Access and Flow

Measure - Dimension: Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Organizational Panel Size	C	% / Other	Other / Quarter	71.00	100.00	Current performance reflects a new SAMI value and the addition of MD/NP FTEs as a result of new Interprofessional Primary Care Team funding received. The target reflects the organization wanting to bring new FTEs up to a full client complement.	

Change Ideas

Change Idea #1 Attach current, unattached Mental Health & Addictions and HCCS clients to Primary Care

Methods	Process measures	Target for process measure	Comments
Outreach to these client populations	To be determined	To be determined	

Change Idea #2 Review & redesign intake process

Methods	Process measures	Target for process measure	Comments
- Identify rate of intake needed to achieve target - LEAN/QI assessment and improvement process - Identify resources needed to achieve targets - Maximize interprofessional team-based care	To be determined	To be determined	

Change Idea #3	Promote and hold "Intake days" to invite community members to come and register with CCH for Primary Care		
Methods	Process measures	Target for process measure	Comments
To be determined	To be determined	To be determined	

Change Idea #4	Develop and test a "quick, same-day" intake process for individuals who present in-person inquiring about access to Primary Care or Walk-In Clinic services		
Methods	Process measures	Target for process measure	Comments
To be determined	To be determined	To be determined	

Measure - Dimension: Efficient

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of rostered female clients, aged 25-69, who received or were offered a Pap test in the previous three years either at the CHC or outside the CHC (MSAA definition)	C	% / Other	Other / Quarter	82.00	85.00	Continue to maintain target until actual performance is sustained at or above target levels	

Change Ideas

Change Idea #1 Educate providers around accuracy in documentation & appropriate ways to document screening in the electronic medical record

Methods	Process measures	Target for process measure	Comments
To be determined	To be determined	To be determined	

Change Idea #2 Ensure dedicated time is scheduled for the nursing team to make screening calls & book cervical screening tests

Methods	Process measures	Target for process measure	Comments
To be determined	To be determined	To be determined	

Change Idea #3 Assess current cervical screening processes to identify any adjustments or improvements that may be needed as a result of changes in provincial cervical screening requirements & testing requirements/standards

Methods	Process measures	Target for process measure	Comments
To be determined	To be determined	To be determined	Identified areas for improvement from this assessment will become new improvement measures/initiatives added to the QIP Workplan during the course of the 2025/26 year.

Measure - Dimension: Efficient

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of rostered clients aged 50 to 74 who were offered or screened with a fecal based screening test or colonoscopy in the last 2 years.	C	% / Other	Other / Quarter	83.00	83.00	Increase target from 78% to 83% (current performance) to focus on maintaining existing performance levels	

Change Ideas

Change Idea #1 Educate providers around accuracy in documentation & appropriate ways to document screening in the electronic medical record

Methods	Process measures	Target for process measure	Comments
To be determined	To be determined	To be determined	

Change Idea #2 Ensure dedicated time is scheduled for the nursing team to make screening calls & book cervical screening tests

Methods	Process measures	Target for process measure	Comments
To be determined	To be determined	To be determined	

Measure - Dimension: Efficient

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of rostered, female clients, aged 40-74 years who received or were offered a mammogram in the previous two years.	C	% / Other	Other / Quarter	82.00	80.00	Keep target at 80% and focus efforts on maintaining performance at or above target	

Change Ideas

Change Idea #1 Educate providers around accuracy in documentation & appropriate ways to document screening in the electronic medical record

Methods	Process measures	Target for process measure	Comments
To be determined	To be determined	To be determined	

Change Idea #2 Ensure dedicated time is scheduled for the nursing team to make screening calls & book cervical screening tests

Methods	Process measures	Target for process measure	Comments
To be determined	To be determined	To be determined	

Measure - Dimension: Efficient

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of rostered clients aged 65+ who received or were offered a flu vaccination in the last 12 months	C	% / Other	Other / Quarter	38.00	70.00	Maintain target as actual performance remains below target	

Change Ideas

Change Idea #1 Start planning for flu vaccination clinics & outreach earlier in the fiscal year

Methods	Process measures	Target for process measure	Comments
To be determined	To be determined	To be determined	

Change Idea #2 Increase the number of flu vaccination clinics offered in the community

Methods	Process measures	Target for process measure	Comments
To be determined	To be determined	To be determined	

Experience

Measure - Dimension: Patient-centred

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of Mental Health & Addictions tenants/clients in High & Medium Supportive Housing completing the OPOC survey	C	% / Other	Other / Fiscal Year	64.00	71.00	The target was established in the 2024/25 QIP, based on increasing 2023/24 Q3 performance by 10 percentage points. This work will continue into 2025/26 and the target will remain the same to maintain continuity. Note, 177 tenants/clients approached, 109 completed surveys and 7 were not able to complete survey for other reasons.	

Change Ideas

Change Idea #1 Review the OPOC survey results from 2024/25 fiscal year to identify trends, compare our results to other similar agencies and identify areas for improvement.

Methods	Process measures	Target for process measure	Comments
To be determined	Percentage of Mental Health tenants/clients living in High & Medium Supportive Housing approached to complete the OPOC survey	Process measure target = 100%	Identified areas for improvement will become new improvement measures/initiatives added to the QIP Workplan during the course of the 2025/26 year.

Change Idea #2	Debrief on OPOC survey distribution and completion process to identify lessons learned, areas for improvement and make process changes as needed.		
Methods	Process measures	Target for process measure	Comments
To be determined	To be determined	To be determined	Identified process changes will become new Change Ideas added to the QIP Workplan during the course of the 2025/26 year.

Measure - Dimension: Patient-centred

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of Addictions Supportive Housing tenants/clients completing the OPOC survey	C	% / Other	Other / Fiscal Year	CB	60.00	The target has been set based on experience to date with the OPOC survey for Mental Health High & Medium Supportive Housing tenants/clients	

Change Ideas

Change Idea #1	Use the debrief on Mental Health High & Medium Supportive Housing OPOC survey distribution and completion process (see "Percentage of Mental Health & Addictions tenants/clients in High & Medium Supportive Housing completing the OPOC survey" indicator) to identify the process to use to implement the Addictions Supportive Housing OPOC survey.		
Methods	Process measures	Target for process measure	Comments
To be determined	Percentage of Addictions Supportive Housing tenants/clients approached to complete the OPOC survey	Process measure target = 100%	Identified process changes will become new Change Ideas added to the QIP Workplan during the course of the 2025/26 year.

Measure - Dimension: Patient-centred

Indicator #8	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of Case Management clients completing the OPOC survey	C	% / Other	Other / Fiscal Year	CB	60.00	The target has been set based on experience to date with the OPOC survey for Mental Health High & Medium Supportive Housing tenants/clients	

Change Ideas

Change Idea #1 Use the debrief on Mental Health High & Medium Supportive Housing OPOC survey distribution and completion process (see "Percentage of Mental Health & Addictions tenants/clients in High & Medium Supportive Housing completing the OPOC survey" indicator) to identify the process to use to implement the Case Management OPOC survey.

Methods	Process measures	Target for process measure	Comments
To be determined	Percentage of Case Management clients approached to complete the OPOC survey	Process measure target = 100%	Identified process changes will become new Change Ideas added to the QIP Workplan during the course of the 2025/26 year.