

# Quality Improvement Plan Scorecard 2018-2019 Q4

## 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	48.6	68.0	56.3	The survey results do not include physicians' data because they withdrew from the survey. 56.3% of patients felt that they could obtain a same or next day appointment. A further 25% of patients reported that they could obtain an appointment within 2-3 days. (In all, 81.3% of patients felt that they could see a primary care provider within 3 days.) Our performance far exceeds the 31.2% same/next day access reported by HQO 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	66.0	75.0	77.3	According to Diabetes Canada, all patients with diabetes should have a foot exam annually. QIP query data from 2017-2018 showed an average foot exam documentation rate of 59.3% for the 24 teams using this indicator, with a range of 25% to 100%. CHFHT has surpassed its QIP target of 75% due to diligent EMR documentation of DM foot exams by practitioners.
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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	18.0	Data for this indicator are always one fiscal year old. Our 2017-2018 performance remained stable relative to the previous fiscal year, but overall SELHIN and provincial performance improved. As a result, CHFHT had more readmissions than the SELHIN average (17.3%) and the Ontario average (17%). Nevertheless, when only FHT data were included, CHFHT had a lower rate of readmissions than the SELHIN average (18.5%) (Health Data Branch Web Portal data 2017-2018). CHFHT's readmission rate is still low considering the very high prevalence of COPD, CHF, diabetes and other chronic diseases among CHFHT's patient population. The only way to improve performance on this indicator would be to implement real time tracking of admissions and discharges through SHIIP or a similar data portal, so patients could be targeted for follow up immediately post discharge.

### 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	93.9	97.7	95.7	The survey results do not include physicians' data because they withdrew from the survey. CHFHT's 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 members' 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	89.5	92.0	90.2	CHFHT's performance of 90.2% 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).
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	30.0	32.5	32.5	33.6	34.7	CHFHT's performance of 34.7% is far superior to the Ontario rate of 38.6% (from HQO's "Measuring Up 2017"). CHFHT's "90% cure rate if caught early" sticker initiative was highlighted by AFHTO in its QIDSS program anniversary publication. The higher overdue rate this fiscal year could be attributed to the rostering of new patients who did not previously have a Primary Care Provider.
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	75.6	76.2	78.2	CHFHT's performance of 78.2% 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). In Q3, Pap Awareness Week with special evening clinics boosted 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	69.8	68.5	65.3	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. This initiative was limited to the Marmora site because of concerns that demand for screening would impact workflow at the Madoc site. Practitioners at the Marmora site were successful in greatly surpassing the target set for this fiscal year.
	% of patients aged 65 and over who have been immunized with Pneumovax (P-23)		CB	50.0	60.2	59.3	58.9	59.5	Pneumovax is free for all patients aged 65 and older. According to Public Health Canada, 40% of pneumonia cases are in adults aged 60 and over. 24 other teams are currently using this indicator, but only eight had published data in 2017-2018. The average Pneumovax immunization rate for those teams was 53.7%, with a range of 39.3% to 73.5%. Although CHFHT was successful in surpassing both its own target and the average immunization rate published by other teams, given the high rate of COPD and CHF in CHFHT's population, the pneumonia immunization rate still needs to be improved.
	% of patients aged 65 to 70 who have been immunized for Shingles using Zostavax		CB	50.0	52.6	52.1	52.0	52.2	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%. Unfortunately, there have been issues with the availability of the free vaccine doses from the local Health Unit. Although CHFHT has surpassed its target for this indicator, team members had to limit their outreach to patients who were close to 70 years old because the Health Unit was effectively rationing the vaccine.