

Key Information & FAQ: Common QIP Indicators for CHCs

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Alliance for Healthier Communities
Advancing Health Equity in Ontario

Background: Why do we need common QIP indicators?

In 2017, the [Auditor General of Ontario released a report on CHCs](#) identified issues with quality improvement activities across the CHC sector. In particular, she flagged a lack of comparability due to the very high number of unique indicators being used and a lack of reporting on common indicators. A subsequent review of all indicators used in Alliance members' 2018-19 QIPs confirmed there was wide variation. In response, Alliance members developed a set of common QIP indicators for all CHC members to use. These were drawn from the QIP Indicator matrix provided by Ontario Health and adapted to meet the needs of member organizations.

The common QIP indicators were introduced as “exploratory” for 2019-2020 and were fully implemented by 2023-24. Subsequent changes have been made with guidance from Alliance members to maintain alignment with the priorities of our sector and the broader health system.

By collecting and reporting data on these indicators, you can help support data quality improvement and constructive comparison with other organizations from a health equity perspective.

What are the common QIP indicators?

There are currently five common QIP indicators for our sector:

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 ability to get appointment on date wanted
5. Number of new clients/patients

Are these new indicators?

As much as possible, indicators are chosen for which data is already being collected within the sector, to reduce reporting burden and ensure that timely and accurate data is available for ongoing monitoring. They are either identical to, or adapted from, indicators already in use across all or a sub-section of the sector. For example, in 2026, we introduced a new common QIP indicator, *Number of new clients/patients*. Over 40% of Alliance member CHCs had already included this indicator in their 2025-26 QIPs.



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

For the 2026-27 QIP cycle, Ontario Health has [13 recommended indicators from four quality domains](#) for the interprofessional primary care sector and has designated three of them as priorities. The table on the next page/below shows the alignment between the OH recommended and priority indicators and the Alliance's common QIP indicators.

Domain	Indicator name	OH Priority	Common QIP
Access & Flow	Patient/client perception of timely access to care	✓	✓
	Number of new patients/clients	✓	✓
	Percentage of clients with type 2 diabetes mellitus who are up to date with HbA1c blood glucose monitoring		
	Percentage of screen-eligible people who are up to date with colorectal tests		
	Percentage of screen-eligible people who are up to date with cervical cancer screening		<i>Adapted for equity</i>
	Percentage of screen-eligible people who are up to date with breast screening		
Equity	Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and antiracism education		
	Completion of sociodemographic data collection		✓
	CQ) Completion of sociodemographic data collection		
	Percentage of clients actively receiving mental health care from a traditional provider		
Experience	Number of events and participants for traditional teaching, healing, or ceremony		
	Do patients/clients feel comfortable and welcome at their primary care office?		✓
Safety	Number of faxes sent per 1,000 rostered patients	✓	
	Provincial digital solutions suite (7 indicators): Percentage of clinicians in the primary care practice using... [eReferral, eConsult, OLIS, HRM, electronic prescribing, online appointment booking, AI scribe]		

How are the the common QIP indicator values calculated?

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



Where does the data come from? Do we need to collect new data?

The source of the data for the Common QIP indicators is either our shared Business Intelligence Reporting Tool (BIRT)* or an organization’s Client Experience Survey. CHCs should already be collecting most of the data needed for the Common QIP indicators as part of the new Health Equity Questionnaire that was rolled out across the sector 2024, and the ‘Four Core’ Client Experience Survey questions that were approved by Alliance members 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	Adapted from MSAA (stratification added to QIP indicator by/for our sector)
Number of new clients/patients	BIRT	Ontario Health
Client feeling comfortable and welcome at the CHC	Client Experience Survey	Four Core Questions for the Client Experience Survey
Client ability to get appointment on date wanted	Client Experience Survey	Four Core Questions for the Client Experience Survey

Each year in February or March, the Alliance will release a *Common QIP Data Report* to all CHC members. This report contains data pulled centrally from BIRT for the Common QIP indicators: *Completion of sociodemographic data*, *Stratified cervical cancer screening*, and *Number of new clients/patients*. Alliance members are encouraged to pull data from their EMR throughout the year in order to monitor their progress towards their QI goals.

Data for the client experience indicators (*Client feeling comfortable and welcome at the CHC*, *Client ability to get appointment on date wanted*) is collected by each organization through their Client Experience Survey. This should be done on an ongoing basis throughout the year.

Do we need to report on this data, and to whom?

All primary health care organizations must submit a QIP to Ontario Health once per year using Ontario Health’s QIP Navigator tool. The deadline to do this is April 1.

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



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

Setting a target for each indicator is an important part of the QIP process. It is a commitment to measurable improvement. A lack of consistent QIP targets within our sector was flagged by the Auditor General in 2017 as an issue for CHCs.

However, given the diversity of our members, it is not feasible to have precise, universal targets that are both attainable and meaningful for every organization. We worked with our members to set *target corridors* for most of the Common QIP Indicators. These are ranges of values that should be attainable and meaningful for every organization.

When choosing their target for each indicator, an organization should select a value within the target corridor, taking into consideration their current performance and their circumstances. For example, the target corridor for *Client perception of timely access to care* is 85% to 100%. Each organization using this indicator should choose a target that falls between 85% and 100%. An organization that is struggling with staffing and currently has a long waitlist may choose 85% as their target. One that is fully staffed, has cleared their waitlist, and is undertaking process improvements for efficiency may choose 100% as theirs.

NOTE: The indicator *Number of new clients/patients* does not have a target corridor for the sector, because it is a raw number and heavily influenced by factors such as current panel size, number of providers, community need, etc.

