Access and Flow

Measure - Dimension: Efficient

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of hospital discharges where the rostered client was seen by a primary care provider within 7 days for select conditions.	C	% / PC org population discharged from hospital	Other / Apr 2023 - Mar 2024	31.00	50.00	Maintaining target from previous years as we work on advanced access initiatives. Aiming above Ontario CHC average of 40.1% based on most recent Alliance Practice Profile Report (2022).	

Change Ideas

Change Idea #1 Establish clear workflow from receipt of discharge summaries and the post-hospital follow-up visit.

Methods	Process measures	Target for process measure	Comments
Review current process, identify opportunities for improvement and test process changes. Review and update Hospital Discharge Tracker as needed.	# meetings held to review process and Hospital Discharge Tracker. Process map established. % clients who were booked a follow-up appointment. % clients seen for follow-up within 0-7 days by PC provider. % follow-up encounters with use of ENCODE-FM to indicate follow-up post-hospital discharge.	75% discharged clients booked a follow-up appointment. 50% discharged clients seen for follow-up within 0-7 days. Identify factors impacting timely follow-up.	We will use IDS as a data source for more timely monitoring throughout the year, and include follow-up appointments with any PC provider (not limited to MD/NP).

Measure - Dimension: Timely

Indicator #13	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	59.00	65.00	PC team actively participating in Alliance-led Learning Collaborative to address timely access.	

Change Ideas

Change Idea #1 Providers to comb their schedules weekly.

Methods	Process measures	Target for process measure	Comments
PDSA 2 NPs and 2 MDs to comb schedules weekly for upcoming two weeks. Admin team notified of any changes and freed-up appointment time slots are flagged in EMR as "combed" spots to be filled.	# minutes spent combing schedule. # appointments (30-min time slots) freed up. # combed spots filled. Provider feedback. Impact on TNA (all days) for participating providers.	TNA (all days) <7 days among providers participating in schedule combing.	

Change Idea #2 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 (30-min time slots) flagged; % same-day spots filled	Collecting baseline for % same-day spots filled.	

Measure - Dimension: Timely

Indicator #14	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	EMR/Chart Review / Apr 2024 - Mar 2025	101.00	200.00	Annual target of 200 is based on projected monthly program capacity (physical space available).	

Change Ideas

Change Idea #1 Establish 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.	# internal referrals to CRE for spirometry testing. # clients with COPD ENCODE-FM selected. # days between spirometry test to internal COPD team referral, where applicable.	Collecting baseline data for process measures.	

Change Idea #2 COPD education visit with CRE offered to all rostered clients newly diagnosed with COPD.

Methods	Process measures	Target for process measure	Comments
Prompt for COPD program referral displays when COPD Dx ENCODE-FM selected > Client referred internally for COPD education and/or pulmonary rehabilitation > Client attends education visit with CRE and is offered enrolment in pulmonary rehabilitation program.	# clients with COPD ENCODE-FM selected. # referrals to education visit with CRE and # visits completed. # referrals to pulmonary rehabilitation program. # enrolled in pulmonary rehabilitation program.	Collecting baseline data for process measures.	

Equity

Measure - Dimension: Equitable

Indicator #8	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	75.00	Alliance members have collectively agreed upon the goal of achieving 75% completion rate.	

Change Ideas

Change Idea #1 Develop implementation plan for rollout of new OH health equity form.

Methods	Process measures	Target for process measure	Comments
QI committee and other key informants to identify optional questions to include in form. Add "last updated" date to toolbar. Develop workflow to identify existing clients with sociodemo data incomplete to maximize collection. New explanatory client letter created to support data collection.	# clients with new form completed in last 3 months.	Collecting baseline data for process measures.	

Measure - Dimension: Equitable

Indicator #9	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of screening eligible clients who received or were offered a Pap test in the last 3 years.	C	% / PC organization population eligible for screening	EMR/Chart Review / Most recent 3 -year period	66.00	75.00	Based on 2023-24 MSAA target of 75% (corridor 60-90%).	

Change Ideas

Change Idea #1 Reach out to eligible clients to ensure PAP 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.	Monitor recall and reminder rates. # clients who were offered screening. % who completed screening.	75% eligible clients completed or were offered screening.	

Measure - Dimension: Equitable

Indicator #10	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of screening eligible clients who received or were offered a fecal-based screening test in the last 2 years.	C	% / PC organization population eligible for screening	EMR/Chart Review / Most recent 2 -year period	58.00	70.00	Based on 2023-24 MSAA target of 70% (corridor 56-84%).	

Change Ideas

Change Idea #1 Reach out to eligible clients to ensure FIT 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.	Monitor recall and reminder rates. # clients who were offered screening. % who completed screening.	70% eligible clients completed or were offered screening.	

Measure - Dimension: Equitable

Indicator #11	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of screening eligible clients who received or were offered a mammogram in the last 2 years.	C	% / PC organization population eligible for screening	EMR/Chart Review / Most recent 2 -year period	58.00	55.00	Removed from MSAA as performance indicator for 2023-24 (is now monitoring indicator) - maintaining previous target of 55% (corridor 44-66%).	

Change Ideas

Change Idea #1 Reach out to eligible clients to ensure mammography 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.	Monitor recall and reminder rates. # clients who were offered screening. % who completed screening.	55% eligible clients completed or were offered screening.	

Experience

Measure - Dimension: Patient-centred

Indicator #12	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Proportion of rostered clients with a progressive, life-limiting illness and identified to benefit from palliative care approach who had documented assessment of their palliative care needs.	C	Proportion / PC patients/clients	EMR/Chart Review / Most recent 6 -month period	CB	CB	Continuing to work on early identification process (denominator).	

Change Ideas

Change Idea #1 Create client registry and focus on staff education and training to support early identification and assessment of clients' needs.

Methods	Process measures	Target for process measure	Comments
Establish means of identifying clients appropriate for early palliative management. Support from external partner for staff education.	# clients identified for early palliative management. Method for identifying documentation of needs assessment in place. % clients with documented needs assessment. # provider training sessions completed and provider types involved.	Client registry built. Collecting baseline for % with documented needs assessment.	

Safety

Measure - Dimension: Effective

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of non-palliative patients newly dispensed an opioid prescribed by any provider in the health care system.	C	% / PC patients/clients	Other / 6-month period ending Mar 31, 2023	4.00	5.00	Continue to assess stability, chiropodists are now able to prescribe pain management. Ontario CHC average of 4.1%, based on Alliance Practice Profile Report (2022).	

Change Ideas

Change Idea #1 Use EMR system to create registry of rostered patients who have one or more current prescriptions for opioid use.

Methods	Process measures	Target for process measure	Comments
Identify appropriate criteria for EMR search that will support maintenance of registry and contract renewals, where applicable.	# primary care clients active in opioid registry. % seen by PC provider in last 6 mos with contract up-to-date.	Collecting baseline data for process measures.	

Measure - Dimension: Effective

Indicator #2	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	52.00	50.00	Denominator has been revised from prior years to account for clients on multiple medications. We wish to maintain the prior target as we continue to track performance with this new denominator.	

Change Ideas

Change Idea #1 Conduct medication reconciliation for appropriate PC clients recently discharged from hospital with recent change in medications.

Methods	Process measures	Target for process measure	Comments
Include medication reconciliation in process map for hospital discharge follow-up. Triage will forward appropriate hospital discharge notifications to pharmacist.	% clients with hospital discharge in last 12 months with documentation of medication reconciliation. Proportion with pharmacist encounter.	Collecting baseline data for process measures.	

Measure - Dimension: Effective

Indicator #3	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	% / Other	EMR/Chart Review / Most recent 12-month period	43.00	60.00	We have come close to achieving the 60% target previously and consider it to remain an appropriate target for this year.	

Change Ideas

Change Idea #1 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.

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 to offer foot screening.	

Change Idea #2 FIPP Quick screening and triage tool in EMR for PC provider use (footwear, foot inspection, pulse palpation, 3 points of neuropathy).

Methods	Process measures	Target for process measure	Comments
Review with PC providers the availability and use of quick screening tool. Further assessment arranged with DFHP team as needed.	# FIPP quick screens completed.	Collecting baseline data for process measures.	

Measure - Dimension: Effective

Indicator #4	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	% / Other	EMR/Chart Review / Most recent 6 -month period	56.00	60.00	The goal is to improve by 10% this year. The numerator is revised from prior years that included clients with 2+ HbA1c tests in the last 12 months. We feel this new indicator takes into account various scenarios (e.g., recent diagnosis, remission, etc.) while aligning with general best practice guidelines. We have also adjusted the age filter from 40+ to 18+ years old.	

Change Ideas

Change Idea #1 Reach out to eligible clients to ensure HbA1c testing 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 - identify date of last HbA1c requisition and date of last diabetes-related encounter with PC and/or DEP provider. Clients not seen by DEP (last 3 yrs) to be recalled by PCP. Clients seen by DEP to be recalled by DEP provider. Recall clients for HbA1c testing and if needed, provide updated lab requisition and book follow-up appointment with PC and/or DEP provider. 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 for process measures.	

Measure - Dimension: Effective

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of rostered clients with diabetes who received or were offered a retinopathy screening within last 24 months (done outside of CHC).	C	% / Other	EMR/Chart Review / Most recent 24-month period	39.00	50.00	We have not yet achieved 50% target and will continue to work towards this.	

Change Ideas

Change Idea #1 Engage eligible clients in discussion on benefits of regular screening for retinopathy.

Methods	Process measures	Target for process measure	Comments
Utilize EMR reminder system. Review documentation process among providers.	% use of documentation by teams.	Collecting baseline data for process measures	

Measure - Dimension: Effective

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of rostered clients with diabetes who received interprofessional diabetes care in the last 24 months.	C	% / Other	EMR/Chart Review / Most recent 12-month period	96.00	90.00	Based on 2023-24 MSAA target of 90% (corridor 72-100%).	

Change Ideas

Change Idea #1 Maintain current standard of practice. Explore improving DM Vitals Toolbar.

Methods	Process measures	Target for process measure	Comments
Gather input from DEP, DFHP, PC, Pharm, EMR specialist for enhancing toolbar. Any changes made to toolbar, reviewed with teams.	# meetings held. Provider feedback on toolbar collected.	Updates to DM Vitals Toolbar made.	