Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

June 20, 2025

Grand Bend Area
Community Health Centre

Ontario
Health

OVERVIEW

At the Grand Bend Area Community Health Centre (GBACHC), we are dedicated to enhancing the quality of care for our patients and clients through our comprehensive Quality Improvement Plan (QIP). Our focus is on ensuring that every individual receives timely, equitable, and patient-centered care tailored to their specific needs.

We prioritize improving patient access to our healthcare services by addressing their perceptions of timely care, which is crucial for health outcomes. Regular surveys and feedback sessions help us gauge and enhance our patients' experiences regarding access to care.

To promote equity within our diverse population, we collect sociodemographic data such as age, gender, ethnicity, and socioeconomic status. This understanding allows us to tailor our healthcare services and outreach efforts more effectively. Additionally, we strive to create an inclusive environment where every patient feels respected, comfortable, and welcome during their visits.

In terms of patient safety, we monitor the number of faxes sent per 1,000 rostered patients. This initiative aims to streamline communication processes within our healthcare teams, minimizing errors and ensuring critical information is effectively conveyed. By analyzing this data, we identify trends and areas for improvement in our communication practices.

Through these initiatives, we are fostering an environment where quality care, patient satisfaction, and safety are integral to our healthcare services. We are committed to continuous improvement to better serve our community.

ACCESS AND FLOW

At the GBACHC, we recognize that optimizing system capacity and ensuring timely access to evidence-based care are critical to improving outcomes for patients, clients, and residents. We are committed to supporting individuals in remaining in their communities and avoiding unnecessary hospitalizations or emergency department visits. To achieve this, we are prioritizing initiatives that facilitate access to the right care at the right time and in the right place.

Our improvement efforts focus on enhancing patients' and clients' perceptions of timely access to care. We are actively working to streamline appointment scheduling, improve communication with patients about wait times, and implement more efficient processes for referrals to specialists. By prioritizing timely access, we aim to reduce delays and improve overall satisfaction with the care experience.

Furthermore, we are collaborating with interprofessional teams and partners across sectors—including primary care, home and community care, long-term care, and hospitals—to ensure that our patients have access to seamless, integrated care. This collaboration allows us to implement leading practices and new models of care that focus on prevention and early intervention, reducing the need for emergency services and hospitalizations.

By weaving these strategies into our Quality Improvement Plan and working with other organizations, we are committed to delivering care that is not only timely and efficient but also aligned with the needs and preferences of the individuals we serve. Our ultimate goal is to enhance the care experience and improve patient outcomes through better access and coordinated care across the system.

EQUITY AND INDIGENOUS HEALTH

At the GBACHC, we are dedicated to promoting health equity and enhancing Indigenous health and cultural safety. We recognize the unique health needs of Indigenous populations in Ontario and are committed to aligning our efforts with Ontario Health's priorities to address health inequities and improve access to care.

Our comprehensive Equity, Inclusion, Diversity, and Antiracism (EIDAR) workplan focuses on identifying and overcoming systemic barriers faced by diverse and underserved communities. A key part of this plan is gathering and analyzing sociodemographic data to better understand our patient population and the challenges they encounter in accessing care. This data will help us identify disparities and tailor our services to ensure equitable access and improved health outcomes for all individuals, particularly those from historically marginalized groups.

We have created a welcoming environment at GBACHC, showcasing authentic Indigenous art and collaborating with Indigenous leaders to ensure our services are culturally responsive and accessible. Our staff undergo training in cultural safety, anti-racism, and Indigenous health, equipping them to provide sensitive and compassionate care.

These efforts are part of our broader Quality Improvement Plan (QIP), aimed at continuously addressing health inequities and fostering an inclusive healthcare environment. Through these initiatives, we strive to enhance cultural safety and ensure that every patient, irrespective of their background or identity, has access to high-quality, equitable care.

PATIENT/CLIENT/RESIDENT EXPERIENCE

At the Grand Bend Area Community Health Centre, we believe that feedback from patients and clients is crucial for improving care and ensuring individuals feel comfortable and welcome. We are committed to using insights from experience surveys and other feedback directly in our quality improvement initiatives.

We gather feedback through various methods, such as patient experience surveys, direct interviews, and informal channels like comment cards and digital platforms. This information is analyzed to identify trends and areas where patients feel their needs are not fully met. A key focus is on how comfortable and welcomed patients feel during their visits, as this is essential for enhancing patient satisfaction and engagement.

In response to this feedback, we plan to implement improvement initiatives. We will provide ongoing training for our staff on creating a welcoming atmosphere, emphasizing interpersonal skills, active listening, and cultural sensitivity. Additionally, we aim to streamline office processes to reduce wait times and ensure that patients feel respected and valued.

Moreover, we will establish a feedback loop to inform patients about how their input has led to changes in our practices. This transparency will demonstrate that their experiences are taken seriously, fostering trust and encouraging further engagement.

By incorporating patient feedback into our improvement activities, we ensure that we are continuously adapting to meet patients' needs. By focusing on comfort and a welcoming environment, we aim to enhance the overall care experience.

PROVIDER EXPERIENCE

At the GBACHC, we understand that promoting a positive workplace culture and supporting our staff's well-being are essential for improving recruitment and retention. We are committed to creating an environment where our team feels valued and empowered to provide the best care for our patients.

One key initiative is the improvement of vacation time, offering staff greater flexibility to rest and recharge. Ample time off contributes to a better work-life balance, which is vital for job satisfaction and overall well-being.

We offer comprehensive workplace wellness programs that support both physical and mental health. This includes access to wellness resources, counseling services, and stress management resources through our Employee Assistance Program (EAP). These programs help staff navigate the challenges of their roles and provides resources to use for their famiy and stressful events in life.

Regular monthly staff meetings and weekly huddles enhance communication across our organization and keep staff engaged. These forums allow team members to share ideas, discuss challenges, and celebrate successes, fostering open dialogue and transparency.

To show appreciation for our staff's hard work, we introduced a wellness bonus to reward dedication and commitment. We also host events like pizza lunches, pancake breakfasts, and monthly birthday celebrations, which foster community and camaraderie among our team, boosting morale.

Through these initiatives, we aim to improve recruitment and retention while cultivating a workplace culture where staff feel respected and supported. By investing in our team's well-being and fostering strong communication, we commit to ensuring a positive and rewarding experience for all employees.

SAFETY

At the GBACHC, one of the key initiatives to improve patient safety

and foster a culture of safety is a focused project aimed at reducing incidents of privacy breaches through better management of fax transmissions. As part of our commitment to addressing all forms of harm, we are leveraging both system approaches and insights from Healthcare Excellence Canada's Rethinking Patient Safety report to drive this initiative.

In this quality improvement project, GBACHC has identified that faxing is a primary method of communication within the healthcare system, but it poses significant risks to patient privacy, including the potential for misdirected faxes containing sensitive information. The initiative focuses on minimizing these risks by introducing a system to assess the number of faxes sent per 1,000 rostered patients. By tracking fax usage in this way, GBACHC aims to better understand the scope and frequency of fax communications, identify areas where alternatives to faxing (such as secure email or encrypted communication systems) could be implemented, and ultimately reduce the number of privacy incidents related to misdirected or improperly handled faxes.

This assessment will be completed by collecting data on the total number of faxes sent each month and normalizing it by the number of patients in our roster. This data will be closely monitored to identify any patterns or spikes in fax activity that may correlate with higher risks for breaches. GBACHC will use this data to implement targeted interventions, such as educating staff on alternative, secure methods of communication and reinforcing best practices for handling sensitive patient information.

The broader objective of this initiative aligns with Ontario Health's Never Events Hospital Reporting initiative, which seeks to reduce the occurrence of "never events"—preventable incidents that could result in patient harm, such as privacy breaches. By aligning our efforts with these provincial initiatives, GBACHC is contributing to improving patient safety within our facility and participating in the larger healthcare system's commitment to reducing harm and fostering a culture of safety.

In addition to data collection, GBACHC will focus on system-wide education and the promotion of safety protocols, using the Rethinking Patient Safety framework to continuously improve processes and ensure all staff are aligned in promoting a culture of safety. This approach helps to prevent and reduce incidents of privacy breaches and other safety issues while fostering a patient-centered environment.

PALLIATIVE CARE

At the GBACHC, we are deeply committed to delivering high-quality palliative care by ensuring that our approach is holistic, patient-centred, and aligned with best practices as outlined by the Ontario Palliative Care Network model of care and the Quality Standard for Palliative Care. Our organization is focused on creating a supportive environment for patients, residents, and their care partners, with a strong emphasis on organizational readiness, health human resource competency, patient and care partner engagement, and continuous education. Below are three specific examples of activities that demonstrate GBACHC's commitment to delivering high-quality palliative care:

1. Home Visits and Care Coordination:

GBACHC offers home visits as an essential component of our palliative care services, ensuring that patients who prefer to spend their final days in the comfort of their home receive the appropriate care. Our healthcare providers assess the patient's needs, provide symptom management, and offer emotional support to both the patient and their family members. This service is aligned with the Ontario Palliative Care Network's recommendation that palliative

care be delivered in a setting conducive to the patient's preferences, whether at home, in a hospice, or in a hospital. Additionally, we facilitate referrals to Ontario Health at Home Clinical Care Coordinators, who are key in coordinating the delivery of home-based palliative care and connecting patients with appropriate services to meet their needs.

2. External Referrals to Hospice Beds within Huron and Lambton County:

GBACHC recognizes that some patients may require specialized care in a hospice setting, and we have established strong referral pathways to external hospice beds within Huron and Lambton County. This ensures that patients needing a more intensive level of care or prefer hospice settings for end-of-life care receive timely and compassionate support. By maintaining these relationships, GBACHC can provide seamless transitions for patients, respecting their wishes for the care they receive during their palliative journey. This aligns with the Quality Standard for Palliative Care's emphasis on ensuring care is provided in the most appropriate setting based on individual needs.

3. Physician Competency in Engaging Substitute Decision-Makers:
At GBACHC, we recognize the critical importance of effective communication with substitute decision-makers (SDMs), as they play a key role in making healthcare decisions when patients cannot do so themselves. Our physicians are well-trained in engaging SDMs, ensuring they are informed, supported, and involved in decision-making throughout the palliative care process. This competency aligns with the Ontario Palliative Care Network's model of care, which stresses the importance of involving patients, SDMs, and care partners in care planning and decision-making. Through ongoing training and professional development, GBACHC physicians are equipped with the skills to provide clear, compassionate communication and guidance to SDMs, ensuring that the patient's wishes are respected.

These activities reflect GBACHC's commitment to delivering care that aligns with the Quality Standard for Palliative Care principles, including ensuring comprehensive symptom management, respecting patient and family preferences, and fostering strong communication and care coordination. Through these practices, we aim to provide dignified and compassionate care focused on improving the quality of life for patients and supporting their care partners through the palliative care journey.

POPULATION HEALTH MANAGEMENT

At the GBACHC, we recognize that improving the health and well-being of our community requires a collaborative and integrated approach that spans across different sectors and services. In alignment with the principles of population health management, we are actively partnering with other health service organizations to address the unique needs of our local population. Through these collaborations, we aim to deliver proactive, person-centered care that is both cost-effective and equitable.

Partnership with the Huron Perth and Area Ontario Health Team (HPA-OHT) – Heart Failure Working Group & Primary Care Network:
We work closely with the HPA-OHT as part of the Heart Failure working group and Primary Care Network. This collaboration allows us to better manage patients with heart failure by co-designing care solutions that focus on early intervention, integrated care, and providing education to both patients and their care teams. Through the Heart Failure working group, we gather insights on the specific needs of patients and use this data to create targeted interventions, such as home monitoring, medication management, and patient

education. This effort aligns with the RISE program's focus on using data and partnerships to inform and design proactive health solutions that improve outcomes for individuals with chronic conditions. The Primary Care Network further supports our work by facilitating communication and coordination among various healthcare providers in primary care settings, ensuring that patients receive continuous, comprehensive care across the continuum of their health journey.

Collaboration with the North Lambton Community Health Centre (NLCHC):
We are also aligned with the NLCHC to enhance the delivery of services and meet the needs of the populations we both serve. This partnership helps bridge gaps in service provision, particularly in rural and underserved areas, and ensures that our community members have access to the right care at the right time. By working together, we leverage each other's strengths and resources, from shared programs and some staff coverage to service offerings to collaborative care planning. Through this partnership, we also ensure that the voices of those with lived experience are included in the planning and implementation of services, as we co-design care solutions that are responsive to the specific needs of our community.

Working with Regional Hospitals to Reduce Emergency Room Visits:
GBACHC actively partners with regional hospitals to address the root causes of unnecessary emergency room visits by improving primary care management. By enhancing access to primary care services, such as timely consultations, follow-up care, and chronic disease management, we aim to prevent situations where patients might otherwise end up in the emergency room for issues that could be better managed through their primary care provider. This initiative is grounded in population health management principles, as we focus on identifying patients at higher risk for emergency visits and implementing proactive care plans tailored to their needs. We also provide education to patients on when and how to seek appropriate care, helping them navigate the healthcare system in a way that is more efficient and aligned with their long-term health goals.

In all these partnerships, GBACHC is committed to co-designing solutions with the community and people with lived experience, ensuring that the care we provide is not only responsive but also reflective of the diverse and unique needs of our population. By working collaboratively with the HPA-OHT, North Lambton Community Health Centre, and regional hospitals, we are contributing to a healthcare ecosystem that is integrated, efficient, and ultimately focused on improving the health and well-being of the individuals and families in our care. These efforts directly support the goals of the RISE program by using data, insights, and partnerships to create lasting, meaningful improvements in health outcomes.

ADMINISTRATIVE BURDEN

At the Grand Bend Area Community Health Centre (GBACHC), we are committed to supporting our clinicians and interprofessional team by streamlining clinical and administrative processes to ensure that they can spend more time on direct patient care. In line with the primary care initiative of "patients before paperwork," we have implemented several initiatives that aim to reduce the administrative burden and improve overall efficiency. Below are examples of how we are supporting this goal:

Standardized Documentation and Reducing Variability of Patient Data:
GBACHC has worked to streamline clinical documentation by implementing standardized notes and forms across the organization. These standardized templates allow clinicians to input consistent and accurate patient data, reducing the time spent on documentation while also minimizing the risk of error or variability in patient records. Additionally, we use EMR "stamps" to automate common documentation tasks, further speeding up the process. This practice supports standardized diagnosis coding and ensures that patient data is organized and easily accessible across our system. These steps align with our goal of creating an efficient, reliable system where patient information is consistent and readily available for clinical decision-making.

Facilitating Efficient Communication with Patients:
To facilitate more efficient communication with patients, GBACHC uses OceanMD that allows for secure messaging between clinicians and patients. This tool enables patients to respond to the OceanMD request and automatically upload into their chart without needing phone calls or in-person visits. These tools help improve the continuity of care and reduce the need for redundant administrative tasks, giving providers more time to focus on patient care.

Advancing the Use and Effectiveness of Digital Tools for Clinicians:
We have embraced a variety of digital tools to improve clinician efficiency, including eReferral via OceanMD, OLIS (Ontario Laboratory Information System), ePrescribe, and Clinical Connect. These tools allow for seamless communication with other healthcare providers and streamline the sharing of patient data across the continuum of care. eReferral via OceanMD enables our clinicians to quickly refer patients to specialists, reducing wait times and improving patient outcomes. OLIS provides instant access to lab results, eliminating the need for paper-based systems and reducing the administrative workload associated with tracking down results. ePrescribe simplifies the prescription process, reducing errors and improving patient safety, while Clinical Connect enables us to share important patient information with regional hospitals and specialists, ensuring coordinated care. All of these tools help eliminate unnecessary steps in the workflow and enhance the speed and accuracy of communication between clinicians, specialists, and patients.

Exploring the Use of AI Scribes:
In an effort to reduce the administrative burden even further, GBACHC is actively exploring the use of AI scribes to assist with the documentation process. These AI-driven tools have the potential to transcribe clinical conversations and input data directly into the Electronic Medical Record (EMR), thereby allowing clinicians to focus on patient interaction rather than administrative tasks. This innovative approach could significantly reduce the time clinicians spend on documentation, ensuring that their attention remains focused on the patient's needs.

By implementing these initiatives, GBACHC is creating a work environment that supports clinicians and the interprofessional team in delivering high-quality care while minimizing the burden of administrative tasks. These efforts directly contribute to the "patients before paperwork" initiative by streamlining documentation, improving communication, and advancing the use

of digital tools, ultimately allowing clinicians to spend more time with patients and improve health outcomes for the community.

CONTACT INFORMATION/DESIGNATED LEAD

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SIGN-OFF

It is recommended that the following individuals review and sign-off on your organization's Quality Improvement Plan (where applicable):

I have reviewed and approved our organization's Quality Improvement Plan on **March 18, 2025**

_____

Marg Alfieri, Board Chair

_____

Saverio Rinaldi, Quality Committee Chair or delegate

_____

Ralph Ganter, Executive Director/Administrative Lead

_____

Tara Oke, Other leadership as appropriate

_____

Access and Flow | Timely | Optional Indicator

	Last Year		This Year		
Indicator #3	**83.94**	**90**	**94.12**	**12.13%**	**98**
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 (Grand Bend Area CHC)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

OHT Population: Those clients who respond yes to the Patient Client Satisfaction Survey

Change Idea #1 ☑ **Implemented**　☐ Not Implemented

Standardized appointment times for providers

Process measure

- The number of appointment times at 30 minutes versus those that are higher than 30 minutes.

Target for process measure

- 70% of appointments will be 30 minutes by November 1, 2024 and 85% by March 1, 2025.

Lessons Learned

We continue to standardize our appointment times however we have some staff who consistently extend their appointment times regardless. We will work with these individuals to stress the importance of access to care.

Change Idea #2 ☑ **Implemented**　☐ Not Implemented

Complete third-day, same-day, next appointment data collection to highlight the current time frames of appointment availability by providers

Process measure

- Third-day next - monitor the third-day next available appointment by provider. Ensuring we offer same-day and next availability (2 blocked spots per day per provider)

Target for process measure

- The GBACHC will have reached 87% of those responding that they receive an appointment in a timely manner by November 1, 2024, and 90% will by March 1, 2025.

Lessons Learned

We continue to track third-day-next appointments and provide feedback to providers to help them better understand appointment availability and access to care.

Comment

Many clients wanted an appointment with their physician and were advised of the wait time. NP appointments were quicker and clients are encouraged to see the NP when it meets the criteria for a visit.

Equity | Equitable | Optional Indicator

	Last Year		This Year		
Indicator #5					
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education (Grand Bend Area CHC)	**0.00** Performance (2024/25)	**95** Target (2024/25)	**96.00** Performance (2025/26)	**--** Percentage Improvement (2025/26)	**NA** Target (2025/26)

Change Idea #1 ☑ **Implemented**　☐ ~~Not Implemented~~

Provide in-person education around Equity, Diversity and Inclusion as well as antiracism raining education at all general staff meetings.

Process measure

- Number of staff that demonstrate uptake of education documented per quarter

Target for process measure

- 75% of staff will have received training by June 4, 2024 and 90% by September 10, and 100% by March 31, 2025

Lessons Learned

Staff completed Diversty, Equity, and Inclusion training at quarterly staff meetings. Uptake was good, and staff embraced the learnings.

Change Idea #2 ☑ **Implemented**　☐ ~~Not Implemented~~

The GBACHC will provide all staff training and education around equity, diversity and inclusion and antiracism education via an online training module.

Process measure

- number of staff that demonstrate uptake of education documented per quarter.

Target for process measure

- By November 1, 2024, 75% will have completed the online education and by March 1, 2024, 95% will have completed the education online.

Lessons Learned

Staff completed online Diversity, Equity, and Inclusion training through the GBACHC online platform. Uptake was good, and staff embraced the learnings.

Comment

Overall, the GBACHC is pleased with the number of staff participating in DEI training. We will continue to offer a variety of DEI education for staff in a variety of platforms.

	Last Year		This Year		
Indicator #1	**55.00**	**75**	**65.00**	**18.18%**	**80**
Completion of sociodemographic data collection (Grand Bend Area CHC)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
OHT Population: Patients who complete the sociodemographic data collection					

Change Idea #1 ☑ **Implemented** ☐ Not Implemented

Rapid Action and Learning Intensive (RALI) in collaboration with the Alliance for Healthier Communities work is being done internally to educate staff and develop a team within the GBACHC to increase the collection and completion of sociodemographic data

Process measure
- number of clients who complete the sociodemographic data

Target for process measure
- 60% completion of sociodemographic data by November 1, 2024 and 75% by March 31, 2025

Lessons Learned

Some challenges include educating our clients on why we are collecting this information and how we use this information. With improved staff training, we have made strides in collecting this data.

Change Idea #2 ☑ **Implemented** ☐ Not Implemented

Report Accessed: June 20, 2025

Provide client education about the collection of sociodemographic data

Process measure

- number of clients who complete the sociodemographic data

Target for process measure

- 6% of clients will complete their sociodemographic data by November 1, 2024 and 75% by March 31, 2025.

Lessons Learned

We have seen an increase to the number of clients who provide sociodemographic data at the GBACHC. We will continue to educate our clients to support the collection of sociodemographic data.

Change Idea #3 ☑ **Implemented**   ☐ **Not Implemented**

The GBACHC will provide staff education on why we are collecting this data in order to educate our clients around its collection.

Process measure

- number of completed sociodemographic data per quarter

Target for process measure

- The sociodemographic data will be 60% complete by November 1, 2024 and 75% complete by March 31, 2025.

Lessons Learned

Staff have been making improved efforts to collect this data from clients. We continue to provide our staff with education on the use of this information so they can share and address client concerns.

Comment

The Alliance for Healthier Communities is supporting our efforts to collect sociodemographic data. We will continue the work they are advocating for.

Report Accessed: June 20, 2025

Experience | Patient-centred | Optional Indicator

Indicator #2

Do patients/clients feel comfortable and welcome at their primary care office? (Grand Bend Area CHC)

OHT Population: Patients who respond good, very good and excellent

	Last Year		This Year		
	96.27	**98**	**96.72**	**0.47%**	**100**
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☑ **Implemented**   ☐ Not Implemented

Provide more large seating to accommodate different body sizes in the waiting room with armrests for clients who may need extra support when sitting or standing.

Process measure

- provide 50% percent of chairs in our waiting room to accommodate different body sizes and meet client needs

Target for process measure

- 50% of chairs will be replaced by March 31, 2025

Lessons Learned

Successes include interprofessional health care providers requesting this type of seating be available for them for their clients.

Change Idea #2 ☑ **Implemented**   ☐ Not Implemented

update the client satisfaction survey to ask this question as a stand alone with the opportunity to free text client suggestions

Process measure

- number of clients who respond to this question and any suggestions provided

Target for process measure

- 97% of clients who respond good, very good and excellent by December 1, 2024 and 98% by March 31, 2025

Lessons Learned

Some clients responded to this question, responses included: "Always clean an welcoming", "They have always made an effort to accommodate my needs as quicly as they possibly can.", "I am always treated in a respectful friendly manner."
We will continue to ask this question with the option to free text responses.

Comment

The survey changes were well received, and I hope to obtain more comments in the future to help us prioritize things the GBACHC can do to improve clients' comfort.

	Last Year		This Year		
Indicator #4	**90.84**	**95**	**88.23**	**-2.87%**	**NA**
Percent of patients who stated that when they see the doctor or nurse practitioner, they or someone else in the office (always/often) involve them as much as they want to be in decisions about their care and treatment (Grand Bend Area CHC)	**Performance (2024/25)**	**Target (2024/25)**	**Performance (2025/26)**	**Percentage Improvement (2025/26)**	**Target (2025/26)**

OHT Population: patients who respond always or often

Change Idea #1 ☑ **Implemented** ☐ Not Implemented

Update Patient-Client Satisfaction survey to allow for free texting comments or suggestions.

> **Process measure**
> - number of patients who respond to the survey question.
>
> **Target for process measure**
> - 92% will respond often or always by November 1, 2024 and 95% will respond by March 31, 2025

Lessons Learned

We have received surveys back from our clients with comments such as:
"Very patient centred and always trying to improve communication. Proactive about scheduling next steps and follow up", and "They have always made an effort to accommodate my needs as quickly as they possible can"

Report Accessed: June 20, 2025

Change Idea #2 ☑ **Implemented**   ☐ Not Implemented

Utilizing the GBACHC's suggestion box, provide the question to our clients via advertising in the waiting room and social media campaigns and educate our providers on responding to client concerns.

> **Process measure**
>
> - Number of ideas provided and implemented on a monthly basis reviewed by the AAT.
>
> **Target for process measure**
>
> - 90% of clients will respond "often" and "always" in the client satisfaction survey by October 2024 and 93% by March 31, 2025.

Lessons Learned

To date, we have not received any suggestions through the suggestion box option.

Change Idea #3 ☑ **Implemented**   ☐ Not Implemented

The GBACHC plans to provide training to our primary care providers to ask questions addressing the clients concerns.

> **Process measure**
>
> - The number of clients who respond to the Client Satisfaction Survey with "often" or "always" and the number of clients who comment on this measure in free text.
>
> **Target for process measure**
>
> - The target for the number of people who feel involved in their care is 95% by March 31, 2025.

Lessons Learned

Our providers continue to include clients in their care. However, there is a disconnect between their understanding of the question and how they drive the appointment with the primary care provider.

Comment

Despite this number decreasing, we continue to provide patient-centred care.

Access and Flow

Measure - Dimension: Timely

Indicator #4	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	O	% / PC organization population (surveyed sample)	In-house survey / Most recent consecutive 12-month period	94.12	98.00	While we are performing well, we would like to see more clients state their receiving timely access to care.	

Change Ideas

Change Idea #1   Providing same day and next day appointments daily at both Grand Bend and Hensall sites.

Methods	Process measures	Target for process measure	Comments
Build in these daily slots into providers schedules	# of same day and # of next day appointments documented per site per quarter.	% of total appointments that are client-initiated same day or next day appointments	

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	EMR/Chart Review / Most recent consecutive 12-month period	65.00	80.00	We continue to improved the completion of sociodemographic data as part of a collaborative effort with the Alliance for Healthier Communities.	Alliance for Healthier Communitites

Change Ideas

Change Idea #1   Reported completion of sociodemographic data collection quarterly

Methods	Process measures	Target for process measure	Comments
front reception to check for completion of sociodemographic data at each visit to ensure the information is up-to-date.	Retrieve a report quarterly for completion	100% of the time sociodemographic data is reported quarterly	

Change Idea #2   Sending out clients a link to complete the sociodemographic form through the Ocean platform at their convenience.

Methods	Process measures	Target for process measure	Comments
Share a link to the sociodemographic form via the Ocean platform in order to collect responses	The number of times the sociodemographic form is sent out to clients for completion and returned	80% completion in collaboration with the work being done with the Alliance for Healthier Communities.	

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Experience

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Do patients/clients feel comfortable and welcome at their primary care office?	O	% / PC organization population (surveyed sample)	In-house survey / Most recent consecutive 12-month period	96.72	100.00	The GBACHC continues to set the bar high in making our clients feel comfortable and welcome in our locations.	

Change Ideas

Change Idea #1 Report client experience survey results at leadership meetings and share results with staff quarterly

Methods	Process measures	Target for process measure	Comments
Client Satisfaction survey results	report survey results yearly	The survey is shared and discussed 100% of the time.	

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	O	Number of faxes / PC patients/clients screen eligible patients from ages 18-80	Other / Most recent quarter of data available (consecutive 3-month period)	CB	CB	Collecting baseline.	

Change Ideas

Change Idea #1   Educate the staff on the benefits and use of digital alternatives and update policies in the use of these methods instead of faxes.

Methods	Process measures	Target for process measure	Comments
Organize regular training sessions and workshops on how to train staff on new digital tools and updated processes. Update policy manuals and revise existing policies to formally integrate digital communication methods. Create support resources (user guides, 1-page workflows for staff, etc.) to improve the transition. Monitor the adoption and provide feedback. Make improvements based on uptake. Monthly tracking of faxes sent based on a device report.	Decrease in the percentage of faxes sent quarterly. Percentage of staff who have completed the training. Staff feedback - average satisfaction or effectiveness ratings from post-training surveys	collecting baseline.	