



DATE: December 2, 2014

**TO:** Ontario's Public Hospitals, Aboriginal Health Access Centres, Family

Health Teams, Community Health Centres, Nurse-Practitioner Led Clinics, Community Care Access Centres, and Long-Term Care

Homes

**FROM:** Susan Fitzpatrick

Associate Deputy Minister Delivery and Implementation

Dr. Joshua Tepper

President and Chief Executive Officer

Health Quality Ontario

SUBJECT: 2015/16 Quality Improvement Plans

Quality improvement plans can be an important tool of change in our health system. This year, over 1000 health sector organizations will create and implement quality improvement plans (QIP). This includes all public hospitals, inter-disciplinary primary healthcare organizations\*, Community Care Access Centres and long-term care homes. This degree of commitment to QIPs will be a first for Ontario and Canada and reflects our belief that quality is the goal of everyone in healthcare.

QIPs help align local improvement initiatives with system-level priorities and needs. Working together, we can make system wide change. As you develop your 2015/16 QIPs, please consider your local activities and the following three provincial priorities.

## I. Patient engagement

The patient voice is a critical component of effective health system design. For care to be truly patient-centred, patients, families, caregivers and communities need the opportunity to provide meaningful input into the way that services are delivered. Through patient advisory committees and robust patient relations processes, many health care organizations are listening carefully to their patients and responding with action. The 2015/16 QIP Narrative template has been updated to include a new section so that all organizations can share how they are engaging patients for the purposes of improving quality.

\_

Aboriginal Health Access Centres, Community Health Centres, Family Health Teams, Nurse-Practitioner Led Clinics

## II. Integration and coordination

Ontario has made it a priority to ensure the delivery of appropriate, high-quality care that is co-ordinated around patients. Achieving this requires shared focus on system-wide, transformational priorities, where collaboration between sectors may lead to improved performance.

The 2015/16 QIPs will reflect this emphasis on integration and co-ordination by the continued prioritization of cross-cutting indicators such as hospital readmissions, unplanned ED visits, and access to services. Some organizations have already taken the initiative to include collaborative, cross-sectoral quality improvement initiatives in their past QIPs. Now, with four major sectors completing QIPs, the coming year offers an unprecedented opportunity for more organizations to demonstrate how they plan to work together to improve quality.

Joint quality improvement planning should be considered by every organization aiming to improve coordination and integration, especially those organizations that are part of Health Links. Health Quality Ontario will offer assistance to Health Link partners who are looking to better leverage their QIPs for improved outcomes.

## III. Quality and funding

Ontario's Health System Funding Reform efforts have been designed to align funding to the type of care that patients need and the quality of care that they receive. Quality Based Procedures (QBPs), in particular, are intended as a practical mechanism for linking quality and funding. Some organizations have already started to leverage this alignment in their QIPs by committing to QBP-based change initiatives as a way of improving on priority indicators, with 72% of hospitals citing QBPs in their QIP last year. Others are using the 'QBP Indicator Baseline Reports' to assess their relative performance and opportunities for improvement. Organizations have started to make these linkages and this suggests that by focusing on quality first, efficiency gains will follow.

Optimizing quality and value for patients remains a top priority for the province, and all organizations are encouraged to use their 2015/16 QIPs to demonstrate their commitment to achieving better outcomes at better value. In support of this, the ministry and LHINs have partnered to deliver fourteen 'Funding and Quality Sessions', designed for senior leaders and administrators in the field. These sessions are now being offered in each LHIN.

## QIP insights, assistance and support

As Ontario's principal advisor on health care quality, HQO is committed to supporting organizations in developing and carrying out their QIPs. In the coming weeks, HQO will release four sector specific 'Insight' reports of the 2014/15 QIPs in order to share lessons learned and insights into what's working for organizations. These short reports will be part of a series of reports that will be released throughout the coming year, to provide insights and shine a spotlight on best practices that are resulting in improvement. QIP Education and Navigator training sessions are also being offered. These include regional sessions that bring together QI leaders to learn from one another, and establish connections and networks to support quality improvement. As QIPs continue to mature, HQO will evolve its approach to QIP supports and activities in order to best meet the needs of the field. For more information on HQO resources, please contact <a href="mailto:qip@hqontario.ca">qip@hqontario.ca</a>.

Soon, more than 1000 health sector organizations in Ontario will have a standardized, publicly available QIP in place, marking a significant milestone in our quality journey. But the true success of QIPs is owed to the commitment and day-to-day efforts of front-line staff, administrators and senior leadership in Ontario's health sector organizations.

I am confident that the 2015/16 QIPs will continue to reflect this determination, with every plan representing a meaningful commitment to improve care for the people of Ontario.

Sincerely,

Susan Fitzpatrick

Associate Deputy Minister Delivery and Implementation,

Ministry of Health and Long-Term Care

itzatruk

Dr. Joshua Tepper

President and Chief Executive Officer

**Health Quality Ontario** 

Enclosure

c: LHIN Chief Executive Officers