

Quality Improvement Plan Scorecard 2021-2022 Q2

CENTRAL HASTINGS FAMILY HEALTH TEAM

Progress Legend	Continue to Monitor	Review Required	Action Required

Quality Dimension: TIMELY

Objective	Indicator	Reporting Frequency	2020-21 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	62.0	60.0	57.0	45.3			In Q2, 45.3% of patients felt that they could make an appointment the same or next day. Another 30.7% of patients felt that they could make an appointment in 2-3 days. In all, 76.0%% of patients felt that they could see a Primary Care Practitioner within 3 days. This decline is largely due to the loss of a physician at the Marmora site. CHFHT's overall same/next day access performance still 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	17 (2019-2020)	13	N/A	N/A	N/A		Data for this indicator are always one fiscal year old and are not released until Q4. In 2019-2020, 17% of CHFHT's patients admitted to hospital for selected conditions were readmitted for the same condition within 30 days. This matched the 17% average for SELHIN (Ontario Health East) FHTs and was only 1% more than the 16% average for Ontario (2019-2020 data, Health Analytics Branch Data Portal).

Quality Dimension: PATIENT CENTRED

Objective	Indicator	Reporting Frequency	2020-21 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	92.6	95.5	85.1	88.2			CHFHT's Q2 performance of 88.2% increased by 3.1% from Q1. It is now slightly higher than the 85.9% average reported for Ontario in HQO's Health Care Experience Survey ('Measuring Up 2016').

Quality Dimension: EQUITABLE

Objective	Indicator	Reporting Frequency	2020-21 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	88.6	94.0	89.5	88.5			CHFHT's Q1 performance of 88.5% 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). Nevertheless, performance on this indicator dropped by 1% since Q1 and is well below pre-pandemic levels.
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	33.0	34.6	33.9			CHFHT's colon cancer screening overdue rate of 33.9% is superior to the Ontario overdue rate of 37.7% (March 2019 data from HQO's Primary Care Practice Report). It rose sharply since 2019-2020 because Life Labs did not provide patients with requisitioned FIT kits during the first few months of the pandemic. Now that FIT testing has resumed, the overdue rate has stabilized and is starting to decline.

Objective	Indicator	Reporting Frequency	2020-21 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	77.6	83.0	78.1	78.8			CHFHT's Q1 performance of 78.8% 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 2019-2020 there has been a drop in the number of patients up-to-date for cervical cancer screening due to pandemic limitations on in-person clinic visits. Performance on this indicator has recently started to improve.
Reduce the incidence of pneumonia	% of patients aged 65 and over who have been immunized with Pneumovax (P-23)	Quarterly	73.9	78.0	73.1	72.5			This indicator was adopted because Pneumovax is free for all adults aged 65 and older and, according to Public Health Canada, 40% of pneumonia cases are in adults aged 60 and over. In Q2, 72.5% of patients aged 65 and over at CHFHT were immunized with Pneumovax. In contrast, 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%. Nevertheless, performance on this indicator has continued to decline since Q4. Patients attending the clinic sites for other reasons will be encouraged to get a Pneumovax vaccination.
Improve the health of patients with COPD	% of patients with a COPD diagnosis who have been vaccinated for pneumonia		80.0	84.0	78.6	78.4			It is important that patients who have COPD be vaccinated against pneumonia in order to reduce the incidence of acute exacerbations of their disease. Due to pandemic restrictions and a shortage of nursing staff, it has been difficult for CHFHT to improve the vaccination rate, which has continued to decline from Q4.

Objective	Indicator	Reporting Frequency	2020-21 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	Quarterly	51.7	60.0	52.1	52.8			New Hepatitis C guidelines published in the CMAJ (June 04, 2018. 190 (22) E677-E687) recommended 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.
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	61.1	50.0	61.2	59.8			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. As of Q2, this process has been completed for 59.8% of patients identified by the search as palliative, a 1.4% decline from Q1. An audit and feedback process will be completed to alert primary care practitioners to patients of theirs who have been identified by the toolbar as palliative. There is a marked difference in performance on this indicator between Madoc (69.9%) and Marmora (33.7%).