

# Technical Definitions: Common QIP Indicators for CHCs

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

Technical definitions for each of the four Common Quality Improvement Plan (QIP) Indicators for Community Health Centre (CHC) members of the Alliance for Healthier Communities sector are presented in the tables below. These indicators were approved by (EL) Network and the Performance Management Committee, now known as the Equity, Performance, Improvement & Change (EPIC) Learning Health System Steering Committee 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.
	DATA SOURCE	BIRT
	EXCLUSION/INCLUSION CRITERIA	<p><i>Inclusions:</i></p> <ul style="list-style-type: none"> <li>• Clients age 13 years and older who had an individual encounter with the CHC within the most recent 1-year period, refreshed quarterly.</li> <li>• 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”).</li> </ul> <p><i>Exclusions:</i></p> <ul style="list-style-type: none"> <li>• Group clients</li> <li>• Clients under the age of 13</li> <li>• Clients who had non-registered encounters</li> <li>• Anonymous clients</li> <li>• Clients who did not have an encounter with the CHC in the past year</li> </ul>



INDICATOR NAME		COMPLETION OF SOCIODEMOGRAPHIC DATA COLLECTION
<b>DENOMINATOR</b>	<b>CALCULATION</b>	Total number of clients age 13 years and older who had an individual encounter with the CHC within the most recent 1-year period.
	<b>DATA SOURCE</b>	BIRT
	<b>INCLUSION/EXCLUSION CRITERIA</b>	<p><i>Inclusions:</i></p> <ul style="list-style-type: none"> <li>• Clients age 13 years and older who had an individual encounter with the CHC within the most recent 1-year period, refreshed quarterly.</li> </ul> <p><i>Exclusions:</i></p> <ul style="list-style-type: none"> <li>• Group clients</li> <li>• Clients under the age of 13</li> <li>• CHC clients who had non-registered encounters</li> <li>• Anonymous clients</li> <li>• Clients who did not have an encounter with the CHC in the past year</li> </ul>
<b>REPORTING PERIOD</b>		1-year period, updated quarterly at Q1 and Q3.
<b>TIMING/FREQUENCY OF RELEASE</b> <i>HOW OFTEN, AND WHEN, ARE DATA BEING RELEASED</i>		Until a report for this indicator is developed and available in BIRT, the data will be pulled centrally from BIRT and disseminated to all CHCs. Alternatively, centres may wish to pull their own data directly from their EMR using LogiReport.
<b>LEVELS OF COMPARABILITY</b>		Data will be presented at the centre level. The Ontario CHC sector average will be included as a comparator.
<b>TRENDING</b> <i>YEARS AVAILABLE FOR TRENDING</i>		Collection of the new and updated Health Equity Form started in January 2024; however, information on racial/ethnic group, disability, gender identity, and sexual orientation is available in BIRT as of June 2018.
<b>LIMITATIONS</b>		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.
<b>STRATEGIC LINKAGES</b>		<p>CHCs are mandated to serve marginalized populations. Collecting Health Equity 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:</p> <ul style="list-style-type: none"> <li>• Aligning practices with unmet needs, and</li> <li>• Providing evidence-driven input for advocacy, policy development and service planning.</li> </ul>



INDICATOR NAME	COMPLETION OF SOCIODEMOGRAPHIC DATA COLLECTION
<p><b>COMMENTS</b> <b>ADDITIONAL INFORMATION REGARDING THE CALCULATION, INTERPRETATION, DATA SOURCE, ETC.</b></p>	<p>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.</p> <p>The sociodemographic questions are voluntary and a client can refuse to respond to some or all of the questions.</p> <p>Individual CHC clients should be asked these questions at the first occurrence, and then at minimum every three years to determine if there have been any changes in the clients' status.</p>
<b>REFERENCES</b>	<a href="#">Model of Health and Wellbeing: Evaluation Framework Manual</a>
<b>DATE CREATED (YYYY-MM-DD)</b>	2018-08-16 (original Toronto Central LHIN indicator created 2016-02-17)
<b>DATE LAST REVIEWED (YYYY-MM-DD)</b>	2024-12-12

## 2. Stratified cervical cancer screening rate

INDICATOR NAME	CERVICAL CANCER SCREENING RATE STRATIFIED BY INCOME AND STRATIFIED BY RACIAL/ETHNIC GROUP
<b>DETAILED DESCRIPTION OF INDICATOR</b>	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.
<b>INDICATOR THEME</b>	Health Equity
<b>TARGET CORRIDOR</b>	Difference between highest and lowest group is <10% <i>(Note: this is the difference between the highest and lowest performing groups and not necessarily those with the highest and lowest incomes)</i>
<b>INDICATOR CALCULATION</b>	$\frac{\text{Numerator}}{\text{Denominator}} \times 100 \text{ for income level or racial/ethnic group with highest percentage of pap smears received or offered} - \frac{\text{Numerator}}{\text{Denominator}} \times 100 \text{ for income level or racial/ethnic group with lowest percentage of pap smears received or offered}$
<b>NUMERATOR</b>	See "Numerator" calculation from <a href="#">Community Health Centre MSA Technical Definition for Cervical Cancer Screening Rate</a> .
<b>CALCULATION</b>	<p>Numerator will be stratified by income, as listed in the Health Equity Form.</p> <p>Numerator will be stratified by racial/ethnic group, as listed in the Health Equity Form.</p> <p>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 &lt;= 5 clients in the numerator and &lt;=30 clients in the denominator should be excluded as the percentages may be skewed due to small numbers.</p>



INDICATOR NAME		CERVICAL CANCER SCREENING RATE STRATIFIED BY INCOME AND STRATIFIED BY RACIAL/ETHNIC GROUP
DENOMINATOR	CALCULATION	See “Denominator” calculation from <a href="#">Community Health Centre MSAA Technical Definition for Cervical Cancer Screening Rate</a> . 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 <i>HOW OFTEN, AND WHEN, ARE DATA BEING RELEASED</i>		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 <i>YEARS AVAILABLE FOR TRENDING</i>		Collection of the new and updated Health Equity data began in January 2024. 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.
LIMITATIONS		See “Limitations” from <a href="#">Community Health Centre MSAA Technical Definition for Cervical Cancer Screening Rate</a> .
STRATEGIC LINKAGES		<p>CHCs are mandated to serve marginalized populations. Collecting Health Equity data will allow CHCs to better understand the populations they serve and how health care access and utilization differ across various equity-seeking groups.</p> <p>Information about the type and magnitude of health disparities can inform the development of strategies to reduce disparities by:</p> <ul style="list-style-type: none"> <li>Aligning practices with unmet needs, and</li> <li>Providing evidence-driven input for advocacy, policy development and service planning.</li> </ul> <p>This indicator is linked to the Evaluation Framework Direct Outcome #2: Increased access for people who are experiencing barriers.</p>
COMMENTS <i>ADDITIONAL INFORMATION REGARDING THE CALCULATION, INTERPRETATION, DATA SOURCE, ETC.</i>		<p>The sociodemographic questions are voluntary and a client can refuse to respond to some or all of the questions.</p> <p>Individual CHC clients should be asked these questions <u>at the first occurrence</u>, and then at a minimum <u>every three years</u> to determine if there have been any changes in the clients’ status.</p> <p>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.</p>



<b>INDICATOR NAME</b>	<b>CERVICAL CANCER SCREENING RATE STRATIFIED BY INCOME AND STRATIFIED BY RACIAL/ETHNIC GROUP</b>
<b>REFERENCES</b>	See “References” from <a href="#">Community Health Centre MSAA Technical Definition for Cervical Cancer Screening Rate</a> .
<b>DATE CREATED</b> (YYYY-MM-DD)	2016-02-17
<b>DATE LAST REVIEWED</b> (YYYY-MM-DD)	2024-12-12

### 3. Client feels comfortable and welcome at CHC

<b>INDICATOR NAME</b>		<b>Client feels comfortable and welcome at CHC</b>
<b>DETAILED DESCRIPTION OF INDICATOR</b>		This indicator calculates the percentage of clients who report feeling comfortable and welcome at the CHC.
<b>INDICATOR THEME</b>		Client Experience
<b>TARGET CORRIDOR</b>		90%-100%
<b>INDICATOR CALCULATION</b>		Numerator / Denominator x 100
<b>CLIENT EXPERIENCE SURVEY QUESTION</b>		Centres must use the <u>exact</u> wording of the following survey question as in the <a href="#">Four Core Questions for the Client Experience Survey</a> :  English: “I always feel comfortable and welcome at [centre name]?” ○ Yes ○ No  French: « Je me sens toujours à l’aise et le/la bienvenu(e) au [nom du centre]? » ○ Oui ○ Non
<b>NUMERATOR</b>	<b>CALCULATION</b>	Number of clients who responded "Yes" (“Oui”) to the survey question.
	<b>DATA SOURCE</b>	Client Experience Survey
	<b>INCLUSION/EXCLUSION CRITERIA</b>	
<b>DENOMINATOR</b>	<b>CALCULATION</b>	Total number of clients who responded to the survey question.
	<b>DATA SOURCE</b>	Client Experience Survey
	<b>INCLUSION/EXCLUSION CRITERIA</b>	<i>Exclusions:</i> Non-respondents



<b>INDICATOR NAME</b>	<b>Client feels comfortable and welcome at CHC</b>
<b>REPORTING PERIOD</b>	1-year period
<b>TIMING/FREQUENCY OF RELEASE</b> <i>HOW OFTEN, AND WHEN, ARE DATA BEING RELEASED</i>	Results of the Client Experience Survey should be collated by centres quarterly (where possible) for monitoring purposes, and at least annually.
<b>LEVELS OF COMPARABILITY</b>	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.
<b>TRENDING</b> <i>YEARS AVAILABLE FOR TRENDING</i>	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.
<b>LIMITATIONS</b>	Differences in survey methodologies between CHCs may hinder ability to compare.
<b>STRATEGIC LINKAGES</b>	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.
<b>COMMENTS</b> <i>ADDITIONAL INFORMATION REGARDING THE CALCULATION, INTERPRETATION, DATA SOURCE, ETC.</i>	
<b>REFERENCES</b>	<a href="#">Four Core Questions for the Client Experience Survey</a>
<b>DATE CREATED</b> <i>(YYYY-MM-DD)</i>	2017-04-26
<b>DATE LAST REVIEWED</b> <i>(YYYY-MM-DD)</i>	2024-12-12

#### 4. Client perception of timely access to care

<b>INDICATOR NAME</b>	<b>CLIENT PERCEPTION OF TIMELY ACCESS TO CARE</b>
<b>DETAILED DESCRIPTION OF INDICATOR</b>	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.
<b>INDICATOR THEME</b>	Access to Care
<b>TARGET CORRIDOR</b>	85%-100%



INDICATOR NAME		CLIENT PERCEPTION OF TIMELY ACCESS TO CARE
INDICATOR CALCULATION		Numerator / Denominator x 100
CLIENT EXPERIENCE SURVEY QUESTION		<p>Centres must use the <u>exact</u> wording of the following survey question as in the <a href="#">HQO Primary Care Experience Survey - CHC/AHAC Version</a>:</p> <p>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?”</p> <p><input type="radio"/> Yes  <input type="radio"/> No</p> <p>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? »</p> <p><input type="radio"/> Oui  <input type="radio"/> Non</p>
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	<i>Exclusions:</i> Non-respondents
REPORTING PERIOD		1-year period
TIMING/FREQUENCY OF RELEASE <i>HOW OFTEN, AND WHEN, ARE DATA BEING RELEASED</i>		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 <i>YEARS AVAILABLE FOR TRENDING</i>		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		





INDICATOR NAME	CLIENT PERCEPTION OF TIMELY ACCESS TO CARE
COMMENTS ADDITIONAL INFORMATION REGARDING THE CALCULATION, INTERPRETATION, DATA SOURCE, ETC.	
REFERENCES	<a href="#">Four Core Questions for the Client Experience Survey</a> <a href="#">HQO Primary Care Experience Survey - CHC/AHAC Version</a> <a href="#">HQO Primary Care Experience Survey Support Guide</a>
DATE CREATED (YYYY-MM-DD)	2017-05-01
DATE LAST REVIEWED (YYYY-MM-DD)	2024-12-12

### 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.
All	December 2024	Wordsmithing to incorporate the Health Equity Form replacement of the Extended Demographic Form
Client is involved in decisions about their care	December 2024	Removal of Indicator, no longer included in the 2025/26 QIP

