

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 All primary care clients age 13 years and older	EMR/Chart Review / Most recent consecutive 12-month period	87.12	88.00	We already perform quite well so we want to maintain our performance while transitioning to the new questions.	

Change Ideas

Change Idea #1 With newly worded/new health equity questions, we need to update the information for all our active clients.

Methods	Process measures	Target for process measure	Comments
1. We are hiring two summer students to call, sit with and email clients to update their information. 2. The medical secretaries will provide the health equity questions to clients as they arrive for their appointment and ask them to update the information, which will then be entered into our EMR. 3. One of our Intake Workers will update the paper form for clients and all new clients will have their data gathered by the Intake Workers. 4. New clients of the mobile health clinic will be asked to provide limited data at their first appointment and the Intake Worker will follow up after the appointment to collect the rest of the data. 5. The new/updated questions will be reviewed with other relevant staff (e.g., counselling intake, health promoters who run groups) to ensure everyone understands the new questions and the reasons for collecting the data.	1. # staff trained in the new questions. 2. Completion of updated paper form. 3. New HE form added to the EMR.	1. 10 2. Completed by April 1, 2024 3. Completed by April 1, 2024	Our EMR vendor has mapped the new questions to the previous ones so that in this transition period, we don't lose the information we already have. As a result, we don't expect our performance to decrease, and hope that it will increase.

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 Full time and part time staff	Local data collection / Most recent consecutive 12-month period	91.11	93.00	All our current leadership team has received training. We are onboarding two new managers in the coming year who will need training. All existing full time and part time staff have received training as of the start of 2023 and most new staff were able to attend the training this year. Those that couldn't attend due to staffing shortages are slotted into training sessions for next fiscal. At any given time, we won't be at 100% of staff being trained, as new staff will be waiting for their training to take place. However, all of our full time and part time staff are expected to complete the training. Casual/relief staff are offered the opportunity to have training but are not required to complete it.	

Change Ideas

Change Idea #1 Adding trans training as part of our ARAO/EDI training curriculum.

Methods	Process measures	Target for process measure	Comments
1. Contact with a trainer/trainers. 2. Identify client-facing staff and possibly non-client facing staff for training. 3. Organize training sessions for existing staff and determine cadence for ongoing training of new staff.	1. Number of staff trained. 2. Staff survey on training effectiveness.	1. TBD 2. 85% of staff will report satisfaction with the training.	Given that one of our priority populations is the trans community, it is important for staff to be familiar with common issues facing the population, including dead-naming, appropriate use of pronouns, challenges with government-issued ID, etc. We have had feedback in our annual survey about some of these issues and hope that training might result in clients feeling more comfortable in the space.

Measure - Dimension: Equitable

Indicator #3	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 10 years, or a colonoscopy in the last 10 years.	C	% / Population Individuals eligible/due for colorectal cancer screening	In house data collection / April 1, 2024-March 31, 2025	40.00	45.00	While our current "ask" rate for colorectal cancer screening is 64%, our completion rate is lower at 40%. While we have been steadily increasing our ask rate in the last two years, a 5% increase would be a stretch target. Please note: this is a WEQI project and WEQI has set a 5% increase as our overall target for our CHCs combined. In keeping with this, PQWCHC has set a 5% target for improvement.	Access Alliance Multicultural Health and Community Services, Davenport-Perth Neighbourhood & CHC, Unison Health & Community Services, Regent Park CHC

Change Ideas

Change Idea #1 Develop a measurement plan that will aggregate colorectal cancer screening done rates for the 5 WEQI CHCs.

Methods	Process measures	Target for process measure	Comments
Create aggregate measures that are directly linked to colorectal cancer screening; create an operational definition for each measure; identify the data source and method of collection.	# of standardized data elements identified.	Create a consistent way of collecting and reporting on data.	Support for this change idea will be provided through WEQI Project Manager and WEQI Planning Table; WEQI is a collaboration of 5 CHCs. Parkdale Queen West has two sites offering primary care; for this project with the WEQI collaboration we will select 1 site to participate in 2024-25.

Change Idea #2 Stratify aggregated data of all 5 CHCS, by health equity variables.

Methods	Process measures	Target for process measure	Comments
Data extraction and presentation of findings to be assigned to Decision Support Specialists/Data Management Coordinators for each CHC for completion and sharing with WEQI in Q3 2024-25; 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 #3 Bring together a QI team with representation from across the 5 WEQI CHCs.

Methods	Process measures	Target for process measure	Comments
Project leads and participants identified from one PQWCHC site, with development of communication plan for PQW as a whole; kick-off WEQI team meeting scheduled; plan created for ongoing WEQI coordination to share information, strategize and discuss learnings.	Kick-off meeting implemented; # of provider/staff types at PQW/per CHC/overall on the WEQI team; attendance data at WEQI meetings.	At least 2 staff per CHC participate actively on the QI team, including 1 healthcare provider per CHC; QI team meets regularly.	Same as change idea #1.

Change Idea #4 Conduct three tests of change.

Methods	Process measures	Target for process measure	Comments
Share information with the WEQI team including 2023-24 data and PDSAs, best practices, etc.; by use of QI tools, processes and conversations, identify and write up 3 tests of change; assign 1 test of change to each WEQI CHC; implement PDSAs within QI teams at each CHC/site, implementing huddles as needed.	Three "great ideas" identified and written up as 3 PDSAs; each WEQI CHC implements 1 of 3 PDSAs; findings of PDSAs shared with WEQI team.	At least 1 of 3 great ideas tested results in improved colorectal cancer screening completion rates at CHC(s) where it is tried.	Same as change idea #1.

Change Idea #5 Scale up most successful change ideas.

Methods	Process measures	Target for process measure	Comments
Share experiences and learnings from PDSAs at WEQI table; spread most successful change idea(s) to one or more other CHCs.	# of completed tests of change deemed successful (and unsuccessful); # of meetings held for learning exchange about PDSAs; other CHCs in WEQI adopt successful change(s).	# and type of successful change idea(s) identified; # of other CHCs in WEQI that proceed to adapt/adopt successful change idea(s).	Same as change idea #1.