## **Access and Flow**

## **Measure - Dimension: Timely**

Indicator #6	Туре	· ·	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Client perception of timely access to care	С	l '	In-house survey / Apr 23 - Mar 24	СВ		Last asked in 2018-19 and 76% responded "yes". Survey will determine % who answered yes to "The last time you were sick or were concerned you had a health problem, did you get an appointment on the date you wanted?" Alliance recommends target of 85%.	

## **Change Ideas**

Change Idea #1 Conduct client satisfaction survey to monitor performance on this indicator							
Methods	Process measures	Target for process measure	Comments				
Ensure consistent wording of question on client satisfaction survey	# of surveys completed	4% of client population complete surveys					

## **Equity**

## **Measure - Dimension: Equitable**

Indicator #1	Туре	•	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Completion of sociodemographic data collection.	С	· ·	Other / Apr 23 - Mar 24	64.60		All CHCs have committed to achieving 65% target province-wide. Exceed current provincial CHC performance of 48.4%.	

### **Change Ideas**

Change Idea #1 New clients will be asked to complete the socio-demographic questions when they register. Existing clients will be asked to validate their socio-demographic data if they have not done so within the past three years.

Methods	Process measures	Target for process measure	Comments
Challenges with data collection are addressed at ADMIN team meetings. Consistent data population in new EMR is focused on during training	# meetings held to discuss & reinforce importance of collecting demographic data	Addressed at monthly meetings	Data updated and reviewed quarterly by Senior Leadership Team and Decision Support Specialist

## **Measure - Dimension: Equitable**

Indicator #2	Туре	•	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of screening eligible patients up-to-date with cervical cancer screening (stratified by income and racial/ethnic demographic)	C	% / Other	Other / Apr 23 - Mar 24	12.00		The current difference stratified by income is 12% between the highest (68%) and lowest (56%) income groups. The Centre will continue to collect demographic information to improve the reliability of this indicator. Racial/ethnic demographic information is less variable in our rural setting.	

#### **Change Ideas**

Change Idea #1 New clients will be asked to complete the socio-demographic questions when they register. Existing clients will be asked to validate their socio-demographic data if they have not done so within the past three years.

Methods	Process measures	Target for process measure	Comments
Challenges with data collection are addressed at ADMIN team meetings - consistent data population in new EMR is focused on during training	# meetings held to discuss & reinforce importance of collecting demographic data	Addressed at monthly meetings	

## Change Idea #2 Clinical team continues to offer cervical cancer screening to all eligible clients

Methods	Process measures	Target for process measure	Comments
Decision Support Specialist generates	Number of clients identified	Number of clients contacted	
monthly report that identifies clients in			

reaches out to clients.

need of cervical screening. Clinical team

# **Experience**

### **Measure - Dimension: Patient-centred**

Indicator #3	Туре	•	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	Р	organization	In-house survey / April 2022 - March 2023	СВ		Was most recent result in 2018/19 survey (79% always, 14% often). Will collect new baseline data and see impact of COVID.	

### **Change Ideas**

Change Idea #1 Conduct client satisfaction survey to monitor performance on this indicator							
Methods	Process measures	Target for process measure	Comments				
Ensure consistent wording of question on client satisfaction survey	# of surveys completed	4% of client population complete surveys					

#### **Measure - Dimension: Patient-centred**

Indicator #4	Туре	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Client feels comfortable and welcome at CHC	С	% / Clients	In-house survey / Apr 23 - Mar 24	СВ		Client satisfaction survey has not been completed for a number of years. A similar question was last asked in 2017/18 (83% stated the space was comfortable). We are looking to re-establish a new baseline post COVID. % responding yes to "I always feel comfortable and welcome at West Elgin CHC?" and the Alliance recommends a target of 90%.	

## **Change Ideas**

Change Idea #1 Conduct client satisfaction survey to monitor performance on this indicator						
Methods	Process measures Target for process measure Comments					
Ensure consistent wording of question	# of surveys completed	4% of client population complete				

surveys

on client satisfaction survey

# Safety

### **Measure - Dimension: Safe**

Indicator #5	Туре	•	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.	Р		CAPE, CIHI, OHIP, RPDB, NMS / 6 month period ending Mar 31, 2022	4.30		Reviewing results post COVID. Continue to perform comparable to the provincial CHC average of 4.1%	

## **Change Ideas**

Change Idea #1	Monitor rate of new	opioid starts for sign	s of any fluctuation or increase
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Methods	Process measures	Target for process measure	Comments
Review Practice Profile Reports with Primary Care team in consultation with Quality Committee	# of times report reviewed - conclusions drawn from reviewing	Review each practice profile with Quality Committee and Primary Care Team within a 2 month window after release	1