

Quality Improvement Plan Scorecard 2020-2021 Q1

CENTRAL HASTINGS FAMILY HEALTH TEAM

Progress Legend	Continue to Monitor	Review Required	Action Required

Quality Dimension: TIMELY

Objective	Indicator	Reporting Frequency	2019-20 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	56.8	60.0	61.1				61.1% of patients felt that they could obtain a same or next day appointment, surpassing the target for 2020-2021. A further 22.2% of patients reported that they could obtain an appointment within 2-3 days. (In all, 83.3% 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 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	14 (2018-2019)	13	N/A				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	2019-20 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	95.5	95.5	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	2019-20 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	93.2	94.0	89.9				CHFHT's performance of 89.9% 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), but there has been a decline since Q4. This is likely due to patients finding it more difficult to attend CHFHT's clinics or Life Labs for phlebotomy during the pandemic.
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	33.5	33.0	37.5				CHFHT's colon cancer screening overdue rate of 37.5% is still superior to the Ontario overdue rate of 37.7% (March 2019 data from HQO's Primary Care Practice Report), but it has risen sharply since Q4 because Life Labs has not been providing patients with requisitioned FIT kits during the pandemic, since it is focusing on CoViD-19 testing.

Objective	Indicator	Reporting Frequency	2019-20 Performance	Target	Q1	Q2	Q3	Q4	Action / Commentary
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	82.0	83.0	79.4				CHFHT's performance of 79.4% is still far higher than the Ontario rate of 58.2% and the SELHIN rate of 63.5% (March 2019 data from HQO's Primary Care Practice Report), but since Q4 there has been a drop in the number of patients up-to-date for cervical cancer screening due to pandemic limitations. This fiscal year, CHFHT will once again take part in Pap Awareness Week to boost patient awareness of the need for Pap testing.
Reduce the incidence of pneumonia	% of patients aged 65 and over who have been immunized with Pneumovax (P-23)	Quarterly	74.5	78.0	74.6				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%. CHFHT has an immunization rate that exceeds that reported by the highest performing FHT in 2018-2019, so an ambitious target of 78% was chosen for this fiscal year.
Improve the health of patients with COPD	% of patients with a COPD diagnosis who have been vaccinated for pneumonia		N/A	84.0	80.9				It is important that patients who have COPD are vaccinated against pneumonia in order to reduce the incidence of acute exacerbations of their disease, so an ambitious target of 84% was set. This indicator is part of a collaborative lung health project with Lakeview FHT and the proposed Quinte OHT.

Objective	Indicator	Reporting Frequency	2019-20 Performance	Target	Q1	Q2	Q3	Q4	Action / Commentary
Screen for and treat Hepatitis C	% of patients in birth cohort 1945-1975 who have been screened for Hepatitis C		59.2	60.0	60.5				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. A modest target of 60% had been set for this fiscal year, but Q1 performance has already surpassed this target.
Identify the palliative population in order to provide a needs assessment	% patients identified by the Palliative Care Toolbar who are screened by their primary care provider (either documented as not palliative or documented as palliative and assessed with the Palliative Performance Scale)	Quarterly	N/A	50.0	38.9				The palliative care toolbar search from the E-Health Centre for Excellence was modified so that it could better identify the palliative population. Using the toolbar, Primary Care Practitioners can either confirm that the patient is palliative and complete the Palliative Performance Scale custom form, or they can indicate that the patient is not yet palliative and choose to delay the reappearance of the toolbar for periods of up to 10 years. So far, this process has been completed for 38.9% of patients identified by the search as palliative.