

Equity | Equitable | Custom Indicator

	Last Year		This Year	
Indicator #1	CB	36	36	--
Number of initiatives, events, advocacy opportunities, and meetings that address barriers that impact client health equity (housing, food, income, education, access)	Performance (2019/20)	Target (2019/20)	Performance (2020/21)	Target (2020/21)

Change Idea #1

Tracking the number of clients who are accessing the food bank who have disclosed food security issues

Target for process measure

- Percentage of clients who have disclosed food security issues offered support and services

Lessons Learned

We are easily able to track numbers using the food bank, however more difficult with the conversations around food security

Change Idea #2

Improved completion of socio demographic data collection for active individual clients

Target for process measure

- 60% of clients SEEN in a fiscal year have the HE data collected

Lessons Learned

We redesigned our initial registration form, however clients express that they are not overly comfortable disclosing this type of information and many leave these areas blank

Theme I: Timely and Efficient Transitions | Timely | Priority Indicator

Indicator #6	Last Year		This Year	
	Percentage of patients and clients able to see a doctor or nurse practitioner on the same day or next day, when needed.	68.18 Performance (2019/20)	70 Target (2019/20)	87.14 Performance (2020/21)

Change Idea #1

Reduce demand for visits

Target for process measure

- Number of alternate care delivery visits recorded.

Lessons Learned

Our challenge has been around clients wanting to see the Provider more often than necessary as per Provider feedback. Appointments are routinely booked for "follow up" when they haven't been always necessary. We did work with our clinical and Provider schedules so that when a client is coming in, they are able to see multiple providers in same visit.

Change Idea #2

Increase the supply of visits to improve access

Target for process measure

- Number of same/next day appointments

Lessons Learned

We offer home visits from all team members if a client is unable to get to the Health Centre. Same day appointment blocks also available

Theme I: Timely and Efficient Transitions | Efficient | Priority Indicator

Indicator #8

Percentage of those hospital discharges (any condition) where timely (within 48 hours) notification was received, for which follow-up was done (by any mode, any clinician) within 7 days of discharge.

Last Year

CBPerformance
(2019/20)**80**Target
(2019/20)

This Year

100Performance
(2020/21)**--**Target
(2020/21)**Change Idea #1****Scheduling Follow-up Appointment before Discharge****Target for process measure**

- 60% of patients who may be at risk of readmission are scheduled for a follow up visit at the Health Centre before being discharged

Lessons Learned

Not always notified or aware of when a client is admitted to hospital. No way to reconcile the number of discharge summaries received to the actual number of discharges

Change Idea #2**Access Timely Information from Hospital Discharge****Target for process measure**

- 80% of patients who we have received a discharge summary for are followed up within 7 days

Lessons Learned

No lessons learned entered

Change Idea #3

Implement Connecting Ontario

Target for process measure

- 100% clinical team able to access

Lessons Learned

No lessons learned entered

Theme II: Service Excellence | Patient-centred | Priority Indicator

Indicator #2	Last Year		This Year	
	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	94.44 Performance (2019/20)	95 Target (2019/20)	91.18 Performance (2020/21)

Change Idea #1

Encourage Self-Management / Self-Care for people with chronic conditions.

Target for process measure

- 1. At least one client/caregiver program, education or resources provided monthly 2. At least 12 clients are being supported through the Health Links Philosophy

Lessons Learned

No lessons learned entered

Change Idea #2

Build Relationships and Trust.

Target for process measure

- 95% of clients will identify that they are always or often involved as much as they want in decisions about care and treatment

Lessons Learned

Key to this is being able to offer the patient a consistent provider. This poses challenges when working with pt and locum physicians

Theme II: Service Excellence | Patient-centred | Custom Indicator

	Last Year		This Year	
Indicator #3	CB	80	90	--
Percentage of clients who state always or often feel comfortable and welcome at the CHC	Performance (2019/20)	Target (2019/20)	Performance (2020/21)	Target (2020/21)

Change Idea #1

Increase sense of belonging and comfort at the CHC

Target for process measure

- 80% clients will state they always or often feel welcome and comfortable

Lessons Learned

An overwhelming majority of our clients state that they feel welcome at the Health Centre. A common comment in our surveys are that it is evident that Everyone Matters

	Last Year		This Year	
Indicator #4	CB	80	79	--
Percentage of clients who state always/often are able to get an appointment on date wanted	Performance (2019/20)	Target (2019/20)	Performance (2020/21)	Target (2020/21)

Change Idea #1

Clients feel they are able to get an appointment in a timely manner

Target for process measure

- 60 % clients will report often or always on satisfaction survey

Lessons Learned

Same day appointment slots are left in all provider schedules. The challenge with this question is that clients sometimes see their appointment as more urgent need then what is recommended by the Physician for the next follow up

Theme III: Safe and Effective Care | Safe | Priority Indicator**Indicator #5**

Percentage of non-palliative patients newly dispensed an opioid prescribed by any provider in the health care system within a 6-month reporting period.

Last Year

CBPerformance
(2019/20)**30**Target
(2019/20)

This Year

CBPerformance
(2020/21)**CB**Target
(2020/21)**Change Idea #1**

Increase physician awareness of the MyPractice Report

Target for process measure

- 100% of physicians will be aware of my practice reports

Lessons Learned

All of our Physicians and clinical team were given the practice report. This has resulted in more knowledge and recognition of opiod use within the Health Centre. The challenge is that My Practice Report is outdated when it is received. Not real time data

Change Idea #2

Pharmacist to collaborate with physicians on management of opioid treatment.

Target for process measure

- 60% of at risk high MEQ patients with non-cancer pain will be are tapered to a moderate to low MEQ by March 31, 2020.

Lessons Learned

Changeover in Pharmacists a couple times throughout year has been a challenge

Change Idea #3

Support providers to review client charts

Target for process measure

- 60% of clients newly dispensed opioids will be scheduled a follow up and review.

Lessons Learned

No lessons learned entered

Change Idea #4

Better understand our CHC's current breakdown of clients being prescribed opioids

Target for process measure

- 100% of clinicians have a better understanding of the current breakdown of clients being prescribed opioids

Lessons Learned

No lessons learned entered

Theme III: Safe and Effective Care | Effective | Custom Indicator

	Last Year		This Year	
Indicator #7				
Percentage of patients with diabetes, age 18 or over, who have had a diabetic foot ulcer risk assessment using a standard, validated tool within the past 12 months	CB	CB	NA	--
	Performance (2019/20)	Target (2019/20)	Performance (2020/21)	Target (2020/21)

Change Idea #1

Ensure standardized foot ulcer risk assessment is conducted regularly by all the relevant providers (foot care and primary care)

Target for process measure

- Improved screening for foot ulcers for targeted clients with diabetes

Lessons Learned

No lessons learned entered

Theme III: Safe and Effective Care | Effective | **Priority Indicator**

	Last Year		This Year	
Indicator #9	CB	90	1	--
Proportion of patients with a progressive, life-limiting illness who were identified to benefit from palliative care who subsequently have their palliative care needs assessed using a comprehensive and holistic assessment.	Performance (2019/20)	Target (2019/20)	Performance (2020/21)	Target (2020/21)

Change Idea #1

Identify gaps in palliative care and develop action items that will inform future annual work plans

Target for process measure

- 100% of palliative patients are offered the services they require.

Lessons Learned

Clinical team now involved in the CAPACITI program. We have identified a palliative care lead within the organization.