

Quality Improvement Plan Scorecard 2024-2025 Q3

CENTRAL HASTINGS FAMILY HEALTH TEAM

Progress Legend	Continue to Monitor	Review Required	Action Required

Quality Dimension: PATIENT CENTRED

Objective	Indicator	Reporting Frequency	2023-24 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	95.4	95.5	93.3	98.6	96.5		In Q3, 96.5% of respondents (250 out of 259 responses) felt that they could take part in decisions about their care and treatment. This is far higher than the 85.9% value for Ontario and 87.7% value for the former LHIN region. We have already surpassed the target set for this fiscal year.
Objective	Indicator	Reporting Frequency	2023-24 Performance	Target	Q1	Q2	Q3	Q4	Action / Commentary
Receiving and utilizing feedback regarding patient/client experience with the primary health care organization	NEW Percentage of patients and clients who felt comfortable and welcome at the clinic	Quarterly	Baseline	90.0	98.9	100.0	98.8		Our Q3 survey result showed that 98.8% (255/258) of respondents felt comfortable and welcome at our clinics. This was far higher than the target of 90% for this new Ontario Health Quality indicator.

Objective	Indicator	Reporting Frequency	2023-24 Performance	Target	Q1	Q2	Q3	Q4	Action / Commentary
Receiving and utilizing feedback regarding patient/client experience with the primary health care organization	NEW Percentage of patients who report that the last time they needed urgent medical care or advice, they received the care or advice within their preferred time frame	Quarterly	Baseline	40.0	96.1	100.0	93.0		Our target was set at 40%, since it is a new indicator which is a revised version of Ontario Health Quality's suggested priority indicator. Q3 survey results of 93.0% (187 'yes' and 14 'no') revealed that the target should have been set much higher. A 7% drop in this indicator from Q2 to Q3 is not surprising given that there is a much high demand for appointments in the fall influenza-like illness season.

Quality Dimension: EFFECTIVE

Objective	Indicator	Reporting Frequency	2023-24 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	64.5	65.7	65.1	64.9	64.1		CHFHT's Q3 performance on this indicator was 64.1%, a 0.8% decrease from Q2. This is lower than usual for CHFHT, but it still higher than the 61.6% rate for Ontario (September 2023 data from the Primary Care Practice Report). There have been major process inefficiencies related to the central distribution of FIT kits by LifeLabs. The lack of patient contact during the distribution process has also removed an important opportunity for health promotion. Patients overdue for colon cancer screening will be referred for FIT kits. A modest target was set this year because of the FIT kit distribution issues.

Objective	Indicator	Reporting Frequency	2023-24 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	71.2	73.0	70.6	70.1	66.2		CHFHT's Q3 performance on this indicator was 66.2%, a decrease of 3.9% from Q2. This is much lower than our past Pap screening rates, but it is still much higher than the Ontario rate of 53.8% and the LHIN region rate of 63.6% (September 2023 data from the Primary Care Practice Report). Patients due for screening will be recalled. Evening clinics will also be held to accommodate patients' schedules.
Objective	Indicator	Reporting Frequency	2023-24 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	54.4	54.8	54.8	54.2	57.1		CHFHT's Q3 performance on this indicator was 57.1%, a 2.9% increase from Q2. Our breast cancer screening rate now exceeds the target that had been set for this fiscal year, but is still lower than both the 59.0% rate for Ontario and the 62.4% rate for the LHIN region (September 2023 data from the Primary Care Practice Report). Many patients are likely overdue for screening because of travel issues, given that the closest mammogram sites are in Belleville and Peterborough. A handout was created for patients listing all mammogram sites within driving distance as well as the province's mammogram waiting list link. Patients were also reminded that they can self-refer. Patients are bring directed to the handout via posters.

Objective	Indicator	Reporting Frequency	2023-24 Performance	Target	Q1	Q2	Q3	Q4	Action / Commentary
Reduce the incidence of pneumonia	Percentage of patients aged 65 and over who have been immunized for pneumonia	Quarterly	74.7	77.0	73.0	73.4	75.4		This indicator was adopted because pneumonia vaccine (Pevnar 20) 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 75.4% of patients aged 65 and over were up to date for pneumonia vaccination, a 2% increase from Q2. Providers have been encouraging patients to get vaccinated when they visit our clinics for other reasons. Also, patients aged 65 or over who have not been vaccinated for pneumonia are being recalled.
Objective	Indicator	Reporting Frequency	2023-24 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	79.1	79.5	78.6	74.4	74.3		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 74.3% in Q3, a 0.1% decrease from Q2. Performance has declined this year because of the rostering of new patients who have not received regular primary care. COPD patients eligible for vaccination will be recalled. COPD patients who are younger than 65 will be notified that they are now eligible for free Pevnar 20 vaccine.

Objective	Indicator	Reporting Frequency	2023-24 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	Quarterly	55.0	56.5	54.6	53.1	53.8		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, 53.8% of patients aged 65 to 70 were vaccinated with Shingrix, a 0.7% increase from Q2. The rate is still well below the target that had been set, though. Patients eligible for Shingrix vaccination will be recalled.