

Theme I: Timely and Efficient Transitions

Measure Dimension: Efficient

Indicator #1	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 2022 - Mar 2023	30.60	50.00	This target was set prior to pandemic and would like to maintain at this stage. Aiming above Ontario CHC average of 40.1%, based on Alliance Practice Profile Report (2022).	

Change Ideas

Change Idea #1 Monitor workflow for all hospital discharges, regardless of condition - initiate Hospital Discharge Tracker in EMR.

Methods	Process measures	Target for process measure	Comments
Provider to upload discharge summary to chart, and notify Triage to then initiate Hospital Discharge Tracker in EMR and schedule follow-up with client. Triage to forward to pharmacist and other internal care providers where appropriate, based on reason for hospitalization. Use Hospital Discharge Tracker to monitor average time intervals between: date of hospital discharge > date of discharge notification receipt > first attempt to contact client > follow-up appointment.	Average # days between each time interval. % clients who were booked a follow-up appointment. % clients seen for follow-up within 0-7 days by PC provider. % clients seen for follow-up within 0-7 days by other CHC provider. % follow-up encounters with use of encode 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.

Measure **Dimension:** Timely

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of rostered clients able to see their primary care provider on the same day or next day, when they were sick or were concerned that they had a health problem.	C	% / PC organization population (surveyed sample)	In-house survey / Apr 2023 - Mar 2024	13.30	50.00	Provincial average for this indicator is 40.6% based on last available data (2019).	

Change Ideas

Change Idea #1 Monthly review of timely access to care - reviewing scheduling challenges and strategies, and Third Next Available (TNA).

Methods	Process measures	Target for process measure	Comments
Monitor weekly Third Next Available (TNA) appointments for all MDs and NPs using EMR scheduling data and review at monthly PC QI meetings.	% MDs and NPs with TNA (all days) below 7 days	75% of all MDs and NPs have TNA (all days) below 7 days	

Change Idea #2 Additional follow-up questions on client survey about appointment booking experience.

Methods	Process measures	Target for process measure	Comments
Identify appropriate follow-up questions to include in client survey.	# survey respondents	Additional insight gained from clients around appointment booking experience.	Patient-reported ability to get appointment on day wanted is also monitored (Alliance commonQIP)

Measure Dimension: Timely

Indicator #3	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 / Other	EMR/Chart Review / Apr 2023 - Mar 2024	87.00	250.00	Target originally set by HNHB LHIN, and is felt to remain an appropriate target. Performance last 3 years was impacted by pandemic.	

Change Ideas

Change Idea #1 Increase internal and external referrals from primary care to COPD program.

Methods	Process measures	Target for process measure	Comments
Develop marketing package and distribute to primary care practices and community services. Ocean eReferral Network to facilitate external referrals to program. Self-screening tool (30-sec lung health test) available to internal PC providers in EMR to support patient-centred referral process.	# marketing packages sent # referrals received - internal and external, provider type % of those referred in last 12 mos who enrol in program # self-screen tools completed, provider reports on perceived ease and benefit of use	Improved referral rates from internal and external primary care.	

Theme II: Service Excellence

Measure Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
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	P	% / PC organization population (surveyed sample)	In-house survey / April 2022 - March 2023	91.67	90.00	90% is felt to be an appropriate minimum target to continue to aim for.	

Change Ideas

Change Idea #1 Continue to obtain consent from clients to communicate via email.

Methods	Process measures	Target for process measure	Comments
Update consent form to be inclusive of all potential uses for email communication that client may choose to opt in to. Continue to encourage policy and process for obtaining consent from clients to communicate via email.	# active clients with email on file % who have email consent documented in EMR.	100% active clients with email on file who have consent documented in EMR.	Total Surveys Initiated: 135

Change Idea #2 Implement standardized process for case conferencing across our organization.

Methods	Process measures	Target for process measure	Comments
Develop case conference policy, including EMR documentation and care plan to provide to client/caregivers.	% case conference participants reporting to feel involved in their care planning.	90% case conference participants reporting to feel involved in their care planning.	

Measure **Dimension:** Patient-centred

Indicator #5	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 / Other	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 assessment of clients' needs.

Methods	Process measures	Target for process measure	Comments
Providers to review list of clients with chronic conditions, identify in EMR using "Palliative Care Early ID" flag. Invite external partner to provide staff education. Explore potential use of EMR toolbar. DNR policy and EMR documentation process developed and reviewed by QI committee.	# clients flagged as "Palliative Care Early ID". Method for identifying documentation of needs assessment in place. % clients with documented needs assessment.	Client registry built. Collecting baseline for % with documented needs assessment. All providers across departments trained on DNR policy and EMR documentation.	

Measure **Dimension:** Patient-centred

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of CHC clients who report feeling comfortable and welcome at the CHC.	C	% / Other	In-house survey / Apr 2023 - Mar 2024	88.10	90.00	90% is felt to be an appropriate minimum target to continue to aim for.	

Change Ideas

Change Idea #1 Identify client-centred definition of feeling "comfortable and welcome".

Methods	Process measures	Target for process measure	Comments
Follow-up question added to client experience survey. Identify themes and recommendations, and share findings with staff.	# survey respondents. Themes, recommendations shared with staff.		Improved understanding of what feeling "comfortable and welcome" means to our clients.

Theme III: Safe and Effective Care

Measure Dimension: Effective

Indicator #7	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	49.50	60.00	Continue strong focus on best practices and team-based approach to diabetes care. We have not yet achieved 60% target and will continue to work towards this.	

Change Ideas

Change Idea #1 Reach out to eligible clients to educate on benefits of screening for foot ulcers.

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, DEP and DFHP 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 Develop and pilot self-screening tool for clients.

Methods	Process measures	Target for process measure	Comments
Develop and pilot self-screening tool with eligible clients onsite, test validity and reliability comparing with foot screen results done same-day by health care provider. Further assessment arranged with DFHP and DEP team as needed.	# clients with self-screening tools completed. Performance of self-screening tool compared with screening done by health care provider.	Collecting baseline data.	

Measure Dimension: Effective

Indicator #8	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of rostered clients with diabetes aged 40+ with two or more HbA1c tests within last 12 months.	C	% / Other	EMR/Chart Review / Most recent 12-month period	43.01	50.00	Continue strong focus on best practices and team-based approach to diabetes care. We performed close to the 50% target in the earlier half of this year, and consider it to remain an appropriate target at this time.	

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 list of clients by provider who are due/overdue each quarter using EMR reporting tool and recall them for HbA1c testing. Utilize EMR reminder system. Identify clients with no HbA1c test in last 12 mos - confirm DM diagnosis and update CPP.	# clients identified with less than 2 HbA1c tests in last 12 mos. # clients identified with no HbA1c tests in last 12 mos.	At least 20% of clients identified in recall list are contacted within subsequent quarter to offer HbA1c testing.	

Measure Dimension: Effective

Indicator #9	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	33.27	50.00	Continue strong focus on best practices and team-based approach to diabetes care. 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
Quarterly review of performance. Utilize EMR reminder system.	% clients who were offered diabetic retinopathy screening. % clients who were referred for eye exam (ophthalmology/optometry) % clients with eye exam results received (ophthalmology/optometry)	50% clients with documented retinopathy screening being offered.	

Measure Dimension: Safe

Indicator #10	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.	P	% / Patients	CAPE, CIHI, OHIP, RPDB, NMS / 6 month period ending Mar 31, 2022	3.80	5.00	Continue to assess stability before lowering target, recognizing Ontario CHC average of 4.1%, based on Alliance Practice Profile Report (2022).	

Change Ideas

Change Idea #1 Facilitate access to naloxone kits and overdose education.

Methods	Process measures	Target for process measure	Comments
Providers to discuss availability of naloxone and prescribe with instructions for appropriate use - included in controlled substances contract. Utilize EMR search and reminder system to support maintenance of registry and contract renewals.	# primary care clients active in narcotics registry % clients seen by PC provider in last 12 mos % clients with naloxone prescriptions % clients with controlled substances contract up-to-date.	100% clients seen in last 12 mos with contract up-to-date.	Annual data source is Alliance Practice Profile. We track all clients (not just nonpalliative clients) in our registry.

Measure Dimension: Safe

Indicator #11	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of rostered clients with documented medication reconciliation in the last 12 months.	C	% / Other	EMR/Chart Review / Most recent 12-month period	39.50	50.00	Performance among rostered clients on 2+ medications is 54%. Will maintain 50% target for other subgroups who would benefit from medication reconciliation.	

Change Ideas

Change Idea #1 Conduct medication reconciliation for appropriate PC clients recently discharged from hospital.

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. % clients with polypharmacy (5+ meds) who had a pharmacist encounter.	Collecting baseline data for clients with hospital discharge in last 12 months and polypharmacy (5+ meds) who had a pharmacist encounter.	

Measure Dimension: Safe

Indicator #12	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of rostered clients aged 65+ who had or were offered a seasonal flu shot in the past year (at the CHC or recorded as done outside the CHC)	C	% / PC organization population aged 65 and older	EMR/Chart Review / Most recent 12-month period	37.35	45.00	Removed from MSAA as performance indicator for 2023-24 - maintaining previous target of 45% (corridor 36-54%).	

Change Ideas

Change Idea #1 Reach out to primary care clients eligible to receive flu vaccine to offer service.

Methods	Process measures	Target for process measure	Comments
Providers review their quarterly recall list and offer to eligible clients at next visit or flu clinic. Utilize EMR reminder system. Inquire about flu vaccination outside of primary care (e.g., pharmacy).	# clients who were offered flu vaccine. % who completed flu vaccine.	45% received or were offered flu vaccine.	

Measure Dimension: Safe

Indicator #13	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of rostered clients with diabetes who received inter-professional diabetes care in last 24 months.	C	% / Other	EMR/Chart Review / Most recent 12-month period	97.42	90.00	Based on 2023-24 MSAA target of 90% (corridor 72-100%).	

Change Ideas

Change Idea #1 Communication pathway development to support effective team-based care.

Methods	Process measures	Target for process measure	Comments
Develop consultation stamp for improved efficiency in communication and documentation. Review EMR resources, tools used across internal teams (PC, Pharm, DEP, DFHP) - remove any unused/old custom forms or stamps.	Identify consultation stamp requirements. Review EMR resources, tools, DM vitals toolbar.		Documentation indicates complete consultation process. EMR up-to-date with currently used resources, tools.

Equity

Measure Dimension: Equitable

Indicator #14	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of female rostered clients aged 25-69 who received or were offered a Pap test in the last 3 years (at the CHC or recorded as done outside the CHC).	C	% / PC organization population eligible for screening	EMR/Chart Review / Most recent 3 -year period	66.98	75.00	Based on 2023-24 MSA 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 lists of clients by provider who are due/overdue each quarter using EMR reporting tool and recall them for cervical 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 #15	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of rostered clients aged 50-74 who received or were offered a FIT in the last 2 years, other investigations (i.e., flexible sigmoidoscopy) within the last 10 years, or a colonoscopy within the last 10 years	C	% / PC organization population eligible for screening	EMR/Chart Review / Most recent 2 -year period	68.69	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 lists of clients by provider who are due/overdue each quarter using EMR reporting tool and recall them for colorectal 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 #16	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of female rostered clients aged 50-74 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	67.14	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 lists 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 #17	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of CHC clients, aged 13+ with an encounter in the last 12 months, with at least one of four socio-demographic data questions complete: racial/ethnic group, disability, gender identity, or sexual orientation.	C	% / Other	EMR/Chart Review / Most recent 12-month period	71.10	75.00	Alliance members have agreed upon the goal of achieving 75% data completion rate by 2024.	

Change Ideas

Change Idea #1 Phone call blitz during summer months.

Methods	Process measures	Target for process measure	Comments
Create list of existing clients with race/ethnicity = "Other" (migrated data). Summer student to support this opportunity to collect additional sociodemographic data and improve data quality.	# reports produced for review. % clients with complete sociodemographic data fields.	5-10% improvement in sociodemographic data collection rate by March 2024.	