

Access and Flow

Measure - Dimension: Timely

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of screen eligible people who are up to date with cervical screening that is stratified by income and racial/ethnic group.	C	% / PC organization population eligible for screening	EMR/Chart Review / Q2 2025 (covering 42 months of participation for cytology (Pap) testing, and 66 months of participation for HPV testing up to September 2025)	CB	CB	Change in definition of the indicator by HQO which was adopted by the Alliance. Thus the need to collect baseline for the indicator.	

Change Ideas

Change Idea #1 Eligible patient pull from PS Suite and outreach to clients.

Methods	Process measures	Target for process measure	Comments
The Quality Improvement Team will be leading these change ideas. Change ideas will be deployed and monitored quarterly on the Small Test of Change (STOC) tracking template. The change process will be overseen by the Internal Quality improvement Technical Working Group, with accountability to the Board of Directors through the SWCHC Quality Committee.	Number of eligible clients notified of being due for cervical cancer screening.	90% of eligible clients notified of being due for cervical cancer screening.	

Change Idea #2 Implementing equity-focused outreach for cervical cancer screening

Methods	Process measures	Target for process measure	Comments
The Quality Improvement Team will be leading these change ideas. Change ideas will be deployed and monitored quarterly on the Small Test of Change (STOC) tracking template. The change process will be overseen by the Internal Quality improvement Technical Working Group, with accountability to the Board of Directors through the SWCHC Quality Committee.	Number of equity-focused outreach events implemented for cervical cancer screening	4 equity-focused outreach events implemented for cervical cancer screening	

Equity

Measure - Dimension: Equitable

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Self reported racial identity	C	% / Rostered and active clients, 13+ Rostered and active clients, 13+	EMR/Chart Review / Most recent 12 months period	52.30	57.00	Maintaining target from previous year	

Change Ideas

Change Idea #1 Staff engagement on the implementation of the Health Equity Questionnaire at patient registration or intake and upon visits.

Methods	Process measures	Target for process measure	Comments
The Quality Improvement Team will be leading these change ideas. Change ideas will be deployed and monitored quarterly on the Small Test of Change (STOC) tracking template. The change process will be overseen by the Internal Quality improvement Technical Working Group, with accountability to the Board of Directors through the SWCHC Quality Committee.	Percentage of relevant staff who have been engaged on collection of racial identity data.	95% of relevant staff have been engaged on collection of racial identity data.	

Change Idea #2 Routine monitoring and sharing of Data Completion Rates with Teams for action

Methods	Process measures	Target for process measure	Comments
The Quality Improvement Team will be leading these change ideas. Change ideas will be deployed and monitored quarterly on the Small Test of Change (STOC) tracking template. The change process will be overseen by the Internal Quality improvement Technical Working Group, with accountability to the Board of Directors through the SWCHC Quality Committee.	Number of line list of uncompleted racial identity shared with the team for action.	4 (quarterly) line list of uncompleted racial identity shared with the team for action.	

Measure - Dimension: Equitable

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Completion of Socio Demographic Data (SDD) Collection	C	% / Rostered and active clients, 13+ Rostered and active clients, 13+	EMR/Chart Review / Most recent 12 months period	57.41	75.00	At the June 2020 Annual General Meeting, members of the Alliance for Healthier Communities in Ontario unanimously passed a resolution setting an ambitious goal for all member organizations to achieve a 75% completion rate for sociodemographic.	

Change Ideas

Change Idea #1 Expand on the Health Equity Questionnaire for new and existing rostered clients by continuous staff engagement and guidance.

Methods	Process measures	Target for process measure	Comments
The Quality Improvement Team will be leading these change ideas. Change ideas will be deployed and monitored quarterly on the Small Test of Change (STOC) tracking template. The change process will be overseen by the Internal Quality improvement Technical Working Group, with accountability to the Board of Directors through the SWCHC Quality Committee.	Number of staff engagements on the implementation of the Health Equity Questionnaire.	4 (quarterly) staff engagements on the implementation of the Health Equity Questionnaire.	

Change Idea #2 Use of PS Suite Prompts and sharing of incomplete sociodemographic data list with team members to complete the data collection for rostered clients.

Methods	Process measures	Target for process measure	Comments
The Quality Improvement Team will be leading these change ideas. Change ideas will be deployed and monitored quarterly on the Small Test of Change (STOC) tracking template. The change process will be overseen by the Internal Quality improvement Technical Working Group, with accountability to the Board of Directors through the SWCHC Quality Committee.	Number of uncompleted sociodemographic data line list of rostered clients shared with team.	4 (quarterly) uncompleted sociodemographic data line list of rostered clients shared with team.	

Experience

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Do patients/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	87.40	90.00	Target was identified to promote measured and steady progress	

Change Ideas

Change Idea #1 Implement feedback from clients to close gaps identified from previous years client experience survey.

Methods	Process measures	Target for process measure	Comments
The Quality Improvement Team will be leading these change ideas. Change ideas will be deployed and monitored quarterly on the Small Test of Change (STOC) tracking template.	Number of previous years survey feedbacks implemented to make clients feel welcome and comfortable.	5 key survey feedbacks implemented to make make clients feel welcome and comfortable.	

Change Idea #2 Staff engagements on Culturally Safe and Person-Centered Care.

Methods	Process measures	Target for process measure	Comments
The Quality Improvement Team will be leading these change ideas. Change ideas will be deployed and monitored quarterly on the Small Test of Change (STOC) tracking template.	Number of staff engagement on culturally safe and person-centered care.	4 staff engagements on culturally safe and person-centered care.	