

Quality Improvement Plan Scorecard 2014.2015

Progress Legend	Continue to Monitor	Review Required	Action Required

Objective	Indicator	Reporting Frequency	Current Performance	Target	Q1	Q2	Q3	Q4	Commentary
Access to primary care when needed.	Percent of patients/clients able to see a doctor or nurse practitioner on the same day or next day, when needed.	Q3 months	78.6%	80%	81.4%	75.3%	75.3 %	75.1%	Q1 -Based on 80 surveys Q2 – Based on 173 surveys Q3 – Based on 201 surveys Q4 – Based on
	Percent of patient/client who feel that the appointment offered was within a reasonable amount of time.	Q3 months	95.9%	96%	93.6%	94.6%	95.3%		Q1- Based on 80 surveys Q2 – Based on 173 surveys Q3 – Based on 201 surveys – response always/often Q4 – Based on
Reduce ED use by increasing access to primary care	Percent of patients/clients who visited the ED for conditions best managed elsewhere (BME).	Q3 Months	1.65%	1.65%	N/A	N/A	N/A	1.73%	Q1 Historical data – annual. Work at RHL and AFHTO ongoing. Action QIDDS Q2 Historical data- HRM data will be available 3 rd quarter Q4 -2013/2014 Historical data from MoH portal
Timely access to primary care appointments post-discharge through coordination with hospital(s).	Percent of patients/clients who saw their primary care provider within 7 days after discharge from hospital for selected conditions (based on CMGs).	Q3 Months	48%	50%	N/A	N/A	N/A	42%	Q1- Historical data – annual. Hospital Report Manager by fall may help. Q2- Historical data – HRM data will be available 3 rd Quarter. Q4 -2013/2014 Historical data from MoH portal

Objective	Indicator	Reporting Frequency	Current Performance	Target	Q1	Q2	Q3	Q4	Commentary
Reduce unnecessary hospital readmissions	Percent of a primary care organization's patients/clients who are readmitted to hospital after they have been discharged with a specific condition (based on CMGs)	Q3 Months	22%	22%	N/A	N/A	N/A	17%	Q1- Historical data –annual. RHHL involvement. Q2 – Historical data – RHHL data manager working on tracking. Q4 -2013/2014 Historical data from MoH portal
Receiving and utilizing feedback regarding patient/client experience with the primary health care organization.	Percent of patients who stated that when they see the doctor or nurse practitioner, they or someone else in the office (always/often) give them an opportunity to ask questions about recommended treatment?	Q3 Months	95.9%	96%	94.9%	95.8%	95.4%		Q1 -Based on 80 surveys Q2 – Based on 173 surveys Q3 - Based on 201 surveys Q4 – Based on Response always/often
	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?	Q3 Months	93.9%	95%	91.1%	93.4%	94.8%		Q1 -Based on 80 surveys Q2- Based on 173 surveys Q3 – Based on 201 surveys always/often responses
	Percent of patients who stated that when they see the doctor or nurse practitioner, they or someone else in the office (always/often) spend enough time with them?	Q3 Months	94.2%	95%	96.2%	93.5%	93.8%		Q1 -Based on 80 surveys Q2- Based on 173 surveys Q3 – Based on 201 surveys Q4- Based on always/often responses

Objective	Indicator	Reporting Frequency	Current Performance	Target	Q1	Q2	Q3	Q4	Commentary
Reduce influenza rates in older adults by increasing access to the influenza vaccine.	Percent of patient/client population over age 65 that received influenza immunizations.	Q3 Months	Collect Baseline	65%	CB	CB	57%		N/A until flu season Q2 – N/A until flu season (3 rd quarter) Q3- Flu shots given this quarter- initial baseline
Reduce the incidence of cancer through regular screening.	Percent of eligible patients/clients who are up-to-date in screening for breast cancer.	Q3 Months	61%	75%	63%	63%	61%		
	Percent of eligible patients/clients who are up-to-date in screening for colorectal cancer.	Q3 Months	43%	60%	44%	43%	42%		Q2 – Total Screening – FOBT + scope = 59% Q3- Total Scrrening- FOBT + scope- 60%
	Percent of eligible patients/clients who are up-to-date in screening for cervical cancer.	Q3 Months	77%	75%	76%	74%	73%		
Able to identify specific populations, monitor those patient's progress and intervene in their care earlier.	Care is patient centered, driven by outcomes and based on evidence: Percent of DM patients with A1C in last six months	Q3 Months	92%	92%	92%	93%	92%		
	Percent of DM patients to target (0.07)	Q3 Months	55%	60%	52%	55%	57%		Q1 -Moving to individual target reporting, those to target 0.065, 0.07 and 0.085- 56% identified 0.07 are to target Q2 – 88% of patients now on individualized targets – continue to monitor Q3- over 90% patients now on individualized targets – continue to monitor

Objective	Indicator	Reporting Frequency	Current Performance	Target	Q1	Q2	Q3	Q4	Commentary
	Percent of DM patients with LDL to target	Q3 Months	57%	65%	60%	63%	61%		
	Percent of eligible patients who received Level 1 COPD screen	Q3 Months	90%	95%	80%	80%	74%		Q1 - 3 yr., rescreens becoming due Q2 – now in 2 nd – 3 year cycle Q3 – 3 year cycle rescreen reminders
	Percent of patients with positive Level 1 screen receive in house Level 2 screen	Q3 Months	CB	15%	5%	6.6%	9.8%		Q1 – since inception – 33% screened (5% in last quarter) Q2 – since inception – 35.3% screened Q3 – since inception – 38.1% screened
Reduce the number of patients smoking	Percent of smoker's in patient population	Q3 Months	21.6%	20%	≥ 10 yrs - 22.6% All = 20.5%	All = 22.6%	All = 23.2%		Q1 -- first # reported for ≥ age 10, second number = all patients Q2 – high percentage of smokers in the 40 – 60 age group Q3 - ??? in Smoking Cessation program