

Theme I: Timely and Efficient Transitions

Dimension: Efficient

Measure

Indicator #1	Type	Unit	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of patients who have had a 7-day post hospital discharge follow up, by a community care provider for selected conditions- CHCs.	P	%	See Tech Specs / April 1 - Dec 31, 2018	35.00	35.10	Data for this indicator are collected by ICES and the range of the numbers are too wide over the years to set a target. For example, the score for this indicator was <=5 in 2016 (September 2017 Report), 50% in 2017 (March 2018 Report), D/S in 2018 (May 2019 Report), and 35% in 2019 (January 2020 Report). Therefore, we set the target 0.1% above the current performance of 35.0%.	Davenport-Perth Neighbourhood & CHC, Parkdale Queen West CHC, Regent Park CHC, Unison Health & Community Services, The Four Villages Community Health Centre

Change Ideas

Change Idea #1 1. We will examine the current design with partners with respect to improving communication and discharge planning systems. 2. The current "Advanced Access" (A2C) processes will continue for our primary care practice, which will facilitate appointments within the required period (i.e. within the 7 days). 3. Clients will be supported to self-identify to primary care providers when they have been in hospital.

Methods	Process measures	Target for process measure	Comments
1. Checking with relevant partners (e.g. hospitals) to understand the current design of the communication process and the required elements of the discharge information, and support hospitals when appropriate. 2. Continuing the current QI A2C process across the agency. 3. Work with CHC partners to develop an education/training piece for clients to notify their provider in a timely way, if they have had a hospital stay.	To be decided internally and with CHCs so there is consistency with how we measure the impact of the educational intervention.	TBD with partners.	

Measure

Indicator #2	Type	Unit	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of patients and clients able to see a doctor or nurse practitioner on the same day or next day, when needed.	P	%	In-house survey / April 2019 - March 2020	48.52	48.53	We set the target to align with our current accomplishment, and which is above the Ontario average of 40.40% in 2018 (Reference: Health Quality Ontario, Measuring Up 2019).	

Change Ideas

Change Idea #1 We are continuing to consider the score for the additional explanatory indicator ('Percentage of clients who got an appointment on the date they wanted') in developing the focus of our change idea for timely access. In addition, our commitment is to scale up the A2C/Advanced Access model to the OHTs and other regional partners, such as the West End Quality Improvement (WEQI).

Methods	Process measures	Target for process measure	Comments
We will encourage OHT partners to use consistent language for collecting data on the additional explanatory indicator.	Compared scores for additional explanatory indicator among partners.	Provide leadership around driving a uniform practice across OHT partners for collecting data for Timely Access, so data is comparable.	Total Surveys Initiated: 180 Our score for the Same/Next day indicator is improving, therefore, we will sustain and maintain with the current practices. Moreover, we will continue to collect data on the additional explanatory indicator.

Theme II: Service Excellence**Dimension:** Patient-centred**Measure**

Indicator #3	Type	Unit	Source / Period	Current Performance	Target	Target Justification	External Collaborators
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	%	In-house survey / April 2019 - March 2020	88.33	89.00	We are still doing well, and are working to sustain this success.	

Change Ideas

Change Idea #1 1. Continue with current effective practices that support client decision-making at the point of care.

Methods	Process measures	Target for process measure	Comments
1. Continue to share and promote effective patient-centered practices among Primary Care Team, with follow up feedback obtained directly from clients and community members. 2. Continue with participatory approach with Primary Care team leads for understanding and interpreting Client Experience Survey findings on this indicator.	1. Report-back to the teams and clients/community 2. CES volunteer training materials include discussion dedicated to collecting this indicator.	To continue to practice good provider-client interaction, for all client groups regardless of demographic attributes (i.e. cultural, linguistic, racial/ethnic, etc.).	Total Surveys Initiated: 180 We are doing well and will sustain this trend of success.

Theme III: Safe and Effective Care

Dimension: Safe

Measure

Indicator #4	Type	Unit	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of non-palliative patients newly dispensed an opioid prescribed by any provider in the health care system within a 6-month reporting period.	P	%	CAPE, CIHI, OHIP, RPDB, NMS / 6 month period ending Mar 31, 2019	4.40	4.30	Considering it as a new reporting indicator, we set our target to be consistent with the past two years.	

Change Ideas

Change Idea #1 We will continue monitoring our data for this indicator and inform our service providers accordingly.

Methods	Process measures	Target for process measure	Comments
1. Generate list of patients that have been newly dispensed an opioid prescription within the last six months (based on Appendix provided by HQO). Among those, identify who is non-palliative. 2. Clarify the nature of the opioid prescribing to clients of Access Alliance.	Process measures may includes one or more of the following: (i) Clarification of definitions of relevant terms and corresponding ENCODES; (ii) Clarification of the data pull process (including a tailored list of opioids for Access Alliance clients); (iii) List of ICD-10 categories of patients' clinical assessments, as they relate to opioid prescriptions; (iv) Proportion of internal prescriptions to external prescriptions; etc.	1. A clear, consistent process established to collect and report on this indicator. 2. A detailed understanding of our client population being prescribed opioids, how their needs are being met within their broader circle of care, of which Access Alliance is a part (as it aligns with existing evidence around quality standards and guidelines).	