

APPENDIX A – PROGRAMS AND SERVICES DETAILS

When deciding whether an activity should be classified as a program on Schedule A, consider the following:

- Was the program planning process followed to establish specific goals, objectives and admission criteria to the program?
- Are there admission or referral criteria to access the program?
- Will a targeted intervention be delivered?
- Is it a planned patient visit?
- Has the Family Health Team (FHT) assigned specific FHT staff (Full Time Equivalents = FTEs) to deliver the activities of the program?

Program categories can include:

- Disease specific programs, e.g. heart health or lung health. Often these programs involve multiple provider disciplines in the delivery of care
- Population group focused programs, e.g. seniors' health
- Discipline specific programs, e.g. this could be a program of services delivered by a practitioner, such as chiropody services or occupational therapy services
- Health promotion/prevention programs, e.g. immunization program or cancer screening

The attached Schedule “A” Decision Flowchart provides a schematic that outlines the patient’s journey through Acute/Episodic Services and/or Programs:

Step 1:

Often, the patient’s initial encounter for a health concern is through an acute/episodic service encounter. Exceptions are when the patient can self-refer directly to a program or is triaged through reception directly to a program, based on admission/referral criteria for that program.

Step 2:

After assessment by MD/NP/PA/RN/RPN* for an acute/episodic service, a determination is made to:

- i. Refer to a program that will address the patient’s needs. Referral is based on established referral/program admission criteria; or

- ii. Follow-up with the patient through another acute/episodic service appointment; or
- iii. Refer to external providers or programs/services; or
- iv. Issue is resolved and no further follow-up is required.

Performance Measures for Programs and Services:

Programs should include clinical outcome measures as performance measures:

- e.g. Number of patients with Chronic Obstructive Pulmonary Disease (COPD) who have diagnosis confirmed with pulmonary function test/post-bronchodilator spirometry

Acute/episodic services may include performance measures such as:

- access (e.g. availability of same day/next day appointments)
- system level indicators such as impact on patients seen within 7 days post hospital discharge, Emergency Room diversion, etc.

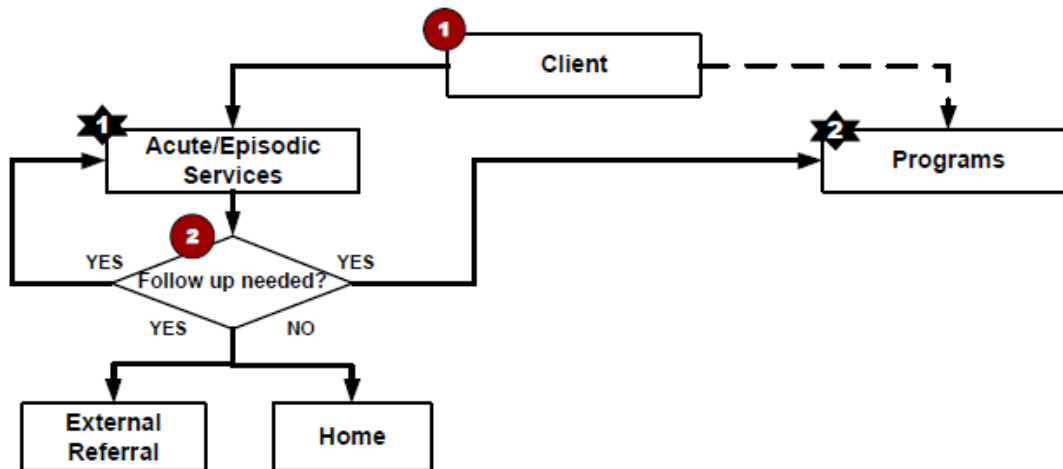
Summary:

Overall, Schedule A should “tell the story” of the FHT – how are the FHT interdisciplinary provider resources used to meet the needs of the patient population? What are the **outcomes** of the services and programs that are delivered?

*where MD means Physician, NP means Nurse Practitioner, PA means Physician Assistant, RN means Registered Nurse, RPN means Registered Practical Nurse

For additional information on developing, implementing and evaluating programs and services please consult the AFHTO website.

Schedule "A" Decision Flowchart



Program Category Examples
Disease Specific
Population Group
Discipline Specific
Health Promotion/Prevention

Processes		Additional Notes	
1	Initial encounter is for acute/episodic/immediate primary care need, unless self-refer or triage (- - -) directly to programs	1	Examples of acute/episodic services performance measures: <ul style="list-style-type: none"> • Access (e.g. # of visits, same day/next day) • System level indicators (e.g. ER diversion)
	After assessment by MD/NP/RN/RPN/PA, determination made to: <ul style="list-style-type: none"> • refer to programs based on established referral/program admission criteria • follow up with another acute appointment, • external referral, or • "home", i.e. issue resolved 		2