

**2023/24 Quality Improvement Plan for Ontario Primary Care  
"Improvement Targets and Initiatives"**

West Toronto Community Health Services (WTCHS) 1700 Bloor Street West, Toronto, ON, M6P4C3

AIM	Measure										Change								
Issue	Quality dimension	Measure/Indicator	Type	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	External Collaborators	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments				
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Theme I: Timely and Efficient Transitions	Efficient	Add other measure by clicking on "Add New Measure"	A	Other / Other	Other / Other	91445*													
	Timely	Organizational Panel Size	A	This indicator calculates the current number of insured clients provided clinical services by the organization as a percentage of the total number of insured clients the organization is expected to serve, where the "expected" client count or full potential of the member organization assumes a fully staffed clinical team and the client complexity is factored into the count. (MSAA description)		91445*	83% (2022/23 Q3)	90%	Organizational Target. (Exceeds MSAA performance standard of >66%)		Fully operationalize the new full time Intake Coordinator who will orient new clients and expedite the connection of new clients with available providers		# new clients for the primary care team	TBD					
											Reinstate regular new client intake clinics		# Intake clinics	TBD					
											Reinstate group intake sessions that were paused during the COVID-19 pandemic		# group intake sessions	TBD					
										Minimize patient attrition (i.e. minimize patients not seen in 3 years, who then fall off the roster) by having a designated RPN identify patients not seen in 3 years & reach out to those patients for a wellness check (ask about cancer screening, flu vaccination, reminders of health exams, promote allied health programs, schedule provider visit if needed)		# wellness check calls made by RPN	TBD						
Theme II: Service Excellence	Patient-centred	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	P	% / PC organization population (surveyed sample)	In-house survey / April 2022 - March 2023	91445*									The Primary Health Care services area has this question in it's annual survey. Current performance is 88.1%. There is no need for a specific QI initiative at this time. The question will remain in annual surveys and will be monitored.				
							Number of evictions from Housing Programs	C	# / Mental Health & Addictions Supporting Housing population	91445*	To be collected	TBD	TBD	Your Legal Services (provides supports to WTCHS during Eviction Process)	Create & implement agency-specific Tenant's Handbook for Housing Programs to outline tenants' rights and responsibilities, move-in procedures, evictions parameters & process, general maintenance responsibilities & other important tenant information	Complete custom Tenant's Handbook. Handbook review by legal counsel, Communications, WTCHS Leadership. Approval by WTCHS Leadership. Create stock of Handbooks for distribution to tenants. Distribute handbooks to tenants through High Support Tenant meetings (as early as 2023/24 Q1) and through Independent Living tenant 1:1 meetings over the next 6 months (2023/24 Q1 & Q2).	# tenants who have received the Handbook by the end of the 2023/24 fiscal year	100% of existing & new tenants receive handbook by the end of fiscal year 2023/24	
	Introduce review of Tenant's Handbook & additional education on content in Eviction Early Warning Meetings, providing an early opportunity for education for those at high risk of eviction	At High Support sites Early Warning meetings will include review of the Tenant's Handbook & other supportive interventions that the tenant may require. Methods for Independent Living Locations to be determined as there is additional complexity with these tenants	# Eviction Warning Meetings	Every Eviction Warning Meeting maintains the agenda item of Tenants Rights & Responsibilities as per the Tenant Handbook, where applicable	Will need to determine a way of pulling this information from existing systems														
% of Clients who would recommend						A	percentage / Home and Community Support Services clients completing a client experience survey	91445*	95.2% (2020-21 FY)	95.2%	The goal is maintain previous performance levels	Follow-up evaluation on effectiveness of standard complaints process implemented in 2022/23 (with clients)	Conduct a survey of clients who reported complaints	client satisfaction with complaint process & complaint resolution # complaints logged using the new Alayacare form					
	Analysis of client experience survey results conducted in 2022/23 & identify areas for improvement																		
					Improve communication mechanisms & timeliness between clients & staff around schedule changes (a previously identified improvement area from past experience surveys and complaints) - start with developing a standard operating procedure														
Theme III: Safe and Effective Care	Effective	Add other measure by clicking on "Add New Measure"	A	Other / Other		Other / Other	91445*												
					Safe											Percentage of non-palliative patients newly dispensed an opioid prescribed by any provider in the health care system.	P	% / Patients	CAPE, CHI, OHIP, RPDB, NMS / 6 month period ending Mar 31, 2022
	Number of clients who fall	C	number / clients receiving home support services	61 (2021/22 Fiscal Year)		10% decrease				Coaching of staff to improve documentation of falls in all community programs	Monitor adherence to & effectiveness of established falls protocol	# clients with follow-up after each fall # clients with referral to OT/PT							
Monitor adherence to & effectiveness of processes for incident reporting, root cause analysis																			
	Equity	Equitable	Cervical Cancer Screening Rate (PAP tests)	C		Percentage of rostered female clients, aged 21-69, who received or were offered a Pap test in the previous three years either at the CHC or outside the CHC (MSAA definition)	Other / Other	91445*	78.3% (2022/23 Q3)	85%	Target established as part of 2022/23 MSAA and has not yet been achieved.		Offer Nurse Practitioner-led pap clinics for cervical screening to see more patients and free up physician time	Offer clinics once per month with each Nurse Practitioner (4 NPs = 4 clinics per month), for an estimated 5 patients per clinic. Exclude July & August (summer holidays)			# pap clinics offered # patients seen per pap clinic	40 pap clinics by March 31, 2024 200 clients seen in pap clinics by March 31, 2024	
Rollout the delivery of Cancer Screening reminders to patients using the OCEAN email platform					Reminders are implemented. This activity is being monitored to assess impact. Refinements of language used in reminders will also occur during the year				# cancer screening reminders issued through OCEAN # cancer screenings completed following OCEAN reminders										
												Clean up electronic databases containing cancer screening related information to ensure accuracy of appointment times, reminder dates for next screening & other needed data elements important to issuing screening reminders & providing recall lists to providers (lists of patients requiring cancer screening)							
Automate the production/distribution of cancer screening reminder communications to patients and recall lists for providers																			
	Colorectal Cancer Screening Rate				C	Percentage of rostered clients aged 50 to 74 who received or were offered a fecal occult blood test in the last 2 years.	91445*	73.2% (2022/23 Q3)	78%	Currently exceeding 2022/23 goal of 68%. Aim to increase performance by 5% over current performance by end of 2023/24.		Rollout the delivery of Cancer Screening reminders to patients using the OCEAN email platform		# cancer screening reminders issued through OCEAN # cancer screenings completed following OCEAN reminders		Change ideas are the same as those for pap screening & breast cancer screening			
Clean up electronic databases containing cancer screening related information to ensure accuracy of appointment times, reminder dates for next screening & other needed data elements important to issuing screening reminders & providing recall lists to providers (lists of patients requiring cancer screening)																			
								Automate the production/distribution of cancer screening reminder communications to patients and recall lists for providers											
Breast Cancer Screening Rate	C	Percentage of rostered, female clients, aged 50-74 years who received or were offered a mammogram in the previous three years	91445*	75% (2022/23 Q3)	80%	Currently achieving 2022/23 goal of 75%. Aim to increase performance by 5% over current performance by end of 2023/24.						Rollout the delivery of Cancer Screening reminders to patients using the OCEAN email platform		# cancer screening reminders issued through OCEAN # cancer screenings completed following OCEAN reminders		Change ideas are the same as those for pap screening & colorectal cancer screening			

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				mammogram in the previous two years.					aim to increase performance by 5% over current performance by end of 2023/24.		Clean up electronic databases containing cancer screening related information to ensure accuracy of appointment times, reminder dates for next screening & other needed data elements important to issuing screening reminders & providing recall lists to providers (lists of patients requiring cancer screening)				
											Automate the production/distribution of cancer screening reminder communications to patients and recall lists for providers				
		Influenza Vaccination Rates	C	Percentage of rostered clients aged 65+ who received or were offered a flu vaccination in the last 12 months		91445*	38% (2022/23 Q3)	70%	Target established as part of 2022/23 MSAA and has not yet been achieved.		Provider patient reminders to get their flu shot in clinics (e.g. waiting room TVs, flyers, providers do reminders during visits)				
											Place reminder calls to patients 65+ to get flu vaccinations & record if they have already received a flu vaccination elsewhere				
											Improve documentation by providers of the offer of flu vaccination to patients to ensure this is captured in the EMR				

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