

## Equity Measure - Dimension: Equitable

### Indicator #1 Completion of sociodemographic data collection

Demographic data allows organizations to link clients with health utilization and outcomes, inform and transform care, and know who is being served. By improving our collection efforts we can benchmark and track health inequities, and develop programs and services to address gaps and the needs of marginalized groups. Target set by OH for CHCs to have equity data for at least 75% of clients.

### Change Ideas

#### Change Idea #1 Implement changes to our intake and existing practices when collecting and updating demographic data.

Methods	Process measures	Target for process measure	Comments
Initiate improvements in workflow, staff training on requirements, and how to document accurately, along with following up on incomplete and providing support and education on why we collect.	% of complete social demographics at 3 year and current period % of respondents with DNK/PNA/Left Blank data	75.00% completion rate	

#### Change Idea #2 Implement Monthly Monitoring via Dashboard

Methods	Process measures	Target for process measure	Comments
DATA access to be improved by launching dashboard of actuals on monthly basis	% of complete social demographics at 3 year and current period % of respondents with DNK/PNA/LeftBlank data	75% completion rate.	

## Experience Measure - Dimension: Patient-centred

Indicator #2 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

supporting clients to be actively involved in their own care, can improve outcomes and potentially yield efficiency savings for the system

### Change Ideas

Change Idea #1 Enabling "chunk and check" resources and reviewing feedback of client involvement in care decisions.

Methods	Process measures	Target for process measure	Comments
Create materials to support sharing treatment and action plans.	% of clients responding positively to involvement in care decisions.	95% responding always, often (very satisfied/satisfied) with involvement in decisions about care and treatment.	Total Surveys Initiated: 238

Change Idea #2 implementation of process steps to provider and client workflow to capture teach back method when providing assessment and plan for interactions which require intervention.

Methods	Process measures	Target for process measure	Comments
initiate system to follow up on adherence and/or obtain feedback from strategies applied. Aim statement and indicator questions to be developed	% of clients responding positively to involvement in care decisions. % of providers indicating "teach back" in interactions.	95% of clients responding positively to involvement in care decisions. 75% of providers indicating "teach back" in interactions where appropriate.	

## Measure - Dimension: Patient-centred

Indicator #3 Do patients/clients feel comfortable and welcome at their primary care office?

It is essential to provide an environment and services that are inclusive and lessen inequalities. When it matters most, a friendly and secure CHC guarantees prompt access and comfort for people in need of assistance.

### Change Ideas

Change Idea #1 Implement best practices on inclusive communication

Methods	Process measures	Target for process measure	Comments
increase awareness of communication strategies and service options available to suit client and population needs such as translation in materials and interpretation, along with ensuring staff education and inclusive practices of service.	% of clients responding "yes" to survey question of feeling comfortable and welcome at CHC.	maintain or increase current 96% target	

## Access and Flow Measure - Dimension: Timely

Indicator #4 Number of new patients/clients/enrolments

### Change Ideas

Change Idea #1 Determine ideal panel size based on complexity, current panel, supply and demand

Methods	Process measures	Target for process measure	Comments
Data collection on supply, demand, no show rates, future demand, complexity and scheduling practices.	% of non-client facing time and client facing time per provider at standard timeline (monthly) % of complex client assignments by FTE per provider # of intake assignments to be distributed	baseline currently, once gathered will pro-rate accordingly	

Change Idea #2 Maximize Provider schedules to increase client facing capacity

Methods	Process measures	Target for process measure	Comments
determine current standing of administrative vs. client facing and look to effective changes to optimize access through adjusted appointment times and interaction types	% of client facing vs non-client facing time # and type of appointment options and standardized criteria	Collecting Baseline	

**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	O	% / PC organization population (surveyed sample)	In-house survey / Most recent consecutive 12-month period	70.60	85.00	Early access to primary care improves health outcomes by allowing early intervention and continuity of care, which reduces the need for urgent care, hospital and specialist visits.	

**Change Ideas****Change Idea #1 Measure and monitor supply and demand**

Methods	Process measures	Target for process measure	Comments
evaluate client and administrative time to look for effective changes which will present more client facing availabilities. Gather peer data on the same for any best practices or initiated quality controls.	Calculate all standard schedules, rotating non client time requirements and other administrative time. Review required targets and appointment statistics by client type, provider and administrative loads.	increase client facing time (after baseline) according to established ratio.	

**Change Idea #2 Improve scheduling and triage access**

Methods	Process measures	Target for process measure	Comments
with change idea 1, calculate no show rates by Provider and future open capacity for predictive monitoring. Provide phone and virtual access for "hot spots"	weekly measure of no show rates and monthly monitoring of future open capacity.	measuring baseline for current practice. Aiming to challenge or extend follow up where appropriate leaving more openings for same day access when needed.	