

Theme I: Timely and Efficient Transitions

Measure Dimension: Timely

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of screening eligible patients up-to-date with a mammogram.	C	% / All patients	EMR/Chart Review / calendar year	78.00	80.00	slight increase over last year	

Change Ideas

Change Idea #1 Ensure timely and efficient delivery of Mammograms for clients in a time of primary care staff turnover.

Methods	Process measures	Target for process measure	Comments
Create a staff orientation checklist to ensure mammogram indicator is covered.	Staff orientation checklist created and training delivered.	1 staff checklist created. 1 training session for MSAA indicators created.	We want to ensure continued performance on this indicator.

Measure Dimension: Timely

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of screening eligible patients up-to-date with Papanicolaou (Pap) tests	C	% / All patients	OHIP,RPDB,C CO-OCR,CIHI, SDS / fiscal year	87.00	89.00	slight increase in performance from last year.	

Change Ideas

Change Idea #1 Ensure timely and efficient delivery of PAPS for clients in a time of primary care staff turnover.

Methods	Process measures	Target for process measure	Comments
Create a staff orientation checklist to ensure PAP indicator is covered in new staff training.	Staff orientation checklist created and training delivered.	1 staff orientation checklist created. 1 training session for MSAA indicator created.	We want to ensure continued performance on this indicator.

Measure Dimension: Timely

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of screening eligible patients who were offered and/or completed a fecal based test for colorectal cancer screening	C	% / All patients	EMR/Chart Review / 12 months	92.00	93.00	Slight increase in performance from last year.	

Change Ideas

Change Idea #1 Ensure timely and efficient access to fecal based test for colorectal cancer screening.

Methods	Process measures	Target for process measure	Comments
Create a staff orientation checklist to ensure FOBT indicator is covered.	Staff orientation checklist created and training provided.	1 checklist created. 1 training session created.	Although this indicator is retired by OH it remains a performance indicator in our MSAA. With high staff turnover we want to ensure continued success.

Theme II: Service Excellence

Measure Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
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	P	% / PC organization population (surveyed sample)	In-house survey / April 2022 - March 2023	99.00	99.00	Want to maintain excellent results.	

Change Ideas

Change Idea #1 To maintain the client centred approach to care with a focus on including clients in the decision making regarding their care and treatment.

Methods	Process measures	Target for process measure	Comments
Education and communication to staff about client centred care.	Develop and implement as efficient and creative way to remind staff about client centred care and involvement in decision making.	1 strategy for education about client centred care developed and implemented.	Total Surveys Initiated: 100 This is a carry over from last year as it was not completed.

Measure Dimension: Patient-centred

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of clients who respond positively to the question: Do you feel welcome and comfortable at the CHC?	C	% / All patients	In-house survey / 12 months	100.00	100.00	to maintain success with this indicator despite high staff turnover in primary care	

Change Ideas

Change Idea #1 To maintain success of this indicator despite high staff turnover in primary care team.

Methods	Process measures	Target for process measure	Comments
To ensure training for all new staff on the CHC model of care including the values and principles.	A new staff training session created. CHC values session added to new staff orientation checklist.	1 CHC values session created. 1 new staff checklist created.	

Measure Dimension: Patient-centred

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of clients who respond positively to the question: Would you recommend this organization to a family or friend.	C	% / All patients	In-house survey / 12 months	100.00	100.00	We want to maintain this target for the future.	

Change Ideas

Change Idea #1 To maintain our success with this indicator despite high staff turnover.

Methods	Process measures	Target for process measure	Comments
To ensure training for new staff on this indicator.	New staff training session created. Added to new staff orientation checklist.	1 training session created. 1 addition to orientation checklist made.	This indicator is submitted to Durham OHT for their collaborative QIP.

Theme III: Safe and Effective Care

Measure Dimension: Safe

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of non-palliative patients newly dispensed an opioid prescribed by any provider in the health care system.	P	% / Patients	CAPE, CIHI, OHIP, RPDB, NMS / 6 month period ending Mar 31, 2022	4.00	4.00	We are attempting to maintain this during high staff turnover.	

Change Ideas

Change Idea #1 Ensure that the best practice for opioid prescriptions is being followed by all staff, with an additional emphasis on new primary care clients.

Methods	Process measures	Target for process measure	Comments
Administering the chart audit for best practices in opioid prescribing and ensure all new staff are oriented to that practice.	Orientation checklist to include Opioid best practice and EMR documentation. Training on opioid best practice created. Complete the annual chart audit.	1 chart audit complete 1 opioide best practice training session created. 1 orientation checklist to include opioid best practice.	

Measure **Dimension:** Safe

Indicator #8	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of primary care providers who follow the standard of quality care elements in a peer chart review.	C	% / Worker	In-home audit / 12 months	CB	85.00	new tool being implemented for the first time	

Change Ideas

Change Idea #1 Ensure all staff are complying with the elements of the quality of care audit tool.

Methods	Process measures	Target for process measure	Comments
Implement the new quality of care audit tool via primary care chart audits.	Chart audit implemented.	1 chart audit completed in 2023 year. 1 report to Quality Committee	

Measure **Dimension:** Safe

Indicator #9	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of clients who reported that the last time they were sick or had a health problem, they got an appointment on the date they wanted.	C	% / All patients	In-house survey / 12 months	88.76	90.00	During COVID and the HHR crisis this indicator needs to be in the fore of our planning to assist the health care system with appropriate resource use.	

Change Ideas

Change Idea #1 Ensure appropriate use of health care resources by providing services in a timely way for people who are sick or have health problems.

Methods	Process measures	Target for process measure	Comments
Ensure urgent appointments remain in providers schedules and monitor use.	Create a report in the EMR regarding urgent appointment utilization.	1 report created and reviewed.	

Equity

Measure Dimension: Equitable

Indicator #10	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of individual clients who had an encounter with the CHC within most recent year and who responded to at least one of the following four socio-demographic data questions: racial/ethnic group, disability, gender identity or sexual orientation.	C	% / All patients	In house data collection / 12 months	51.60	65.00	gradual increase	

Change Ideas

Change Idea #1 Increase the number of updated demographics forms in the client charts.

Methods	Process measures	Target for process measure	Comments
Launch a staff campaign to update the client demographics forms in the client chart.	Campaign created.	1 campaign created. Campaign implemented. 1 report at end of year to assess progress.	Client demographic form is often declined by client.