

Quality Improvement Plan Scorecard 2019-2020 Q3

CENTRAL HASTINGS FAMILY HEALTH TEAM

Progress Legend	Continue to Monitor	Review Required	Action Required

Quality Dimension: TIMELY

Objective	Indicator	Reporting Frequency	2018-19 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	56.3	57.0	60.6	61.2	59.5		59.5% of patients felt that they could obtain a same or next day appointment. A further 20.3% of patients reported that they could obtain an appointment within 2-3 days. (In all, 79.8% 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		77.3	80.0	73.8	71.9	89.4		According to Diabetes Canada, all patients with diabetes should have a foot exam annually. The other Family Health Teams using this indicator have an average foot exam documentation rate of 59.3%. CHFHT has far surpassed this average and is striving to increase its performance on this indicator through improvements in the EMR documentation of DM foot exams by practitioners.

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 (2017-2018)	17	N/A	N/A	N/A		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	2018-19 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	95.7	96.0	97.3	96.8	91.6		CHFHT's performance of 91.6% far exceeds the 85.9% average reported for Ontario in the HQO Health Care Experience Survey ('Measuring Up 2016'). Although there has been a decline in the percentage of patients who say that they are always/often involved in decisions about care, our performance is still one of the highest in the province, which illustrates our team members' patient-centered approach to the care that they provide.

Quality Dimension: EQUITABLE

Objective	Indicator	Reporting Frequency	2018-19 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	90.2	92.0	90.2	91.4	92.0		CHFHT's performance of 92.0% 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 or Fecal Immunochemical Test within the past two years or colonoscopy within the past 10 years)	Quarterly	34.7	32.0	34.8	34.9	34.6		CHFHT's performance of 34.6% is far superior to the Ontario rate of 38.6% (from HQO's "Measuring Up 2017"). The higher overdue rate this year could be attributed to the rostering of new patients who did not previously have a Primary Care Provider. As well, some patients who have had the FIT ordered for them have not received the kit from Life Labs because the requisition form did not allow for the entry of a P.O. Box number in the address field.
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	78.2	79.0	79.3	80.8	81.7		CHFHT's performance of 81.7% 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). This fiscal year CHFHT will once took part in Pap Awareness Week with special evening clinics to increase access and boost patient awareness of the need for Pap testing.

	% of patients born from 1945 to 1965 inclusive who have been screened for Hepatitis C (Marmora site)	Quarterly	65.3	75.0	62.1	60.3	58.3		New Hepatitis C guidelines published in the CMAJ (June 04, 2018. 190 (22) E677-E687) recommend birth cohort screening for Hepatitis C. This initiative is limited to the Marmora site because of concerns that demand for screening would impact workflow at the Madoc site. Performance on this indicator has been lower than anticipated because of the rostering of new patients at the Marmora site. Measures are being undertaken to improve performance by screening all newly-rostered patients in the target population.
	% of patients aged 65 and over who have been immunized with Pneumovax (P-23)	Quarterly	59.5	65.0	58.7	74.4	74.2		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. The average Pneumovax immunization rate for other Family Health Teams using this indicator was 53.7%, with a range of 39.3% to 73.5%. There was a large increase in the Pneumovax immunization rate between Q1 and Q2, from 58.7% to 74.4%, so CHFHT has already surpassed its 2019-2020 target of 65%.
	% members of the palliative care population who have had a needs assessment completed	Quarterly	35.0		CB	CB	CB		The palliative care population will be identified in the EMR and flagged using a stamp based on criteria to be agreed upon by the Practitioners' Committee. A needs assessment will then be conducted. The palliative care toolbar from the E-Health Centre for Excellence has been modified so that it can be used in identifying the palliative population.