Technical Definitions for the Common QIP Indicators for the CHC Sector

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Technical definitions for each of the five Common Quality Improvement Plan (QIP) Indicators for the Community Health Centre (CHC) sector are available in the tables, below. These indicators were approved by the Equity, Performance, Improvement and Change (EPIC) Committee and the Executive Leaders (EL) Network in 2018.

1. Completion of sociodemographic data collection

INDICATOR NAME		Completion of sociodemographic data collection
DETAILED DESCRIPTION OF INDICATOR		This indicator calculates the percentage of clients who had an individual encounter with the CHC within the most recent 1-year period and who responded to at least one of the four specified sociodemographic questions.
INDICATOR THEME		Health Equity
TARGET CORRIDOR		65%-100%
INDICATOR CALCULATION		Numerator / Denominator x 100
NUMERATOR	CALCULATION	Number of clients age 13 years and older who had an individual encounter with the CHC within the most recent 1-year period and who responded to at least one of the following four sociodemographic data questions: racial/ethnic group, disability, gender identity, or sexual orientation.
NUMERATOR	DATA SOURCE	BIRT
NUMERATOR	EXCLUSION/INCLUSION CRITERIA	*Inclusions:* • Clients age 13 years and older who had an individual encounter with the CHC within the most recent 1-year period, refreshed quarterly. • Clients who provided their sociodemographic information and those who did not know or did not want to answer (i.e., responded "Do not know" or "Prefer not to answer"). *Exclusions:* • Group clients • Clients under the age of 13 • Clients who had non-registered encounters • Anonymous clients • Clients who did not have an encounter with the CHC in the past year
DENOMINATOR	CALCULATION	Total number of clients age 13 years and older who had an individual encounter with the CHC within the most recent 1-year period.
DENOMINATOR	DATA SOURCE	BIRT
DENOMINATOR	INCLUSION/EXCLUSION CRITERIA	*Inclusions:* • Clients age 13 years and older who had an individual encounter with the CHC within the most recent 1-year period, refreshed quarterly. *Exclusions:* • Group clients

	• Clients under the age of 13 • CHC clients who had non-registered encounters • Anonymous clients • Clients who did not have an encounter with the CHC in the past year
REPORTING PERIOD	1-year period, updated quarterly at Q1 and Q3.
TIMING/FREQUENCY OF RELEASE *How often, and when, are data being released*	Until a report for this indicator is developed and available in BIRT, the data will be pulled centrally from BIRT twice per year and disseminated to all CHCs at the end of Q1 and Q3. Alternatively, centres may wish to pull their own data directly from their EMR using JReport.
LEVELS OF COMPARABILITY	Data will be presented at the centre level. The Ontario CHC sector average will be included as a comparator.
TRENDING *Years available for trending*	Collection of the new and updated standardized sociodemographic data began in Fall 2014. Information on racial/ethnic group, disability, gender identity, and sexual orientation is available in BIRT as of June 2018. This data was pulled centrally from BIRT and shared with all centres for Q3 2018/19, Q1 2019/20, and Q3 2019/20. No further data was provided until Q3 2021/22 as QIPs were paused/cancelled due to the COVID-19 pandemic.
LIMITATIONS	• It may be more difficult to collect sociodemographic data from clients who have a group encounter or who receive services at a community drop-in event or clinic (e.g., community flu clinic) than from clients who have an individual encounter. • CHCs are currently unable to determine in BIRT the date when sociodemographic data was last reviewed (although some CHCs have implemented individual processes in their EMR to be able to do so). Further work is required to implement a sector-wide solution in BIRT to indicate when the client's data was last reviewed and whether it needs to be updated.

STRATEGIC LINKAGES	• In 2014, the Executive Leaders Network approved a motion for sector-wide collection of the new and updated sociodemographic data.
	• CHCs are mandated to serve marginalized populations. Collecting sociodemographic data will allow CHCs to better understand the populations they serve and how health care access and utilization differ across various equity-seeking groups.
	• Information about the type and magnitude of health disparities can inform the development of strategies to reduce disparities by:
	    o Aligning practices with unmet needs, and
	    o Providing evidence-driven input for advocacy, policy development and service planning.

COMMENTS *Additional information regarding the calculation, interpretation, data source, etc.*	• This indicator is a measure of progress on the collection of equity data. Low participation rates may indicate challenges clients experience in responding to the questions or challenges CHCs experience in collecting the data. Strategies can be identified to improve participation. • The sociodemographic questions are voluntary and a client can refuse to respond to some or all of the questions. • Individual CHC clients should be asked these questions <u>at the first occurrence</u>, and then <u>every three years</u> to determine if there have been any changes in the clients' status.
REFERENCES	[Model of Health and Wellbeing: Evaluation Framework Manual](#)
DATE CREATED *(YYYY-MM-DD)*	2018-08-16 (original Toronto Central LHIN indicator created 2016-02-17)
DATE LAST REVIEWED *(YYYY-MM-DD)*	2022-12-07

2. Stratified cervical cancer screening rate

INDICATOR NAME	Cervical cancer screening rate stratified by income and stratified by racial/ethnic group
DETAILED DESCRIPTION OF INDICATOR	This indicator calculates the percentage of eligible clients who received or were offered a pap smear in the most recent 3-year period, stratified by income and stratified by racial/ethnic group.
INDICATOR THEME	Health Equity
TARGET CORRIDOR	Difference between highest and lowest group is <10% *(Note: this is the difference between the highest and lowest performing groups and not necessarily those with the highest and lowest incomes)*
INDICATOR CALCULATION	Numerator / Denominator x 100 for income level or racial/ethnic group with highest percentage of pap smears received or offered – Numerator / Denominator x 100 for income level or racial/ethnic group with lowest percentage of pap smears received or offered

		See "Numerator" calculation from [Community Health Centre MSAA Technical Definition for Cervical Cancer Screening Rate]().
NUMERATOR	**CALCULATION**	Numerator will be stratified by income, as follows: a. $0-$19,999 (includes $0-$14,999 and $15,000-$19,999 options) b. $20,000-$29,999 (includes $20,000-$24,999 and $25,000-$29,999 options) c. $30,000-$39,999 (includes $30,000-$34,999 and $35,000-$39,999 options) d. $40,000-$59,999 e. Greater than $60,000* f. Do not know/Prefer not to answer g. Missing (includes Unknown** and Undefined**) Numerator will be stratified by racial/ethnic group, as follows: a. Asian (includes Asian-East, Asian-South, and Asian-South East) b. Black (includes Black-African, Black-Caribbean, and Black-North American) c. Indigenous (includes First Nations, Indigenous/Aboriginal, Inuit, and Metis) d. Latin American e. Middle Eastern f. White (includes White-European and White-North American) g. Other (includes Mixed Heritage, Indian-Caribbean, and Other) h. Do not know/Prefer not to answer i. Missing (includes Unknown** and Undefined**) The difference between the percentages for the highest and lowest group will be calculated. <u>This is the number that should be entered into your QIP</u>. Any groups with <= 5 clients in the numerator and <=30 clients in the denominator should be excluded as the percentages may be skewed due to small numbers. *The Evaluation Framework has been updated to include additional income ranges: $60,000 to $89,999; $90,000 to $119,999; $120,000 to $149,999; and $150,000 or more. Although some centres have started to collect data for these higher income ranges and this data is available in BIRT, until there are sufficient responses available for each additional income range in BIRT, they will be grouped together as "Greater than $60,000".

		**These options are not included in the Evaluation Framework, but do appear in BIRT
DENOMINATOR	**CALCULATION**	See "Denominator" calculation from [Community Health Centre MSAA Technical Definition for Cervical Cancer Screening Rate](). Denominator will be stratified by the income level and racial/ethnic groups, as above.
REPORTING PERIOD		1-year period, updated quarterly at Q1 and Q3.
TIMING/FREQUENCY OF RELEASE *How often, and when, are data being released*		Until a report for this indicator is developed and available in BIRT, the data will be pulled centrally from BIRT twice per year and disseminated to all CHCs at the end of Q1 and Q3. Alternatively, centres may wish to pull their own data directly from their EMR using JReport.
LEVELS OF COMPARABILITY		Data will be presented at the centre level. The Ontario CHC sector average will be included as a comparator.
TRENDING *Years available for trending*		Collection of the new and updated standardized sociodemographic data began in Fall 2014. Information on income and cervical cancer screening is available as of 2012. Information on racial/ethnic group is available in BIRT as of June 2018. This data was pulled centrally from BIRT and shared with all centres for Q3 2018/19, Q1 2019/20, and Q3 2019/20. No further data was provided until Q3 2021/22 as QIPs were paused/cancelled due to the COVID-19 pandemic.
LIMITATIONS		See "Limitations" from [Community Health Centre MSAA Technical Definition for Cervical Cancer Screening Rate]().
STRATEGIC LINKAGES		- In 2014, the Executive Leaders Network approved a motion for sector-wide collection of the new and updated sociodemographic data. - CHCs are mandated to serve marginalized populations. Collecting sociodemographic data will allow CHCs to better understand the populations they serve and how health care access and utilization differ across various equity-seeking groups. - Information about the type and magnitude of health disparities can inform the development of strategies to reduce disparities by: - Aligning practices with unmet needs, and - Providing evidence-driven input for advocacy, policy development and service planning. - This indicator is linked to the Evaluation Framework Direct Outcome #2: Increased access for people who are experiencing barriers.

COMMENTS *Additional information regarding the calculation, interpretation, data source, etc.*	• The sociodemographic questions are voluntary and a client can refuse to respond to some or all of the questions. • Individual CHC clients should be asked these questions <u>at the first occurrence</u>, and then <u>every three years</u> to determine if there have been any changes in the clients' status. • The number of people supported by the household income should be considered in addition to income to help provide a more fulsome understanding of a client's financial situation.
REFERENCES	See "References" from [Community Health Centre MSAA Technical Definition for Cervical Cancer Screening Rate]().
DATE CREATED *(YYYY-MM-DD)*	2016-02-17
DATE LAST REVIEWED *(YYYY-MM-DD)*	2022-12-07

3. Client feels comfortable and welcome at CHC

INDICATOR NAME	Client feels comfortable and welcome at CHC
DETAILED DESCRIPTION OF INDICATOR	This indicator calculates the percentage of clients who report feeling comfortable and welcome at the CHC.
INDICATOR THEME	Client Experience
TARGET CORRIDOR	90%-100%
INDICATOR CALCULATION	Numerator / Denominator x 100

CLIENT EXPERIENCE SURVEY QUESTION	Centres must use the exact wording of the following survey question as in the Four Core Questions for the Client Experience Survey:
	
	English:
	"I always feel comfortable and welcome at *[centre name]*?"
	   a. Yes
	   b. No
	
	French:
	« Je me sens toujours à l'aise et le/la bienvenu(e) au *[nom du centre]?* »
	   a. Oui
	   b. Non

NUMERATOR	**CALCULATION**	Number of clients who responded "Yes" ("Oui") to the survey question.
	DATA SOURCE	Client Experience Survey
	INCLUSION/EXCLUSION CRITERIA	
DENOMINATOR	**CALCULATION**	Total number of clients who responded to the survey question.
	DATA SOURCE	Client Experience Survey
	INCLUSION/EXCLUSION CRITERIA	*Exclusions:* • Non-respondents

REPORTING PERIOD	1-year period
TIMING/FREQUENCY OF RELEASE *How often, and when, are data being released*	Results of the Client Experience Survey should be collated by centres quarterly (where possible) for monitoring purposes, and at least annually.
LEVELS OF COMPARABILITY	Data will be presented at the centre level. The data collected for this indicator can be compared to the national data collected through the Canadian Community Health Survey and the Canadian Index of Wellbeing.

TRENDING *Years available for trending*	This question was previously designated a Vital 8 Indicator. Collection of the Vital 8 indicators began in Fall 2017. Subsequently in 2020, it was identified as one of the Four Core client experience questions for the CHC sector.
LIMITATIONS	Differences in survey methodologies between CHCs may hinder ability to compare.
STRATEGIC LINKAGES	• This indicator is linked to the Evaluation Framework Direct Outcome #2: Increased access for people who are experiencing barriers. • It is also one of the Core Four client experience questions for the CHC sector.
COMMENTS *Additional information regarding the calculation, interpretation, data source, etc.*	
REFERENCES	Four Core Questions for the Client Experience Survey
DATE CREATED *(YYYY-MM-DD)*	2017-04-26
DATE LAST REVIEWED *(YYYY-MM-DD)*	2022-12-07

4. Client involvement in decisions about their care

INDICATOR NAME	Client involvement in decisions about their care
DETAILED DESCRIPTION OF INDICATOR	This indicator calculates the percentage of clients who report that their primary care provider always or often involves them in decisions about their care.
INDICATOR THEME	Client Experience
TARGET CORRIDOR	90%-100%
INDICATOR CALCULATION	Numerator / Denominator x 100

CLIENT EXPERIENCE SURVEY QUESTION	Centres must use the exact wording of the following survey question as in the HQO Primary Care Experience Survey - CHC/AHAC Version:
	
	English:
	"When you see your doctor or nurse practitioner, how often do they or someone else in the centre involve you as much as you want to be in decisions about your care and treatment?"
	  a. Always
	  b. Often
	  c. Sometimes
	  d. Rarely
	  e. Never
	
	French:
	« Lorsque vous rendez visite à votre médecin ou votre infirmier praticien, est-ce que cette personne ou une autre personne du bureau vous inclus autant que vous le souhaitez dans les décisions touchant vos soins et votre traitement? »
	  a. Toujours
	  b. Souvent
	  c. Parfois
	  d. Rarement
	  e. Jamais

NUMERATOR	CALCULATION	Number of respondents who answered "always" or "often" ("toujours" or "souvent") to the survey question.
	DATA SOURCE	Client Experience Survey
	INCLUSION/EXCLUSION CRITERIA	
DENOMINATOR	CALCULATION	Total number of clients who responded to the survey question.
	DATA SOURCE	Client Experience Survey
	INCLUSION/EXCLUSION CRITERIA	*Exclusions:* • Non-respondents

REPORTING PERIOD	1-year period

TIMING/FREQUENCY OF RELEASE *How often, and when, are data being released*	Results of the Client Experience Survey should be collated by centres quarterly (where possible) for monitoring purposes, and at least annually.
LEVELS OF COMPARABILITY	Data will be presented at the centre level.
TRENDING *Years available for trending*	This question was previously designated a Vital 8 Indicator. Collection of the Vital 8 indicators began in Fall 2017. Subsequently in 2020, it was identified as one of the Four Core client experience questions for the CHC sector.
LIMITATIONS	Differences in survey methodologies between CHCs may hinder ability to compare.
STRATEGIC LINKAGES	• This indicator is linked to the Evaluation Framework Direct Outcome #1: Reduced risk, incidence, duration and effects of acute and episodic physical, social and psychological conditions; and of chronic diseases (e.g., diabetes, mental illness and addictions) at individual or community level. • It is also one of the Core Four client experience questions for the CHC sector and a priority QIP indicator for the 2023/24 cycle.
COMMENTS *Additional information regarding the calculation, interpretation, data source, etc.*	
REFERENCES	Four Core Questions for the Client Experience Survey HQO QIP Indicator Library - Client Involvement in Care Decisions HQO Primary Care Experience Survey - CHC/AHAC Version HQO Primary Care Experience Survey Support Guide
DATE CREATED *(YYYY-MM-DD)*	2017-05-01
DATE LAST REVIEWED *(YYYY-MM-DD)*	2022-12-07

5. Client perception of timely access to care

INDICATOR NAME	Client perception of timely access to care
DETAILED DESCRIPTION OF INDICATOR	This indicator calculates the percentage of clients who report that the last time they were sick or had a health problem, they got an appointment on the date they wanted.
INDICATOR THEME	Access to Care
TARGET CORRIDOR	85%-100%
INDICATOR CALCULATION	Numerator / Denominator x 100

CLIENT EXPERIENCE SURVEY QUESTION	Centres must use the exact wording of the following survey question as in the HQO Primary Care Experience Survey - CHC/AHAC Version:
	
	English:
	"The last time you were sick or were concerned you had a health problem, did you get an appointment on the date you wanted?"
	   a. Yes
	   b. No
	
	French:
	« La dernière fois que vous avez été malade ou qu'un problème de santé vous inquiétait, avez-vous eu un rendez-vous à la date voulue? »
	   a. Oui
	   b. Non

NUMERATOR	**CALCULATION**	Number of clients who responded "Yes" ("Oui") to the survey question.
	DATA SOURCE	Client Experience Survey
	EXCLUSION/INCLUSION CRITERIA	
DENOMINATOR	**CALCULATION**	Total number of clients who responded to the survey question.
	DATA SOURCE	Client Experience Survey
	EXCLUSION/INCLUSION CRITERIA	*Exclusions:* • Non-respondents

REPORTING PERIOD	1-year period
TIMING/FREQUENCY OF RELEASE *How often, and when, are data being released*	Results of the Client Experience Survey should be collated by centres quarterly (where possible) for monitoring purposes, and at least annually.
LEVELS OF COMPARABILITY	Data will be presented at the centre level.

TRENDING *Years available for trending*	This is a new sector-wide indicator so data is not yet available for all centres.
LIMITATIONS	Differences in survey methodologies between CHCs may hinder ability to compare.
STRATEGIC LINKAGES	
COMMENTS *Additional information regarding the calculation, interpretation, data source, etc.*	
REFERENCES	Four Core Questions for the Client Experience Survey HQO Primary Care Experience Survey - CHC/AHAC Version HQO Primary Care Experience Survey Support Guide
DATE CREATED *(YYYY-MM-DD)*	2017-05-01
DATE LAST REVIEWED *(YYYY-MM-DD)*	2022-12-07

Appendix A: Summary of Version Changes

INDICATOR	VERSION	SIGNIFICANT CHANGES
Completion of sociodemographic data collection	December 2022	None
Stratified cervical cancer screening rate	December 2022	Creation of separate Indigenous stratification group (previously included as part of the "Other" stratification group).
Client feels comfortable and welcome at CHC	December 2022	Removed age-based inclusion/exclusion criteria. Clarified that non-respondents should be excluded from denominator calculation.
Client is involved in decisions about their care	December 2022	Clarified that non-respondents should be excluded from denominator calculation.
Client got appointment on date they wanted	December 2022	Clarified that non-respondents should be excluded from denominator calculation.