Access and Flow

Measure - Dimension: Timely

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Number of new patients/clients/enrolments	O	Number / PC patients/clients rostered primary care clients	EMR/Chart Review / Most recent consecutive 12-month period	CB	CB	collecting baseline	

Change Ideas

Change Idea #1 Full panels for each primary care provider.

Methods	Process measures	Target for process measure	Comments
Quarterly panel size reports and Biannual QIP Reports will be monitored by the primary care teams.	weCHC % to target panel every quarter.	100%	Monitor quarterly panel size reports.

Measure - Dimension: Timely

Indicator #7	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	75.74	85.00	Alliance target corridor is 85-100%	

Change Ideas

Change Idea #1 Advance access at each primary care site.

Methods	Process measures	Target for process measure	Comments
Biannual QIP Report reviewed at site meetings.	# of same day & next day appointments per site per quarter.	Advance access rate- % of total appointments that are client-initiated same day or next day appointments	Biannual QIP Report

Equity

Measure - Dimension: Equitable

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Completion of sociodemographic data collection	O	% / Patients rostered clients age 13 years and older who have had an individual encounter with primary care within the most recent year	EMR/Chart Review / Most recent consecutive 12-month period	CB	65.00	Alliance target corridor is 65-100%	

Change Ideas

Change Idea #1 Report completion of sociodemographic data collection biannualy.

Methods	Process measures	Target for process measure	Comments
Receptionists to check at each visit that the demographic data is up-to-date.	Report twice a year sociodemographic data by site twice per year.	100% of the time sociodemographic data by site is reported twice per year.	Biannual QIP Report shared with staff at meetings.

Measure - Dimension: Equitable

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion and antiracism education.	C	% / Staff	In house data collection / Most recent consecutive 12-month period	CB	CB		

Change Ideas

Change Idea #1 Equity, diversity, inclusion and/or antiracism education

Methods	Process measures	Target for process measure	Comments
collected by Human Resources	Number of staff that demonstrate uptake of education documented biannual.	75% of staff will have completed an education session.	all staff

Measure - Dimension: Equitable

Indicator #3	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 / Q3	15.60	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
Biannual internal QIP Report	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

Experience

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	O	% / PC organization population (surveyed sample)	In-house survey / Most recent consecutive 12-month period	91.45	100.00	Alliance target corridor 90-100%	

Change Ideas

Change Idea #1 Report Client Experience Survey by site.

Methods	Process measures	Target for process measure	Comments
Share site results of Client Survey.	Report yearly Client Experience Survey by site.	100% of the time Client Experience Survey by site per year is reported.	Total Surveys Initiated: 468

Measure - Dimension: Patient-centred

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Do patients/clients feel comfortable and welcome at their primary care office?	O	% / PC organization population (surveyed sample)	In-house survey / Most recent consecutive 12-month period	97.48	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
Client Experience Survey	Report yearly survey by site.	100% of the time the survey is shared and discussed by site.	