

Quality Improvement Plan Scorecard 2025-2026 Q1

CENTRAL HASTINGS FAMILY HEALTH TEAM

Progress Legend	Continue to Monitor	Review Required	Action Required

Quality Dimension: PATIENT CENTRED

Objective	Indicator	Reporting Frequency	2025-26 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 and clients who felt comfortable and welcome at the clinic	Quarterly	98.8	99.0	97.1				Our Q1 survey showed that 97.1% (133/137) of respondents felt comfortable and welcome at our clinics. Although this was 1.7% lower than the rate in Q4, it will be very difficult to match or exceed the extraordinarily high Q4 rate of 98.8%.
Objective	Indicator	Reporting Frequency	2025-26 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 report that the last time they needed urgent medical care or advice, they received the care or advice within their preferred time frame	Quarterly	95.3	95.5	94.5				In Q1, 94.5% (104/110) of survey respondents felt that they could obtain urgent medical care or advice within their preferred time frame. Although after hours clinics are provided to increase same-day access for patients who have urgent care needs, it appears that some patient education might be needed about that service. One patient who responded “no” noted that, “when I call to get in for a health concern I am told to go to the after-hours clinic”. It is logistically impossible to provide a same-day regular hours appointment to everyone who would like one. CHFHT has one of the best same- or next-day access rates in the province.

Quality Dimension: EFFECTIVE

Objective	Indicator	Reporting Frequency	2025-26 Performance	Target	Q1	Q2	Q3	Q4	Action / Commentary
Manage diabetes effectively	Percentage of clients with type 2 diabetes who had two HbA1c (glycated hemoglobin) tests in the past year	Quarterly	88.4	91.0	88.5				CHFHT has always been a high performer on this indicator because of on-site phlebotomy. In Q1, there was a 0.1% increase in the percentage of patients who were up to date for HbA1C testing. Patients due for testing will be recalled for phlebotomy.
Objective	Indicator	Reporting Frequency	2025-26 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	67.0	65.3				CHFHT's Q1 performance on this indicator was 65.3%, a 1.2% decline from Q4. This was still higher than the 60.9% rate for Ontario and the 65.1% rate for the former LHIN region (March 2024 data from the Primary Care Practice Report). Patients overdue for colon cancer screening will be referred for FIT kits. Patients who have received FIT kits will be reminded to complete them.
Objective	Indicator	Reporting Frequency	2025-26 Performance	Target	Q1	Q2	Q3	Q4	Action / Commentary
Reduce the incidence of cancer through regular screening	Percentage of screen-eligible, low-risk patients aged 25 to 69 years who had a Pap test, or an HPV test with cytology, within the previous five years	Quarterly	Baseline	83.1	80.7				CHFHT's Q1 performance on this new indicator was 80.7%. Comparative data show an Ontario rate of 53.1% and a LHIN region rate of 62.9% for a three-year screening interval (March 2024 data from the Primary Care Practice Report). There are no comparative data available yet for a five-year screening interval. Patients who have never had HPV screening before will be referred for testing before they are moved to a five-year recall schedule. Evening clinics will be held to accommodate patients' schedules.

Objective	Indicator	Reporting Frequency	2025-26 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	59.0	59.5	58.0				CHFHT's Q1 performance on this indicator was 58.0%, a 1.0% decrease from Q4. Our breast cancer screening rate is the same as the 58.0% rate for Ontario (March 2024 data from the Primary Care Practice Report), but it is much lower than the 63.4% rate for the former LHIN region, where most of the population has easy access to OBSP sites in urban areas. A handout has been created for patients listing all OBSP sites within driving distance as well as the province's mammogram waiting list link. Patients will also be reminded that they can self-refer. Patients are being directed to the handout via posters. Unfortunately, there is no public transportation available for rural patients who have transportation barriers.
Objective	Indicator	Reporting Frequency	2025-26 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	75.9	77.0	74.5				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 Q1 74.5% of patients aged 65 and over were up to date for pneumonia vaccination, a 1.4% decrease from Q4. Providers will encourage 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	2025-26 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	75.7	79.5	72.2				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 72.2% in Q1, a 3.5% decrease from Q4. 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 Prevnar 20 vaccine. We will focus on improving this vaccination rate in Q2.
Objective	Indicator	Reporting Frequency	2025-26 Performance	Target	Q1	Q2	Q3	Q4	Action / Commentary
Reduce the incidence of shingles	Percentage of patients aged 65 to 70 who have been immunized with Shingrix	Quarterly	55.2	56.5	58.0				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. The vaccination rate for patients eligible for free Shingrix vaccine was 58.0% in Q1, a 2.8% increase from Q4, already exceeding the target set for the fiscal year. This success can be attributed to the efforts of receptionists in notifying patients about the free vaccine, and of nursing staff in vaccinating eligible patients.