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 five Common Quality Improvement Plan (QIP) Indicators for member organizations 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	*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

INDICATOR NAME		**COMPLETION OF SOCIODEMOGRAPHIC DATA COLLECTION**
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.
	DATA SOURCE	BIRT
	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 and disseminated to all CHCs. Alternatively, centres may wish to pull their own data directly from their EMR using LogiReport.
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 Health Equity Questionnaire started in January 2024; however, information on racial/ethnic group, disability, gender identity, and sexual orientation is available in BIRT as of June 2018.
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.
STRATEGIC LINKAGES		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: • Aligning practices with unmet needs, and • Providing evidence-driven input for advocacy, policy development and service planning.

INDICATOR NAME	**COMPLETION OF SOCIODEMOGRAPHIC DATA COLLECTION**
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 at the first occurrence, and then at minimum every three years 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)*	2024-12-12

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 ongoing primary care screen-eligible clients who received or were offered cervical cancer screening following clinical guidelines, 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

INDICATOR NAME		**CERVICAL CANCER SCREENING RATE STRATIFIED BY INCOME AND STRATIFIED BY RACIAL/ETHNIC GROUP**
NUMERATOR	**CALCULATION**	See “Numerator” calculation from Community Health Centre MSAA Technical Definition for Cervical Cancer Screening Rate. Numerator will be stratified by income, as listed in the Health Equity Form. Numerator will be stratified by racial/ethnic group, as listed in the Health Equity Form. The difference between the percentages for the highest and lowest group will be calculated. This is the number that should be entered into your QIP. 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.
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 LogiReport.
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 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 Community Health Centre MSAA Technical Definition for Cervical Cancer Screening Rate.
STRATEGIC LINKAGES		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: Aligning practices with unmet needs, and Providing evidence-driven input for advocacy, policy development and service planning.

INDICATOR NAME	CERVICAL CANCER SCREENING RATE STRATIFIED BY INCOME AND STRATIFIED BY RACIAL/ETHNIC GROUP
	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 at the first occurrence, and then at a minimum every three years 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)***	2024-12-12

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]*?" ○ Yes ○ No French: « Je me sens toujours à l'aise et le/la bienvenu(e) au *[nom du centre]? »* ○ Oui

INDICATOR NAME		**CLIENT FEELS COMFORTABLE AND WELCOME AT CHC**
		○ 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)***		2024-12-12

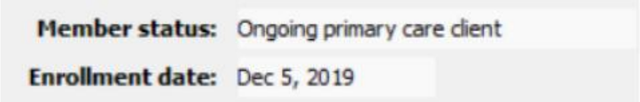
4. Client perception of timely access to care

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?” ○ Yes ○ 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? » ○ Oui ○ 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.

INDICATOR NAME	CLIENT PERCEPTION OF TIMELY ACCESS TO CARE
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)***	2024-12-12

5. Number of new clients/patients

INDICATOR NAME	NUMBER OF NEW CLIENTS/PATIENTS
INDICATOR DESCRIPTION	Number of **new** clients/patients attached or enrolled to a community primary care organization (CHC/NPLC/cFHT/IPHCO) within the reporting period.
INDICATOR THEME	Access and Attachment
PERFORMANCE TARGET	An increased number of **NEW** clients.
TARGET CORRIDOR *Specify the desired calculated rate range (e.g., 75-90%), the direction of improvement, etc.*	N/A for the sector, but a target could be calculated and set internally by an organization for measuring attachment efforts and monitoring improvement. ***To note:*** *an increase for this indicator is the desired outcome (i.e., higher is better).*
INDICATOR CALCULATION	Count the total number of **new** ongoing primary care clients (OPCC for CHCs and NPLCs) or **new** patients enrolled (for community FHTs) within the reporting period. **Includes:**

INDICATOR NAME	NUMBER OF NEW CLIENTS/PATIENTS
	Clients/Patients with an “**OPCC**” (for CHCs and NPLCs) or “**FHO Enrolled**” (for community FHTs) member status and an “**Enrollment date**” within the reporting period.  **Member status:** Ongoing primary care client **Enrollment date:** Dec 5, 2019
NUMERATOR	N/A
DENOMINATOR	N/A
DATA SOURCE	EMR/BIRT
REPORTING PERIOD	One (1) calendar year from January 1st to December 31st (or Q4 of last fiscal year and Q1 to Q3 of current fiscal year).
TIMING/FREQUENCY OF RELEASE *How often, and when, are data being released*	Updated and reported yearly. *Organizations may choose to monitor their data more frequently (e.g., every month or every quarter) using reports created by their DMC/Analyst in LogiReport.*
LEVELS OF COMPARABILITY	The data will be presented at the organization level. *Organizations may choose to compare their data using reports created by their DMC/Analyst in LogiReport. For example, data could be stratified by OH region, OHT, or compared to an average number among similar organizations/peers or compared to a province-wide average.*
TRENDING *Years available for trending*	January 2025 *Organizations may choose to look at their data overtime using reports created by their DMC/Analyst in LogiReport.*
LIMITATIONS *Specific limitations*	Recognizing some community primary care organizations do not, or are not expected to (as per their funding agreements), provide ***ongoing primary care*** to individuals within the regions and communities they serve -- such as those organizations who provide episodic care to individuals accessing and using shelters -- this indicator may not be relevant and would not be included in their annual QIP submission.
STRATEGIC LINKAGES	Community primary care organizations (CHC/NPLC/cFHT/IPHCO) are mandated to serve marginalized populations.

INDICATOR NAME	NUMBER OF NEW CLIENTS/PATIENTS
	This indicator is linked to the Evaluation Framework Direct Outcome #2. In other words, increased access to primary care for those newly attached people who have experienced barriers. Information about the type and magnitude of health disparities can inform the development of strategies to reduce disparities by: • Aligning practices with unmet needs; • Providing evidence-driven input for advocacy, policy development and service planning.
COMMENTS *Additional information regarding the calculation, interpretation, data source, etc.*	This indicator supports the Ministry of Health and Ontario Health's Primary Care Action Plan and the commitment to attach 2 million more people to primary care by 2029.
References	QIP Program - Indicator Technical Specifications 2026/27 Ontario's Primary Care Action Plan - January 2025 Ontario's Primary Care Action Plan: 1-year progress update
DATE CREATED *(YYYY-MM-DD)*	2026-01-19
DATE LAST REVIEWED *(YYYY-MM-DD)*	

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.

INDICATOR	VERSION	SIGNIFICANT CHANGES
All indicators	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
Number of NEW clients/patients	January 2026	Addition of a new indicator for 2026-2027 Common QIP