

**2022/23 Quality Improvement Plan for Ontario Primary Care
"Improvement Targets and Initiatives"**

South Riverdale Community Health Centre

AIM		Measure									Change				
Issue	Quality dimension	Measure/Indicator	Type	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	External Collaborators	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments
M = Mandatory (all cells must be completed) P = Priority (complete ONLY the comments cell if you are not working on this indicator) A= Additional (do not select if you are not working on this indicator) C = Custom (add any other indicators you are working on)															
Theme I: Timely and Efficient Transitions	Efficient	Percentage of screen eligible female patients aged 23 to 69 years who had a Pap test within the previous three years.	A	% / PC organization population eligible for screening	EMR/Chart Review / Most recent 3 year period	91407*	80.30%	82%	Timely access to cancer screening leads to early identification of precancerous and cancer cells which leads to early treatment and better health outcomes.		1) Monitor results monthly 2) Collect socio-demographic data to facilitate stratification of cancer screening rates. 3) Explore targeted approaches to reach clients who have declined or not followed through with screening.	1) Continue to produce quarterly reports to identify clients due for screening 2) Follow up wit clients due for screening to offer/book PAP appointments. 3) Produce bi-annual reports to identify clients who have declined or not followed through with screening, stratified by racial/ethnic group and by income. 4) Develop targeted approaches to educate clients who have declined or not followed through with screening. Targeted approaches will have a health equity focus with the goal of increasing screening rates in client populations with the lowest screening rates.	Percentage of screen eligible clinical clients who have been offered a Pap test in the previous three years.	Target by March 31, 2023 is to offer cancer screening to 82%	
			A	% / PC organization population eligible for screening	EMR/Chart Review / Most recent 3 year period	91407*	71%	73%	Timely access to cancer screening leads to early identification of precancerous and cancer cells which leads to early treatment and better health outcomes.		1) Monitor results monthly 2) Collect socio-demographic data to facilitate stratification of cancer screening rates. 3) Explore targeted approaches to reach clients who have declined or not followed through with screening.	1) Continue to produce quarterly reports to identify clients due for screening 2) Look at strategies for educating and booking clients for mammograms. 3) Produce bi-annual reports to identify clients who have declined or not followed through with screening, stratified by racial/ethnic group and by income. 4)Develop targeted approaches to educate clients who have declined or not followed through with screening. Targeted approaches will have a health equity focus with the goal of increasing screening rates in client populations with the lowest screening rates.	Percentage of screen eligible clinical clients who have been offered a mammogram in the previous two years.	Target by March 31, 2023 is to offer cancer screening to 73%	
			A	% / PC organization population eligible for screening	EMR/Chart Review / Most recent 3 year period	91407*	71.00%	72%	Timely access to cancer screening leads to early identification of precancerous and cancer cells which leads to early treatment and better health outcomes.		1) Monitor results monthly 2) Collect socio-economics/demographic data to facilitate stratification of cancer screening rates. 3) Explore targeted approaches to reach clients who have declined or not followed through with screening.	1) Continue to produce quarterly reports to identify clients due for screening 2) Look at strategies to engage RNs and clinical assistants in educating and booking clients for FITs. 3) Produce bi-annual reports to identify clients who have declined or not followed through with screening, stratified by racial/ethnic group and by income. 4) Continue to involve clinical providers in targeted approaches to educate clients who have declined or not followed through with screening. Targeted approaches will have a health equity focus with the goal of increasing screening rates in client populations with the lowest screening rates.	Percentage 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	Target by March 31, 2023 is to offer cancer screening to 80% of eligible clinical clients.	
			C	% / PC organization population (surveyed sample)	In-house survey / January - December 2021	91407*	89.00%	89%	Timely access to a client's primary care provider leads to better health outcomes as it facilitates continuity of care and early intervention strategies hence lessening reliance on costly hospital and specialist visits.		Monitor results and compare with peers. Share Client Experience Survey results with staff, board and community	Client experience surveys administered regularly. Results shared with staff annually or more often if needed.	Percentage of clients completing Client Experience Survey who responded "yes" to the question about their ability to get an appointment on the date they wanted it.	Will collect client experience surveys for the equivalent of 5% of clients accessing clinical services	
			P	% / PC organization population (surveyed sample)	In-house survey / January - December 2021	91407*	84.00%	84%	Patient involvement in their health care improves health outcomes by helping ensure appropriate and timely services are accessed and patients are involved in monitoring their own care.		Monitor results and compare with peers. Share Client Experience Survey results with staff, board and community	Client experience surveys administered regularly. Results shared with staff, board and community.	Percentage of clients completing Client Experience Survey who responded "often" or "always" to survey question about involvement in decisions about their care.	Will collect client experience surveys for the equivalent of 5% of clients accessing clinical services	
Theme II: Service Excellence	Patient-centred	Percentage of clients who report feeling comfortable and welcome at the CHC	C	% / PC organization population (surveyed sample)	In-house survey / January - December 2021	91407*	98.00%	98%	Clients who feel welcome and comfortable at the CHC are more likely to access services in a timely manner which leads to better health outcomes.		Monitor results and compare with peers. Share Client Experience Survey results with staff, board and community	Client experience surveys administered regularly. Results shared with staff, board and community.	Percentage of clients completing Client Experience Survey who responded "yes" to the question asking if they feel welcome and comfortable at the CHC.	Will collect client experience surveys for the equivalent of 5% of clients accessing clinical services	

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Theme III: Safe and Effective Care	Effective														
	Safe	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 / March 31, 2021	91407*									
Equity	Equitable	Percentage of active individuals who had an encounter with the CHC within the most recent 1-year period and who responded to at least one of the following four socio-demographic data questions: racial/ethnic group, disability, gender identity, or sexual orientation	C	% / Clients	In house data collection / April 2021 - March 2022	91407*	64%	74%	By tracking socio-demographic data, populations that experience barriers to service can be identified and methods put in place to ensure better access which leads to better health outcomes and less burden on the health care system.		Join the Alliance for Healthy Communities Learning Collaborative and apply a QI lens to improving data collection processes. Also, update data collection form to align with Toronto Region's revised demographic questions	As part of QI Learning Collaborative begin to look at strategies to improve collection of data.	Percentage of clients who had updated sociodemographic information entered into their chart.	Target by March 31st, 2022 is to have updated sociodemographic information on at least 74% of clients who had an appointment in period between April 1 2022 and March 31st, 2023.	
		Percentage of recommended clients who received or were offered a Pap test in the most recent 3-year period, stratified by income and stratified by racial/ethnic group	C	% / Clients	EMR/Chart Review / Most recent 3 year period	91407*	collect baseline			Timely access to cervical cancer screening leads to early identification of precancerous and cancer cells which leads to early treatment and better health outcomes. Screening rates vary by income, race and ethnicity. These discrepancies can be addressed with targeted initiatives.		1) Monitor results monthly 2) Collect socio-demographic data to facilitate stratification of cancer screening rates. 3) Explore targeted approaches to reach clients who have declined or not followed through with screening.	1) Continue to produce quarterly reports to identify clients due for screening 2) Look at strategies for educating and booking clients for mammograms. 3) Produce bi-annual reports to identify clients who have declined or not followed through with screening, stratified by racial/ethnic group and by income. 4)Develop targeted approaches to educate clients who have declined or not followed through with screening. Targeted approaches will have a health equity focus with the goal of increasing screening rates in client populations with the lowest screening rates.	Percentage of screen eligible clinical clients who received or have been offered a Pap test in the previous three years.	Collecting baseline data