Access and Flow

Measure - Dimension: Efficient

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of hospital discharges where the rostered client was followed-up by a primary care provider within 7 days for select conditions.	C	% / PC org population discharged from hospital Select conditions: pneumonia, diabetes, stroke, GI, COPD, CHF, cardiac	Other / Most recent 12-month period	35.00	50.00	Maintaining target from previous years as we work on advanced access initiatives. Aiming to exceed Ontario CHC average of 34.4% based on most recent Alliance Practice Profile Report (2024).	

Change Ideas

Change Idea #1 Monitor workflow that includes RPN as potential contact within 7 days post discharge.			
Methods	**Process measures**	**Target for process measure**	**Comments**
Monitor for timely receipt of discharge notification from hospital, MD/NP notifying RPN to contact client, and follow-up encounters by provider type.	% discharge notifications forwarded to RPN. % follow-up encounters completed by RPN. % clients seen for follow-up within 0-7 days by MD/NP/PA/RPN. % follow-up encounters with use of ENCODE-FM to indicate follow-up post-hospital discharge.	Collecting baseline data for process measures.	Discharge notification reports primarily received through HRM and reviewed by MD/NP prior to RPN involvement. Continue to use IDS as primary data source for regular monitoring.

Measure - Dimension: Timely

Indicator #10	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	62.00	65.00	The goal is to improve performance by 5%.	

Change Ideas

Change Idea #1   Monitor TNA data to support flagging providers who would benefit from schedule combing.

Methods	Process measures	Target for process measure	Comments
TNA data reviewed monthly by PC QI team to flag providers who would benefit from schedule combing, discussion to proactively address impending schedule changes or other challenges. Admin team notified of any changes and freed-up appointment time slots are flagged in EMR as "combed" spots to be filled.	Impact on TNA for participating providers.	TNA <10 days among providers participating in schedule combing.	

Change Idea #2   Continue to implement same-day procedure for cancelled appointments.

Methods	Process measures	Target for process measure	Comments
Cancelled appointments are subsequently flagged in EMR as same-day appointment time slots to be filled.	# same-day appointments booked	10-15% increase in average # same day appointments booked per month (monthly average would be 88-92).	

Measure - Dimension: Timely

Indicator #11	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Number of clients enrolled in the Caring for My COPD Program.	C	Count / Clients Clients with COPD diagnosis	EMR/Chart Review / Apr 2025 - Mar 2026	118.00	200.00	Annual target of 200 is based on projected monthly program capacity.	

Change Ideas

Change Idea #1   Monitor workflow for timely confirmation/diagnosis of COPD following spirometry testing.

Methods	Process measures	Target for process measure	Comments
Internal referral to CRE for spirometry > Spirometry completed and results shared back to PCP to confirm findings > COPD diagnosis may be confirmed > referral to COPD program, where applicable.	Among clients referred to COPD program by CRE, # days between spirometry test to referral. # enrolled in pulmonary rehabilitation program.	Referral to COPD program within 7 days following spirometry testing.	Awaiting new CRE hire.

Change Idea #2   Active outreach to primary care providers to increase program referrals.

Methods	Process measures	Target for process measure	Comments
Target sites for outreach activities (e.g., office visits, presentations, information packages). Continue to track source of referral by provider type.	# outreach activities. % program referrals from primary care source (external and internal).	Aim for 20-25% referrals from primary care source.	

Equity

Measure - Dimension: Equitable

Indicator #4	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	76.00	80.00	Multi-year, staged approach to working towards the theoretical best target of 100%.	

Change Ideas

Change Idea #1   Target clients with upcoming appointment.

Methods	Process measures	Target for process measure	Comments
Run quarterly report to identify clients with upcoming appointments in the next 3 months. Manually add flag to appointment to support identifying these clients upon check-in. Admin staff see the flag and provide client with health equity form. If unable to complete that day, provide pre-addressed/stamped envelope for client to complete and mail back. Data is inputted into EMR at a later time.	# clients with upcoming in-person appointment flagged in EMR. # clients with appointment completed. # clients with SDD collected. Staff feedback collected.	Collecting baseline data for process measures.	

| Change Idea #2   Data collection blitz during summer months supported by students. | | | |

Methods	Process measures	Target for process measure	Comments
List of clients seen in the last 12 months and overdue for SDD update. Two afternoons each week dedicated to updating client SDD: student phones clients to invite them to update their SDD via phone or via Ocean (email and consent confirmed). If request to complete via Ocean, email invite out. Data is inputted into EMR directly at time of phone call or via Ocean.	# clients flagged as overdue for SDD update. # clients attempted to call. # clients reached. # clients with SDD collected via phone. # clients sent invite to complete form via Ocean. # clients SDD collected via Ocean.	Collecting baseline data for process measures.	Maintain all-staff status updates. Translate questions into Arabic.

Measure - Dimension: Equitable

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of screen-eligible clients who received or were offered colorectal cancer screening.	C	% / PC patients/clients	EMR/Chart Review / Most recent information available	62.00	70.00	Based on MSAA targets.	

Change Ideas

Change Idea #1	Reach out to eligible clients to ensure screening is being offered - additional support for client recall by Prevention Specialist (Health Promotion team; anticipated start Q2 or Q3).

Methods	Process measures	Target for process measure	Comments
Generate list of clients by provider who are due/overdue each quarter using EMR reporting tool and recall them for screening. Include quarterly screening performance report. Utilize EMR reminder system. Promote Mobile Screening bus. Translation of reminder letters to Arabic and Spanish. MSAA documentation refresher training.	Monitor recall and reminder rates. # clients who were offered screening. % who completed screening.	70% eligible clients completed or were offered screening. Refresher training completed.	

Measure - Dimension: Equitable

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of screen-eligible clients who received or were offered cervical cancer screening.	C	% / PC patients/clients	EMR/Chart Review / Most recent information available	64.00	75.00	Based on MSAA targets.	

Change Ideas

Change Idea #1   Reach out to eligible clients to ensure testing is being offered.

Methods	Process measures	Target for process measure	Comments
Generate list of clients by provider who are due/overdue each quarter using EMR reporting tool and recall them for screening. Include quarterly screening performance report. Utilize EMR reminder system. Promote Mobile Screening bus. Translation of reminder letters to Arabic and Spanish. MSAA documentation refresher training.	Monitor recall and reminder rates. # clients who were offered screening. % who completed screening.	75% eligible clients completed or were offered screening. Refresher training completed.	Transition to HPV testing and client education.

Measure - Dimension: Equitable

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of screen-eligible clients who received or were offered breast cancer screening.	C	% / PC patients/clients	EMR/Chart Review / Most recent information available.	61.00	55.00	Based on MSAA targets (performance corridor 44-66%) - monitoring indicator.	

Change Ideas

Change Idea #1	Reach out to eligible clients to ensure screening is being offered - additional support for client recall by Prevention Specialist (Health Promotion team; anticipated start Q2 or Q3).

Methods	Process measures	Target for process measure	Comments
Generate list of clients by provider who are due/overdue each quarter using EMR reporting tool and recall them for screening. Include quarterly screening performance report. Utilize EMR reminder system. Promote Mobile Screening bus. Translation of reminder letters to Arabic and Spanish. MSAA documentation refresher training.	Monitor recall and reminder rates. # clients who were offered screening. % who completed screening.	55% eligible clients completed or were offered screening. Refresher training completed.	

Safety

Measure - Dimension: Effective

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of rostered clients with diabetes aged 18+ who had diabetic foot ulcer risk assessment within last 12 months.	C	% / patients with diabetes, aged 18 or older	EMR/Chart Review / Most recent 12-month period	35.00	60.00	We have come close to achieving the 60% target previously and consider it to remain an appropriate target.	

Change Ideas

Change Idea #1   Reach out to eligible clients to ensure foot screening is being offered.

Methods	Process measures	Target for process measure	Comments
Generate list of clients by provider who are due/overdue each quarter using EMR reporting tool and recall them for foot screening - list shared with PC and DEP teams. Utilize EMR reminder system.	# clients identified as due/overdue for foot ulcer screening.	At least 20% of clients identified in recall list are contacted within subsequent quarter.	

Change Idea #2   Include foot screen at initial DEP visit.

Methods	Process measures	Target for process measure	Comments
Appointment scheduling to include time for foot screen at initial visit.	# clients with foot screen completed at initial visit.	90% initial visits to include completed foot screen.	

Measure - Dimension: Effective

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of rostered clients with diabetes aged 18+ with at least one HbA1c test completed within the last 6 months.	C	% / patients with diabetes, aged 18 or older	EMR/Chart Review / Most recent 6-month period	50.00	60.00	We have come close to achieving the 60% target previously and consider it to remain an appropriate target.	

Change Ideas

Change Idea #1   Reach out to eligible clients to ensure testing A1c is being offered.

Methods	Process measures	Target for process measure	Comments
Generate quarterly list of clients by provider who are due/overdue each quarter using EMR reporting tool and recall clients for HbA1c testing and book follow-up appointment. Utilize EMR reminder system.	% clients due with active (last 6 months) HbA1c requisition. % clients due with diabetes-related encounter in last 12 months with PC or DEP provider.	Collecting baseline data for process measures.	

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Measure - Dimension: Safe

Indicator #8	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of rostered clients taking 2+ medications with documented medication reconciliation in the last 12 months.	C	% / PC patients/clients	EMR/Chart Review / Most recent 12-month period	48.00	50.00	We wish to maintain the prior target as we continue to monitor performance with the new denominator that was revised last year.	

Change Ideas

Change Idea #1 Documentation improvements among PC providers when using PrescribeIT and among pharmacists.

Methods	Process measures	Target for process measure	Comments
Create encounter template and review with pharmacist and PC providers. Pharmacist supporting medications chart clean-up (starting with 20+ meds).	% clients with recent medication reconciliation (analyzed by # active medications, other subgroups).	Collecting baseline for process measures.	

Measure - Dimension: Safe

Indicator #9	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
# of new clients using the online appointment booking system.	C	Number / PC patients/clients	EMR/Chart Review / Apr 2025 - Mar 2026	264.00	300.00	We averaged 23 new OAB users per month in prior 12 months and would like to see this increase to 25, totaling 300 for the year.	

Change Ideas

Change Idea #1 Enhance the online booking template to be more user friendly.			
Methods	**Process measures**	**Target for process measure**	**Comments**
Review previously collected client feedback on OAB system. Continue to collect additional client feedback through survey questions. Develop FAQ document to include on website. Revise description of appointment types available to book online. Promote OAB availability to primary care clients.	FAQ document posted to website and appointment descriptions updated. # survey responses collected.	Client feedback incorporated into OAB improvements.	