Access and Flow

Measure - Dimension: Timely

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
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	O	% / PC organization population (surveyed sample)	In-house survey / Most recent consecutive 12-month period	82.00	85.00	Given our success in surpassing 80% last year, we feel optimistic that we can continue to move forward with this goal and aim for 85%. This is a small but statistically significant achievement that can help our team implement measurable change goals and practices that are realistic and mindful of staff capacity.	South Georgian Bay OHT, Alliance for Healthier Communities

Change Ideas

Change Idea #1 Improve patient awareness of appointment availability and online-booking through a comprehensive one-year communication plan.

Methods	Process measures	Target for process measure	Comments
Client-specific email blast 2x a year promoting online-booking. One Monthly post via social media showcasing online-booking option.	Number of client emails collected every quarter.	April '25- Baseline 50% of client emails captured- develop plan July '25- Maintain 50% of client emails captured- implement plan October '25- 55% of client emails captured- monitor plan January '26- 60% of client emails captured- evaluate plan	Quarterly meetings between communication lead, clinical and admin teams, quality and leadership team will be integral to monitoring progress, capturing data and meeting the goal.

Measure - Dimension: Timely

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Increase the number of primary health care appointments that are being made on-line via our website to 10%	C	% / Clients	EMR/Chart Review / April to March	9.33	10.00	Similar to last year, we know from Ontario Health Infoway Analysis determined that over 90% of people would use on-line booking service if available. Given we didn't meet our target last year, we are motivated to continue to work towards our target and increase ease of booking for our clients to ensure timely access to care.	South Georgian Bay OHT

Change Ideas

Change Idea #1 Increase clients' comfort and certainty about the online booking process by creating simple, clear and informative pieces of information to bridge knowledge gap and increase self-efficacy.

Methods	Process measures	Target for process measure	Comments
1. Create an FAQ document that is promoted on the website homepage banner and also posted in the waiting room. 2. Create a short "how-to" video for website and social media demonstrating the process of online-booking. This video will also link to the FAQ document. 3. Promote both of these learning tools through the biannual client-specific email blasts throughout the year.	Open-rate for client-specific email blast and click-rate for each of the two knowledge tools shared via blast. Measure at 6 months and 9-12 months and compare to average open-rate for general community newsletter from the CHC.	25% of email readers click the FAQ document and also 25% of email readers watch the "how-to" video.	Our goal with these three strategies is to increase clients' awareness about online-booking, knowledge about each step, confidence and trust in the process and a greater belief in their capacity to do so.

Equity

Measure - Dimension: Equitable

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Completion of sociodemographic data collection	O	% / Patients	EMR/Chart Review / Most recent consecutive 12-month period	42.00	65.00	Collecting Health Equity data will allow our CHC to better understand the populations we serve and how health care access and utilization differ across various equity-seeking groups. While we made progress last year, we are still working towards the minimum target of 65% as identified by the Alliance for Healthier Communities.	Alliance for Healthier Communities, South Georgian Bay OHT

Change Ideas

Change Idea #1 Co-create a "Strive for Completion" process with the leadership team and reception staff to educate clients about the questionnaire, encourage completion of the digital or paper copy and increase the rate of completion.

Methods	Process measures	Target for process measure	Comments
1. Host three meetings to co-create the "Strive for Completion" process. a) The first meeting will be focused on: current practices at reception, successes, barriers, opportunities, understanding the importance of the data and staff led brainstorm of what the data can help the CHC change or implement. b) The second meeting will focus on the co-creation of the process the reception staff will use to support clients to complete the questionnaire, the tools needed to support this and what resources are needed to support their capacity. c) The third meeting will be focused on implementation and creating a monitoring plan and setting a check-in meeting 6 months later.	Q3- Review # of clients with completed questionnaires Q4- Review # of clients with completed questionnaires	Q3- 50% of clients have completed questionnaire Q4- 65% of clients have completed questionnaire	It became evident that there was a lack of understanding of current capacity at reception and there was an important opportunity to co-design a process that allowed staff to voice their experiences, insights, expertise and concerns. We hope this process will support better employee engagement, better customer service and improved completion rates.

Change Idea #2 Primary Care Providers encourage clients to complete the sociodemographic data questionnaire in reception at the end of the appointment.

Methods	Process measures	Target for process measure	Comments
Q1- Meetings - Propose this idea to primary care providers at first clinical meeting and explore perspectives, feelings, barriers and opportunities. - Develop implementation strategies and supports for providers at the second meeting. Q2- Tools and Resources - Based on feedback from providers, these may look like business cards with QR codes, posters in each office, reminder in clinic hallway, exploring the idea of having a volunteer support the process. - Implement tools and resources Q3- Measure and monitor implementation Feedback at first clinical meeting of the quarter	Q3- Review # of clients with completed questionnaires Q4- Review # of clients with completed questionnaires	Q3- 50% of clients have completed the questionnaire Q4- 65% of clients have completed the questionnaire	There is an opportunity to build on the trust established in the patient-provider relationship and have providers inform clients about the importance of sharing this information with the clinic.

Measure - Dimension: Equitable

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education	O	% / Staff	Local data collection / Most recent consecutive 12-month period	82.14	90.00	Given our current process and the number of staff who receive ongoing training related to equity, diversity, inclusion and anti-racism, we feel confident with this target. As we continue to build a more efficient system to monitoring training, we will be able to meet the new target.	South Georgian Bay OHT, Alliance for Healthier Communities, Ontario Health

Change Ideas

Change Idea #1	Commit resources (time, finances, support) to the newly established Workplace and Community Equity Committee (DEI Committee) to support the identification of new and relevant DEI education opportunities and the monitoring of training progress for all staff.		
Methods	Process measures	Target for process measure	Comments
1. At least six meetings are held with an established agenda, a secretary and regular updates brought back to all-staff meetings. 2. At least six updates are brought back to all-staff meetings and there is an opportunity for questions, respectful conversation and reflection. 3. Two new training opportunities (one virtual and one in-person) are identified and pursued for 2025/2026. 4. A monitoring system is created that captures details about each training and staff that have completed training. This considers baseline, onboarding education and yearly/ subsequent opportunities. 5. Work alongside the leadership team to ensure training and processes are in line with the new Cultural Safety indicators and standards from the Canadian Centre of Accreditation.	# of staff and executives that have completed relevant training.	Q3- 85% Q4- 90%	There is great momentum and enthusiasm for the work happening within the Workplace and Community Equity Committee. This is an opportunity to monitor, adapt and improve a system that was put into place last year as a result of our Equity Plan Development with Ontario Health and helps us continue to prioritize health equity.

Experience

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Do patients/clients feel comfortable and welcome at their primary care office?	O	% / PC organization population (surveyed sample)	In-house survey / Most recent consecutive 12-month period	97.00	98.00	This is in alignment with the Alliance for Healthier Communities' recommendations and encourages us to continue to take meaningful steps towards improved client experience.	South Georgian Bay OHT, Alliance for Healthier Communities

Change Ideas

Change Idea #1 Refresh office appearance and outwardly demonstrate our commitment to inclusivity while creating a welcoming environment.

Methods	Process measures	Target for process measure	Comments
1. Commission pieces from local and/or Indigenous artists and/or work with a local artist or sign-maker to create a welcome sign that is in multiple languages.	Client survey results for the question: “I always feel comfortable and welcome at [centre name]?”	97% of our clients feel comfortable and welcome at our CHC.	This is a change idea that was carried over from last year, is still ongoing, and will be led by the Workplace and Community Equity Committee.

Change Idea #2 Strive for an exceptional level of privacy and confidentiality in the reception area of our office to continue to build trust amongst clients.

Methods	Process measures	Target for process measure	Comments
1. Training for staff, such as "handling sensitive conversations" in Q2 or Q3. 2. Conduct an environment scan and assessment of the reception area and identify opportunities to improve privacy and confidentiality in Q3.	Client survey results for the question: "I always feel comfortable and welcome at [centre name]?"	97% of our clients feel comfortable and welcome at our CHC.	While privacy and confidentiality remain a critical component of our service, this change goal formalizes a plan to refresh and upgrade our knowledge, challenge us to reflect on our behaviours and implement new practices that provide a better experience for our clients.

Change Idea #3 Outwardly display that translation services are available to clients whose first language is not English.

Methods	Process measures	Target for process measure	Comments
1. Develop a poster that promotes translation services and what languages we can offer this service for. 2. Hold a brief all-staff update about these services and what the process looks like to access this service. Hold follow-up sessions as needed.	Client survey results for the question: "I always feel comfortable and welcome at [centre name]?"	97% of our clients feel comfortable and welcome at our CHC.	This is a service we have offered for many years, and we currently ask clients about their native language. Promoting the translation services may encourage clients to feel more comfortable and safe to ask for this service which can lead to better health outcomes.

Safety

Measure - Dimension: Safe

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Number of faxes sent per 1,000 rostered patients	O	Number of faxes / PC patients/clients	Other / Most recent quarter of data available (consecutive 3-month period)	CB	CB	This is not data we regularly collect, but we feel it will be insightful for our clinical and administrative staff as we continue to find more safe, streamlined, and efficient ways to deliver care.	

Change Ideas

Change Idea #1 Collect baseline data on the number of faxes sent per 1000 rostered patients and attempt to identify key recipients and groups who continue to use faxes as a core communication strategy.

Methods	Process measures	Target for process measure	Comments
1. Add an agenda item to the Q2 clinical rounds meeting to discuss general faxing with the clinical and reception staff. Understand challenges, patterns or changes in the last year. 2. Collect baseline data in Q4 and explore if further investigation into who or where faxes are primarily sent can be collected.	# of faxes sent per 1000 rostered patients	This change goal is focused on colleting baseline data.	Without previous data, this change goal will provide more insight into the administrative steps that our team takes to provide the best standard of care and opportunities to reduce risk.