Theme I: Timely and Efficient Transitions

Measure   **Dimension:** Timely

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Client perception of timely access to care	C	% / Clients	In-house survey / April 2023-April 2024	68.92	85.00	Alliance Target Corridor 85-100%	

Change Ideas

Change Idea #1   Advance Access at each primary care site

Methods	Process measures	Target for process measure	Comments
Number of Advance Access visits will be report quarterly by Data Management.	Number of Advance Access visits per report period.	80% of Advance Access schedule will be booked.	Alliance indicator

Theme II: Service Excellence

Measure **Dimension:** Patient-centred

Indicator #2	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	91.20	100.00	Alliance Target Corridor is 90-100%	

Change Ideas

Change Idea #1 Report Client Experience Survey results by site at Staff meetings.

Methods	Process measures	Target for process measure	Comments
Report yearly Client Experience Survey by site.	Report yearly Client Experience Survey by site.	100% of the time Client Experience Survey by site per year is reported.	Total Surveys Initiated: 500

Measure   **Dimension:** Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Client feels comfortable and welcome at CHC	C	% / Clients	In-house survey / April 2023-April 2024	98.05	100.00	Alliance Target Corridor 90-100%	

Change Ideas

Change Idea #1   Report Client Experience Survey Results by site at Staff meetings.

Methods	Process measures	Target for process measure	Comments
Report yearly survey results by site	Report yearly survey by site yearly.	100% of the time survey by site is reported	Alliance indicator

Theme III: Safe and Effective Care

Measure   **Dimension:** Safe

Indicator #4	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	5.10	4.10	2022 CHC Practice Profile results.	

Change Ideas

Change Idea #1   Monitor Opioids dispensed per primary care provider.

Methods	Process measures	Target for process measure	Comments
Providers will review opioid dispensing reports yearly.	Number of sites that report review completed by providers.	100% of sites will have completed review.	Internal Telus Opioid Report per provider.

Equity

Measure   **Dimension:** Equitable

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Cervical cancer screening rate stratified by income and stratified by racial/ethnic group.	C	% / Clients	Other / Q1 and Q3	30.80	10.00	Alliance Target Corridor-Difference between highest and lowest group is <10% (this is the difference between the highest and lowest performing groups and not necessarily those with the highest and lowest incomes)	

Change Ideas

Change Idea #1   Report completion of stratified cervical cancer screening rates at staff meetings.

Methods	Process measures	Target for process measure	Comments
Report twice a year stratified cervical cancer screening rates by site twice per year.	100% of the time stratified cervical cancer screening rates data by site twice per year is reported.	Difference between highest and lowest group is <10%	Alliance indicator The percentage being reported represents the largest difference between the highest and lowest groups occurring in income level stratification

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Measure
Dimension: Equitable

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Completion of sociodemographic data collection	C	% / Clients	Other / Q1 and Q3	75.10	65.00	Alliance Target Corridor 65-100%	

Change Ideas

Change Idea #1   Report completion of sociodemographic data collection at staff meetings.

Methods	Process measures	Target for process measure	Comments
Report data twice a year by site.	Report twice a year sociodemographic data by site twice per year.	100% of the time sociodemographic data by site twice per year is reported.	Alliance target corridor is 65-100%. See Alliance exclusion/inclusion criteria.

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