

PRIMARY CARE QUALITY IMPROVEMENT PLAN REPORTING 2018-2019

Quality Dimension	Objective	Measure/Indicator	Initiative	Method	Target	Q1	Q2	Q3	Q4
Equitable	Food Security	Percentage of all unique clients who have identified/disclosed food security as an issue	Identify food insecurities for our clients within the catchment area	Number of times EMR code is used will aid in yielding accurate results for this indicator.	80%	62.4%			
		Percentage of staff who identify having received training in the documentation of food insecurity	Clients who self-identify as having issues with food security will be provided information and options	Sampling size will be determined by the frequency of coding of food insecurity.	60%	53%			
		Percentage of clients accessing food in emergency food bank at Carlington	Clients who disclose issues of food security, they will be offered the services of the food bank and other avenues to secure food	Tracking these clients' use of Good Food Box &/or external food banks through NoD and <i>Link to Feed</i> portal	60%	50%			
		Number of clients who are given direct assistance securing food in the community	Review caseload for ACTT team who provide this function in their services	Quarterly review of clients in ACTT % is dependent on client need and goals		Food Accessibility 14 Support with Food banks 12			
Timely	Timely access to care/services	Percentage of all clients offered an advance access appointment for an urgent issue	Review "yes" responses to survey question	Amend question on client experience survey to " <i>The last time you were ill, were you given an appointment on the same day or next day (excluding weekends)?</i> "	60%	Question amended as of October 2018			
			Review "yes" responses to survey question	Determine if clients can easily obtain a same day/next day access	Percentage obtained from past question	48%			
			Analyse survey responses if answer is "No"	Ask if: (a) Specific provider unavailable;	Percentage obtained from past questions which are	Anecdotal responses revealed: 50%			

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				(b) no appointment available; (c) went elsewhere; (d) called on weekend; or, (e) other (specify)	not identical to suggested elements under methods recorded	of clients were able to see someone – usually NP. 50% did not see MD/NP due to illness or access schedule was already completely booked			
		Percentage of receptionists who know and adhere to booking procedure for advance access	Guidelines in Medical Administration Orientation manual are to be used	Supervisory reporting	90%	100%			
Timely	Timely access to care/services	Number of transgender clients registered at Carlington CHC	Decrease barriers for clients to identify as transgender on the registration form	Data will be captured internally via the EMR and aggregated quarterly.	Growth Baseline: 9	1 (total now 10)			
		Number of clinicians who broaden their knowledge with prof. development related to trans healthcare.	Increase provider knowledge regarding hormone therapies, surgical referrals, and options for diversity.	Ensure all PCPs are equipped and comfortable in caring for the transgender population. Track continuing medical education hours completed by clinicians	6-8 hours of training within fiscal year	7 clinicians each completed 7-hr day training			
		Percentage of clients registered as transgender, receiving service at CCHC within 3 months.	Decrease wait times for access to care for the transgender population	Compile number of referrals or new registration of clients who identify as transgender who were able to access service within 3 months.	60% Establishing baseline	100%			