

Quality Improvement Plan Scorecard 2021-2022 Q4

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	44.8	43.0	In Q4, 43.0% of patients felt that they could make an appointment the same or next day. Another 30.6% of patients felt that they could make an appointment in 2-3 days. In all, 73.6% of patients felt that they could see a Primary Care Practitioner within 3 days. The patients' perception of same or next day appointment availability is unlikely to improve until another physician has been recruited. 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. They are usually released in Q4, but there has been a pandemic-related delay. 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	88.7	83.9	CHFHT's Q4 performance of 83.9% decreased by 4.8% from Q3. Primary Care Practitioners will be reminded to ask patients whether they have any questions about their treatment options.

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	87.9	89.2	CHFHT's Q4 performance of 89.2%, increased by 1.3% from Q3. It vastly exceeds both the Ontario rate of 44.1% and the LHIN rate of 52.5% (Sept 2020 data from HQO's Primary Care Practice Report). Performance on this indicator is now higher than it was in Q4 of 2020-2021, but is still lower than 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	33.5	34.4	CHFHT's colon cancer screening overdue rate of 34.4% is lower than the Ontario overdue rate of 38.8% and the LHIN overdue rate of 39.5% (Sept 2020 data from HQO's Primary Care Practice Report). After steadily declining since 2020-2021, the overdue rate increased by 0.9% in Q4. An audit and feedback process will be conducted so that patients who are overdue for screening can be referred for FIT kits.

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	76.5	76.3	CHFHT's Q4 performance of 76.3% dropped by 0.2% from Q3, but is still far higher than the Ontario rate of 53.0% and the SELHIN rate of 60.3% (Sept 2020 data from HQO's Primary Care Practice Report). Since 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. The decline in Q4 is likely due to the focus on CoViD-19 vaccine booster clinics.
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	73.1	73.2	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 Q4, 73.2% of patients aged 65 and over at CHFHT were immunized with Pneumovax, a 0.1% increase from Q3. 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 is lower than it was in 2020-2021. 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	78.1	78.1	It is important that patients who have COPD be vaccinated against pneumonia in order to reduce the incidence of acute exacerbations of their disease. In Q4, the vaccination rate remained stable at 78.1%. The lack of movement in this indicator is likely due to the nursing staff's focus on CoViD-19 vaccine booster clinics.

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	54.2	56.5	There was a 2.3% increase in the hepatitis screening rate in Q4. 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	57.8	57.3	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 Q4, this process has been completed for 57.3% of patients identified by the search as palliative, a 0.5% decline from Q3. Nevertheless, the Q4 result exceeded the target of 50%. There was a significant difference in performance between the two clinic locations, which is due in part to the loss of a physician at the Marmora site resulting in increased workload among the remaining primary care practitioners.