

Quality Improvement Plan Scorecard 2018-2019 Q1

CENTRAL HASTINGS FAMILY HEALTH TEAM

Progress Legend	Continue to Monitor	Review Required	Action Required

Quality Dimension: TIMELY

Objective	Indicator	Reporting Frequency	2017-18 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	59.2	63	62.2				62.2% of patients felt that they could obtain a same or next day appointment. A further 20.7% of patients reported that they could obtain an appointment within 2-3 days. (In all, 82.9% of patients felt that they 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 Q1 performance 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').

Quality Dimension: EFFECTIVE

Effective Use of the health care system	Percentage of diabetic patients aged 18+ with a foot ulcer risk assessment documented in the past year		CB	75.0	76.0				According to Diabetes Canada, all patients with diabetes should have a foot exam annually. This indicator is restricted to diabetics 18 and over because juvenile diabetics are seen by a pediatric specialist. QIP query data from 2017-2018 show an average foot exam documentation rate of 59.3% for the 24 teams using this indicator, with a range of 25% to 100%.

Effective Use of the health care system	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.	Yearly	18 (2016-2017)	15	N/A	N/A	N/A		Data are always one fiscal year old. New data are released in Q3. 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.

Quality Dimension: PATIENT CENTRED

Objective	Indicator	Reporting Frequency	2017-18 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	95.2	96.0	96.5				The survey results do not include physicians' data because they withdrew from the survey. CHFHT's Q1 performance far 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: EQUITABLE

Objective	Indicator	Reporting Frequency	2017-18 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	91.0	94.0	90.5				CHFHT's performance of 90.5% 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.
Reduce the incidence of cancer through regular screening	Percentage of patients aged 50-74 who are overdue for colon cancer screening (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)	Yearly	30.9 In December 2017	30.0	32.5				CHFHT's performance of 32.5% is far superior to the Ontario rate of 38.6% (from HQO's "Measuring Up 2017"). The new initiative where fluorescent orange educational stickers ("90% cure rate if caught early") were applied to all FOBT kits was highly successful in reducing the percentage of patients overdue for colon cancer screening. *The comparative value used includes sigmoidoscopy within 5 years rather than within 10 years. There are no other comparative data available at present.

Reduce the incidence of cancer through regular screening	Percentage of women aged 21 to 69 who had a Papanicolaou (Pap) smear within the past 42 months	Quarterly	76.5	80.0	75.0				CHFHT's performance of 75.0% 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 are called by one of our staff. A Pap awareness week will be held in October to boost patient awareness of the need for Pap testing.
	% of patients born from 1945 and 1965 inclusive who have been screened for Hepatitis C (Marmora site)		CB	50.0	70.0				This is a new indicator for the Marmora site only. New Hepatitis C guidelines published in the CMAJ (June 04, 2018. 190 (22) E677-E687) recommend birth cohort screening for Hepatitis C. There is no QIP query data available for this indicator yet, because the teams using the indicator are all collecting baseline values.
	% of patients aged 65 and over who have been immunized with Pneumovax (P-23)		CB	50.0	60.2				Pneumovax is free for all patients aged 65 and older. According to Public Health Canada, adults aged 60 and over account for 40% of pneumonia cases. A QIP query showed that 24 other teams are currently using this indicator, but only eight had data from 2017-2018. The average Pneumovax immunization rate for those teams was 53.7%, with a range of 39.3% to 73.5%.
	% of patients aged 65 to 70 who have been immunized for Shingles using Zostavax		CB	50.0	52.6				In Ontario, the Zostavax vaccine is free for patients aged 65 to 70. A QIP query showed that only two other FHTs are using this indicator. The immunization rates reported by those teams for patients aged 65 to 70 were 27% and 28%.