

East End Community Health Centre 2026-27 Quality Improvement Plan

Measure/Indicator	Planned improvement initiatives (Change Ideas)	Methods	Current performance	Target 2026-2027
Patient/client perception of timely access to care: percentage of patients/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 reducing wait list with timely access to care.	Client experience surveys administered quarterly. As we work to reduce the clinical wait list we will need to continue to monitor this closely. Results shared with staff annually or more often if indicator results drop.	84%	85%
Number of new patients/clients/enrolments	Monitor active patient roster, SAMI (complexity) score and attrition, and continue to onboard new clients.	Monitor client attrition and continue to prioritize clients with higher needs. We will work with partners in East Toronto to support hospital discharges for clients without primary care and work closely with our OHT to support the Central Intake process for Primary Care Action Team.	119	100
Percentage of screen-eligible people who are up to date with breast screening	1) Monitor results monthly.	1) Continue to utilize CHC standardized way of analyzing this information in order to compare results and share strategies.	64%	67%
Percentage of screen-eligible people who are up to date with cervical screening	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.	73%	75%
Percentage of screen-eligible people who are up to date with colorectal tests	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.	72%	75%
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		4) Produce 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.	Race - 6% Income - 10%	<10%
Completion of sociodemographic data collection	Flag clients coming in for appointments that are due to have socio-demographic data updated every two 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.	90%	95%
Percentage of staff who have completed relevant equity, diversity, inclusion, and anti-racism education	Identify appropriate training resources for all staff; opportunities for group activities.	There is a long-standing commitment to EIDAR in CHCs, and equity is one of our core values. We have been providing training and education for all staff, and will continue this year with a focus on anti-Black racism and indigenous training.	85%	85%
Do patients/clients feel comfortable and welcome at their primary care office?	Monitor results compare with peers. Share Client Experience Survey results with staff.	Client experience surveys administered regularly. Results shared with staff annually or more often if indicator results drop.	98%	98%