

Issue		Quality dimension	Measure/Indicator	Type	Unit / Population	Source / Period	Organiz- ation id	Current performance	Target	Target justification	External Collaborators	Planned Improvement Initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments
Theme II: Timely and Efficient Transition	Timely	PRIMARY CARE	Percentage of clients who report that the last time they were sick or had a health problem, they got an appointment on the date they wanted.	P	% / PC organization population (surveyed sample)	In-house survey / April 2020 - March 2021	91505*	77%	80%	The VCHC will continue to collect information on the performance of 1-on-1 services received from physician/nurse practitioner		1) Triage clients' needs when they call in to book an appointment with the appropriate length of time needed. 2) If there is no availability, the Registered Practical Nurse (RPN) will triage the urgency of the appointment and discuss with the MD/NP as required and booking accommodations will be made as per the MD's or NP's direction. 3) Front desk staff to implement advanced access booking by ensuring 40% of providers' schedule is available for same day appointments. 4) Front desk & providers to remind clients regarding shared care model.	1. For clients wanting an appointment with the physician/nurse practitioner (MD/NP): Front desk staff to find out reason for visit and book the appointment with the appropriate length of time needed. 2. If there is no availability, the Registered Practical Nurse (RPN) will triage the urgency of the appointment and discuss with the MD/NP as required and booking accommodations will be made as per the MD's or NP's direction. 3) Front desk staff to implement advanced access booking by ensuring 40% of providers' schedule is available for same day appointments. 4) Front desk & providers to remind clients regarding shared care model.	For each quarter: 1. Track the total number of clients who responded to the question on the Client Experience Survey: "The last time you were sick or were concerned you had a health problem, did you get an appointment on the date you wanted?" 2. Track the number of clients who responded "yes" to the question and calculate the percentage. 3. Track the number of clients who responded "No" to the primary care service and the reason for the response; identify possible solutions to address those reasons. 4. Front desk staff to monitor schedules on a weekly basis to have spots available for advanced access booking.	For each quarter 1&2 Calculate percentage of clients who reported they got an appointment on the date they wanted. 3. Reasons for negative responses are clustered into themes and possible solutions to address those themes are identified and implemented, where feasible.	
			Percentage of clients who report that the last time they were sick or had a health problem, they got an appointment on the date they wanted.	P	% / PC organization population (surveyed sample)	In-house survey / April 2020 - March 2021	91505*	76.50%	80%	The VCHC will continue to collect information on the performance of 1-on-1 services received from certified diabetes educators (RN/RD) and Chiroprapist		1) Triage clients' needs when they call in to book 1-on-1 appointment with registered nurse (RN), registered dietitian (RD) or Chiroprapist	The RN/RD/Chiroprapist triages and prioritizes new referrals based on guidelines to provide timely access to clients.	For each quarter: 1. Track the total number of clients who responded to the question on the Client Experience Survey: "The last time you were sick or were concerned you had a health problem, did you get an appointment on the date you wanted?" 2. Track the number of clients who responded "yes" to the question and calculate the percentage. 3. Track the number of clients who responded "No" to Diabetes Education Program and the reason for the response; identify possible solutions to address those reasons. 4. On a weekly basis front desk to track/monitor if they are able to offer timely appointments based on triage guidelines.	For each quarter 1&2 Calculate percentage of clients who reported they got an appointment on the date they wanted. 3. Reasons for negative responses are clustered into themes and possible solutions to address those themes are identified and implemented, where feasible.	
			Percentage of clients who report that the last time they were sick or had a health problem, they got an appointment on the date they wanted.	P	% / PC organization population (surveyed sample)	In-house survey / April 2020 - March 2021	91505*	66.70%	70%	The VCHC will continue to collect information on the performance of 1-on-1 appointment received from Registered Respiratory Therapist (RRT) and Registered Kinesiologist (Rkin).		1) Triage clients' needs when they call in to book 1-on-1 appointment with RRT and Rkin	Front desk receives referrals and books clients based on confirmed COPD diagnosis or other (ie smoking cessation) to ensure timely access to services are provided.	For each quarter: 1. Track the total number of clients who responded to the question on the Client Experience Survey: "The last time you were sick or were concerned you had a health problem, did you get an appointment on the date you wanted?" 2. Track the number of clients who responded "yes" to the question and calculate the percentage. 3. Track the number of clients who responded "No" to Chronic Obstructive Pulmonary Disease Program and the reason for the response; identify possible solutions to address those reasons. 4. On a weekly basis front desk to track/monitor if they are able to offer timely appointments.	For each quarter 1&2 Calculate percentage of clients who reported they got an appointment on the date they wanted. 3. Reasons for negative responses are clustered into themes and possible solutions to address those themes are identified and implemented, where feasible.	
			Percentage of clients who report that the last time they were sick or had a health problem, they got an appointment on the date they wanted.	P	% / PC organization population (surveyed sample)	In-house survey / April 2020 - March 2021	91505*			The VCHC will continue to collect information on the performance of 1-on-1 appointment received from: Social Worker (SW), Registered Dietitian (RD), Physiotherapist and Chiroprapist		1) Triage clients' needs when they contact or connect with the VCHC to book an appointment with Allied Health Professionals	1. Allied Health Services: a) By June 2020, develop definition of timely access for allied health services in conjunction with allied health professionals b) By June 2020, create metrics to measure timely client access for all allied health services 2. Chiroprapist & RD: a) By June 2020, develop a booking criterion for clients accessing chiroprapy and nutrition services in order to ensure clients are obtaining timely access to services while meeting funder's targets b) By July 2020, book clients based on booking criteria for chiroprapy and nutrition services 3. Physiotherapy & SW: a) review the booking criterion for clients accessing physiotherapy and counselling services in order to ensure clients are obtaining timely access to services while meeting funder's targets. b) book clients based on booking criteria for Physiotherapy and Counselling services.	For each quarter: 1. Track the total number of clients who responded to the question on the Client Experience Survey: "The last time you were sick or were concerned you had a health problem, did you get an appointment on the date you wanted?" 2. Track the number of clients who responded "yes" to the question and calculate the percentage. 3. Track the number of clients who responded "No" to the Allied Health Service and the reason for the response; identify possible solutions to address those reasons. 4. Starting July 2020, on a monthly basis, front desk to monitor if clients are obtaining an appointment in a timely manner.	For each quarter 1&2 Calculate percentage of clients who reported they got an appointment on the date they wanted. 3. Reasons for negative responses are clustered into themes and possible solutions to address those themes are identified and implemented, where feasible.	
Theme II: Service Excellence	Patient- centred		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 2020 - March 2021	91505*	87%	93%	This target is challenging for the MDs/NPs to achieve while being able to provide timely access to primary care services. We are working towards achieving the target.		1) The physician/nurse practitioner actively engages the client during the visit.	1. Front desk staff ask clients the reason for the visit and schedule appropriate length of appointment time for each client. 2. The physician/nurse practitioner encourages clients to ask questions and ask what they want regarding their care and treatment.	1. For each quarter: 1. Track the number of Client Experience Surveys completed on a quarterly basis. 2. Track the number of clients who report feeling always/often involved in decisions about their care and treatment.	For each quarter: 1. At least 25 surveys are completed each month. 2. In each quarter, work towards having 93% of clients who report feeling always/often involved in decisions about their care and treatment.	
			Percentage of active individual clients 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	% / Active individuals, 13 years of age and older, who had an encounter with the CHC within the most recent 1-year period	EMR/BI/T / most recent 1-year period	91505*	76%	80%	For the fiscal year 2019/2020 an average of 76% of all 4 socio-demographic data questions was calculated based on data collected for: racial/ethnic group, disability, gender identity or sexual orientation. We are continuing with data clean up and have set target of 80% for all 4 socio-demographic data for this indicator.	1) The VCHC staff to ask clients to complete the socio-demographic data questions on the client registration form as fully as possible and enter the information accurately into the EMR.	1. Reception Team Lead to provide annual refresher training for staff who conducts new intakes. 2. The Data Management Coordinator (DMC) to pull monthly reports on socio-demographic data. 3. Supervisors to monitor their team members' performance on socio-demographic data collection and follow-up with staff for improvement, as required.	1. In Oct 2020, the annual refresher training for staff will be completed. 2. Monthly reports on socio-demographic data are reviewed by supervisors. 3. Supervisors follow-up with staff for improvement and provide further support/training to staff, as required.	For each month: socio-demographic reports are pulled, aim to have #4 socio-demographic data questions completed. Supervisors follow-up with staff, as required, within two weeks of receiving the monthly report and ensure corrective actions are taken by staff.		
Equity	Equitable		Percentage of recommended clients who received or were offered a cancer screening test ie PAP, stratified by income and racial/ethnic group.	C	% / ongoing primary care female clients aged 21-69 years, eligible for a pap smear, within the past 3 years.	EMR/BI/T / most recent 3-year period	91505*	8%	<10%	Target corridor recommended by the Alliance for Healthier Communities PAP stratified by income and racial/ethnic group: the difference between the group with highest % of PAP completed and the lowest % of PAP completed is 8%. The current performance for PAP stratified by income is inconclusive as we have a high number of clients who completed the PAP, however, they did not disclose their income levels. The VCHC will work towards meeting the target corridor		1) Offer a PAP test appointment to all eligible clients.	1. The Registered Practical Nurse reviews the recall list on a quarterly basis and identify clients who are due or overdue for PAP test. 2. The front desk staff calls eligible clients to book an appointment	For each quarter: 1. The DMC to pull a report on the number of clients who actually came in for the PAP test appointment (via EMR) stratified by income and racial ethnicity. 2. The RPN to identify clients who did not book an appointment/no show for PAP test appointment. 3. The RPN to track the number of times clients were called and to track the reason for not booking an appointment/ no show and educate clients on the importance of the PAP test.	For each quarter: 1. At least 100% of all eligible clients are called to offer an appointment for PAP test. 2. 3. Collect baseline and begin to identify opportunities for improvement.	
			Percentage of recommended clients who received or were offered a cancer screening test ie FIT, stratified by income and racial/ethnic group.	C	% / clients aged 50 to 74 who were offered or received a Fecal Occult Blood Test (FOBT) or Fecal Immunochemical Test (FIT) in the previous 2 years	EMR/BI/T / most recent 2-year period	91505*	CB	CB	This indicator is new and the VCHC is collecting baseline for FIT stratified by income and racial/ethnic group.	1) Offer a FIT test appointment to all eligible clients.	1. The Registered Practical Nurse reviews the recall list on a quarterly basis and identify clients who are due or overdue for FIT test. 2. The front desk staff calls eligible clients to book an appointment	For each quarter: 1. The DMC to pull a report on the number of clients who actually came in for the FIT test appointment (via EMR) stratified by income and racial ethnicity. 2. The RPN to identify clients who did not book an appointment/no show for FIT test appointment. 3. The RPN to track the number of times clients were called and to track the reason for not booking an appointment/ no show and educate clients on the importance of the FIT test.	For each quarter: 1. At least 100% of all eligible clients are called to offer an appointment for FIT test. 2. 3. Collect baseline and begin to identify opportunities for improvement.		
			Percentage of recommended clients who received or were offered a cancer screening test ie Mammogram, stratified by income and racial/ethnic group.	C	% / female clients, aged 50-74 years who received or were offered a mammogram in the previous two years.	EMR/BI/T / most recent 2-year period	91505*	CB	CB	This indicator is new and the VCHC is collecting baseline for FIT stratified by income and racial/ethnic group.	1) Offer a mammogram screening test appointment to all eligible clients.	1. The Registered Practical Nurse reviews the recall list on a quarterly basis and identify clients who are due or overdue for Mammogram screening test. 2. The front desk staff calls eligible clients to book an appointment	For each quarter: 1. The DMC to pull a report on the number of clients who actually came in for the Mammogram screening appointment (via EMR) stratified by income and racial ethnicity. 2. The RPN to identify clients who did not book an appointment/no show for Mammogram screening appointment. 3. The RPN to track the number of times clients were called and to track the reason for not booking an appointment/ no show and educate clients on the importance of the Mammogram screening.	For each quarter: 1. At least 100% of all eligible clients are called to offer an appointment for Mammogram screening. 2. 3. Collect baseline and begin to identify opportunities for improvement.		