

Quality Improvement Plan Scorecard 2023-2024 Q3

CENTRAL HASTINGS FAMILY HEALTH TEAM

Progress Legend	Continue to Monitor	Review Required	Action Required

Quality Dimension: PATIENT CENTRED

Objective	Indicator	Reporting Frequency	2022-23 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	89.3	90.0	98.7	95.9	94.4		CHFHT’s Q3 performance on this indicator was 94.4%. Although this is a reduction from Q2 it is still far higher than the 85.9% value for Ontario and 87.7% value for the former LHIN region. The very high Q1 result was based on telephone surveys with 79 patients. The mode of survey delivery may have resulted in patients being more positive than they would have been if they had been completing an Ocean survey. In Q3, the survey was completed by 54 patients, mainly via an Ocean link. As an equity measure, CHFHT also placed paper surveys in the waiting rooms. Responses to these surveys were entered manually.

Quality Dimension: EFFECTIVE

Objective	Indicator	Reporting Frequency	2022-23 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	90.7	92.0	91.1	90.6	88.8		CHFHT's performance fell by 1.8% in Q3 to 88.8%, nevertheless, it still vastly exceeds both the Ontario rate of 48.8% and the LHIN rate of 56.1% (Sept. 2022 data from the Primary Care Practice Report). Performance on this indicator has declined recently because of the rostering of new patients who had not received regular primary care.

Objective	Indicator	Reporting Frequency	2022-23 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	65.5	67.5	66.1	67.1	64.4		CHFHT's Q3 performance on this indicator was 64.4%, a 2.7% decline from Q2. This is lower than usual for CHFHT, but it still higher than the 62.5% rate for Ontario (Sept. 2022 data from the Primary Care Practice Report). Performance has declined recently because of the rostering of new patients who had not received regular primary care. Patients overdue for colon cancer screening will be referred for FIT kits.
Objective	Indicator	Reporting Frequency	2022-23 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	67.6	69.0	70.9	71.3	71.5		CHFHT's Q3 performance on this indicator was 71.5%, an increase of 0.2% from Q2. This is lower than our past Pap screening rates, but it is much higher than the Ontario rate of 50.6% and the LHIN region rate of 58.8% (Sept. 2022 data from the Primary Care Practice Report). 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	2022-23 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	56.0	59.0	55.5	56.7	53.8		CHFHT's Q3 performance on this indicator was 53.8%, a 3.1% decline from Q2. It is now lower than the 57.6% rate for Ontario and the 59.7% rate for the LHIN region (Sept. 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. Performance has also declined recently because of the rostering of new patients who had not received regular primary care. 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 explored (e.g., requesting a local visit from the Screen for Life Coach, creating a handout listing social supports related to transportation, calling patients etc.)
Objective	Indicator	Reporting Frequency	2022-23 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	76.6	78.5	76.3	76.1	75.3		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 Q3, 75.3% of patients aged 65 and over were immunized with Pneumovax, a 0.8% decline from Q2. Performance has declined recently because of the rostering of new patients who had not received regular primary care. Patients attending the clinic sites for other reasons will be encouraged to get a Pneumovax vaccination.

Objective	Indicator	Reporting Frequency	2022-23 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	76.6	80.0	79.3	79.1	78.0		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 was 78.0% in Q3, a 1.1% decrease from Q2. Performance has declined recently because of the rostering of new patients who had not received regular primary care. Primary Care Practitioners will be provided with lists of COPD patients who need the vaccine.
Objective	Indicator	Reporting Frequency	2022-23 Performance	Target	Q1	Q2	Q3	Q4	Action / Commentary
Reduce the incidence of Shingles	Percentage of patients aged 65 to 70 who have been immunized Shingrix		Baseline	50.0	49.3	54.7	55.0		This is a new indicator. Shingrix is publicly funded in Ontario for everyone aged 65 to 70, so a campaign is underway to vaccinate patients in this age group for shingles. In Q3, 55.0% of patients aged 65 to 70 were vaccinated with Shingrix, a 0.3% increase from Q2, surpassing the target that had been set for the fiscal year.