

2024/25 Quality Improvement Plan for Ontario Primary Care  
"Improvement Targets and Initiatives"

West Toronto Community Health Services (WTCHS) 1700 Bloor Street West, Toronto, ON, M6P 4E3

AIM	Measure	Current performance				Target		Target justification		External Collaborators		Planned improvement initiatives (Change Meas)		Methods		Process measures		Target for process measure		Comments
		Quality dimension	Measure/Indicator	Type	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	External Collaborators	Planned improvement initiatives (Change Meas)	Methods	Process measures	Target for process measure	Comments				
M = Mandatory (all cells must be completed) P = Priority (complete ONLY the comments cell if you are not working on this indicator) O = Optional (do not select if you are not working on this indicator) C = Custom (add any other indicators you are working on)																				
Access and Flow	Efficient	Percentage of prospective clients whose enquiries are responded to within two business days	O	Number of prospective clients calling First Point of Contact line or sending an email inquiring about care and access	Phone record report and list document for 2024/2025	91445*	New initiative *see comments	90%	Organization Target - The goal is to ensure timely responses to inquiries to prevent delay in accessing needed services, programs and support		Fully operational First Point of Contact position and website launch completed to allow full operation of role		# of incoming calls and % of calls responded to within 48 hours (2 business days) # and % of emails responded to within 48 (2 business days)	TBD * see comments	* New Initiative - current performance is not available as this is a new position/function for the organization. Targets to be determined.					
		Prospective clients report they were able to get access to the information, program and/or service they required in a streamlined way	O	Number of prospective clients calling First Point of Contact line or sending an email inquiring about information, programs and/or services	Experience survey	91445*	New initiative *see comments	90%	Organization Target - The goal is to ensure prospective clients have a single resource point to respond to inquiries and make connections to needed services, programs and support		Fully operational First Point of Contact position and website launch completed to allow full operation of role	Administrator Experience survey	# of incoming calls # and % of respondents report satisfaction with service and all inquiries needs met	TBD * see comments	* New Initiative - current performance is not available as this is a new position/function for the organization. Targets to be determined.					
		O	No. of hospitalizations/ER visits of MCC clients identified into themes and trends	all clients with hospitalization and/or ER visits	Azvacare for 2024/2025	91445*	New initiative *see comments		No numeric target assigned - identifying themes beyond falls that can inform proactive intervention		Tracking and analysis for trends with focus on using the data next year for development and implementation of prevention strategies	Analysis of monthly reports from Alaya care	No. of themes or trends generated that will help with proactive interventions	N/A	This is being considered as a Flow initiative as the purpose is to identify trends in hospitalization for clients so that proactive measures if any can be identified as a preventive strategy. The 2025/2026 QIP will be informed by what is identified through this current QIP initiative					
	Timely	Organizational Panel Size	O	This indicator calculates the current number of insured clients provided clinical services by the organization as a percentage of the total number of insured clients the organization is expected to serve, where the "expected" client count or full potential of the member organization assumes a fully staffed clinical team and the client complexity is factored into the count. (MSAA description)	EMR/Chart Review / Most recent consecutive 12-month period	91445*	85.1% (Q3 2023-2024)	90%	Organizational Target - The goal is to reach 100% through Q3 initiatives with incremental increases each year		Intake Coordinator orients new clients and expedites the connection of new clients with available providers. Monthly clinics are scheduled based on FTE and current performance to target.	Primary care team and intake Coordinator oriented to expected volumes, intake clinic model, monthly monitoring of clinic intake and quarterly monitoring of targets and attrition.	# new clients for the primary care team clinics (excluding intake clinic numbers based on individual provider's current panel size and FTE)	45 new clients a month assuming a net attrition of 14 clients per month *see comments	*Continuous monitoring of attrition rates for trends to inform planning and contingency considerations. Monitoring of Health Equity Data to identify who we are reaching. Intake includes client from MSAA. Targets might not be achieved some months due to MD retiring (2) and onboarding of new MD. Reporting to include all clients identified through intake clinics and those returning through recall.					
			O	Set up regular monthly flow of intake per FTE through intake clinic model.	Primary care team and intake Coordinator oriented to expected volumes, intake clinic model, monthly monitoring of clinic intake and quarterly monitoring of targets and attrition.	# intake clinics	10 clinics a month * see comments	*Target might not be met some months due to MD retiring (2) and onboarding of new MD.												
			O	Minimize client attrition (i.e. minimize clients not seen in 3 years, who then fall off the roster) by having a designated RN reach out to those clients for a wellness check (ask about cancer screening, flu vaccination, reminders of health exams, promote allied health programs, schedule provider visit if needed).	Every Quarter - a client list is generated of clients not seen in the last three years and contact is made/attempted within the quarter. RNs assigned scheduled time to complete this task. Appropriate next steps are actioned based on each circumstance.	# of clients on recall list, for wellness calls made by RN, # of clients returning due to recall efforts	Complete 3 wellness calls for each client, to complete contact and identified follow-up													
		O	client/client perception of timely access to care - percentage of clients/clients who report that the last time they were sick or had a health problem, they got an appointment on the date they wanted	In-house survey / Most recent consecutive 12-month period	91445*		This will not be on QIP as the performance on this indicator is good													
Equity	Equitable	Cervical Cancer Screening Rate (PAP tests)	O	Percentage of rostered female clients, aged 21-69, who received or were offered a Pap test in the previous three years either at the CHC or outside the CHC (MSAA definition)	Other / Other	91445*	82.6% (2023/24 Q3)	85%	Target established as part of 2022/23 MSAA and has not yet been achieved.		Pilot team pap appointments for cervical screening with providers	# of clients screened, due and declined (tracked through monthly reporting)	100% of clients due are contacted	Clinical Assistant sends email communication through OCEAN as a last resort for clients primary care team is unable to contact.						
			O	Pilot team based pap clinics to facilitate booking and increase number of bookings	# of clients booked in pap clinics	TBD * see comments	Pap clinics are in the development stage (finalizing directives, training staff, identify # of clinicians to pilot)													
		Colorectal Cancer Screening Rate	O	Percentage of rostered clients aged 50 to 74 who received or were offered a fecal occult blood test in the last 2 years.	Other / Other	91445*	76.6% (2023/24 Q3)	78%	Exceeded 2022/23 goal of 68%. Aim to reach 78% in 2024/2025		Cancer Screening reminders to clients using phone as the primary communication and the OCEAN email platform as the secondary modality, as needed.	Phone reminders determined to be most successful method - opportunity to screen for all, ensure appropriate documentation for MSAA performance tracking and to action all required follow-ups AND OCEAN platform as a follow-up to the phone contact, as needed.	# of clients screened, due and declined (tracked through monthly reporting)	Clinical Assistant sends email communication through OCEAN as a last resort for clients primary care team is unable to contact.						
			O	Active involvement of providers reviewing recall lists & determining next steps at appointments.	Regular review of recall list, screening at appointments AND ensure accurate MSAA documentation and tracking in PSS.	# of clients screened, due and declined (tracked through monthly reporting)														
		Breast Cancer Screening Rate	O	Percentage of rostered, female clients, aged 50-74 years who received or were offered a mammogram in the previous two years.	Other / Other	91445*	73.7% (2023/24 Q3)	80%	Close to achieving 2022/23 goal of 70% aim to reach 80% in 2024/2025		Cancer Screening reminders to clients using phone as the primary communication and the OCEAN email platform as the secondary modality.	Phone reminders determined to be most successful method - opportunity to screen for all, ensure appropriate documentation for MSAA performance tracking and to action all required follow-ups AND OCEAN platform as a follow-up to the phone contact, as needed.	# of clients screened, due and declined (tracked through monthly reporting)	Clinical Assistant sends email communication through OCEAN as a last resort for clients primary care team is unable to contact.						
			O	Active involvement of providers reviewing recall lists & determining next steps at appointments.	Regular review of recall list, screening at appointments AND ensure accurate MSAA documentation and tracking in PSS.	# of clients screened, due and declined (tracked through monthly reporting)														
		Influenza Vaccination Rates	O	Percentage of rostered clients aged 65+ who received or were offered a flu vaccination in the last 12 months	Other / Other	91445	42.1% (2023/24 Q3)	70%	Target established as part of 2022/23 MSAA and has not yet been achieved.		Provide client reminders to get their flu shot in clinics (e.g. waiting room TVs, flyers, providers do reminders during visits)	Reminder calls to clients (20+) to get flu vaccinations, & record if they have already received a flu vaccination elsewhere, during flu season for clients on recall list and concern screening list.	# of clients 65 and over who were attempted to be contacted.							
			O	Reminder letter through PSS regarding vaccine availability, clinic dates and opportunities for booking	Mass email through PSS based for all eligible clients	# of emails/letters sent out														
			O	Improve documentation by providers of the offer of flu vaccination to clients to ensure this is captured in the EMR	Regular reminders to providers															
			O	Full implementation of electronic systems/process to input and populate required data	form attached to appointment reminder	# of sociodemographic forms completed / total forms with completed sociodemographic data, for prioritized questions	*current performance to be determined through data inquiry once priority questions are identified/finalized													
			O	Orientation to staff about new process and update changes to current workflow																
		Experience	Client-centred	Do clients/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	91445*								This will not be in the QIP				
Percent of clients 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 in decisions about their care and treatment	O			% / PC organization population (surveyed sample)	In-house survey / Most recent consecutive 12-month period	91445*									This will not be in the QIP					
	O		Percentage of clients who are satisfied with the client complaints process in HCCSS	Complaint evaluation form executed in 2024/2025	91445*	New initiative *see comments	80%			Evaluation form developed in Q4 2023/2024, will be used for moderate/serious complaints. Results from the evaluations will be used to inform changes to complaints process	phone calls/mail out post resolution to complete evaluation form	Number of clients contacted regarding the evaluation of the client complaints process	90% / 1y for moderate/major complaints	The complaints process was refined in our last QIP based on client experience survey feedback. The next step is evaluating client experience with the complaints process						
	O		Percentage of OPOC surveys that were completed in MISA supportive Housing	%/Mental Health and Addictions Supportive Housing population	OPOC results in consecutive 12 month period	91445*	61% (Q3 of 2023-2024)	71%	2023-2024 is the first year of completing the survey. Our target is a 30% increase in completion rate	CAMH oversight body for OPOC	OPOC delivered to all high & medium support housing programs through specific methods	# of informational items created	100% of houses with information posted, # of informational items created and distributed							
Safety	Effective	Percent of patients who state that the Strong and Steady program helped them feel safer at home	O	%/Strong and Steady participants (surveyed sample)	Other / Other	91445*	91%	91%	Expanding sample size this year, and new staff delivering additional programs, therefore goal is to maintain current performance		Implement consistent evaluation of the client survey across both sites, Dundas and Steeles/Humber (currently evaluation only at SPH)	Work with team to ensure consistent approach across sites, modify survey tool to include both sites	Number of surveys completed by Strong and Steady participants	80 surveys across two sites	Health Equity data of Strong and Steady Clients will be monitored, to inform programming for next year to ensure that sub-populations that might not be accessing the program have equal opportunities to access the program					