

## Access and Flow

### Measure - Dimension: Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of clients with type 2 diabetes mellitus who are up to date with HbA1c (glycated hemoglobin) blood glucose monitoring	O	% / PC patients/clients  primary care clients with type 2 diabetes mellitus	EMR/Chart Review / Most recent consecutive 12-month period	CB	CB	Unison and other CHCs in WEQI will begin to work on this indicator in 2025-26. We will begin by extracting, comparing and analyzing our data.	Access Alliance Multicultural Health and Community Services, Davenport-Perth Neighbourhood & CHC, Parkdale Queen West CHC, Regent Park CHC

### Change Ideas

Change Idea #1 Bring together a QI project team with representation from across the 5 WEQI CHCs to review/compare baseline and identify a change idea

Methods	Process measures	Target for process measure	Comments
Unison project leads and participants (including client representatives) identified; WEQI project meeting(s) organized/held; Measurement plan developed; Baseline data extracted, reviewed, discussed, compared and analyzed; Single common change idea developed to test in each CHC; Plan created for ongoing WEQI coordination (to enable information sharing and discussion of learning)	Project meetings implemented; # of provider/staff types at Unison/per CHC/overall on the WEQI team; # of client representatives; Attendance data for WEQI A1C project meetings; Baseline data extracted, reported, shared and analyzed	Baseline for each participating CHC compared and discussed; At least 2 staff per CHC participate actively on the WEQI project team, including 1 healthcare provider per CHC; At least 1 Unison client participates in giving input to the project; WEQI team meets as appropriate	Support for this change idea will be provided through WEQI Project Manager and WEQI Planning Table; Unison has 5 sites offering primary care; and for this project with WEQI we will initially look at Unison-wide data, site specific data and provider-specific data.

**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)  Primary care clients who saw their family doctor or nurse practitioner within the last year	In-house survey / Most recent consecutive 12-month period	71.00	73.00	There has been improvement in client experience in this area when comparing performance ratings in 2024 to 2022. Even though evidence to date is inconclusive, ENCODE prompts, by nudging PC providers to refer clients and delegate, have the potential to save time. In 2025-26, the plan is to add prompts to ENCODEs related to social determinants of health to remind PC providers to refer to case coordinators.	

**Change Ideas**

Change Idea #1 Spread ENCODE prompts to encourage and remind PC providers to refer their clients to case coordinators that can intensify support to them with social determinants of health including immigration, income security, form filling, etc. (thereby potentially reducing the number of PC appointments needed/requested)

Methods	Process measures	Target for process measure	Comments
Implement PDSA using ENCODE prompts that encourage and remind PC providers to refer to case coordinators for relevant matters related to social determinants of health; Sustain ENCODE prompts for Diabetes Education Program (DEP) as well as Health and Wellbeing groups of Urban Health Team	# of referrals from primary health care providers to case coordinators before/after implementation of ENCODE prompt; # of referrals from PHC providers to DEP services and Urban Health groups	Referrals from primary health care providers to case coordinators are increased by 25% compared to before implementation of ENCODE prompt PDSA.	Although there is no guarantee that a client will accept a referral, we know from the literature that clients are more likely to accept a recommendation from their PCP. If there is an increase in referrals to the case coordinators, it doesn't necessarily mean that that increase can be solely attributed to the ENCODE PDSA but at least some of it could be assumed to be attributable to this change.

## Measure - Dimension: Timely

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
<p>Panel Size (as per "2023-24 MSAA Indicator Technical Specifications") as follows:            Numerator: Number of clients that have had an encounter with a Physician, Nurse Practitioner, Registered Nurse, Registered Practical Nurse, or Physician Assistant within the last 3 years AND have had an encounter with a Physician or Nurse Practitioner anytime. Denominator: Target Adjusted Panel Size for the member organization = 1137.5/ member organization specific Standardized ACG Morbidity Index (SAMI) x FTE primary care providers (Physicians + Nurse Practitioners).</p>	C	% / PC patients/clients  See Numerator specification under indicator. This is in place of suggested optional indicator "# of new clients/patients/enrolment".	Local data collection / April 1 to March 31	75.15	85.00	Target is from Ontario Health (reportable accountability indicators). Current performance is believed to be inaccurate as the 2023 SAMI is lower than in preceding years, which is attributed to the decline in overall health system service utilization during the pandemic. Unison also received IPCT funding to expand primary care services during 2024-25 and current performance reflects recruitment/hiring rate challenges.	Regent Park CHC, Davenport Perth, Parkdale Queen West CHC

## Change Ideas

Change Idea #1 Decrease attrition by recalling clients due to fall off panel because clients become inactive if they have not received any services in over 3 years.

Methods	Process measures	Target for process measure	Comments
Identify target populations, such as children, and/or service needs, such as immunization; Develop plans and scripts for outreach to target populations; Assign resources to implement plans and scripts; Monitor progress via existing MSAA recall lists	Number of clients for whom contact was attempted; number of clients contacted successfully; Number of clients successfully recalled for service; Number of clients that dropped off panel (despite recall efforts)	Increase panel size at BF site to 88% of target; increase panel size at OV size to 68% of target; maintain panel size at other sites since their performance exceeds 90%	Decreasing attrition will enable us to focus more on of our resources for new client intake on attaching unattached clients. Note: This change idea is not being done in collaboration with the other 3 WEQI CHCs listed.

## Change Idea #2 Decrease number of clients with missing OHIP card information for a more accurate SAMI score

Methods	Process measures	Target for process measure	Comments
Give a paper copy of what to do to get an OHIP card to relevant clients and a paper copy of what to do to renew an OHIP card to relevant clients; Explore supports that Service Ontario can provide to people with expired/missing OHIP card information; Better understand the population with missing information and expired cards: stratify the data and look for trends; Allocate resources to call clients with missing OHIP card numbers and expired cards; Clarify the impact of expired and incomplete OHIP numbers on SAMI score	# of paper copies distributed; # of supports from Service Ontario identified; # of clients accessing supports from Service Ontario; # clients for whom contact was attempted; # of clients successfully contacted; # of missing / expired OHIP card numbers per quarter; Degree to which collaborating CHCs understand the impact of expired and incomplete OHIP numbers and SAMI	Reduction in # of clients that cannot be included in SAMI calculation by 25% (from 3,404 to 2,545); Increased and mutual understanding of the impact of expired and missing OHIP numbers reported by collaborating CHCs	A more accurate SAMI score will lead to a more accurate measurement of the panel size indicator. Our hypothesis is that some of the complexity of our clientele is not factored into the SAMI due to the missing or expired OHIP card data. Note: This project is being implemented in collaboration with the 3 WEQI CHCs listed.

## Experience

### Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Thinking about the MAIN health care provider you spoke with during your most recent visit, how would you rate this person on the following: They treated you with dignity and respect?	C	% / PC organization population (surveyed sample)  Primary care clients who have just seen their family doctor or nurse practitioner in the past year	In house data collection / September to November 2026	85.00	90.00	Percentage improvement. Unison establishes 90% as the level of performance on the client experience survey where we move from a focus on improving to a focus on celebrating/recognizing and sustaining.	

### Change Ideas

Change Idea #1 Assess whether AI Scribe that is currently being tested by 9 Unison providers results in a better client experience in terms of this question.

Methods	Process measures	Target for process measure	Comments
Survey clients after appointments using AI Scribe and not using AI scribe; Prepare special client survey containing this question with an open-ended question asking clients to explain their rating and an optional invitation to leave contact information to enable in-person follow up; Enter and collate survey data; Summarize and analyze survey feedback	# of responses to special survey collected over 3 to 6-month period; Comparison of feedback from clients when provider used AI Scribe in their appointment vs. when provider did not use AI Scribe in their appointment	90% or more of surveys from clients whose provider used an AI Scribe during their appointment report that their doctor or nurse practitioner or treated them with dignity and respect.	This change idea is as much for learning as for meeting the target for process measure.

Change Idea #2 Identify appropriate educational opportunities focused on improving person-centred care and nurturing cultural humility for primary health care providers; Identify and prepare success/challenge stories from clients with very positive or very negative experiences to present to providers; Provide education session(s) and success/challenge stories to team(s).

Methods	Process measures	Target for process measure	Comments
Senior Director Community Health and Quality to search for educational opportunities and review options with Senior Director Primary Care; Senior Directors to work together to organize the education offerings; Senior Directors work with Clinical and Allied Site Managers on a plan to review key points from the education sessions after completion	# of success/challenge stories developed; # of appropriate educational opportunities identified; # of staff/managers attending education session(s); # of times education is reviewed and reinforced within team(s)	75% of primary health care providers at Unison attend education session(s); Representatives from all sites attend education session(s); Clinical and Allied Site Managers from most/all sites attend education session(s); Education is reviewed and reinforced at least quarterly within the team(s).	

## Safety

### Measure - Dimension: Safe

Indicator #3	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)	280.00	262.00	If 20 providers send 3 e-referrals per quarter by the end of 2025-26, that could result in up to 240 fewer e-faxes. This is a rough estimate because the increase in number of providers using e-referrals at least 3 times per quarter is expected to be gradual during the year, and also because a few providers already began sending about 3 e-referrals per quarter in 2024-25.	

### Change Ideas

Change Idea #1 Assess whether efforts to encourage and train providers to use e-Referrals more often results in a decrease in number of e-faxes being sent.

Methods	Process measures	Target for process measure	Comments
Schedule quarterly report from decision support; share data with relevant managers/teams	Quarterly report produced; # of e-faxes sent per quarter	Quarterly report shared with managers/teams; Observation of any trends in # of e-faxes sent per quarter	This is considered as a balancing measure related to the change idea to increase utilization of e-Referrals.



**Measure - Dimension: Safe**

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
eReferral: Percentage of clinicians within the primary care practice utilizing this provincial digital solution	O	% / Staff	Local data collection / Most recent information available	25.53	42.55	Percent improvement. The technical specification provided does not indicate what constitutes 'use'. We have used data from the Toronto Region eServices Team who have defined 'use' as users who have sent 3 or more eReferrals in the past 90 days (Jan. 2024 - Jan. 2025). The current performance is 12 of 47 providers. We aim to increase this to 20 providers by the end of 2025-26.	

**Change Ideas**

Change Idea #1 Enable providers to share among themselves and train providers to support and encourage them to increase utilization of e-Referrals

Methods	Process measures	Target for process measure	Comments
Put standing item on site team agendas for providers to share experience using eReferrals (already started); Share utilization data with Clinical and Allied Managers; Identify and promote training options; Managers to encourage sharing and book providers for training	# of sharing opportunities at team/site meetings; # of training options identified/promoted during Q1 2025-26; # of providers attending training during Q1, Q2 or Q3 of 2025-26; # / % of providers who have used e-Referrals at least 3 times in a quarter - trend over time	Increase # of Unison providers who have used e-Referrals at least 3 times in a quarter by 2 or 3 providers in each quarter during 2025-26	A limitation of Ocean e-Referrals currently is that not all specialists are set up to receive them; # of faxes sent per 1,000 clients will be used as a balancing measure to assess the extent to which increased use of e-Referrals reduces use of e-faxing.

Change Idea #2 Identify specialists who receive frequent referrals from Unison, who are not yet able to accept e-Referrals, and approach them to ask if they will adopt this.

Methods	Process measures	Target for process measure	Comments
Establish reporting specifications and responsibilities; Extract reports and analyze; Identify specialists who receive many Unison referrals and are not yet able to receive e-Referrals; Create communication plan for selected specialists; Communicate with prioritized specialists.	# of specialists identified who receive many Unison referrals and are not yet able to receive e-Referrals; # of specialists contacted by Unison to advocate for e-Referrals; # of specialists who adopt e-Referrals due to advocacy; # of e-Referrals sent to specialists who begin receiving e-Referrals in 2025-26	# of specialists contacted about implementing e-Referrals; Increase # of specialists to which Unison providers can make e-Referrals; increase # of e-Referrals sent by Unison providers; decrease # of faxes per 1,000 clients sent by Unison providers	We understand that specialists must pay a licence fee to be able to receive Ocean e-Referrals, so this may be an impediment to this change idea.