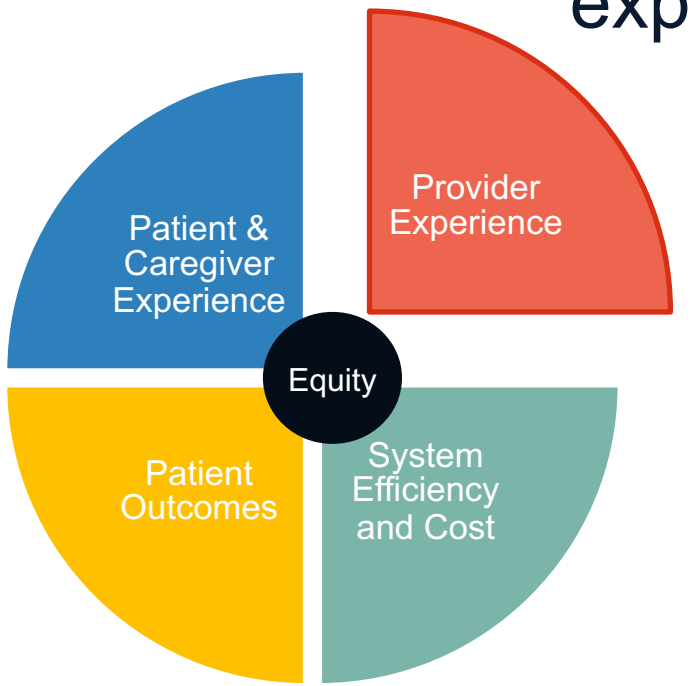


Dr Kaileah McKellar
Co-lead OHT Evaluation
HSPN

October 27, 2026

Monitoring and Evaluation using the Quintuple Aim

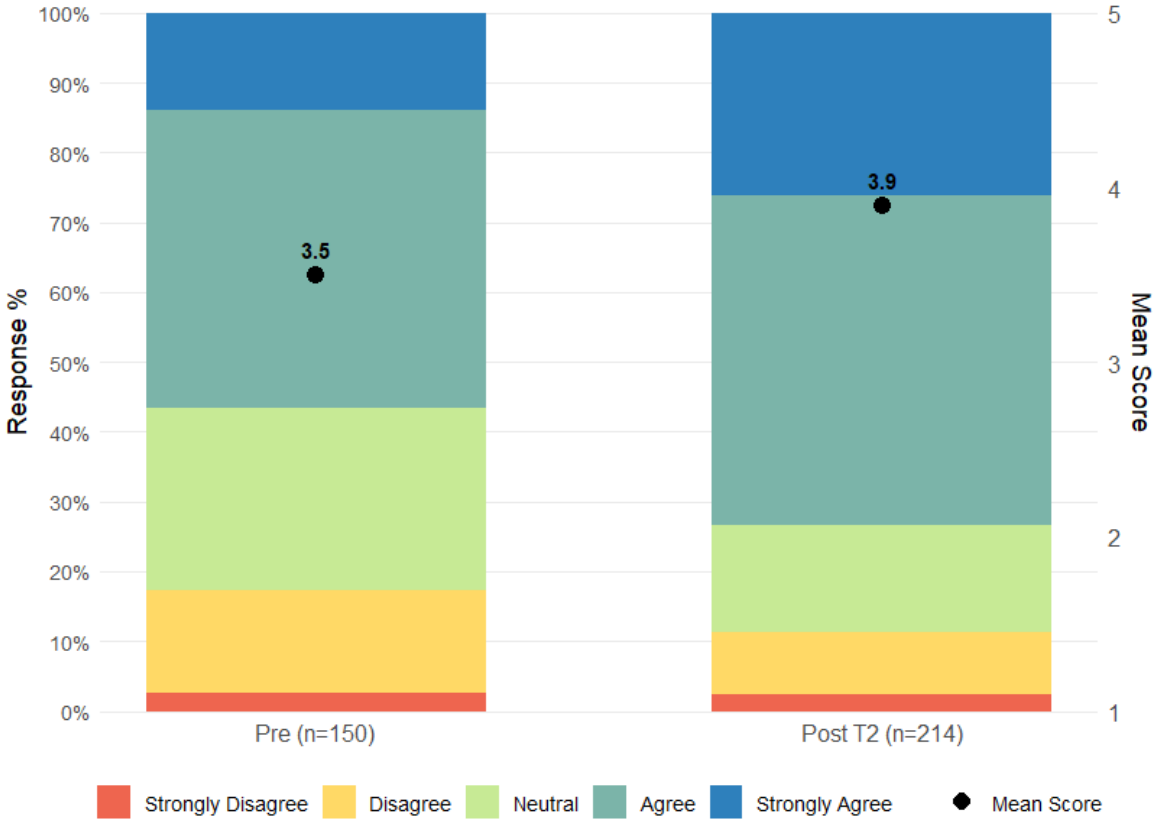
Spotlight on provider experience surveys



HSPN

Able to provide quality care to all

It is possible to provide high-quality care to all my patients/clients



Key Result

There is a statistically significant increase observed between pre post T2 in the respondents selecting “agree/strongly agree” (p =0.006), and the probability of “agree/strongly agree” is **29% higher at post T2** than at baseline

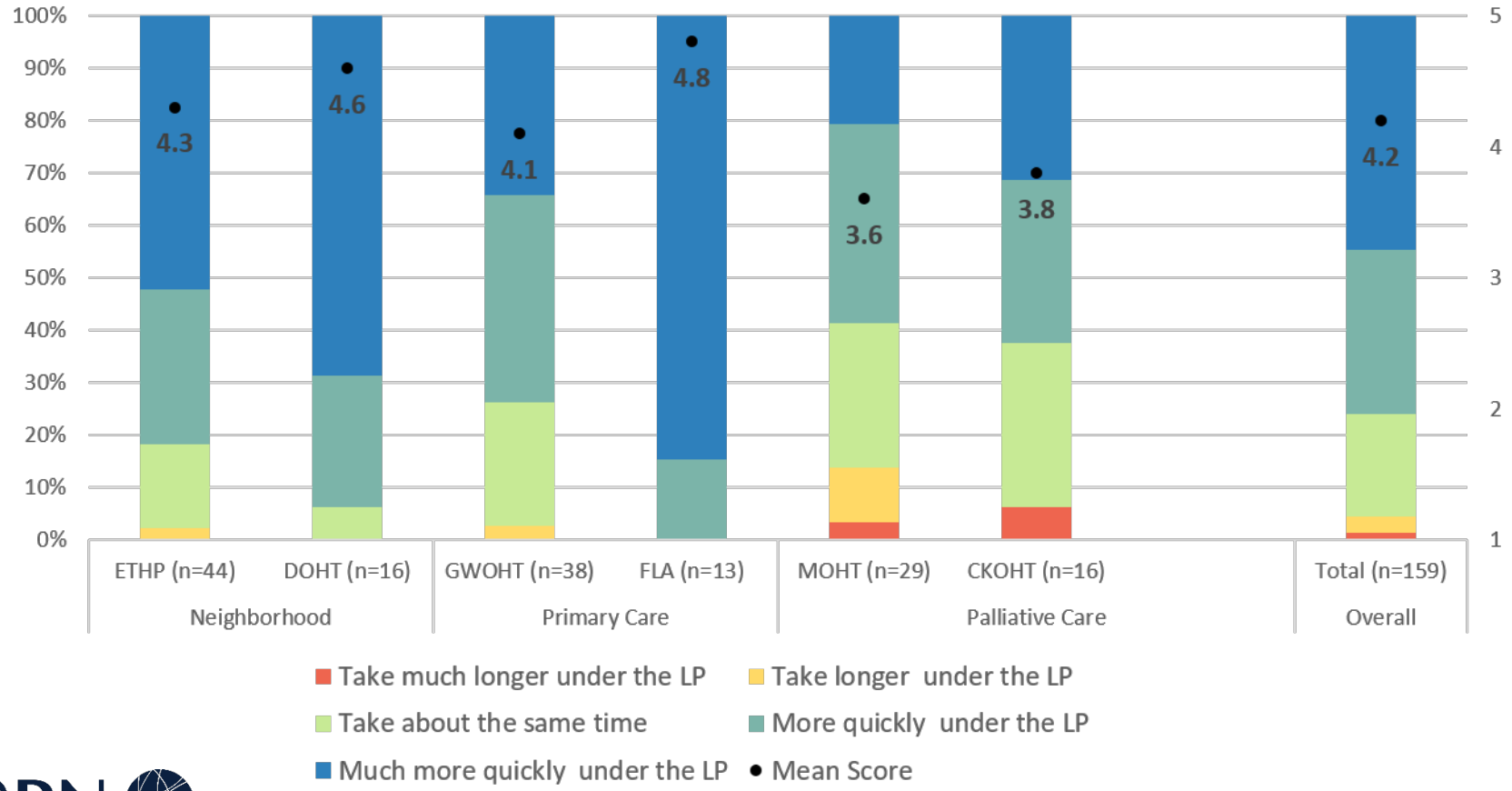
Subgroup patterns

Improvement shown in all roles except care coordinators (which remained the same), with the largest gain among support workers

HSPN

Timely access to needed services

Compared to typical home care, my patients receive needed services under the Leading Project



Key Result

Overall, 76% of providers felt patients receive more timely services under the Leading Projects. Palliative care projects had 60% with the same rating.

Subgroup patterns

Responses indicating more timely services ranged from 67% among care coordinators to 83% among support workers.

Interprofessional Care Coordination

Information Sharing Between Providers

61.1%*

Reported they often or always receive needed information from other providers (n=1234)

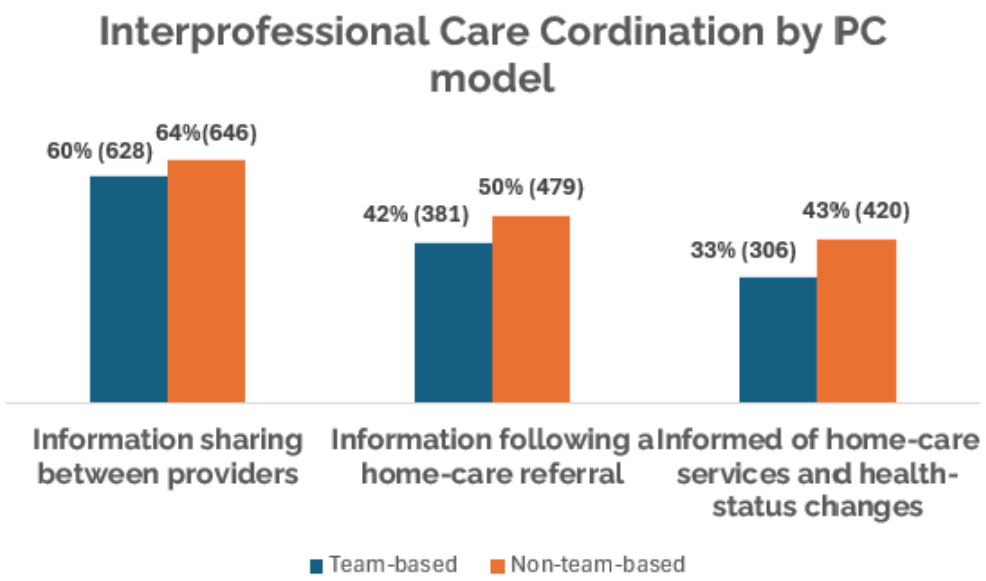
Low variation across OHTs
(IQR = 13.3 ppts, Range: 28.6% - 83.8%)

Information on Home Care Services

36.0%*

Agreed they are kept informed about home-care services and changes in patient/client health status (n=684)

Moderate variation across OHTs
(IQR = 18 ppts, Range: 0% -81.8%)



Key Notes

- Results varied significantly across measures and OHTs suggesting opportunities to improve interprofessional collaboration exist, particularly being kept informed of changes to home care service plans and patient health status (mean value = 36%).
- Variation across OHTs was highest for information following a home-care referral, with an IQR of 28 percentage points and OHT results ranging from 0% to 89.7%.
- Across all three information-sharing measures, positive results were slightly higher among non-team-based** respondents than team-based** respondents.

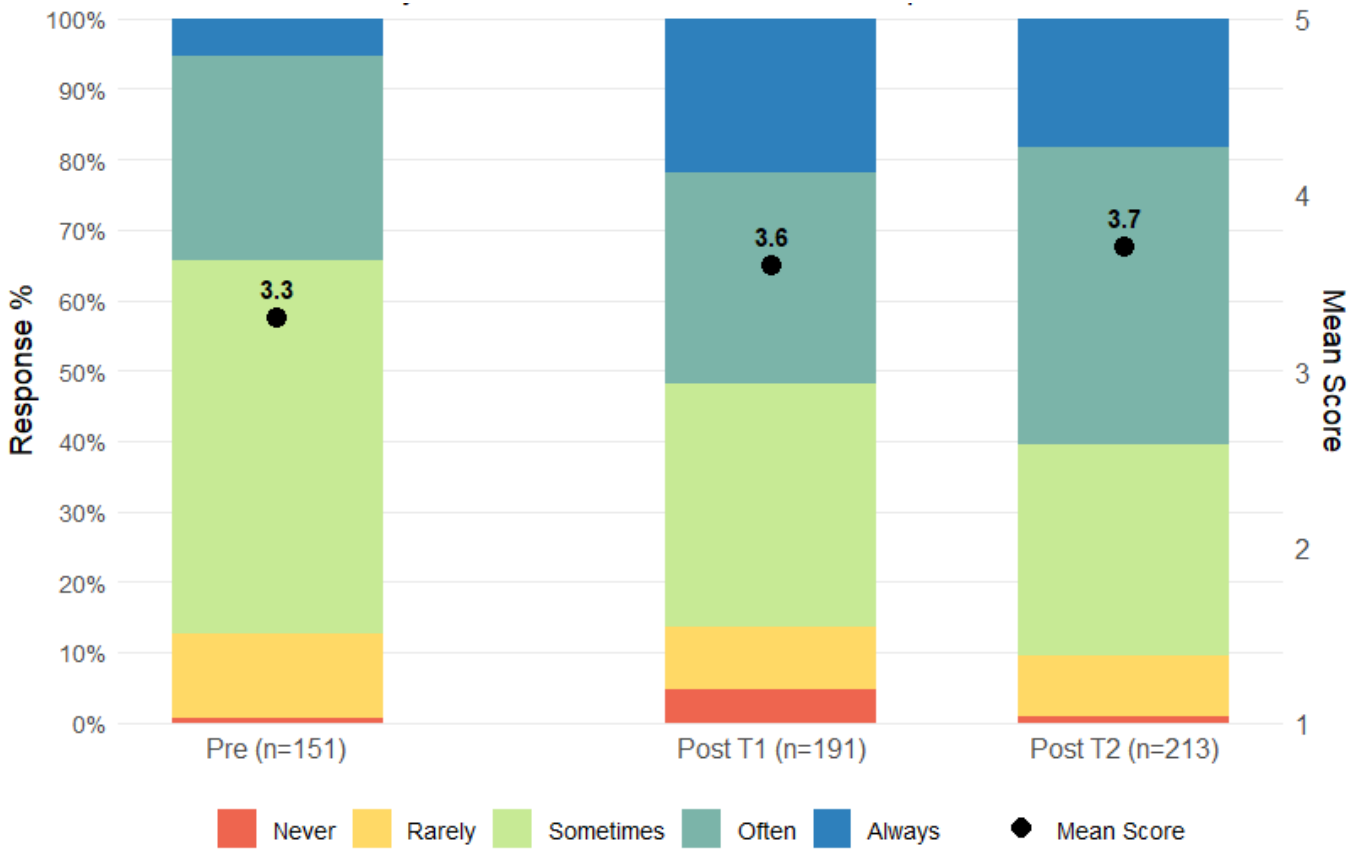
Opportunity

The variation across the province provides an opportunity for peer learning, including further exploration of interprofessional collaboration practices reporting stronger information-sharing experiences.

* For OHT means, each OHT contributes equally, regardless of the number of responses received. For filtered comparisons, response distribution are calculated at the respondent level
* Team-Based: Family Health Teams, Community Health Centers, Indigenous Primary Health Care Organizations, Nurse Practitioner-Led Clinics. Non-Team-Based: Family Health Organizations, Family Health Groups, Comprehensive Care Models, Family Health Networks, Fee-for-Service models, Rural Northern Practice Group Agreement models

Timely and accurate information

How often do you receive timely AND accurate information that you need to deliver care from other providers?



Key Result

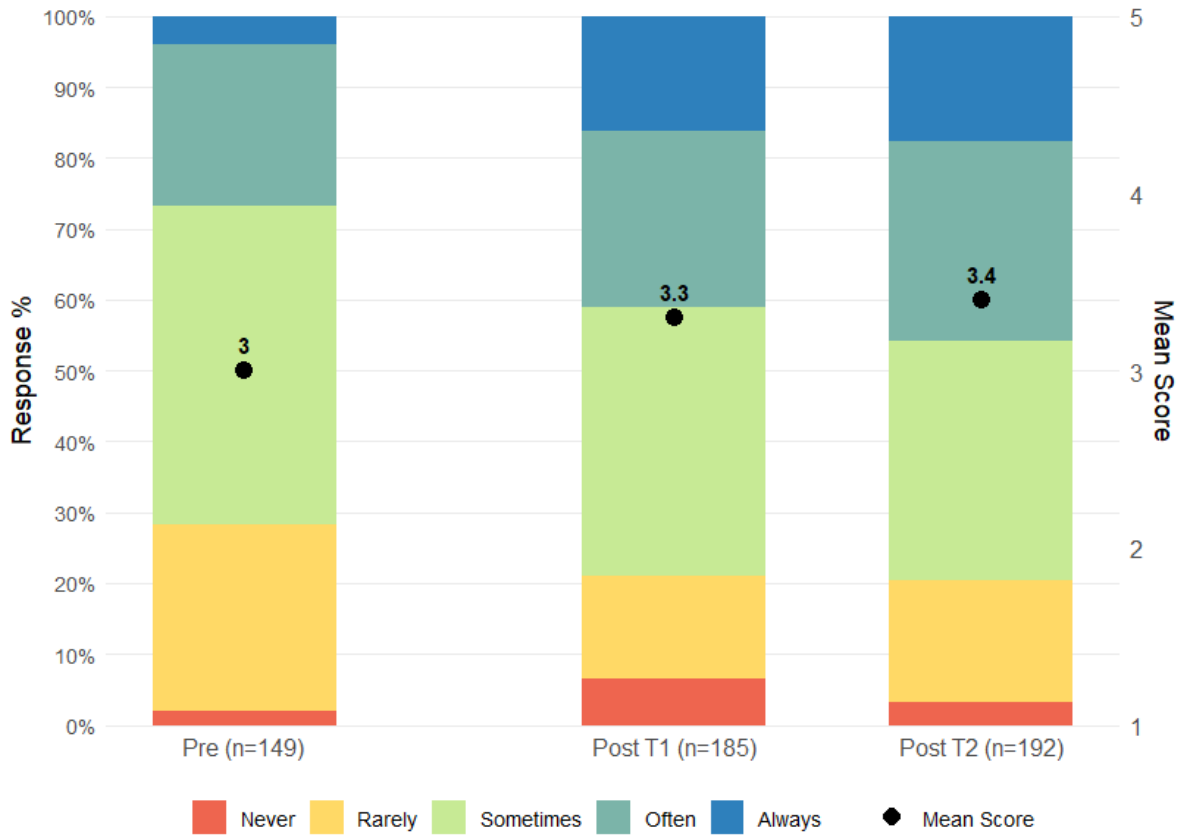
There is a statistically significant increase observed from Pre to Post T2 in the proportion of respondents selecting “often/always” ($p<0.01$). The probability of “often/always” is **82% higher at post-T2** than at baseline

Subgroup patterns

Improvement shown across all roles.

Coordination with community resources

How often is patient care well-coordinated with community resources (e.g., support groups, food banks, shelters)?



Key Result

There is a statistically significant increase observed between pre and post T2 in the proportion of respondents selecting “often/always” ($p = 0.001$). The probability of “often/always” is **61% higher at post T2** than at baseline

Subgroup patterns

Improvements across all roles except nurses overall, though nurses in home care settings did improve.

HSPN

Thoughts and Reflections from Dr Brian McKenna



Provincial Primary Care Lead

Ontario Health

Next Steps

SURVEY RESULTS PACKAGE

OHT-level PDF summary	Shareable overview of each OHT's key results and peer comparisons.
Interactive e-Report	To explore detailed results by question and respondent characteristics.
Communication Supports	Cover letter and FAQ to support sharing, interpretation and discussion.
Optional Feedback Survey	One response per OHT/PCN to inform the future survey and reporting by November 13th.

HOW OHTs AND PCNs CAN USE THE RESULTS

1. **Review the results**
   Review the summary and use the e-Report for deeper exploration.
2. **Share with partners**
   Share results with leadership, member organizations, PFACs and clinicians.
3. **Interpret in context**
   Use peer averages as context and consider other performance data.
4. **Identify opportunities**
   Select 1–2 manageable areas for focused local improvement.
5. **Connect with Ontario Health**
   Discuss key findings and planned actions with the regional contact.

KEY NOTES

Comprehensive support
OHTs and PCNs received an integrated package to support interpretation, sharing and local action.

Aligned approach
Ontario Health have been working with support partners, including HSPN, to provide consistent guidance on understanding and using the results.

Target results roadshow
OH programs, MOH, OHatHome and provincial associations have been briefed of the provincial results.

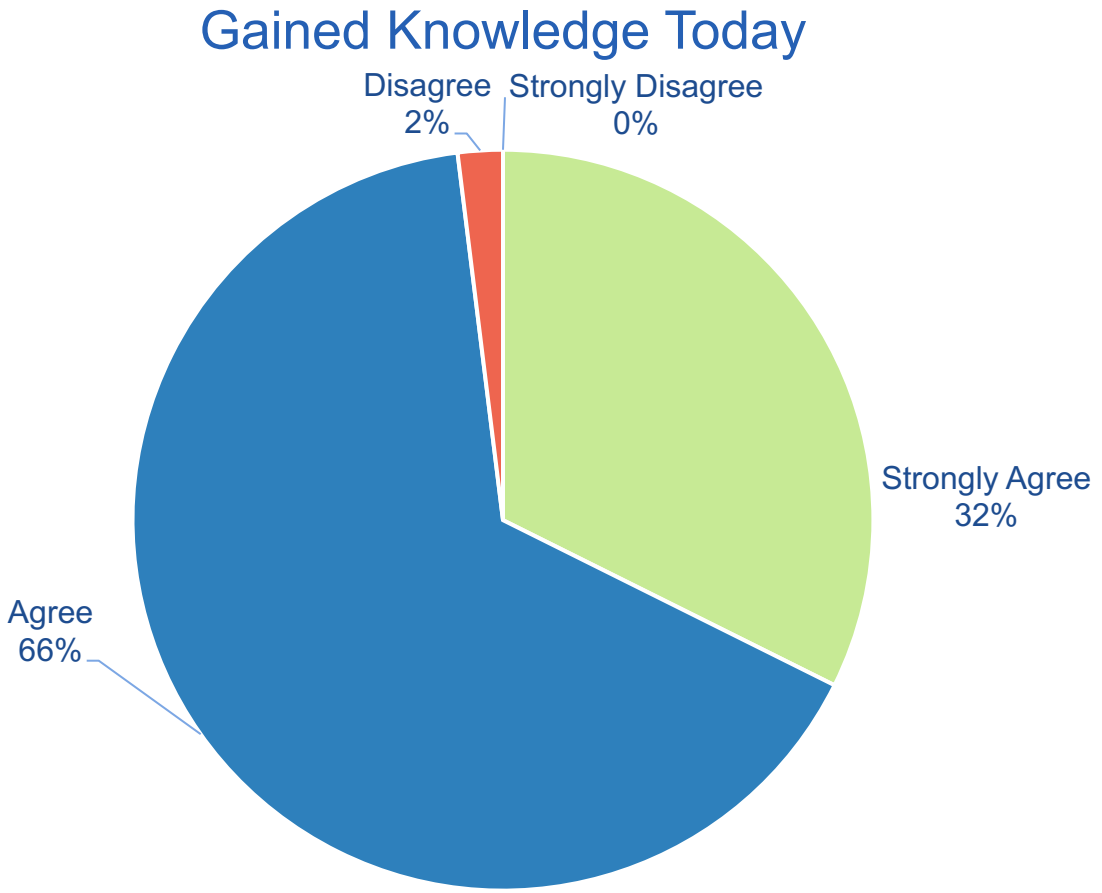
Learning and improvement
Results provide a starting point for local conversations and for identifying focused improvement opportunities.

Future next steps
Lessons learned and stakeholder feedback will inform future survey refresh and data collection planning.

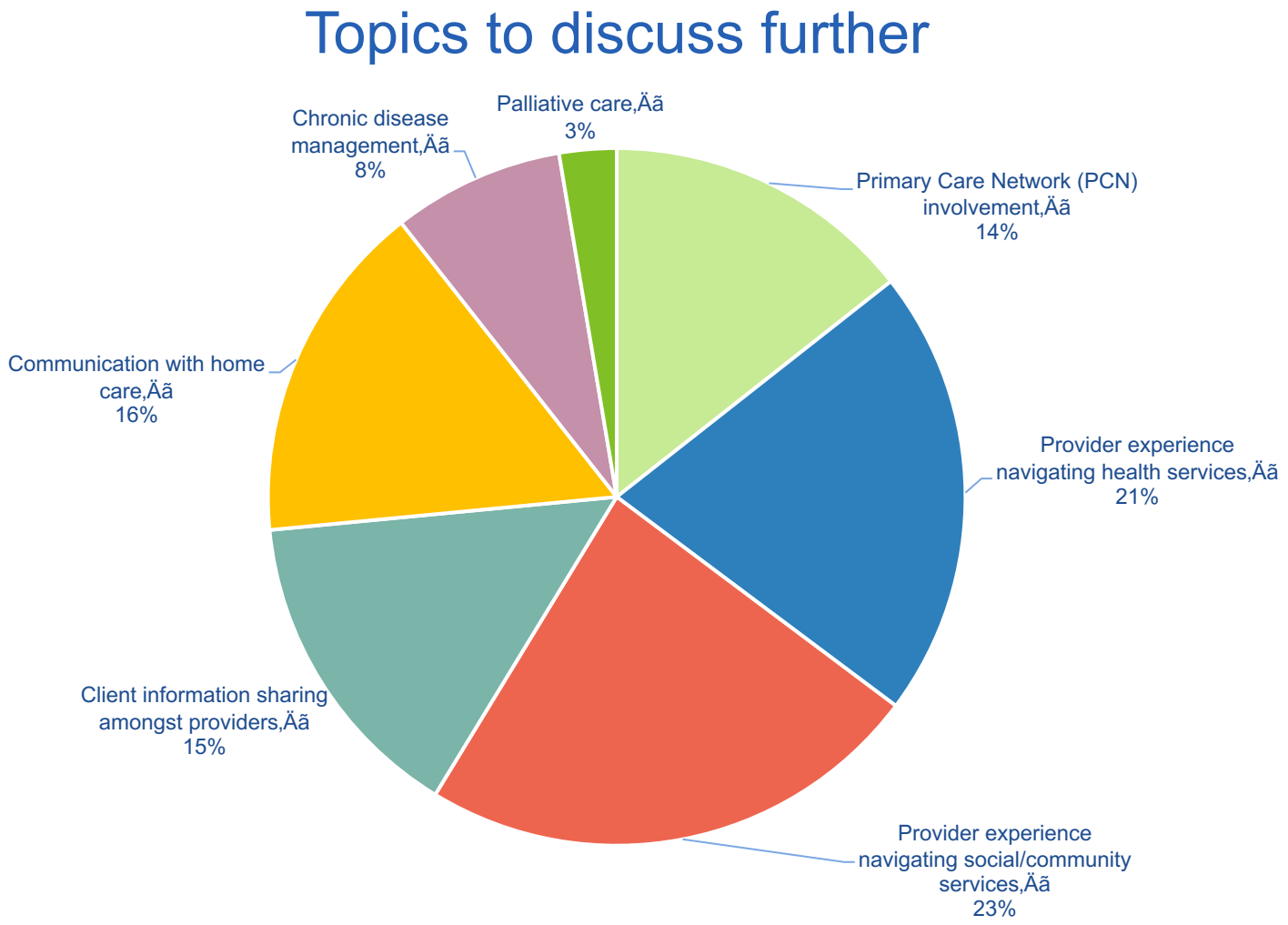
HSPN

Other Thoughts and Reflections?

Poll 3


Gained Knowledge Today
Disagree
2%
Strongly Disagree
0%
Strongly Agree
32%
Agree
66%

Poll 4


Topics to discuss further
Palliative care,Äã 3%
Chronic disease management,Äã 8%
Primary Care Network (PCN) involvement,Äã 14%
Communication with home care,Äã 16%
Provider experience navigating health services,Äã 21%
Client information sharing amongst providers,Äã 15%
Provider experience navigating social/community services,Äã 23%

Discussion

What more do you think would be helpful to improve the distribution, reporting and use of primary care provider experience?

Are there other important opportunities to assess provider experience for your OHT?

CoP Follow-Up

COMMUNITY OF PRACTICE

OHT Performance Improvement and Evaluation CoP

Two communities have joined forces. Both have supported OHTs to use data for evaluation and improvement, and to learn from one another.

cQIP CoP
Ontario Health

+

HSPN Evaluation and Performance Improvement CoP
HSPN, University of Toronto

→

One shared space
Co-led by HSPN at the University of Toronto and Ontario Health

What you'll find here
Advice, resources and updates, plus a place to ask questions, share your work and learn alongside peers across OHTs.

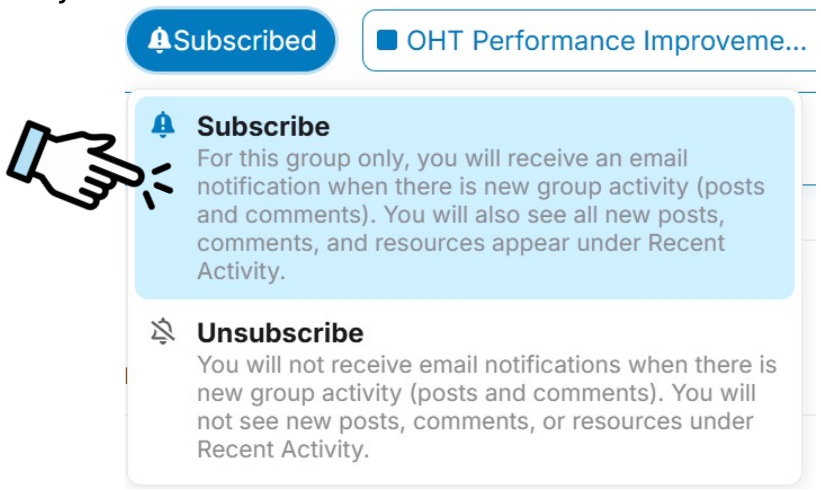
HSPN Health System Performance Network

Ontario Health

OHT Performance Improvement & Evaluation Community of Practice (CoP) on Quorum

Joining is as easy as 1, 2, 3!

1. Visit **Quorum** and click "SIGN UP" to create your account.
2. Visit the **OHT Performance Improvement and Evaluation Community of Practice** (CoP) and click the "REQUEST" button. Once you have access, our group will be found on Quorum's home page.
3. Click on the "Subscribe" button to be notified of new activity!



CoP members will gain access to:

- ✓ Learning from peers and content experts
- ✓ Practical guidance on using data and evidence to inform decisions and improvement
- ✓ A space to share and discuss their work with peers
- ✓ Ways to draw evaluation and improvement approaches together, using evidence to understand what is working and why, as well as to test and embed changes that improve care
- ✓ Tools, resource and guidance on best practices CoP members can contribute by sharing their learnings and resources, ask questions, building connections and working through challenges together.

HSPN Health System Performance Network

Ontario Health

WE'RE BACK! NOVEMBER COMMUNITY OF PRACTICE

Primary Care Clinician Experience Survey

A follow-up conversation on the 2026 results and how teams are using them.

- **Bring your questions about the report**
- **Discuss strategies teams are using**

WHEN

Tuesday, November 10

12:00 to 1:00 p.m. ET

REGISTER NOW

Link in the chat

The form asks what you'd like us to cover.

HSPN Health System Performance Network

Ontario Health

THANK YOU!

Health System Performance Network (HSPN)
https://www.linkedin.com/in/hspn/

hspn@utoronto.ca

The Health System Performance Network

hspn.ca