

# Key Information & FAQ: Common QIP Indicators for CHCs

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**Alliance for Healthier Communities**  
*Advancing Health Equity in Ontario*

# When and by whom were the Common QIP Indicators approved?

In 2018, the Executive Leaders (EL) Network and the Performance Management Committee, now known as the Equity, Performance, Improvement & Change (EPIC) Learning Health System Steering Committee, approved four common Quality Improvement Plan (QIP) indicators for adoption by Community Health Centre (CHC) members of the Alliance for Healthier Communities.

## Which indicators were selected?

The following five Common QIP Indicators were selected:

1. Completion of sociodemographic data collection (data collected for at least one of racial/ethnic group, disability, gender identity, or sexual orientation)
2. Cervical cancer screening stratified by income and stratified by racial/ethnic group
3. Client feeling comfortable and welcome at the CHC
4. Client involvement in care decisions
5. Client ability to get appointment on date wanted

In 2024, the fourth indicator, *Client involvement in care decisions* was removed from Ontario Health’s list of QIP indicators and, accordingly, from the Alliance’s Common QIP Indicators.

## How are the Common QIP indicators calculated?

Please see the [Technical Definitions for the Common QIP Indicators CHCs](#) for information on how each indicator is calculated.

## What is the source of the data? Do we need to collect any new data?

The source of the data for the Common QIP indicators is either BIRT\* or a centre’s Client Experience Survey. CHCs should already be collecting most of the data needed for the Common QIP indicators as part of the new and updated sociodemographic data elements that were approved in 2014, and the ‘Four Core’ Client Experience Survey questions that were approved in 2020.

Common QIP Indicator	Data Source	Indicator Source
Completion of sociodemographic data collection	BIRT	Adapted from Ontario Health Toronto Region
Cervical cancer screening stratified by income and stratified by racial/ethnic group	BIRT	<a href="#">MSAA (stratification is new)</a>

\* Data may also be pulled directly by centres from PS Suite EMR using LogiReport.



Common QIP Indicator	Data Source	Indicator Source
Client feeling comfortable and welcome at the CHC	Client Experience Survey	<a href="#">Four Core Questions for the Client Experience Survey</a>
Client involvement in care decisions	Client Experience Survey	<a href="#">Four Core Questions for the Client Experience Survey</a>
Client ability to get appointment on date wanted	Client Experience Survey	<a href="#">Four Core Questions for the Client Experience Survey</a>

## Are these new indicators?

As much as possible, indicators were selected that are already being collected within the sector to reduce reporting burden and ensure timely and accurate data is available for ongoing monitoring. The source of the four Common QIP indicators is listed in the ‘Indicator Source’ column in the table, above. They are either identical to or adapted from indicators that are already in use across all or a sub-section of the sector.

## What is the timeline for implementation?

The four Common QIP indicators were considered developmental for the 2019/20 QIP cycle. The intent was for the indicators to be formally included in QIP submissions from the 2020/21 QIP cycle onwards; however, the 2020/21 and 2021/22 QIP cycles were delayed/paused due to the COVID-19 pandemic, while the 2022/23 QIP cycle was made voluntary.

Ontario Health recently announced the launch of the 2023/24 QIP cycle. CHCs are encouraged to include one or more of these indicators in their 2023/24 QIP.

## Do we need to set targets for the Common QIP Indicators?

In her [2017 report](#), the Auditor General identified an issue with the lack of common targets for QIP indicators across the CHC sector. However, given the diversity across CHCs, EPIC endorsed the approach of setting *target corridors* for the four Common QIP Indicators rather than a single target (i.e., setting a minimum and maximum for each indicator with the expectation that a CHC will select their target within that range).

Target corridors were set in 2020 based on an analysis of available data for each of the Common QIP Indicators. This included sector-wide BIRT data, data provided by CHCs in response to a specific Client Experience Survey data request, and data obtained from the 2019/20 QIPs submitted by CHCs. The target corridors were approved by EPIC in February 2020 and can be found in the Common QIP Indicators Technical Specifications document.

For the 2025-26 QIP cycle, CHCs are encouraged to consider the specified target corridors, as well as their own current performance, when setting their targets. The targets should be recorded as part of each centre’s QIP and submitted to Ontario Health as per the usual process (QIP Navigator online portal).



## How do we collect and monitor the Common QIP Indicators? Do we need to report on them and to whom?

It is recommended that CHCs routinely collect and monitor data on the four common QIP indicators. Data for the two BIRT-sourced Common QIP Indicators (completion of sociodemographic data and stratified cervical cancer screening) will be pulled centrally from BIRT and shared with all centres twice per year at the end of Q1 and Q3. Data for the remaining three Common QIP Indicators will need to be collected by each centre from their Client Experience Survey.

For the 2023/24 QIP cycle, data for any Common QIP Indicators that are included as part of a centre's QIP should be recorded and submitted to Ontario Health as per the usual process (QIP Navigator online portal).

## How do the Common QIP Indicators align with the annual interprofessional primary care priority indicators for the QIPs set by Ontario Health?

For the 2025-26 QIP cycle, Ontario Health has selected [13 priority indicators](#) for the interprofessional primary care sector. Several of the priority indicators are also Common QIP Indicators:

- Patient/client perception of timely access to care
- Completion of sociodemographic data collection
- Do patients/clients feel comfortable and welcome at their primary care office.

Additionally, one of Ontario Health's priority indicators, *Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and antiracism education*, is aligned with several resolutions that have been passed unanimously by Alliance members, calling on all members to implement organization-wide training in cultural safety, antiracism, and anti-oppression.

It is important that CHCs continue their focus on measuring and advancing health equity through the two equity-focused common QIP indicators (completion of sociodemographic data and stratified cervical cancer screening).

## Why was this work needed?

The [2017 Auditor General's report](#) on CHCs identified issues with quality improvement activities across the CHC sector, most notably the lack of comparability due to the very high number of unique indicators being used and lack of reporting on common indicators. A subsequent review of all 2018/19 QIP indicators confirmed wide variation in the indicators used across CHCs. Although there was some regional collaborative work occurring in certain areas, there was nothing sector-wide.

In order to respond to the findings of the Auditor General's report, there was a need to examine the strategic approach to QIPs across the CHC sector. Collecting and reporting data on the four Common QIP



Indicators will help support data quality improvement and constructive comparison with other organizations from a health equity perspective.

## How were the Common QIP Indicators selected?

Under the sponsorship of EPIC, a time-limited Quality Improvement Working Group was struck with representation from CHCs across the province (see membership information in the table, below). A call for Expressions of Interest was included in the EPIC Key Messages for May 2018.

Over two meetings in May and June 2018, the Working Group reviewed the indicators from the 2018/19 QIPs and identified four Common QIP Indicators for recommendation to EPIC for adoption across the CHC sector. EPIC endorsed all four of the recommended Common QIP Indicators, as well as the approach of setting target corridors for each, at their August 2018 meeting. The actual target corridors were approved by EPIC at their February 2020 meeting.

Name	Position	Organization
Joyce Kalsen	Executive Director	East End Community Health Centre
Julia Swedak	Director of Quality & Knowledge Management	Gateway Community Health Centre
Tammy Decarie	Director of Health Services	Davenport-Perth Neighbourhood and Community Health Centre
Tricia Gutierrez	Client Services Coordinator	Grand River Community Health Centre
Jennifer Rayner	Director of Research & Evaluation	Alliance for Healthier Communities
Tori Howgego	Nursing Practicum Student	University of Western Ontario
Kendra Jones	Regional Decision Support Specialist	Sandy Hill Community Health Centre

