Theme III: Safe and Effective Care

Measure

Dimension: Effective

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of ongoing primary care clients aged 50 to 74 who received a FIT test in the previous 2 years, or a flexible sigmoidoscopy within the last ten (10) years, or a colonoscopy in the last ten (10) years.	C	% / PC organization population eligible for screening	Local data collection / January 1 to December 31	CB	CB	The Community Health Centre (CHC) technical specification used until now for colorectal cancer screening rates includes tests that were 'offered' and 'done' in the numerator. The CHC Practice Profile and the Ontario Health Team cQIP count only tests 'done', which is the truer indicator of success. The 2022 CHC Practice Profile shows Unison has room for improvement on this indicator. We need to collect baseline using a custom indicator/local data as the CHC Practice Profile only measures insured clients and pulls from 5 data sources: OHIP, RPDB, OCR, DAD, SDS, not all of which may be captured in Unison local data.	West End Quality Improvement Collaboration (WEQIC), Davenport-Perth Neighbourhood & CHC, Parkdale Queen West CHC, Access Alliance Multicultural Health and Community Services, Regent Park CHC

Change Ideas

Change Idea #1 Bring together a QI team for cancer screening (CS)

Methods	Process measures	Target for process measure	Comments
Kick-off QI team meeting and follow-up meetings scheduled; attendance tracking at meetings; check-ins between site representatives and designated team lead	# of staff on the QI team; # of staff per site on the QI team; # of provider/staff types per site on the QI team; attendance data	At least 2 staff per site participate actively on the QI team, including one healthcare provider per site; QI team meets regularly	Support for this change idea will be provided through WEQIC Project Manager and WEQIC Planning Table; WEQIC is a collaboration of 5 Community Health Centres.

Change Idea #2 Finalize custom technical specification to be used for measurement using local data			
Methods	Process measures	Target for process measure	Comments
Custom technical specification is reviewed and approved by Unison QI CS Team	Custom technical specification can be used to calculate baseline and trends over time	Custom technical specification enables extraction of all clients who are eligible and for whom screening is up-to-date, declined and not up-to-date	Same as change idea # 1

Change Idea #3 Create a list of clients who are very overdue for colorectal cancer screening			
Methods	Process measures	Target for process measure	Comments
Criteria to pull a list from the EMR will be identified; task will be assigned to Decision Support Specialist to complete by Q2.	# and % of screen-eligible Unison clients who have been offered colorectal screening and are very overdue	Understand # and % Unison clients who are very overdue for colorectal cancer screening	Same as change idea # 1

Change Idea #4 Extract a list of clients who were offered colorectal cancer screening but declined the offer			
Methods	Process measures	Target for process measure	Comments
Criteria to pull a list from the EMR will be identified; task will be assigned to Decision Support Specialist to complete by Q2.	# and % of clients (by site and for Unison as a whole) who are screen-eligible and were offered an opportunity for colorectal cancer screening, but declined it	Understand # and % of clients who declined colorectal cancer screening	Same as change idea # 1

Change Idea #5 Stratify and analyze data (using 2022 local baseline data) for screen-eligible clients who have declined or are very overdue for colorectal cancer screening with respect to equity factors (income level, ethno-cultural group and health insurance status) both for sites and for Unison.			
Methods	Process measures	Target for process measure	Comments
Data extraction and presentation of findings to be assigned to Decision Support Specialist for completion and sharing with QI team in Q3 2023-24; better understand which populations are vulnerable to not being screened.	Findings/themes from qualitative analysis of identified barriers.	Better understand barriers to screening.	Same as change idea # 1.

Change Idea #6 Identify projects based on results of change idea # 5.

Methods	Process measures	Target for process measure	Comments
Identify a project, for the population identified above, to increase colorectal cancer screening rates. Unison CS QI team (and potentially each site) to identify a project by Q4 2023-24.	Findings/themes from qualitative analysis of identified barriers; # of project ideas identified	Determine one or more projects to address identified barriers	See change idea # 1

Measure

Dimension: Effective

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of eligible female ongoing primary care clients aged 25 -69 who received a Pap test in the previous three years	C	% / PC organization population eligible for screening	Local data collection / January 1 to December 31	CB	CB	The Community Health Centre (CHC) technical specification used until now for cervical cancer screening rates includes tests that were 'offered' and 'done' in the numerator. The CHC Practice Profile and the Ontario Health Team cQIP count only tests 'done', which is the truer indicator of success. The 2022 CHC Practice Profile shows Unison has room for improvement on this indicator. We need to collect baseline using a custom indicator/local data as the CHC Practice Profile only measures insured clients and pulls from 3 data sources: OHIP, RPDB, OCR, not all of which may be reflected in local Unison data.	West End Quality Improvement Collaboration (WEQIC), Davenport-Perth Neighbourhood & CHC, Parkdale Queen West CHC, Access Alliance Multicultural Health and Community Services, Regent Park CHC

Change Ideas

Change Idea #1 Bring together a QI team for cancer screening (CS)			
Methods	Process measures	Target for process measure	Comments
Kick-off QI team meeting and follow-up meetings scheduled; attendance tracking at meetings; check-ins between site representatives and designated team lead	# of staff on the QI team; # of staff per site on the QI team; # of provider/staff types per site on the QI team; meeting attendance data	At least 2 staff per site participate actively on the QI team, including one healthcare provider per site; QI team meets regularly	Support for this change idea will be provided through WEQIC Project Manager and WEQIC Planning Table; WEQIC is a collaboration of 5 Community Health Centres.

Change Idea #2 Finalize custom technical specification to be used for measurement using local data			
Methods	Process measures	Target for process measure	Comments
Custom technical specification is reviewed and approved by Unison QI CS Team	Custom technical specification can be used to calculate baseline and trends over time	Custom technical specification enables extraction of all clients who are eligible and for whom screening is up-to-date, declined and not up-to-date	Same as change idea # 1

Change Idea #3 Create a list of clients who are very overdue for cervical cancer screening			
Methods	Process measures	Target for process measure	Comments
Criteria to pull a list from the EMR will be identified; task will be assigned to Decision Support Specialist to complete by Q2	# and % of screen-eligible Unison clients who have been offered cervical cancer screening and are very overdue	Understand # and % Unison clients who are very overdue for cervical cancer screening	Same as change idea # 1

Change Idea #4 Extract a list of clients who were offered cervical cancer screening but declined the offer			
Methods	Process measures	Target for process measure	Comments
Criteria to pull a list from the EMR will be identified; task will be assigned to Decision Support Specialist to complete by Q2.	# and % of clients (by site and for Unison as a whole) who are screen-eligible and were offered an opportunity for cervical cancer screening, but declined it	Understand # and % of clients who declined cervical cancer screening	Same as change idea # 1

Change Idea #5	Stratify and analyze data (using 2022 local baseline data) for screen-eligible clients who have declined or are very overdue for cervical cancer screening with respect to equity factors (income level, ethno-cultural group, health insurance status) both for sites and for Unison.		
Methods	Process measures	Target for process measure	Comments
Data extraction and presentation of findings to be assigned to Decision Support Specialist for completion and sharing with QI team in Q3 2023-24; better understand which populations are vulnerable to not being screened.	Findings/themes from qualitative analysis of identified barriers	Better understand barriers to screening	Same as change idea # 1

Change Idea #6	Identify projects based on results of change idea # 5.		
Methods	Process measures	Target for process measure	Comments
Identify a project, for the population identified above, to increase cervical cancer screening rates. Unison CS QI team (and potentially each site) to identify a project by Q4 2023-24.	Findings/themes from qualitative analysis of identified barriers; # of project ideas identified.	Determine one or more projects to address identified barriers.	See change idea # 1.