

Access and Flow

Measure - Dimension: Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Number of new patients/clients/enrolments	P	Number / PC patients/clients	EMR/Chart Review / Most recent consecutive 12-month period	25.00	150.00	We feel we can safely bring on 25 new clients per provider while be understaffed.	

Change Ideas

Change Idea #1 To attach more patients to Brock CHC primary care program.

Methods	Process measures	Target for process measure	Comments
To determine how many patients that each provider can onboard considering the SAMI score and FTE vacancies.	Produce reports that show panel size by provider and that consider the SAMI score and primary care vacancies.	12 Reports produced showing panel size by provider.	Vacancies temporarily increase existing FTE's panel size unofficially as they cover for the orphaned patients.

Change Idea #2 Create a streamlined, efficient and timely process for onboarding new primary care patients.

Methods	Process measures	Target for process measure	Comments
Develop a process of onboarding that considers scopes of practice, provider ability to schedule new appointments, allied health professionals and programs and utilizes technology (Ai scribe) to make it efficient, streamlined and timely.	An inter disciplinary working group is established to develop a new client onboarding process. An onboarding process is developed.	1 inter disciplinary working group is established. 1 client onboarding process is developed. 1 client onboarding process is tested.	This is an ongoing development process and needs to consider our primary care vacancies/capacity.

Measure - Dimension: Efficient

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of clients with type 2 diabetes mellitus who are up to date with HbA1c (glycated hemoglobin) blood glucose monitoring	O	% / PC patients/clients	EMR/Chart Review / Most recent consecutive 12-month period	83.69	85.00	We are doing well on this indicator and would like to see a small increase.	

Change Ideas

Change Idea #1 To increase percentage of clients with type 2 diabetes mellitus who are up to date with HbA1c blood glucose monitoring.

Methods	Process measures	Target for process measure	Comments
Investigate most efficient way to capture this data considering staffing scope and EMR.	Monitor quarterly progress through EMR data reports. Determine most efficient way to gather data.	4 reports delivered to primary care team showing clients with type 2 diabetes mellitus who are up to date with HbA1c blood glucose monitoring. 1 workflow showing how to best capture this data and who should be doing it.	

Measure - Dimension: Timely

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
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	P	% / PC organization population (surveyed sample)	In-house survey / Most recent consecutive 12-month period	65.00	75.00	We are working on this initiative and would like to see a minimum 10 % increase in positive responses. Target seems reasonable.	

Change Ideas

Change Idea #1 To have primary care schedule and services that allow for patients to be seen quickly when they are sick or have a health problem.

Methods	Process measures	Target for process measure	Comments
Utilize the primary care workload management working group in conjunction with the group working on the onboarding new clients progress, to investigate and develop strategies to improve patient access when sick.	Re-establish primary care workload management working group. Research patient access models for potential application at Brock CHC. Develop and implement a workplan to implement and test strategies for patient access.	1 working group reestablished. 1 research/investigation workplan created and established. 1 workplan developed to implement and test strategies for patient access	This is ongoing work and must consider vacancies, SAMI, interdisciplinary team work and provider satisfaction.

Measure - Dimension: Timely

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of screen-eligible people who are up to date with colorectal tests	O	% / PC organization population eligible for screening	EMR/Chart Review / Q2 2025 (covering 2 years of participation for FIT and 10 years of participation for flexible sigmoidoscopy or colonoscopy up to September 2025)	72.60	88.00	We would like to see constant improvement and this target seems reasonable.	

Change Ideas

Change Idea #1 To increase percentage of screen-eligible people who are up to date with colorectal tests.

Methods	Process measures	Target for process measure	Comments
Investigate most efficient way to capture this data considering staffing scope and EMR.	Monitor quarterly progress through EMR data reports. Determine most efficient way to gather data.	4 reports delivered to primary care team showing screen-eligible people who are not up to date with colorectal tests. 1 workflow showing how to best capture this data and who should be doing it.	

Measure - Dimension: Timely

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of screen-eligible people who are up to date with cervical screening	O	% / PC organization population eligible for screening	EMR/Chart Review / Q2 2025 (covering 42 months of participation for cytology (Pap) testing, and 66 months of participation for HPV testing up to September 2025)	78.70	84.00	We would like constant improvement and this target seems reasonable.	

Change Ideas

Change Idea #1 To increase percentage of screen-eligible people who are up to date with cervical screening.

Methods	Process measures	Target for process measure	Comments
Investigate most efficient way to capture this data considering staffing scope and EMR.	Determine most efficient way to gather data. Monitor quarterly progress through EMR data reports.	4 reports delivered to primary care team showing screen-eligible people who are not up to date with cervical screening. 1 workflow showing how to best capture this data and who should be doing it.	

Measure - Dimension: Timely

Indicator #8	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of screen-eligible people who are up to date with breast screening	O	% / PC organization population eligible for screening	EMR/Chart Review / Q2 2025 (covering 2 years of participation for mammography up to September 2025)	78.70	80.00	We would like constant improvement and this target seems reasonable.	

Change Ideas

Change Idea #1 To increase percentage of screen-eligible people who are up to date with breast screening.

Methods	Process measures	Target for process measure	Comments
Investigate most efficient way to capture this data considering staffing scope and EMR.	Monitor quarterly progress through EMR data reports. Determine most efficient way to gather data.	4 reports delivered to primary care team showing screen-eligible people who are not up to date with breast screening. 1 workflow showing how to best capture this data and who should be doing it.	

Equity

Measure - Dimension: Equitable

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Completion of sociodemographic data collection	O	% / Patients	EMR/Chart Review / Most recent consecutive 12-month period	74.00	80.00	We work hard on this initiative and would like to see a small improvement.	

Change Ideas

Change Idea #1 To utilize an education campaign approach to increasing our clients participation in completing demographic forms.

Methods	Process measures	Target for process measure	Comments
To educate staff on how to explain and encourage demographic form completion. To educate clients about the impact of demographic collection.	Staff educational material created. (script, info sheet) Client education material created. (poster, social media)	1 staff educational package 1 client educational package/campagin	

Safety

Measure - Dimension: Safe

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Number of faxes sent per 1,000 rostered patients	P	Number of faxes / PC patients/clients	/ Most recent quarter of data available (consecutive 3-month period)	5000.00	100.00	We are currently working on this and as we had limitations on our internet before our move to a new facility that inhibited efaxing, we are hopeful our new situation will support faxing via the EMR.	

Change Ideas

Change Idea #1 To decrease number of manual faxes sent by Brock CHC per rostered patients.

Methods	Process measures	Target for process measure	Comments
To adopt an electronic method of sending faxes through our current electronic medical record.	To determine technology required to adopt the new system by meeting with the software supplier, our IT contractor, Brock CHC clinical director and Brock CHC Executive Director. Determine product cost and implications to Brock CHC operating budget. Establish a new system within the EMR for all clinical patient related faxes.	1 meeting with IT, Software and Brock CHC Leadership with system requirements established and confirmation of applicability. 1 Budget for additional software costs and any IT costs. 1 workflow established for efaxing and reconciliation of faxes in the EMR.	We have tried efaxing outside of the EMR but the internet/fax line was not able to support the activity and faxes were not received, creating a risk for the organization. We returned to manual faxing to ensure risks were mitigated until a new system could be built and tested.