East End Community Health Centre 2022-23 Quality Improvement Plan

Measure/Indicator	Planned improvement initiatives (Change Ideas)	Methods	Current performance 2021-2022	Target 2022-2023
1. Percentage of screen eligible female patients aged 23 to 69 years who had a Pap test within the previous three years.	1) Monitor results monthly.	1) Continue to produce quarterly reports to identify clients due for screening.	71.90%	73%
	2) Collect socio-economics/demographic data to facilitate stratification of cancer screening rates.	2) Continue to involve administrative team in contacting clients due for screening to offer/book PAP appointments.		
	3) Explore targeted approaches to reach clients who have declined or not followed through with screening.	3) Produce bi-annual reports to identify clients who have declined or not followed through with screening, stratified by racial/ethnic group and by income.		
		4) Continue to involve clinical providers in targeted approaches to educate clients who have declined or not followed through with screening. Targeted approaches will have a health equity focus with the goal of increasing screening rates in client populations with the lowest screening rates.		
2. Percentage of screen eligible female patients aged 52 to 69 years who had a mammogram within the past two years.	1) Monitor results monthly.	1) Continue to produce quarterly reports to identify clients due for screening.	58%	59%
	2) Collect socio-economics/demographic data to facilitate stratification of cancer screening rates.	2) Continue to involve clinical assistants in educating and booking clients for mammograms.		
	3) Explore targeted approaches to reach clients who have declined or not followed through with screening.	3) Produce bi-annual reports to identify clients who have declined or not followed through with screening, stratified by racial/ethnic group and by income.		
		4) Continue to involve clinical providers in targeted approaches to educate clients who have declined or not followed through with screening. Targeted approaches will have a health equity focus with the goal of increasing screening rates in client populations with the lowest screening rates.		
3. Percentage of screen eligible patients aged 52 to 74 years who had a FOBT/FIT within the past two years, other investigations (i.e., flexible sigmoidoscopy) or colonoscopy within the past 10 years.	1) Monitor results monthly.	1) Continue to produce quarterly reports to identify clients due for screening.	62.90%	64%
	2) Collect socio-economics/demographic data to facilitate stratification of cancer screening rates.	2) Continue to involve clinical assistants in educating and booking clients for screening.		
	3) Explore targeted approaches to reach clients who have declined or not followed through with screening.	3) Produce bi-annual reports to identify clients who have declined or not followed through with screening, stratified by racial/ethnic group and by income.		
		4) Continue to involve clinical providers in targeted approaches to educate clients who have declined or not followed through with screening. Targeted approaches will have a health equity focus with the goal of increasing screening rates in client populations with the lowest screening rates.		
4. Percentage of clients who report that the last time they were sick or had a health problem, they got an appointment on the date they wanted.	Monitor results and compare with peers. Need to balance increasing panel size with timely access to care.	Client experience surveys administered regularly. As we expand panel size we will need to continue to monitor this closely. Results shared with staff annually or more often if indicator results drop.	76.90%	78%
5. 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.	Monitor results and share Client Experience Survey results with staff.	Client experience surveys administered regularly. Results shared with staff annually or more often if indicator results drop.	94.20%	95%

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Measure/Indicator	Planned improvement initiatives (Change Ideas)	Methods	Current performance 2021-2022	Target 2022-2023
6. Percentage of clients who report feeling comfortable and welcome at the CHC.	Monitor results and share Client Experience Survey results with staff.	Client experience surveys administered regularly. Results shared with staff annually or more often if indicator results drop.	93.80%	95%
7. Percentage of active individuals who had an encounter with the CHC within the most recent 1-year period and who responded to at least one of the following four socio-demographic data questions: racial/ethnic group, disability, gender identity, or sexual orientation.	Flag clients coming in for appointments that are due to have socio-demographic data updated every three years.	Continue to create lists of clients who don't have updated sociodemographic information. Clients with an upcoming appointment who are on the due list are flagged in appointment schedule. Receptionists asks client to complete the socio-demo form when they arrive for their appointment and requests support for client to complete form when needed. Office staff enter in completed socio-demo forms and identify any fields in the form that were not completed. These clients are flagged again in upcoming appointments.	85.91%	87%
8. Percentage of recommended clients who received or were offered a Pap test in the most recent 3-year period, stratified by income and stratified by racial/ethnic group.	1) Monitor results monthly.	1) Continue to utilizie CHC standardized way of analyzing this information in order to compare results and share strategies.	86%	86%
	2) Collect socio-economics/demographic data to facilitate stratification of cancer screening rates.	2) Continue to produce quarterly reports to identify clients due for screening.		
	3) Explore targeted approaches to reach clients who have declined or not followed through with screening.	3) Continue to involve administrative team in contacting clients due for screening to offer/book PAP appointments.		
		4) Produce bi-annual reports to identify clients who have declined or not followed through with screening, stratified by racial/ethnic group and by income.		
		5) Continue to involve clinical providers in targeted approaches to educate clients who have declined or not followed through with screening. Targeted approaches will have a health equity focus with the goal of increasing screening rates in client populations with the lowest screening rates.		