

Quality Improvement Plan Scorecard 2019-2020 Q4

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	56.8	56.8% of patients felt that they could obtain a same or next day appointment. A further 21.8% of patients reported that they could obtain an appointment within 2-3 days. (In all, 78.6% of patients felt that they could see a primary care provider within 3 days.) CHFHT's performance far exceeds the 39.9% same/next day access reported by HQO for Ontario and the 37.3% same/next day access reported for the SELHIN ('Measuring Up 2018').

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	89.7	According to Diabetes Canada, all patients with diabetes should have a foot exam annually. The Family Health Teams using this indicator in 2018-2019 had an average foot exam documentation rate of 59.3%. CHFHT's rate of 89.7% far surpassed this average and was 9.7% higher than its 2019-2020 target of 80%.

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	14 (2018-2019)	Data for this indicator are always one fiscal year old. Our 2018-2019 performance of 14% improved significantly from the previous fiscal year and surpassed the target of 17%. CHFHT's rate of 30-day readmissions was only 14%, compared with the average of 18% for the SELHIN and 17% for Ontario (2018-2019 data, Health Analytics Branch Data Portal). CHFHT's readmission rate is very low considering the very high prevalence of COPD, CHF, diabetes and other chronic diseases among CHFHT's patient population. A low readmission rate is indicative of excellent post-discharge care.

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	95.2	CHFHT's performance of 95.2% far exceeds the 85.9% average reported for Ontario in HQO's 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 compared with the last fiscal year, 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	93.2	CHFHT's performance of 93.2% surpassed its goal of 92% and greatly exceeds both the Ontario rate of 52.4% and the LHIN rate of 60.0% (March 2019 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	33.5	CHFHT's overdue rate of 33.5% is superior to the Ontario overdue rate of 37.7% and the LHIN overdue rate of 35.1% (March 2019 data from HQO's Primary Care Practice Report). CHFHT did not meet its target of 32% due to the rostering of new patients who did not previously have a Primary Care Provider and problems with Life Labs' implementation of the new FIT test. Nevertheless, CHFHT's overdue rate this year was 1.2% lower than in 2018-2019.
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	82.0	CHFHT's performance of 82.0% surpassed its goal by 3% and is far higher than the Ontario rate of 58.2% and the SELHIN rate of 63.5% (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. As well, the capacity to provide Pap exams was improved through the training of nursing staff.

	% 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	59.2	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	74.5	This indicator was adopted because Pneumovax is free for all patients aged 65 and older and, 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%. Thanks to the efforts of its primary care practitioners and nurses, CHFHT has surpassed its 2019-2020 target of 65% by 9.5% and has an immunization rate that now exceeds that reported by the highest performing FHT in 2018-2019.
	% members of the palliative care population who have had a needs assessment completed	Quarterly	35.0		CB	CB	CB	CB	This indicator is still in the development stage. In preparation for the launch of a new 2020-2021 indicator, the palliative care toolbar from the E-Health Centre for Excellence has been modified so that it can better identify the palliative population.