

## Quality Improvement Plan Scorecard 2022-2023 Q4

### CENTRAL HASTINGS FAMILY HEALTH TEAM

| Progress Legend | Continue to Monitor | Review Required | Action Required |
|-----------------|---------------------|-----------------|-----------------|
|                 |                     |                 |                 |

#### Quality Dimension: PATIENT CENTRED

| Objective  | Indicator  | Reporting Frequency | 2021-22 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           | 83.9                | 90.0   | 93.7 | 89.2 | 89.1 | 89.3 | CHFHT's performance on this indicator increased slightly to 89.3% in Q4. This reflects the efforts of Primary Care Practitioners in asking patients whether they have any questions about their treatment options. |
|  |  |                     |                     |        |      |      |      |      |  |

#### Quality Dimension: EFFECTIVE

| Objective   | Indicator  | Reporting Frequency | 2021-22 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 glyated hemoglobin (HbA1C) tests within the past 12 months | Quarterly           | 89.2                | 91.0   | 89.5 | 90.3 | 90.5 | 90.7 | CHFHT's performance increased by 0.2% in Q4 to 90.7%. It vastly exceeds both the Ontario rate of 46.6% and the LHIN rate of 53.9% (March 2022 data from the Primary Care Practice Report). Performance on this indicator is now higher than it was in 2020-2022 when there had been a sharp decline in in-person visits. |
|   |  |                     |                     |        |      |      |      |      |  |

| Objective  | Indicator   | Reporting Frequency | 2021-22 Performance                              | Target | Q1   | Q2   | Q3   | Q4   | Action / Commentary   |
|--|---|---------------------|--|--------|------|------|------|------|---|
| Reduce the incidence of cancer through regular screening | Percentage of screen-eligible patients aged 50 to 74 years who had a FIT test within the past two years or colonoscopy or flexible sigmoidoscopy within the past 10 years | Quarterly           | 66.5<br>[Sept 2021 Primary Care Practice Report] | 67.5   | 63.1 | 64.6 | 65.1 | 65.5 | CHFHT's Q4 performance on this indicator was 65.5%, a 0.4% increase from Q3. This is lower than usual for CHFHT, but it higher than the 61.2% rate for Ontario and the 63.7% rate for the LHIN region (March 2022 data from the Primary Care Practice Report). Patients overdue for colon cancer screening will be referred for FIT kits. There is also a QI project underway to reduce the number of FIT kits rejected by LifeLabs because they have expired.  |
|  |   |                     |  |        |      |      |      |      |   |
| Objective  | Indicator   | Reporting Frequency | 2021-22 Performance                              | Target | Q1   | Q2   | Q3   | Q4   | Action / Commentary   |
| Reduce the incidence of cancer through regular screening | Percentage of screen-eligible patients aged 21 to 69 years who had a Pap test within the previous three years   | Quarterly           | 63.5<br>[Sept 2021 Primary Care Practice Report] | 65.5   | 60.5 | 59.9 | 66.9 | 67.6 | CHFHT's Q4 performance on this indicator was 67.7%, an increase of 0.7% from Q3. This is lower than our past Pap screening rates, but it is much higher than the Ontario rate of 50.3% and the LHIN region rate of 58.3% (March 2022 data from the Primary Care Practice Report). It also surpasses the target for this fiscal year. The cervical cancer screening rate is improving now that the RNs and the RPN have been trained to complete Paps. As well, evening Pap clinics provided better access for patients who work out of town. There have been up to 5-month processing delays at LifeLabs, so the search was changed to look for the requisition as well as the results. |
|  |   |                     |  |        |      |      |      |      |   |

| Objective  | Indicator  | Reporting Frequency | 2021-22 Performance                              | Target | Q1   | Q2   | Q3   | Q4   | Action / Commentary  |
|--|--|---------------------|--|--------|------|------|------|------|--|
| Reduce the incidence of cancer through regular screening | Percentage of screen-eligible patients aged 50 to 74 years who had a mammogram within the past two years | Quarterly           | 48.8<br>[Sept 2021 Primary Care Practice Report] | 50.0   | 53.8 | 54.8 | 56.2 | 56.0 | CHFHT's Q4 performance on this indicator was 56.0%, a 0.2% decline since Q3, but much higher than the target that had been set based on Practice Report data. It is also far higher than the 51.2% rate for Ontario and the 52.9% rate for the LHIN region (March 2022 data from the Primary Care Practice Report). Since 2020, there had been a drop in the number of patients up to date for breast cancer screening due to pandemic shutdowns of OBSP sites. Many patients are likely overdue for screening because of travel issues, given that the closest mammogram sites are in Belleville and Peterborough. To increase the accessibility of mammography for CHFHT's patients, potential remedial strategies will be considered (e.g., requesting a local visit from the Screen for Life Coach, creating a handout listing social supports related to transportation etc.) |
|  |  |                     |  |        |      |      |      |      |  |
| Objective  | Indicator  | Reporting Frequency | 2021-22 Performance                              | Target | Q1   | Q2   | Q3   | Q4   | Action / Commentary  |
| Reduce the incidence of pneumonia                        | Percentage of patients aged 65 and over who have been immunized with Pneumovax (P-23)                    | Quarterly           | 73.2   | 78.0   | 76.1 | 76.3 | 76.8 | 76.6 | 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, 76.6% of patients aged 65 and over at CHFHT were immunized with Pneumovax, a 0.2% decline from Q2. Patients attending the clinic sites for other reasons will be encouraged to get a Pneumovax vaccination.  |
|  |  |                     |  |        |      |      |      |      |  |

| Objective                                | Indicator   | Reporting Frequency | 2021-22 Performance | Target | Q1   | Q2   | Q3   | Q4   | Action / Commentary   |
|--|---|---------------------|---------------------|--------|------|------|------|------|---|
| Improve the health of patients with COPD | Percentage of patients with a COPD diagnosis who have been vaccinated for pneumonia | Quarterly           | 78.1                | 80.0   | 78.8 | 79.5 | 78.5 | 76.6 | It is important that patients who have COPD be vaccinated against pneumonia to reduce the incidence of acute exacerbations of their disease. The vaccination rate decreased from 78.5% in Q3 to 76.6% in Q4 due mainly to an increase in the number of COPD patients diagnosed. |
|  |   |                     |                     |        |      |      |      |      |   |