

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 (Brock Community Health Centre)	CB	50	83.69	--	85

Change Idea #1 Implemented Not Implemented In Progress

To collect data on clients with Type 2 diabetes mellitus who and ensure they are up to date with HbA1c blood glucose monitoring.

Process measure

- Quarterly reports for providers each quarter on Type 2 Diabetes patients who do not have updated HbA1c blood glucose monitoring so that they may receive follow up care.

Target for process measure

- # reports issued # patients with up to date HbA1c blood glucose monitoring

Lessons Learned

We needed to build a report to extract the information in a valid way. We need to ensure data is input correctly into the EMR

Comment

We will keep working on this initiative.

Indicator #7	Last Year		This Year		
	Number of new patients/clients/enrolments (Brock Community Health Centre)	23.00 Performance (2025/26)	50 Target (2025/26)	25.00 Performance (2026/27)	8.70% Percentage Improvement (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

To increase the number of new clients on boarded to the organization while managing workload and staffing vacancies

Process measure

- Monthly list created by provider showing current panel, patients dropping off panel and panel room

Target for process measure

- 12 reports created per provider in fiscal year # new spaces in panel identified # new patients enrolled per provider

Lessons Learned

Primary care practice has not been open yet. FTE shortage makes it difficult to manage patient load. Practice will open in new fiscal year.

Comment

Opening clinical practice soon as NP roles become filled.

Access and Flow | Timely | Optional Indicator

Indicator #15	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 colorectal tests (Brock Community Health Centre)	88.43	90	72.60	-17.90%	88

Change Idea #1 Implemented Not Implemented In Progress

To collect data on clients who are up to date with colorectal tests.

Process measure

- Reports for providers each quarter on clients who are up to date with colorectal tests so that they may receive follow up care.

Target for process measure

- # reports issued # patients clients who are up to date with colorectal tests.

Lessons Learned

New part time staffing in primary care to deal with FTE shortage.

Comment

We will keep using the same process and will put on QIP for 2026-2027.

	Last Year		This Year		
Indicator #14	81.81	85	78.70	-3.80%	84
Percentage of screen-eligible people who are up to date with cervical screening (Brock Community Health Centre)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

To collect data on clients who are screen eligible and who are up to date with cervical screening.

Process measure

- Reports for providers each quarter on clients who are screen eligible and who are up to date with cervical screening so that they may receive follow up care.

Target for process measure

- # reports issued # patients who are screen eligible and who are up to date with cervical screening.

Lessons Learned

We need to ensure we have the right professional following up with clients to ensure sustainability of close monitoring.

Comment

We will keep using the same process and will put on QIP for 2026-2027. Cancer Care Ontario changed screening (HPV testing) and recall timing.

	Last Year		This Year		
Indicator #13	76.73	85	78.70	2.57%	80
Percentage of screen-eligible people who are up to date with breast screening (Brock Community Health Centre)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

To collect data on clients who are up to date with breast screening.

Process measure

- Reports for providers each quarter on patients who are eligible for breast screening so that they may receive follow up care.

Target for process measure

- # reports issued # patients with up who are up to date with breast screening.

Lessons Learned

More part time staff in primary care to cover FTE shortages.

Comment

We will keep using the same process and will put on QIP for 2026-2027. Cancer Care Ontario communicates with clients directly and clients can self book their mammograms.

Indicator #10

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 (Brock Community Health Centre)

Last Year		This Year		
58.33	75	65.00	11.43%	75
Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

To to provide timely access to primary care when clients are sick or have a health problem.

Process measure

- Primary care team meets as part of workload management discussions and develops at least 1 strategy. 1 client satisfaction survey administered with the question "The last time you were sick or had a health problem, you got an appointment on the date you wanted"

Target for process measure

- 75% of clients answer "yes" to the client satisfaction survey question, "The last time you were sick or had a health problem, you got an appointment on the date you wanted" 1 strategy developed for timely access to care.

Lessons Learned

Moved to a new facility this year. Primary Care staff shortage. Just implemented an Urgent Care pilot project due to provider availability.

Comment

New urgent care clinic and revised Registered Practical Nurse role to support primary care team so that the process for client care is shared appropriately according to scopes of practice.

Equity | Equitable | Optional Indicator

	Last Year		This Year		
Indicator #1	72.90	75	74.00	1.51%	80
Completion of sociodemographic data collection (Brock Community Health Centre)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

As part of our new site development, begin a campaign for data collection/renewal of demographic information.

Process measure

- 100 % of staff have been trained or educated on the demographic collection project. Template

Target for process measure

- 100 % of staff are updated on demographic collection project. 75% of client records have an updated demographic form.

Lessons Learned

Moved locations and it caused disruptions.

Comment

We are actively encouraging all clients to fill out a socio demographic form but have some resistance.

Equity | Equitable | Custom Indicator

	Last Year		This Year		
Indicator #11	CB	CB	75.00	--	NA
Percentage of all staff who have completed relevant equity, diversity, inclusion and anti-racism education. (Brock Community Health Centre)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Ensure all staff are trained on relevant equity, diversity, inclusion and anti-racism education.

Process measure

- Provide a relevant EDI training session that is most relevant to the community of Brock Township.

Target for process measure

- 1 training session offered to all staff.

Lessons Learned

Staff turnover, FTE shortages meant we have not run additional trainings this year.

Comment

2026-2027 staff training will include EDI content.

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

	Last Year		This Year		
Indicator #2	99.00	99	99.00	0.00%	NA
Do patients/clients feel comfortable and welcome at their primary care office? (Brock Community Health Centre)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

With the move to a new larger "Hub" style location we want to ensure clients feel comfortable and welcome. We will solicit client input regarding how welcome and comfortable they are in the new location.

Process measure

- 1 survey and 1 team created to administer the survey. Provide surveys/interviews to clients during a specified time frame to measure feelings of comfort and feeling welcome.

Target for process measure

- 100 % of willing clients during a one week period after move in and construction deficiency completion.

Lessons Learned

We moved into a new location (new capital project - owned building) this year.

Safety | Safe | Optional Indicator

Indicator #6 Number of faxes sent per 1,000 rostered patients (Brock Community Health Centre)	Last Year		This Year		
	CB Performance (2025/26)	CB Target (2025/26)	5000.00 Performance (2026/27)	-- Percentage Improvement (2026/27)	100 Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Reduce the number of faxes sent by Brock CHC to increase patient safety.

Process measure

- Data management coordinator to investigate all options for sending patient information as alternatives to faxing and to develop a plan and budget to implement.

Target for process measure

- 1 report on faxing alternatives. 1 budget drafted for faxing alternatives.

Lessons Learned

Fax number is an estimate. We were faxing electronically through our system and it failed after we moved into our new building as the fax lines were insufficient. We are back to manually faxing everything for safety and continuity but will be moving to a faxing system for patient care that is available with our Electronic Medical Record.

Comment

Implement electronic faxing via the EMR.

Indicator #4	Last Year		This Year		
	CB	CB	100.00	--	NA
eReferral: Percentage of clinicians within the primary care practice utilizing this provincial digital solution (Brock Community Health Centre)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Remind staff of the eReferral tool at the primary care meetings.

Process measure

- A meeting agenda for the Primary Care meeting has a discussion/explanation of eReferral and it is reflected in meeting minutes. Ask staff annually about their usage of eReferral.

Target for process measure

- 1 Primary Care meeting agenda with eReferral as an item for discussion/explanation. 1 set of Primary Care meeting minutes reflecting eReferral discussion/explanation. % of staff using eReferral

Lessons Learned

Staff are well informed and use eReferral appropriately.

Indicator #3	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
eConsult: Percentage of clinicians within the primary care practice utilizing this provincial digital solution (Brock Community Health Centre)	CB	75	100.00	--	NA

Change Idea #1 Implemented Not Implemented In Progress

Remind staff of the econsult tool at the primary care meetings.

Process measure

- A meeting agenda for the Primary Care meeting has a discussion/explanation of econsult and it is reflected in meeting minutes. Annually ask how many providers are using econsult.

Target for process measure

- 1 Primary Care meeting agenda with econsult as an item for discussion/explanation. 1 set of Primary Care meeting minutes reflecting econsult discussion/explanation. % staff using econsult.

Lessons Learned

Staff are well informed about econsult and use it appropriately.

Indicator #8	Last Year		This Year		
	CB	CB	100.00	--	NA
OLIS: Percentage of clinicians within the primary care practice utilizing this provincial digital solution (Brock Community Health Centre)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Remind staff of the OLIS tool at the primary care meetings.

Process measure

- A meeting agenda for the Primary Care meeting has a discussion/explanation of OLIS and it is reflected in meeting minutes. Ask staff about their usage of OLIS.

Target for process measure

- 1 Primary Care meeting agenda with OLIS as an item for discussion/explanation. 1 set of Primary Care meeting minutes reflecting OLIS discussion/explanation. % of staff using OLIS.

Lessons Learned

Staff continue to use OLIS.

Comment

Physicians and Nurse Practitioners in primary care roles use OLIS.

Indicator #5	Last Year		This Year		
	CB	CB	100.00	--	NA
HRM: Percentage of clinicians within the primary care practice utilizing this provincial digital solution (Brock Community Health Centre)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Remind staff of the HRM tool at the primary care meetings.

Process measure

- A meeting agenda for the Primary Care meeting has a discussion/explanation of HRM Collect annually usage by staff. Ask staff about their HRM usage.

Target for process measure

- 1 set of Primary Care meeting minutes reflecting HRM discussion/explanation. 1 Primary Care meeting agenda with econsult as an item for discussion/explanation. % staff using HRM

Lessons Learned

Staff all use HRM when supplied by hospital partners.

Indicator #9	Last Year		This Year		
	CB	CB	25.00	--	NA
Online Appointment Booking: Percentage of clinicians within the primary care practice utilizing this provincial digital solution (Brock Community Health Centre)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

To initiate OAB in the primary care program of Brock CHC.

Process measure

- Select providers willing to have a portion of their schedulers with On Line Appointment booking. Purchase OAB component from OCEAN and initiate with notification to clients.

Target for process measure

- 2 providers using OAB. OAB available on website. Client notification sent.

Lessons Learned

2 RPNs are using it for booking some of their appointments.

Comment

Will be using it for urgent care appointment time slots in future when pilot urgent care is completed.