

Quality Improvement Plan Scorecard 2025-2026 Q3

CENTRAL HASTINGS FAMILY HEALTH TEAM

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| Progress Legend | Continue to Monitor | Review Required | Action Required |
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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 | 97.8 | | Our Q3 survey showed that 99.1% (133/136) of respondents “felt comfortable and welcome” at our clinics. This was 1.3% lower than than the rate in Q2. |
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| 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 | 96.2 | | In Q3, 96.2% (102/106) of survey respondents felt that they could obtain urgent medical care or advice within their preferred time frame. This was 5.7% higher than Q2, which is impressive given the prevalence of respiratory illnesses in the fall. 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. |
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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 | 89.8 | | In Q3, there was a 1.1% increase in the percentage of patients who were up to date for HbA1C testing. The Q3 rate of 88.7% is much higher than both the 54.1% rate for Ontario and the 62.3% rate for the former LHIN region (March 2025 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. |
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| 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 | 65.8 | | CHFHT's performance on this indicator in Q3 was 65.8%, a 0.9% decrease from Q2. This is higher than the 60.5% rate for Ontario and the 65.0% rate for the former LHIN region (March 2025 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. |
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| 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 | 81.8 | | CHFHT's Q3 performance on this new indicator was 81.8%, a 0.9% increase from Q2. For a three-year screening interval, the Ontario rate is 49.7% and the LHIN region rate is 59.4% (March 2025 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, provided that they are low risk. Evening clinics will be held to accommodate patients' schedules. |
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| 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 | 59.2 | | CHFHT's performance on this indicator in Q3 was 59.2%, a 0.9% increase from Q2. Our breast cancer screening rate is now higher than the 58.8% rate for Ontario, but lower than the 62.0% rate for the LHIN region, where most of the population has easy access to OBSP sites in urban areas (March 2025 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. |
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| Objective | Indicator | Reporting Frequency | 2025-26 Performance | Target | Q1 | Q2 | Q3 | Q4 | Action / Commentary |
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| 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 | 73.3 | | 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 73.3% of patients aged 65 and over were up to date for pneumonia vaccination, a 0.6% decrease from Q2. 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. |
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| 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 | 73.5 | | 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 73.5% in Q3, an impressive 1.9% increase from Q2, thanks to the focus on recalling patients with COPD. COPD patients who are younger than 65 will be notified that they are now eligible for free Pevnar 20 vaccine. |
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| 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 | 58.7 | | 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 58.7% in Q3, a 1.0% increase from Q2, exceeding the target set for this fiscal year. |
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