

## SECTION 2: Operating Plan 2017-2018

| Social Determinant of Health | Program   | Objective/Best Practice  | Indicator/Measure  | Baseline     | Target       |
|------------------------------|---|--|--|--------------|--------------|
| Employment and Job Security  | Employment Services   | Ensure increase to employment programs   | % of Employment Program Assisted Service clients who obtain employment                             | 68%          | 69%          |
|                              |   |  | % of clients who are referred in or out of service   | 40%          | 34%          |
|                              |   | Increase access to employment services for Youth   | # Assisted Employment Service units  | 1360         | 1400         |
|                              |   | Increase access and supports among Youth   | # youth receiving job matching supports and incentive  | N/A          | 31           |
|                              |   | Increase access to programs and services among youth   | # youth attending workshops  | N/A          | 93           |
|                              |   | Maintain the Provincial Service Quality target   | Provincial Service Quality Target  | 5.75         | 5.4          |
|                              |   | Maintain high levels of satisfaction with employment service's clients   | Employment Program Assisted Services clients who report satisfaction with services                 | 99%          | 90%          |
|                              |   | Maintain or increase the percentage of clients enrolled in employment training program Access to Programs and Services | % of clients who enroll in training program  | 11%          | 10%          |
|                              |   | Provide volunteering and career development placements for Internationally Trained Professionals                       | # of ITP Mentor/Mentee placements  | 43           | 40           |
|                              |   | Increase access to volunteering and career development placements for people with disabilities                         | # of volunteers with disabilities placed in opportunities based on their career development        | 12           | 15           |
|                              | Maintain access to employment among internationally trained professionals | % of mentees find employment within their field of expertise (within 6 months of completing the program)               | 50%  | 50%          |              |
|                              | Volunteer and Student Services  | Attract and retain qualified volunteers  | # of volunteers engaged in the Centre  | Under review | Under review |
|                              |   | Provide a work environment valued by students  | % of students who say "I would recommend the CHC as a placement option for students"               | 92%          | 96%          |
|                              |   | Increase the # of educational institutions supporting students participating in and completing research for the Centre | # of educational institutions participating in research projects                                   | 2            | 3            |
|                              |   | Provide a work environment valued by volunteers  | % of volunteers who say "I would recommend the CHC to others interested in volunteering"           | 90%          | 92%          |
|                              |   | Attract and retain qualified students  | # of students engaged in placements at PQCHC   | Under review | Under review |
|                              | Youth Employment  | Increase youth employment, education and access to apprenticeship  | % youth employment participants who secure employment within one month                             | 45%          | 50%          |
|                              |   |  | % of youth employment participants who return to school within one month of completing the program | 21%          | 25%          |
|                              |   |  | # of youth accessing pre-apprenticeship opportunities  | 24           | 24           |

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| Education                    | Pathways to Education                  | Increase academic achievement among at risk youth                                   | % of attributable Pathways students who have graduated from high school in 5 years or less (those who have spent at least 2 years in program) | 47% (2007 - Pre-Pathways)                                   | 76%  |
|                              |  |   | % of eligible grade 8 students that register in the program upon their transition to grade 9  | 78% (2016)  | 82%  |
|                              |  |   | % of eligible grade 8 students from French school boards (CECCE and CEPEO) that register in the program upon their transition to grade 9      | n/a (we have not formally tracked this number in the past.) | target to be set once baseline established |
|                              |  |   | % of Pathways students who have earned 7 or more credits at the end of grade 9  | 64% (2011)  | 90%  |
| Civic Engagement             | Community Development/Health Promotion | Build civic engagement to increase the voice of low income residents                | # of engaged leaders volunteering in the community  | 65  | 65   |
|                              |  |   | # of community members participating in advocacy initiative at municipal, provincial and federal level.                                       | 33  | 35   |
|                              |  | Foster collaboration to build safe and vibrant neighborhoods                        | Local community level action plans developed to support resident-identified neighborhood initiatives in four neighborhoods                    | 4   | 4  |
|                              |  |   | # of participants at these events and these activities  | 2350  | 2350                                       |
| Social Exclusion             | All Community Health Team              | Increase sense of connection/decrease isolation among CHT program participants      | % of participants who report feeling more connected to their community  | 88%   | 90%  |
|                              |  | Increase knowledge about available community resources                              | % of CHT clients reporting increased knowledge about community services   | 88%   | 90%  |
|                              | Circle of Support                      | Increase opportunities for culturally sensitive parenting supports                  | # of children who accessed the parenting program  | 250   | 260  |
|                              |  |   | # of adults who accessed the parenting program  | 240   | 250  |
|                              |  |   | % of parents who achieve their goals  | n/a   | 75%  |
|                              | Pathways to Education                  | Increase sense of connection/decrease isolation among Pathways program participants | % of Pathways students that report that they feel more connected to their community as a result of participating in Pathways to Education     | n/a (we have not formally tracked this number in the past.) | target to be set once baseline established |

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|--|---|---|---|--|--|-------------|
| Access to Health Services  | South Nepean Community Development / Health Promotion                               | Collaborate with other service providers to increase access to youth mental health services in South Nepean | # collaborative initiatives pursued related to youth mental health  | N/A  | 3.00   |             |
|  | Community Development/Health Promotion  | Improve and increase CHC capacity to measure health outcomes  | CHCs to support the implementation of health promotion evaluation tools, including the Community Initiatives Resource | N/A  | 100% of required programs to enter at least 1 CI |             |
|  | Primary Care Clinic   |   | Improve Ontarian's access to Interdisciplinary care   | Access to Primary Care clinical services: Roster size of primary health care clients   | 71%  | 80%         |
|  |   |   |   | Interprofessional Diabetes care rate: Performance Standard: Corridor +/- 20%   | 94%  | 96%         |
|  |   |   | Increase population that has received appropriate screening   | Colorectal Screening rate: Corridor +/- 20%  | 57%  | 67%         |
|  |   |   |   | Cervical Cancer Screening rate: Corridor +/- 20%   | 68%  | 74%         |
|  |   |   | Reduce risks and adverse events   | Influenza Vaccination rate: Corridor +/- 20%   | 38%  | 43%         |
|  |   |   | Increase % population that has received appropriate screening   | Percentage of patients with diabetes, aged 40 and over, with two or more glycated hemoglobin (HbA1C) tests within the past 12 months | 37%  | 40%         |
|  |   |   | Improve timely and appropriate access to care   | Retention rate for NP and MD: Performance standard 100%  | 99%  | 100%        |
|  |   |   | Explanatory Note for LHIN   | Clinic Support Staff for Primary Care Provider (2.5 SS to 1 MD)  | 1.04:1   | 1.5:1       |
|  |   |   |   | Percentage of clients on panel requiring cultural interpretation   | 6.00%  | Explanatory |
|  |   |   |   | Percentage of non-insured clients in panel size (BIRT)   | 15%  | Explanatory |
|  | Build Capacity of CHC to address Health Inequity                                    | # of self identified Trans patients   | 9   | 12   |  |             |
|  | Primary Care Outreach for Seniors   | Increase access for vulnerable seniors through PCO  | # active clients served (i.e. Clients within last two years) -- target not yet determined by funder                   | 403  | TBD  |             |
|  |   |   | # of unique clients served (i.e. Clients seen within fiscal)  | 240  | 209-293  |             |
|  |   |   | Total # of service interactions-- target not yet determined by funder   | 2879   | TBD  |             |
|  |   |   | # of services interactions at the CHC--target not yet determined by funder  | 53   | TBD  |             |
|  |   |   | # of services interactions Outreach--Target not yet determined by funder  | 77   | TBD  |             |
|  |   |   | # of services interactions Home-target not yet determined by funder   | 593  | TBD  |             |
|  |   | Maintain achievements in access, accountability and safety  | # of emergency room visits per year - target not yet determined by funder   | 27   | TBD  |             |
| # of admissions to acute care hospital - target not yet determined by funder |   |   | 20  | TBD  |  |             |
|  | # of seniors who obtain a family practitioner - target not yet determined by funder | 13  | TBD   |  |  |             |

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|------------------------------|-------------------------------|---|---|---|---|
| Access to Health Services    | Falls                         | Increase access to Falls prevention programming for seniors at risk                           | # of unique clients served - Program under evaluation-baseline kept from 2015-16  | 129   | 150   |
|                              |                               | Increase in home visits   | Total number of year to date home visits - Program under evaluation-baseline kept from 2015-16                                  | 770   | 1050  |
|                              |                               | Reduce the number of clients on the falls prevention wait list                                | Average number of clients on the wait list - Program under evaluation-baseline kept from 2015-16                                | 23  | 0   |
|                              |                               |   | Average number of days on wait list -Program under evaluation - baseline kept from 2015-16                                      | 71  | 0   |
|                              | Healthy Start/Parent Support  | Engage high risk families in programming designed to improve pre and post natal health        | # of pre and post natal clients participating in the program  | 65 unique pregnant women  | 75 unique pregnant women  |
|                              |                               |   |   | 150 unique children   | 160 unique children   |
|                              |                               |   |   | 175 unique parents  | 185 unique parents  |
|                              | Corporate                     | Engagement in health system planning to enhance quality of care for most complex clients      | # of clients who have co-ordinated Health Link care plans by end of fiscal  | N/A   | 750   |
|                              | ACTT                          | Reduction in hospital bed days used/Stabilize clients in communities with community supports  | # of days per year hospitalized for mental health admission for cohort 1 through 11 (total for clients in the program > 1 year) | 1516  | 1100  |
|                              |                               |   |   | Reduction in hospital bed days used/Reduce hospital bed day use for new clients | % reduction in days hospitalized for cohort 0 for mental health admission (total for clients in the program < 1 year) |
|                              |                               | Maintain achievements in access, accountability and safety/Improve Emergency Room performance | # repeat, unscheduled ER visits within 30 days for mental health conditions   |   |   |
|                              |                               |   |   | # repeat, unscheduled ER visits within 30 days for substance abuse conditions   | 0   |
|                              |                               | Increase smokers engagement in harm reduction programming                                     | % of smokers enrolled in STOP smoking cessation/reduction programming   |   | 40%   |
|                              |                               | Ensure quality of care for clients receiving ACTT services                                    | % of clients offered opportunity to participate in ontario perception of care tool  | 40%   | 50%   |
|                              |                               | Meet the updated provincial standards of 80 clients per team                                  | increase in # unique clients served   | 77  | 80  |
|                              | Systems Navigation            | Utilize evidence based practice to inform system navigation processes                         | # of clients offered draft client feedback survey   | 0   | 30  |
|                              | Multicultural Case Management | Ensure quality of care for clients receiving case management services                         | % of clients offered opportunity to participate in ontario perception of care tool  | 0   | 50%   |

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|--|---|---|--|----------|--|
| Early Childhood Development  | All Children and Family Services + Primary Care | Promote excellence in family centred maternity care   | breastfeeding exclusivity rates at point of entry  | n/a      | 75% exclusivity at point of entry        |
|  |   |   | 0-1mos+29days, 2-2mos+29days, 4-4mos+29days, 5-5mos+29days,  | n/a      | 40% exclusivity 1 mos to 5 mos +29 days  |
|  |   |   | breastfeeding continuation at: 9-9mos+29days, 12-(12-15), 18mos-(16-21mos), 24mos-(22-25mos)   | n/a      | 15% continuation 9-9mos+29days to 25 mos |
|  |   |   | % of staff trained in BFI 101, level 2, and level 3, as required   | N/A      | 75%                                      |
|  | All Children and Family Services                | Promote access to children and family services  | Create a policy regarding social media outreach  | n/a      | develop policy                           |
|  |   |   | Create a client distribution list  | n/a      | # of emails on distribution list         |
|  |   |   | Develop an orientation process   | n/a      | develop orientation process              |
|  |   |   | % of survey participatns reporting that they are aware of programs and services  | n/a      | 60%                                      |
|  |   | Enhance quality of programming by introducing 'How Does Learning Happen' pedaogy into program polices and HR structures                     | review and make changes to relevant job descriptions   | n/a      | of job descriptions u                    |
|  |   |   | include HDLH as performance indicator in staff appraisals  | n/a      | PAs include this ind                     |
|  |   |   | new staff interview questions reflect pedaogy language   | n/a      | % interviews include                     |
|  |   |   | standing item on team agendas  | n/a      | 0% agendas include t                     |
|  |   |   | program descriptions reflect pedaogy   | n/a      | ogram descriptions i                     |
|  | Infant Hearing                                  | Ensure timely access to services (amplification, communication development, family support, etc.) for children born deaf or hard of hearing | % of babies with PHL whose families choose amplification who will access amplification services no later than 9 months corrected age - ISCIS   | 27%      | 40%                                      |
|  |   |   | % of babies with PHL who access language development services no later than 9 months corrected age - ISCIS   | 35%      | 40%                                      |
|  |   | Ensure early identification of children born deaf or hard of hearing  | % of all newborns born in a given region will receive a successful hearing screen - definition of successful: stage 1 pass in both ears or a stage 2 refer in at least one ear completed at or before 3 months corrected age | 91%      | 90%                                      |
|  |   |   | % of babies screened successfully in as per above, completed by 1 month corrected age  | 86%      | 90%                                      |
|  |   |   | % of babies who receive a "refer" result on screening and go on to receive an audiology assessment by 4 months of age - ISCIS  | 75%      | 75%                                      |
| Refer rate to Audiology Assessment for total babies who received Universal Newborn Hearing Screening by 3 months (corrected age) |   |   | 0.8%   | 2%       |  |

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| Early Childhood Development                      | First Words   | Reduce wait times for initial assessment   | % of children who accessed their initial assessment within 3 months from date of referral - ISCIS (doc: Fiscal Quarter report: Question 2)                                  | 34%       | 75%                 |
|  |   |  | % of children who accessed their initial assessment within 8 months from date of referral - ISCIS (doc: Fiscal Quarter report: Question 2)                                  | 66%       | 75%                 |
|  |   | Early identification   | % of initial assessment provided to children under 30 months  | 37%       | 75%                 |
|  |   | Increase access to speech and language therapy based on outcome measure requirements | % of children over 18 months of age who received an Outcome Measures tool before/at some time during their 1st intervention - ISCIS (doc: Fiscal Quarter report Question 5) | 56%       | 90%                 |
|  | % of children over 18 months of age that have had Outcome Measures completed at minimum every 6 months - ISCIS (doc: Fiscal Quarter report Question 6)                |  | 28%   | 90%       |                     |
|  | Blind Low Vision  | Reduce the age at which children who are blind-low vision are referred for services  | Average age of children at referral - ISCIS   | 23 months | less than 24 months |
|  |   |  | Average wait time from referral to first intervention - ISCIS   | 49 weeks  | less than 12 weeks  |
|  | Ontario Early Years Center  | Increase opportunities for children's optimal development and readiness to learn     | # unique parent/caregivers through OEYC   | 2500      | 2500                |
|  |   |  | # of visits by parents/caregivers through OEYC  | 13000     | 15000               |
|  |   |  | # of visits of parents/caregivers to workshops through OEYC   | 1100      | 1100                |
|  |   |  | # of children visits through OEYC   | 13000     | 19000               |
|  |   |  | # of referrals through OEYC   | 1000      | 1000                |
|  |   |  | # of referrals through OEYC   | 1000      | 1000                |
|  | Toy Lending Library   | Increase opportunities for children's optimal development and readiness to learn     | # unique parent/caregivers through Toy Lending Library  | 1469      | 1400                |
| # of client contacts through Toy Lending Library |   |  | 6069  | 6000      |                     |
| Shelter/Mental Health Workshops                  | Increase the # of children having access to programming; focus on opportunities for children's mental health development and readiness to learn in the family shelter | # of individuals served  | 330   | 400       |                     |

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|------------------------------|---|---|--|----------|--------|
| Housing                      | Families First-Housing Search and Stabilization                                   | Promote housing stability and long term housing retention   | number and percentage of families transitioned from the shelter to stable long term housing          | 225      | 246    |
|                              | Families First  | Work with clients to build resiliency to maintain their housing   | # of families in program and those successfully retaining their housing                              | 225      | 246    |
|                              |   |   | Increase # of referrals to community services supporting families moving from exiting shelter system | 80       | 90     |
|                              |   |   | % of families from the family shelter system referred to local CHC/CRCs                              | 100%     | 100%   |
|                              |   | Increase support services to multicultural population with language barriers / Build collective CHC capacity to address health equity   | # of multicultural families with language barriers accessing language appropriate services           | 51       | 60     |
|                              |   | Increase awareness of Families First services available to single male parents / Build collective CHC capacity to address health equity | % of single male parents in shelter system referred to the program                                   | 100%     | 100%   |
|                              |   | Increase number of clients referred from City' shelters including the off-site  | # of clients leaving shelters and off-site locations in order to move into suitable housing.         | 338      | 400    |
|                              | Provide services to Survivor's of Domestic Violence referred by the City shelters | # of referrals to Survivor's of Domestic Violence Case Worker.  | 0  | 18       |        |
| Race                         | Multicultural Seniors   | Provide access to culturally safe and appropriate programming for multicultural seniors   | # of unique multicultural seniors served by the program  | 120      | 120    |
|                              | Somali Youth Support Program  | Provide access to culturally safe and appropriate programming for Somali youth and their families                                       | # participants in SYSP   | 450      | 450    |
| Food Insecurity              | All CHT Programs  | Increase access to affordable food in low-income communities  | # food security initiatives being supported by the CHT   | n/a      | 7      |

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|------------------------------|------------------------|--|---|----------------|--------------------------|
| Not Assigned                 | Corporate              | Increase the visibility of PQCHC   | Implement the Communication Plan priorities for 2018/19   | N/A            | 100%                     |
|                              |                        | Update the strategic plan for the Centre   | Centre plan completed by March 2018   |                | completed                |
|                              |                        | Enhance our capacity as a learning organization                                  | # of staff education and training events  | 3              | 5                        |
|                              |                        | Provide a work environment valued by staff, students and volunteers              | average % of sick time used/FTE   | 28%            | 25%                      |
|                              |                        | Improve capacity as a learning organization                                      | % of client experience surveys completed  | 700            | 800                      |
|                              |                        | Provide a work environment valued by staff, students and volunteers              | % of staff who respond "yes" to the workplace culture survey questions, "I recommend my organization as a good place to work" | 98%            | 97%                      |
|                              |                        |  | Maximum annual staff turnover rate  | 4%             | less than 15%            |
|                              |                        | Ensure the Centre is accessible for persons with disabilities                    | To meet legislated requirements under the Accessibility for Ontarians with Disabilities Act                                   | N/A            | 100%                     |
|                              | Enviromental Committee | Contribute to the education of employees on practices that impact sustainability | Commitment to giving 4 presentations per or events at the centre throughout the year  | N/A            | 4 presentations per year |
|                              |                        | Promote sustainable practices and awareness                                      | Comitment to 3 Social events  | 2 events       | 3                        |
|                              |                        | Reduce waste in the centre in the form of paper                                  | Reducing the amount of paper in the center by 10 %  | 2620000 sheets | 2,358,000                |
|                              |                        | Eliminate plastic cutlery, plates, and mugs in the centre                        | Elimination of platsic cutly from centre kitchens and commom areas  | N/A            | 100%                     |