

# Quality Improvement Plan Scorecard 2025-2026 Q2

## 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	99.1			Our Q2 survey showed that 99.1% (115/116) of respondents "felt comfortable and welcome" at our clinics. This was 2% higher than than the rate in Q1.
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	90.5			In Q2, 90.5% (76/84) of survey respondents felt that they could obtain urgent medical care or advice within their preferred time frame. This was 4% lower than Q1, likely reflecting less appointment availability due to summer vacations and the departure of an NP.  Note: The patient experience survey is sent to any adult patient who had an appointment in the previous quarter and who had not been surveyed in the past year. The option "Not applicable" is provided for patients who attended scheduled appointments for preventative care or chronic illnesses.

## 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	88.7			In Q2, there was a 0.2% increase in the percentage of patients who were up to date for HbA1C testing. The Q2 rate of 88.7% is much higher than both the 53.5% rate for Ontario and the 61.1% rate for the former LHIN region (Sept 2024 data from the Primary Care Practice Report). CHFHT has always been a high performer on this indicator because of the availability of on-site phlebotomy. 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	66.7			CHFHT's Q2 performance on this indicator was 66.7%, a 1.4% increase from Q1. This is now higher than both the 61.2% rate for Ontario and the 65.8% rate for the former LHIN region (Sept 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	80.9			CHFHT's Q2 performance on this new indicator was 80.9%, a 0.2% increase from Q1. For a three-year screening interval, the Ontario rate is 52.4% and the LHIN region rate is 62.4% (Sept 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	58.3			CHFHT's Q2 performance on this indicator was 58.3%, a 0.3% increase from Q1. Our breast cancer screening rate is lower than both the 58.9% rate for Ontario and the 63.4% rate for the LHIN region, where most of the population has easy access to OBSP sites in urban areas (Sept 2024 data from the Primary Care Practice Report). 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	73.9			This indicator was adopted because pneumonia vaccine (Prevnar 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 Q2 73.9% of patients aged 65 and over were up to date for pneumonia vaccination, a 0.6% decrease from Q1. MDs and NPs will encourage patients to get vaccinated for pneumonia when they visit our clinics for other reasons, such as a flu shot. Also, patients aged 65 or over who have not been vaccinated for pneumonia will be recalled. For all of the vaccination indicators, one clinic site consistently has much higher vaccination rates than the other, indicating a need for more intensive recall efforts at that site.
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	71.6			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 was 71.6% in Q2, a 0.6% decrease from Q1. 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 Q3.

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	57.7			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 57.7% in Q2, a 0.3% decrease from Q1. Although this still exceeds the target set for this fiscal year, it is important that steady progress continue to be made in notifying patients in this age group about the free vaccine.