

Access and Flow

Measure - Dimension: Efficient

Indicator #1	Number of new patients/clients/enrolments
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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: Efficient

Indicator #2	Percentage of clients with type 2 diabetes mellitus who are up to date with HbA1c (glycated hemoglobin) blood glucose monitoring
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Change Ideas**Change Idea #1 Standardized Recall**

Methods	Process measures	Target for process measure	Comments
•Develop delta follow up workflow to keep up to date on timelines	% of type2 DM clients with 2 or more A1C's ordered or results within 12month period	Collecting Baseline	

Change Idea #2 non-compliance tracking

Methods	Process measures	Target for process measure	Comments
documentation on declined follow up and/or other DM follow up compliance	% of DM type 2 clients who decline or are non-responsive to recall exam or test requests	collecting baselines	

Measure - Dimension: Timely

Indicator #3	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
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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 improvements to 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.	

Measure - Dimension: Timely

Indicator #4	Percentage of screen-eligible people who are up to date with colorectal tests
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Change Ideas**Change Idea #1 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 Action plan to be implemented with Delta lists on those due for screening	% of screen eligible clinical clients who have been offered a FOBT/FIT within the past two years, other investigations (i.e., flexible sigmoidoscopy) or colonoscopy within the past 10 years	meet or maintain results against performance targets	

Change Idea #2 Utilize EMR Toolbar for timely follow up

Methods	Process measures	Target for process measure	Comments
Prevention Toolbar to be added that indicates in each chart the last entry.	% of screen eligible clinical clients who have been offered a FOBT/FIT within the past two years, other investigations (i.e., flexible sigmoidoscopy) or colonoscopy within the past 10 years	meet or maintain results against performance targets	

Change Idea #3 Utilize Standardized Action Plan to initiate follow up and scheduling when appropriate

Methods	Process measures	Target for process measure	Comments
Create MSAA specific Review Encounter and implement when clients fit eligibility criteria.	% of screen eligible clinical clients who have been offered a FOBT/FIT within the past two years, other investigations (i.e., flexible sigmoidoscopy) or colonoscopy within the past 10 years	meet or maintain results against performance targets	

Measure - Dimension: Timely

Indicator #5 Percentage of screen-eligible people who are up to date with cervical screening

Change Ideas**Change Idea #1 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 Action plan to be implemented with Delta lists on those due for screening	% of screen eligible clinical clients who have been offered a Pap test in the previous three years.	meet or maintain results against performance targets	

Change Idea #2 Utilize EMR Toolbar for timely follow up

Methods	Process measures	Target for process measure	Comments
Prevention Toolbar to be added that indicates in each chart the last entry.	% of screen eligible clinical clients who have been offered a Pap test in the previous three years.	meet or exceed performance targets	

Change Idea #3 Utilize Standardized Action Plan to initiate follow up and scheduling when appropriate

Methods	Process measures	Target for process measure	Comments
Create MSAA specific Review Encounter and implement when clients fit eligibility criteria.	% of screen eligible clinical clients who have been offered a Pap test in the previous three years.	meet or maintain results against performance targets	

Measure - Dimension: Timely

Indicator #6	Percentage of screen-eligible people who are up to date with breast screening
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Change Ideas**Change Idea #1** 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 Action plan to be implemented with Delta lists on those due for screening	% of screen eligible clinical clients who have been offered a mammogram in the previous two years.	meet or exceed performance targets	

Change Idea #2 Utilize EMR Toolbar for timely follow up

Methods	Process measures	Target for process measure	Comments
Prevention Toolbar to be added that indicates in each chart the last entry.	% of screen eligible clinical clients who have been offered a mammogram in the previous two years.	meet or exceed performance targets	

Change Idea #3 Utilize Standardized Action Plan to initiate follow up and scheduling when appropriate

Methods	Process measures	Target for process measure	Comments
Create MSAA specific Review Encounter and implement when clients fit eligibility criteria.	% of screen eligible clinical clients who have been offered a mammogram in the previous two years.	meet or exceed performance targets	

Equity

Measure - Dimension: Equitable

Indicator #7 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 clients seen in period with completed/updated key questions: racial/ethnic group, disability, gender identity, or sexual orientation	to meet or exceed sector target of 75%	

Measure - Dimension: Equitable

Indicator #8 Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education

Change Ideas

Change Idea #1 Expand reach of our anti-black racism training program

Methods	Process measures	Target for process measure	Comments
Track and coordinate sessions suitable to each department and program type along with creation and implementation of e-training supports.	% of leadership team who have attended ABR training program % of Provider and administrative staff who have attended ABR training program	100% of leadership team in compliance with EDIAR training completion	

Change Idea #2 Obtain and delivery of mandatory training series with focus on EDI and anti-Indigenous lens that is program and client base specific.

Methods	Process measures	Target for process measure	Comments
collection of current training offerings and attendance stats for baselines. Expand reach within collaborative tables and increase awareness of existing diversity and inclusion resource access.	development of resource guide and HR process documentation to initiate as requirement to staff. % of staff (leadership and provider level) who have attended at least one course/session	100% of leadership level compliance, increase to 75% general staff compliance.	

Experience

Measure - Dimension: Patient-centred

Indicator #9 Do patients/clients feel comfortable and welcome at their primary care office?

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 results within target corridor of 90-100%	

Safety

Measure - Dimension: Safe

Indicator #13 eReferral: Percentage of clinicians within the primary care practice utilizing this provincial digital solution

Change Ideas

Change Idea #1 Workflow review

Methods	Process measures	Target for process measure	Comments
document practices for referral and follow up in conjunction with traditional methods	selection of high use field of referral to review booking rate of both methods	collecting baseline and determining balancing measure.	

Measure - Dimension: Safe

Indicator #14 Electronic Prescribing: Percentage of clinicians within the primary care practice utilizing this provincial digital solution

Change Ideas

Change Idea #1 utilization training and standardized implementation

Methods	Process measures	Target for process measure	Comments
review current practices and obtain feedback from clinicians to optimize use of PrescribeIT which is available through our EMR	% of PrescribeIT utilization from all requests	collecting baseline	

Measure - Dimension: Safe

Indicator #15 Online Appointment Booking: Percentage of clinicians within the primary care practice utilizing this provincial digital solution

Change Ideas

Change Idea #1 increase access and awareness of Online booking to clinical clients

Methods	Process measures	Target for process measure	Comments
enhanced materials and information available through all communication streams including intake	# of appointments scheduled via OAB. Including the appropriateness of the booking *need vs. time scheduled.	collecting baseline. will measure against previous months via run charts.	