

# Quality Improvement Plan Scorecard 2017-2018 Q4

## CENTRAL HASTINGS FAMILY HEALTH TEAM

<b>Progress Legend</b>	<b>Continue to Monitor</b>	<b>Review Required</b>	<b>Action Required</b>

### Quality Dimension: **TIMELY**

Objective	Indicator	Reporting Frequency	2016-17 Performance	Target	Q1	Q2	Q3	Q4	Action / Commentary
Timely access to primary care when needed	Percentage of patients/clients who responded positively to the question: "The last time you were sick or were concerned you had a health problem, how many days did it take from when you first tried to see your doctor or nurse practitioner to when you actually SAW him/her?"	Quarterly	54.3	60	57.4	53.5	61.1	59.2	86.1% of CHFHT's NP patients could see a primary care provider within 3 days. The survey results do not include physicians' data because they withdrew from the survey. Since the FHT has evening clinics five nights a week, there is little more that can be done to improve patients' access. Our Q4 performance has met the 2017-2018 goal and far exceeds the 31.2% same/next day access reported for rural Ontario and even the 45% same/next day access reported for urban Ontario. ('Measuring Up 2017').
Timely access to primary care appointments post-discharge through coordination with hospital(s)	Percentage of patients/clients who saw their primary care provider within 7 days after discharge from hospital for selected conditions (based on HIGs)	Yearly	43 (2015-2016)	45	N/A	N/A	N/A	35 (2016-2017)	Our performance was slightly lower than the average for SELHIN (36.4%) and for Ontario (36.3%) in fiscal year 2016-2017 (Health Data Branch Web Portal data). Our three NPs see many patients post-discharge, but this indicator does not count visits with NPs or telephone consultations with anyone, so it does not reflect many of CHFHT's post-discharge follow-up efforts. As well, if a discharge notification is received late, that makes rapid post-discharge follow up impossible. Realistically, it is not possible to improve performance on this indicator without real-time access to hospital discharge data.

**Quality Dimension: EFFICIENT**

<p>Efficient use of the health care system</p>	<p>Percentage of patients or clients who visited the emergency department (ED) for conditions “best managed elsewhere” (BME)</p>	<p>Yearly</p>	<p>2.16 (2015-2016)</p>	<p>2.0</p>	<p>N/A</p>	<p>N/A</p>	<p>N/A</p>	<p>2.3 (2016-2017)</p>	<p>Data are always one fiscal year old. We have excellent performance in this indicator compared with the SELHIN’s average of 3.3%. (Health Data Branch Web Portal data 2016-2017). Our rate for ED Visits BME is slightly higher than Ontario’s (2.0%), but that is to be expected for a team in a rural area.</p>
<p>Efficient use of the health care system</p>	<p>Percentage of acute hospital inpatients discharged with selected HIGs that are readmitted to any acute inpatient hospital for non-elective patient care within 30 days of the discharge for index admission, by primary care practice model.</p>	<p>Yearly</p>	<p>17 (2015-2016)</p>	<p>15</p>	<p>N/A</p>	<p>N/A</p>	<p>N/A</p>	<p>18 (2016-2017)</p>	<p>Data are always one fiscal year old. Our 2016-2017 performance was better than the SELHIN average (19%) and only slightly higher than the provincial average (17%). (Health Data Branch Web Portal data 2016-2017) in spite of the very high rates of COPD, CHF, diabetes and other chronic diseases among CHFHT's patient population. This reflects our practitioners' efforts to ensure rapid post-discharge follow up, when appropriate.</p>

### Quality Dimension: PATIENT EXPERIENCE

Objective	Indicator	Reporting Frequency	2016-17 Performance	Target	Q1	Q2	Q3	Q4	Action / Commentary
Receiving and utilizing feedback regarding patient/client experience with the primary health care organization	Percentage 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	Quarterly	94.8	95	96.3	94.1	94.2	95.2	The survey results do not include physicians' data because they withdrew from the survey. CHFHT's performance of 95.2% exceeds the 85.9% average reported for Ontario in the HQO Health Care Experience Survey ('Measuring Up 2016'). Our performance is one of the highest in the province, which illustrates our team's patient-centered approach to the care they provide.

### Quality Dimension: EFFECTIVE

Objective	Indicator	Reporting Frequency	2016-17 Performance	Target	Q1	Q2	Q3	Q4	Action / Commentary
Diabetes: Provide education and assist patients for better self-management, control and understanding	Percentage of patients with diabetes, aged 40 or over, with two or more glycated hemoglobin (HbA1C) tests within the past 12 months	Quarterly	91.8	90	93.4	92.8	92.9	91.0	CHFHT's performance of 92.9% greatly exceeds the Ontario rate of 48.8% and the LHIN rate of 55.0% (March 2017 data from HQO's Primary Care Practice Report). For teams in rural areas where there are barriers to transportation, maintaining on-site phlebotomy is key to high performance on this indicator.

<p>Reduce the incidence of cancer through regular screening</p>	<p>Percentage of patients aged 50-74 who have had a fecal occult blood test within the past two years or sigmoidoscopy or colonoscopy within the past 10 years</p>	<p>Quarterly</p>	<p>64.4</p>	<p>70</p>	<p>69.0</p>	<p>69.7</p>	<p>69.6</p>	<p>69.1</p>	<p>CHFHT's performance of 69.6% was 4.7% higher than in 2016-2017. It exceeded the Ontario rate of 65.3% and the SELHIN rate of 63.9% (March 2017 data from HQO's Primary Care Practice Report*). The new initiative where fluorescent orange educational stickers ("90% cure rate if caught early") were applied to all FOBT kits was highly successful in improving the patients' screening rate. *The comparative values used include sigmoidoscopy within 5 years rather than within 10 years. There are no other comparative data available at present.</p>
<p>Reduce the incidence of cancer through regular screening</p>	<p>Percentage of patients aged 50-74 who are <b>overdue</b> for colon cancer screening as of December 31, 2017 (Q3) (Patients who have not had a fecal occult blood test within the past two years or sigmoidoscopy or colonoscopy within the past 10 years as of December 31, 2017)</p>	<p>Yearly</p>	<p>36.4 In December 2016</p>	<p>30</p>	<p>31.0</p>	<p>30.3</p>	<p>30.4</p>	<p>30.9</p>	<p>CHFHT's performance of 30.9% is far superior to the Ontario rate of 38.6% (from HQO's 'Measuring Up 2017'). CHFHT's overdue rate also fell by 5.5% from the 2016-2017 fiscal year.* (From HQO's 'Measuring Up 2016'). The new initiative where fluorescent orange educational stickers ("90% cure rate if caught early") were applied to all FOBT kits was highly successful in improving patients' screening rate. *The comparative value used includes sigmoidoscopy within 5 years rather than within 10 years. There are no other comparative data available at present.</p>

<p>Reduce the incidence of cancer through regular screening</p>	<p>Percentage of women aged 21 to 69 who had a Papanicolaou (Pap) smear within the past three years</p>	<p>Quarterly</p>	<p>71.7</p>	<p>75</p>	<p>72.4</p>	<p>72.3</p>	<p>71.9</p>	<p>71.2</p>	<p>CHFHT's performance of 71.2% is far higher than the Ontario rate of 60.3% and the SELHIN rate of 65.0% (March 2017 data from HQO's Primary Care Practice Report). We will continue efforts to educate patients in the target group on the importance of Pap tests. Patients who were overdue for screening were called by one of our staff. A Pap awareness week was held in October to boost patient awareness of the need for Pap testing.</p>
<p>Reduce the incidence of cancer through regular screening</p>	<p>Percentage of women aged 21 to 69 who had a Papanicolaou (Pap) smear within the past 42 months</p>	<p>Quarterly</p>	<p>CB</p>	<p>75</p>	<p>76.6</p>	<p>76.9</p>	<p>77.3</p>	<p>76.5</p>	<p>This is a new indicator that matches the Preventative Care Report Pap screening timeline of 42 months. We will continue efforts to educate patients in the target group on the importance of Pap tests. Patients who were overdue for screening were called by one of our staff. A special Pap clinic and Pap awareness week was held in October to boost patient awareness of the need for Pap testing.</p>