Theme I: Timely and Efficient Transitions

Measure   **Dimension:** Timely

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% of ongoing primary care clients who indicate theycan get an appointment when they want one	C	% / Clients	In house data collection / 2023- 2024	86.00	90.00	With the restart of Open Access/ Advanced Access Scheduling in January 2023, we want to continue to improve this performance target.	

Change Ideas

Change Idea #1	1)Modify questions on our 2023-2024 client experience survey to learn more about client perceptions regarding the reasons stated if they didn't get an appointment when they wanted one.

Methods	Process measures	Target for process measure	Comments
Analysis of client experience (quarterly)results regarding client perceptions of why they didn't get an appointment when wanted	% of clients who got an appointment when they wanted one. Quarterly analysis of reasons they didn't get an appointment when wanted to determine trends/ patterns and any areas for change.	90% of survey respondents will indicate they got an appointment when wanted.	

Change Idea #2	Monitor and Sustain Open Access scheduling indicators including reduced revisit rate, optimal utilization of Triage RN role, Inter professional team utilization, Appointment capacity (3NA), no show and unused appointments.

Methods	Process measures	Target for process measure	Comments
Monitor 3NA , No Show and Unused Appts for PCP and Triage nurse. Share quarterly data report with staff teams. Implement No Show Policy and Process Standing Agenda Item at Team meetings for continuous improvement tracking	Track 3NA weekly and analyze monthly and quarterly for improvement trends. Track No Show rate for Primary Care Providers quarterly % of unused appointments for PCP and Triage Nurse. Scheduling Improvement Progress and Actions discussed at 75% of Meetings	3NA is 1 or less. No Show Appointments is reduced over the year. Set Target after baseline. Appointments are filled to 90% of capacity. Scheduling Improvements are reviewed at 75% of quarterly meetings. (3 meetings/ year)	

Change Idea #3 Increase reporting of appointment data to staff teams at quarterly meetings (3NA/ Unused Appointments, No Shows) and through posted run charts			
Methods	Process measures	Target for process measure	Comments
Utilize run charts to show progress with data.	Number of report created and shared with primary care team # of Run Charts posted	Create and share 4 reports with the team (quarterly)	

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	94.63	95.00	Maintain current standard, in spite of limited staffing resources	

Change Ideas

Change Idea #1   Utilization of Waiting Room Kiosks for client experience survey completion

Methods	Process measures	Target for process measure	Comments
Administer client experience survey post visits trialing the waiting room kiosk. Client education about the use of the self check in kiosk	% of client experience surveys completed compared with number of scheduled appointments each month.	50% of scheduled visit have a post visit survey	Total Surveys Initiated: 652

Change Idea #2   Increase Self Management Education and Messaging on Website, Social Media and Waiting Room monitor

Methods	Process measures	Target for process measure	Comments
Develop and client test 4 client education messages related to Self Management	% of clients who state that when they see their provider, they or someone else in the office involve them as much as they want to be in decisions about their care and treatment # of self management messages developed and posted	90% of client experience survey respondents state their provider involves them as much as they want to be in decisions about their care and treatment.	

Equity

Measure   **Dimension:** Equitable

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% of ongoing primary care clients over 12 years who have updated Socio Demographics in their EMR	C	% / Clients	EMR/Chart Review / April 2023- March 2024	53.00	75.00	participation in the Foundations of Equity Learning Collaborative with the Alliance for Healthier Community has increased both knowledge and QI learning in this area. Goal will be to build this into daily workflow for scheduled client appointments.	

Change Ideas

Change Idea #1   Build Socio Demographic Collection and Updating into Daily Work Flow.

Methods	Process measures	Target for process measure	Comments
Complete a Process Mapping Exercise in Collaboration with a QI coach from the Alliance Foundations of Equity Collaborative.	All ongoing Primary Care clients with a scheduled appointment will be assessed for updating of Socio Demographic information. Updating Socio Demographic information will be part of daily work flow for reception team.	100% of clients who have a scheduled appointment will be reviewed for updated Socio Demographic information and be provided information for updating.	

Change Idea #2   Development and delivery of a Communication Campaign to increase client awareness of the reasons for collection of SD information

Methods	Process measures	Target for process measure	Comments
Update client awareness resources for collection of Socio Demographics. Implement 4 Social Media messages for Facebook(quarterly) regarding collection of Sociodemographic information.	Number of messages created for client campaign.	Develop and Post 4 Communication Messages regarding socio demographic collection, Post on a quarterly schedule.	

Measure   **Dimension:** Equitable

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% of Primary Care clients who feel comfortable and welcome at CRCHC	C	% / Clients	In house data collection / 2023 2024	98.00	95.00	Current Performance is high, maintain this performance as a service standard.	

Change Ideas

Change Idea #1   Analyze reasons for client not feeling welcome and comfortable at CRCHC to determine trends in service delivery.

Methods	Process measures	Target for process measure	Comments
Quarterly analysis of client experience survey regarding reasons for not feeling welcome. Share client experience findings with CQI, staff and CCEC.	% of client experience survey respondents who feel comfortable and welcome at CRCHC. number of reasons why clients don't feel welcome or comfortable. Number of meetings that Client Experience Findings reviewed at CCEC, CQI and All Staff Meetings	96% of primary care client will feel comfortable and welcome. Analysis of trends and reasons for not feeling welcome will be shared at 3 meetings/year (1 all staff meetings, 1 CCEC, and CQI)	

Change Idea #2   Work with Client Community Engagement Committee (clients and community members) on this indicator to solicit additional input and explore opportunities for enhancing the welcome experience to CRCHC.

Methods	Process measures	Target for process measure	Comments
Gather input from CCEC regarding perspective/ client assessment options.	number of discussion held at CCEC regarding this indicator number of actions generated from the CCEC discussion	2 discussions 2 actions to monitor	