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	61.00	67.00	Some other CHCs in WEQI have rates above 70% and we aspire to get there. Our data shows that 92% of primary care clients with Type 2 DM already receive 1 A1c test per year, so we have a good foundation. We are setting a 10% improvement target.	

Change Ideas

Change Idea #1 Recall clients who are due for A1c testing.

Methods	Process measures	Target for process measure	Comments
Add clients due for A1cs to existing recall lists.	Rate: number of clients recalled for A1cs testing / number of clients overdue/due for A1cs testing in the quarter;	Establish baseline for process measure	

Change Idea #2 Include assessment of HbA1Cs in chart audit process (for annual audit, scheduled for fall 2026)

Methods	Process measures	Target for process measure	Comments
Add question about HbA1C completion to chart audit tool: examine if eligible clients completed A1c testing in last six months	Annual chart audit of all primary care MDs and NPs examines this question	All MDs and NPs understand their baseline performance and are encouraged to reflect on their practice individual and in team discussions	

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	P	% / PC organization population (surveyed sample) primary care clients at Bathurst-Finch site who have seen their family doctor or nurse practitioner in the past year	In-house survey / Most recent consecutive 12-month period	X	71.00	Current Performance from the Bathurst-Finch site, based on the 2024 client experience survey results (which was the most recent survey), was 65%. This has not been plugged into Current Performance here in order to suppress it in the progress report. In 2025-26, we worked on an organization-wide change idea and used organization-wide data.	

Change Ideas

Change Idea #1 Reduce wait times for clients to obtain an appointment with their MD or NPs at the Bathurst-Finch site

Methods	Process measures	Target for process measure	Comments
1- Brainstorm change ideas in team meeting; 2- Identify easiest change idea (s) to test and/or use analysis tools such as decision matrix to decide on best options to test; 3- Implement test(s) of change on selected items.	Monitor Third Next Available Appointment for each provider at the site.	Reduce average TNAA for the 4 (3.2 FTEs) MDs and NPs on the team from an average of 23 days per provider to an average of 15 days per provider	Ideally the average TNAA can be reduced below 15 days. For the coming year, however, this would be a good level of improvement compared to the starting point.

Measure - Dimension: Timely

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
# of clients who had their 1st MD/NP encounter ever within the reported month	C	Number / PC patients/clients Ongoing Primary Care Clients	Local data collection / 2024-25	79.00	167.00	Current Performance is from the 2024-25 fiscal year. For Q1-Q3 2025-26, we have already increased to an average of 183 clients per month. The Target is our forecast of our capacity for Q1-Q2 2026-27, based on the assumption that we will continue to be expansion phase with primary care. The Target may be revised in-year in 2026-27.	Access Alliance Multicultural Health and Community Services, Parkdale Queen West CHC, Regent Park CHC, Davenport-Perth Neighbourhood & CHC

Change Ideas

Change Idea #1 Increase awareness that primary care is open and accepting new clients

Methods	Process measures	Target for process measure	Comments
Increase and diversify communication channels stating that primary care is open to new clients (e.g., website updates, emails, community postings, internal referrals, workshops, outreach events)	1- Number of outreach activities completed per quarter (communications sent, workshops held, outreach events attended); 2- Number of referrals or inquiries generated from outreach activities (tracked via screening interview question: “How did you hear about us?”)	At least 3 outreach activities per quarter	There is some baseline data available from 2025-26 related to preliminary outreach and promotion efforts (that can be used for comparison)

Change Idea #2 Assess which promotion and outreach strategies are more successful			
Methods	Process measures	Target for process measure	Comments
Compare contact data from different sources/channels, with breakdown by eligible/ineligible contacts identified, and how contacts heard about us	# of contacts per channel (e-form, phone calls, etc.), themes in how PC contacts heard about us (information sources); 2- # of eligible PC contacts booked for intake; 3- # of ineligible contacts.	Increased understanding of effectiveness of different promotion and outreach strategies	1- Use information sources data from contacts to identify best outreach strategies; 2- Track referral channel in the EMR to link channels used by contacts to completed intakes and first visits.

Change Idea #3 Increase number of external organizations as referral partners			
Methods	Process measures	Target for process measure	Comments
Connect new Navigator (if funded) to YWP CC community cluster and engage them in YWP CC Referral Pathway Project Pilot to work with 5-7 organizations on strengthening referrals including those to PC; assign Navigator to support CAs in the area to strategize on locations to target	1- # of organizations/organization staff supported with referrals; 2- # of referrals assisted/made; 3- # of PC contacts identified; 4- # of eligible people booked for intake; 5- # of ineligible people;	1- Add 5-6 new referral partners; 2- complete at least 1 partner outreach or engagement activity per partner per quarter	Track referral source in the EMR to link partnerships to completed intakes and first visits; Collaboration with WEQI and YWP CC to support standardized referral pathways and reduce duplication

Equity

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 all full-time, part-time and relief/casual staff (excluding those on leave)	Local data collection / Most recent consecutive 12-month period	0.00	80.00	The goal is for all staff to receive training, but relief staff may not be able to participate. It may take more than one year for everyone in the organization to receive training. It should also be noted that the denominator (total number of staff may change during the year).	

Change Ideas

Change Idea #1 All primary care staff at Unison complete Cancer Campus Communication Skills Refresher Course (from PMH), including Unison's evaluation

Methods	Process measures	Target for process measure	Comments
Develop evaluation; track completion of training by individual staff; obtain / review feedback on training	1- # and % of providers who completed training; 2- # of responses to Unison's evaluation:	1- 80% or more of PC staff complete training; 2-learnings and recommendations are identified from Unison's evaluation	Evaluation from this training may be used to inform whether PC teams also do the HE/CH training and whether other teams would benefit from doing this Cancer Communication Skills Course.

Change Idea #2	All Unison staff including managers participate in equity/cultural humility training / demo that is suitable for that team; Unison staff participate in evaluating the training provided		
Methods	Process measures	Target for process measure	Comments
1- Provide Health Equity/Cultural Humility (HE/CH) session to the management team; 2-Decide with managers which teams will do the HE/CH training, and which teams will do a different training; 3- Plan training for teams; 4- Develop evaluation questions	1- # of managers at HE/CH session; # / % of teams that complete HE/CH training or alternative during the year; 2- # of staff at each HE/CH training or alternative session; 3- # of responses to Unison's evaluation	1- 80% of relevant managers and staff complete HE/CH training or alternative; 2- learnings and recommendations are identified from Unison's evaluation	The HE/CH training referenced has been developed by the Northwest Ontario Health Team and used a train-the-trainer approach to disseminate the training to each organization. Training in 2025-26 will be a refresher for some, as equity training was implemented about 10 years ago, and many providers received Sanyas training more recently.

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	P	Number of faxes / PC patients/clients Ongoing Primary Care Clients (OPCC)	/ Most recent quarter of data available (consecutive 3-month period)	350.00	345.00	This small reduction would require that 12 providers become consistent, frequent users of e-Referrals and reduce their e-faxes by 4 or more per quarter and assumes that some other providers use e-Referrals occasionally, resulting in a reduction of 60 e-faxes per quarter. Note that the number of providers sending e-faxes as well as the total OPCC (which is used for the denominator) will likely increase in 2026-27 due to primary care expansion.	

Change Ideas

Change Idea #1 Continue to schedule quarterly report from decision support; share data with relevant managers / teams

Methods	Process measures	Target for process measure	Comments
Quarterly report produced: # of e-faxes sent per quarter and number of e-faxes per 1,000 OPCC	Quarterly report shared with managers/teams; Observation of any trends in # of e-faxes sent per quarter	Number of e-faxes per 1,000 OPCC decreases over time	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	15.68	34.00	Current performance is based on an average of data from Q1-Q3 2025-26. Possibly for the reasons explained in the Progress Report, the number of users declined significantly after Q1 and was 0 in Q3. Workflow improvements and training took place in Q3 and Q4, so may not have shown yet in the data. The 34% target is a good stretch target for the coming year, as this means we will have sustained 12 regular users (12 users / 35 providers = 34%).	

Change Ideas

Change Idea #1	Increase awareness and understanding of how to correctly manage and reconcile e-referrals within the health record among both providers and Medical Secretaries responsible for scanning		
Methods	Process measures	Target for process measure	Comments
Review changes to External Referrals workflow with providers; Bring together a QI team with provider-representatives from each site and all MS responsible for scanning to work on reducing scanning errors	1- # and % of all MDs and NPs at Unison who receive training on changes to External Referrals workflow and their role in ensuring these are tracked accurately in the EMR; 2- # of times that e-referral-related matters are highlighted within the QI team	1- 95% of all MDs and NPs receive training on changes to External Referrals workflow; 2- e-referral-related matters are highlighted during a majority of QI meetings	A project called Scan Better, aimed at increasing standardization of scanning across Unison began in Feb. 2026. Since scanning supports reconciliation of e-Referrals, it is anticipated that the project may improve the e-Referrals process although this is not the main aim of the project.