

AIM		MEASURE							CHANGE			
Quality dimension	Objective	Measure/Indicator	Current performance				Target for 2013/14	Target justification	Planned improvement initiatives (Change Ideas)	Methods and process measures	Goal for change ideas (2013/14)	Comments
			Q1	Q2	Q3	Q4						
Access	Access to primary care, when needed	1) Increase Roster Size					85% of SAMI roster	3,800 Clients, Purkinje data base	Primary Care department will welcome 800 new clients onto the roster	Review existing waiting list -contact eligible potential clients to come to orientation sessions - work with partnering agencies regarding taking on priority clients that meet eligibility criteria	Goal is to accept 800 new clients onto Primary Care roster	
		2) Decrease Inappropriate Emergency Department Usage of High Users					Decrease by 25%	Decrease ER Visits of top users measured through IDS	Top 10 users as identified by IDS are identified and provided follow up care	Identify top 10 ED users - contact clients and develop wrap around care plans to prevent inappropriate use of ED	Goal is to reduce ED usage by 10 frequent users through education and provision of individualized supportive resources	

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		3) Percent of clients able to see a doctor or nurse practitioner on the same day or next day, when needed					75%		<ul style="list-style-type: none"> 1) Understand demand for care and supply (capacity) -Develop a plan for redistributing workload to meet demand -Develop a plan to monitor provider client loads monthly - Identify the number of providers and appointment needed to meet daily demand -Adjust provider/staffing hours to match demand pattern - Manage variation in demand (e.g., guide pre-booked appointments to days that tend to have more supply than demand) - Make sure to "do today's work today" after eliminating back log -Develop a plan to continuously measure supply and demand for appointments 	Use our data sources to measure care accessed by clients annually (demand) and divide by planned supply of appointments by care team: <ul style="list-style-type: none"> -% of providers measuring number of appointments per day -% of providers reporting 3rd next available appointment - % of patients/ clients responding positively to survey regarding access to same day appointment 	Goal is for panel equation (ratio of annual demand to supply) to be reviewed by 100% of providers in primary care department	

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								2) Backlog reduction -Distinguish between good and bad backlog -Develop a plan to reduce the bad backlog (e.g., add additional appointments temporarily) -Develop a communication plan -Set Beginning and End dates - Plan for staffing support -develop plans for any additional needs while reducing backlog -Display wait- time data -Protect providers with short wait times- don't fill their schedules up with others' work	# of Providers that are measuring backlog -% of providers that have had education sessions on access and backlog - % of providers with time to third next available appointment at 0 or 1 - % of providers completed backlog plan by March 2014	90% of providers in organization will have common definition of good and bad backlog		
								3) Monitor client feedback through client experience survey	Add question to current client experience survey regarding perception of receiving a visit to primary care within the same day as required	Goal is to collect baseline data regarding clients perception of receiving visit to primary care within the same day as required		

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	Identify current services and program needs for senior communities.	Inventory of programs/services that are deliberate in promoting senior populations to stay healthy, active and well-connected with others.					Establish baseline	To be determined	Inventory of senior programs and services to identify current utilization, effectiveness and needs.	Develop inventory of known programs/services. Develop survey to elicit utilization and needs regarding programs/services for senior populations.	Goal is to develop inventory and survey to gain a better understand of senior population needs.	
Client-centred	Receiving and utilizing feedback regarding client experience with the primary health care organization.	Client engagement: How often are you involved to the extent that you want to be in decisions related to your care?					98%	Based on feedback received from previous client experience survey responses	Monitor client feedback through Client experience survey	Review existing client experience survey questions dealing with involvement in decisions, opportunity to ask questions and spending enough time with provider. Revise questions as needed.	Goal is to collect data regarding clients perception of involvement in decisions, opportunity to ask questions and spending enough time with provider	
		Opportunity to ask questions: When you see your doctor or nurse practitioner, how often do they or someone else in the office encourage you to ask questions?					Establish baseline	To be determined				
		Having enough time: When you see your doctor or nurse practitioner, how often do they or someone else in the office spend enough time with you?					95%	Based on feedback received from previous client experience survey responses				

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	Adhering to leading practice guidelines as they relate to Primary Health Measures	Increase Cervical Cancer Screening					55%	% of Female Clients aged 18-69 who have pap test within the last three years	Ensure eligible clients identified and staff are competent at encountering screening procedures provided.	All clinical staff participate in EMR refresher training; eligible clients are flagged and notified. RN Health Enabler to coordinate.	Goal is to maintain cervical cancer screening at 55%	May change based on 2013/14 MSAA refresh when received
		Increase Colorectal Screening Rate					30%	% of clients aged 50-74 who have been offered an FOBT test in the last 2 Years	Ensure eligible clients identified and staff are competent at encountering screening procedures provided.	All clinical staff participate in EMR refresher training; eligible clients are flagged and notified. RN Health Enabler to coordinate.	Goal is to maintain colorectal screening at 30%	May change based on 2013/14 MSAA refresh when received
		Increase CDM Interdisciplinary Team Care					90%	Proportion of CHC Clients with type 2 Diabetes receiving interdisciplinary care	Ensure eligible clients identified, interdisciplinary referrals are made and staff are competent at encountering procedures provided.	All clinical staff participate in EMR refresher training; eligible clients are flagged and notified. Diabetes Nurse Educators to coordinate.	Goal is to maintain CDM interdisciplinary team care at 90%	May change based on 2013/14 MSAA refresh when received
		Increase Influenza Vaccination Rate					8%	% of clients aged over 6 months who received a influenza vaccine	Ensure eligible clients identified and staff are competent at encountering procedures provided.	All clinical staff participate in EMR refresher training; eligible clients are flagged and notified. RN Health Enabler to coordinate.	Goal is to maintain influenza vaccination rate at 8%	May change based on 2013/14 MSAA refresh when received
		Increase Breast Cancer Screening Rate					46%	% of female clients aged 50-69 who received a mammography	Ensure eligible clients identified and staff are competent at encountering screening procedures provided.	All clinical staff participate in EMR refresher training; eligible clients flagged and notified in Partnership with Ont Breast Screening Program. RN Health enabler to follow up.	Goal is to maintain breast cancer screening at 46%	May change based on 2013/14 MSAA refresh when received

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		Periodic Health Examination					50%	% of active adults rostered clients aged 18 years and older in the last 2 years	Ensure eligible clients identified and staff are competent at encountering procedures provided.	All clinical staff participate in EMR refresher training; eligible clients are flagged and notified. RN Health Enabler to coordinate.	Goal is to maintain periodic health examination at 50%	May change based on 2013/14 MSAA refresh when received
Integration	Improve client follow up	Percentage of clients seeing their primary care provider within 7 days post hospital discharge					Establish baseline	Target to be determined	Using data from IDS regarding post discharge of our clients to develop a target for clients seeing their primary care provider within 7 days post hospital discharge	Review data from IDS regarding post discharge of our clients. Develop target for post discharge	Data will be reviewed, analyzed and used to inform target baseline	
Safety	Ensuring organizational and client safety	All staff are competent and confident in responding to Code White Incidents					60%	Code White drills performed	Initiate code white drills for all staff	Plan quarterly code white drills for all staff	Goal is to provide timely opportunities for staff to utilize Code White training in practice environment. Increase staff participation in quarterly code white drills by 60%	
		Complete Human Resources documentation on each employee					80%	HR File Audit review-applicable requirements on file and complete	Monitor and audit HR documentation for all Health Centre employees	Review and adapt HR checklist. Develop schedule for HR audits. Ensure staff provided information regarding outstanding documentation.	Goal is to increase the completeness of HR Chart Audit by 80%	
		Credentialing					100%	All Health care Professionals have proof of credentials	Monitor and audit health professional credentialing documentation for all health professionals	Review and adapt health professional credentialing checklist. Develop schedule for credential audits. Ensure staff provided information	Goal is to maintain health professional credentialing documentation at 100%	

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		Improve and maintain rate of Lab Reconciliation					Establish baseline	Ratio of Laboratory request to laboratory results received	Expand lab reconciliation process to include external lab requisitions.	Ensure all clinicians forward all lab requisitions (both internal and external) to Lab Tech. Quarterly, Lab Tech Reconciles lab requisitions given to lab results received	Goal is to establish baseline of internal/external lab reconciliation	
Effectiveness	Maintain organizational financial health	No Budget Deficit					0%	Financial Statements				
	Be an employer of choice	Improve and maintain staff satisfaction in areas below 75%					75%	Employee engagement survey: salary competitiveness				
Equity	Using evidence, if populations who experience significant unintended health impacts (positive or negative) as a result of planned policies, programs or initiatives	To be determined as part of project being undertaken by all CHCs in the HNH B LHIN. Together, the CHCs will identify a parsimonious set of indicators to demonstrate whether equity is being achieved in selected programs. Data will be analyzed to assess inequities. (Data will be stratified by group, possibly including, but not limited to disability, aboriginals, age, homeless, ethno-racial, rural-urban and sexual orientation).					Establish Baseline	To be determined	Select small set of indicators, produce data reports, analyze. Identify opportunities for improvement in servicing populations who may experience inequities.	100% of CHCs in the LHIN will participate in project by agreeing to share data, to work together to identify indicators and to analyze data. Centres will then collaborate on possible QI work to address identified inequities.	Data will be produced, analyzed and discussed among all CHCs.	This is a collaborative project that all CHCs in the HNH B LHIN are undertaking together. Support for this work will be provided by the Quality and Performance Coordinator.

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Efficient	Using evidence, identify whether CHCs are currently efficiently providing services	To be determined as part of a collaborative project being undertaken by HNNB LHIN CHCs to compare selected utilization indicators.					Establish Baseline	Benchmarks to be determined	Select small set of indicators from provincial indicator cascade. Produce data for all CHCs. Analyze for opportunities for improvement , both as a group and individually.	100% of CHCs will participate in project, share data and collaborate on identifying improvement opportunities	Data will be produced, analyzed and discussed among all CHCs.	This is a collaborative project that all CHCs in the HNNB LHIN are undertaking together. Support for this work will be provided by the Quality and Performance Coordinator.