PRIMARY CARE QUALITY IMPROVEMENT PLAN FINAL REPORT: EAST END COMMUNTY HEALTH CENTRE 2016-2017

AIM	Measure				
Quality Dimension Issue	Measure/Indicator	2016-17 Target	2016-17 Performance		
Efficient					
Improve communication with specialists	Install ONE Mail to allow clinicians to share confidential client information with other clinicians, such as specialists.	СВ	N/A		
	Effective				
Cervical cancer screening	Percentage of women aged 21 to 69 who HAD a Papanicolaou (Pap) smear within the past three years.	N/A	N/A		
Cervical cancer screening	Percentage of female primary care clients between the ages of 21 and 69 who have RECEIVED or were OFFERED a Pap test in last 3 years (new LHIN specs)	85%	93%		
Breast cancer screening	Percentage of female primary care clients between the ages of 50 and 74 who RECEIVED or were OFFERED breast cancer screening in last 2 years (new LHIN Specs)	82%	91%		
Colon cancer screening	Percentage of patients aged 50-74 who have been OFFERED a fecal occult blood test within past two years, sigmoidoscopy or barium enema within five years, or a colonoscopy within the past 10 years (new LHIN specs)	84%	96%		
Colon cancer screening	Percentage of screen eligible patients aged 50 to 74 years who had a FOBT within the past two years, other investigations (i.e., flexible sigmoidoscopy) within the past 10 years or a colonoscopy within the past 10 years.	70%	NA		
Influenza rates	Percentage of people/patients who were OFFERED seasonal flu shot in the past year that are aged 65 and older.	СВ	82%		
Influenza rates	Percentage of people/patients who report having a seasonal flu shot in the past year that are aged 65 and older.	СВ	NA		
Diabetes	% of clinical clients with diabetes, aged 40 or over, who have had a foot exam within the past 12 months	СВ	51%		
Diabetes	Percentage of patients with diabetes, aged 40 or over, with two or more glycated hemoglobin (HbA1C) tests within the past 12 months	СВ	79%		
	Equity				
Social Demographic Information	Percentage of clients aged 21 to 69 who had a Papanicolaou (Pap) smear within the past three year, who report themselves as low-income.	СВ	NA		
Social Demographic Information	Percentage of clients who have responded to the socio-demographic form	СВ	84%		

Red = HQO Mandatory Indicator

Blue = Centre Identified Indicator

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Patient Experience					
Improve Patient Experience: Primary care providers spending enough time with patients	Percent of patients who responded positively to the question: "When you see your doctor or nurse practitioner, how often do they or someone else in the office spend enough time with you?"	95%	96%		
Improve Patient Experience: Patient involvement in decisions about care	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?	93%	96%		
Improve Patient Experience: Opportunity to ask questions	Percent of respondents who responded positively to the question: "When you see your doctor or nurse practitioner, how often do they or someone else in the office give you an opportunity to ask questions about recommended treatment?"	87%	91%		
Timely					
Improve timely access to primary care when needed	% of patients and clients able to see a doctor or nurse practitioner on the same day or next day, when needed	50%	44%		
Improve 7 day post hospital discharge follow-up rate for selected conditions	Percent of patients/clients who see their primary care provider within 7 days after discharge from hospital for selected conditions.	46%	46% (this is based on 2014)		

Red = HQO Mandatory Indicator Blue = Centre Identified Indicator Black = Centre-Specific Indicator